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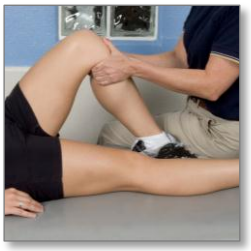

YOUR HEALTH, YOUR FUTURE

Hywel Dda Health Board's Consultation on Healthcare Services

Balancing Opinions: a report by Opinion Research Services

December 21 2012

GIG CYMRU NHS WALES

Bwrdd Iechyd Hywel Dda Health Board

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Introduction

Public Consultation

1. 'Together for Health' was published by the Minister for Health and Social Services in November 2011 to offer a five-year vision in the context of the challenges facing the health service in Wales. The document declares that Health Boards need to change to provide the very best quality of services for their population in the future. In this context, at the end of 2011 Hywel Dda Health Board (HDdHB) embarked on a major review of its services through an extensive and intensive Listening and Engagement process which sought to clarify the general principles that would eventually inform proposals for changes to services and give the public and stakeholders the opportunity to influence at a very early stage. ORS reported the outcomes of the listening and engagement process progressively from March to July, 2012 and the Board has taken the wide-ranging inputs fully into account in formulating it current proposals for formal consultation.

2. The formal consultation period ran from August 6th to October 29th 2012 (extended until November 12th for Machynlleth) and included an extensive programme of engagement with staff, stakeholders and the public – including all the following elements:

    Open Consultation questionnaire (both on-line and paper versions) – widely distributed and with responses from 4,422 residents and organisations

    Postal survey of residents – with responses from 697 (14%) of the 5,000 randomly selected households

    Seven focus groups with members of the public

    Six focus groups with members of staff and five telephone interviews with doctors

    Written submissions from stakeholders

    Petitions

    Three public meeting events (chaired by ORS) and a further seven locality meetings by HDdHB

    Staff roadshows run by HDdHB

    Records of consultations, meetings and other activities by HDdHB.

3. As a research practice with wide-ranging experience of controversial statutory consultations across the UK, ORS is able to certify that both the listening and engagement and the formal consultation processes undertaken by HDdHB have been both intensive and extensive. Overall, there is no doubt that both exercises have been conscientious, competent and comprehensive in eliciting the opinions of stakeholders and many members of the public.

4. Proper interpretation of HDdHB's consultation programme should distinguish the findings of the various elements – for example, to compare the results of the open consultation questionnaire with the more representative random sample household survey, while also comparing the *quantitative* outcomes generally with the *qualitative* deliberative forums, focus groups and depth-interviews, on the one hand, and the public meetings, submissions and petitions, on the other.

5. This executive summary considers the detailed findings from each of the different consultation elements in relation to the Board's various proposals. However, our following detailed report considers the different consultation elements separately while having regard to important common themes and differences, and, where possible, highlighting relevant assumptions or beliefs that influence people's views.

Need for Interpretation

6. Interpreting the overall outcomes of the consultation is neither straightforward nor just a 'technical' matter – for the different methodologies have to be respected and recognised and cannot be simply summated. ORS attaches particular weight to findings that are representative of the general population (the household survey) and/or deliberative (based upon thoughtful reflective discussion in non-emotive forums and focus groups) and/or based on professional expertise (staff focus groups, interviews with doctors, and some important stakeholder submissions); but, of course, all the other consultation elements have to be recognised and interpreted as well.

7. The results of the open consultation questionnaire (from 4,422 respondents) – have to be interpreted carefully because the profile of respondents does not match the population profile for Hywel Dda at all closely – whereas the weighted household survey respondent profile is representative. For example, in the open questionnaire data, Pembrokeshire is very over-represented due to its high response rate (54% of responses but only 32% of the Hywel Dda population) whereas Carmarthenshire and Ceredigion are under-represented (respectively with 37% and 9% of the responses compared with their actual 48% and 20% proportions of the Hywel Dda population). Similarly, older people (aged 55 to 75+ are highly over-represented compared with those aged under 44 who are very under-represented. However, in contrast, the achieved household survey sample though smaller is broadly representative of the population overall and within each county.

8. These issues are important, for whereas the open consultation questionnaire (public meetings and submissions from community groups) makes the opposition to many of the HDdHB proposals very clear, the findings of the household survey, deliberative focus groups with members of the public and staff, and the submissions from professional bodies, present a very different picture and deserve at least as much notice as the outcomes of the open consultation questionnaire.

9. While ORS makes the above assessments, there is no single 'right interpretation' of all the consultation elements, for professional and political judgement is needed. Ultimately, an overall interpretation of the consultation will depend upon the executive and non-executive members of the Health Board itself: they will consider all elements and determine which seem the most telling – above all, by considering the relative merits of the various opinions as the basis for public policy.

10. The Board consults the public and stakeholders because it is accountable – but in this context accountability means giving an account of its ideas and then taking into account public and stakeholder views: it does not mean that the opinions of the largest majority should automatically decide public policy. After all, consultations are not referenda: they should inform, but not displace, professional and political judgements, which (above all) should assess the cogency of the views expressed.

Executive Summary and Full Report

11. Although the submissions are dealt with separately (due to their complexity and scope), in this executive summary the outcomes of most of the consultation elements are integrated under headings for the main proposals, in order to highlight the basis for key conclusions; but in the full report that follows each consultation method is reported in separate chapters. Needless to say, a summary such as this cannot do justice to the detail in the full report – so readers are encouraged to consult the full analysis for greater insight into people's concerns and the issues raised by a wide range of informed and committed commentators. Whereas this summary travels towards overall consultation outcomes fairly quickly, the full report traverses public, professional and stakeholder opinions and feelings in detail to achieve a comprehensive understanding – and it is the journey as well as the destination that will matter to those wishing to understand views about current and future healthcare services in Hywel Dda. We trust that both the summary and full reports will be helpful to all concerned.

Quantitative and focus group findings

Awareness of Consultation and Proposals

Public Focus Groups

There was evidence of good awareness of HDdHB's proposals across all groups (more so in 'sensitive' areas such as Llanelli and Pembrokeshire), but also some scepticism as to whether people's views will be considered.

Staff Focus Groups

Staff were well-aware of HDdHB's proposals and consultation process, but they also had some concerns about allegedly: inconsistent messages from senior staff; the vagueness of some proposals (which were also considered too Carmarthenshire-centric and to be causing divisions among staff); the 'too broad' principles underpinning them; and staff roadshows being held at inappropriate times.

Community Services and Primary Care

Consultation Questionnaire and Household Survey

In general, the majority of household survey residents and open consultation questionnaire respondents disagree with the proposals regarding Community Services and Primary Care, with the open questionnaire respondents showing higher levels of disagreement than household survey residents.

Across all the Community Services and Primary Care proposals, residents/respondents who live closest to the affected hospitals are more likely to disagree than those who live further away.

Public Focus Groups

There was general approval for 'care closer to home' – providing it works in practice and is operational before the removing secondary care services.

There was general praise for moving services out of hospitals and into the community. People must travel considerable distances for routine healthcare and brief appointments - and would welcome being able to access such services closer to home.

Given the widespread complaints about GP access (and, especially, out-of-hours care), there was a great deal of support for longer hours and a six-day week for GP (to improve evening and weekend access for working people). There was also a great deal of support for pharmacies offering more healthcare services.

Staff Focus Groups

Although there was general enthusiasm for care closer to home, staff expressed caution about its achievability in practice: it should be 'tried and tested' before secondary care services are ended and quality and safety should not be traded for accessibility.

Some achievements were highlighted, namely the Carmarthenshire Community Resource and Acute Response Teams, and Pembrokeshire Care Closer to Home, which has *been picked as one of five sites for research*. However, community healthcare workers strongly desire more resources and more GP involvement for even greater success.

There was general praise for moving services from hospitals into communities and improving access to primary care. There was, however, scepticism that GPs will offer longer hours and that pharmacies can be reached by everyone in 15 minutes.

District and community nurses were thought to play an important role in community healthcare, but it was said that the rurality of Hywel Dda should be recognised – and appropriate resources provided to overcome this.

Community Hospitals: Mynydd Mawr

Consultation Questionnaire and Household Survey

Both the open consultation questionnaire and the household survey show considerable disagreement with the proposals to close Mynydd Mawr Hospital and provide the services currently delivered from there in other ways. Disagreement is particularly strong in the open consultation questionnaire – with 75% disagreeing (62% strongly disagreeing) compared with 59% disagreeing (40% strongly) in the household survey.

The location of respondents to the open questionnaire is a key factor: those living closest to the hospital show much higher levels of disagreement than those who live further away.

In the consultation questionnaire, just over seven in ten of the organisations responding opposed the closure of Mynydd Mawr.

Public Focus Groups

There were divided feelings about the possible closure of Mynydd Mawr Hospital, mainly within Carmarthenshire. Most were of the view that it is 'past its sell by date' and should be closed, but some at Tumble and Llanelli disagreed, commenting on the quality of care provided there and the lack of space (and parking) at Prince Philip. They were also suspicious of HDdHB's motives and whether they *are closing it to build new homes on the land*.

Staff Focus Groups

The proposed closure of Mynydd Mawr Hospital was discussed in depth only in Carmarthenshire, where there was some division of opinion. The majority agreed that the hospital building is no longer fit for purpose and that better patient care can be provided on a state-of-the-art ward at Prince Philip – though they often added that community services should be in place before closure.) Those against the closure were concerned about the loss of some inpatient beds and, especially, the loss of a community rehabilitation facility, which could lead to 'bed blocking'.

Minor Injuries Services

Consultation Questionnaire and Household Survey

There was considerable disagreement with the proposals for minor injuries services at Tenby Hospital: 80% disagreed in the open questionnaire (62% strongly) compared with 59% in the household survey (39% strongly).

The majority of both household survey and open questionnaire respondents also disagree with the proposals for minor injuries services at South Pembrokeshire Hospital. In the open questionnaire 78% disagree (58% strongly) compared with 57% disagree (38% strongly) in the household survey.

In the consultation questionnaire, more than three-quarters of the organisations responding opposed the transfer of minor injuries services from Tenby and South Pembrokeshire hospitals to GP surgeries.

Both the household survey and open questionnaire indicate that people who live closest to the hospital are much more likely to disagree than those living further away.

Public Focus Groups

Only in Pembrokeshire were there strong feelings about the proposed closure of the Tenby and South Pembrokeshire MIUs. There was certainly opposition to the proposal at the Pembroke Dock group – mainly because of the consequent strain that could be placed on GPs and nurses; the lack of space in GP surgeries; the increased summer population in Tenby; and the 'waste' of a new building in the town.

Staff Focus Groups

Some staff could understand the proposal to close the MIUs at Tenby and South Pembrokeshire Hospitals as they are currently under-used. Others were concerned about: the potential impact on Withybush A&E; the lack of healthcare for the increased summer population in Tenby; and the potential difficulties in increasing the number of nurse practitioners.

There was support for GPs providing Minor Injuries Services, but scepticism about their willingness to do so. There was also concern about the potential impact on waiting times and the possibility of increased referrals to A&E, due to the lack of X-Ray facilities at GP practices. It was also said that hospital-based doctors must continue to be exposed to minor injuries to be able to deal with them effectively.

Community Services and Primary Care Proposals: Further Comments

Consultation Questionnaire and Household Survey

19% of household survey residents and 36% of open questionnaire respondents provided further comments with regards to the community services and primary care proposals. The main comments that were made by both sets of respondents are:

Closing services and redirecting to GPs would mean GPs will be unable to cope with the increased demand

Minor Injury Units are critical, in particular in terms of Pembrokeshire and Tenby, as more cover is needed during the tourist season

Alternative services should be tested and must have enough resources before any changes are made. In particular, GPs need to:

- Be more accessible
- Have longer opening hours/days
- Have extra staff and equipment
- Have more skills for minor injuries

Concerns around transport and availability for local people

Concerns about how the proposed changes will affect the elderly in terms of travel.

Women and Children Services

Consultation Questionnaire and Household Survey

The household survey shows that the majority of residents would prefer Women and Children's Services to be located at Glangwili Hospital, whereas respondents to the open questionnaire would prefer these services to be located at Withybush Hospital. ORS believes that the household survey is the better guide to general public opinion.

In general, the results show that residents whose nearest district general hospitals are Bronglais, Glangwili and Prince Philip prefer the services to be located at Glangwili Hospital, while those who live closer to Withybush would prefer services to be located there.

In the consultation questionnaire, almost six in ten organisations supported Glangwili as the base for a paediatric high dependency unit and a level 2 neonatal unit.

Overall, location is also an important factor when analysing the results for Women and Children Services, Emergency Care and Planned Care, with a resident/respondent's nearest district general hospital playing a key role in their responses.

Public Focus Groups

Five groups (Aberystwyth, Llandeilo, Llanelli, Lampeter and Tumble) supported the development of the Level 2 Neonatal, Paediatric High Dependency and Complex Obstetrics Units at Glangwili because: Glangwili is nearer to larger centres of population (with higher birth rates); it is more central within HDdHB; and it will be easier to recruit doctors to Carmarthen than to Haverfordwest.

Participants at Pembroke Dock and Newport felt they could support Glangwili as a location – providing the Special Care Baby Unit (SCBU) remains at Withybush. This was considered essential for stabilisation, to alleviate some parents' travel difficulties and to negate the possibility of losing paediatrics entirely.

Staff Focus Groups

Staff at Glangwili and Prince Philip (as well as the doctors) supported the development of the Level 2 Neonatal, Paediatric High Dependency and Complex Obstetrics Units at Glangwili – mainly because it is nearer to larger centres of population (with higher birth rates) and is more central within HDdHB.

At Bronglais, there was some debate about the need for a Level 2 Neonatal Unit, with some expressing a preference for improving services at existing sites. If the new services are developed, Glangwili was preferred for ease of access.

At Withybush, staff argued that HDdHB's proposal risks disadvantaging the majority of babies to cater for the minority – so they supported the status quo of sending special care babies to Swansea – with investment to raise standards on the three existing sites. If the proposal is implemented, there was very strong feeling that the SCBU should remain at Withybush for stabilisation.

A centralised paediatric HDU was considered desirable but unworkable at Withybush – where staff mainly worried about: the detrimental effect of additional travelling on children's health; the HDU (and possibly all inpatient paediatrics) at the 'other' hospital becoming unviable; the de-skilling of staff at the 'other' hospital; and increasing demand on A&E and the Ambulance Service. The preference was to re-direct finances into raising standards and strengthening services at the three main sites.

Emergency Care (Accident and Emergency)

Consultation Questionnaire and Household Survey

Both the open consultation questionnaire and the household survey showed overwhelming support for Option B across the Health Board area: 85% in the household survey and 78% in the open questionnaire.

However, particularly in the open consultation questionnaire a significant minority of people whose nearest hospital is Prince Philip supported "Another alternative".

In the consultation questionnaire, 85% of organisations supported option B for the provision of A&E services at three centres and a nurse-led local accident centre at Llanelli.

Public Focus Groups

Five of the seven groups (Aberystwyth, Lampeter, Newport, Pembroke Dock and Tumble) approved the retention of full A&E services at Glangwili, Withybush and Bronglais.

Participants at Llanelli and Llandeilo felt strongly that Llanelli should have a full A&E service – mainly because of the town's large population and the distance to Carmarthen, and waiting times at Glangwili. In fact, most would prefer to go to Morriston as they said the care is better and it is more easily accessed. There were also strong objections in these two groups to the proposed nurse-led 'Local Accident Centre' at Prince Philip. They considered this to be a downgraded service and worried about: the ability of nurse practitioners to assess and treat the whole range of incidents; and the onus being placed on the patient to decide what is a major and minor injury. If the nurse-led unit is introduced, people strongly desired co-located emergency diagnostic and stabilisation facilities.

Staff Focus Groups

HDdHB's preferred Option B was readily endorsed at Glangwili, Bronglais and Withybush, where it was felt strongly that full A&E services at three acute hospitals is sufficient for the Health Board area. There was also support for a nurse-led model of emergency care at Prince Philip.

Prince Philip staff understood the need for change but rejected a wholly nurse-led unit on the grounds that: some patients (such as children) cannot be dealt with by an emergency nurse practitioner and will be sent to Glangwili or Morriston; many minor injuries need medical input, which can currently be provided by A&E doctors; the removal of doctors will put excessive pressure on staff within the Emergency Medical Admissions Unit; the change will impact on the training of junior doctors and recruitment of good quality consultants/registrars to Prince Philip.

Planned Care (Orthopaedics)

Consultation Questionnaire and Household Survey

The household survey showed that the majority of residents (62%) would prefer the Orthopaedic Centre of Excellence to be located at Prince Philip Hospital, whereas the majority of respondents to the open consultation questionnaire (58%) would prefer these services to be located at Withybush Hospital.

In the open consultation questionnaire, the organisations responding were divided on the merits of Prince Philip and Withybush for an orthopaedic centre of excellence.

In general, residents whose nearest district general hospitals are Bronglais, Glangwili or Prince Philip prefer services to be located at Glangwili Hospital, while those who live closer to Withybush Hospital would prefer services to be located there.

Public Focus Groups

In all seven focus groups, there was strong support for the proposed Orthopaedic Centre of Excellence (but the Llanelli group was only prepared really to endorse it if it was introduced alongside a full A&E service; otherwise they would be prepared to 'trade' the Orthopaedic Centre for an A&E!).

Overall, though, there was general support for the Prince Philip location, due to its good reputation, existing facilities and the easier access to Llanelli for the majority of the HDdHB population. The Pembroke Dock group, however, favoured Withybush as it currently provides excellent care – and because Prince Philip is close to Swansea's two hospitals.

Staff Focus Groups

The proposed Orthopaedic Centre of Excellence for the South of HDdHB was broadly welcomed by staff – and there was general support for Prince Philip as its location, mainly because: all Carmarthenshire elective operations are done there already; the facilities and staff are in place; and it is more easily accessible from most areas of HDdHB than Withybush.

Withybush staff strongly advocated keeping orthopaedic services at Withybush, with only complex cases and revisions at Prince Philip – an approach that was driven by fear that Withybush will lose all inpatient orthopaedics which is its bread and butter.

Submissions

Introduction

12. During the formal consultation process 274 written submissions were received from professional, political, interest, voluntary and community groups as well as from many residents and staff. The full report contains a detailed tabulated analysis of the points made by the various organisations and people making submissions. As well as identifying the important general themes and topics, a selected range of the submissions has been summarised in detail by ORS in the main report, order to make them more accessible to readers. It was neither practical nor necessary to summarise all the submissions in the same manner, but we trust we have chosen fairly a wide range for illustration. Summaries cannot do full justice to the arguments and evidence of the many submissions, but they at least they make them accessible and indicate the main points expressed. Readers are encouraged to consult the full submissions documents available from HDdHB.

Selected Abstracts

13. As a guide to the submissions selected for summary, key abstracts are given immediately below. Most of the following are broadly positive about HDdHB's proposals, but there is also considerable criticism from the CHCs and community groups, staff and some local physicians. The overall impression the total body of submissions makes will depend on the relative weightings given to the submissions from professional bodies, on the one hand, and community organisations, on the other.

Royal College of Surgeons: Professional Affairs Board in Wales – supports HDdHB's key principles while saying more inter-health board collaboration and co-ordination is required

Royal College of Paediatrics and Child Health and the Paediatric and Child Health National Speciality Advisory Group – supports HDdHB's direction of travel while having reservations about the proposed number of inpatient paediatric units, particularly in the context of impending retirements

Royal College of Nursing in Wales – does not criticise the principles underlying the Health Board's proposals, but questions the adequacy of the planning for their implementation

The Royal College of Midwives – supports HDdHB's proposals for maternity and related services

National Clinical Forum – supports moving appropriate care from secondary settings into the community, but believes the current plans have not taken sufficient account of the practical challenges involved; four secondary care facilities are unsustainable and a two-centre model is the only option with a chance of long-term sustainability

Wales Deanery – HDdHB should take full account of the Deanery's reconfiguration proposals for postgraduate medical training in Wales

Healthcare Professionals Forum – supports HDdHB's key proposals for hospitals and also the move towards community care

National Specialist Advisory Group: Mental Health – the proposals seem well-intentioned but poorly evidenced; plans for community services and equitable access across three counties are welcomed, but there is no detailed service model and in the short term the changes may exacerbate staffing problems

Powys Teaching Health Board – supports HDdHB's strategic goals while seeking to improve the planning of services for north Powys, north Ceredigion and south Gwynedd, based on co-operation on community services and recognition of Bronglais as a strategically important hospital

Society and College of Radiographers – sees benefits in the proposals and believes there are opportunities for role development and skills mix across HDdHB

Chartered Society of Physiotherapy – notes the proposals and is concerned that implementation should be managed successfully in terms of staff resources and training for all professions

Public Health Wales – broadly supports the direction of travel and believes public health has a contribution to make, particularly through enhanced health improvement activities; there are challenges in delivering the services, including the enhancement of primary and community services, workforce issues and the public health agenda; and further work is required in relation to some of these issues

Welsh Ambulance Services NHS Trust – supports the key principles of HDdHB's proposals, but is concerned about the outcomes if sufficient additional resources are not available to facilitate their implementation; and also concerned about resilience, continuity and staffing implications

Hywel Dda Maternity Services Liaison Committee – supports Glangwili as the best site for the PHDU, level 2 neonatal and complex obstetrics units, but also argues for midwifery-led units at all three sites

Emergency Nurse Practitioner Team Leader – there benefits that could follow from the closure of the Tenby and South Pembs MIUs

Hywel Dda Community Health Council – while there have been improvements in the Health Board's thinking since the Listening and Engagement phase, the CHC still believes that the current proposals do not meet the healthcare needs of the Hywel Dda population

Montgomeryshire Community Health Council – the status quo is not acceptable, but there has been insufficient co-ordination between Hywel Dda, Powys Teaching and Betsi Cadwaladr Health Boards; but the collaboration that has now been put in place is welcomed

Betsi Cadwaladr Community Health Council – agrees with HDdHB on several major issues of principle, but is concerned about possible implications for South Meirionnydd residents accessing services from Bronglais; pleased that three health boards are now collaborating on the newly established Mid Wales Planning Board

Prince Philip Physicians – the proposal for a nurse-led emergency department is unsafe

Llanelli Rural Council – Carmarthenshire's major emergency department with full A&E services should be based in Llanelli rather than Glangwili, but if this is not possible then Prince Philip should have a doctor-led emergency department; supports developments that strengthen Prince Philip, but community care is not a panacea

Report commissioned by Llanelli Rural Council (Bellis-Jones Hill, Healthcare Management Solutions) – the proposals do not downgrade Prince Philip; regarding emergency services, the Rural Council has three main options: (i) try to maintain the current status quo; (ii) consider adopting a nurse-led Urgent Care Centre (UCC) with the option of sending the more serious A&E cases to Morriston; or (iii) accept the HDdHB proposals subject to an assessment by an independent panel of experts

CIHS / SOSPPAN – criticises proposals for a nurse-led minor injury service at Prince Philip and argues that implementation plans for community care are inadequate; above all, it wishes for four DGHs providing full A&E services

Residents of Glanymor Ward, Llanelli – the proposals will pressurise GP services and will have a detrimental effect on the health of Llanelli residents, particularly the proposed changes to A&E at PPH

Clinical Team Leader, General Surgery (Withybush) – welcomes moves to comply with Royal College requirements, but details a number of issues particularly affecting Withybush

Save Withybush Action Team (SWAT) – all of Wales' current rural secondary care and maternity services should be maintained and the whole population should be within one hour of a fully functioning A&E department with supporting secondary care services

Pembrokeshire Health Concern – the proposals downgrade Withybush by removing elective hip and knee replacements and night time and weekend treatment of trauma and emergency surgery

Ward 9 staff at Withybush hospital – criticise proposals for community hospitals, paediatric, neonatal and orthopaedic services; moving orthopaedic services to Llanelli will disadvantage people west of Carmarthen whereas moving them to Withybush would give Llanelli residents a choice of either Withybush or Swansea

South East Pembrokeshire Community Health Network – retain the Tenby Cottage Hospital Minor Injury Unit

Pembrokeshire Health, Social Care and Wellbeing Forum – the third sector should be an important partner in implementing changes, particularly regarding transport; there needs to be a balanced approach with respect to Withybush

UNISON – sees some benefits for patients and staff in the proposals, but has some concerns about implementation

aBer Campaign Group – key services should continue at Bronglais and services recently diminished should be reinstated; the proposals for community care cannot be implemented successfully without substantial investment and more time.

Analysis of Submissions' Themes and Comments

14. A detailed break-down of the submissions made during the consultation is given in the full report below. It is not possible to summarise the detailed and lengthy table effectively here, but readers are urged to study the analysis in the relevant chapter below.

Organisations in the Open Consultation Questionnaire

15. Most responses to the open consultation questionnaire were by individuals rather than organisations; but many organisations submitted consultation questionnaires rather than formal written submissions. For the sake of completeness, therefore, the organisations' responses to the open questionnaire are analysed alongside the submissions in the full report –and in summary the analysis shows that:

Just over seven in ten organisations opposed the closure of Mynydd Mawr

More than three-quarters opposed the transfer of minor injuries services from Tenby and South Pembrokeshire hospitals to GP surgeries

Almost six in ten supported Glangwili as the base for a paediatric high dependency unit and a level 2 neonatal unit

85% supported option B for the provision of A&E services at three centres and a nurse-led local accident centre at Llanelli

Opinions were exactly divided on the merits of Prince Philip and Withybush for an orthopaedic centre of excellence.

Petitions

Introduction

16. During the formal consultation the following petitions were organised objecting to important proposals:

    Save Withybush Action Team (SWAT) – a 14K signature petition to the Welsh Government opposing the centralisation of inpatient services on Glangwili

    Hywel Dda residents – 84 signatures demanding that all HDdHB services should be centralised at Withybush

    Stephen Crabb, MP - 1,264 signatures objecting to the closure of the Withbush Special Care Baby Unit an urging that the paediatric high dependency unit and the level 2 neonatal unit should be based at Withybush

    Tenby petition – 637 signatures objecting to the closure of the Minor Injuries Unit in Tenby.

17. The petitions are clearly important and HDdHB will treat them very seriously, but the Board should also note that petitions can exaggerate public sentiments and fail to take account of the needs of the whole Hywel Dda area.

Overall Conclusions

18. It would be a brave author who claimed to derive a single, unambiguous set of conclusions from the various consultation elements reported here, but without hubris it is possible to identify some signposts to assist the Board and others in their deliberations.

19. As we have said, the household survey findings are much more representative of the general population than the open consultation questionnaire data – in which Pembrokeshire, and also people aged over-55, are very over-represented compared with Ceredigion, Carmarthen and those under-44. Of course, the responses to the open questionnaire reflect the strength of feeling of many people in Pembrokeshire: that is democracy in action; and it is good that people organise to promote their ideas and protect their interests; but the HDdHB has to make public policy choices on the basis of the safety, quality and sustainability of services, as well as accessibility, for the whole of Hywel Dda.

20. The focus groups with the public and staff showed that both could reflect relatively dispassionately about the proposals – and, though they do not welcome some of the changes, many can accept most of them in the light of the Board's key considerations.

21. The submissions made during the consultation are clearly very important and the fall into two distinct groups: those from professional bodies, which broadly support HDdHB's proposals (while raising issues about the implementation of 'community care'), and those from residents and community organisations, which typically object strongly to any centralisation at the expense of access.

22. The conclusions the Board reaches about the issues will depend partly on how its members weigh the professional bodies' submissions alongside those from community groups and residents. This is a critical issue. For example, the National Clinical Forum believes HDdHB has been too conservative in trying to protect acute services at four sites because it believes that only a two-site solution is

sustainable and safe for patients in the long run. Of course, community groups and most residents would abhor a two-hospital model for Hywel Dda – so the tension between safety, specialisation and resilience, on the one hand, and access, on the other, defines the dilemma for the Board: many oppose the proposed changes even though some professional groups believe HDdHB's review of the current pattern of services is too conservative. In this context, it is helpful to take stock of the balance of opinions.

23. The consultation shows that there is **overwhelming support** for HDdHB's Option B proposals for **Emergency Services** at three main sites. Almost everyone who took part in the consultation supports this approach, though there is important vociferous local opposition to the proposed nurse-led minor injuries service at Prince Philip, and some want full A&E restored there.

24. Overall, there is **very strong support** for the proposals for **Planned Services (Orthopaedics)**, but there is strong opposition in Pembrokeshire.

25. Similarly, there is **very strong support** for the proposals for **Women and Children's Services** and **Glangwili** is very generally supported as the most appropriate location in the south; but there is strong opposition in Pembrokeshire, based mainly on worries about the future of the Withybush SCBU and paediatric services in the county.

26. Although the problems of the **Mynydd Mawr** site were acknowledge in both the public and staff focus groups, there is **widespread opposition** to its closure: the public clearly dislike the very idea of hospital closures, whatever the circumstances, and this will always present problems for any review of services. There is also **widespread opposition** to the discontinuation of the **minor injury services** at Tenby and South Pembrokeshire hospitals (in favour of their transfer to GPs and primary care), though some staff said the services are under-used. In considering such issues, the Board will need to balance the support for general principles (demonstrated in the listening and engagement Exercise) against the intense local opposition to their implementation.

27. In **Pembrokeshire** in particular there are considerable anxieties about **access to services** and **distances to travel**, particularly but not only for the elderly, and the Board will probably want to consider how these issues can be mitigated.

28. There is **very strong support** for the general **principle of care in the community**, but many people (including supporters) have **very strong concerns** about its **practical implementation** – in terms of GPs' current willingness and capacity, and whether adequate funding will be provided. Apart from the tension between centralisation and access (which is particularly evident in Pembrokeshire), there are widespread worries about the **manageability and deliverability and safety of care in the community**. This is a huge issue for many consultees and seems likely to define the challenge facing HDdHB.

1. Introduction

Formal Consultation

Challenges and Changes

1.1 'Together for Health' was published by the Minister for Health and Social Services in November 2011 to offer a five-year vision in the context of the challenges facing the health service in Wales. The document declares that Health Boards need to change to provide the very best quality of services for their population in the future. In this context, Hywel Dda Health Board (HDdHB) faces particular challenges in running four district general hospitals across a large rural area with a population of only about 380,000 people. The specific issues it faces include: an aging population; health inequalities; difficulties in recruiting and retaining sufficient well qualified clinical staff; sustaining excellent and safe medical care across a large rural area with dispersed communities; and managing services effectively within a limited budget.

1.2 Facing these issues, at the end of 2011 HDdHB embarked on a major review of its services through an extensive and intensive Listening and Engagement Exercise with staff, stakeholders and the public, originally planned to run from 19th December 2011 until 31st March 2012 but then extended it to the 30th April 2012, in order to allow more time for public and stakeholder participation. The listening and engagement process did not address specific proposals, but sought to clarify the general principles that would eventually inform proposals for changes to services. The Board saw the listening and engagement process as a way of giving the public and stakeholders the opportunity to influence the evolution of its thinking at a very early stage; and it sought to be open, accessible and fair to those wishing to express their views.

1.3 ORS reported the listening and engagement process and the Board has taken it fully into account in formulating draft proposals for formal consultation – which ran from August 6th to October 29th 2012 (extended until November 12th for Machynlleth) and included an extensive programme of consultation with staff, stakeholders and the public. The formal consultation included all the following elements:

Open Consultation questionnaire (both on-line and paper versions) – widely distributed and with responses from 4,422 residents and organisations

Postal survey of residents – with responses from 697 (14%) of the 5,000 randomly selected households

Seven focus groups with members of the public

Six focus groups with members of staff and five telephone interviews with doctors

Written submissions from stakeholders

Petitions

Three public meeting events (chaired by ORS) and a further seven locality meetings by HDdHB

Staff roadshows run by HDdHB

Records of consultations, meetings and other activities by HDdHB.

1.4 As a research practice with wide-ranging experience of controversial statutory consultations across the UK, ORS is able to certify that both the listening and engagement and the formal consultation processes undertaken by HDdHB have been both intensive and extensive. Overall, there is no doubt that both exercises have been conscientious, competent and comprehensive in eliciting the opinions of stakeholders and many members of the public.

Analysis and Reporting

1.5 Proper interpretation of HDdHB's consultation programme should distinguish the findings of the various elements – for example, to compare the results of the open consultation questionnaire with the more representative random sample household survey, while also comparing the *quantitative* outcomes generally with the *qualitative* deliberative forums, focus groups and depth-interviews, on the one hand, and the public meetings, submissions and petitions, on the other. To facilitate such comparisons, in the full report (as distinct from the executive summary) ORS has reported the different consultation elements separately, while having regard to important common themes and differences, and (where possible) highlighting relevant assumptions or beliefs that influence people's views.

1.6 Interpreting the outcomes of the consultation is neither straightforward nor just a 'technical' matter (as, for example, assessing survey error margins is a technical issue). For there is no unambiguous calculus through which the different elements of the consultation listed above can be 'reduced' or 'condensed' into a single homogeneous 'output' or 'finding'. For example, qualitative and quantitative data cannot be simply combined – for the different methodologies have to be respected and recognised in any proper report; and likewise, submissions, petitions and deliberative events are different in kind and cannot be simply summated. In fact, these different outputs are incommensurable (not comparable) and their differences of kind need to be recognised.

1.7 ORS attaches particular weight to findings that are representative of the general population (the household survey) and/or deliberative (based upon thoughtful reflective discussion in non-emotive forums and focus groups) and/or based on professional expertise (staff focus groups, interviews with doctors, and some important stakeholder submissions); but, of course, all the other consultation elements have to be recognised and interpreted as well.

1.8 While ORS makes the above judgements, the process of weighing up, and taking into account, the outcomes of different kinds of consultation is not capable of 'objective proof', but requires professional and political judgements. Ultimately, an overall interpretation of the consultation will depend upon the executive and non-executive members of the Health Board itself: they will consider all elements and determine which seem the most telling – above all, by considering the relative merits of the various opinions as the basis for public policy.

1.9 The Board consults the public and stakeholders because it is accountable – but in this context accountability means giving an account of its ideas and then taking into account public and stakeholder views: it does not mean that the opinions of the largest majority should automatically decide public policy. After all, consultations are not referenda: they should inform, but not displace, professional and political

judgements, which (above all) should assess the cogency of the views expressed. Influencing public policy through consultation is not primarily a 'numbers game' or 'popularity contest' in which the loudest voices or greatest numbers automatically win the argument; it is more a matter of informing authorities about things they might have overlooked or contributing to the re-evaluation of things already known. Popularity does not itself mean that proposals are feasible, safe, sustainable, reasonable and value for money – and unpopularity does not mean the reverse. The allegedly Confucian aphorism, *When all applaud: verify; when all condemn: verify!* summarises the approach the Board will no doubt wish to take.

1.10 In the report that follows, the results of each consultation method are reported in separate chapters. Whereas the earlier summary report reaches overall conclusions quickly, the full report traverses public, professional and stakeholder opinions and feelings in detail – because the journey is necessary for those wishing to understand views about current and future healthcare services in Hywel Dda.

2. Quantitative Findings: Household Survey and Open Questionnaire Compared

Overview

The Consultation

2.1 As part of the Your Health Your Future consultation, Hywel Dda Health Board (HDdHB) produced a consultation document about their proposed changes which was made available to residents and organisations on request. A shorter summary version of this document was also produced.

2.2 To gather feedback about the proposed changes, a consultation questionnaire was developed by ORS working in partnership with the Health Board. The questionnaire included questions on the following key topics:

Community services and primary care

- Community hospitals
- Minor injuries units

Hospital services

- Women and children services
- Emergency Care
- Planned Care

2.3 Given the complexity of some of the Health Board's proposals, the questionnaire development was very careful and conscientious. This process sought to ensure that the questions asked were clear and unambiguous and that respondents were given the necessary information to give an informed response. In particular, a programme of cognitive testing was undertaken to evaluate draft questionnaires, which provided detailed feedback that informed the final version.

2.4 The consultation questionnaire was available on request, and the questionnaire was also typically enclosed with the consultation document. It was also available to be completed online. Feedback from respondents that completed these questionnaires is reported in this chapter as results to the "Open Questionnaire". The questionnaire was also distributed with a summary of the Health Board's proposals to 5,000 addresses that were selected at random from across the Health Board area. This sample survey ensured that residents less likely to be engaged with the wider consultation were included and encouraged to give their views about the proposals. The results from this survey are reported separately in this chapter as the "Household Survey".

Open Questionnaire

2.5 The open questionnaire was available online throughout the consultation period, from 6 August 2012 until 29 October 2012.

2.6 HDdHB published an online resource centre on their website www.hywelddahb.wales.nhs.uk/consultation and this was launched through a press release issued on 6 August 2012. The link to the online resource centre was publicised throughout the consultation period on the HDdHB website and on numerous other websites, as well as being widely promoted through the local press.

2.7 Paper copies of the questionnaire were available from libraries and GP surgeries across the area, and HDdHB also provided paper copies to residents on request. Completed paper questionnaires were returned directly by post to ORS, and all questionnaires received by 31 October 2012[1] were included in the analysis.

Questionnaire Responses

2.8 A total of 1,120 questionnaires were completed online and 3,302 paper questionnaires were returned – yielding a total sample of 4,422 completed questionnaire.

2.9 It is important that consultation questionnaires are open and accessible to all, while being alert to the possibility of multiple completions (by the same people) distorting the analysis. Therefore, while making it easy to complete the survey online, ORS monitors the IP addresses through which surveys are completed. On this occasion, the monitoring showed that there were 5 IP addresses which each generated more than one response.

2.10 A total of 225 completed questionnaires were submitted from one IP registered to the Welsh Assembly Government, which we understand to be associated with the wales.nhs.uk domain. As a major employer, it is not surprising that many submissions originated from the NHS Wales network. These responses provided a range of different views and ORS therefore consider it appropriate that all of the submissions are individually counted in our analysis.

2.11 The remaining 4 IPs generated a total of 35 completed questionnaires. After careful study of these responses, in which we looked at cookies, date stamps as well as the nature of the answers; none were considered to be identical responses or appeared to be attempting to skew the results, so (given that more than one person at an IP address might want to complete the questionnaire) we have not excluded any online submissions due to malicious intent.

2.12 The paper questionnaires were subject to similar scrutiny. 142 paper questionnaires were returned with pre-printed answers (mainly disagreeing with the question statements and giving Withybush as the preference for the Women and Children's Services proposals) – although the personal profile questions (including postcode) were completed individually. A further 5 paper questionnaires were returned with pre-printed answers for the Emergency Care proposals and identical comments provided relating to concerns about Bronglais Hospital.

2.13 Whilst these responses were clearly co-ordinated, they did appear to have been provided by individual residents that subscribed to a common view. Given that the Open Questionnaire is intended to provide everyone with the opportunity to share their views it is important to recognise that the results will not

[1] Due to local circumstances in Machynlleth at this time, surveys from there were accepted until 12 November 2012.

necessarily provide a representative cross-section of views; and as these questionnaires only constituted a small minority of all responses received, they are unlikely to systematically distort the responses provided by other respondents. In this context, ORS has decided that all of the paper questionnaires should be included within the analysis.

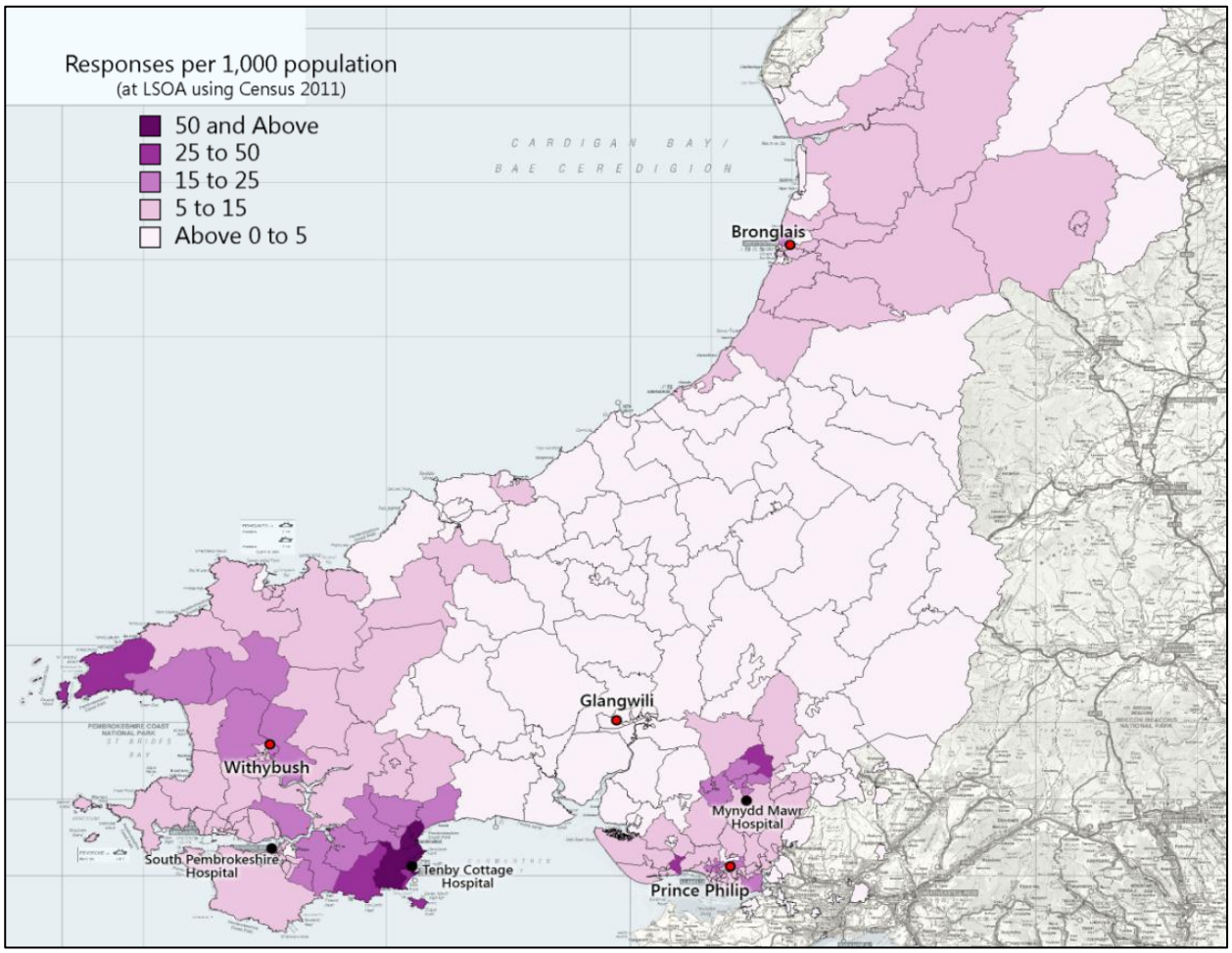
2.14 Of the 4,422 responses received, a total of 164 responses were representing the views of organisations with 4,134 individuals responses (124 respondents did not answer this question). This chapter considers all responses collectively, but responses from groups have also been reported alongside other submissions.

Respondent Profile

2.15 Figure 1 shows the distribution of Open Questionnaire responses received for those questionnaires where a postcode was provided. The map shows the number of questionnaires received in each area relative to the number of usual residents aged 16+ identified by the UK Census of Population 2011.

2.16 It is clear that responses were generally higher in a number of locations – in particular the areas surrounding Mynydd Mawr Hospital, Prince Philip Hospital, Tenby Cottage Hospital and Withybush Hospital. Response rates were also generally higher in Pembrokeshire and the rural areas around Bronglais Hospital (including from parts of Gwynedd and Powys).

Figure 1: Open Questionnaire responses per 1,000 residents aged 16+ by Lower Super Output Area (LSOA) – All individual respondents that provided a postcode



Household Survey

2.17 Questionnaires for the Household survey were distributed in the week commencing 17 September 2012 to 5,000 addresses that had been selected at random from across the Hywel Dda Health Board area. The sample was selected from the Royal Mail Postcode Address File and was stratified by Local Authority area (Carmarthenshire, Ceredigion and Pembrokeshire) to ensure that the correct proportion of addresses was sampled in each of the three counties.

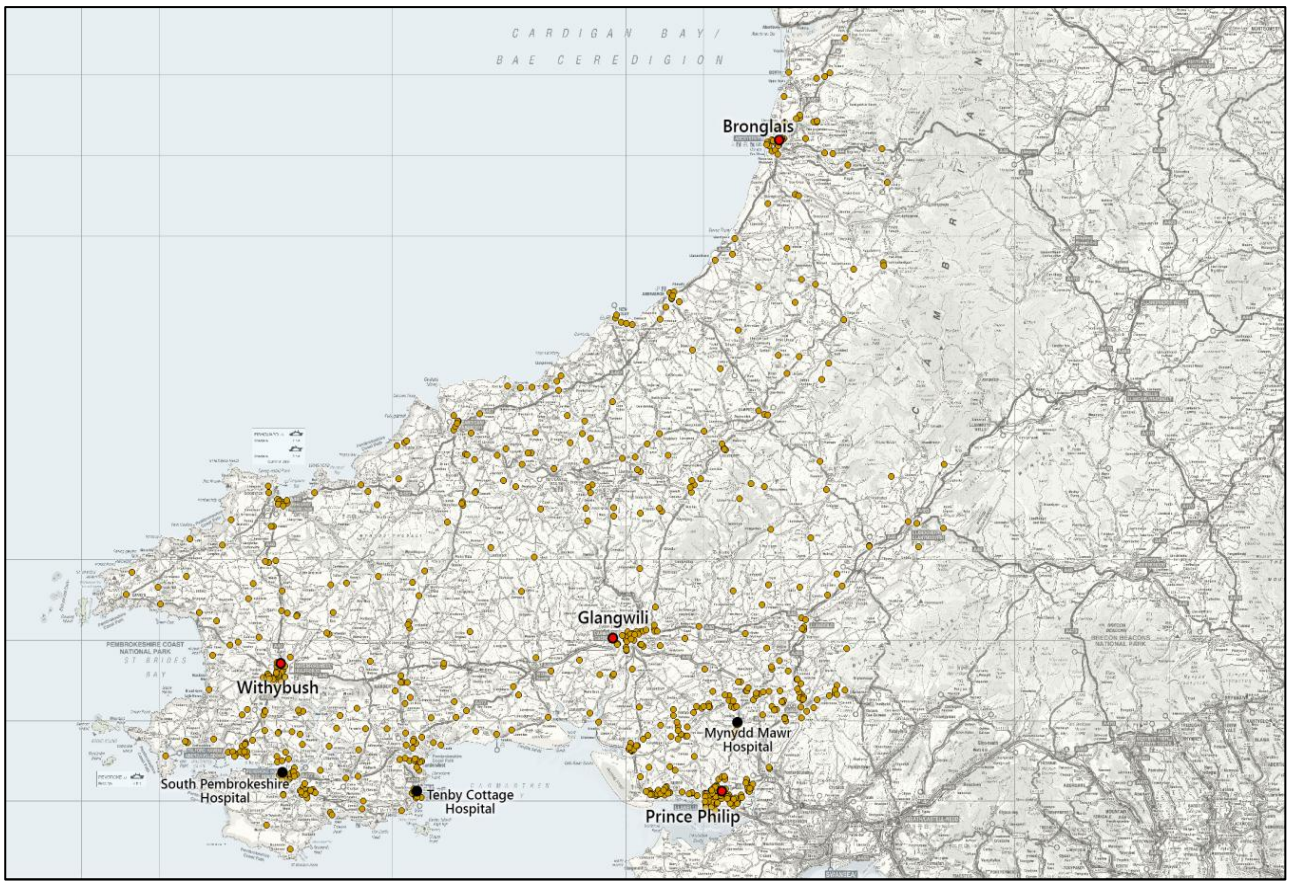
2.18 Paper questionnaires that had been pre-printed with a unique reference number were distributed to every selected address, together with a copy of the summary version of the Health Board's consultation document and a Freepost return envelope. Respondents were also able to participate online by using their unique reference number.

Questionnaire Responses

2.19 Of the 5,000 questionnaires that were distributed, a total of 697 were completed and returned by the survey closing date (8 October 2012), including 671 postal returns and 26 questionnaires completed online. A further 36 questionnaires were returned by the Royal Mail as having failed addresses, thereby reducing the effective sample to 4,964 and yielding a 14% response rate.

2.20 Figure 2 shows the distribution of the completed questionnaires. It is clear that responses have been received from across all of the Health Board area.

Figure 2: Household survey responses mapped by area – All individual respondents that provided a postcode



Respondent Profile

2.21 The extent to which results can be generalised from a sample depends on how well the sample represents the population from which it is drawn. Although a random sample of addresses was selected, different types of people in different places may have been more or less likely to take part. This is known as response bias, and can be corrected for through a process of statistical weighting.

2.22 It is also necessary to compensate for a bias introduced by sample design. Whilst the survey is representative of all residents aged 16+, the sample involved randomly selected addresses – so people living in larger households had less chance to take part than single people living on their own. For example, a single person household has the same chance of being selected as a couple household (as both have one address on the Postal Address File) – but in the couple household, each person only has a 1-in-2 chance to participate. Statistical weights are therefore also derived to compensate for this.

2.23 For the household survey, the survey data was weighted by the number of people aged 16+ in the household (to compensate for sample design); and subsequently weighted by age, gender and local authority area (to compensate for response bias).

Figure 3: Household Survey responses (unweighted and weighted) and Resident Population by Age, Gender and Local Authority Area (Note: Figures may not sum due to rounding)

Characteristic	Unweighted Count	Unweighted Valid %	Weighted Valid %	Resident Population %
BY AGE				
Under 35	47	7%	22%	26%
35-44	61	9%	13%	14%
45-54	103	15%	16%	17%
55-64	140	21%	19%	17%
65-74	201	30%	16%	14%
75+	116	17%	15%	12%
Total valid responses	**668**	**100%**	**100%**	**100%**
Not known	*29*	-	-	-
BY GENDER				
Male	248	38%	48%	48%
Female	413	62%	52%	52%
Total valid responses	**661**	**100%**	**100%**	**100%**
Not Known	*36*	-	-	-
BY LOCAL AUTHORITY AREA				
Carmarthenshire	324	47%	48%	48%
Ceredigion	118	17%	20%	20%
Pembrokeshire	254	36%	32%	32%
Total valid responses	**696**	**100%**	**100%**	**100%**
Not Known	*1*	-	-	-

2.24 Following the weighting process, survey results based on the weighted data will be broadly representative of the entire population across the Hywel Dda Health Board area. After taking account of the weighting process and sample design effect, we can be 95% confident that the household survey results will be within ±5% points of the views of the population that the sample represents. Therefore, if everyone in the population had given their views, then 19-times-out-of-20 the results would be within 5% points of the survey estimate.

2.25 Given this context, when the report refers to results based on the weighted data the results are given as the proportion of "residents". Any results based on unweighted data (including the results from the Open Questionnaire) refer specifically to the proportion of "respondents".

Questionnaire Profiling Information

2.26 Figure 4 to Figure 7 compare the profile for the household survey with respondents from the Open Questionnaire.

2.27 Whilst the household survey is broadly in line with the resident population in terms of age and local authority area, it is apparent that the Open Questionnaire has a proportionately higher response from respondents aged 55 or over and, as previously noted, those living in Pembrokeshire.

2.28 Given that the household survey is broadly representative whereas the Open Questionnaire is not representative of the resident population, more emphasis should typically be placed on the household survey for those questions where the two results significantly differ.

Figure 4: Response by Age. Comparison between household survey, open questionnaire and general population

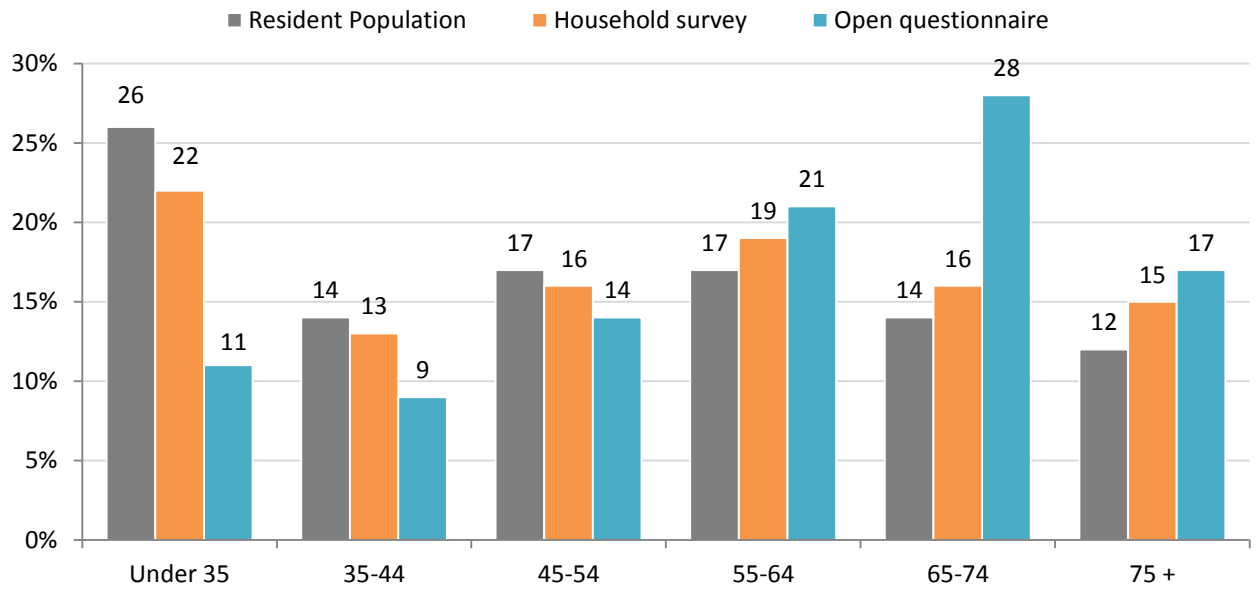


Figure 5: Comparison of socio-demographic characteristics for the Household Survey and Open Questionnaire (Note: Figures based on valid responses. Figures may not sum due to rounding)

Characteristic	Household Survey (weighted)	Open Questionnaire
BY GENDER		
Male	48%	39%
Female	52%	61%
BY EMPLOYMENT STATUS		
Working full-time	41%	-
Working part-time	16%	-
Not working	43%	-
BY NHS EMPLOYEE		
NHS employee	10%	9%
Not an NHS employee	90%	91%
BY LIMITING LONG-TERM ILLNESS OR DISABILITY		
Limited a lot	13%	13%
Limited a little	17%	21%
No limiting long-term illness/disability	71%	66%
BY CARER STATUS		
Carer	11%	-
Not a carer	89%	-
BY HOUSEHOLD TYPE		
With children	53%	-
Without children	47%	-

Figure 6: Response by Local Authority. Comparison between household survey, open questionnaire and general population

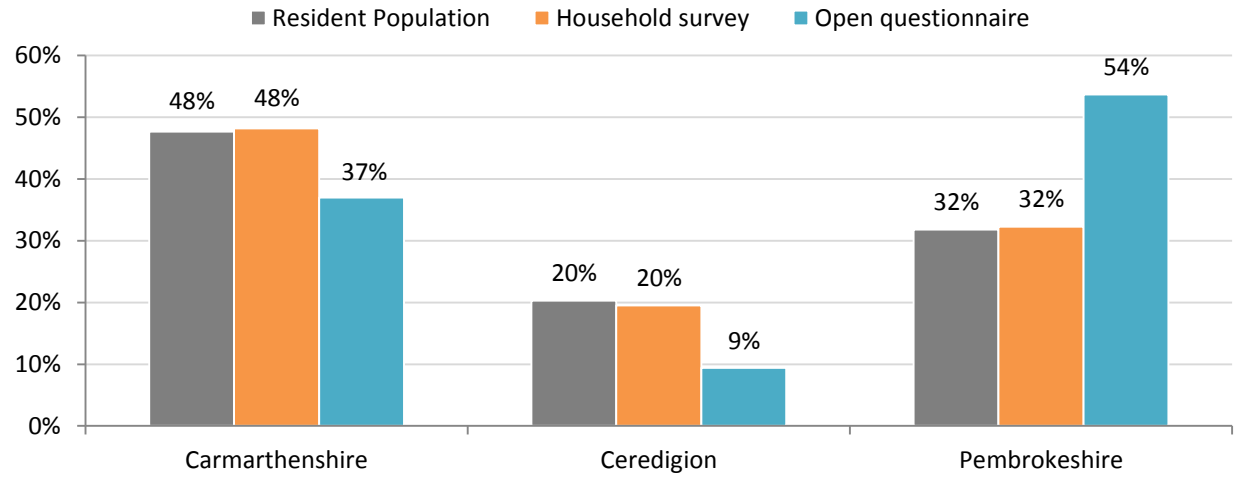


Figure 7: Comparison of location characteristics for the Household Survey and Open Questionnaire (Note: Figures based on valid responses where a postcode was provided. Figures may not sum due to rounding)

Characteristic	Household Survey (weighted)	Open Questionnaire
BY URBAN/RURAL		
Urban	30%	28%
Rural	70%	72%
BY NEAREST DISTICT GENERAL HOSPITAL		
Bronglais Hospital	14%	11%
Glangwili Hospital	22%	7%
Prince Philip Hospital	33%	31%
Withybush Hospital	31%	50%
BY DISTANCE TO NEAREST DISTICT GENERAL HOSPITAL		
Less than 5km	28%	25%
5km but less than 10km	15%	12%
10km but less than 20km	35%	32%
20km but less than 50km	22%	32%
BY DISTANCE TO NEAREST LOCAL HOSPITAL		
Bronglais Hospital	14%	11%
Glangwili Hospital	18%	5%
Mynydd Mawr Hospital	15%	12%
Prince Philip Hospital	22%	20%
South Pembrokeshire Hospital	11%	11%
Tenby Hospital	7%	24%
Withybush Hospital	13%	16%
BY DISTANCE TO NEAREST LOCAL HOSPITAL		
Less than 5km	42%	55%
5km but less than 10km	26%	23%
10km but less than 20km	15%	9%
20km but less than 50km	17%	12%

Interpretation of the Data

2.29 The results for the household survey and open questionnaire are presented in a largely graphical format.

2.30 Graphics are used extensively in this report to make it as user friendly as possible. The pie charts and other graphics show the proportions (percentages) of respondents making relevant responses. Where possible, the colours of the charts have been standardised with a 'traffic light' system in which:

- Green shades represent positive responses
- Beige and purple/blue shades represent neither positive nor negative responses
- Red shades represent negative responses
- The bolder shades are used to highlight responses at the 'extremes', for example, very satisfied or very dissatisfied.

2.31 Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers. Throughout the volume an asterisk (*) denotes any value less than half of one per cent. In some cases figures of 2% or below have been excluded from graphs.

2.32 When considering responses between different groups within the population, differences have been analysed using appropriate statistical means to check for statistical significance (i.e. not happened 'by chance'). Differences that are not said to be 'significant' or 'statistically significant' are indicative only. Statistical significance is at a 95% level of confidence.

Summary of Key Findings

2.33 The following section summarises the questionnaire results

Community Services and Primary Care: Community Hospitals

2.34 The following summary table shows significant levels of disagreement with the proposals for Community Hospitals and Minor Injury Units, with higher levels of disagreement in the Open questionnaire.

	COMMUNITY HOSPITALS			MINOR INJURY UNITS					
	To close Mynydd Mawr Hospital in Tumble (near Llanelli) and provide the services currently delivered from there in other ways?			To transfer the minor injuries service at Tenby Hospital to local GP surgeries and redeploy the Nurse Practitioners that currently work there?			To transfer the minor injuries service at South Pembrokeshire Hospital to local GP surgeries and redeploy the Nurse Practitioners that currently work there?		
Household Survey	26% Agree	15% Neither	59% Disagree	25% Agree	15% Neither	59% Disagree	28% Agree	15% Neither	57% Disagree
	48% answered the question			**58%** answered the question			**59%** answered the question		
Open Questionnaire	15% Agree	11% Neither	75% Disagree	14% Agree	5% Neither	80% Disagree	16% Agree	6% Neither	78% Disagree
	53% answered the question			**68%** answered the question			**66%** answered the question		

Women and Children Services

2.35 In general, the results for the Household survey show that Glangwili Hospital is the preferred location for Women and Children's Services. However, respondents to the Open questionnaire favour Withybush Hospital.

	Paediatric High Dependency Unit, Level 2 Neonatal Unit and Complex Obstetric Unit		Inpatient paediatric services in the South	
Household Survey	72% Glangwili	28% Withybush	71% Glangwili	29% Withybush
	76% answered the question		**79%** answered the question	
Open Questionnaire	45% Glangwili	55% Withybush	45% Glangwili	55% Withybush
	73% answered the question		**75%** answered the question	

Emergency Care

2.36 When asked to indicate their preference for Emergency Services in Hywel Dda, respondents show overwhelming support for Option B.

	Preference for Emergency Services		
	1st	2nd	3rd
Household survey	B	A	Other
	85% ranked 1st	**10%** ranked 1st	**5%** ranked 1st
Open consultation questionnaire	B	Other	A
	78% ranked 1st	**17%** ranked 1st	**6%** ranked 1st

Planned Care

2.37 When asked to indicate their preferred location for an Orthopaedic Centre in the south, respondents to the Household survey indicate a preference for Prince Philip Hospital, whereas respondents to the Open questionnaire show a preference for Withybush Hospital.

	Preference for Orthopaedic centre in the south	
Household survey	62% Prince Philip	38% Withybush
	80% of respondents answered the question	
Open consultation questionnaire	42% Prince Philip	58% Withybush
	78% of respondents answered the question	

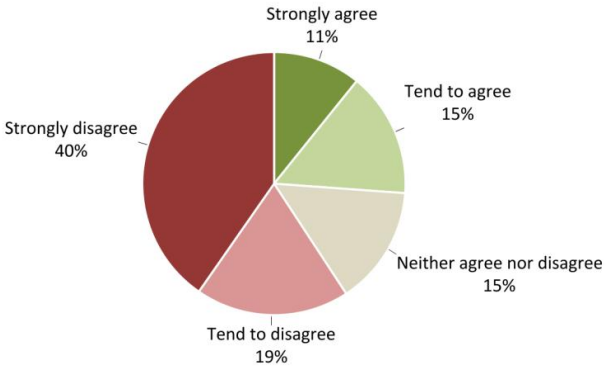
Quantitative Results

Community Hospitals – Mynydd Mawr

Figure 8: Consultation Questionnaire responses to proposals for Mynydd Mawr Hospital

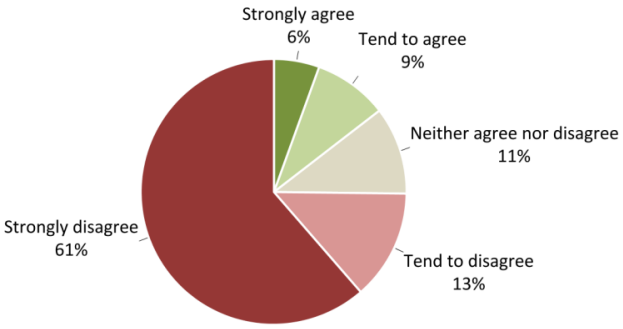
To what extent do you agree or disagree with the proposals to close Mynydd Mawr Hospital in Tumble (near Llanelli) and provide the services currently delivered from there in other ways?

Household Survey



Base: All Respondents (336)
48% of respondents answered the question

Open Questionnaire



Base: All respondents (2,356)
53% of respondents answered the question

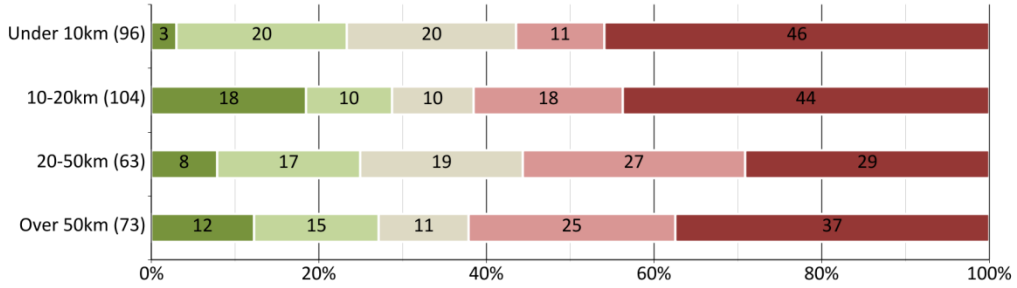
2.38 The Consultation Questionnaire shows significant levels of disagreement with the proposals to close Mynydd Mawr Hospital and provide the services currently delivered from there in other ways.

2.39 Disagreement is strongest in the Open questionnaire, where three quarters (75%) of respondents disagree with the proposal, including 62% that strongly disagree. The Household survey shows that three fifths (59%) of residents disagree with the proposal, including 40% that strongly disagree.

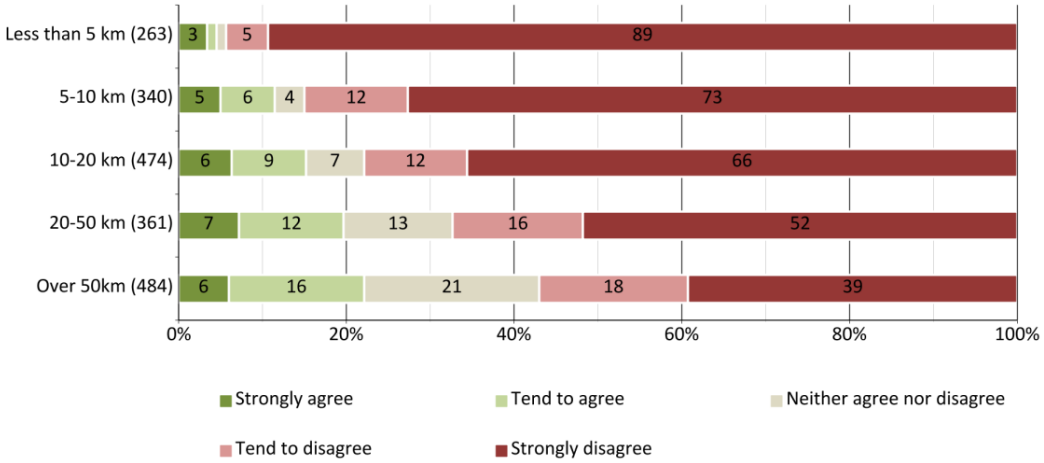
2.40 When we consider the responses in terms of residents' distance from Mynydd Mawr Hospital, the Household survey shows little difference in levels of agreement and disagreement, but those respondents to the Open questionnaire living closest to the hospital show much higher levels of disagreement than those who live further away.

Figure 9: Consultation Questionnaire responses to proposals for Mynydd Mawr Hospital by distance from Mynydd Mawr Hospital. Base: All respondents (Number of respondents shown in brackets)

Household Survey



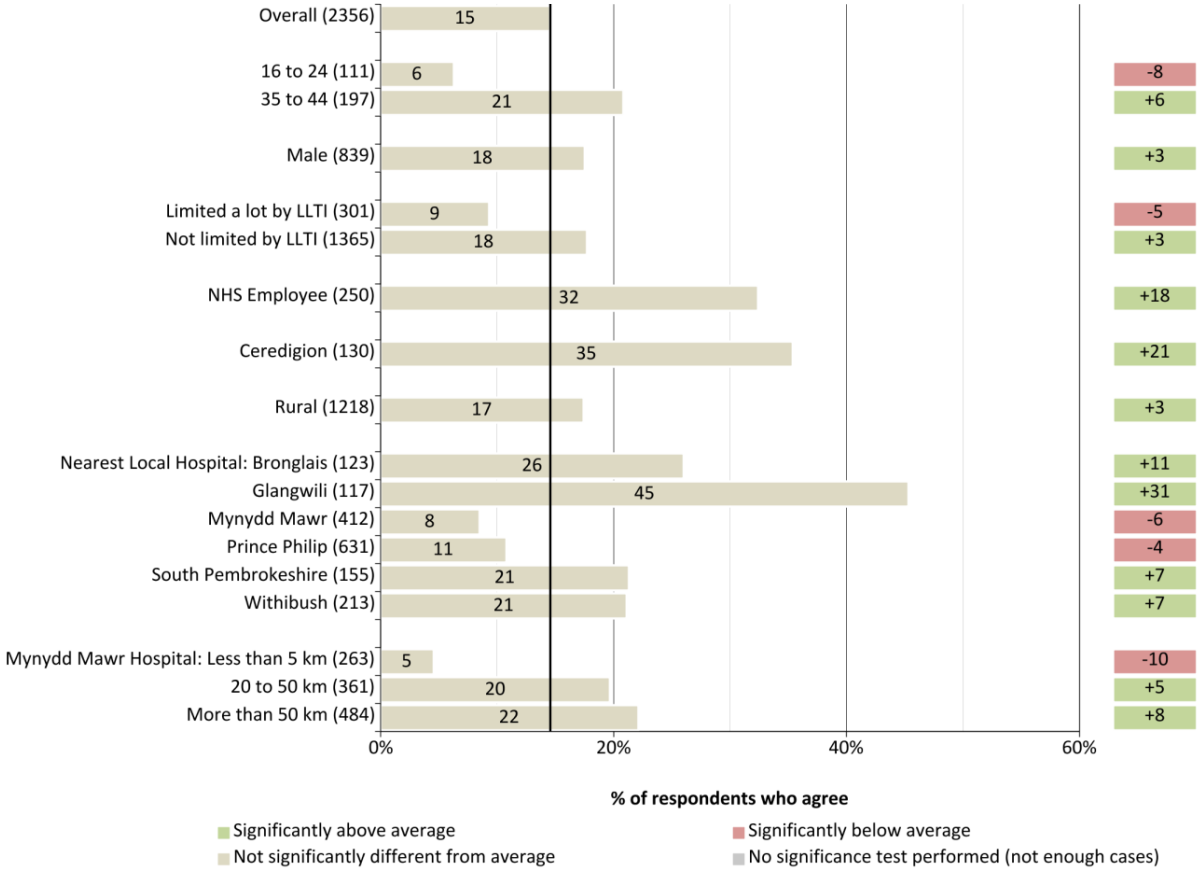
Open Questionnaire



2.41 The following chart shows how the responses vary across different sub-groups of the population who stated they agree with this proposal. Results for sub-groups which are significantly more likely than the overall score are highlighted in green, whilst results which are significantly less likely are highlighted in red.

Figure 10: To what extent do you agree or disagree with the proposals to close Mynydd Mawr Hospital in Tumble and provide the services currently delivered from there in other ways? Demographic sub-group analysis. Base: All Respondents (number of respondents shown in brackets).

Open Questionnaire

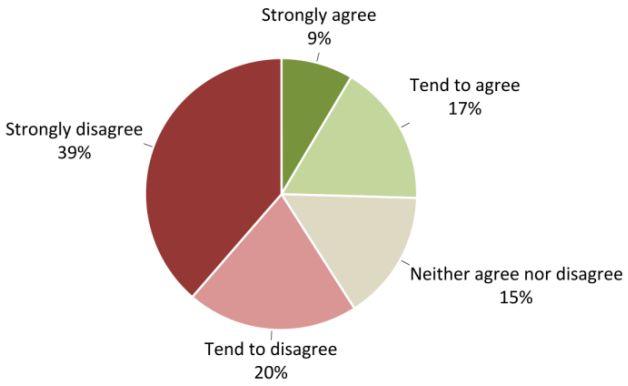


Minor Injuries Services – Tenby Hospital

Figure 11: Consultation Questionnaire responses to proposals for Minor Injury Services at Tenby Hospital

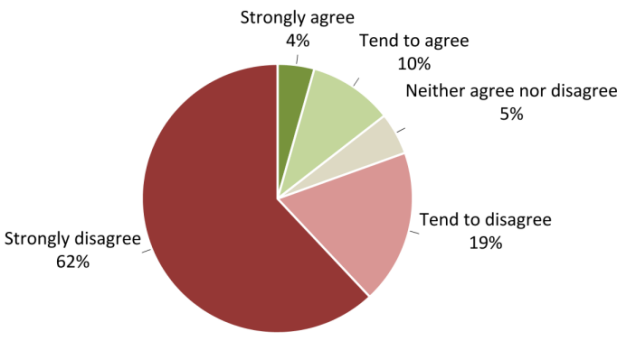
To what extent do you agree or disagree with the proposals to transfer the minor injuries service at Tenby Hospital to local GP surgeries and redeploy the Nurse Practitioners that currently work there?

Household Survey



Base: All Respondents (402)

Open Questionnaire



Base: All respondents (3,025)

58% of respondents answered the question 68% of respondents answered the question

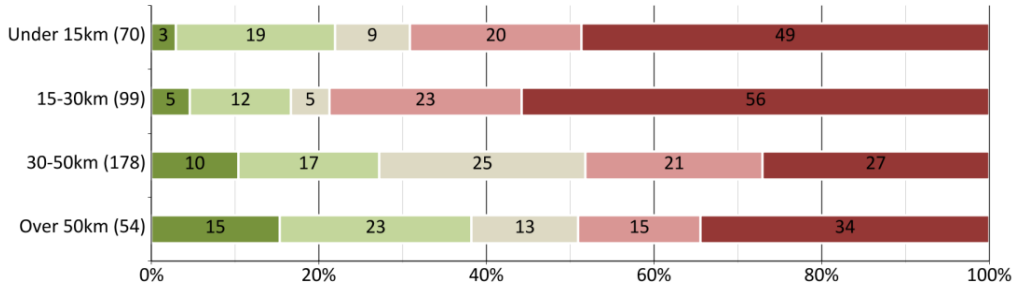
2.42 The Consultation Questionnaire also shows significant levels of disagreement with the proposals to transfer the minor injuries services at Tenby Hospital to local GP surgeries and redeploy the Nurse Practitioners that currently work there.

2.43 Once again, disagreement is strongest in the Open questionnaire, where four fifths (80%) of respondents disagree with the proposal, including 62% that strongly disagree. The Household survey shows that three fifths (59%) of residents disagree with the proposal, including 39% that strongly disagree.

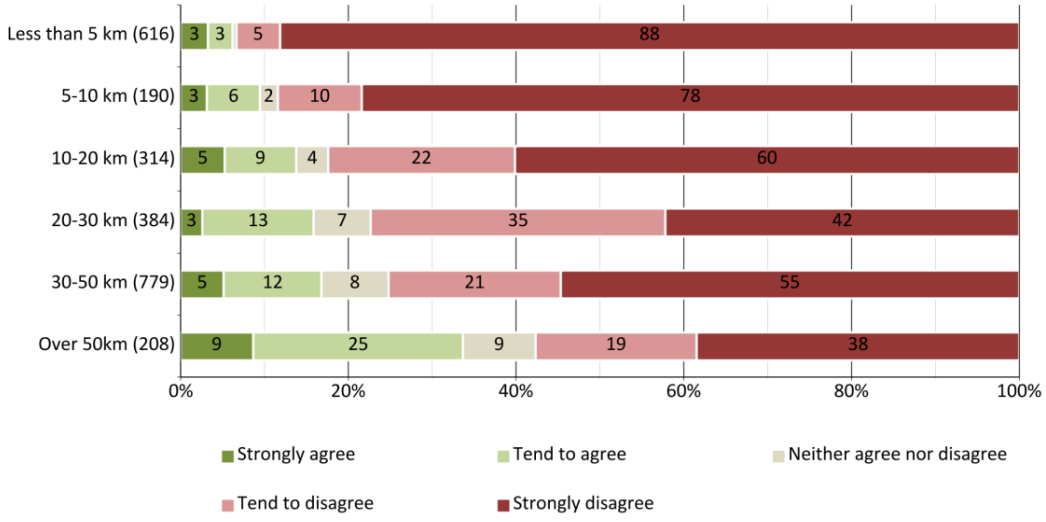
2.44 When we consider the responses in terms of residents' distance from Tenby Hospital, both the Household survey and the Open questionnaire show that those respondents who live closest to the hospital indicate much higher levels of disagreement than those who live further away.

Figure 12: Consultation Questionnaire responses to proposals for Minor Injury Services at Tenby Hospital by distance from Tenby Hospital. Base: All respondents (Number of respondents shown in brackets)

Household Survey



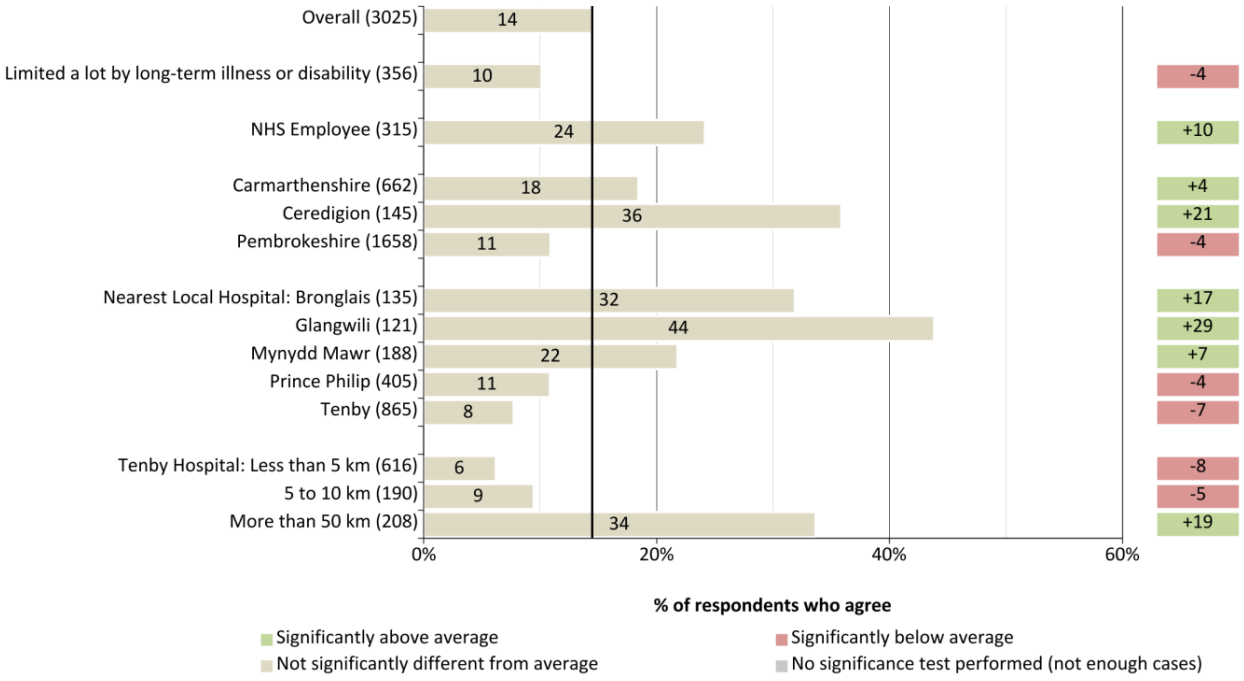
Open Questionnaire



2.45 The following chart shows how the responses vary across different sub-groups of the population who stated they agree with this proposal. Results for sub-groups which are significantly more likely than the overall score are highlighted in green, whilst results which are significantly less likely are highlighted in red.

Figure 13: To what extent do you agree or disagree with the proposals to transfer the minor injuries service at Tenby Hospital to local GP surgeries and redeploy the Nurse Practitioners that currently work there? Demographic sub-group analysis. Base: All respondents (number of respondents in brackets)

Open Questionnaire

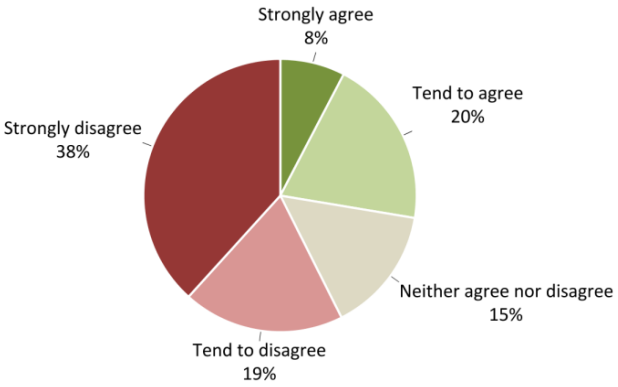


Minor Injuries Services – South Pembrokeshire Hospital

Figure 14: Consultation Questionnaire responses to proposals for Minor Injury Services at South Pembrokeshire Hospital

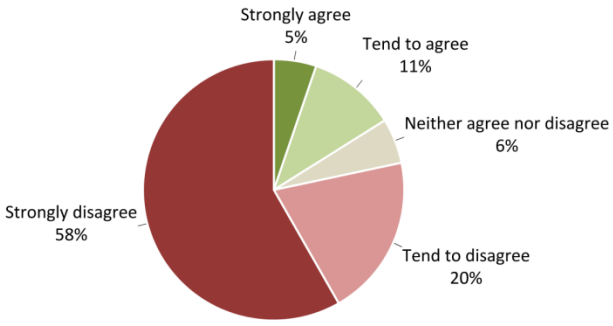
To what extent do you agree or disagree with the proposals to transfer the minor injuries service at South Pembrokeshire Hospital to local GP surgeries and redeploy the Nurse Practitioners that currently work there?

Household Survey



Base: All Respondents (412)
59% of respondents answered the question

Open Questionnaire



Base: All respondents (2,940)
66% of respondents answered the question

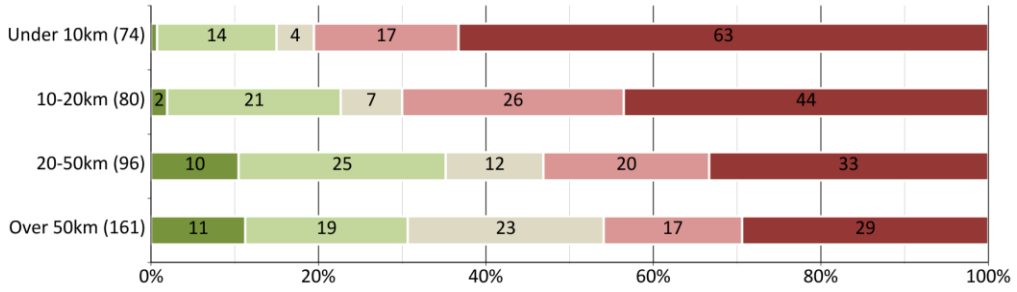
2.46 The Consultation Questionnaire also shows significant levels of disagreement with the proposals to transfer the minor injuries services at South Pembrokeshire Hospital to local GP surgeries and redeploy the Nurse Practitioners that currently work there.

2.47 Once again, disagreement is strongest in the open questionnaire, where four fifths (78%) of respondents disagree with the proposal, including 58% that strongly disagree. The household survey shows that three fifths (57%) of residents disagree with the proposal, including 38% that strongly disagree.

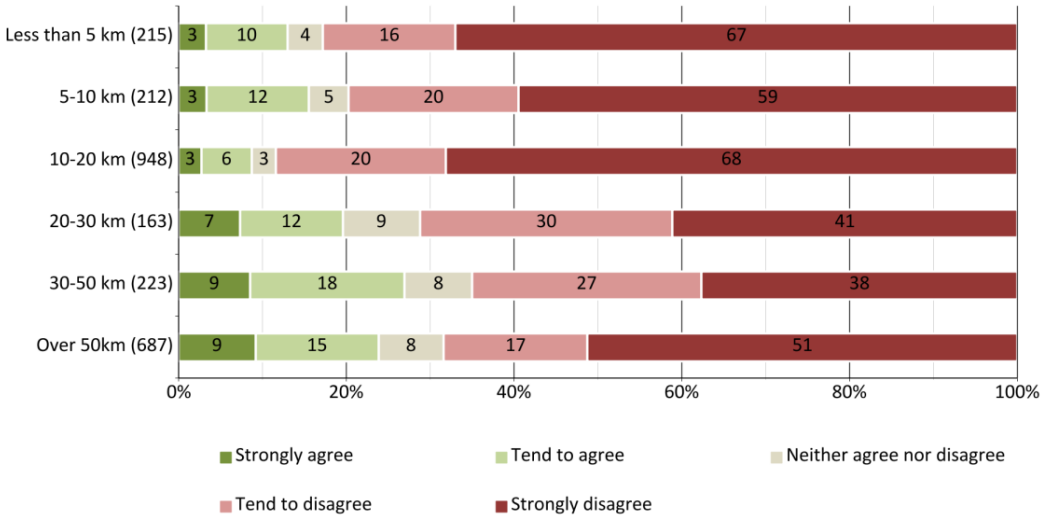
2.48 When we consider the responses in terms of residents' distance from South Pembrokeshire Hospital, both the household survey and the open questionnaire show that respondents who live closest to the hospital indicate much higher levels of disagreement than those who live further away.

Figure 15: Consultation Questionnaire responses to proposals for Minor Injury Services at South Pembrokeshire Hospital by distance from South Pembrokeshire Hospital. Base: All respondents (Number of respondents shown in brackets)

Household Survey



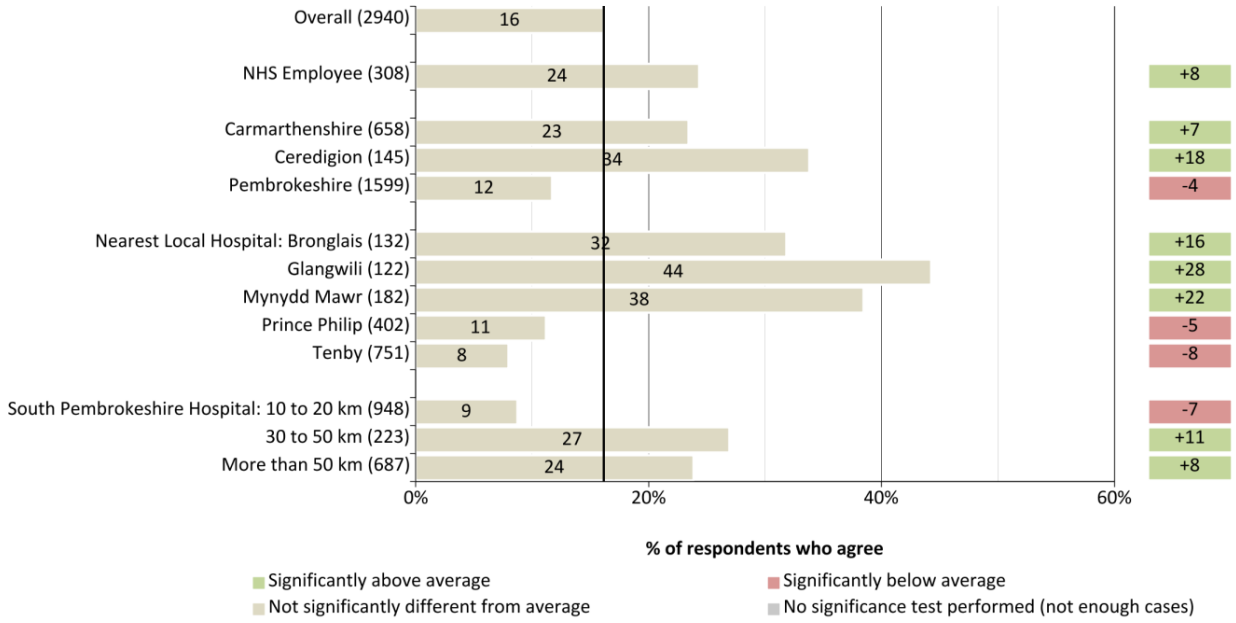
Open Questionnaire



2.49 The following chart shows how the responses vary across different sub-groups of the population who stated they agree with this proposal. Results for sub-groups which are significantly more likely than the overall score are highlighted in green, whilst results which are significantly less likely are highlighted in red.

Figure 16: To what extent do you agree or disagree with the proposals to transfer the minor injuries service at South Pembrokeshire Hospital to local GP surgeries and redeploy the Nurse Practitioners that currently work there? Demographic sub-group analysis. Base: All respondents (number of respondents in brackets)

Open Questionnaire



Community Services and Primary Care: Further Comments

2.50 Respondents were given the opportunity to make further comments with regards to the community services and primary care proposals. Around a fifth (**19%**) of **household survey** residents made any further comments, in comparison to more than a third (**36%**) of **open questionnaire** respondents.

2.51 The table below shows the top main comments that were made by **both** sets of respondents.

Figure 17: **Are there any further comments you would like to make about Hywel Dda health Board's proposals for Community Services and Primary care? Further comments made by both household survey and open questionnaire residents/respondents. Base: Number of respondents who made a further comment for each questionnaire in brackets)**

Main further comments	Number of Responses	
	Household Survey (134)	Open Questionnaire (1579)
Closing services and redirecting to a GP would mean GPs won't be able to cope with the increased demand	30	301
Minor Injury Units are critical, in particular in terms of Pembrokeshire and Tenby, as more cover is needed during the tourist season	27	172
Alternative services should be tested and must have enough resources before any changes are made. In particular, GPs need to: Be more accessible Have longer opening hours/days Have extra staff and equipment Have more skills for minor injuries	24	220
Concerns around transport and availability for local people	15	217
Concerns about how the proposed changes will affect the elderly in terms of travel	9	85

2.52 The table below shows a summary of the different groups of respondents who are significantly more or likely to have made the following further comments about.

Figure 18: **Are there any further comments you would like to make about Hywel Dda health Board's proposals for Community Services and Primary care? Further comments demographic sub-group analysis**

Main further comments	Groups significantly MORE likely than average to give comment	
	Household Survey	Open Questionnaire
Closing services and redirecting to a GP would mean GPs won't be able to cope with the increased demand	Nearest local hospital is South Pembrokeshire Under 10 km from South Pembrokeshire Hospital Under 15 km from Tenby Hospital	Nearest local hospitals are South Pembrokeshire & Tenby Less than 5km and 10-20 km from South Pembrokeshire Hospital Less than 5km and 10-20 km from Tenby Hospital
Minor Injury Units are critical, in particular in terms of Pembrokeshire and Tenby, as more cover is needed during the tourist season	Nearest local hospitals are South Pembrokeshire & Withybush Under 10km – 20 km from South Pembrokeshire Hospital 15-30 km from Tenby Hospital	Nearest local hospital is Tenby 10-20 km from South Pembrokeshire Hospital Less than 5km and 10-20 km from Tenby Hospital

Main further comments	Groups significantly MORE likely than average to give comment	
	Household Survey	Open Questionnaire
Alternative services should be tested and must have enough resources before any changes are made. In particular, GPs need to: Be more accessible Have longer opening hours/days Have extra staff and equipment Have more skills for minor injuries	-	-
Concerns around transport and availability for local people	10-20 km from South Pembrokeshire Hospital	Nearest local hospitals are South Pembrokeshire & Tenby Less than 5km - 20 km from Pembrokeshire Hospital 20-30 km from Tenby Hospital
Concerns about how the proposed changes will affect the elderly in terms of travel	-	Nearest local hospital is Mynydd Mawr Less than 5 km from Mynydd Mawr Hospital

2.53 The table below shows other comments which were **mainly made by open questionnaire** respondents, but by **very few household survey residents**.

Figure 19: **Are there any further comments you would like to make about Hywel Dda health Board's proposals for Community Services and Primary care? Further comments made by both household survey and open questionnaire residents/respondents**

Further comments mainly made by Open Questionnaire respondents	Number of Responses		Open Questionnaire: Groups significantly MORE likely than average to give comment
	Household Survey	Open Questionnaire	
Changes should not be made without consultation with medical staff/GPs	3	209	Nearest local hospitals are South Pembrokeshire & Withybush Less than 5km - 30 km from Pembrokeshire Hospital 10-30 km from Tenby Hospital More than 50km from Mynydd Mawr Hospital
Tenby has received a lot of investment, so why transfer services?	2	72	Nearest local hospital is Tenby Less than 5km and 10-20 km from South Pembrokeshire Hospital Less than 5km – 10km from Tenby Hospital
The proposals will have a negative impact on rural areas	2	35	More than 50 km from Mynydd Mawr Hospital

Further comments mainly made by Open Questionnaire respondents	Number of Responses		Open Questionnaire: Groups significantly MORE likely than average to give comment
	Household Survey	Open Questionnaire	
Hospitals / health service is already struggling and the proposals will make the service worse	6	33	-
Standard of care needs to be increased in the community before services moved from the hospital	1	35	Nearest local hospital is Bronglais More than 50 km from Tenby Hospital

Women and Children Services

Figure 20: Consultation Questionnaire responses to proposals for the location of a Paediatric High Dependency Unit, Level 2 Neonatal Unit and Complex Obstetric Unit

Hywel Dda Health Board proposes to develop a Paediatric High Dependency Unit and a Level 2 Neonatal Unit (a unit that offers specialist care to sick babies) to provide a comprehensive higher level sick children's service for the first time within the Health Board.

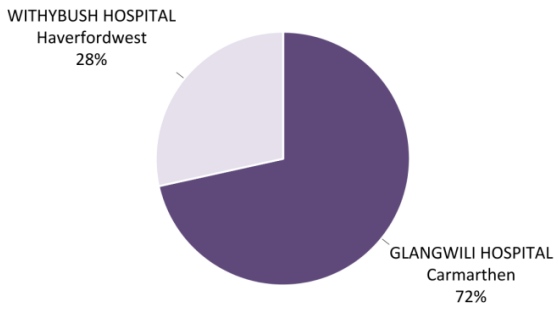
For pregnancies where a risk has been identified for either mother or baby, we are proposing that care will be consultant-led in a new Complex Obstetric Unit, which would be co-located with the Level 2 Neonatal Unit.

There are two options for this – either Glangwili Hospital or Withybush Hospital.

*Hywel Dda Health Board is proposing **GLANGWILI HOSPITAL.***

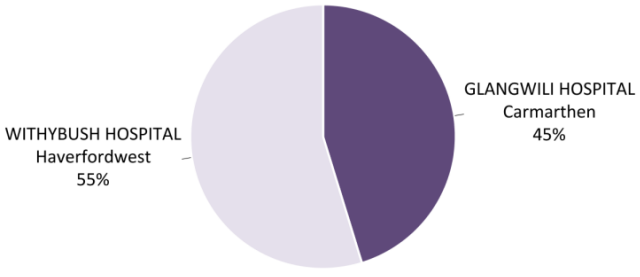
Please indicate where you would prefer the Paediatric High Dependency Unit, Level 2 Neonatal Unit and Complex Obstetric Unit to be located.

Household Survey



Base: All Respondents (530)
76% of respondents answered the question

Open Questionnaire



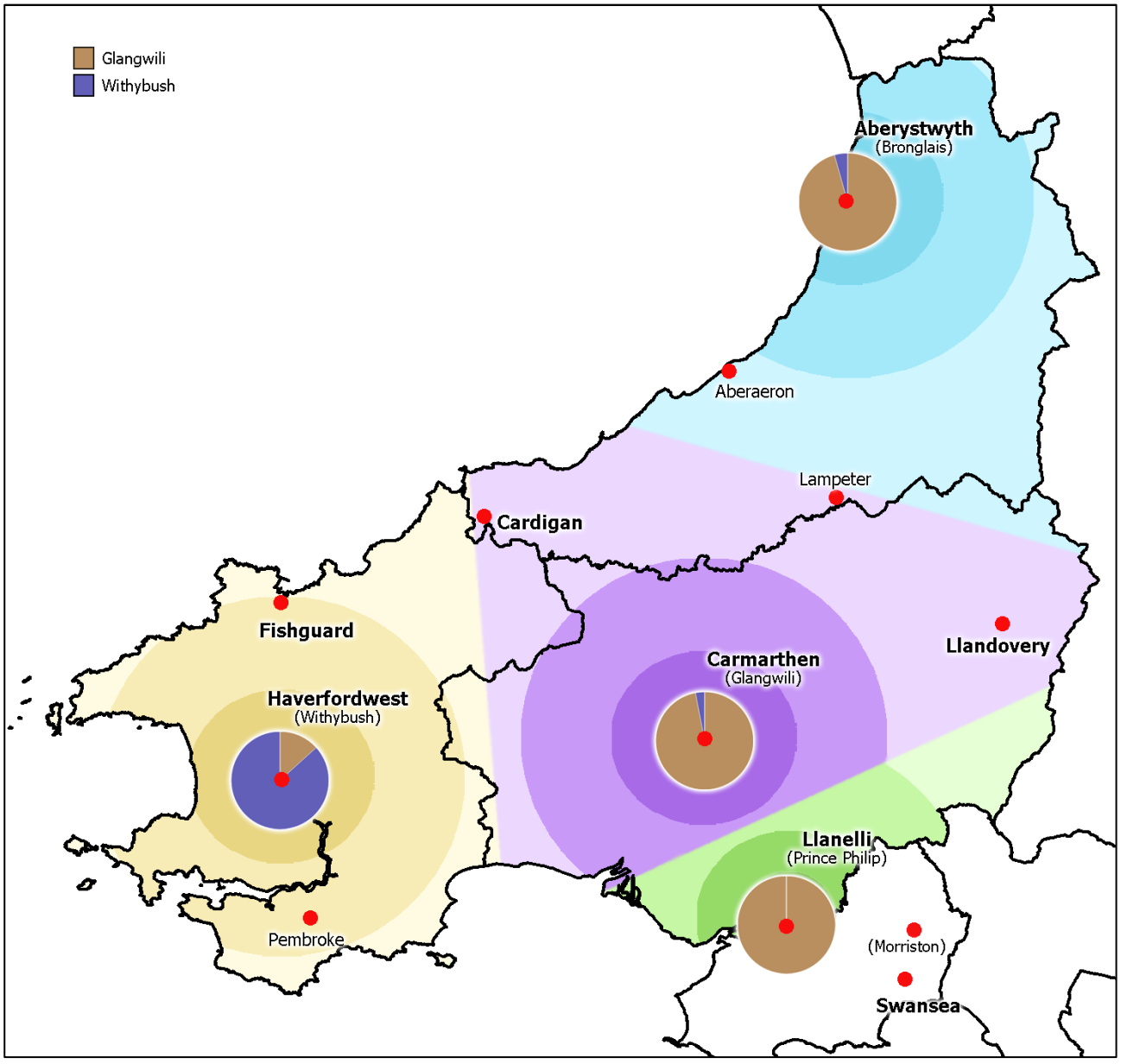
Base: All respondents (3,239)
73% of respondents answered the question

2.54 The household survey shows that the majority of residents (72%) would prefer Women and Children's Services to be located at Glangwili Hospital. Conversely, the majority of respondents to the Open Questionnaire (55%) would prefer these services to be located at Withybush Hospital. The main reason for the difference is the disproportionately high number of responses to the open questionnaire from residents whose nearest District General Hospital is Withybush.

2.55 When we consider the geographic spread of response preferences (Figure 21), it is evident that residents whose nearest district general hospitals are Bronglais, Glangwili and Prince Philip show much more support for services to be located at Glangwili Hospital, while those who live closer to Withybush Hospital would prefer services to be located there.

2.56 The subsequent charts (Figure 22) show that this is consistent for both the household survey and open questionnaire.

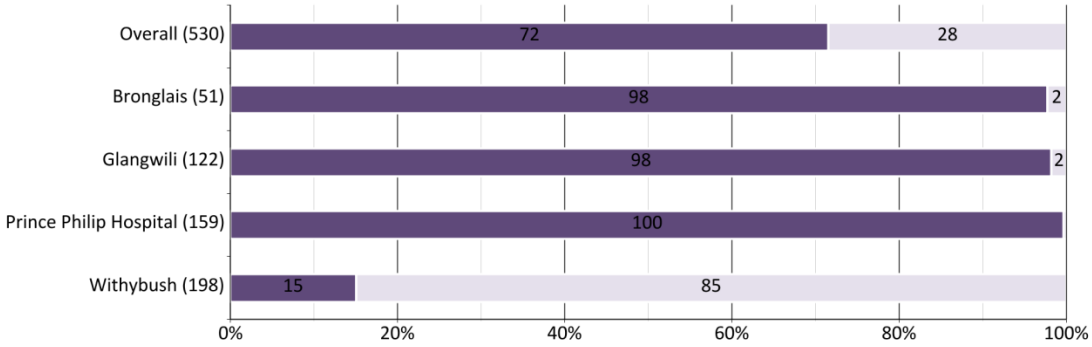
Figure 21: hresponses mapped by area, with shaded zones depicting 5km, 10km, 20km and 50km from named General Hospital – All individual respondents that provided a postcode



2.57 The following graphs show a breakdown of responses by residents' nearest general hospital.

Figure 22: Consultation Questionnaire responses to proposals for the location of a Paediatric High Dependency Unit, Level 2 Neonatal Unit and Complex Obstetric Unit by nearest District General Hospital. Base: All respondents (Number of respondents shown in brackets)

Household Survey



Open Questionnaire

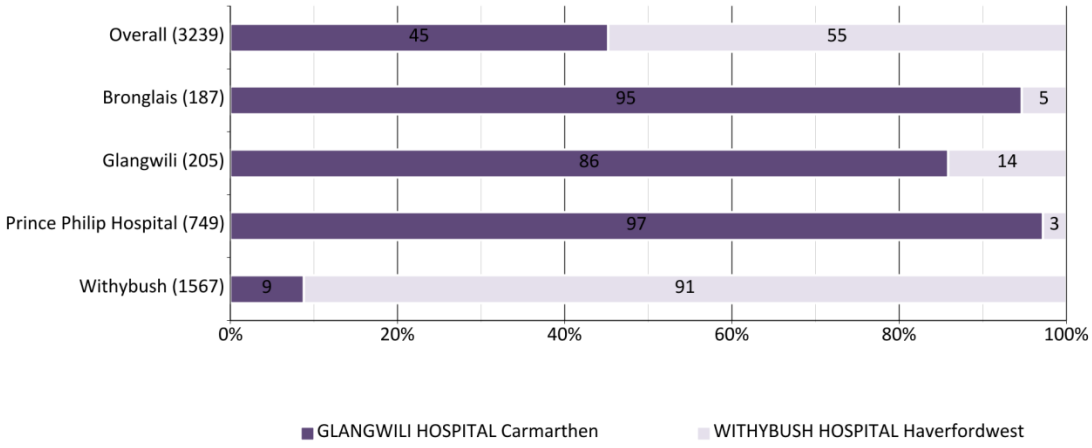


Figure 23: Consultation Questionnaire responses to proposals for the location of a single hospital providing inpatient paediatric services in the south

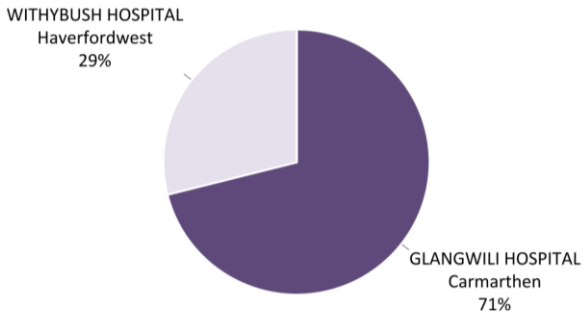
There is a possibility that we may not be able to recruit sufficient Doctors to the service even if one of the above options was adopted. This would affect our ability to deliver inpatient paediatric services across the three sites.

If this was the case, we might need to consider an alternative option where inpatient paediatric services are delivered on two sites only – Bronglais Hospital in the north and either Glangwili Hospital or Withybush Hospital in the south. This option would be a very last resort if emergency transport solutions were in place and our clinicians were satisfied it was safe to implement.

*In such circumstances, Hywel Dda Health Board would propose **GLANGWILI HOSPITAL**.*

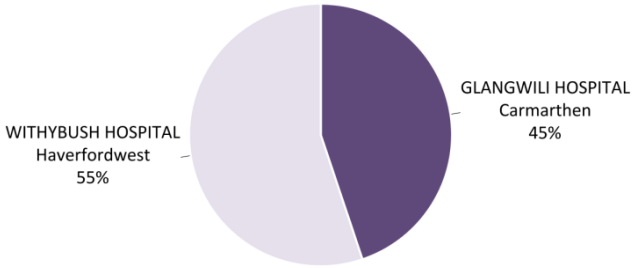
If it was only possible to provide inpatient paediatric services at Bronglais Hospital in the north and one hospital in the south, please indicate the hospital where you would prefer services to be provided in the south.

Household Survey



Base: All Respondents (548)
79% of respondents answered the question

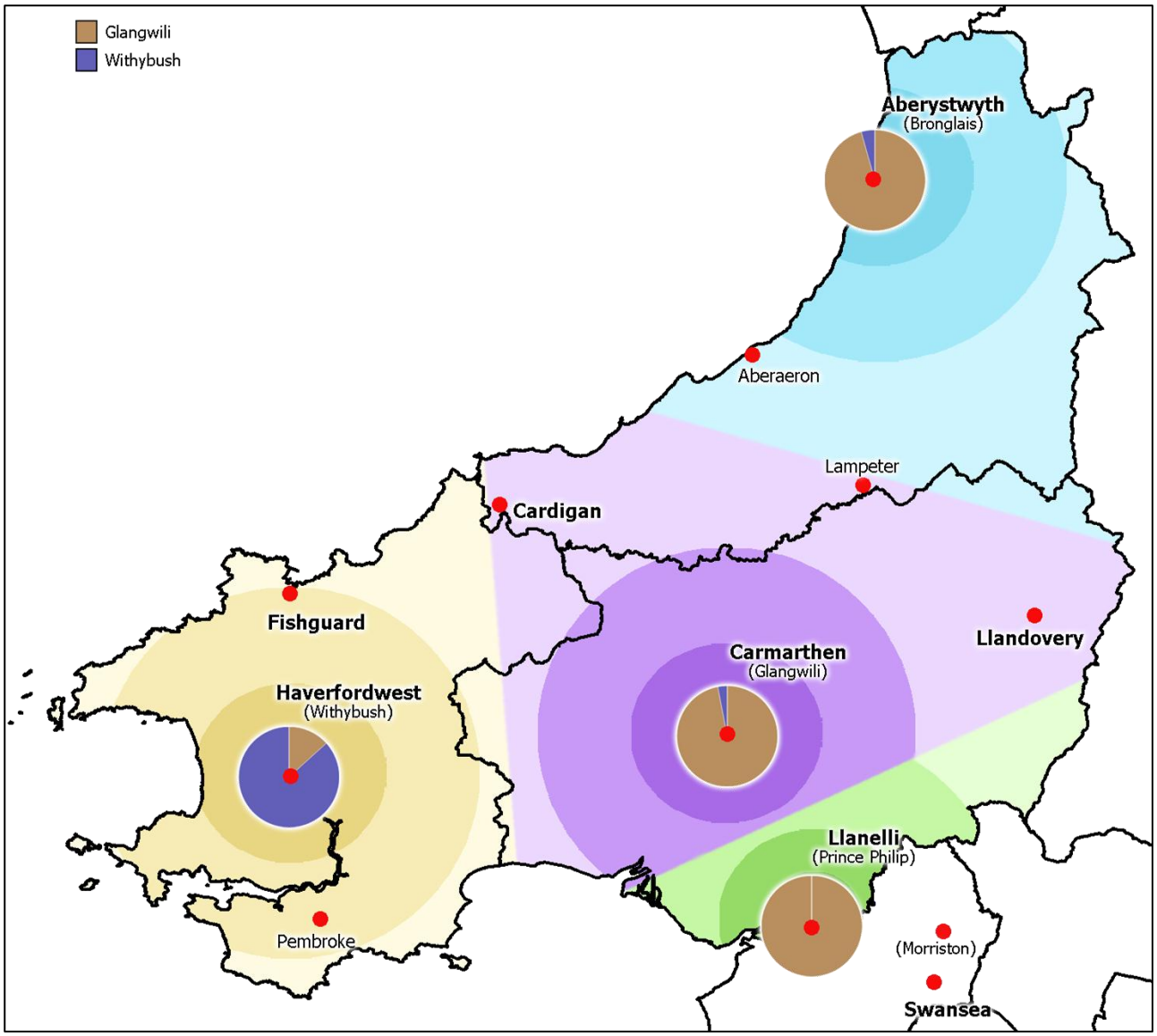
Open Questionnaire



Base: All respondents (3,294)
75% of respondents answered the question

2.58 Figure 24 shows how the results for the household survey vary by area.

Figure 24: Household Survey responses mapped by area, with shaded zones depicting 5km, 10km, 20km and 50km from named General Hospital – All individual respondents that provided a postcode

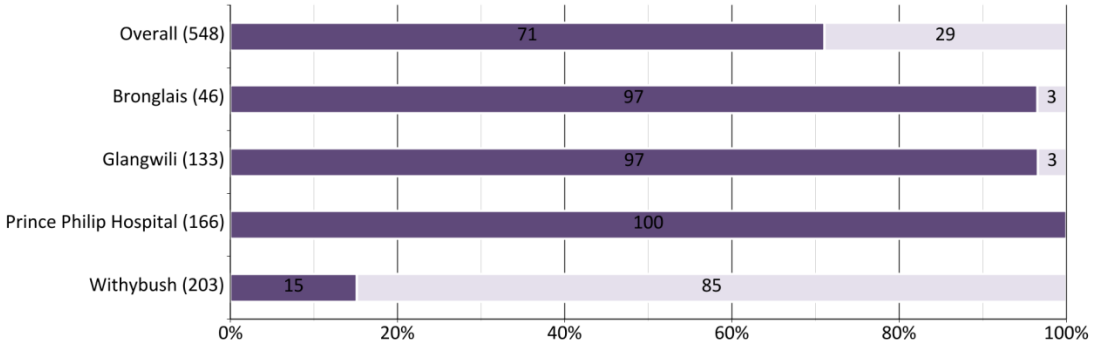


2.59 Once again, residents whose nearest district general hospitals are Bronglais, Glangwili and Prince Philip show much more support for it to be located at Glangwili Hospital, while those who live closer to Withybush would prefer the Unit to be located there.

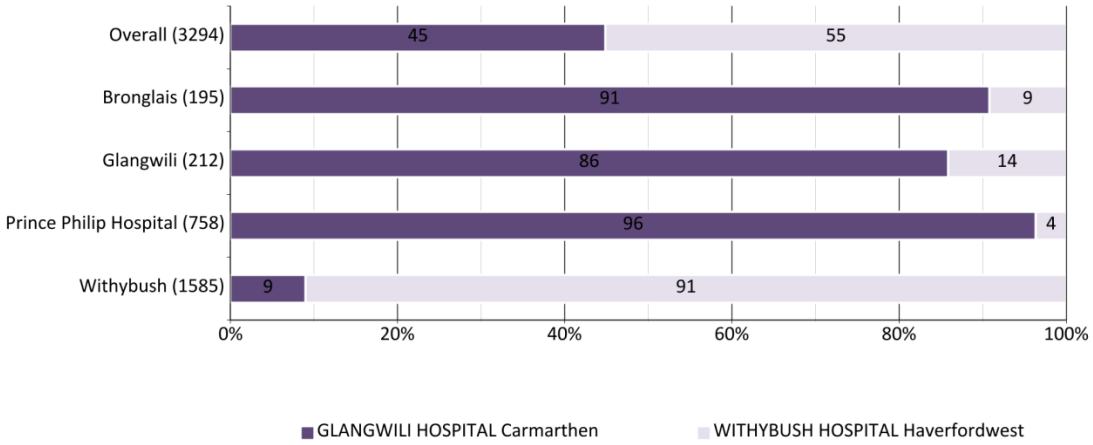
2.60 This result is consistent for the household survey and open questionnaire.

Figure 25: Consultation Questionnaire responses to proposals for the location of a single hospital providing inpatient paediatric services in the south by nearest District General Hospital. Base: All respondents (Number of respondents shown in brackets)

Household Survey



Open Questionnaire



2.61 Respondents were given the opportunity to make further comments with regards to the women and children services proposals. More than 1 in 10 (**13%**) **household survey** residents made any further comments, in comparison to 3 in 10 (**30%**) of **open questionnaire** respondents.

2.62 The table below shows the top main comments that were made by **both** sets of respondents.

2.63 Both sets of residents/respondents who said that their preferred choice is Withybush Hospital for both the Level 2 Neonatal Unit and inpatient paediatric services are significantly more likely to have concerns about the negative impact on families/visiting and women, mothers and babies.

2.64 It is also worth noting that a small proportion (35) of open questionnaire residents mentioned concerns that the ambulance service will not be able to cope with the neonatal transfers / lack of skills of ambulance; again, residents who would prefer Withybush Hospital to be the location for both the Level 2 Neonatal Unit and inpatient paediatric services are significantly more likely to feel this way.

Figure 26: Are there any further comments you would like to make about Hywel Dda health Board's proposals for Women and Children Services? Further comments made by both household survey and open questionnaire residents/respondents. Base: Number of respondents who made a further comment for each questionnaire in brackets

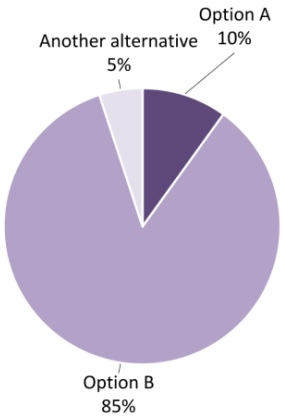
Main further comments	Number of Responses	
	Household Survey (85)	Open Questionnaire (1,325)
Support for Withybush Glangwili too far for people in West Wales / Pembrokeshire to travel	23	181
Support for Glangwili Glangwili provides excellent services and central	14	64
General Concerns about negative impacts on families/visiting - Poor road network and public transport - Distance, cost of travelling and stress - Services need to be local	14	352
Withybush Support It is not beneficial to locate neonatal unit in Glangwili because they are close to Swansea/Cardiff	9	281
Withybush Support Keep Special Care Baby Unit / current level of services at Withybush/ there are already excellent services already provided at Withybush Hospital	8	195
General There will be a negative impact on women, mothers and babies. Some respondents feel that the proposed changes will cause a higher number of deaths to mothers and babies	8	109
Reopen neonatal unit / maternity ward at Prince Philip Hospital/ Centralise according to area with greater population	8	147
Have SCBU in Bronglais	6	124

Emergency Care

Figure 27: Consultation Questionnaire responses to proposals for Emergency Care

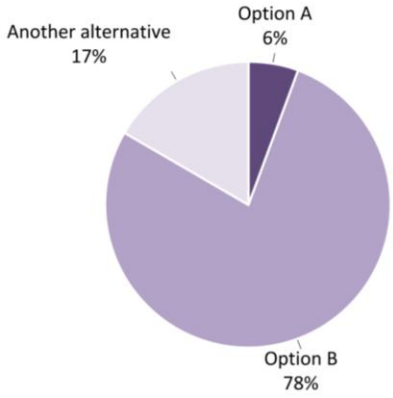
Option A	*Emergency services centralised at Glangwili Hospital (Carmarthen) with more limited emergency services provided at Bronglais Hospital (Aberystwyth) and Withybush Hospital (Haverfordwest)*	*Prince Philip Hospital (Llanelli) to only provide a nurse-led Local Accident Centre for minor accidents*
Option B	*NO CHANGE to the existing emergency services provided at Bronglais Hospital (Aberystwyth), Glangwili Hospital (Carmarthen) and Withybush Hospital (Haverfordwest)* *Addition of Clinical Decisions Units at Bronglais Hospital and Glangwili Hospital once construction work has been completed*	*Prince Philip Hospital (Llanelli) to have an emergency medical admission unit and also provide a nurse-led Local Accident Centre for minor accidents*

Household Survey



Base: All Respondents (662)
95% of respondents answered the question

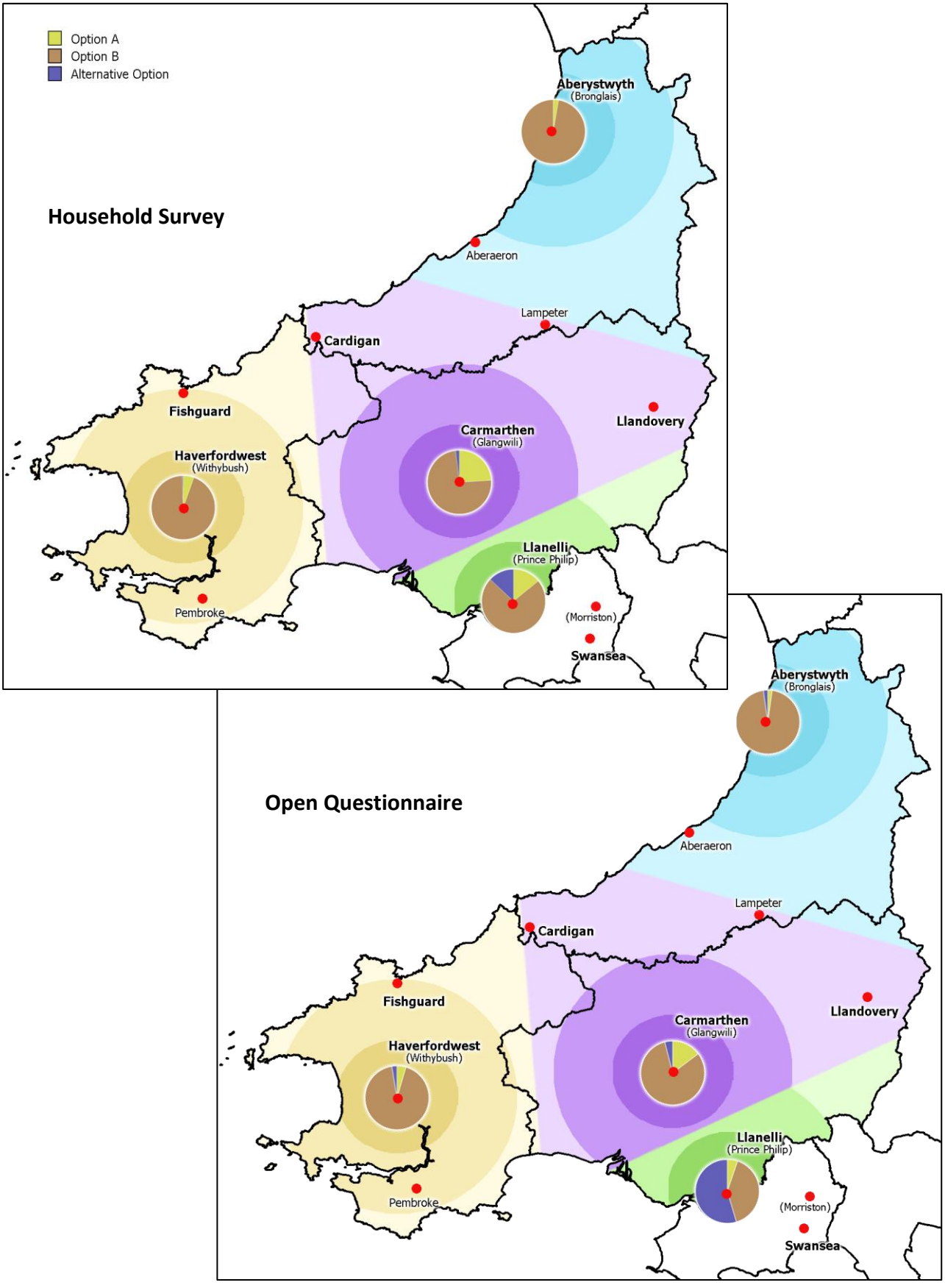
Open Questionnaire



Base: All respondents (3,917)
89% of respondents answered the question

2.65 The Consultation Questionnaire shows overwhelming support for Option B across the Health Board area – but there are some significant local differences as shown on the following maps (Figure 28). In particular, respondents whose nearest hospital is Prince Philip tend to support "Another alternative", especially in responses to the Open Questionnaire. Further details about the alternatives proposed are provided in Figure 30.

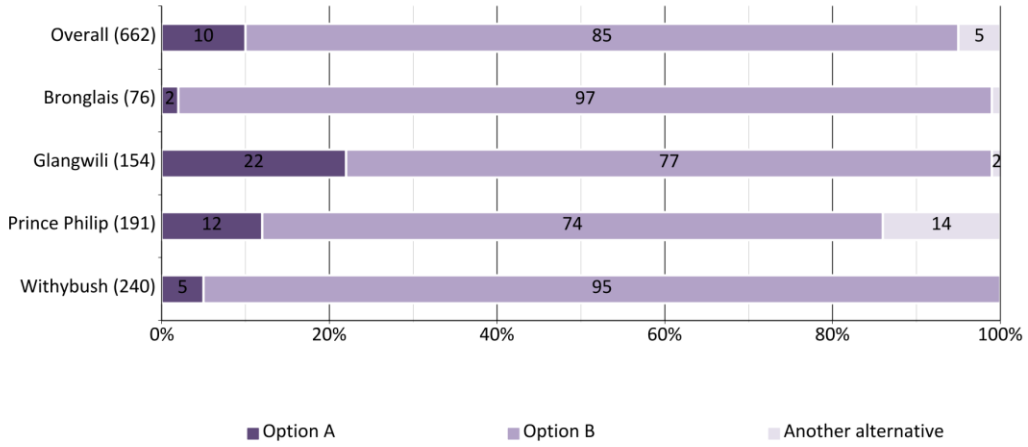
Figure 28: Household Survey and Open Questionnaire responses mapped by area, with shaded zones depicting 5km, 10km, 20km and 50km from named General Hospital – All individual respondents that provided a postcode



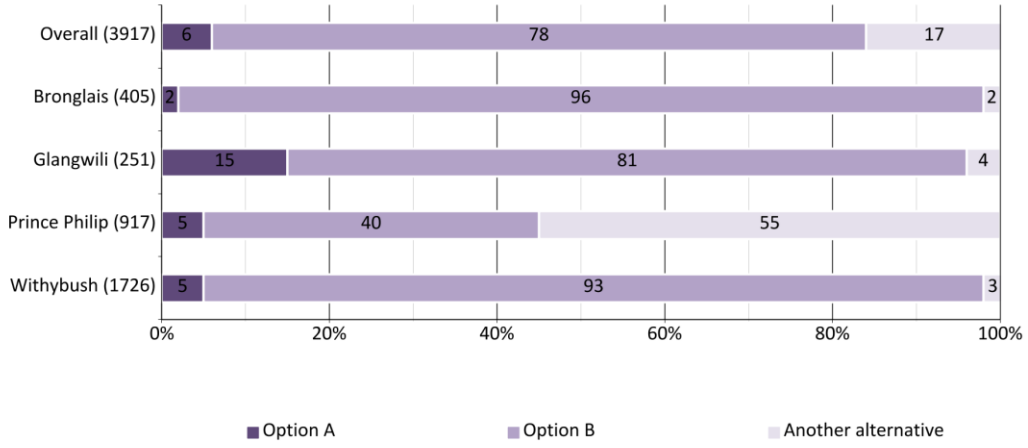
2.66 The following graphs show a breakdown of responses by residents' nearest general hospital.

Figure 29: Consultation Questionnaire responses to proposals for Emergency Care by nearest District General Hospital. Base: All respondents (Number of respondents shown in brackets)

Household Survey



Open Questionnaire



2.67 Respondents were also asked to give reasons for their preference(s), which are summarised in the table below.

Figure 30: Please indicate your preference for Emergency Services, with 1 being your first preference, and 2 and 3 being your second and third choices, if appropriate. Summary of reasons given for choices. Base: All respondents who gave a reason for their choice (2,886)

6% support OPTION A		78% support OPTION B		17% support another option	
32% gave a reason		50% gave a reason		98% gave a reason	
Centralisation better than spreading out	21%	Concern with distance to travel – emergency services should be kept local	46%	Keep status quo at Prince Philip	55%
This option affects me least	14%	Keep status quo at Withybush	26%	Prince Philip should have full A&E services restored	37%
Concern with distance to travel – emergency services should be kept local	14%	Keep status quo at Bronglais	25%	Emergency services in Llanelli should reflect the large population and high risk heavy industry	32%
		The option covers a wider geographic area and serves more population centres	10%	Concern with distance to travel – emergency services should be kept local	18%
		GPs need to play more of a role	10%		

Planned Care

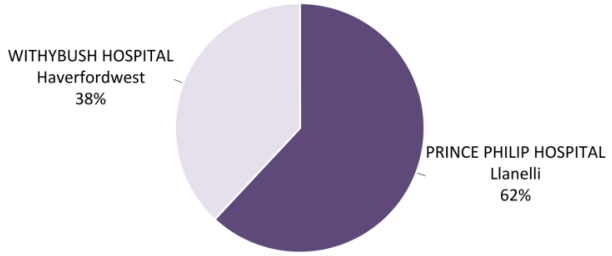
Figure 31: Consultation Questionnaire responses to proposals for Planned Care

Hywel Dda Health Board proposes to develop an Orthopaedic Centre of Excellence for patients living in Carmarthenshire and Pembrokeshire in either Prince Philip Hospital or Withybush Hospital in the south.

Hywel Dda Health Board is proposing PRINCE PHILIP HOSPITAL.

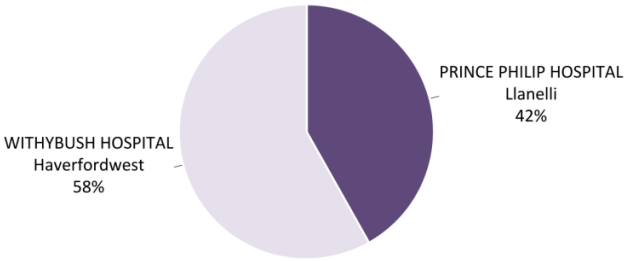
Please indicate where you would prefer the Orthopaedic Centre to be located in the south.

Household Survey



Base: All Respondents (560)
80% of respondents answered the question

Open Questionnaire



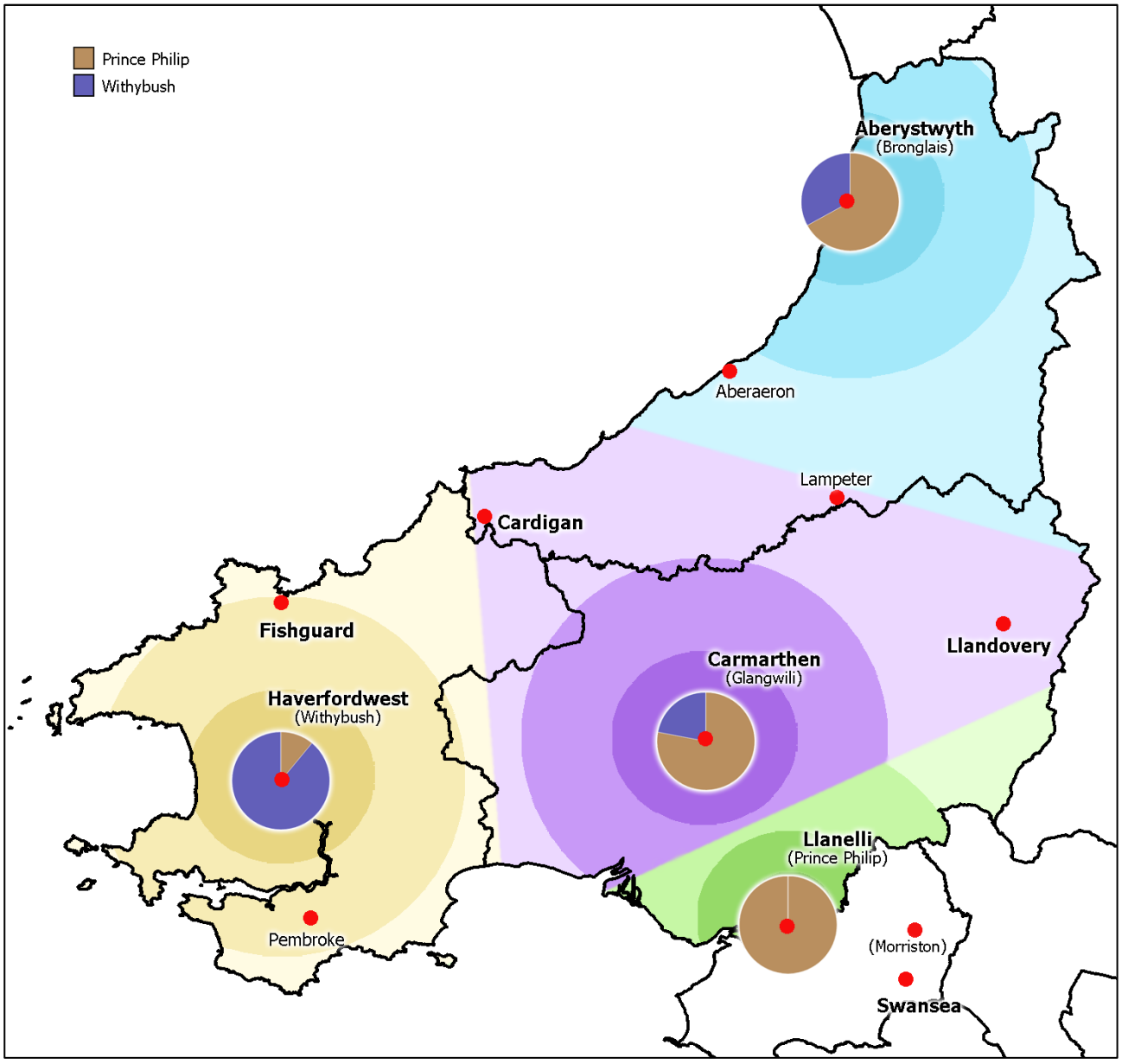
Base: All respondents (3,470)
78% of respondents answered the question

2.68 The Household Survey shows that the majority of residents (62%) would prefer Orthopaedic Centre of Excellence to be located at Prince Philip Hospital. Conversely, the majority of respondents to the Open Questionnaire (58%) would prefer these services to be located at Withybush Hospital. Once again, the main reason for the difference is the disproportionately high number of responses to the Open Questionnaire from residents whose nearest District General Hospital is Withybush.

2.69 When we consider the geographic spread of response preferences (Figure 32), it is evident that residents whose nearest district general hospitals are Bronglais, Glangwili and Prince Philip show more support for services to be located at Glangwili Hospital, while those who live closer to Withybush Hospital would prefer services to be located there.

2.70 The subsequent charts (Figure 33) show that this is consistent for both the Household Survey and Open Questionnaire.

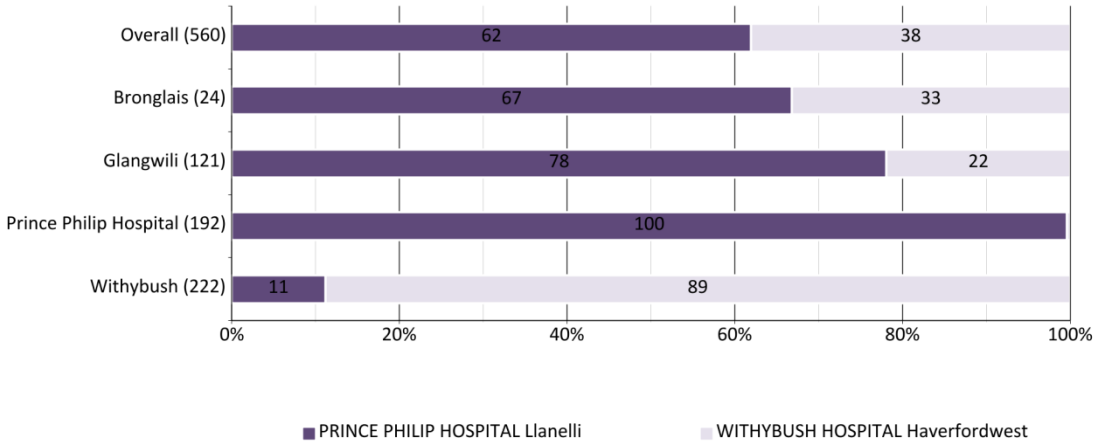
Figure 32: Responses mapped by area, with shaded zones depicting 5km, 10km, 20km and 50km from named General Hospital – All individual respondents that provided a postcode



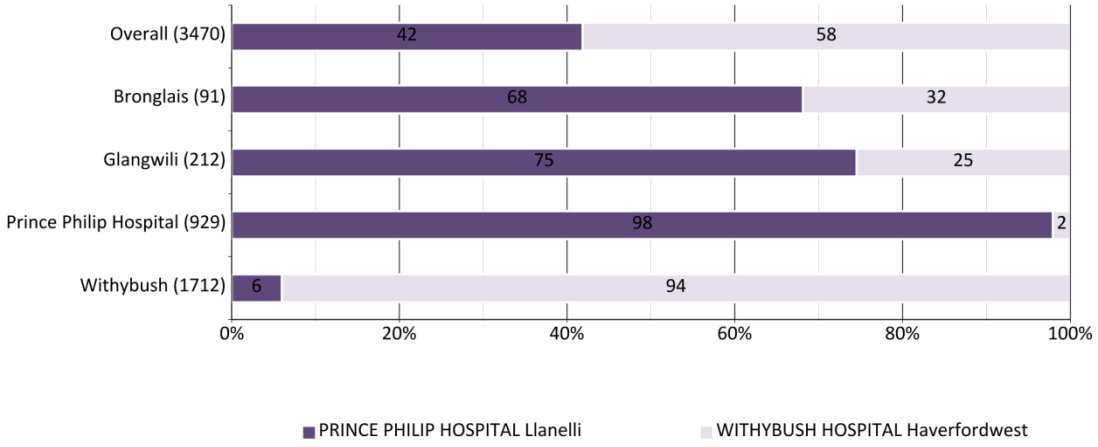
2.71 The following graphs show a breakdown of responses by residents' nearest general hospital.

Figure 33: Consultation Questionnaire responses to proposals for Planned Care by nearest District General Hospital. Base: All respondents (Number of respondents shown in brackets)

Household Survey



Open Questionnaire



2.72 Respondents were given the opportunity to make further comments with regards to the proposals for planned care. More than 1 in 10 (**12%**) **household survey** residents made any further comments, in comparison to more than two fifths (**42%**) of **open questionnaire** respondents.

2.73 The table below shows the top main comments that were made by **both** sets of respondents. **Open** survey respondents who chose Withybush Hospital as their preference are significantly more likely to have concerns about distance to travel/transport for patients, visitors and the elderly.

2.74 In addition, 108 open questionnaire respondents said that they wanted the unit to be centralised in Bronglais.

Figure 34: **Are there any further comments you would like to make about Hywel Dda health Board's proposals for Planned Care? Further comments made by both household survey and open questionnaire residents/respondents. Base: Number of respondents who made a further comment for each questionnaire in brackets**

Main further comments	Number of Responses	
	Household Survey (180)	Open Questionnaire (1,838)
Concerns re distance to travel, public transport and road networks for patients and visitors	18 (16)	227
Travel distance from Pembrokeshire too far if service is in Prince Philip Hospital	18 (11)	170
Elderly will be negatively affected in terms of distance to travel	11 (15)	58
Support for Prince Philip Hospital due to higher population in Llanelli and that an excellent service already provided there	9 (23)	81
Support for Withybush Hospital because there is an excellent service already provided there	9 (26)	239

Equalities Issues, including Welsh Language

2.75 Respondents were asked if there were any potential human rights or Welsh language issues that they consider to relevant in terms of the implementation of the proposals. More than 1 in 10 (12%) household survey residents made any further comments, in comparison to less than two fifths (37%) of open questionnaire respondents. These mainly included:

» Human Rights Issues

– Availability of local health care is a human right
– Changes will infringe human rights of people in the south/Pembrokeshire
– Changes will infringe human rights of people in the north (Mid Wales), Aberystwyth and Powys
– Distances to travel

» Welsh Language Issues

– It is important that Welsh is used as much as possible/ all patient services need to be bilingual
– Changes should not be made on the basis of Welsh language - health is a top priority
– Staff need to improve communication with the patient in general
– Not enough medical staff speak welsh/recruit more Welsh speakers
– Changes unfair on Welsh speakers

Further Comments

2.76 Respondents were given the opportunity to make further comments about any of the proposals mentioned in the consultation questionnaire. Less than a fifth (**17%**) of **household survey** residents made any further comments, in comparison to more than two fifths (**42%**) of **open questionnaire** respondents. These mainly included:

Main comments made by both Household Survey and Open Questionnaire responses

- Concerns with distance to travel and that road infrastructure cannot cope
- Changes are being made without the consideration of residents; the feeling that the decision has already been made and that public opinion needs to be listened to
- Hospital transport (ambulance services), public transport and parking should be improved
- The Health Board needs to improve resources and the recruitment of doctors to minimise closes
- Too many services removed from Withybush/it needs upgrading

Main comments made mainly by Open Questionnaire respondents

- Against the centralisation of services because:
  - reduces availability of local care
  - increases travel
  - overworks staff
- The proposed changes are not sustainable
- Too many services being removed from Mid Wales (in particular Bronglais)/ these services need upgrading
- Spend money on services not admin/cut back on management staff
- General negative comments about politicians/ministers/senior health figures

3. A) Deliberative findings: Focus Groups

Focus groups with members of the public

Introduction

3.1 In order to provide thoughtful consideration of the issues by a wide range of 'ordinary' members of the public, ORS recruited and facilitated seven focus groups across the whole of the HDdHB area during August and September 2012.

3.2 The focus group participants were selected semi-randomly by ORS via random digit dialling in each of the seven locality areas – and broad recruitment quotas were used for gender, age and other characteristics in order to ensure a wide cross-section of participants. Care was taken to ensure that potential participants were not disqualified or disadvantaged by disabilities or any other factor - and in accordance with standard good practice, the participants were recompensed for their time in taking part. All of the meetings were well attended, and broadly representative in terms of age, gender, social grade and limiting long-term illness.

3.3 Although, like other forms of qualitative consultation, deliberative focus groups cannot be certified as statistically representative, these seven meetings gave a wide range of people the opportunity to discuss the health and organisational issues in detail. We believe the meetings are broadly indicative of how informed members of the public would formulate and express their views in similar contexts.

3.4 Therefore, we believe that the seven meetings are particularly important within the context of the whole consultation programme – because the focus groups were inclusive (encompassing a wide range of people), not self-selecting (randomly recruited), relatively well-informed (following initial presentations of the key issues and policy options), and fairly conducted (through careful facilitation by ORS). There was a considerable contrast between the tone of these thoughtful and considered meetings, on the one hand, and the confrontational atmosphere that HDdHB encountered in *some* of its public meetings, on the other.

3.5 ORS recruited and facilitated the seven meetings in each of the seven HDdHB localities, as follows:

- North Ceredigion (Aberystwyth) – nearest general hospital Bronglais – 10 attended
- South Ceredigion (Lampeter) – nearest general hospital Bronglais – 8 attended
- North Pembrokeshire (Newport) – nearest general hospital Withybush – 9 attended
- South Pembrokeshire (Pembroke Dock) – nearest general hospital Withybush – 11 attended
- Amman Gwendraeth (Tumble) – nearest general hospital Prince Philip – 11 attended
- Llanelli – nearest general hospital Prince Philip – 9 attended

» Tywi, Teifi and Taff Myrddin (Llandeilo) – nearest general hospital Glangwili – 9 attended.

3.6 The aim of the groups was to allow people to express their views on the following:

» The consultation process

» HDdHB's proposals for…

– Unplanned Care (Accident & Emergency)

– Planned Care (orthopaedics)

– Women and Children's Service

– Mynydd Mawr Hospital

– Minor Injury Units at Tenby and South Pembrokeshire Hospitals

– Community Services and Primary Care

» Any other relevant issues they wished to raise.

3.7 This section of the report presents the main themes and key points arising from the seven focus groups. The opinions expressed were not always unanimous, but we have endeavoured to reflect the range of views expressed. Some important common themes emerged from the group discussions and these are reported below; but where issues related to a particular locality, these have been highlighted. Many quotations have been used, not because we wish to endorse any views, but in order to illustrate some of the more common and important themes and issues.

Summary of Key Findings

3.8 In summary, the main points to emerge across the seven focus groups were as follows.

Awareness of Consultation and Proposals

» There was good awareness of HDdHB's proposals across all groups (more so in 'sensitive' areas such as Llanelli and Pembrokeshire) - but also some scepticism as to whether people's views will be considered.

Planned Care (Orthopaedics)

» There was good support for the proposed Orthopaedic Centre of Excellence for the South of Hywel Dda (although the Llanelli group was only prepared to endorse it if it was introduced alongside a full A&E service - if not, they would be happy to trade it for the latter).

» In terms of location, there was most support for Prince Philip due to its good reputation and existing facilities, and the easier access to Llanelli for the majority of the HDdHB population. The Pembroke Dock group, however, favoured Withybush as it currently provides excellent care – and because Prince Philip is close to Swansea's two hospitals.

Emergency Care (Accident and Emergency)

» Five of the seven groups (Aberystwyth, Lampeter, Newport, Pembroke Dock and Tumble) approved the retention of full A&E services at Glangwili, Withybush and Bronglais.

- Participants at Llanelli and Llandeilo felt strongly that Llanelli should have a full A&E service – mainly because of: the town's large population; the distance to Carmarthen; and waiting times at Glangwili (most would prefer to go to Morriston as the care is better and it is more easily accessed).
- There were also strong objections in these two groups to the proposed nurse-led 'Local Accident Centre' at Prince Philip. They considered this to be a downgraded service and worried about: the ability of nurse practitioners to assess and treat the whole range of incidents; and the onus being placed on the patient to decide what is a major and minor injury.
- If the nurse-led unit is introduced, people strongly desired co-located emergency diagnostic and stabilisation facilities (which could presumably be provided through the Emergency Medical Admissions Unit).

Women and Children's Services

- Five groups (Aberystwyth, Llandeilo, Llanelli, Lampeter and Tumble) supported the development of the Level 2 Neonatal, Paediatric High Dependency and Complex Obstetrics Units at Glangwili because: Glangwili is nearer to larger centres of population (with higher birth rates); it is more central within HDdHB; and it will be easier to recruit doctors to Carmarthen than to Haverfordwest.
- Participants at Pembroke Dock and Newport felt they could support Glangwili as a location – providing the Special Care Baby Unit (SCBU) remains at Withybush. This was considered essential for stabilisation, to alleviate some parents' travel difficulties and to negate the possibility of losing paediatrics entirely.

Community Hospitals

- There were divided feelings about the possible closure of Mynydd Mawr Hospital – mainly within Carmarthenshire. Most were of the view that it is 'past its sell by date' and should be closed, but some at Tumble and Llanelli disagreed, commenting on the excellent quality of care provided there and the lack of space (and parking) at PPH. They were also suspicious of HDdHB's motives and whether they are *closing it to build new homes on the land.*

Minor Injuries Units

- Only in Pembrokeshire were there strong feelings about the proposed closure of the Tenby and South Pembrokeshire Minor Injuries Units. There was certainly opposition to the proposal at the Pembroke Dock group – mainly because of the consequent strain placed on GPs and nurses; the lack of space in GP surgeries; the increased summer population in Tenby; and the 'waste' of a new building in the town.

Community Services and Primary Care

- There was general approval for 'care closer to home' – providing it works in practice and is operational before removing secondary care services.

- There was general praise for moving services out of hospitals and into the community. People must travel considerable distances for routine healthcare and brief appointments - and would welcome being able to access such services closer to home.
- Given the widespread complaints made about GP access (and, especially, out-of-hours care), there was a great deal of support for longer hours and a six-day week. There was also a great deal of support for pharmacies offering more healthcare services.

Main Findings

Awareness of Consultation and Proposals

3.9 Most of the nine people at Llanelli had heard about the consultation, but they were very sceptical about the extent to which their views will be taken into consideration. Essentially, they believed that: HDdHB's proposals will be implemented regardless of what people say; that the decisions were actually taken some time ago; and that the consultation process is simply the Health Board 'going through the motions':

They'll still go ahead with Prince Philip no matter what people feel about it (Llanelli)

I feel the decisions have already been made (Llanelli)

The decision was made a year ago I was told (Llanelli)

I feel that these are procedures that HDdHB have to be seen going through (Llanelli).

3.10 At the South Pembrokeshire group in Pembroke Dock, most had heard of certain proposals (those relating to Women and Children's Services in particular) and some had been actively involved in campaigns against them. Generally, participants were sceptical about consultation in general and felt the same as those at Llanelli – that the views of the general public will not be considered because decisions have already been made:

I don't think anyone listens to the general public. I have talked to a lot of people about what they think of the Health Service and what I hear and what is said by councillors and politicians is different to the decisions that are made (Pembroke Dock)

I think people treat it the same as any other consultation in that they think the decision is already made and this is just to make it look pretty (Pembroke Dock).

3.11 Just over half of the eight participants at Lampeter (South Ceredigion) were aware of HDdHB's consultation - but they were limited in what they knew about the proposals themselves. Further, few had heard about the Listening and Engagement process and how controversial it had been.

3.12 At Tumble (Teifi, Tywi, Taf Myrddin), Llandeilo (Amman Gwendraeth) and Newport (North Pembrokeshire), some participants had heard nothing at all about HDdHB's proposals and consultation process. Others had heard of the proposals, but only through informal sources such as the media rather than official Health Board channels. Indeed, there was some confusion in these groups about what exactly is proposed due to differing reports in the media:

There is not much coming from the Health Board from official people (Tumble)

I have heard that they want to downgrade the A&E in Prince Philip to a nurse-run department as opposed to having the doctor on emergency call. And that they are closing wards and they are shutting beds (Tumble)

The bit that I found very confusing is that the Western Mail around six months ago said the A&E at Prince Philip was not going to be changed. The latest report is that it is being changed. How can they make such a statement? That is more than confusing, it's inconsistent (Tumble)

I've read some things in the newspapers but as for specifics I don't know what this is about (Newport)

The whole restructure of Withybush. One minute it's going to get a baby unit and the next it's going to be closed down because there are no doctors and nurses. There are mixed messages (Newport).

Planned Care (Orthopaedics)

3.13 A Centre of Excellence for Orthopaedics was considered to be a positive and important development by many participants insofar as it will allow for the concentration of expertise and expensive equipment on one site:

It's better to have one really good than two mediocre (Llandeilo)

The idea of experts in centres means you need one centre in the large rural area with small populations. The specialists are important and they cannot easily travel from one hospital to another and equipment is very expensive (Lampeter).

3.14 In terms of location, most participants (including those at Newport, Pembrokeshire) preferred Prince Philip Hospital over Withybush Hospital. This is, of course, to be expected for residents of Llanelli, Tumble and Llandeilo considering its proximity to them and that the majority of orthopaedic services in Carmarthenshire are already carried out there:

That's where it is now for a lot of people living in Llandeilo (Llandeilo)

Most of the hip and the knee replacements I've heard of being done with patients over the last four or five years have been performed in Prince Philip (Llandeilo)

Well you're gonna have us lot say obviously Prince Philip aren't you? (Llandeilo)

We would obviously say Prince Philip (Tumble)

This makes sense to us. It's our preferred option (Tumble)

You have a lot of people going to Singleton and Morriston from this area anyway…and it seems to make sense that it's put in Prince Philip (Newport).

3.15 Other arguments in these groups, and indeed in others, were that: Llanelli is a more central location for the larger centres of population in Hywel Dda (one person even considered it to be the geographic centre of the Health Board area); Prince Philip Hospital already has a reputation for excellence in Orthopaedics; and good quality facilities already exist there:

If you look at where most of the population lives presumably it makes more sense because you've got Llanelli and Carmarthen nearest to Prince Philip. Withybush has only really got Pembroke (Llandeilo)

Prince Philip is probably the nearest you're going to get to the centre of Hywel Dda (Llandeilo)

Prince Philip Hospital has a good reputation for Orthopaedics (Lampeter)

It's a good place to open it since the facilities are here (Llanelli).

3.16 With specific regard to the Llanelli group, however, the majority of participants would be happy to sacrifice the Orthopaedic Centre of Excellence at Prince Philip Hospital if it meant they could have a 'proper' A&E once more. As aforementioned, A&E services were the main preoccupation of the Llanelli group - and it would be fair to say that their anger at the lack of full A&E services at their local hospital negatively affected their consideration of all other issues:

If the A&E was here in Llanelli we wouldn't mind travelling elsewhere for further care (Llanelli)

We don't need that; we need Accident and Emergency (Llanelli)

Whether it is there or not they have got to have an Accident and Emergency (Llanelli)

I would love to see a Centre of Excellence here but with the provision of an Accident and Emergency (Llanelli)

They should keep A&E in all major hospitals alongside a specialist centre…as long as you've got your A&E first (Llanelli)

3.17 There was also general apprehension that Prince Philip will eventually consist of the specialist centre and nothing else:

In a few years more departments might shut just like others have; how permanent is it? Will the hospital just be for orthopaedics and there will be nothing else there at the hospital? (Llanelli).

3.18 Prince Philip Hospital was also the preferred option for those in Ceredigion (Aberystwyth and Lampeter). They argued that access to Llanelli is far easier for them than it is to Haverfordwest:

Transport to Llanelli is easier than to Withybush. There is only one main road to the hospital with lots of congestion, but Prince Philip Hospital has different access routes (Lampeter).

3.19 There was, however, some concern at Lampeter that the North of HDdHB is being 'forgotten' and that all of the proposals seem to primarily benefit the South:

All the specialists would be in the South East of the area near to Swansea and we seem to be left behind (Lampeter).

3.20 The only group that argued for an Orthopaedic Centre of Excellence to be located at Withybush Hospital was that at Pembroke Dock. Their primary argument was that apparently excellent orthopaedic care is provided there currently:

My husband had his knee replaced last week at Withybush and he had a top surgeon and the best implant you can get and it went superbly so if they have them there then why move them? (Pembroke Dock)

We have had the best orthopaedic care for miles and miles around – if it's not broke don't fix it (Pembroke Dock).

3.21 They also argued that, as Prince Philip Hospital is closer to the Swansea hospitals, the population of Carmarthenshire already has other Orthopaedic Centres of Excellence within close proximity – whereas the people of Pembrokeshire do not:

For certain specialist services, instead of looking at the catchment areas they should be thinking about the wider area. So for Orthopaedics you go to Swansea. They look at it in a narrow way (Pembroke Dock)

It's the travelling. If you are in the Llanelli area there is no problem going to Swansea. We need it in Withybush because you have to think of the travel if you live in, say, in Cardigan and St Davids! (Pembroke Dock).

3.22 Finally in relation to Planned Care, there was general recognition that developing a specialist Orthopaedic Centre of Excellence on one site will inevitably mean that a considerable number of people will have to travel to access the service:

If you don't live in the centre of Hywel Dda you're travelling because people from Aberystwyth have got to travel to Prince Philip (Llandeilo).

3.23 As such, it was considered imperative (especially by Ceredigion residents) that before- and after-care can be provided locally:

Visiting patients is a problem for relatives. You need to get the operated patients back to their home area quickly (Lampeter)

It is ok to go to specialist centres, but we need diagnosis and follow-up services to be more local. The follow-up is very important to be local (Aberystwyth).

Unplanned Care (Accident and Emergency Services)

3.24 The issue of Unplanned Care was, without question, the main preoccupation of the Llanelli group, where participants were extremely angry about the lack of a full A&E service at their local hospital. Indeed, this group gave little consideration to the proposed change to a nurse-led 'Local Accident Centre'; the majority of participants' comments were predicated on their belief that Llanelli should have a 'proper' A&E.

3.25 The main issue raised in relation to the lack of full A&E services in Llanelli was that HDdHB has not taken into consideration the size of the town's population. The Llanelli group (and that at Llandeilo) argued that the location of emergency services must be based on population size – and wholly rejected the argument that distance and accessibility for everyone must also be taken into consideration in an area as large as that covered by the HDdHB:

It has to be population-led (Llanelli)

Prince Philip will lose its A&E and we are totally against it…it should be done via population (Llanelli)

We're talking about an ageing population, more falls, more needing to be moved to hospital and then they're saying 'we're not going to have it in Llanelli' which is the biggest area and biggest population. It seems a bit odd to me (Llandeilo)

They should upgrade Prince Philip and downgrade one of those more West. With the population in this town there is just not enough services….the population down there is more sparse and spread out (Llanelli)

They have looked at this in terms of miles and not in population numbers (Llanelli).

3.26 There was also significant concern across all groups about Glangwili's ability to cope with the additional demand from Llanelli – especially in respect to long waiting times:

> There's so many people with anecdotal evidence isn't there? Everybody's got a story about how horrendous things are. So it's not just one person saying it, it's across the board (Llandeilo)

> I was there last week with my friend. Four hours and forty minutes just to be seen and then you're waiting another two and a half hours for a doctor because he had been called into surgery. So we were there from half past ten in the morning and we didn't get back for tea…she was actually sat with a broken leg all those hours (Llandeilo)

> The waiting time is so long there when you go in with something that is not all that serious it's a long, long wait (Llandeilo)

> I've heard of people hanging around Glangwili for five hours (Llanelli)

> It has awful waiting times in A&E now. We waited 13.5 hours before my brother was even seen (and he had a bad head laceration) even though the place did not seem very busy. I was told that there was only one Doctor on duty that night and after 13.5 hours they just stitched his head and left him to go home (Lampeter)

> My wife was taken in six weeks ago, she collapsed with stomach pains and she had no choice but Glangwili. But she waited outside in the ambulance for six hours. (Tumble).

3.27 In fact, the people of Llanelli stated that, given the choice, they would prefer to travel outside HDdHB to access A&E services at Morriston, mainly because of the better transport links and the 'better all-round care'. Some people also said that going directly to Morriston would be the better option for them, since they felt they would eventually be transferred there anyway:

> Better all-round care (Llanelli)

> It is easier and quicker to get to due to the motorway…. you can't get to Glangwili in less than 40 minutes and the roads are quite hard (Llanelli)

> You are most likely to be transferred there anyway (Llanelli)

> I have been transferred to Morriston on two occasions from Prince Philip (Tumble).

3.28 There was strong feeling in the Carmarthenshire groups that people who would normally use Prince Philip for A&E services should be allowed the option of being taken to Morriston – which is apparently not the case currently. Also, good co-operation between the Ambulance Service and the area's hospitals was considered essential in ensuring patients are taking to the nearest available hospital as quickly as possible:

> A week last Friday a lady next door to me, who is 88, she fell. The ambulance came and she said 'where are you taking me?' He said 'Glangwili'. She said 'I'm not going'. He said 'you have got to'. She wanted to go to Morriston but he said 'I can't do that.' (Tumble)

> I had a cousin…she was rushed to hospital and went down to Prince Philip from Ammanford. She went to the gates of their A&E and was turned around and sent to Glangwili. She was alive in Llanelli and dead by the time she reached Glangwili. She died of a pulmonary embolism which is

quite treatable. If they were shut in Llanelli, why didn't the ambulance know, because it's just as short to go to Glangwili as it is to Prince Philip? (Llandeilo).

3.29 Other concerns (voiced at Llanelli and Llandeilo) were:

The distance between Llanelli and Carmarthen (and the potential issues this can cause in an emergency)

> It only takes twenty five minutes from Llanelli to Glangwili but a lot can happen in twenty five minutes. If you have an accident in Trostre for example you've got to go twenty five minutes to Glangwili. I think it's wrong when it could be done in five minutes (Llandeilo)

> The length of journey to Carmarthen is a concern…both physiologically and medically (Llanelli)

The cost of travelling from Llanelli to Carmarthen – especially for a population that is not wealthy

> They're not a wealthy population…not all of them have transport so they're going to be calling out ambulances to take them to Glangwili. You're actually maybe saving the cost of the hospital but the outside services are going to be higher (Llandeilo)

> They don't think about getting back in an emergency: money, petrol, car, lifts. It's £40 plus to get a taxi back from Carmarthen (Llanelli)

The industrial nature of the Llanelli area

> You've got more industry in Llanelli…more chance of accidents. You've got quite a lot of miles on the M4 so there's more load in Llanelli really (Llandeilo)

> We've got far more chance of having a major incident happen here in Llanelli than in Carmarthen (Llanelli)

> Carmarthen is rural, Llanelli town has around three times the number of people of anywhere else… (Llanelli)

Increased pressure on the Ambulance Service

> This will place the service under greater strain (Llanelli)

> There's not enough ambulance provision but this will be stretched even more if ambulances are travelling further to each hospital (Llanelli)

> What about the cost of ambulances back and fore. The cost and availability of ambulances may be affected if people have to travel further (Llanelli)

The waste/underuse of a new facility

> Llanelli is virtually a new hospital, 19 years old. It's much newer than Glangwili or Withybush so should be up to date (Llanelli)
>
> You don't upgrade old facilities; you've got new facilities here, use them (Llanelli)
>
> Will there be under usage of a new hospital (Prince Philip) if these changes happen (Llanelli).

3.30 Many comments were made at Llanelli about the need for diagnostic and emergency stabilisation facilities at Prince Philip Hospital. Indeed, people seemingly accepted that they would have to travel further afield for treatment but were adamant that they should be diagnosed and stabilised locally – and if this can be achieved at the Emergency Medical Admissions Unit then residents must be reassured of this:

> *Time factor, speed is key. Diagnosis and then transfer* (Llanelli)
>
> *You've got to have a local centre where diagnosis takes place and go to a specialist place afterwards* (Llanelli)
>
> *If it's an emergency you need that local, and if needs be send them on to a specialist* (Llanelli)
>
> *The first contact should be local and they should be able to deal with emergencies before they are moved on or transferred* (Llanelli).

3.31 The Llandeilo group was also vocal in its support for full A&E services at Prince Philip Hospital. Participants strongly advocated the provision of emergency services at all hospitals, especially for effective stabilisation prior to transfer to specialist centres. As at Llanelli, the group argued for stabilisation facilities at Prince Philip Hospital and, again, if this can be provided at the Emergency Medical Admissions Unit, people must be reassured of this:

> *I don't see why Prince Philip shouldn't have a full service* (Llandeilo)
>
> *Emergency services is what it should be: emergency services. The bigger hospitals should be able to deal with emergencies not be carted off somewhere else. Emergency is an emergency* (Llandeilo)
>
> *They've got to have somewhere to go to be stabilised, not to be cured of everything. They can save their lives, stabilise them, and then shift them off somewhere else where they go to have specialist care* (Llandeilo).

3.32 At Llandeilo (and Tumble to a lesser extent), it was suggested that the proposed changes are a precursor to closing the A&E department at Prince Philip Hospital:

> *They are going to shut it all down aren't they?* (Llandeilo)
>
> *Well they're shutting down an A&E department…that's what we all think anyway* (Llandeilo)
>
> *One consultant has said that he is seeing Prince Philip fall down around his ears. If people already there are concerned what is happening, then…* (Tumble).

3.33 Some discussion was had at Llanelli and Llandeilo about the proposed nurse-led Local Accident Centre. There was general concern that Nurse Practitioners may not have the required expertise to deal with medical emergencies (although it should be said that participants in other groups felt that *some nurses are*

just as skilled as doctors). People also found it difficult to make the distinction between the nurse-led Local Accident Centre (for minor injuries and illnesses) and the consultant-led Emergency Medical Admissions Unit (for medical emergencies) – which suggests that better clarification could reassure many people about future provision at the hospital:

> *It's quality of service isn't it? You're having a nurse instead of a doctor, let alone a surgeon or consultant* (Llandeilo)
>
> *Having nurses may not be enough to cope with emergencies and stabilisation of patients* (Llanelli)
>
> *What about things happening in the night, no doctor present?* (Llanelli)
>
> *60% of strokes happen in the night…could these be handled in the new system?* (Llanelli).

3.34 In light of the various comments made above, no-one at the Llanelli group would offer an opinion on the merits of Options A and B; they did not consider either to be reasonable as neither makes provision for full A&E services at Prince Philip Hospital:

> *They are writing Prince Philip off - this isn't a consultation* (Llanelli)
>
> *This is picking between the lesser of two evils* (Llanelli)
>
> *There is no one around this table who would openly agree with the two options provided* (Llanelli)
>
> *I won't select either of the options because it's not feasible or practical. They are not talking about upgrading our area* (Llanelli).

3.35 All other groups preferred Option B to Option A (albeit it was a reluctant preference at Llandeilo) insofar as emergency services are maintained at Bronglais, Glangwili and Withybush Hospitals. Participants at Tumble also commented positively on the fact that, under this option, an Emergency Medical Admissions Unit is to be maintained at Prince Philip. The loss of this, they argued, was the main concern for many people and they commended the Health Board for taking this into consideration moving forward:

> *For us, Option B is clearly the best* (Lampeter)
>
> *Nothing is changing with us under Option B, so we are ok* (Newport)
>
> *Aberystwyth has a large university and it needs an A&E – it should not be run down* (Lampeter)
>
> *I would like to have the best possible A&E at every hospital because the distances between them are considerable so on balance I am 90% happy with option B* (Aberystwyth)
>
> *I think the fact that they have to keep the Emergency Medical Admissions Unit is a big step. That was people's worst worry and now they have addressed it* (Tumble).

3.36 On a final note, a few people across several groups felt that healthcare choices should not be made by the individual but by medical professionals, as the former are often incapable of making rational decisions in stressful situations. This was a concern in relation to having two layers of unplanned care in Carmarthenshire – with people having to choose whether to attend the full A&E service at Glangwili (or indeed Morriston) Hospital and the Local Accident Centre at Prince Philip Hospital. As such, more information and guidance was thought to be needed about the general conditions for A&E care:

You're putting all the emphasis on the person involved to decide whether they've got a major or a minor problem (Llandeilo)

You are putting the onus on either the patient or the one who's looking after the patient to decide 'is this a minor injury or is this a major injury?' Your pain in the tummy could be a burst spleen but perhaps someone like me wouldn't know that (Llandeilo)

Redirection is fine if people are not seriously ill, but lay people cannot make the decisions about how ill people really are. For example, people with COPD can deteriorate quickly and be either slightly or very seriously ill but it is hard to know what is needed (Aberystwyth)

I think it's quite funny thinking of it. You can imagine looking in a book for where to go (Tumble).

Women and Children's Services

3.37 There was general support for HDdHB's proposal to establish a Level 2 Neonatal Unit, Complex Obstetric Unit and Paediatric High Dependency Unit (HDU) within its own area. It was also widely acknowledged that these facilities should be concentrated on one site given the need for a critical mass of births to maintain quality and safety standards:

We currently have only a midwife-led service so problem cases go automatically to Swansea. So this proposal is a mid-way solution; it seems reasonable to do this within the HDdHB area so most people would accept this (Aberystwyth)

I do think it is good that we are having a Level 2 (Newport)

It seems very sensible (Aberystwyth)

It's got to be cost effective; we can't just all want stuff for ourselves (Newport)

I can see the sense that you need a certain amount of children for the expertise to come and I can accept that (Llandeilo).

3.38 Perhaps unsurprisingly, the three Carmarthenshire groups (Llandeilo, Llanelli and Tumble) and the two in Ceredigion (Lampeter and Aberystwyth) preferred Glangwili Hospital as a location for the proposed new service - as well as inpatient paediatrics for the South of HDdHB should recruitment prove too challenging to provide this on the three sites. The main reasons for this preference were:

The East of HDdHB has a larger and younger population than the West

Glangwili is nearest to where the big population is. And you get a lot more younger people living in Carmarthenshire than you do in Pembrokeshire (Llandeilo)

Glangwili is more central within the HDdHB area (and has better road and transport links)

Glangwili is more centralised and quicker to get to for most people (Lampeter)

It has to be central to the population (Tumble)

Easier staff recruitment

If you can't attract them to Carmarthen you won't attract them to Withybush will you? (Llandeilo).

3.39 It should, however, be noted that this was the lesser of two evils for some people at Lampeter, who regretted the need for such a degree of centralisation and felt that Women and Children's Services should also be developed at Bronglais (to serve the wider Mid Wales area):

> *Neither is a good option. It seems regrettable that we have to centralise so much; can we have a centre in Bronglais as well?* (Lampeter).

3.40 Although the Pembroke Dock and Newport groups generally accepted that Glangwili is the more appropriate location for the proposed new services – their acceptance came with the strong caveat that the Special Care Baby Unit (SCBU) and some level of Paediatric care remains at Withybush Hospital so that babies and children can continue to be stabilised there prior to being transferred to a more specialist unit:

> *I think Glangwili is acceptable for people. It is central and everybody can get to it. But there has to be a SCBU here* (Newport)
>
> *I support it as long as they have some sort of emergency care that will stabilise any sick small child or baby at Withybush* (Pembroke Dock)
>
> *My son was born at home. He needed oxygen and care and they took him to the nearest hospital where he could get that care. I am not really that fussed whether the unit is in Glangwili or Withybush but they should they should keep the facilities in Withybush to sustain him…keep something to stabilise* (Pembroke Dock)
>
> *They want to get rid of the SCBU in Withybush and have this is Glangwili. Have it in Glangwili but keep the SCBU in Withybush and bring it up to standard* (Pembroke Dock)
>
> *I feel anywhere where you have a baby there needs to be the basic level of a SCBU unit. My baby was fine born but I was in intensive care and they were looking after her in SCBU. Where would she go? I think anywhere where you have a baby there should be SCBU* (Newport)
>
> *I think all the mothers would be horrified if SCBU was going* (Newport).

3.41 Indeed, there was a great deal of concern that, if the SCBU is closed, Withybush Hospital will eventually also lose its Paediatric HDU:

> *People say that if the SCBU goes the Children's Department will go as well*
>
> *There is much publicity around the SCBU and if it goes the Children's Ward will go as well because the staff do both* (Pembroke Dock).

3.42 Only one person at the Pembroke Dock group (who has been actively involved in setting up campaigns on the issue in the local area) argued that the proposed new services should be centralised at Withybush Hospital:

> *I have got a Facebook page to save the SCBU with 8,500 people and I have got petitions all over the county to try and save it and there are so many stories from people about the help they have had from Withybush. I think Withybush would be the best place to centralise it* (Pembroke Dock)

3.43 Their main reason for this was that Glangwili covers both sides of Carmarthen so if they live the Swansea side of Carmarthen they can go to Singleton, if they live the Pembroke side of Carmarthen they can go to Withybush (Pembroke Dock).

3.44 Despite their general acceptance of Glangwili as the best location for the proposed new services (and their preparedness to travel to access the best possible care for their children), participants at Pembroke Dock were concerned about the impact of the travelling distance on the affected babies' and their parents/siblings (something that will be an issue for an increased number of parents if the SCBU at Withybush is closed – and especially if, as people fear, the Paediatric HDU follows suit):

> *If there is a problem with the baby or the mother here, how are they going to get it to Glangwili?* (Newport)
>
> *My dad was going on holiday and he said the part of the journey he hated the most is from here to Carmarthen and he was going to Hong Kong! It's a nightmare any way you go* (Newport)
>
> *It is a difficult one because of the travel* (Pembroke Dock)
>
> *It's very difficult, especially if you have young children* (Pembroke Dock)
>
> *The issue that has attracted so much passion is with these special care babies you are often talking months. How can people living in Pembrokeshire sustain months and months of visiting and travelling on a daily basis? What is important is that they maintain that contact with the child….it isn't simple enough to just say it can be relocated* (Pembroke Dock)

3.45 As such, it was considered important that excellent transportation arrangements are put in place – and that accommodation is provided for parents whose children may need to be cared for on a long-term basis (even though this, it was said, will also be problematic for those parents who work and/or have other children):

> *I would rather get them somewhere where there will be the best care, it's just getting there is the problem. It's essential that transport links are improved* (Newport)
>
> *It's a long way to travel and it's a bumpy ride to Glangwili. Could there be a helicopter service between Withybush and Glangwili? It's obviously needed* (Newport)
>
> *Really the priority is the health and it's better they get the best care. I think personally that travelling extra distance is fine for better care providing that journey is as easy and quick as possible* (Newport)
>
> *If it was my child I wouldn't care where it was as long as I had the specialist care. If Glangwili is closest to that Level 3 in Swansea then that is where I would want it to be. But there should be accommodation there for mothers and their children…* (Pembroke Dock)
>
> *There needs to be accommodation for mother and children. They do that in Great Ormond Street* (Pembroke Dock)
>
> *From personal experience my son can be there for a week and day or night I do not leave him. So I'd have to live in Glangwili. It's bad enough being in Withybush* (Pembroke Dock).

3.46 Despite the overall preference for Glangwili as a location for the proposed new specialist Women and Children's Services, participants in all localities expressed concern about capacity at Glangwili – particularly in respect to: space on the wards; whether existing staff can cope with the increased demand for services; and the availability of car parking:

> *Will Glangwili become too congested with all these different services centring there (as well as the others like A&E)? Can it cope with the demand?* (Lampeter)

Will the specialist unit be swamped with the number of cases? (Aberystwyth)

All these services, but where are they going to put them in Glangwili? (Llanelli)

This makes sense. But having spent a week in the special care baby unit, staffing was an issue. There were four children in there and they couldn't take any more because of staff. All that would be great if you can get the staff. It's fundamental. (Tumble)

I am not 100% certain they can provide that at Glangwili on the grounds of space - they provide some care out of portacabins at the moment (Pembroke Dock)

One thing is that they keep on saying they will shift it to Carmarthen….I take the wife to Glangwili for clinics and you can't find a parking space – they are even parking on the road…if they move things, no matter how small, they are still going to put a strain on parking (Pembroke Dock).

3.47 Other concerns were: the effect on existing staff at the location that is not chosen; and the potential for cuts to be made elsewhere to fund the new services:

How will this affect nurses' jobs and where they live? (Lampeter)

I'm worried that there might be cuts elsewhere in order to fund this – so what will be lost? This improvement should not be at the cost of losing other services (Aberystwyth).

Community Hospitals (Mynydd Mawr Hospital)

3.48 No strong feelings were expressed about the proposed closure of Mynydd Mawr Hospital in Ceredigion, Pembrokeshire and Llandeilo – although some comments were made about the building's unsuitability as a modern healthcare facility:

It is like an old-fashioned sanatorium (Lampeter)

I think it's probably a good idea having been up to Mynydd Mawr recently. It's more like Cefn Coed was years ago; it's horrible, and I would not like to put my mum there (Llandeilo)

I think it's a good idea to get rid of Mynydd Mawr as I think it's passed its sell-by date (Llandeilo)

It is a very old building. My friend was in there a few weeks ago and my son has been in there years ago. I think it is about time they moved it to Prince Philip because the conditions there are archaic (Pembroke Dock).

3.49 In fact, it was only at Tumble (and to some extent Llanelli) that people commented in-depth on the proposed changes. The main issues and concerns raised were:

Increased travelling times for patients and their families

If you have got to visit them every day and have got to drive twenty, thirty minutes to get there and back, rather than ten minutes up the road then that is quite a big chunk of your day. (Tumble)

The ability of the Prince Philip site to cater for additional services (particularly with regard to space and parking provision)

Specialist dementia services at Prince Philip. This, alongside the specialist orthopaedic centre, is concerning as there's no room there now; where will all the people go? (Llanelli)

Parking is a big, big issue in Prince Philip (Tumble)

There is no land at Prince Philip to expand. There are a lot of people working there. Before now I have parked in the staff car park (Tumble).

3.50 There was also some suspicion about the motives behind the proposed closure of Mynydd Mawr Hospital – and particularly whether HDdHB wishes to sell the land on which it sits:

Are they closing it to build new homes on the land? (Llanelli)

My concern is there a vested interest in the value on the land that it is on and that has influenced what they are deciding. There is a nursing facility next door and they obviously want to extend that. I don't know but you can't help but think (Tumble).

3.51 After a full and frank discussion of the issues, the Llanelli group rejected the proposed closure of Mynydd Mawr Hospital on the grounds that the service provided there is excellent and that Prince Philip would struggle to cater for the additional demand:

I think we should keep it...you get proper treatment and the staff there are absolutely out of this world (Llanelli).

3.52 At Tumble, around half of the participants (some reluctantly) accepted the need for change, and were, in fact, positive about the promise of a Community Resource Centre in Cross Hands – but called for guarantees that the change will be a positive one, that the money saved from the closure will be re-invested into community services and for an improvement to the transport infrastructure around Prince Philip Hospital:

I think on paper it sounds ok (Tumble)

Ty Bryn Gwyn is based next door to Prince Philip so Mynydd Mawr is out on a limb. I guess you can see the sense of everything being at the same place so there are doctors on hand (Tumble)

I think we are all in favour of the Community Resource Centre (Tumble)

If they go ahead with what they are planning then that will be better than what we have got at the moment (Tumble)

If you are going to sell change, it's got to be positive. I think everybody appreciates that things have got to move on, but if it is at the expense of service then it's going to be a bad thing. So I think it's a good idea, but if it is to change it should be to provide a better service. If it is any worse than what we have had previously then no (Tumble)

It's only good if the money from Mynydd Mawr is invested back into the community, because they won't have to put that much money into Prince Philip (Tumble)

I think community based services are the way forward (Tumble)

They should have a park and ride and I'm sure people would use it instead of the stress of the car park (Tumble).

3.53 A minority, however, were strongly in favour of retaining Mynydd Mawr Hospital – again because of the excellent service provided there and that it represents a 'step closer to home' for those returning from hospital. These participants typically either had an emotional connection to the hospital (having had relatives cared for there for example) or viewed it as an integral part of their community and were very much against its closure:

> *From what I have seen, Mynydd Mawr provides an excellent service to the community and the area. I don't see why it should be taken away* (Tumble)
>
> *I've got an aunt who has just had an emergency op in Glangwili…she's gone to Mynydd Mawr for rehab and the nursing they provide up there is second to none* (Tumble)
>
> *Patients from this area, if they have an operation in Singleton or Morriston or whatever and they move back to Mynydd Mawr, it's as if they are closer to home. It's a half-way house and it means they are on their way to recuperation* (Tumble)
>
> *I don't support it; my heart is in it and after being there I honestly am gutted. There is a sense of community isn't it; it's a part that is being shut down and being removed* (Tumble).

3.54 A further few desired more information about the proposal prior to making a decision either way:

> *I just don't think we know enough about it. There should be meetings with the Health Board before this type of meeting.* (Tumble)
>
> *I don't think I can really say what I think about it without all the information. I don't know what is behind it. I can't say this is brilliant because I am not from this community. I can understand why people would be upset and on the other hand I can see that if they are making the effort with transport and everything then it might work.* (Tumble).

3.55 There was also some feeling at Tumble that the decision on Mynydd Mawr has already been taken and that the views expressed as part of the consultation are thus largely irrelevant:

> *What is the point of all this discussion if they are going to put it in the bin? We can't do bugger all. Whatever you get from this meeting, will they even look at it?* (Tumble)
>
> *I think the decisions have already been made. I don't think whatever we say here is going to have a great deal* (Tumble).

Minor Injury Units

3.56 Although there was some support for GP practices providing Minor Injury Services in principle, there was considerable uncertainty across all groups as to whether GPs will be able, and indeed willing, to do so – as well as a great deal of concern about the potential impact of this on waiting times for GP services (which were considered excessive anyway):

> *Will the GPs be paid for this because it was a big bone of contention when it was at Saundersfoot? In the Summer one GP and one nurse would deal with minor injuries, that is all they would deal with and even the paramedics would go to the surgery with people on the beach rather than go to Withybush. The doctors received no recompense for that and it was a big bone of contention - are they going to get paid?* (Pembroke Dock)

GPs are quite pushed because you can't get an appointment for a couple of days so if you are going to add all of these minor injuries onto this what's going to happen to the overall GP service then? (Llandeilo)

The GP's are supposed to be taking on minor injuries and they cannot cope as it is. We have to wait several weeks for an appointment and if you are going to put a minor injuries in there. You just wonder what services will be like (Pembroke Dock)

The nurse practitioners in the surgeries are really busy with all the other national framework stuff that they have to do like diabetes (Pembroke Dock)

I just can't see how it will work practically, considering the issues and challenges they face now (Pembroke Dock)

Providing GP and Out-of-Hours services work well this is a good idea…but access to GP services is poor in Lampeter. If you do not get there before 8am you cannot get in (Lampeter).

3.57 Other issues in relation to the closure of the Minor Injuries Services at Tenby and South Pembrokeshire Hospitals were: the need to cater for the area's holidaymakers during the summer months; the lack of space in some GP surgeries to cater for Minor Injury Services (which may lead to separation issues between those who are ill and those who are injured); and the fact that the proposal represents the 'waste' of a new facility at Tenby:

Holiday time is key; we can't rely on GP services for the number of holiday visitors (Llanelli)

I live in Tenby and I access services there and in the Summer it is a nightmare; you have to wait for hours with all the visitors (Pembroke Dock)

We are not talking about locals, we are talking about holidaymakers. You would be surprised how many people come off the beach with a cut foot and go to the Minor Injuries. They don't go to Withybush. It would just put a strain on GP practices in Tenby and Saundersfoot (Pembroke Dock)

If someone walks in with blood spurting out everywhere, how are they going to cope? Do they have a separate part of the surgery where they wait? They are quite small some of these surgeries (Pembroke Dock)

If you need to go to the minor injuries unit at Tenby you are there with people with minor things. If you close that and put it into the surgery you are there with everybody who has whatever disease and people with minor injuries are just going to end up with whatever (Pembroke Dock)

So the staff are going to get redeployed? But they have a nice building – what is the sense in that? (Pembroke Dock).

3.58 There was also some misconception that the two hospitals are to close completely – and it would certainly seem that people would benefit from some reassurance on this:

They spent so much money doing Tenby up and you think of the waste…with all this restructuring it is just another tranche of waste. It is depressing (Pembroke Dock)

Thinking about Tenby. We have a nice new place and I can't believe they are just going to lock it up and that goes for South Pembs as well (Pembroke Dock).

3.59 Overall, there were no strong feeling about this proposal anywhere other than at Pembroke Dock, where participants expressed strong opposition – mainly on the aforementioned grounds of its impact on GP access and the need to cater for the area's increased Summer population:

> *They are just moving a fairly decent service into something it is not going to work* (Pembroke Dock).

Community Services and Primary Care

Care Closer to Home

3.60 The need to keep and treat people in their own homes as far as possible was widely acknowledged - but only if the necessary care is provided, maintained and properly co-ordinated:

> *Who wouldn't welcome this?* (Tumble)
>
> *It's a brilliant thing* (Pembroke Dock)
>
> *If these proposals were achievable that would be good, fair* (Llanelli)
>
> *I want to continue living at home for as long as possible providing there is sufficient support…my elderly mother lived at home until two days before she died* (Aberystwyth)
>
> *When you are in your own home you are independent…you can do whatever you like. When you're in a home you're very restricted…* (Llandeilo)
>
> *We need to empower people to be independent if they wish to be* (Aberystwyth)
>
> *This is ok if it is run correctly and they really do co-ordinate properly…* (Aberystwyth).

3.61 In fact, despite their enthusiasm for the principles behind providing care closer to home, participants were generally cautious about its achievability in practice and felt that it must be 'tried and tested' before secondary care services are removed:

> *The idea is great but how would it work in practice?* (Pembroke Dock)
>
> *How are they going to do it? How much more have we got to pay?* (Newport)
>
> *It can take a very long time to organise community care like Home Helps* (Aberystwyth)
>
> *They are doing this to free the bed spaces so we need to get the primary care services successfully in place before we remove the secondary care services* (Aberystwyth).

3.62 Moreover, it was said that HDdHB must increase front-line staffing levels if it is to have any hope of successfully achieving care closer to home – and also that it must consider the specialist requirements of those with long-term chronic conditions:

> *There's not enough staff in the community to do that* (Llandeilo)
>
> *This might mean that overall more staff are needed* (Aberystwyth)
>
> *Community nurses are doing everything…it's an extra pressure for them. Get more of them before you increase their role* (Llanelli)
>
> *Where are they going to get all these people from? They struggle now…..although the idea is great* (Pembroke Dock)

People with long-term chronic conditions often need very specialist care…from my experience of looking after people with Multiple Sclerosis, staff have not got the specialist skills to look after these people. There needs to be more people with specialist skills; general nursing teams don't have that experience (Pembroke Dock).

3.63 Many participants, particularly those at Llandeilo, also questioned the cost of the proposed community-based care service. They certainly did not consider it to be a 'cheap' option, especially if it is done properly:

If you're looking at a cost cutting exercise, care in the home can't be that. Better, but more expensive (Llandeilo)

Keeping people in their homes and care in the community is a fabulous idea but it's not a cheap option. They're saying that it's more cost effective to have people out in the community than in hospitals…but if you've got somebody looking after a person properly, they can only do one when they could do ten in a unit. So I think that if they do it properly, great, if they don't, its poor service (Llandeilo).

Moving Services from Hospitals to the Community

3.64 There was general praise for the principle of moving as many services as possible out of hospitals and into the community. People are currently having to travel considerable distances for routine healthcare (blood tests for example) and brief appointments - and would very much welcome being able to access such services closer to home:

What they are doing is absolutely right…their vision is very good and thoughtful. I think the ideas are brilliant (Newport)

I really welcome things like blood tests locally (Newport)

People in my village…even if they go down to have their blood pressure done on a weekly basis they have got to track down to Ammanford to have it done (Llandeilo)

People have to go to Glangwili for very brief consultations (Aberystwyth)

Turning up to see consultants with on-going issues for short and not very useful meetings…surely this would be better by telephone…that would free up the doctors and surgeons? (Llanelli)

3.65 Indeed, one example was provided whereby this is already in progress:

We've already got that vision in our village. We've revamped the Memorial Hall and we've just spent £500,000 on an extension to it and they're all fit for doctor's use…for instance, flu jabs, diabetic care, chiropody, diabetic chiropody. We need it because we don't do it in our surgery (Llandeilo).

Access to GP Services

3.66 Participants in all groups commented on the difficult access to GP services in their local area, especially since GPs have taken on new roles and provide additional services that were only previously available at hospitals (although the latter was considered a positive development generally):

GP access is difficult - appointments can be for two weeks ahead (Lampeter)

It can be very poor to have to go to the GP at 7am to get into the surgery queue which is very long for open surgery…and you have to queue outside even in the winter (Lampeter)

GPs vary a great deal in terms of what they offer and how responsive they are…Llandysul is very good but Lampeter is very poor (Lampeter)

Getting through to a GP is very difficult. You have to ring between 8.30am and 9:00am otherwise you get an appointment for two weeks' time (Llanelli)

If you live in Pembroke Dock you phone the GP on a 0844 number. You do that two or three times and then they say sorry all the appointments are booked up, ring back tomorrow (Pembroke Dock)

If you want to see a particular doctor in Llandeilo you have to wait days (Llandeilo)

Some doctors you can't see for three to four weeks (Llandeilo)

GPs are actually providing more services in general practice, for instance with diabetics - they all went to hospitals whereas now you can get that at your GP practice. The problem is that sometimes the money that should come along with that doesn't, so the doctors and nurses are doing these extra services and while all the time is taken up doing those kinds of things they're not actually seeing patients and I think that's got to be addressed (Llandeilo)

If you ring up the GP now in Newport and say it's an emergency appointment, you have got to explain to the secretary what the problems are. She isn't qualified to make those decisions (Newport).

3.67 As such, the proposed changes with respect to ensuring GP access during evenings and on weekends were considered positive – although there was some scepticism about how achievable this will be in practice:

Late appointments for people who are working and weekend appointments would be good (Llanelli)

How on earth are they going to make doctors work on the weekends? (Tumble).

Out of Hours Care

3.68 Although apparently excellent out-of-hours care is in place at Llandeilo and Newport, participants in the other localities were not quite as positive:

If you've got a big problem in Llandeilo, all you have to ask for is the doctor on call and the doctor on call will ring you up and will see the person almost immediately. I've found they are absolutely brilliant here (Llandeilo)

There is always an emergency doctor and from my experience I have always been able to see somebody (Newport)

GP care is pretty good around here but the out-of-hours service is frustratingly poor. We only have one GP on duty overnight and he covers a very large area so it is very slow to attend (Aberystwyth)

You have to go down to Llandysul and Cardigan for an out-of-hours consultation but not everyone drives (Lampeter)

With my daughter, sometimes I work away and she wouldn't be able to go and see someone and they won't come and see you anymore. When we needed out-of-hours, there was no GP closer than Bridgend who was working out of hours. We had to call the ambulance (Tumble).

3.69 Many negative comments were made about the particular need for better healthcare on weekends – as highlighted by the higher mortality rate during the 'out of hours' period:

Mortality is higher at the weekend than in the week – but we should have the same level of care (Lampeter).

3.70 There was certainly a strong sense that out-of-hours healthcare must be improved – mainly via better evening and weekend cover by GPs:

I don't think there's a complaint about the quality of the doctors…it's just the coverage of doctors…I don't think they should clock off at five (Llandeilo)

They're not available when we want them. If you look at the statistics most people are seriously ill between the hours of two and four in the morning, but there are no doctors then. You've got to ring the emergency line… (Llandeilo)

You can't dare be ill after the hours of nine 'til six, otherwise you're sent to a call centre …they don't know who you are or where you are (Llandeilo)

If the surgery was on-call twenty four hours a day, think how much pressure this would take off all these other services…the ambulance service, the emergency services. Some people who have got a minor emergency would call a doctor rather than take themselves all the way to the emergency services so I think the problem lies in GPs not working around the clock…not each individual but they could do shifts (Llandeilo)

People want services to do things at different times. I think the GP's have got to accept they have got to change their working times (Tumble).

Pharmacies

3.71 People were eager to see pharmacies taking on a more proactive healthcare role within communities – and, in fact, these services were widely praised for what they currently do, especially at the Carmarthenshire groups:

I find the pharmacies really helpful…. you're not waiting there long at all (Llanelli)

They've got rooms now where the pharmacists can do things like your blood pressure and help for your asthma, for diabetes; they can do those tests actually in there. A lot of these pharmacists have got rooms to do it and that's a good thing (Llandeilo)

In Llandeilo you get a review every year and he does your blood pressure and your cholesterol. You call in every year and he gives you a MOT! (Llandeilo)

I think we are quite lucky in this area. (Tumble)

Sometimes I prefer to go to a pharmacy rather than a doctor because I don't want to bother the doctor with some things (Newport).

Other Issues

Centralised Services

3.72 There was some recognition across all groups (and especially at Pembroke Dock) about the need to centralise services and develop Centres of Excellence for better patient outcomes – and many people said that they would be more than happy to travel to access the best possible care:

> *I personally think that if we have Centres of Excellence; that is not necessarily a bad thing. Instead of having it watered down amongst a few hospitals having a specialist place is good for us* (Pembroke Dock)
>
> *Moving forward things do need to change…sometimes we need to look at what we are doing and restructure and that doesn't please everyone* (Pembroke Dock)
>
> *I would want the best. I don't mind travelling for that* (Newport)
>
> *What matters more to me is accessing the best possible care* (Pembroke Dock).

3.73 Nevertheless, there was concern about the impact of increased travel on patients (particularly those without transport or family that can help with travelling) and it was considered imperative that accessing services further afield be made as simple as possible - for example by not offering very early appointments to those who have to travel long distances and improving technological communications between hospitals so that patients do not have to travel unnecessarily:

> *If we are going to centralise services we need to support the people who need to be able access it. We cannot afford to keep things that aren't running at full capacity but we need to provide support to make it easier to access* (Pembroke Dock)
>
> *It's alright for me, I got a car I can travel anywhere I like, but for the older people who are not well and can't drive, can't catch buses, how do they get there?* (Llandeilo)
>
> *That's if you have a car, that's if you don't have caring responsibilities. There is a lot of things to consider isn't there when you have to travel* (Pembroke Dock)
>
> *I have had Leukaemia for the past eight years and I have had to see the Haematologist in Cardiff because there are no specialists here. To go further afield to get the support I need is a nightmare. It is exhausting, it is expensive and there's the childcare…I've had my carer out in the early hours of the morning to look after the children* (Pembroke Dock)
>
> *I've had to be in Cardiff at a ridiculous time in the morning* (Pembroke Dock)
>
> *We are expected to get to Glangwili by 8am for appointments which is impractical and unreasonable* (Aberystwyth)
>
> *IT has moved on, they are doing operations at a distance. Surely we should be incorporating it into the medical service that we have got* (Pembroke Dock).

3.74 Also in terms of centralisation, there was concern at the Pembrokeshire groups about the number of services being centralised outside the county. In fact, there was a strong feeling in the Newport group that Withybush will be either closed or downgraded sometime in the future (a view that has seemingly been propounded by the local media):

There is a strength of feeling in Pembrokeshire because there seems to be a lot of things being taken away from Pembrokeshire…nobody wants to say that we don't want centralised services but it seems it's all going from here (Pembroke Dock)

It's always seemed that it revolves around Carmarthen and that everything is heading that way (Newport)

Really they want to close it and move everything to Carmarthen. That's the impression we get from the press (Newport).

Recruitment Issues

3.75 Participants typically understood the recruitment challenges facing HDdHB. Although some people were of the opinion that doctors and consultants should simply be 'offered more money' to come to work in the area, most acknowledged that such staff want to work in Centres of Excellence that undertake 'cutting-edge' research and where they can progress their careers – and that HDdHB cannot currently offer this:

My brother is a doctor and he said the problem is none of the graduates want to come here (Newport)

If you look on the job sites there is job after job that is unfulfilled (Pembroke Dock)

I think it is the career path; if they go to a large hospital they are going to progress quicker (Pembroke Dock)

It's not only the money, it's the Centres of Excellence, it's research; you need to be in an area where there's research. There's a research centre in Cardiff, there isn't one in Hywel Dda so if you're a consultant you want to be in a research area...if you're in Hywel Dda you're not so you're a bit stuck out on a limb (Llandeilo)

I think it is research. If they are going to be at the cutting edge they need to be involved in research. I have worked with people with chronic conditions and they have to travel miles….some have to travel to England that is because the expertise and the specialists are there and they have a whole load of researchers behind them. They are looking at cutting edge stuff as well (Pembroke Dock).

3.76 Incentives and secondments were proposed to attract doctors and consultants to West Wales – as was more active promotion of the quality of life the area can offer:

What is wrong with very experienced consultants doing a secondment in Hywel Dda. Can they offer some sort of incentive so secondments can cover down here for a bit? (Llandeilo)

The recruitment is more to do with the fact that doctors are trained in Cardiff and they are incentivised to go to London – why aren't they addressing that? It is central Government not incentivising doctors to stay in Wales (Pembroke Dock)

They should mark the positive way of life in the area to recruit more staff; they would be attracted to the way of life (Newport)

The question is; are they selling Wales when they are advertising the posts? (Tumble).

Standards of Care

3.77 Some Pembroke Dock and Newport participants were highly critical of the facilities, services and communications at Withybush Hospital (as highlighted by the anecdotes below) – mainly based on past experiences of using them. They strongly desired improvements to standards and were disappointed that this is not expressly referred to in the consultation document:

> *My friend had a stroke in the middle of the night and was admitted to Withybush and he didn't receive care until 10 the following night…he is now permanently damaged. Someone else drove all the way to London and we thought they were mad. The one who went to London is fully recovered and the one that went to Withybush didn't. I don't have faith in the services around here and if I need something I will go out of the area for it* (Pembroke Dock)
>
> *I feel it is so poor that I won't access the A&E at Withybush. I have to access emergency care about 50 times per year to have adrenaline shots and you should go to an A&E and I can't go there. I stay at home and my partner has been trained to give me all the medication and the CPR if needed - as an absolute last resort a paramedic will come out and he will give me the additional medication that I need. This is not how I should be treated – this is not the position I want to be put in. It's not the actual unit or the doctors or nurses, it is the pressure they are under that they cannot provide you the quality of care that is needed and the cleanliness is an issue – I was put into a bed with somebody else's blood on it* (Pembroke Dock)
>
> *Safety and quality has been poor in Haverfordwest for a long time* (Pembroke Dock)
>
> *The main wards are like a third world country* (Pembroke Dock)
>
> *When my mother went down to the hospital, they asked me what I wanted to do with her. They didn't know. They were ringing me asking what I thought and I suggested blood tests and they were like 'oh yes that a good idea'. A few hours later they rang me saying they didn't know what to do and could I bring her home. You really have to be on the ball with doctors to get good quality care* (Newport)
>
> *The problem is there is no communication between doctors and consultants. It's almost as if they are working against each other* (Newport)
>
> *I've got a friend who was dealing with two specialists on the same corridor and the records weren't getting from one to the other* (Newport)
>
> *It's a shame that the proposals didn't say anything about improving standards* (Pembroke Dock).

3.78 Despite the above, however, there was some praise for the standard of the new Clinical Decision and Assessment Facility at the hospital:

> *The new unit they have built the place you go to before you are assessed. It is beautiful, clean, televisions on spindles – everything* (Pembroke Dock).

3.79 There was also some criticism of healthcare standards and the quality of the operating theatres at Bronglais Hospital – as well as concern that the hospital's wards are being gradually run down:

> *I had severe chest pains and the ambulance was excellent but when I went to Bronglais they diagnosed a chest infection and then the member of staff just went off duty and left me alone*

to see another member of staff who just told me to go home at 10pm. The problem was the lack of joined-up thinking (Lampeter)

The quality of the operating theatres at Bronglais is poor…will they carry on with surgery there (Aberystwyth)

With Afallon Ward, is the closure really temporary? When will it be reinstated? The staff are having to travel to Carmarthen to work at the moment (Aberystwyth).

4 B) Focus Groups and Telephone Interviews with Staff

Introduction

3.80 As an important part of the listening and engagement process, HDdHB sought to involve its staff across each of the four hospitals by commissioning small focus group discussions at two separate levels (up to and including Grade 7, and Grade 8 and above) and in-depth telephone interviews with Junior and Middle Grade Doctors.

3.81 Regarding the focus group discussions, eight confidential meetings (facilitated by ORS) were planned and HDdHB conscientiously invited volunteers. Unfortunately, the take-up was not as enthusiastic as hoped; the two Prince Philip meetings had to be cancelled, and the others had poor attendances. Nonetheless, a total of six meetings took place – as outlined in the schedule below:

Place	Date	Grade	Attendance
Withybush	September 24	Up to 7	3
Withybush	September 24	8+	3
Bronglais	October 3	Up to 7	3
Bronglais	October 3	8+	3
Glangwili	October 8	Up to 7	3
Glangwili	October 8	8+	1

3.82 Four in-depth telephone interviews were undertaken with members of staff who were unable to attend the focus groups for legitimate reasons – one from Prince Philip Hospital, two from Withybush Hospital and one community healthcare worker.

3.83 ORS were also commissioned to undertake in-depth telephone interviews with Junior and Middle Grade Doctors – and while there was a relatively good response to HDdHB's conscientious invitation programme, ORS (despite repeated attempts to contact respondents via telephone and email) ultimately achieved only five interviews.

3.84 The aim of the groups was to allow people to express their views on the following:

- The consultation process
- HDdHB's proposals for…
  - Unplanned Care (Accident & Emergency)
  - Planned Care (orthopaedics)
  - Women and Children's Service
  - Mynydd Mawr Hospital

- Minor Injury Units at Tenby and South Pembrokeshire Hospitals
- Community Services and Primary Care

» Any other relevant issues they wished to raise.

3.85 Owing to the relatively small numbers in some case, it is inappropriate to report each group separately, and in any case there were some important common themes. Therefore, this review seeks to draw out the main themes and comments in order to show the general tenor of opinion.

3.86 In the following report, quotations are given in italics (usually indented). Verbatim quotations are used not because ORS agrees with them, but to illustrate important themes or points of view – but, of course, the comments are not 'objective fact' but people's perceptions.

Summary of Key Findings

3.87 In summary, the key findings from the focus groups and telephone interviews were as follows.

Awareness of Consultation and Proposals

» Staff had good awareness of HDdHB's proposals and consultation process – but they also had some concerns. These were: inconsistent messages from senior staff; the vagueness of the proposals (which were also considered too Carmarthenshire-centric and to be causing divisions among staff) and the 'too broad' principles underpinning them; staff roadshows being held at inappropriate times.

» There was surprise at the low turnout to the staff focus groups. It was surmised that this was due to a widespread belief that the decisions have already been made and that HDdHB is simply 'going through the motions' with its consultation.

Planned Care (Orthopaedics)

» The proposed Orthopaedic Centre of Excellence for the South of HDdHB was broadly welcomed – and there was general support for Prince Philip as its location because: all Carmarthenshire elective operations are done there already; the facilities and staff are in place; and it is more easily accessible from most areas of HDdHB than Withybush.

» Withybush staff strongly advocated keeping orthopaedic services at Withybush, with only complex cases and revisions at Prince Philip. This as driven by fear that Withybush will lose all inpatient orthopaedics which is its *bread and butter*.

Emergency Care (Accident and Emergency)

» HDdHB's preferred Option B was readily endorsed at Glangwili, Bronglais and Withybush, where it was felt that full A&E services at three acute hospitals is sufficient for the Health Board area. There was also support for a nurse-led model of emergency care at Prince Philip.

» Prince Philip staff understood the need for change but rejected a wholly nurse-led unit on the grounds that:

- Some patients (such as children) cannot be dealt with by an emergency nurse practitioner and will be sent to Glangwili or Morriston, increasing demand there
- Many minor injuries need medical input, which can currently be provided by A&E doctors. The removal of this element will place excessive pressure on staff within the Emergency Medical Admissions Unit
- It will impact on the training of junior doctors at (and recruitment of good quality consultants/registrars to) Prince Philip.

Women and Children's Services

- Staff at Glangwili and Prince Philip (as well as the Doctors) supported the development of the Level 2 Neonatal, Paediatric High Dependency and Complex Obstetrics Units at Glangwili because it is nearer to larger centres of population (with higher birth rates) and is more central within HDdHB.
- At Bronglais, there was some debate about the need for a Level 2 Neonatal Unit, with some expressing a preference for improving services at existing sites. If the services are developed, Glangwili was preferred due to ease of access.
- At Withybush, staff argued that HDdHB's proposal risks disadvantaging the majority of babies to cater for the minority. As such, there was strong support for the status quo of sending special care babies to Swansea – with investment to raise standards on the three existing sites. If the proposal is implemented, there was strong feeling that the SCBU should remain at Withybush for stabilisation.
- A centralised paediatric HDU was considered desirable but unworkable at Withybush – where staff mainly worried about: the detrimental effect of additional travelling on children's health; the HDU - and possibly all inpatient paediatrics - at the 'other' hospital becoming unviable; the de-skilling of staff at the 'other' hospital; and increasing demand on A&E and the Ambulance Service. The preference was to re-direct finances into raising standards and strengthening services at the three main sites.

Community Hospitals

- The proposed closure of Mynydd Mawr Hospital was only discussed in depth in Carmarthenshire, where there was some division of opinion. The majority agreed that the hospital building is no longer fit for purpose and that better patient care can be provided on a state-of-the-art ward at Prince Philip. An important caveat, however, was that community services must be in place before closure. Those who were against the closure were concerned about the loss of some inpatient beds and, especially, the loss of community rehabilitation facility, which could lead to 'bed blocking'.

Minor Injuries Units

- Some staff could understand the proposal to close the MIUs at Tenby and South Pembrokeshire Hospitals as they are currently underused. Others were concerned about: the potential impact on Withybush A&E; the lack of facility for the increased summer population in Tenby; and the potential difficulties in increasing number of nurse practitioners.

- There was support for GPs providing Minor Injuries Services, but scepticism about their willingness to do so. There was also concern about the potential impact of this on waiting times; and the possibility of increased referrals to A&E due to the lack of X-Ray facilities at GP practices. It was also said that hospital-based doctors must continue to be exposed to minor injuries to be able to deal with them effectively.

Community Services and Primary Care

- Although there was general enthusiasm for care closer to home, staff expressed caution about its achievability in practice. There was a definite sense that it must be 'tried and tested' before secondary care services are ended, and that quality and safety must never be traded for accessibility.
- Some achievements were highlighted, namely the Carmarthenshire Community Resource & Acute Response Teams and Pembrokeshire Care Closer to Home, which has *been picked as one of five sites for research*. However, community healthcare workers strongly desire more resources and more GP involvement for even greater success.
- There was general praise for moving services from hospitals into communities and improving access to primary care. There was, however, scepticism that GPs will offer longer hours and that pharmacies can be reached by everyone in 15 minutes.
- District and community nurses were thought to play an important role in community healthcare, but it was said that the rurality of the HDdHB area must be recognised – and appropriate resources provided to cater for this.

Main Findings: Staff Focus Groups and Telephone Interviews

Awareness of Consultation and Proposals

3.88 HDdHB staff were well aware of its proposals – although there was a degree of confusion about *getting one thing from one person and something different from the other* (Withybush):

> *When you request the details they change their answers* (Glangwili).

3.89 There was also some concern about the apparent vagueness of some of the proposals and the broadness of the general principles underpinning the consultation – and that the proposals do not necessarily support or help to achieve these principles:

> *There seems to be a lot of woolly issues and because there are no specifics people are getting a bit concerned. For example, people are worried that Withybush is going to be made into a large cottage hospital* (Withybush)

> *It is incredibly difficult to make any comment on the consultation because the broad themes they are consulting on are hard to have an opinion about* (Glangwili)

> *There is not enough information to make an informed judgement. There is nothing to say 'how', it is just 'this is what we will do'. It is all aspirational statements* (Glangwili)

> *It doesn't necessarily tie to what is being planned. The objectives are relatively acceptable, but then the document does not really communicate how any of these changes are going to achieve what their objectives are. The two things don't tie together at all* (Glangwili).

3.90 There was some concern about the way in which the various staff and public meetings have been run – especially in terms of questions being 'fobbed off' and incorrect answers being provided. Further, it was felt that some of the staff engagement opportunities have not been held at the most appropriate times to enable as many members of staff as possible to participate:

> *I went to one of the events and asked various questions and I wasn't particularly happy with the answers. Sometimes you feel like you are being fobbed off. I have asked a couple of questions and then been told 'the person who can answer that question is not here' and I have also asked a question, had an answer and within weeks that answer has been shown to be incorrect* (Glangwili)
>
> *I went to a staff roadshow and people were asking questions and they didn't really have any answers* (Bronglais)
>
> *I am concerned with the times of meetings and staff roadshows…there hasn't been an opportunity for some to speak who are on certain shifts. It's very difficult for people to get away at the busiest time of day or you just don't work in the day anyway. The times have been very rigid* (Bronglais).

3.91 There was concern at both Withybush and Bronglais that the proposals are too 'Carmarthenshire-centric':

> *I think we have got to change, but I feel a lot of the documents are heavily weighted towards Carmarthenshire. One of the senior managers actually said that things have to go towards Carmarthenshire because nobody wants to come West and that we are surrounded by sea, which is not helpful is it? They were then talking about Carmarthenshire becoming a centre of excellence and attracting things from Swansea and Cardiff. These sort of comments are what people are aggrieved about* (Withybush).

3.92 Staff at Withybush claimed to have been 'shocked' at the nature of the proposals, as they had not been led to believe (during the Listening and Engagement Exercise) that the choices would be so stark. One participant - a member of staff from the SCBU - also alleged that they and their colleagues had heard about the potential closure of their unit through the press, which was a somewhat distressing experience:

> *What was produced in the document was quite shocking in that they were talking about closing units and inpatient services which I don't believe was ever part of the initial consultation. There was a discussion that there was need to centralise to strengthen services but what it feel like is that everything is shifting wholesale. It was a shock, we didn't see that coming* (Withybush)
>
> *It was very distressing for us to learn in the press that either us or Carmarthen could potentially be closed down. I think that was a very poor decision on behalf of the Health Board. I came in and expected to find a general letter to the staff and there was nothing. That instantly upset and upped the anxiety rate and caused a lot of bad feeling and distress* (Withybush).

3.93 It was said that the consultation - and its associated proposals - are causing unfortunate divisions among staff at the different hospital sites – who are seemingly only concerned about protecting the interests of their own area (rather than taking a HDdHB-wide view of the proposed changes):

I don't want to get into the Withybush versus Carmarthen issue because that is a problem here as well. This is despite the fact that we are three hospitals that have merged into one Health Board (Withybush)

It is interesting in that each locality is only interested in their own problems. It's not across the Health Board; it's each locality worrying what service is going to be taken away from them (Bronglais).

3.94 Participants were surprised at the low take-up of, and turnout to, the focus groups among their colleagues:

I am shocked that there are only three people here; that is what's most worrying (Withybush)

When asked why they felt this was the case, it was said that many members of staff feel that: HDdHB's proposals will be implemented regardless of what people say; that the decisions were actually taken some time ago; and that the consultation process is simply the Health Board 'going through the motions':

I think a lot of people think it's just a done deal… a lot of staff think it doesn't matter what we do and it's not a listening consultation (Withybush)

With the public meeting, it was full but most of us thought 'why go and listen to that waffle, it's what we have all heard before' (Withybush)

The other thing about the consultation is that you have articles coming out which are sending the wrong message. If you go onto the BBC news website and you look on there, the Health Board say they have been given this 'super-duper' Neonatal Unit which will benefit everyone. There are also jobs being advertised in Carmarthen (Withybush)

People are a bit disillusioned by the fact that some of the people that have been speaking don't really listen to them. It's disillusionment with the whole process…people don't feel the engagement process is worth the paper that's it's written on, generally (Withybush).

Planned Care (Orthopaedics)

3.95 It was generally agreed that an Orthopaedic Centre of Excellence for the south of HDdHB would be welcome (although some desired more information about exactly what type of surgery will be undertaken on what site before making a judgement):

A Centre of Excellence is a good idea and consultants who are doing things continually are going to be more expert than people who do it once in a while (Withybush)

They need to clarify what surgery will take place on what site. And what they mean by 'maintain orthopaedics in Bronglais'. There is no detail (Glangwili).

3.96 Staff at **Glangwili** (and the one interviewee at **Prince Philip**) were very much in favour of developing an Orthopaedic Centre of Excellence at Prince Philip Hospital insofar as: patient outcomes should be improved; all elective operations for Carmarthenshire are currently carried out there; and the facilities and staff are already in place:

I totally support the idea…the whole population of Hywel Dda will get the expertise of those consultants that are performing that surgery throughout the year (Glangwili)

Currently within Carmarthenshire all electives go to Prince Philip anyway and that doesn't cause any significant problems (Glangwili)

I agree with this one. I worked at Withybush quite extensively and I work at Prince Philip. Prince Philip is considerably ahead in terms of the theatre facilities and the ward and support facilities for orthopaedics. It would seem to be the natural choice for the centre. Also, the number of orthopaedic surgeons in Carmarthenshire far outweigh Pembrokeshire. The surgeons, staff, wards and facilities are already in place here. (Prince Philip).

3.97 There were, however, some concerns at Glangwili about: whether HDdHB's population can sustain an Orthopaedic Centre of Excellence; whether there is sufficient space at Prince Philip Hospital to develop the facility; and the potential difficulties for patients and their visitors (especially older ones) in travelling to Llanelli – which could be potentially overcome with the use of volunteer drivers:

I don't think we have got the population for it (Glangwili)

The majority of elective surgery is already done at Prince Philip. The problem for them is theatre space (Glangwili)

A lot of the elderly population are cared for by their spouses who are also elderly and that l is going to be an issue for them, both financially and emotionally (Glangwili)

My solution to this is to develop volunteer drivers. There are third sector organisations out there who are trying to promote these workers to help hospital visiting. I think the Health Board should consider subsidising something like this (Glangwili).

3.98 At **Bronglais**, participants generally agreed that an Orthopaedic Centre of Excellence is needed in the HDdHB area and, while in an ideal world they would like to see this developed at Bronglais, they accepted Prince Philip as a more realistic option – and preferable to Withybush in terms of access from Ceredigion:

We do need a specialist centre in orthopaedics for the revisions, because at the moment we have to send them away (Bronglais)

I would like to develop orthopaedics here, don't get me wrong. But then for a Centre of Excellence to be within Hywel Dda I would like that (Bronglais)

Llanelli is easier to get to because it's straight down the road (Bronglais)

I wouldn't be happy with it being in Withybush because of the travelling…it will take all day to get there. A bus to Cardigan and then another bus to Withybush (Bronglais)

3.99 There were, however, some concerns about: the travelling distance from Ceredigion to Llanelli for patients; and whether there will be a sufficient number of patients in the area to sustain the service:

Travelling distances do make a difference, especially if you have got a loved one (Bronglais)

I suppose my question would be, do they have enough complex operations to do to keep their skills? (Bronglais).

3.100 Bronglais staff also strongly desired improvements to the existing operating theatres at their hospital, which they described as outdated and not fit for purpose:

We have to have our main theatres refurbished. We have one theatre where there is a column that holds the roof up. When you have got a patient in a bed going down a ramp and there's a column at the end of it, well… (Bronglais).

3.101 The **Withybush** staff who took part in either the focus groups or telephone interviews generally opposed HDdHB's preferred option of establishing an Orthopaedic Centre of Excellence at Prince Philip. Their main reasons for opposition were predicated on the belief that Withybush will lose all elective inpatient orthopaedics – and were as follows:

The service provided at Withybush is just as good as (or even better than) that provided at Prince Philip

I just don't think Prince Philip are doing anything better; if anything our length of stay is shorter than theirs (Withybush)

It could lead to the loss of services across Withybush Hospital as a whole (and subsequent redundancies at all staffing levels)

Orthopaedics is the bread and butter stuff; it's what keeps the service ticking over and without it I think the service would collapse…if you start knocking out orthopaedics then you start to lose your HDU and critical care units and without them we can't do what we do, because you need an ITU (Withybush)

Once you haven't got orthopaedic cover overnight then all the trauma service goes. It's like Ker-plunk…when that's gone and that's gone and that's gone then the whole infrastructure goes. We do ten joints a week…if you lose those there is a gap and we would need fewer domestics, less catering staff. You will need less of everybody (Withybush)

It could impact on the recruitment of medical staff

If you lose hips and knees and just have the minor left you won't have people applying for jobs here and you won't have staff to fill the rota (Withybush)

There was one useful page in the document that has ticks on it saying what you will and won't have, and next to inpatient orthopaedics there is a cross. In the literature it talks about elective orthopaedic surgeries will be lost, but if we lose this we won't attract trainee doctors in to work here (Withybush)

The distance to Prince Philip for patients and visitors

The vast majority of people having the surgery are older. My parents live five minutes down the road and she drives as far as Haverfordwest and that's it. If my dad had to go to Llanelli she wouldn't drive there and so she couldn't visit him. And they are lucky they have got a car. It's impossible for people this far away to get to Llanelli by public transport to access day surgery in time. The NHS can't afford taxis back and fore either (Withybush)

Inaccurate and misleading supporting data

The technical information was incorrect. They have put wrong information down regarding how many hips and knees we did in Withybush; the numbers at the bottom were all correct but the actual breakdown of the numbers were incorrect. It appeared that we didn't do that many replacements when in fact we did a lot more (Withybush)

They said we didn't have an NCPEOD (emergency theatre/operations) here to be able to do emergencies; we do and it is manned 24/7 (Withybush)

On paper, we have the shortest length of stay and we have a hospital at home service which is exclusive to Pembrokeshire which wasn't brought out at all. It gave the impression Prince Philip was the be all and end all. It also doesn't say that we have less consultants and a shorter waiting list (Withybush).

3.102 There was some discussion around what would be considered 'short-stay' orthopaedics, with some staff members claiming to have been told that, in future, Withybush patients would be typically expected to have a maximum stay of three days. There was concern that this may mean people are discharged too early – and also that it may not always be practically possible:

The argument is people are better out in the community, but take my own case. My mother would moan and I would be like 'sit there and don't move again' whereas an expert would say 'no it's going to be painful but get up' (Withybush)

What I don't like is this thing of, it's a hip, it's a knee – no it's not it's a patient. You can't say it will be three days because the patient might not be able to fit into that (Withybush)

If someone is really good on Friday they can be let home, but there are no physios and things on the weekend and they would have to stay until Monday. So you are never going to get those done within three days because of the weekend (Withybush).

3.103 Generally speaking, Withybush staff argued that the current configuration of orthopaedic services can and should be sustained - although there was some support for a Centre of Excellence for complex cases and revisions only at Prince Philip. Indeed, it was apparently said at the HDdHB Public Meeting in Pembrokeshire that this would be the case, which was considered to be a positive example of HDdHB taking heed of people's views and moderating its proposals:

We feel having this on the both sites that there is enough operations to maintain it still. I think the waiting list is huge for hips and knees (Withybush)

I don't think you need a Centre of Excellence for hip and knee replacements. Maybe if it's the more complicated ones like if ones go wrong. If I had one done here and it had gone wrong, then maybe I would like to go to Prince Philip to get it sorted (Withybush)

The proposal was initially for everything to go to Prince Philip, but that seems to have turned tails after this meeting the other night where they said only specialist things should go there. They said that we would still be keeping hips and knees here, which was not originally mooted; that I agree with because the bread and butter of things should be at three sites. They are probably learning that people are quite passionate about things and that's a good thing and that's what the engagement is all about; that you can get people's opinions and that you can change it (Withybush).

Unplanned Care (Accident and Emergency)

3.104 There was support at **Glangwili** for a nurse-led model of emergency care at Prince Philip Hospital, with all participants feeling that full A&E services at three acute hospitals is sufficient for the HDdHB area:

I think as long as the people have got the right expertise to deal with things then that should suffice (Glangwili)

I think Option B makes sense. It is the right thing to do. Prince Philip doesn't have the same level of services behind its A&E. For the sake of the distance it would be better if more of those

types of patients went straight to an A&E that has the services that can deal with the patients (Glangwili)

I think it is the right model…the three A&Es are plenty (Glangwili).

3.105 There was, however, some concern that the medically unwell patients won't go there either. It will get into peoples mind-set that you go there with small injuries, and so by osmosis everyone will end up in Glangwili (Glangwili).

3.106 At **Withybush** and **Bronglais**, there was recognition that HDdHB's preferred option will mean little change for people in Pembrokeshire, Ceredigion and most of Carmarthenshire:

It's not actually going to make a difference to those in Pembrokeshire, Ceredigion or anywhere else really (Withybush).

3.107 Staff at these two hospitals did recognise the sensitivities around A&E services in Llanelli – but also argued that the proposals represent little change in practice:

Prince Philip are probably a little bit concerned that their losing their A&E title, but it's not actually going to impact what they see anyway (Withybush).

This, however, was disputed at Glangwili, where participants felt that the proposal is not simply a name change, but a fundamental service change from a doctor-led unit to a nurse-led unit:

During the consultation and roadshows it has been stated and advertised as just a change of name to the unit, which it isn't; it's a change to the service. It's not just a name change; it's going to be nurse-led (Glangwili)

It's a completely different service. It's not what is currently there. It's not just a name change (Glangwili).

3.108 Further in terms of sensitivities, the public support for a full A&E service at Prince Philip was acknowledged - and so managing expectations will, it was felt, be a difficult but important task:

There will be huge public support for the A&E label that is in Prince Philip. It's going to be about managing the change of public expectations (Glangwili)

3.109 Finally, if the change to a nurse-led centre is implemented, staff at Glangwili and Bronglais stressed the need to inform the public of the change so that they are able to choose the appropriate healthcare facility according to their condition:

There needs to be a joined-up approach saying 'patients with these injuries need to go to these hospitals' (Glangwili)

What some people may perceive as a minor injury may be different to someone else. There's a lot of choice there, and if you choose the wrong one you are in trouble (Bronglais)

What are people going to do if they live in Llanelli and have got chest pains. Do I go there or do I go there? (Bronglais).

3.110 The interviewee at **Prince Philip** also disagreed that the proposal represents 'just a name change'; they argued that it represents a fundamental service change insofar as certain patients (children for example)

and certain illnesses and injuries will not be able to be dealt with by a nurse practitioner. As such, it was said that a high number of patients who would previously have been treated at Prince Philip will, in future, have to go/be sent to Morriston or Glangwili – further increasing the demand on these acute hospitals:

> *At the moment there is an A&E consultant, there are middle grade A&E doctors and F1 juniors and all the rest of it. I think the public in Llanelli are being misled because they are being told that the name only is changing and the service that is being delivered will be the same and I am arguing that this will not be the case in a nurse-led unit. There are a number of injuries like fractures and minor head injuries, drunk patients that need assessment, children that do not have major illnesses - none of these can be seen by Emergency Nurse Practitioners. That means a significant amount of patients that we see coming through the doors now will no longer be able to be seen and that means those people will have to travel further to seek assistance, which will put more pressure on Morriston and Glangwili, neither of which are in a position to absorb it* (Prince Philip)
>
> *You are not talking a handful of patients here, you are talking about thousands and these will have to be seen somewhere* (Prince Philip)
>
> *Some things are minor injuries that need medical input…they are misleading the public. They are saying 80% of injuries that come in are minor in nature; yes they are, but a percentage of that 80% still need to be seen by a doctor* (Prince Philip).

3.111 Also, they suggested that a purely nurse-led unit could compromise patient safety as those needing medical input will continue to present there, delaying their treatment (a viewpoint supported by some at Bronglais):

> *All the staff in this A&E department believe the new unit will make it less safe because the inappropriate attendances that come through now will still come through. No matter how much you try to educate the public, they will come through that door and there will not be a doctor on site to help* (Prince Philip)
>
> *I got caught out. I was in Essex and I went along to the Minor Injuries Unit and they said 'we don't have doctors here'. I work in a hospital and I didn't know there was not going to be a doctor present, so how are they going to get it through to the public? This will happen in Llanelli; people will still use it as an A&E* (Bronglais).

3.112 This participant acknowledged the need for change given that Prince Philip does not have the inpatient services required to sustain a major A&E department – but, for them, the current proposal is not an appropriate solution:

> *I understand the need for change as we have always had a kind of halfway house which could be perceived as being a little bit dangerous because the inpatient services are not available. But a pure nurse-led unit is not the answer either* (Prince Philip).

They would thus prefer to see some kind of unit called the Local Accident Centre that has an element of middle-grade medical cover working alongside the NP cover. This would enable all the patients who are currently being seen here, to continue to be seen here (Prince Philip).

Women and Children's Services

Neonatal Services

3.113 At **Bronglais**, there was some difference of opinion as to whether HDdHB needs a Level 2 Neonatal Unit. Some endorsed it (on the proviso that consultant-led services are maintained at Bronglais) whereas others preferred using the money earmarked for the development to improve services at the three existing sites:

> *I don't have a problem with that, along as we maintain our consultant-led service* (Bronglais)
>
> *I think the new unit is needed in Hywel Dda…some of the babies that would end up in Singleton would be back here, so that would be better for families* (Bronglais)
>
> *We haven't looked at the consequence of mothers not having access to treatment within Hywel Dda. Like how many children or mothers have died? I suspect the answer is none and if it is, then what is the problem?* (Bronglais)
>
> *Is the new unit needed? Certainly when I went to the Withybush consultation they haven't got a problem so why do they need to change what is going on there? And to the best of my knowledge there is not a problem here so why do we need to have another Centre of Excellence?* (Bronglais)

3.114 If the decision is taken to establish the new services, Glangwili was the preferred location for Bronglais participants due to the easier access from Ceredigion to Carmarthen (as opposed to Ceredigion to Haverfordwest):

> *I would be horrified if they made the unit at Withybush from a Ceredigion point of view, purely because of the road infrastructure. Withybush is a long way from anywhere else* (Bronglais).

There was, however, some understanding of the issues raised by Pembrokeshire staff and residents – particularly in relation to the distance to Glangwili, and the proximity of Carmarthen to the Level 3 Unit in Swansea:

> *You can understand their point of view at Withybush in that they will have far to go to Carmarthen, whereas Carmarthen can go to Swansea* (Bronglais).

3.115 Finally in terms of Bronglais, participants questioned whether the figure of 3,800 births per year across the three counties includes the mothers from Gwynedd and Powys that give birth in Bronglais as *I know dealing with this myself; they say we need to take out Powys and Gwynedd when figures are involved* (Bronglais).

3.116 At **Glangwili and Prince Philip**, staff were of the view that:

> *This is one of the better planned and communicated of the proposals…it makes sense* (Glangwili)
>
> *The Health Board direction is right; you need people with the expertise there who are dealing with it on a regular basis* (Glangwili).

3.117 In terms of location, three of the four participants spoken to at Glangwili and the one interviewee at Prince Philip favoured Glangwili on the grounds of centrality (the remaining Glangwili participant favoured Withybush because of Glangwili's proximity to Singleton Hospital in Swansea):

If you have paediatric services in three hospitals, and one has the HDU and Level 2 Neonatal Unit, then it should be Carmarthen. It's central…you have to look at the geography (Glangwili).

In fact, one Glangwili staff member was of the opinion that the decision to locate the new neonatal services in Carmarthen has already been taken and that plans are already underway to develop the site:

I understand that the planning is quite well along. I know we are constantly being told decisions haven't been made and that we are in a consultation period but I think that it is not totally accurate. I know there is a footprint on the Glangwili site for where they are going to build the thing…it seems obvious that the Health Board have already decided that Glangwili is where it should happen (Glangwili).

3.118 There was some sympathy for the people of Pembrokeshire in terms of the distance and difficult transport networks between some areas of their county and Glangwili (which could, it was felt, be overcome by increased use of the air ambulance) - and also recognition that there will be resistance to HDdHB's preference for Glangwili:

It should be on the M4 corridor and it should be close to Swansea so I would say Glangwili. But if I lived in Pembrokeshire I would say different (Glangwili)

If you were a woman in that situation you would feel very apprehensive being so far away from the specialist unit (Glangwili)

The only problem is the distance between Glangwili and Withybush…the transport and road infrastructure does not lend itself well. If you have got somebody who has an unplanned complicated delivery and they are in Fishguard, that journey from there to Glangwili potentially could be very dangerous. That could be a problem when trying to sell it to the public (Glangwili).

3.119 Strong feelings were expressed on this issue at **Withybush**, where it was agreed that the Level 2 Unit is not required (or indeed sustainable) – and that the status quo of sending the small number of babies that need a high level of care to Singleton Hospital in Swansea should continue:

Why can't we just put our hands up and say we don't offer the Level 2 service to those 20 children a year? (Withybush)

Swansea want the Llanelli people and then that means Carmarthen haven't got enough people to fill this…there are not enough numbers to justify it. The people of Llanelli will not want to go to Carmarthen anyway; they will want to go to Swansea because it's closer (Withybush)

Can we afford to have a Level 2 unit within the health boundaries? (Withybush).

3.120 Indeed, it was generally felt that establishing such a unit anywhere within HDdHB risks disadvantaging the majority of babies in order to cater for the minority – and that, as a result, standards of care will not be improved for most:

It's benefitting a small amount of children, but it's not benefitting a huge amount more. We need to weigh up the risks of who is benefitting the most (Withybush)

The children who require the Level 2 neonatal intensive care…it's a very small number of children. I've got the impression that Level 2 across Hywel Dda is 20 children which equates to

half a cot in Singleton every six months. In an ideal world you wouldn't want to move those children, but with the proposal to keep them within the Health Board, you are then going to disadvantage other children and put more at risk (Withybush)

What I am worried about is that I am here to give the best possible care to the children, and I hand on heart can't see how this will improve their care (Withybush).

3.121 The Withybush staff were also opposed to HDdHB's preferred option of establishing a Level 2 Neonatal Unit at Glangwili (and, especially, the consequent closure of the SCBU at Withybush). Their main reasons for opposition were as follows:

Travelling will have a detrimental effect on the health of babies (some of whom are not critically ill and thus should not have to be moved, as the level of care required can currently be provided at Withybush Hospital)

You need to move the babies that are incredibly sick to where the experts are, but when you move a baby that is not incredibly sick and perhaps just needs high dependency you make it worse and it actually brings about the need for more intervention because it hasn't been able to rest. Those are the ones that should be kept where they are (Withybush)

I would say 50% of all our admissions are those where things go wrong in the last hour of labour or at delivery or just after delivery. It will make it worse because what they need is minimal handling and rest (Withybush)

The effect of the travelling and separation on parents and families – and their ability to bond with the new child

If they are there for three months and you are traipsing your family back and fore…the financial and emotional pressure of the fact that you have still got to get on with life will be immense (Withybush)

With SCBU babies, the bonding issues are horrendous. If they are in Carmarthen and the parents can only see them once or twice a week, there is no hope (Withybush)

The deskilling of Withybush staff

If you cut us down to a two cot unit then we will have even less neonatal care experience. We will all be further de-skilled (Withybush)

The impact on the recruitment of neonatal consultants

I'm worried it will downgrade the paediatric unit here and this would mean we would lose the calibre of consultants it would attract (Withybush)

The 'knock-on effect' on other services such as A&E

If SCBU is moved, it has a knock-on effect on emergency services, which won't stay the same because there will not be the expertise to deal with critically sick children coming in. If there is no ward there, there will be no nurses there with the expertise to help. As a knock on effect, it will not be sustainable. It will be like what happened to Llanelli (Withybush)

Glangwili is closer to Singleton Hospital in Swansea

Their other argument to put it in Glangwili is that it's closer to Swansea, but to me that's an argument to put it here (Withybush)

The people at Carmarthen will be given more choice and they are closer to Morriston and Singleton anyway (Withybush)

There is more space to expand at Withybush

We were originally built for a 14 bed cot unit. The workload has gone up but we have cut the cots down to seven now. We could actually expand back to 14 if we really wanted to and if we had more staff and a few extras. At Glangwili their unit is tiny; it was developed out of offices and there is hardly any room. If they are going to extend then it will have to be new build (Withybush)

The figures used to justify Glangwili as the preferred option are flawed

I have been doing the figures for the past couple of years and they are trying to say that Carmarthen has a bigger population and they have more admissions. They don't have more admissions, they are often more at capacity level because theirs is six and ours is seven, which makes a bit of a difference when you are adding up figures. I also noticed in the consultation document that the very year they say 'Withybush has this many admissions' was the lowest year we have ever had in history. And they made a comparison just for that year. It has been misrepresented a little bit (Withybush)

They use a scale which we calculate our numbers from. The new scale changed from 2011, and where we used to count babies on Continuous Areas of Pressure (CPAC) as intensive care on the first 48 hours; we have stopped that now and basically intensive care is just intensive care and CPAC is high dependency. I know Carmarthen are putting down their CPAC babies for the first five days as intensive care. It totally skews the figures (Withybush)

It will encourage some existing staff to look for work elsewhere

It takes me 25 minutes to get to Withybush now, but for me to get to Carmarthen that is over an hour journey. I wouldn't mind doing that now and again, but to do that day in day out its not feasible with the petrol. So I would look for somewhere else to work (Withybush).

3.122 In addition to the above, it was suggested that, if the proposals go ahead, the Neonatal Unit at Withybush should remain as it is - especially in terms of being able to stabilise the mothers and babies that will still present there in an emergency. As such, the cost saving from the proposal, it was felt, will be minimal:

Mums are still going to present here. It makes no sense at all. If a mother is bleeding, they are going to come here; they are not going to drive 45 minutes with the baby coming out. We need the equipment (Withybush)

You couldn't put someone who is haemorrhaging in an ambulance; they have to be dealt with here. You still have to have a high level of trained staff (Withybush)

Any baby that presents we would have to stabilise here. So we have already used a big bulk of money to stabilise that baby and then they would move it to Carmarthen. Then what they are proposing is that when it is well enough to have transitional care again they will move it back. What's the point? We will have used all the major drugs etc., and if the baby is too sick and

needs intensive care they will go straight past Carmarthen anyway because it will need to go to Swansea (Withybush).

However, the general feeling was that resources at Withybush would be reduced, placing more demands on staff as, it was feared, the same number of mothers will present there:

My fear is they will take away all our equipment - they will leave us with two cots and two staff per shift to man it - and we will still get more or less the same amount of babies…mothers will present here because there is lack of transport and there are hardly any buses or trains (Withybush).

Paediatrics

3.123 The paediatric wards at both Glangwili and Withybush currently have a high dependency base, which was acknowledged to cause some issues at certain times:

The principle of having a high dependency base within a paediatric ward does cause issues because sometimes you have to close the unit for safe practice (Withybush).

3.124 For this reason, the establishment of a Paediatric High Dependency Unit (HDU) was considered desirable – but also, unfortunately, unworkable in practice. In fact, there was strong opposition at **Withybush** to the establishment of such an unit anywhere within HDdHB on the following grounds:

Travelling will have a detrimental effect on the health of children (some of whom are not critically ill and thus should not have to be moved, as the level of care required can currently be provided at both hospitals)

What they want to do is centralise the HDUs so when they come off the wards they go to a central unit, which on paper sounds great and that is almost an attractive option. But it doesn't seem practical because you are going to have to move children from Pembrokeshire to Carmarthenshire and if it was the other side of the coin I would say the same. You are moving children that do not need to move (Withybush)

The HDU (and potentially inpatient paediatrics as a whole) at the 'other' hospital could become unviable

It would be lovely to spend the money and have this High Dependency Unit, but there are not enough children to make it viable in one place without completely moving paediatric services from another (Withybush)

The implications of moving all paediatric high dependency to Carmarthen means that we won't have any here at Withybush. If we don't have Level 1 children in Withybush, then we can't do any surgery for any children whatsoever, which means the whole inpatient service become unsustainable (Withybush)

We have roughly two children a week that go into high dependency. To make a four-bedded HDU viable, you would have to have all those children in Carmarthen say. Which means we can't do any surgery at all, which means they would all have to go to Carmarthen. Any child having operations would be affected because the ward would be unsustainable. People would have to just be transferred from A&E (Withybush)

Fear of a 'knock-on effect' on other services such as A&E – and on the recruitment of medical staff

> *It cuts off a quarter of people coming to Withybush because a quarter of all patients are children…then the A&E will be downgraded, which is what has happened to Llanelli. They have taken paediatrics from there, and now it's going to be a Minor Injuries Unit* (Withybush)

> *If we just have a treat and transfer cot like they have at Bronglais, we will really struggle to get paediatric doctors to come there and work. If they move it from Carmarthen they are in the same boat as well* (Withybush)

The de-skilling of staff at the 'other' hospital

> *If we move the Level 1 beds from either Carmarthen or Withybush, then the surgeons and anaesthetists lose the skills of looking after children. They won't do emergency surgery, so if we lose the emergency stuff like appendicitis and the manipulations, there won't be the skills there* (Withybush)

The increased demand on A&E (and the knock-on effect on staffing the paediatric ward)

> *My understanding is that if you take high dependency off the ward so then these children need to be stabilised in A&E…they haven't got many paediatricians there. If you take a nurse off the ward to go down to A&E to support a child who is unwell then you are compromising the staffing levels on the ward* (Withybush)

The increased demand on the Ambulance Service (and the need for more child-friendly ambulances)

> *You would be transferring God knows how many times a week and the Welsh Ambulance Service do not have enough ambulances. And because the children are not critically ill, as far as they are concerned the child is in a place of safety in A&E and they have to wait, but then they could be in A&E for hours. We need more ambulances capable of transferring children…* (Withybush)

> *If they are going to be transporting children and mums, they are going to have to have more paramedics on board and have more ambulances for sure. Transport is a huge issue* (Withybush).

Overall

3.125 The Withybush staff strongly urged HDdHB to reconsider its proposal to develop a Paediatric HDU and a Level 2 Neonatal Unit on one site – and instead to invest the money earmarked for this to raise standards at the three main sites (Withybush, Glangwili, and especially Bronglais):

> There is going to have to be a significant investment to create the services and I think 'why not use that funding to strengthen services in the three counties?' (Withybush)

> *If there is money to spend then it should be invested in staffing and training on the three sites. I'm not saying stay the same, we have to advance and get better* (Withybush)

> *Having a unit in Carmarthen is not going to make it any safer for those in Bronglais; why can't they have neonatal training there?* (Withybush)

If this is not feasible, however, the preference was for a new, more central facility in, say, Whitland (a site also championed by one Glangwili participant):

> *Personally, I think the best option would be to invest in the three sites. But if you can't staff the three sites then what may be better is a new hospital in between the two areas, which will make the travelling more equal. Let's make it equitable, and the proposals are not as there is a wholesale shift westwards* (Withybush)

> *You are always going to get somebody who will lose out. If you were to look at three counties and to find the most central place it would be Whitland to build a super-hospital* (Glangwili).

3.126 It was also said that Royal College guidelines (that stipulate the need for 2,500+ births per year for a safe service) cannot be equally applied to urban and rural areas - and that HDdHB must accept the limitations its geography poses on achieving these standards:

> *If someone comes up with a standard saying you must have 2,500 births in a centre, that's the standard. The point is we live in a rural area so we can't meet these standards. To get this standard we will need massive investment, when it's better to focus on the three separate units and spread the investment so people don't have to travel so far* (Withybush).

3.127 On a final note, participants at Withybush expressed regret that the issue of location has proved divisive amongst the staff on the different sites. They argued that staff at Glangwili and Withybush (and to some extent Bronglais) have not taken a HDdHB-wide view on the issue due to their preoccupation with fighting their own corner – and strongly advocated that they 'come together as a group' to discuss the issues in the round and take a holistic view of the situation:

> *It's trying to see what's best for everyone and what really disappoints me is that the three sites have not been strong as a group. We have all just been looking at ourselves and not the Board as a whole. We should all be supporting each other. Now it has become a survival of the fittest thing* (Withybush)

> *What really disappoints me is it's getting to the stage where it's Withybush versus Bronglais versus Carmarthen when we are all trying to provide the same service* (Withybush).

Community Hospitals (Mynydd Mawr Hospital)

3.128 The proposed closure of Mynydd Mawr Hospital was only discussed in-depth with the Carmarthenshire-based participants, among whom there was some division of opinion. Most participants supported the change on the grounds that the hospital building is no longer fit for purpose and that patients will be better cared for on a state-of-the-art ward at Prince Philip Hospital:

> *Mynydd Mawr hospital is an old, ropey building that is not really fit for purpose. So moving the services that are there makes sense* (Glangwili)

> *The building itself is no longer fit for purpose; the infrastructure is not accessible for people. I think generally people will accept the relocation to Prince Philip* (Glangwili)

> *I agree with the closure of Mynydd Mawr because it is an ancient hospital. The patients will be provided with a state-of-the-art brand new ward that has never opened. It would cost very little to open that ward, and they could be transferred. I have even talked to staff at Mynydd Mawr and they have said they would be more than happy to transfer to Prince Philip in those circumstances* (Prince Philip).

3.129 The Prince Philip participant, however, caveated their acceptance of the proposed closure with a demand for community services to be in place prior to the change being implemented:

> *I agree providing the community services are in place. This will reassure the public, staff and patients* (Prince Philip).

3.130 One person disagreed with the plans because of the reduction in inpatient beds and the loss of a community rehabilitation facility to prevent 'bed-blocking':

> *I understand that not that long ago Mynydd Mawr had 30-ish beds, and moving to the planned ward at Prince Philip would reduce it to 15* (Glangwili)

> *At the moment Mynydd Mawr is a community rehab service and I don't particularly see how the specialist dementia ward is appropriate. If that's all it's going to do then we are going to be bereft of a community rehabilitation service* (Glangwili).

3.131 Staff also desired more information on what the proposed new Community Resource Centre in Cross Hands will entail – and whether rehabilitation services will be provided there so that patients can be treated in their own community:

> *It doesn't state what is going to be at the Community Resource Centre in Crosshands. Physiotherapy happens where people are so if you move the rehab service to Prince Philip, it doesn't make a lot of sense* (Glangwili).

Minor Injury Units

3.132 There was some disagreement regarding the proposed closure of the Minor Injuries Services at Tenby and South Pembrokeshire Hospitals. Some people supported the change insofar as the current facilities are underused:

> *I used to do clinics in South Pembs and my colleague does clinics at Tenby. They are underused…I don't think Tenby have much of an argument really because they don't use what they have got. It is not utilised* (Withybush)

3.133 Others, although not against the proposal in principle, were concerned about: the potential impact of the proposal on A&E at Withybush; the difficult access to Withybush from the Tenby/Pembroke Dock area; the increased population in Tenby during the summer months; and the possible difficulties involved in increasing the number of Emergency Nurse Practitioners:

> *If you are going to close the Minor Injury Units in Tenby and South Pembs it's going to create much more stress on A&E and waiting times are going to be worse* (Withybush)

> *They take away the stress from A&E because people can go there and then if they do need to be seen at an A&E then they are referred. It takes strain off the A&E departments* (Withybush)

> *People will go to A&E. This pressurises A&E even more and they are not coping well as they are without potentially loading more pressure onto them* (Glangwili)

> *It's the other side of the river; it's not very easy to get too. South Pembs is also the other side of the toll bridge as well* (Glangwili)

> *I have doubts whether they can carry it through. Not many people want to do it because it's quite a specialist area and ENPs are trained from A&E nurses and there is already a shortage of these nurses and it's difficult to recruit and retain once they are in A&E* (Prince Philip)

It sounds great, but I have worries about Tenby during the summer periods because they can be quite busy I understand (Prince Philip).

3.134 Although there was support for GP practices providing Minor Injury Services in principle, there was considerable uncertainty across all groups as to whether GPs will be able, and indeed willing, to do so (especially out-of-hours) – as well as a great deal of concern about the potential impact of this on waiting times for GP services:

Closing the Minor Injuries Unit is all very well if you are going to put something there in its place, but historically GP practices haven't been interested. So unless they come up with some incentive… (Withybush)

Why are they are talking about GP practices? I can't see them opening all hours (Glangwili)

I would argue for the Minor Injury Units; you can't get an appointment with a GP for two weeks… (Withybush)

I live in Pembroke Dock, and to try and get into the doctors surgery there is almost impossible unless you are dying (Withybush).

Community Services and Primary Care

Care Closer to Home

3.135 Despite a general enthusiasm for the principles behind providing care closer to home, many participants were cautious about its achievability in practice and felt that it must be properly resourced – as well as 'tried and tested' before secondary care services are removed:

It would be a good vision, but in reality I can't see how it is going to work in such a spread out area (Bronglais)

What we haven't got is enough resources. With the 80% shift from acute to community, we need to have that (Glangwili)

I just want to see resources come from acute to community. The resource should be outside, not where they spend a snapshot of their time in a hospital building. It's about bringing the services into a patient's home to stop them from going into hospital (Glangwili)

Well that would be great wouldn't it? But you would need that all in place before you reduce the services (Withybush)

I do appreciate that in the long-term the services will be put into the community, but there doesn't seem to be any plan. Things need to be in place before they do this (Bronglais).

Indeed, some participants described a sense of déjà vu in terms of having 'heard all this before' and were somewhat cynical and disillusioned about the likelihood of success this time around:

I agree with that wholeheartedly. But I have been in the NHS for 37 years and we have been talking about that since I joined…I am a bit disillusioned by it (Withybush).

3.136 On staff member described their poor personal experience of care closer to home, which has led them to view the proposals with some cynicism:

Some care in the community is exceptionally poor; it's only better to be cared for in the home if that care is properly organised and structured. My aunt recently died in hospital because

she couldn't get the care at home; it took so long to arrange that in the mean time she died in hospital. There is not enough communication, the left hand doesn't know what the right hand is doing and there is a myriad of paperwork to get through. With my 23 years of experience in the health service I have my doubts; if you can't be cared for properly at home then hospital is the better way (Prince Philip).

3.137 However, community healthcare workers commented on the success of HDdHB's Community Resource Teams and Acute Response Teams, particularly with respect to integrated working between partners and preventing avoidable hospital admissions:

I'm involved with the Community Resource Team. We have the physios, the nurses, the OTs, the social workers and home care so we have already made that step into integrated working and I think it is working very well (Glangwili)

Before we had Community Resource Teams you would have all the different disciplines in different buildings, whereas now all the disciplines are in this building. It's easy to just shout across or knock a door if you need anything. There is a much stronger relationship now, people are more comfortable and they have built up trust and knowledge between the different professionals (Glangwili)

We have implemented Community Resource Teams in four areas which is a mix of professionals from social workers, to social occupational therapists to health occupational therapists to physios (Community, Pembrokeshire)

The Acute Response Team has taken steps towards stopping hospital admissions through providing services that were never previously available in the community (Glangwili).

Despite their success in Carmarthenshire and Pembrokeshire, however, the rural nature of Ceredigion means that they do not work as well there – and the Bronglais staff were more in favour of Community Resource Centres to which patients can travel (but not too far!):

Distance is our problem…we have got an Acute Response Team that has started in Carmarthen; it's brilliant and it works very well when you have got a big population in a small area. They have brought it up here and the girls are fantastic but they can't see more than about four patients in a day because they have got to travel (Bronglais)

We think that Community Resource Centres are better; they have to travel but it's not too far. You can't put a square peg in a round hole. That is what works and it is the most cost effective way (Bronglais).

3.138 A telephone interview was undertaken with a member of Pembrokeshire's community healthcare team, who claimed that much of what is being proposed by HDdHB is already being done there – and that they are beginning to get recognition for their good work:

A lot of what he said we are already doing; that is what surprised me (Community, Pembrokeshire)

I have just recently read a report on palliative care in Pembrokeshire and it has significantly increased at home. We are getting something right there. People are dying at home and that is what they want to do. That is excellent. It just shows how much care is going on in the community (Community, Pembrokeshire)

> Pembrokeshire 'care closer to home' has been picked as one of five sites for research, which we are quite pleased about because it will bring us forward on the map (Community, Pembrokeshire).

3.139 However, the interviewee said that providing this is a struggle currently – and that proper resourcing is necessary to be able to achieve proper success. Further, the need to recognise the differences between what will work in each of the three counties was considered key in ensuring the success of community healthcare:

> There is a lot going on in the community. However, we all have concerns about resources being stretched. The biggest thing from the community sector is what is going to be put in place? We have not had any staff from the acute sector…even when a ward was closed the staff were put on another ward. Nothing currently has been moved out into the community to help with what they are proposing (Community, Pembrokeshire)

> We are all struggling to provide what we are providing right now. That's the difficulty. We are not sinking, we are swimming but with difficulty. My concerns are what is expected of us. At the moment we are stretched. For patients to be cared for within their home setting and provided with expertise in their home...none of that can happen without more money being put in (Community, Pembrokeshire)

> Although Hywel Dda is supposed to be the three together we are like three different countries. We all have different ways of working and often it is due to the rurality, cultures and beliefs. Ceredigion is very rural and the district nurses have to travel a long way to get to patients. Pembrokeshire again is rural but not as much as Ceredigion but then Carmarthen has the huge urban area of Llanelli which takes a lot of resources because of deprivation. We are definitely three different countries; we work differently. We have integrated with local authority and Pembrokeshire and work as a joint team, but that doesn't happen with community nurses in the other two areas. We all have a different way of putting the development of this consultation forward (Community, Pembrokeshire).

3.140 According to the above participant, another significant barrier to successful community healthcare is the reluctance of GPs to get involved with it to any great degree. They suggested that, until this situation is addressed, properly provided care closer to home will be practically impossible:

> The biggest thing I would say is that we need primary care on board. We have been doing an awful lot of work on care closer to home and we have looked at frequent flyers into A&E to chronic conditions, but we only have one GP on board from all of Pembrokeshire. Until we get the GP's on board then we won't be able to deliver everything that is asked of us (Community, Pembrokeshire).

Community Virtual Wards are apparently a perfect example of the lack of GP engagement with community services; in Ceredigion it was claimed that only three GPs have signed up to the scheme. Further, the wards currently in operation have clearly not lived up to the expectations of some staff in other ways:

> *As far as I know only three GP's have signed up to the virtual ward!* (Bronglais)

> *Community Virtual Wards are already happening but the one at Carmarthen didn't achieve what it was supposed to. The idea is fine and plausible but previously when it has been tried it created an incredible burden of work; the manpower was huge and it didn't succeed in its aim* (Glangwili).

3.141 Finally in terms of care closer to home, one apparently significant issue that must be addressed is the disconnect between current healthcare and social care IT systems, which apparently do not allow health professionals to access social care information and vice versa. A single, integrated system would, it was felt, greatly facilitate the development of jointly-provided community services in all areas:

> *There is real difficulty with the system the community social workers use. Everyone I know thinks it's a dreadful thing and find ways to work around it, but social services won't hear a word against it!* (Glangwili)

> *Social care would probably say the same about the Health Service that they find it hard to work with them. They usually complain they don't have access to records. Our IT systems are currently not configured in a way which we can share this information. It is still quite a cumbersome process, but there is a commitment where we are going to have IT systems that are going to be able to talk to each other* (Glangwili)

> *IT is a huge hurdle because it depends whether you are looking at a health system or a social system. That will only give you that level of information in health or social care. If as a nurse you are going out to see Mrs Jones and she is a little bit confused, you may not know whether she has a care package or family networks. But if you could click a button to know what is going on then there is far more confidence to leave Mrs Jones in that situation because someone will be there soon* (Glangwili).

Moving Services from Hospitals to the Community

3.142 There was general praise for the principle of moving as many services out of hospitals and into the community as possible – and for improving access to GPs, dentists, opticians and pharmacists (although there was some scepticism as to whether GPs will offer longer hours in reality and that pharmacies can be reached by all patients within 15 minutes):

> *I fully support that. The majority of GP practices are only open during working hours for people who have got day jobs. The only way they can visit the GPs is if they can take time off work* (Glangwili)

> *Access to Orthodontists is very postcode lottery; it's not equal and certainly not local. I don't think there are any in Bronglais. I don't think there is equity of care there at the moment* (Glangwili)

> *A lot of the chronic eye conditions should be managed in the communities in the opticians. They do it in Carmarthen and elsewhere (Withybush)*

> *It would benefit people who are in a more rural community who would otherwise have to travel to see a GP to have, say, a flu jab. That would save a heck of a lot of time in the surgeries if people were to be given them in the pharmacies* (Withybush)

> *Wouldn't it be great? But I don't think they will achieve that in 20 years. Are the GPs going to work until nine at night? I work with GPs and quite a lot of them are stuck in their ways. Also, when they work out-of-hours they get paid an absolute fortune, so when there are routine appointments it is going to be quite difficult* (Prince Philip)

> *They won't do more unless you pay them more and stop them being self-contracted. GPs haven't changed the way they work for years and years* (Bronglais)

Some patients will not live 15 minutes away from a pharmacy. Some people live more than 15 minutes away from the nearest village so that is total nonsense really (Withybush).

3.143 The need for more outpatients' appointments to be held closer to home was also stated. One staff member claimed that patients are having to travel unnecessarily for outpatient appointments due to the fact that consultant clinics are not held in outlying hospitals:

You will find some consultants are not willing to travel or just want to do clinics in their own hospital. Some trauma patients are operated on in Carmarthen and the consultant doesn't do clinics here and so they have to go back there for their outpatient appointments. Why make an 80 year old travel a 40-mile round journey when they have all the facilities at Prince Philip but the consultant won't do the clinic here? (Prince Philip).

3.144 District and community nurses, it was felt, have a very important role to play in community healthcare – particularly in terms of helping people manage chronic conditions:

Community nurses have got a massive role to play and they don't do enough. A lot of the chronic conditions could be managed in the community such as the diabetics and asthmatics, people with coronary heart disease (Withybush).

However, the need to recognise the rurality of HDdHB (and provide an appropriate level of resource to cater for that) was strongly advocated – especially with respect to Ceredigion:

It's about taking into account that we are a rural area and we need the facilities to support that as compared to the city. They could spend all day doing three cases if they are covering large areas? Most of their day taken will be travelling (Withybush)

We have specialist nurses going to people's homes, but the waiting list is growing because they can only see a small number of people because of the distance in-between (Bronglais)

If they have a geographical spread of 20 to 30 miles of all the patients' homes, how are the staff, who they are talking about taking out of the acute setting into the community, physically going to do it? (Bronglais).

3.145 It was also said that community nurses' roles must be strictly defined insofar as they do a great job, but they are often used as social checker uppers. They are a blanket cover for anything and everything. They should be focusing on what they should be doing. It seems that in any service there needs to be a community nurse there, when really there doesn't (Glangwili).

Other Significant Issues

Recruitment Issues

3.146 In terms of overcoming HDdHB's recruitment issues (which were acknowledged), more active promotion of the quality of life the area can offer was suggested - as was offering appropriate incentive packages:

On the recruiting side, there was some money for a paediatrician but they can't recruit. Everything is up in the air; it needs to be attractive (Withybush)

Most of the people that come to work here aren't looking for a career move; it's either because there are family connections or they want to live in the countryside. We need to push and build it up to make it look attractive (Withybush)

We are advertising for new surgeons to come into the area and nobody wants to come here. You have to offer the right packages for people to come here and that is what they are not doing. They are not promoting the area either (Bronglais).

3.147 There was some concern that, by developing Centres of Excellence on certain sites, recruiting good quality staff to the remaining sites becomes increasingly difficult:

We have to provide essential services here and we need to make it exciting enough for us to be able to recruit (Bronglais).

Issues Specific to Bronglais

3.148 Staff at Bronglais were very concerned about the shortage of staff and beds across all hospital departments:

Staff morale is very low. They feel strongly that we are working at unsafe levels and we have had complaints and people in this area never usually complain. We have had too many staff taken from us. We are working with skeleton staff and unsafe levels at time (Bronglais)

We are so short of beds; we don't have enough in this hospital (Bronglais).

In fact, they saw this as symptomatic of HDdHB's desire to eventually close the hospital – a feeling compounded by the Health Board's alleged disregard for patient flows at the very beginning of the Listening and Engagement phase:

There is a hidden agenda and that is closing Bronglais…we are very suspicious because Bronglais has been threatened for many years with closure (Bronglais)

Right from the beginning they didn't look at patient flows…that 40% of our patients come from Powys and South Gwynedd. We are very suspicious because of that…that they were trying to make out that we were quieter than we are. They have been deliberately kept out to get what they want (Bronglais).

3.149 There was also a strong sense that Ceredigion is the 'poor relation' of HDdHB and that the views emerging from the county are given less regard than those from Carmarthenshire and, to a lesser extent, Pembrokeshire:

Ceredigion has always been the poor relation and we have to make do with a very small pot of money. They don't take into account the rurality so we don't feel we get a big enough slice of the pie (Bronglais)

We are not being treated equally; we get the feeling that Carmarthenshire are sitting pretty because they know they are safe. And even the comments that come out of clinical meetings, we are left to feel that our opinion is unimportant (Bronglais)

It's a 'them and us' culture that has been created right from the beginning. We are made to feel that we are insignificant purely because of the small numbers we have compared to other areas (Bronglais).

3.150 Although travel distance was an issue for many staff participants in relation to specific proposals, it was a significant general concern at Bronglais. Many comments were made about the difficulties involved in transporting patients – both within and outside HDdHB:

Ceredigion is a very rural area. People don't consider how long journeys actually take. A birds-eye view looks like it would take half an hour but when you're on the road it may take an hour and a half (Bronglais)

Transporting patients from here out to places like Swansea, Cardiff and Liverpool and Birmingham for children; that is a huge problem for us. We don't have enough ambulances in this area, we can't always get a helicopter. We do have problems obtaining transport when we need to (Bronglais).

As such, they were very much of the view that HDdHB should ensure healthcare professionals are making the best use of telemedicine, and look creatively at overcoming the issues presented by rurality – by looking at how it is done elsewhere for example:

I think a lot of it will have to be thinking outside of the box and look at different ways of doing it and I think telemedicine will have a huge bearing on that (Bronglais)

Telehealth in medicine is really helpful here, what we would like to do is to see the GPs taking on more using our support (Bronglais)

We need to look outside the box. For instance, up in Scotland there are huge rural areas and the Post Office vans deliver things and pick up people to come in (Bronglais).

3.151 In light of the distance issues outlined above, while Bronglais staff could see the need to consolidate some services into Centres of Excellence, they felt that HDdHB should accept that some patients (some whom have never travelled outside Ceredigion) will prefer to trade some degree of specialism for accessibility. As such, the services outside the Centres of Excellence, it was felt, must also be maintained to a high standard:

Because it's a huge area, they want to try and centralise things. We have got services that might not be as good as they could be as in a specialist centre, but it's getting there that is the problem (Bronglais)

We have got specialists down south, but if you haven't got access to them then it is better to have something. I know that in this area it is diluted, but it is better than nothing (Bronglais).

Main Findings: In-depth Telephone Interviews with Doctors

Unplanned Care (Accident and Emergency)

3.152 Discussions with Doctors about unplanned care centred around HDdHB's proposal to develop a nurse-led 'Local Accident Centre' at Prince Philip Hospital.

3.153 Of the five participants (three of whom work at Prince Philip Hospital), two were for the proposed change, two were against and one was uncertain.

3.154 The two Doctors in favour of the proposal argued that A&E services at both Llanelli and Carmarthen are unsustainable, and that Llanelli's proximity to Swansea (and Carmarthen's centrality within HDdHB) means it is the most sensible location for the change:

There is a certain amount of budget and you can't have the services everywhere. Llanelli's geographical location is so close to Swansea that it makes sense

In an ideal world it would be great to have all services everywhere but obviously you can't have everything in Carmarthen and Llanelli. Carmarthen has already got more and is more central to the area which it serves. It is unfortunate that Llanelli has got a far bigger

population than Carmarthen. I don't see sort of another way to do it and unfortunately I agree with it.

3.155 They were also comfortable that nurse practitioners would be more than capable of running a Minor Injuries Unit such as the one proposed:

On the whole the nurse practitioners on A&E are more experienced than the doctors. If it was led by nurses and downgraded to minor injuries then I think they would be very capable of running that.

3.156 Those who disagreed with the proposal felt that the current system at Prince Philip works well:

The A&E in its current form seems to do very well; the ambulance crews and staff are pretty reasonable in directing surgical emergencies to Carmarthen and medical emergencies to us. By and large, the right types of people go to the right places

The system here works pretty well most of the time; it would be a shame to lose it.

Their main argument against changing the system was that many of the minor injuries that currently present at the hospital require some medical input, which can be provided by doctors within A&E. By removing this element, it was suggested that increased (indeed excessive) pressure will be placed upon the medical team within the proposed Emergency Medical Admissions Unit:

With nurse-led I don't think you would be able to deal with as many patients…in terms of the patients walking through the doors, many of those really require A&E doctors to be looking at them before a referral

There are a certain number of people at A&E who need to be assessed by doctors. Because doctors are there, they are able to start the correct process and management of it in the way I genuinely don't think nurses have the same capacity for. And that's typically in terms of seriousness; anything above a certain grade, more complicated things, there will not be the capacity to make a decision

If there are no A&E doctors then more things would be referred to the medical team than would be suitable. I think overall there will be a disproportionate number of people being seen by the medical team.

3.157 Despite the argument that certain minor injuries cannot be appropriately treated or assessed without medical input, there was some fear that this will not be an issue at Prince Philip in future as people will no longer self-present there due to the lack of doctors and the greater possibility of transfer elsewhere:

I wouldn't want to go to Llanelli as a patient knowing I was going to be seeing a nurse rather than a doctor

The thing with Morriston is you know if you go there you won't be transferred anywhere else.

According to participants, this (as well as the expected increase in patient transfers to Carmarthen) will impact on the training of junior doctors at the hospital – and may be a barrier to recruiting good quality staff to work there in future:

People will choose other options other than going to the Minor Injuries Unit. It's going to lose out on training of junior doctors and registrars are not going to want to go there because there is so little there

Junior doctors are losing out on the experience in A&E. They are losing out on any sort of injuries that will come through there as they will all be transferred to Carmarthen. Prince

Philip as a hospital will suffer in terms of junior doctors going there. This means less junior doctors will go there because A&E is a hot topic and not only that it will have less input of patients so then other specialties lose out as well. Why would I go to Prince Philip if I have to be transferred?

3.158 Other issues were: the potential impact of additional demand on Glangwili and Morriston Hospitals; the need for more than one A&E in Carmarthenshire (one of which should be sited in Llanelli due to the large population there); and the lack of nurse practitioners available to run the unit:

I was on call last night and the CDU, which I am assuming will be similar to the Medical Admissions Unit, was full. They had to open a ward that was closed to put more patients there. This is becoming a regular thing. So if the staff in A&E are downgraded to just nursing care, it just seems like the other hospitals will struggle as well because there will be more patients to deal with

I think we need to maintain the A&E here. I think you would be missing out on such a big service for the area and I don't think everywhere else would be able to cope really

I don't think downgrading Prince Philip hospital in terms of A&E is appropriate, because Llanelli has the bigger area in comparison to Carmarthen. The area of Carmarthenshire is too big to have just the one A&E

From what I know in Prince Philip, there are not enough nurse practitioners there at the moment to run the unit, and I'm very sure it will take quite a while to train them all and to get people to do it. If it is going to be staffed 24-hours, then you will need a load of staff and at the moment it is a long way off.

3.159 Finally in terms of the proposed changes at Prince Philip Hospital, there were some specific issues with regard to mental health services, as outlined below:

I work in mental health and at the moment the main acute admission ward for general adult psychiatry is in Llanelli. So with the centralisation of A&E services in Carmarthen it's going to mean that more people who are taken by ambulance after an overdose or after self-harm will be taken from Llanelli to Carmarthen where they will be assessed medically and if deemed they have to see someone from mental health it will be the Carmarthen psychiatrist that will see them. But then if they need admission the chances are they will have to go back to Llanelli. It's not ideal if a patient from Llanelli area has to go to Carmarthen for assessment only to go back to Llanelli if they need admission. There is not continuity of care

I don't know how comfortable nurses would be to deal with mental health problems. I am concerned there will be a rise in referral rates. It might be that they will signpost them to the psychiatrist on call whereas doctors may be a bit more confident in deeming something low risk and dealing with it effectively. The implication of this is that the duty psychiatrist will have to see a greater volume of patients in A&E and not all will be appropriate referrals. We don't want to get to the situation where everything is referred to mental health.

Planned Care (Orthopaedics)

3.160 Overall, the doctors were comfortable with HDdHB's preferred proposal to establish an Orthopaedic Centre of Excellence at Prince Philip Hospital – although one added the caveat that routine operations should continue to be undertaken at Withybush:

That seems reasonable. Orthopaedics is one of the better specialties to expand; you can be a bit clearer there of who is elective and who is not.

3.161 There was, however, a concern that it's at the expense of the medical side of medicine. Because Prince Philip is a relatively small hospital it's one or the other, and I think with the trauma and orthopaedic it's like a redistribution thing. As a junior doctor I know I would prefer to see more people turning up in A&E rather than planned orthopaedics. It's a good thing for the hospital but from a junior doctor perspective, for training purposes, in A&E you get such a wide spectrum of things whereas orthopaedics is quite focused.

Women and Children's Services

3.162 Again, participants were happy to see the establishment of specialist Women and Children's Services for HDdHB, particularly in terms of recruiting consultants and other staff to the area:

It makes sense to put the specialist area in one hospital. If you get one area with a Centre of Excellence, then doctors will want to go there for training

3.163 Glangwili was the preferred location generally as it is: more central within HDdHB; nearer the Level 3 unit in Swansea; and nearer larger population centres with higher birth rates:

Of the two sites, it would be better to have it at Glangwili. The geographical nature of it, I think it is more central, easier to transfer to a larger tertiary centre if necessary and near a bigger population centre. There is not much between them in terms of what they offer really.

It's probably the most sensible of the sites because it has the higher birth rate.

3.164 There was, however, some concern about the future of existing services at Withybush; it was argued that at least basic SCBU services should be retained there:

My concern is they need to try and build Withybush and develop it more if it's feasible.

Community Hospitals (Mynydd Mawr Hospital)

3.165 In light of its apparent state of disrepair, doctors were prepared to accept the closure of Mynydd Mawr Hospital – but on the proviso that inpatient rehabilitation bed numbers remain at the same level as previously:

I am aware that places like Mynydd Mawr are haemorrhaging money for maintenance

If we have a specialist system here that deals with dementia then that's great…if you have the liaison of staff and the room then that is a good concept. But there must be at least as many beds as provided before.

3.166 Indeed, the issue for potential bed-blocking was a significant one for interviewees, who feared that, without an 'interim' option like Mynydd Mawr, patients who are well enough to be discharged from an acute setting but not yet well enough to go home will remain in hospital for longer than necessary – thus taking up valuable bed space:

The last few weeks Prince Philip has been full and you often have a lot of social patients who have the option of going somewhere else. It's nice to know there are extra beds somewhere else

We need an intermediate hospital or facility to transfer patients who are medically fit for discharge but need more physio. At the moment half the patients in hospitals are 80 year old patients who either their family have just dumped in hospital or have got nobody to look after

them. We need Mynydd Mawr to make the beds in the acute wards in hospitals available. If the same service is provided then it is a suitable solution

I know it provides a valuable resource in getting people out of acute wards. Mynydd Mawr is always quite a good place to have people to go to for a couple of weeks before they go home. But if they can provide that in a different way then fine. My only concern would be if they can't provide the same efficient or effective service, especially with bed issues and backlogs, it may put a strain on the beds in the acute wards

Where the service is provided isn't important; as long as the same service is provided then fine. If it isn't as good then we are going to slower getting people out of hospital and it is more likely that people will go back in.

3.167 Further, there was a sense that any service provided for dementia patients at Prince Philip hospital must be separate from other medical intake – again to prevent beds being 'blocked' unnecessarily:

If you end up with a lot of patients who are not medically unwell but are on site here, there is a risk of beds being taking up that would be better suited for medical patients. If you can keep the service separate that would be good. If there wasn't the separate ward I would be quite concerned because currently it's difficult to discharge patients home; there are a lot of social issues.

Minor Injuries Units

3.168 There was some support for GPs providing minor injuries services insofar as this would ensure care closer to home for many patients:

I think that's a good idea. It's offering the same quality of care but closer to people's homes

I agree that it would be a good idea to provide it more widely as long as there is a high demand for it

3.169 There was, however, some scepticism that GPs will be able, and indeed willing, to provide the additional service – and concerns about whether it would result in increased referrals to A&E due to the lack of X-Ray facilities at GP practices:

Having it more widespread and available is a good thing, but are the GP practices really able, willing and capable of providing these services?

It could work really well because it could reduce the minor injuries in A&E or it could end up with an awful lot of referrals. There is quite a lot of caution in A&E at the minute…every injury there needs an X-Ray. I am slightly concerned that people will go to the GP with a twisted ankle but then to be safe will be transferred to get an X-Ray

If it worked well it would be a good success but I would be cautious to begin with. I don't think having an X-Ray service at a GP would be implementable because you would need a radiographer to be employed, because as a doctor you are not trained to do that and nurses aren't either. It seems that it could spiral out of control.

3.170 It was also said that, if minor injuries are now to be provided through GP surgeries and via nurse practitioners, HDdHB must ensure that junior doctors continue to be exposed to such cases so that they are able to deal with them effectively:

I think it sounds like a decent idea. The only thing is that doctors need to be able to do that as well, so you got to be careful that you are not de-skilling doctors. I haven't got any experience in A&E yet but when I do I want to be seeing minor injuries and not only the major things. Possibly doctors as part of their rotation can help the nurse practitioners who are leading this; doctors need to be able to deal with minor injuries.

3.171 If the proposed changes to minor injuries provision are implemented, it was considered essential that a public awareness campaign be undertaken so that patients are able to 'choose well' in attending the correct healthcare facility for their particular injury or illness:

It really depends on the general education and awareness of the public, ensuring they go to the right place for the right thing

There must be general awareness to make sure appropriate patients are going there. If people are not educated then this is a big opportunity missed and they will go somewhere else

Some people really don't understand what minor injuries are. I have seen posters for it and things like that, but I think it needs to go more national.

Community Services and Primary Care

3.172 Overall, the doctors supported HDdHB's proposed extension of community services and primary care – mainly because the principle of reducing unnecessary admissions to acute hospitals and enhancing local care was readily endorsed. However, one person was keen to stress that the quality of care received in the community must be the same as that provided in hospital – and that quality and safety must never be traded for accessibility:

If the patient doesn't need to come into hospital in the first place and you can get these community-based services then it has to be a good thing. I think we need to encourage care in the community more. I think that would be an excellent idea

As long as the quality is the same and the time spent and resources from the Health Board's perspective, then it is a good thing. But we need to think, other than it being a shorter journey for the patient, is the patient really getting a better service? I know it's nice to be local but it's not paramount.

3.173 Participants were particularly pleased with the prospect of more Community Resource Centres - and suggested that these centres could (or certainly should) provide an opportunity for consultants to undertake outpatient clinics in outlying areas:

I would like everything on one site. At the end of the day, when there are things like blood results and X-Rays, it makes things easier if things are on one site

I have seen it being done very well in Scotland. As a concept, having all those people there in a larger centre I think it's works well

It's not always that easy for patients to make it to hospital and if consultants have a once monthly outpatient clinic at one of these centres so they can all be seen I think it would be a good idea.

3.174 Increased access to GP appointments was warmly welcomed – but again there was scepticism about how readily GPs will agree to providing it:

I think that sounds good. For somebody who works 9-5 Monday to Friday, it's very hard to look after your own health. If there is a slot after 5pm then I think that is excellent

If all the staff members are happy to do it and you can get enough people to cover all those hours then yes

It's going to be a lot easier for people to get an appointment but how keen GPs will be at implementing that I'm not really sure.

3.175 Interviewees were more than happy to see pharmacists playing an increasing role in healthcare (and indeed acknowledged that they have taken on more responsibility recently). The general sense was that an increased use of pharmacists will improve accessibility - especially in rural areas - and reduce the demand on GPs:

If they are happy to do things like vaccinations then great. pharmacists are good and quite knowledgeable

The benefit is that there will be better accessibility for rural areas, and elderly people who live alone. If it's closer to home they are more likely to pick the medication up on time or get a lift. It is also better for minor ailments; if you have got a cough and a cold then it's better to see a pharmacist. There are a lot of people that go to a GP but don't really need to and they take up a slot.

3.176 The availability of pharmacies within 15 minutes of all patients was, however, considered somewhat unrealistic – and it was suggested that, instead of striving for this, HDdHB should increase the use of 'couriers' to distribute medication in rural areas:

15 minutes, I don't know how plausible that is. But it's certainly a good target

If you had one big pharmacy in an area, the couriers could distribute the medication.

Other Issues: Centralisation

3.177 Although a couple of doctors were opposed to the over-centralisation of services, one was very supportive of the development of Centres of Excellence – particularly in terms of recruiting doctors to the area. They acknowledged that the current configuration of services in HDdHB is not attractive to doctors and felt that the proposed Orthopaedic Centre of Excellence and new Women and Children's Services would assist in drawing staff to the Health Board:

To centralise services makes sense because if you get an area of excellence in the middle, then doctors will want to train there. Whereas at the moment doctors don't have the Hywel Dda hospitals at the top of their pecking order because they feel they are not as highly regarded as the Swansea or Cardiff Hospitals. It's not thought of as an area to go to because of the size of the hospitals and the services they provide

If you have one hospital that is a Centre of Excellence then everyone will want to go there. You will want to work somewhere where all facilities are available if possible. By centralising services in one particular hospital then this will be achieved. Realistically if you get five or six hospitals with half services then nobody will want to go there…

4. Key Submissions Summarised

Introduction

4.1 During the formal consultation process 274 written submissions were received from professional, political, interest, voluntary and community groups as well as from many residents and staff. Both HDdHB and ORS have separately read and reviewed *all* the submissions in order to understand their themes and issues; and all of the submissions are available for inspection from HDdHB.

4.2 As well as identifying important themes, *a range of the submissions* have been summarised below by ORS in order to make them more accessible to readers. It was neither practical nor necessary to summarise *all* the submissions in the same manner, but in the sections below we have sought to highlight particularly important points of view and to capture the main themes, topics and arguments while retaining at least some of the documents' original detail. Any selection of just some submissions (for detailed summary) is problematic, but we trust we have chosen a wide range and we apologise in advance to anyone who feels their document(s) should have been included.

4.3 Summaries such as these cannot do full justice to the arguments and evidence of the many submissions, but they at least they make them even more accessible and indicate the main points of view expressed. Each summary is prefaced with a 'one sentence' italic abstract by ORS which, of course, risks over-simplification – but we thought it worthwhile to take that risk in order to make important submissions even more accessible to readers. The submissions summarised below are:

Royal College of Surgeons Professional Affairs Board in Wales

Royal College of Paediatrics and Child Health and the Paediatric and Child Health National Speciality Advisory Group

Royal College of Nursing in Wales

Royal College of Midwives

National Clinical Forum

Wales Deanery

Healthcare Professionals Forum

National Specialist Advisory Group: Mental Health

Powys Teaching Health Board

Society and College of Radiographers

Chartered Society of Physiotherapists

Public Health Wales

Welsh Ambulance Services NHS Trust

Hywel Dda Maternity Services Liaison Committee

Emergency Nurse Practitioner Team Leader

Hywel Dda Community Health Council

Montgomeryshire Community Health Council

Betsi Cadwaladr Community Health Council

Prince Philip Physicians

Llanelli Rural Council (including a commissioned report)

CIHS / SOSPPAN

Residents of Glanymor Ward, Llanelli (via open questionnaire)

General Surgery Clinical Team Leader

Save Withybush Action Team (SWAT)

Pembrokeshire Health Concern

Ward 9 staff at Withybush hospital (via open questionnaire)

South East Pembrokeshire Community Health Network

Pembrokeshire Health, Social Care and Wellbeing Forum (facilitated by Pembrokeshire Association of Voluntary Services)

UNISON

aBer Campaign Group.

4.4 As the summaries will show, the majority of the above are broadly positive about HDdHB's proposals, but there is also considerable criticism from the CHCs and some community groups, staff and some local physicians.

Some Key Submissions Summarised

Royal College of Surgeons: Professional Affairs Board in Wales (RCS-PABW)

Overall, this submission supports HDdHB's key principles while saying more inter-health board collaboration and co-ordination is required (ORS).

4.5 The RCS Professional Affairs Board supports and endorses Hywel Dda LHB's proposals to improve the quality of service and integrate services between the various parts of the Health Community: it is the correct approach and the RCS-PABW hopes it is successful. The RCS agrees with focusing specialised services in fewer centres. However, it is concerned that:

The documentation is lacking detail as to how service improvements will be achieved

Statutory Professional bodies (like the RCS) have not been formally incorporated into planning the proposals or the consultation process

Only a minority of respondents agree with focusing specialised services in fewer centres – so the case needs to be made more clearly with the public.

4.6 The RCS-PAWB supports HDdHB's proposals regarding emergency and non-emergency transport. It also supports the increased role for primary care and is able to assist in developing plans and offering educational support for this agenda. Overall, it believes that the status quo option of all emergency services on all sites is neither sustainable nor safe.

4.7 However, some of HDdHB's proposals appear to be independent of the larger South Wales Programme, but it is not cogent to develop some services independently of neighbouring Health Boards since (for example) percutaneous coronary intervention for heart attack, vascular surgery and surgical services for patients with stroke are best delivered on a regional basis. The recruitment and retention of a specialist workforce can only be achieved by configuring services collaboratively across Health Boards.

Royal College of Paediatrics and Child Health and the Paediatric and Child Health National Speciality Advisory Group (RCPCH)

The RCPCH supports HDdHB's direction of travel while having reservations about the proposed number of inpatient paediatric units, particularly in the context of impending retirements. (ORS)

4.8 The RCPCH welcomes the concentration of paediatric high dependency care and neonatal level 2 care on a single site, but has significant reservations about the number of inpatient paediatric units that are proposed. There are a number of trained middle grade paediatric doctors in Hywel Dda, but many of them are close to retirement and will not be easy to replace. Therefore, the plan for inpatient paediatric units is not sustainable in the middle to longer term. For geographic reasons it may be that two units will be required, but they are only sustainable if the smaller unit moves to a primarily consultant-delivered model of care. The need for improved transport services, a comprehensive community paediatric nursing service and the availability of local enhanced primary care services will have significant financial and political cost.

4.9 The RCPCH recognises the proposed changes will produce different service structures across Wales, depending on the size and geographical location, local demographics, and workforce availability within the service. Any reduction in the number of inpatient units must be offset by improving local urgent and emergency care systems complemented by community children's teams integrating different professionals.

4.10 The reconfiguration of paediatric services should be determined by the needs of the local population and the resources available, and HDdHB and Welsh Government are best placed to make these difficult decisions.

Royal College of Nursing in Wales

Overall, this submission does not criticise the principles underlying the Health Board's proposals, but questions the adequacy of the planning for their implementation (ORS).

4.11 The Royal College of Nursing in Wales recognises the challenges facing the NHS in Wales today and supports the case for change. The challenges make it important that the Health Board ensures the population receives safe care as close as possible to home while optimising health outcomes. 'Your health

Your Future' is in keeping with government policy to increase the volume of care delivered in the community and improvements in primary and community services will reduce the overuse of hospital beds. However, the RCNW is concerned that there is no indication that there has been an assessment of the financial impact of the proposed changes even though the proposed changes clearly have cost implications. The RCNW asks:

> Have the proposed changes been costed?
>
> Is there evidence that the proposed community model is more cost effective (as well as clinically effective) than the current model?
>
> What is the expected patient base in the community and what corresponding workforce will be required to serve it?

4.12 Despite their importance in spanning the hospital/community setting, Nurse Specialists and Nurse Consultants are not mentioned in the reconfiguration plans. The RCNW is particularly concerned at the lack of children's nurses currently practising in the community. The Acute Response Teams (ART) need to grow exponentially to accommodate the closure of acute and community hospital beds. Overall, it is essential that primary and community services are in place in advance of hospital bed closures; and this will require careful planning and timing of transfer of services.

Nursing workforce

4.13 Except for mental health, there is no evidence of a nursing strategy within the document and neither is there detail about plans in each directorate whereas the realisation of change needs to be developed in each directorate. For example, a key component of the on-going care of individuals with chronic disease is the creation of new community virtual wards operated by highly trained staff using technology, such as tele-health monitoring. In this context, the RCNW asks, How will the required staff be recruited and trained? It argues that robust medium and long term planning of the health care workforce is required.

Minor Injury Units and Emergency Nurse Practitioners

4.14 The RCNW recognises that intention is to increase the numbers of emergency nurse practitioners (ENPs) and redeploy the current nurse practitioners in the Minor Injury Units in Tenby and South Pembrokeshire. Will the ENPs be recruited from existing trained staff? If so there will need to be a plan to replace the staff trained to be ENPs. Overall, the consultation document does not appear to have a robust plan to address medical staff shortages.

Neonatal care

4.15 A population the size of Hywel Dda Health Board should have a Level 2 Neonatal facility even though there are not enough deliveries to develop this on all three sites. Therefore, the transport arrangements (especially emergency ambulance) need to be developed in order to transfer sick babies rapidly between children's facilities across the Health Board. The Health Board should also make an explicit commitment to increasing the number of nurses trained on neonatal care by releasing them for training and backfilling these posts for the duration.

Transport

4.16 The document implies that there will be a greater reliance on patients making their own way to care environments, which will incur financial costs as well as a dependence on public transport which can be unreliable in rural areas. Depending on the development of the South Wales Health Boards Programme, this may well extend east as far as to Cardiff.

4.17 The Hywel Dda transport plan describes the need to develop the Wales Air Ambulance Service into a 24/7 emergency medical retrieval service. This would require significant investment since the helicopters are not 24/7 and cannot transport neonates in incubators, but no costs are given nor any timetable for the development.

The Royal College of Midwives (RCM)

The RCM supports the HDdHB's proposals for maternity and related services (ORS).

4.18 The RCM supports HDdHB's preferred option for obstetrics and maternity services while stressing that the service model should be safe and sustainable and enable women to access different forms of maternity care as locally as possible. The RCM believes that due consideration should be given to the impact of any potential service changes on neighbouring Health Boards and recommends that effective protocols for patient transfers are put in place, particularly to avoid transfer rates and times increasing unduly in Withybush. The RCM also recommends that sufficient midwives employed to meet Birth Rate Plus requirements as a minimum.

National Clinical Forum (NCF)

The NCF supports moving appropriate care from secondary settings into the community , but believes the current plans have not taken sufficient account of the practical challenges involved. It believes that four secondary care facilities are unsustainable and recommends a two-centre model as the only option with a chance of long-term sustainability. (ORS)

<u>Some main issues</u>

4.19 Overall, the NCF appreciates that HDdHB may face difficult issues over public acceptance of plans but feels that its role is to concentrate on the clinical feasibility and sustainability of the service plan proposed. In this context, the NCF has grave reservations about the current proposal for A&E on three sites and strongly advises a two-site solution.

4.20 As well as emergency care, the NCF has serious reservations about HDdHB's secondary-care proposals for maternity, paediatrics, mental health, general surgery, and critical care. The Forum believes that a two-centre model for secondary care would be appropriate, with emphasis on ensuring a sustainable service in Bronglais and the development of clinical networks to provide high quality care. While a 'three counties' has some geographic merit, there are major concerns over the long-term viability of three secondary care sites delivering a full range of services.

4.21 Bronglais Hospital poses a particular challenge as its strategic importance to secondary care in Mid Wales far outweighs the service it provides to Hywel Dda residents. It is clear that plans for Bronglais Hospital must take into account this fact.

4.22 The general proposal to move services out of hospitals into the community, wherever possible, makes sense and as a principle is supported by the NCF, but there is no evidence of how the services will be integrated and governance issues managed. There is an assumption that GPs will take on additional roles, but there is no detail about workloads or training requirements. There are particular issues between primary care and community care as more services become nurse or therapist led. Whilst there is reference to the importance of collaborative working with relevant stakeholders, there is limited detail around formal arrangements for integrated care. There is no real evidence to suggest a major positive strategic drive to

improve work with local authority, third sector and criminal justice systems. There are also no details of commissioning arrangements with the private care home and domiciliary care sector and there is no reference to financial investment into community services. Overall, Forum members are concerned that while the concept of moving care into the community has much to commend it, the proposals as they stand do not seem to provide any indication of the financial consequences of such a strategy. Therefore, Forum members believe that before there can be any increase in 'community' care a thorough survey of current activity is essential to assess the workforce and training needs.

4.23 The proposed 'Dementia Centre' in Llanelli would be situated on the geographical margin of the Health Board, thus imposing transport issues for elderly frail patients. It may be preferable to develop community models with general and mental health staff working together. There is no mention of the response to mental health emergencies.

4.24 Given the rural nature of the area, travel is a major issue and clearly more detailed work is required; but there is no evidence that the proposals have undergone close scrutiny to ensure that they are appropriate for the rural community. Patient transfer/transport throughout Wales requires urgent attention: in addition to close working between Hywel Dda and WAST to plan local arrangements, there needs to be a central plan for the whole of Wales. Meanwhile, consideration needs to be given to any onward transfer of patients from Bronglais as the area it serves includes parts of Powys and Betsi Cadwaladr Heath Boards.

Workforce and staffing

4.25 The problems of recruiting staff (particularly GPs) to work in rural areas have not been covered and there are no clear plans of how this might be managed. The recruitment of GPs in Wales is falling, particularly for trainees and this is likely to be compounded by GP retirements, the increasing feminisation of the workforce, increasing part-time working and a reluctance to work in rural settings as compared to larger urban centres. In addition, recruitment of staff for out- of-hours care is becoming increasingly difficult. District nursing services in many areas are already stretched and recruitment of high-quality practice nurses can be difficult. Acute response teams or similar are being developed, but there are issues about governance between the teams and primary and secondary care.

4.26 Continuing to provide a wide range of core services on three or four sites is unsustainable given the recruitment and training challenges facing the service, for there is no longer any hope of trainees being available in certain specialties in all current hospitals. There is no mention of how this shortage will be overcome given the current very limited availability of 'middle-grade` doctors (non-trainee, non-consultant). To provide services by consultants would be very expensive and there are likely to be difficulties in recruitment.

4.27 No single unit is likely to fulfil Royal College requirements for training, particularly in obstetrics, paediatrics and general surgery. For these reasons, a two-centre model of secondary care has a greater chance of long-term sustainability, but even that will pose a great challenge and a one- centre model may yet have to be considered.

4.28 A key issue is the staffing of Bronglais Hospital. On current activity, there would be no place for trainees and it is unlikely that the Royal College of Surgeons would approve a 'stand alone' arrangement. However, the strategic importance of Bronglais cannot be ignored and a long- term sustainable solution that strengthens its geographic role must be found.

Quality and safety

4.29 Safety in patient care must be the priority in plan development, but there are concerns that problems in maintaining a sustainable workforce could challenge the ability of centres to attain proper quality and safety standards. The plan will still leave a number of single-handed consultant sub-specialties in hospitals, which carry clinical and workforce risks. Amongst other concerns, it is unclear what facilities will be provided in the community hubs and there is insufficient information with regards to out-of-hours clinical cover in the various sites. There is very little within the plan to explain how integration with local authorities might be explored.

Key conclusions

4.30 The proposal to shift care, where possible, from a secondary care setting into the community is supported in principle and aligns with current thinking on best practice, but the plans do not appear to have taken sufficient account of the workforce and training changes required/

4.31 Movement of care into the community will also impact on primary care, but there has been insufficient consideration of GPs' workloads and there are real issues of future GP recruitment and training.

4.32 The opportunity to explore extended roles for a wide range of healthcare professionals – including nurses, midwives, therapists, scientists, pharmacists – does not appear to have been fully investigated.

4.33 The proposal to maintain four secondary care facilities is unsustainable and so the Forum recommends that a two-centre option of secondary care is the only option with a chance of long-term sustainability. However, even that may not be fully sustainable.

4.34 The strategic role of Bronglais Hospital in the provision of secondary care for Mid Wales requires more consideration. It is essential that any planned changes in Hywel Dda are considered in light of how they may impact on neighbouring HBs and other providers.

Appendices

4.35 The submission includes two appendices containing copies of earlier correspondence with HDdHB following various meetings.

Wales Deanery

4.36 HDdHB should take full account of the Deanery's reconfiguration proposals for postgraduate medical training in Wales because there are important challenges in training which directly affect service delivery; and also service challenges affecting training delivery. It is essential that HDdHB and the Deanery work together to reach models which are complimentary for obstetrics and gynaecology, paediatrics and core surgical training and other specialties, including in particular anaesthetics.

Healthcare Professionals Forum (HPF)

The HPF supports HDdHB's key proposals for hospitals and also the move towards community care. (ORS)

4.37 The HPF supports HDdHB's direction of travel and continued service improvement. The HPF is concerned that currently members of the public attend Prince Philip inappropriately (for example, for children and ENT services) when it lacks the specialists services needed to support effective assessment and intervention. Options A and B are both safer working models – and the HPF supports Option B. Members of the public often have misconceptions regarding the current services provided, so they fear greater change

than is planned at Prince Philip. CIVIAT development could reduce demand at minor injury units and A&E and this should be explored as part of the CIVIAT pathway.

4.38 The HPF also commends the inclusive debate regarding the need for change in maternity services and believes that the Level 2 Neonatal Unit should be at Glangwili, so that the small number of babies who deteriorate to need the Level 3 services at Morriston can access more readily there.

4.39 The HPF welcomes the retention of locally based services for planned care but believes the principle of delivering elective orthopaedic surgery in a dedicated area is supported as the evidence indicates that this leads to lower infection rates. The HPF supports Prince Philip becoming the established elective site for the south.

4.40 The HPF welcomes the development of community facilities, partly because many of the community hospitals are no longer fit for purpose. Mynydd Mawr is institutional and not conducive to rehabilitation, so the HPF supports its closure. HDdHB needs to consider what range of services will be available from Community Resource Centres and should progressively re-align services as part of modernising pathology services. There is a high dependency on GP commitment to implement the plans and there will need to be a review of the roles of other professions in order to enable the capacity release for GPs as well as appropriate funding.

4.41 The HPF would value the opportunity to gain a clear understanding of the plans for both mental health and learning disability – for example: how mental health needs are to be addressed in generic services, the repatriation of patients from specialist units, partnerships with housing associations and the opportunities for developing generic clinical roles in CRTs to support the implementation of the mental health measure.

4.42 The IT infrastructure is not fit for purpose, particularly if required to support joint agency, multi-disciplinary teams. The HPF welcomes the partnership developing between Hywel Dda and Aberystwyth University in supporting the developing model of rural health services. Getting the balance right between generalist vs specialist models is essential for a rural model to be safe and effective.

4.43 Overall, the HPF supports all the following: the status quo is not an option; the principle of clinical services moving from secondary to primary/community care, with consistent core standard but bespoke local models of delivery; locality based planning; the need for integrated local services; and education and training being considered in the context of the consultation plan.

National Specialist Advisory Group: Mental Health (NSAG)

The proposals seem well-intentioned but poorly evidenced. The plans to develop community services across three counties and ensure equitable access is welcomed, but there is no detailed service model and in the short term the changes may exacerbate staffing problems. (ORS)

<u>Integrating physical and mental health care</u>

4.44 Mental health problems affect patients' ability to manage chronic conditions and recover from acute episodes of physical ill health is widely known, but the strategy does not refer to service developments to meet the mental health needs of patients presenting in general medical or surgical settings: there is no mention of how mental health emergencies will be managed in A&E departments, hospital wards or community settings. New community resource teams are proposed as part of the care for older people, but there is no clear description of which services will be provided and there are concerns about reallocating

scarce professional resources like physiotherapy from hospital to the community. Nonetheless, the emphasis on developing community teams, working with local authorities and third sector partners, and tele-medicine to provide services to rural communities with limited specialist resources is very positive.

Specialist mental health services

4.45 The plans to develop the current community services across all three counties and ensure equitable access across the area is widely supported, but these developments are to be funded by the closure of three hospital sites for which there is no detailed service model; and the transfer of staff from hospital to community services might not be straightforward. The emphasis on ensuring access to mental health services for people with learning disabilities is welcomed, but there is concern about the potential loss of specialist expertise in learning disability services.

4.46 It is proposed to develop a Psychiatric Initial Assessment Unit and an Intensive care Unit without presenting evidence to support a model integrating these two functions; but the development of a hospital-based rehabilitation/recovery service is supported.

Workforce

4.47 There are concerns about the Health Board's ability to provide adequate numbers of psychiatrists to staff all inpatient settings since HDdHB is struggling to maintain four psychiatric rotas, recruitment has been difficult and a significant number of senior mental health nurse retirements are impending. The plans acknowledge the difficulties but do not address them. Moving services from hospitals to communities will require different skills mix and establishment, but the creation of multi-disciplinary teams is mentioned without detail about their organisation or services. There is a concern that HDdHB has not always been perceived in the forefront of service development and, with many specialist services delivered outside the area, career progression may be limited. The strategy does not go far enough to counter this perception.

4.48 There is no mention of strengthening links to academic institutions such as College of Medicine Swansea. The academic links Hywel Dda has forged in western Wales could have been highlighted in the strategy.

Overall

4.49 The proposals lack detail and rely heavily on the supporting technical documentation to provide clinical models of care and an evidence base for the changes, but the strategy and technical documents are not cross-referenced well and it is difficult to identify which evidence underpins different aspects of the strategy. The strategy seems well-intentioned but poorly evidenced. Difficulties in recruiting and retaining staff is acknowledged, but without a clear plan to address these issues. Enhancing services in the community will benefit patients and staff, but the transitional period will be demanding and in the short term this may increase staff attrition and retirements. However, efforts have been made to engage the local population, local authorities and third sector partners in developing the strategy, and this process should enable a smoother implementation. Proposals to use tele-medicine for services to rural communities are very positive.

Powys Teaching Health Board (PTHB)

PTHB supports HDdHB's strategic goals while seeking to improve the planning of services for north Powys, north Ceredigion and south Gwynedd, based on co-operation on community services and recognition of Bronglais as a strategically important hospital. (ORS)

Working with other Health Boards

4.50 Your document clearly sets out the case for change and the issues documented are also the key issues that face Powys to securing services for its population. Value for money is clearly an absolute issue for the NHS across Wales and we share the challenge of ensuring a sustainable financial future for the NHS. There is much synergy between the plans of Hywel Dda, Powys and Betsi Cadwaladr Health Boards in respect of the approach to community service development and the three Boards should enhance their approach to joint planning and delivery of healthcare across North Ceredigion, North Powys and South Gwynedd. It is important that secondary care services are provided in an overall system of care that includes Bronglais.

Transport

4.51 HDdHB has put forward a number of proposals that PTHB actively supports and wants to see delivered. Powys has its own responsibilities in enhancing access, through making improvements to our own non-emergency patient transport and supporting local community transport systems, and we are committed to this moving forward across the County. PTHB would also like to see a more definite commitment to ways in which Hywel Dda HB can facilitate access to low cost accommodation for patients and relatives travelling long distances.

4.52 A key element of service delivery is that for some care pathways patients should be routinely offered alternatives for specialist services that enable their personal domestic and transport arrangements to be taken into account, rather than automatically assuming that the pathway of care will be to South Wales.

4.53 PTHB supports the reduction in unnecessary follow-up outpatient appointments, increasing day case surgery and delivering chemotherapy locally to reduce the burden of travel and it believes HDdHB should increase the range of outreach services through the use of tele-health and support to GPs in managing care locally.

Care closer to home

4.54 HDDHB's plan to deliver services as close to home as possible aligns with PTHB's priorities. In this context, Machynlleth is relatively isolated from the rest of Powys and the PTHB would like to adopt a joint approach to community service delivery there. The availability of consultant advice and support in innovative ways to GP practices to assist them to manage this care is vital.

Hospital services

4.55 PTHB welcomes the proposals to invest in new facilities at Bronglais because it is an important strategic centre for residents of north west Powys. The Board also welcomes providing as much as possible of the care pathway for cancer locally and would like chemotherapy to be specifically provided to north Powys and wants to work together to determine how this can be achieved.

4.56 PTHB welcomes the retention of a consultant-led obstetric unit, paediatric assessment and a short stay unit at Bronglais. Pregnant women in Powys are guided through a risk assessment to help them decide the most appropriate place to deliver their babies and the Board hopes HDdHB will support women who need specialist obstetric care unavailable at Bronglais go to places other than Swansea if they prefer. PTHB understands the dilemmas facing HDdHB in delivering a comprehensive emergency department service to a smaller rural population and supports Option B. PTHB is seeking to lead the development of a planning and delivery forum that covers the north Powys, north Ceredigion and south Gwynedd areas.

Society and College of Radiographers (SCoR)

The SCoR sees benefits in the proposals and believes there are opportunities for role development and skills mix across HDdHB. (ORS)

4.57 Greater emphasis should be given to role development and skills mix for the non-medical workforce, to allow them to undertake tasks previously seen as the preserve of doctors (thus allowing doctors to focus on more complex interventions). This will facilitate the career development of non-medical staff whilst providing safe, high quality services cost effectively. In situations where there is a shortage of radiologists, radiographers have the skills, knowledge and determination to facilitate service improvements. Radiographers, and our Allied Health Professional colleagues, have the skills and flexibility to provide a high quality service wherever they are required.

4.58 The benefit of treating patients closer to their homes is clear, but providing a wide range of diagnostic tests in the community is challenging. Nonetheless, by reallocating resources and developing skill mix there is the potential for more resilient and flexible services. The development of community resource centres and community hospitals is a welcome proposal as long as they are adequately resourced and there is no adverse effect on existing services. Extending minor injury hours is a welcome development provided resources are adequate. The provision of a local accident centre at Prince Philip is an ideal opportunity to develop skill mix and to extend the existing radiographer reporting service. Rapid access to diagnostics prevents hospital admission and increases discharge rates, but in this context, radiographer reporting is under-utilised across Wales.

Chartered Society of Physiotherapy (CSP)

The CSP notes the proposals and is concerned that implementation should be managed successfully in terms of staff resources and training for all professions. (ORS)

<u>General</u>

4.59 It is difficult to comment on plans which do not include financial or workforce details demonstrating the affordability and deliverability of the proposals. Why change is needed and the aspirations for services are clearly explained, but not so clear is how the changes outlined will be delivered.

<u>Specific comments</u>

4.60 The CSP supports the vision of providing more NHS services locally, through primary, community and social care teams working together. The challenge of recruiting, training and retaining doctors in some specialities provide opportunities for Health Board to use other professions in new ways – for example, using Allied Health Professionals and advanced practitioners to lead services.

4.61 Transport is a key issue and to get right where services are centralised and a 'whole systems' approach is required, including a fully-funded air ambulance service and good local transport. Local centres should be supported by experts tele-medicine must be the norm for clinicians and their patients. Changes to antenatal and maternity care will raise travel issues the Health Board will need to address.

4.62 Early access to musculoskeletal services in primary care is important in preventing chronic conditions developing and the CSP supports 'virtual wards' to co-ordinate inter-disciplinary services. However, there is concern that without adequate resourcing over seven days there will be undue pressure on therapy staff. The CSP supports redefining community beds with a focus on active rehabilitation (if adequately staffed),

but HDdHB needs to show, for example, how Mynydd Mawr services are to be provided in alternative settings. Overall, the Health Board needs to demonstrate the continuum between home and hospital provision.

4.63 The CSP would like to see reference in the sections on mental health and learning disability to physical health and access to professionals with physical health expertise who also have expertise in mental health. There is also scope for more detail on plans for child development services, particularly in Ceredigion.

4.64 The CSP is concerned that any paediatric high dependency unit, alongside the level 2 neonatal unit, must be properly resourced since a recent review showed serious resource and staffing issues across Wales. The CSP notes the proposal for a 'Local Accident Centres' and suggests that, as well as knowing what level of services will be provided there, the public will need to know what service are available in hospitals following admission via a local accident centre. The CSP also notes the preferred option for transforming orthopaedic services and believes the public needs to understand what is/is not provided out of Prince Philip. The difficulties of recruiting and retaining medical staff mean that more must be done to provide training and support not just to the medical profession but to all staff.

Public Health Wales (PHW)

4.65 Public Health Wales broadly supports the direction of travel detailed within the consultation document and believes public health has a significant contribution to make in relation to delivering the proposed changes, particularly through enhanced health improvement activities. Health boards face significant challenges in delivering the service models outlined in the documents, including the enhancement of primary and community services, workforce issues and the public health agenda, and it is recognised further work is required in relation to some of these issues.

Welsh Ambulance Services NHS Trust (WAST)

The WAST supports key principles of HDdHB's proposals, but is concerned about the outcomes if sufficient additional resources are not available to facilitate their implementation, and also about resilience, continuity and staffing implications (ORS).

4.66 The WAST supports HDdHB's strategy for more care to be provided within local communities and recognises that ambulance services should evolve to meet future clinical needs and improve quality and outcomes. However, it believes that the proposals will require additional resources to meet an increased volume of work and skills requirements. The WAST believes HDdHB's comprehensive proposals necessarily require the two organisations to consult together in detail about changes in acuity, activity and flows of patients – in order to clarify where and how the Trust can support the design of the service and what resources will be needed. In this context, it addresses a number of specific issues.

<u>Maximum wait for non-emergency patient transport (NEPT) of 60 minutes</u>

4.67 Current compliance with this target is 72.3% for discharges and transfers and 87.5% for all other patient categories respectively against a KPI target of 70% (August 2012 data). The reconfiguration of services may mean that patients have to travel further for their NEPT and this will impact on the efficiency of the service and potentially increase the unit cost of the service. The proposal, which will potentially see multiple organisations providing NEPT, presents a number of risks, including possible fragmentation and inconsistency in service delivery.

Increased use of community transport association and social services transport

4.68 Increased use of community transport association and social services transport may release capacity within the current service (which could be used to improve performance elsewhere), but there will be implications for the current NHS workforce and the may be issues about resilience and continuity of services.

One booking number for transport

4.69 This will potentially reduce the number of walking patients eligible for NEPT since the Booking Centre at Cefn Coed will be required to take both initial and follow-up bookings directly from patients in accordance with national eligibility criteria. Providing a pan-Wales call centre to service all Health Boards may improve the consistency of the services and achieve economies of scale.

One booking number for clinical and transport bookings

4.70 This will potentially reduce the number of walking patients eligible for NEPT as all booking requests will be taken through the National eligibility criteria. This should improve the service that eligible patients receive, but more detail is required in order to assess the potential impact. For example, depending on the detailed proposals, Trust staff may be able to access to secondary care appointment booking systems, which will improve efficiency; but there is a risk that the booking function could be outsourced.

Introduction of text message alerts for NEPT

4.71 Text message alerts to patients will support the reduction in the number of aborted patient journeys, which is currently 14.3% of all non-emergency transport journeys in HDdHB area. Initial estimates indicate that approximately 2,000 text messages a month could be sent. The Trust has also piloted automated voice messages (rather than a text), which (though more expensive) are preferred by patients.

Increased provision of Emergency Department Discharges

4.72 This proposal should improve the level of service provided to patients and could support an improvement in ambulance response times and patient handover if the system is used effectively. Where discharges are from specialist centres to local hospitals an increased scope of practice may be required for PCS and HDS staff; and a range of patient care services will be required outside of normal working hours, which is outside of the existing funding. While it has not been possible to quantify any additional resource requirements at this stage, the Trust would welcome a more planned approach to emergency department discharges and could provide the required increases in Emergency Department discharges if appropriately funded.

Introduction of a Critical Care Transfer and Retrieval Service

4.73 The proposal provides the basis for improved performance against clinical outcomes, but will require Critical Care Paramedics with "M" level status and appropriate guidance will be required for the Trust crews and hospital/community teams in calling the service. Initial indications suggest significant additional costs in relation to this proposal, irrespective of the detailed service model employed. Overall, this is an opportunity for the Trust to provide specialist staff to undertake the treatment of severely injured or unwell patients at incident scenes and to co-ordinate and undertake their transfer to specialist care, with a single demand-management point of contact for peripheral teams/units.

Clinical protocols for specialist trauma

4.74 This will Involve major trauma patients being conveyed by road direct to a specialist centre, rather than to the closest Emergency Department. Clear clinical guidance will be required for staff in order that decisions taken in the field are clinically sound; and the Critical Care Service will be key in providing direct transfers

over longer distances to specialist units. The provision of a Trauma Centre split over two sites (Cardiff/Swansea) will potentially be more complex than a single site trauma model. For patients conveyed directly to the trauma centre(s), there will an increase in the job cycle time dependent upon the primary location and so additional resources will probably be required.

4.75 There is an opportunity for improved multi-disciplinary teams to supports the speciality trauma service and reduce inappropriate admissions to District General Hospitals.

Increased role for acute teams and the creation of Community Virtual Wards

4.76 This could potentially improve ambulance response times, quality of service and clinical outcomes – so the Trust supports the concept of Community Virtual Wards, but needs further details about the necessary resources and the necessary IT systems to support the timely sharing of patient information. Initial indications suggest there will be significant additional costs in relation to the proposal and additional information is required. Nonetheless, the development of virtual wards and increase in alternative care pathways, the further development of Advanced and Specialist Paramedic Practitioners across three localities, working in collaboration with Hywel Dda, could ensure a greater number of patients are cared for within their communities.

Enhancement of primary care/community resource teams and centres

4.77 This could potentially support the improvement in ambulance response times, quality of service and clinical outcomes, but there may be a need to provide additional skill and training to a range of clinicians or increase the number of APPs and Specialist Paramedics to support the Acute Response Teams. Once more, it is important that IT systems effectively support the timely sharing of patient information and additional referral pathways will need to be developed. The Trust would potentially need additional advanced paramedic practitioners and high dependency staff, but the proposal could allow for the rationalisation of estates for both organisations.

Closure of Tenby and South Pembs Minor Injury Units

4.78 This could support the improvement of ambulance response times, but where an MIU is replaced by a GP-led service, a clear clinical pathway and protocol will be required which includes an immediate response. Staff remaining at sites without an MIU will also require clear clinical protocols when requesting urgent transfer for self-presenting patients requiring transport to District General Hospitals. There could be an increase in conveyances to Withybush and Glangwili and increased job cycle times and there are indications of significant additional costs in relation to this proposal. The closure of both MIUs without sufficient investment in alternative pathways could adversely affect overall unscheduled care system performance.

Creation of a single site Paediatric High Dependency Unit Special Care Baby Unit at Glangwili

4.79 There will be a need to provide skilled staff for the transfer of unwell babies and children over longer distances. This service will include Critical Care Paramedics (CCP), who will require development to Masters level status via a programme of academic and vocational training, and guidance will be required for the ambulance crews and hospital/community teams in utilising the service – so there are likely to be significant additional costs in relation to this proposal.

Possible reduction to two-site service for Paediatrics at Bronglais and Glangwili

4.80 Such a change would require the Trust to convey sick children to one of the two preferred sites and clear clinical protocols will be required for this to be effective, safe and reduce variation. Trust crews will need immediate access to the two sites and the use of Helimed/Critical Care Service may increase. Staff within centres without paediatric services will require clear guidance on the type of ambulance to request for

children requiring transfer. It is likely that about 1,000 patients a year will be taken direct to a paediatric centre rather than to the closest A&E. The Trust believes that there will be significant additional costs in relation to this proposal.

Prince Philip Hospital to become a Local Accident Centre

4.81 A clear clinical referral pathway will be needed to ensure that appropriate cases are conveyed by the Trust to the Local Accident Centre. Initial indications suggest that an increase in the High Dependency Service workforce will be required to support additional inter-hospital transfers, so there are likely to be additional costs.

Development of an Orthopaedic Centre of Excellence at Prince Philip Hospital

4.82 Clear protocols will be needed to ensure that requests for transfers of patients between sites are appropriately categorised to ensure the appropriate transport is provided. Additional resources may be required, depending on the number of elective procedures planned each financial year. There is an opportunity to enhance the existing High Dependency Service in Carmarthenshire, whilst at the same time offering economies of scale.

Hywel Dda Maternity Services Liaison Committee

The submission supports Glangwili as the best site for the PHDU, level 2 neonatal and complex obstetrics units, but also argues for midwifery-led units at all three sites. (ORS)

4.83 The Paediatric High Dependency, Level 2 Neonatal and Complex Obstetric Units should be located at Glangwili. However, there was less certainty about where the service should be located if it was only possible to provide inpatient paediatric services at one hospital in the south: it was hoped that this would be a very last resort and that further consultation would take place before such measures were taken. In any case, women should have the option of giving birth in a midwife-led unit (MLU). Wherever the complex obstetric unit is situated, there should also be an MLU either co-located or within 20-minutes transfer time. Since the strategic vision stresses equity, there should also be that choice on all three sites.

Emergency Nurse Practitioner Team Leader (ENPTL)

The submission argues that there are potential benefits that could follow from the closure of the Tenby and South Pembs MIUs. (ORS)

4.84 For the last year an Emergency Nurse Service has been provided within the Emergency Department at Withybush and staff from Tenby and South Pembs minor injuries units have been rotating across to the unit. However, the emergency department staffing is insufficient at times and then patients attending with minor injuries will not be seen by the ENP. The staff feel that if the MIUs at South Pembs and Tenby were closed then the HCSW and the ENPs could manage minor injuries much more effectively if they were separated from majors conditions. For example, there would be a quicker through-put of patients in the minors stream and more support for the OOH service – but only if all the current ENPs and HCSWs from the MIUs were utilised within minors and worked as a team. There would also be improvements if qualified nurses from the emergency department could be brought back into the main unit since some patients presenting are medical, surgical and orthopaedic direct referrals needing assessment. In this model, medical staff would be required less on the minors stream and their expertise would be more readily available for the more complex patients.

Hywel Dda Community Health Council (CHC)

While there have been improvements in the Health Board's thinking since the Listening and Engagement phase, the CHC still believes that the current proposals do not meet the healthcare needs of the Hywel Dda population (ORS).

Introduction

4.85 There is considerable distrust of the Hywel Dda LHB – though this does not reflect on the healthcare services or staff: it arises from misgivings about the consultation exercise which seems to be only a token gesture before the proposed changes are implemented irrespective of public opinion.

4.86 In responding, the CHC has sought widespread views from the communities across the entire Hywel Dda region as well as listening to clinicians and other members of staff. Views on the plans have varied considerably, with personal outlooks and geography determining priorities, and some sections of the public were vocal whilst others were less engaged. Thus, CHC's conclusions are not as simple as approving one option over another – particularly because the membership of the CHC is not homogenous in its views.

4.87 The CHC agrees that all organisations need to change and accepts that all change comes with risks; it also recognises that there are fixed parameters for what services can be provided and that there is a tension between long term planning and short term financial pressures.

Mynydd Mawr Hospital

4.88 Public opposition to this proposal seems to be strong, but elsewhere there is a willingness to endorse the closure with the proviso that effective replacement services are in place before the closure begins. It is difficult to distil these views into support or opposition. However, the CHC understands the problems that exist when providing care in older buildings that are not ideal for modern healthcare purposes (although on recent visits it was noticeable that the ward does appear fit for purpose).

4.89 Nonetheless, the CHC does not support closure at this time, nor the loss of any community beds within Hywel Dda, until comprehensive alternative facilities are available.

Tenby Hospital

4.90 There is a strong local opposition to this closure and there seems to be no clarity about whether local GPs are willing to provide an alternative service – so it would be premature to close the service now, before there is an alternative service via GP practices or other providers.

Minor Injuries Service at South Pembrokeshire Hospital

4.91 Once more, there is a strong local opposition to this closure and there seems to be no clarity about whether local GPs are willing to provide an alternative service – so it would be premature to close the service now, before there is an alternative service via GP practices.

Paediatric High Dependency Unit, Level 2 Neonatal Unit and Complex Obstetric Unit

4.92 The CHC cannot support the development of a neo-natal level 2 unit in either hospital location due to public and patient opposition, the lack of a detailed justification for the proposal when the current facilities in the ABMU area have not been fully evaluated, and the danger that a specialist facility would weaken resources on the other sites. The CHC believes that any investment should be used to bolster existing maternity facilities which work well and, in this context, believes it is premature to make a judgement about any single site.

Emergency Services ?

4.93 The CHC not only supports the retention of full A&E services at each of the three existing district general hospitals, and opposes any reduction of current emergency care services at Prince Philip hospital, but (given Llanelli's population and relative deprivation) also believes that full A&E services should be restored at Prince Philip. There has been widespread opposition to the current proposals, including from clinicians.

Orthopaedic Centre

4.94 The CHC believes there is a lack of clarity on this topic and that differing messages have been communicated at the public meetings. The CHC wants more information on existing services and reassurance about the implications for fracture and trauma services on the other site, if a centre of excellence it developed.

General Comments

4.95 The CHC welcomes the better communications and signs of re-thinking that have followed from the Listening and Engagement exercise – and the consultation document reflects feedback received. Nonetheless, the CHC believes that many members of the public prefer to communicate their views to CHC members rather than via HDdHB's questionnaire and other consultation routes. In this context, the CHC draws attention to some general themes that transcend specific consultation questions.

Care Closer to Home

4.96 Integrated community care requires big changes in staff working practices, contracts, planning and delivery modelling, training, retraining, changed quality assurance procedures and safety considerations, effective networking, partnerships, communication, interdisciplinary and inter-agency team-working and the purchase and use of advanced technology; but there is no detail about these crucial issues in the consultation document. Most people doubt that services can be delivered effectively with 'virtual ward' settings – particularly when the quality of current community services is at best patchy across Hywel Dda.

4.97 There are big questions about equitable access to services in the context of rurality, distance, the 'golden hour', funding for carers and volunteers, integration of transport services and systems, an ageing population, isolation and suitability of some homes/domestic settings for care-based work. In this context it is important to ask, How will the seamless progression of patients between primary and secondary care be achieved in practice?

Conclusions

4.98 The CHC believes that the Health Board should provide equity of provision across all of the Hywel Dda rural area while also recognising the population of Llanelli; but the current proposals do not address the major issues detailed in the Listening and Engagement phase.

Montgomeryshire Community Health Council (CHC)

The Montgomeryshire CHC recognises that the status quo is not acceptable, but it believes there has been insufficient co-ordination between Hywel Dda, Powys Teaching and Betsi Cadwaladr Health Boards – though it welcomes the collaboration that has now been put in place (ORS).

General Comments

4.99 The Montgomeryshire CHC (MCHC) recognises that the status quo is not acceptable if safe and sustainable services cannot be provided within available resources. However, while the consultation document explains

why change is necessary, provides clear evidence and includes a clear vision for the future of HDdHB, it makes only brief references to services in Powys and does not explain the consequences of proposed changes for Montgomeryshire patients. Therefore, it is unclear how the Powys Teaching Health Board (PtHB) would develop its services in response to HDdHB's proposals, particularly in relation to the Machynlleth and Llanidloes areas.

4.100 The MCHC believes there is no evidence of support from clinicians for the proposed service changes and the proposals have caused anxiety and uncertainty to Montgomeryshire residents. The lack of clinician support for the changes is a critical failure that needs to be addressed. In particular, transport for Montgomeryshire residents to access HDdHB services is a big concern.

4.101 While the consultation document highlights risks arising within existing services, MCHC is concerned that risk profiles for work streams and clinical pathways for Hywel Dda and Montgomeryshire are not available. The consultation document does not analyse the financial implications of the different proposals –so the MCHC cannot be confident that they are sustainable – and there is no indication of how the implementation would be evaluated.

Primary and Secondary Care services

4.102 MCHC wants to be reassured that services at Bronglais will continue to be safe, sustainable, maintained and developed – and any proposals should be developed jointly with the PTHB. It also believes that admission and discharge services in Powys should be enhanced to match changes within HDdHB – particularly because the time is opportune for the provision of more community-based services available in Powys.

Orthopaedics

4.103 MCHC supports HDHB's Option 'A' proposal to have a complex orthopaedic centre in Prince Philip Hospital, but it would like reassurance that elective orthopaedic care will continue for Powys patients at Bronglais and that patients needing complex interventions will continue to have the option of attending Robert Jones and Agnes Hunt Hospital.

Strategic Partnerships

4.104 There has been insufficient co-ordination between the HDdHB, PtHB and Betsi Cadwaladr Health Boards, but it is positive that the three boards will now work together in strategic partnership through a Mid Wales Planning Board. The group should comprise senior officers from each Health Board and should work throughout the implementation of HDdHB's proposals.

Recruitment and retention of staff

4.105 The proposed shift in the location of care and for community staffing is excellent, but concerns about how HDdHB will recruit remain and there no clear strategy is apparent. The issue of staff supply should be brought to the attention of Welsh Government.

Transport and access

4.106 MCHC wants the current Accident and Emergency services at Bronglais to be retained and supports Option B in relation to the location of a full emergency department and accident centre. The consultation document makes no specific proposals for improving transport services, but work is being undertaken with the Ambulance Trust around emergency and non-emergency services that would transform urgent care.

Risk assessments

4.107 There seems to be a need for a more systematic risk assessment and MCHC welcomes the opportunity to join HDdHB's Implementation Board. MCHC also welcomes the proposal to establish a Patients' Council

from the membership of HDdHB's `Talking Health' scheme and hopes that Montgomeryshire patients will be involved. The panel should have access to independent clinical advice.

Women and children's services

4.108 MCHC is pleased that HDdHB does not plan to change the obstetrics team at Bronglais and that non-complex pregnancies could continue to go there; but Montgomeryshire residents remain concerned regarding emergency access to Level 2 and 3 units in the HDdHB region. In this context MCHC is pleased that PtHB and HDdHB are liaising closely on these issues.

Conclusions

4.109 The consultation document does not explain the consequences to Powys patients of proposed changes in HDdHB's services – and in particular it does not demonstrate how integration is to be achieved, particularly for those in the Machynlleth and Llanidloes areas. MCHC would like HDdHB to work closely with PtHB on the impact of changes for Montgomeryshire service users.

4.110 There are worries about the lack of clinician support for the changes and the lack of a clear business case to demonstrate sustainability and a commitment to continuing evaluation. Currently, there is no overall strategy with detailed information about how HDdHB will recruit and retain staff. The key issues are that MCHC:

Wishes to retain the current Accident and Emergency services Bronglais

Supports Option 'B' in relation to the location of a full emergency department and accident centre at Bronglais

Supports Option 'A' for a complex orthopaedic centre in Prince Philip Hospital, Llanelli – providing elective orthopaedic care continues for Powys patients at Bronglais and patients needing complex orthopaedics will continue to have the choice of attending Robert Jones and Agnes Hunt Hospital

Welcomes the proposal for a 'Mid Wales Planning Board' and providing it includes senior officers from each Health Board and has sufficient resources – and also formally accepts HDdHB's invitation to join its Implementation Board.

Other documents

4.111 The MCHC submission encloses a number of appendices, including detailed notes taken during public consultation events in Machynlleth and Llanidloes, questions submitted by Machynlleth Town Council. The complete document consists of 63 pages.

Betsi Cadwaladr Community Health Council (BCCHC)

The BCCHC agrees with HDdHB on several major issues of principle, but is concerned about possible implications for South Meirionnydd residents accessing services from Bronglais; but it is pleased that three health boards are now collaborating on the newly established Mid Wales Planning Board.

4.112 The BCCHC recognises that the status quo is not acceptable if safe and sustainable services cannot be provided from within available resources. Overall the BCCHC agrees with HDdHB on several key issues and understands the pressures arising from reduced funding from the Welsh Government and greater demand for services. Staff shortages in many disciplines means that agency and locum costs are high; and attracting people to work in North Wales can be particularly difficult. Some of HDdHB's services do not meet national standards and must change; and people should be treated in hospital only when they need that sort of care.

4.113 However, while HDdHB's consultation document provides clear evidence of the need for change and also a clear vision for the future, it provides a brief reference to its role in providing services to South Meirionnydd and working in collaboration with BCUHB. For example, there is no indication of how HDdHB's integrated hospital service model will relate to or impact on South Meirionnydd residents accessing services provided from Bronglais.

4.114 BCCHC is concerned at the lack of evidence for support from clinicians across the HDdHB area for the proposed changes and it says there is no evidence of staff support for the proposals. Transport and access issues continue to concern patients in South Meirionnydd accessing services from both the HDHB and BCUHB areas. There should be further information on risk assessments, financial implications, equality impact assessments and evaluation procedures for the different proposals in order to demonstrate their feasibility. The consultation document lacks detailed proposals for improving transport in rural areas and the BCCHC is concerned that there is currently no community transport within South Meirionnydd; but the CHC is aware that work is being undertaken with WAST that would transform urgent care.

4.115 Residents in South Meirionnydd want to be reassured that services at Bronglais will continue to be safe, sustainable, maintained and developed, including the current standard of A&E services at Bronglais – so the CHC supports Option B.

4.116 The CHC is concerned about the recruitment and retention of key staff, and that HDdHB will not be in a position to develop a strategy until after the consultation period ends. This implies that the main aim of shifting care to the community cannot be achieved in the near future.

4.117 BCCHC is pleased that HDdHB does not plan to change the obstetrics team at Bronglais and that non-complex pregnancies could continue to go there. There are concerns regarding emergency access to Level 2 and Level 3 units for patients from South Meirionnydd and BCCHC hopes that HDdHB and BCUHB will liaise closely on these issues.

4.118 BCCHC is pleased that Powys Teaching Health Board (PTHB, HDdHB and BCUHB will work together in the 'Mid Wales Planning Board' and that this group will now be included with HDdHB's implementation process.

Prince Philip Physicians

The proposal for a nurse-led emergency department is unsafe. (ORS)

4.119 For the continued safe provision of emergency medical admissions Prince Philip needs the continuing support of a fully functioning CCU, ITU, HDU as well as on-site emergency radiology and pathology services; but in this context the proposal for a nurse-led emergency department is unsafe. The services required to support a proper emergency department include on-site 24-hour access to: acute medicine, level 2 critical care, non-interventional CCU, essential laboratory services, diagnostic radiology. In addition, network access {not necessarily on site} is required to: emergency surgery, trauma and orthopaedics, paediatrics, obstetrics and gynaecology, mental health, supervised surgery and interventional radiology. All of this, as well as a 24/7 doctor led A&E, is available at PPH currently – so no change is needed in this department.

4.120 Without doctor support 24/7 in the department there is a significant clinical risk for patients with conditions other than general medical ones. There may be protocols in place for the ambulance service, but many patients self-present. This is a major clinical governance issue as the general physicians are not

trained in paediatrics, T&O, and O&G. If such patients attend a nurse only minor injuries unit then the only available doctors will be the medical team, which is unsafe.

4.121 There are also training issues as trainees in medical specialities would be seeing non-medical patients. As a team of physicians, we are not prepared to support a nurse led A&E unit at Prince Philip Hospital as we are not prepared to work outside our area of clinical competence.

Llanelli Rural Council (including a commissioned report)

The Council urges that Carmarthenshire's major emergency department with full A&E services should be based in Llanelli rather than Glangwili, but if this is not possible then Prince Philip should have a doctor-led emergency department. The Council supports other developments that strengthen Prince Philip but argues that community care is not a panacea. (ORS)

First and second preferences

4.122 The Council's is to safeguard key services at Prince Philip (PPH). Carmarthenshire's major emergency department should be based in Llanelli and full A&E services at PPH should reinstated on the basis of the population size, and Llanelli area's infrastructure, demographics, unemployment levels, poor health and its deprivation. Dyfed Powys Police's main custody unit has been set up in Llanelli.

4.123 However, if this is not possible then the Council's second preference is for PPH to have a doctor-led emergency department working alongside emergency nurse practitioners with an emergency medical admissions unit and with 24-hour access to comprehensive support services at Glangwili or Morriston. Clinicians at PPH have challenged the health board's preferred option for PPH, stating the proposal is unsafe. Recent clarification from HDdHB confirms that the proposed service in PPH will be nurse-delivered with remote consultant cover and leadership.

4.124 Transport is of great concern, particularly if HDdHB's preferred service model for PPH is adopted and more patients will be referred elsewhere. There is no overnight provision for family members to stay near hospitals and at weekends, public, community, social care and non-emergency patient transport is not as readily available. It is difficult and/or expensive for Llanelli residents to return from Glangwili A&E at night or during the early hours of the morning and the current problems will worsen if PPH's A&E service is downgraded to a nurse led/delivered service.

Management consultants' report

4.125 The Council's management consultants have been unable to formulate counter proposals because of the difficulty in obtaining patient data from HDdHB in a timely manner, but the report by Bellis-Jones Hill, Healthcare Management Solutions forms part of the Council's submission. The report identifies concerns with the service model being advocated by HDdHB and identifies gaps in the datasets. The consultants' risk assessment for Llanelli residents going to Glangwili identifies significant risk insofar as the 'golden hour' cannot be achieved in a significant number of cases. The management consultants propose that a rigorous and independent risk analysis needs to be undertaken and in the Council's opinion this should have been done before going to consultation.

No panacea

4.126 The focus on community care is not a panacea for the aging population since as people live longer they increasingly developing complex long term conditions. By cutting beds there is a danger hospitals in Hywel

Dda will be seriously under-resourced and unable to cope with future demand to deal with acute and chronic conditions common to frail and elderly patients.

4.127 There are two main concerns with the proposed changes for community care: the robustness of the existing community infrastructure and the costs of making changes. In any case, there should be no hospital changes until the infrastructure has been independently tested for robustness and funding is in place to deliver a safe and sustainable service. Also, the Council feels that even when the system has been rigorously tested, the old and the new systems should run in parallel, with the old model gradually being phased out.

Medical Admissions Unit

4.128 While the Council does not support HDdHB's preferred option for PPH, it is pleased that a Emergency Medical Admission Units (EMAU) will be provided there.

Community hospitals

4.129 The Council would like Mynydd Mawr Hospital (MMH) to be retained in service mainly because s patients greatly value the hospital. Is it feasible to co-locate the planned Community Resource Centre on the hospital grounds instead of Cross Hands? Could tele-medicine be used, given there are no investigations or doctors on site 24 hours per day at MMH? The Council understands that perhaps some of the patients should not be accommodated at MMH, but MMH does an excellent job and closing it will put more pressure on community care services. Co-locating the planned CRC at MMH will help bring services together.

Other hospital services

4.130 The Council supports the planned new short-stay surgical unit for PPH, provided the reconfiguration of beds has no detrimental impact on other key services, and also supports locating the planned Orthopaedic Centre of Excellence at PPH.

Commissioned Report (Bellis-Jones Hill, Healthcare Management Solutions)

This commissioned report, submitted by Llanelli Rural Council in support of its own submission, says that the current proposals do not downgrade Prince Philip. Regarding emergency services, the Rural Council has three main options: (i) try to maintain the current status quo; (ii) consider adopting a nurse-led Urgent Care Centre (UCC) with the option of sending the more serious A&E cases to Morriston; or (iii) accept the HDdHB proposals subject to an assessment by an independent panel of experts. (ORS)

4.131 The management report says that, although PPH services have been cut back in recent years, HDdHB's plans do not involve a further general downgrading of PPH's capabilities: for example, an orthopaedic centre of excellence is proposed for Llanelli, with leading edge services for Carmarthenshire, Pembrokeshire and increasingly other parts of South Wales; and this centre will be co-located with a leading edge rehabilitation unit.

4.132 Regarding the proposals for a nurse-led minor injuries unit, the management report notes that the statistics appear to show the success of the current regime at PPH and Glangwili. The report suggests that the Council should request detailed data on routing times to Glangwili for Llanelli patients, but notes that as around 80% of PPH A&E attendances are minor the impact might not be as large as people expect. Currently, though 7% of total emergency attendances at minor injuries units within HDdHB's area are followed up at a full A&E department on the same day – and this is likely to escalate with a nurse-led service. Under the proposals, demand for GP services is likely to grow – so HDdHB should have considered

the impact on GP services and if the load on PPH is sustainable. It is not clear from the information provided how admissions will be authorised and by whom. It is assumed that senior doctors (at least at Registrar level) in the specialties will make this decision, but there is a risk that a nurse-led facility may miss more serious cases requiring admission than if assessed by a more senior doctor. There is a difference between having a senior doctor (ST4 or above) in charge and having access to senior staff for difficult decisions; and at night the service will be covered by Enhanced Role A&E GPs — another significant risk area.

4.133 About 22% of emergency cases will take longer than the 'golden hour', which is a significant risk, but the impact may be mitigated by the proximity of Carmarthen and new communication initiatives. In any case, HDdHB believes its proposals should result in better services being available at better staffed emergency departments.

4.134 HDdHB does not mention of the Regional Trauma Centre 8 miles away from PPH at Morriston, but this begs the question of whether emergency care for Llanelli should be delivered there rather than at Glangwili. The Council might wish to explore this as a viable option. In any case, the introduction at PPH of an orthopaedic centre of excellence and a leading edge rehabilitation unit could well mean that fewer patients would be routed to Glangwili and more to PPH.

4.135 Llanelli Rural Council has three options: (i) try to maintain the current status quo; (ii) consider adopting a nurse-led Urgent Care Centre (UCC) with the option of sending the more serious A&E cases to Morriston; or (iii) accept the HDdHB proposals subject to an assessment by an independent panel of experts.

CIHS / SOSPPAN

The submission criticises the proposals for a nurse-led minor injury service at Prince Philip and argues that implementation plans for community care are inadequate. Above all, it wishes for four DGHs providing full A&E services. (ORS)

Community Services and Primary Care

4.136 HDdHB's proposals to maximise the contribution of GPs towards the health provision of the local community depend entirely on the ability and willingness of GPs to fulfil the additional obligations which will inevitably be placed upon them; but there is evidence that GPs are struggling to meet their current commitments: the waiting time to see a GP in Llanelli means that patients are forced to self-present at the A&E department of Prince Philip lf additional GPs are to be recruited, where will they be found and where is the funding to come from to support such an initiative? The proposals are not supported by detailed costs and methodologies for linking GPs and the private and public sectors.

Hospital services

4.137 SOSPPAN welcomes the plan to develop a Paediatric High Dependency Unit and a Level 2 Neonatal Unit, co-located with a Complex Obstetric Unit. Because these facilities should be as close as possible to the centre of greatest population with the greatest concentration of young women and the highest level of social deprivation, Sosppan reluctantly supports the Glangwili option (of those available and whilst wishing to have such facilities available Llanelli).

4.138 SOSPPAN believes that neither Option A nor B provide what is necessary to meet the emergency medical care that the Llanelli region requires. With the largest, most urban, most industrial and most socially deprived area within the Hywel Dda catchment, Llanelli should have at least an emergency unit led at all

times by a doctor supported on-site with 24-hour access to acute medicine, level two critical care, non-interventional coronary care, diagnostic radiology (including X-ray), ultrasound and CT scan, essential laboratory services (including biochemistry, haematology, blood transfusion, microbiology and infection control), together with mortuary services. There should be further 24-hour support available, not necessarily on-site but through a local multi-hospital network, to emergency surgery, trauma and orthopaedics, paediatrics, obstetrics and gynaecology, mental health, supervised surgery and Interventional radiology. We understand that all of these requirements are currently met at Prince Philip Hospital. The current proposal has no credibility as a solution for a town of the size and nature of Llanelli.

4.139 The recently published PPH Factsheet on Prince Philip Hospital defines the Emergency Medical Admissions Unit in terms which are welcomed and which, if combined with an Accident Centre operated as described above, would meet the needs and aspirations of the community.

4.140 Overall, SOSPPAN would like to establish centres of excellence in all of the HDdHB's hospitals to support parallel A&E and Urgent Care Centres. An alternative would be to situate fully functional A&E and Urgent Care Centres in the Bronglais, Withybush and Prince Philip Hospital with a community hub at Glangwili to cater for minor injuries within the small rural community it serves.

4.141 SOSPPAN supports the development of an Orthopaedic Centre of Excellence at Prince Philip, with its proximity to training centres further east providing a ready source of expertise.

Further Comments

4.142 Sosppan believes that no changes should be introduced until a thorough and independent risk assessment has been carried out. The Longley report shows that the evidence for the best configuration of hospital services is "frustratingly vague, inconclusive, contradictory, or simply non-existent" and does not always point to a single answer. For example, in maternity and paediatrics Longley finds no evidence of a consistent relationship between outcomes and size of unit from the published research. In fact, SOSPPAN believes, the report shows that the stampede towards centralising Hywel Dda services in Glangwili is unwise, unwarranted, unwanted and unnecessary – since Longley says that, "The location of services — and therefore travel time – can literally be a matter of life and death" and "[T]he issue with the greatest impact…is the adequacy of non- emergency transport...for patients and... their visitors".

4.143 There are four District General Hospitals in the Hywel Dda area for good reason, because of the obvious demographics, with an increasing urban population in the east and a steadily decreasing rural population elsewhere. Nonetheless, a flawed centralisation policy means that Llanelli is getting a reduced service under the guise of improvements – even though Llanelli and Burry Port have by far the greatest level of multiple deprivation.

CIHS / SOSPPAN proposals

4.144 The creation of centres of excellence is the right way forward, but must be tempered with local provision for unplanned A&E services. In this context, the submission outlines what it calls the 'building blocks' of a solution, namely:

4 District General Hospitals all providing A&E services

Excellent public, private and third sector transport links 24 hours per day

Clinical centres of excellence

Separate convalescence/rehabilitation units attached to hospitals

Respite and support in the community for carers, vulnerable elderly and the disabled.

4.145 Every significant centre of population should have an Acute Medicine and Accident Centre as well as triage for immediate assessment as to whether the patient needs to be directed to their GP at a community hub, to the Urgent Care Centre for immediate treatment and discharge, or to the attached A&E department with supporting acute surgery for urgent intervention and probable admission to the hospital for further treatment.

4.146 Integrated transport systems are essential for a solution where centres of excellence will be distributed across the three counties. For specialist services patients should be either transported immediately by ambulance to the relevant hospital or, if necessary, via the nearest A&E for stabilisation prior to transfer by ambulance.

4.147 Local transport services for non-serious cases should be a pooled resource run by a combination of county council vehicles and drivers and the third sector 24-hours a day, seven days a week 52 weeks a year. Round the clock bus services/shuttles should be available between all four major hospitals and their town centres for outpatients, discharged patients who are not vulnerable, staff and members of the public (visitors).

4.148 Specialist services need to be placed where they will be most effective, easiest to access and attract the necessary funding through body mass. Each hospital should have an Acute Beds section (ITU) for patients recovering from surgery and for observation of patients with serious conditions posing an immediate threat to life. Elective planned surgery needs to be distributed across the whole of the Health Board with specialist areas in particular hospitals.

4.149 There should be separate buildings linked to each hospital for long term non-acute care, respite care, routine phlebotomy, podiatry, physiotherapy, dental care, ophthalmics and for convalescence, where people from all age groups can convalesce and be rehabilitated where necessary. This would enable the release of patients from acute hospitals.

4.150 Rehabilitation areas should be staffed by specialist carers, physiotherapists and other appropriate practitioners as needed. Rehabilitation facilities should be both in- and out-patient driven, include day centre facilities and also be supported by local GPs, opticians, podiatrists, district nurses and social services and social care.

4.151 The elderly, if physically and mentally able to cope, should be supported with care packages operated under the auspices of the county councils either using their "in house" resources and/or with the involvement of the private sector but with the oversight of the CSSIW inspectorate as with the residential sector. The care packages should take into account physical changes to people’s properties and on-going "at home physiotherapy". Support should also include Meals on Wheels, attendance at Luncheon Clubs, Day Centres and free transport between facilities for the vulnerable including the disabled and the elderly.

4.152 The community hub concept should be supported with at-home preventative care and by GPs from their surgeries and using District Nurses where appropriate. General illness/disability can be supported at home using the 1950s model (renamed as Virtual Wards) by the GPs and District Nurses. Institutionalism should be avoided at all costs but residential care should not be shunned.

4.153 There will be a need to increase highly experienced staff for Virtual Wards and their management (District Nurses and GPs) so the balancing of the finances required for the increased movement of care into the community will be paramount.

Residents of Glanymor Ward, Llanelli

The proposals will pressurise GP services and will have a detrimental effect on the health of Llanelli residents, particularly the proposed changes to A&E at PPH. (ORS)

4.154 GPs will be unable to cope with the extra work generated by their proposed involvement in virtual wards, minor injuries and mental health. Patients already have difficulties getting to see GPs and there will be no hope without extra funding and staff. Consideration should be given to a midwife-led unit in Llanelli because the numbers of births warrant this option. Llanelli deserves parity of services with the other three main hospitals. A&E should be medically- not nurse-led and if it is downgraded then ambulances will by-pass PPH, leading to even more closures. Who will be responsible for a mis-diagnosis by a nurse? Ambulances cannot cope with the length of journey to Glangwili without exceeding the golden hour. Glangwili cannot cope with the demand and standards of care are falling. Patients are discharged too early to release bed spaces – and then often re-admitted with complications. Overall, the reconfiguration will have a detrimental effect on the health of Llanelli and especially the elderly.

Clinical Team Leader – General Surgery (Withybush)

This submission welcomes the moves to comply with Royal College requirements, but details a number of issues particularly affecting Withybush. (ORS)

4.155 We support the current Health Board proposal to maintain 24 hour surgical services at the Bronglais, Withybush and Glangwili and to develop functional surgical networking and compliance with Royal College Emergency Surgery Guidelines on all sites. However, the removal of services of any sort from a hospital such as Withybush will inevitable have effects on their long term viability and potential changes need to be considered in this context.

4.156 There are some specific observations to note about the comparison of Withybush and Glangwili sites: there are gynaecological services (with 24 hour consultant cover) at Withybush; an NCEPOD theatre is available (though staffing means it is not continuously accessible); sub specialisation is in place at Withybush, with some posts advertised for appointment; and consultant cover is provided 24 hours a day and 7 days per week on a '1-in-5 surgeon of the week rota' supported by middle grades.

4.157 Inequalities across the Health Board sites affect the weighting scores and other issues. There are five substantive consultants at Withybush but the number at Glangwili is unclear. The number of middle grades available for emergency cover on a middle tier rota will relate to the number of consultant posts. Although there are more emergency admissions at Glangwili the margin over Withybush is disproportionate to the consultant numbers at each site. HDdHB has delayed appointments for retiring consultant at Withybush over the past few years (to reflect developing surgical strategy) while delays at other sites and in other specialities have been less evident. Despite this, Withybush has never had a crisis of consultant surgeon on-call cover, whereas this has happened at other sites. Other inequalities exist in physician numbers and especially cardiology services.

4.158 Very little discussion has focused on an overall surgical service strategy (rather than emergency services) and agreements for cross-site working have not been delivered. There seems to be a reluctance to deliver this at a management level at Glangwili. The future of vascular services needs to be discussed in relation to all three main sites.

4.159 The relatively new colorectal team seems to be functioning well at a clinical level, but outside this unit there is a strained and combative relationship between surgeons on different sites, which has caused some unpleasantness and distorted surgical pathways. This situation does not bode well for networking and the "one hospital- 4 sites" concept and needs serious attention.

4.160 The means by which HDdHB will comply with Royal College requirements on consultant surgical posts in Bronglais (rotas, working in isolation, maintaining skills and networking) remains theoretical.

4.161 Local plans for emergency services include ensuring middle grades lead handover meetings in the evening when staff change shifts and ultimately for them to be resident at night. We support the concept of rapid access consultant clinics (hot clinics) and the difficulties with NCEPOD theatre staffing are under review as the service continues to work towards meeting Royal College Guidelines. We are in process of recruiting a general surgeon to take a lead role with upper GI malignancies and liaising with Health Board MDT. It is also proposed to establish a pelvic floor and functional bowel unit at Withybush. The recent appointment of a Macmillan Breast Care Nurse has strengthened the breast care service and permanent dedicated clinical space is shortly to be allocated to the department.

4.162 Whilst there are undoubtedly many positive developments, consultation is not happening with all surgeons within HDdHB.

Save Withybush Action Team (SWAT)

SWAT believes that all of Wales' current rural secondary care and maternity services should be maintained and that the whole population should be within one hour of a fully functioning A&E department with supporting secondary care services (ORS)

Rurality, roads, industry and tourism

4.163 The population on the west coast and in mid Wales is small and the road infrastructure is poor, particularly west of St Clears and in mid Wales generally. When looking at sites for Secondary care facilities with fully functioning A&E departments and consultant obstetric and paediatric departments it is important to take account of what alternative facilities are available should a major road become impassable in Pembrokeshire, Ceredigion, Powys and Gwynedd. Pembrokeshire also has a large industrial base with several petrochemical plants and a natural gas facility, and there is a maritime presence with three ports and two ferry terminals. Tourism is important and Pembrokeshire has one of the highest visitor numbers in Wales.

National case for change

4.164 If the Welsh Government is going to make significant changes to secondary health care provision then this has to be compassionate, fair and equitable. The whole population of Wales deserves to be within one hour of a fully functioning A&E department with supporting secondary care services and where the road network is poor two facilities should be available, with one in either direction. Proper maternity services should be within a 20-minute travel time for safe transfer from midwifery-led units/home births.

Modelling services

4.165 Travel time modelling suggests that in the North Wales there would be an option for centralising all services on Glan Clwyd if it were not that this would compromise the provision of care to the western and southern parts of Gwynedd and North Powys. Therefore the best option for A&E provision in the north would be two sites at Bangor and Wrexham, which should link with Aberystwyth, an essential provider for

south Gwynedd and mid Powys. However if there are to be two major trauma centres in Wales, one in the north and one in the south, then Glan Clwyd would be the ideal candidate for a major trauma centre. By implication, it would need all the other services to back it up, including complex obstetrics, paediatrics and neonatal care. Using similar assumptions, SWAT makes detailed recommendations for healthcare reconfiguration in the hospitals in eastern and southern Wales.

4.166 SWAT argues that Withybush and Bronglais are both isolated units which provide good cover for the southern half of the west coast of Wales: therefore, comprehensive DGHs, with complex obstetrics and paediatrics and fully functioning A&Es, are essential at Withybush and Bronglais because of their isolation and the strategic cover Bronglais provides to even more isolated areas of Wales. With this approach, it would be possible to provide full cover for the whole of Wales, with not one member of the population more than an hour away from a fully functioning A&E with supporting secondary care facilities; midwifery-led units would likely remain safe and sustainable as long as the numbers of deliveries were maintained; and GPs having access to diagnostics readily would improve healthcare and reduce travelling.

4.167 SWAT believes that all the current rural secondary care and maternity services should be maintained because a reduction would impact on mortality rates and on the overall quality, safety and choice for maternity care.

Pembrokeshire Health Concern (PHC)

PHC argues that HDdHB's proposals downgrade Withybush by removing elective hip and knee replacements and night time and weekend treatment of trauma and emergency surgery. (ORS)

4.168 PHC submitted a statement regarding the consultation documents, a copy of a letter to the Chief Executive and a 'consequences' document.

4.169 The Health Board's consultation documents lack clarity, are ambiguous, fail to cite evidence for their proposals, fail to consider the consequences of centralisation and ignore neighbouring Swansea. Although there is a commitment to 24/7 emergency services on three sites', there is an intention to develop Glangwili services at the expense of Withybush. The impacts in the field of orthopaedics, emergency surgery and trauma would be devastating for Withybush, with the services being rendered unsustainable. The Health Board should keep hip and knee replacement surgery at Withybush and maintain a full 24-hour 7-day emergency and trauma treatment service in exactly the form that it currently exists, except with improved staffing for emergency theatre to enable increased operating by daytime.

4.170 The submission addresses the consequences of the preferred options for Withybush Hospital, including the removal of: elective hip and knee replacements, night time and weekend treatment of trauma, and night time and weekend emergency surgery.

4.171 The removal of elective hip and knee replacements would take place as part of the development of a centre for orthopaedic surgery at Prince Philip Hospital – leaving only day and short stay-surgery (up to two days) and the management of orthopaedic and soft tissue trauma during the daytime at Withybush. The consequence would be a problem of staffing and the sustainability of the remaining services at Withybush would be in doubt. Broken bones in Pembrokeshire would end up having to be treated in Carmarthenshire; minor orthopaedic surgery would become unsustainable; it would become impossible to obtain urgent orthopaedic opinions for inpatients admitted under other specialties; and there would be loss of recognition for training of the medical staff.

4.172 In reality, the Health Board's so-called "24/7 full emergency service" would mean that at night and weekends the service would consist of the management of only minor conditions by middle grade doctors who would provide a 'stabilise and transfer' service to Glangwili Hospital for anything more serious, but there is no evidence for the superiority of this arrangement at Glangwili, which is not properly described as a trauma centre.

4.173 Nonetheless, the proposals would mean that at night and weekends patients requiring surgery would be stabilised and transferred to a new 'centre' at Glangwili Hospital – with potentially fatal consequences for some patients because surgical emergencies from the western and northern parts of Pembrokeshire would no longer have access to treatment within one hour. About a quarter of the population would be over an hour away. As well as being dangerous, this would downgrade the service to inpatients developing surgical emergencies and it would be unsafe to deal with conditions such as upper gastro-intestinal haemorrhages, elective major colorectal surgery, and gastro-intestinal endoscopy. There would be a consequential drastic reduction in emergency experience for surgical trainees, resulting in loss of recognition for training.

4.174 The submission contains three detailed appendices dealing with the: inter-dependency of services; the interpretation of HDdHB's proposals for emergency and unplanned care; and a critique of HDdHB's case for removing emergency surgery out-of-hours.

Ward 9 staff at Withybush hospital

The staff criticise HDdHB's proposals for community hospitals, paediatric, neonatal and orthopaedic services. Moving orthopaedic services to Llanelli will disadvantage people west of Carmarthen whereas moving them to Withybush will give Llanelli residents a choice of either Withybush or Swansea. (ORS)

4.175 More community hospitals/minor injury units are needed so that the people living, working and holidaying in the area can access health care within 30 minutes of their home. Paediatric high dependency care (levels 1-2) should be available within one hour from most people's homes in order to maintain the integrity and sustainability of all the district general hospitals. Investment should be made to maintain HDUs on all three sites without the need to transfer sick children. Investment in level 2 neonatal care would benefit a small number of children, but disadvantage many more. Moving all/most orthopaedic services to Llanelli would disadvantage people living west of Carmarthen, whereas moving most orthopaedic surgery to Withybush will disadvantage only those in Llanelli, who will still have the choice of either Withybush or Swansea. Currently, the travel times to all hospitals within the health board are quoted as car journey times, but this does not take into account the poor public transport. Money should be spent on staff development and training rather than on new buildings/departments.

South East Pembrokeshire Community Health Network (SEPCHN)

The SEPCHN argues for the retention of the Tenby Cottage Hospital Minor Injury Unit. (ORS)

4.176 The submission objects to the proposals to move minor injuries services from the Tenby and South Pembrokeshire Hospital to GPs – on the grounds that: GP participation has not been agreed and might not be achieved; the changes will worsen minor injury services by reducing the opening hours and days; there has not been an adequate risk assessment in relation to population needs and travel; the use made of the Tenby Cottage Hospital minor injuries service has not been sufficiently considered; insufficient attention has been paid to the training and recruitment of nurse practitioners for the new system; discontinuing the

service would waste the modern facilities at Tenby; HDdHB has taken too little notice of public opinion and been inflexible in its planning; and the new system will not save money.

Pembrokeshire Health, Social Care and Wellbeing Forum (facilitated by Pembrokeshire Association of Voluntary Services)

The third sector should be an important partner in implementing changes, particularly regarding transport. There needs to be a balanced approach with respect to Withybush. (ORS)

4.177 Any changes should take account of the services currently offered by third sector organisations, for many could be strengthened to support the Board's proposals. There are many implications for the third sector, particularly in transport provision to enable families to travel to Glangwili. Consideration could be given to providing parental or family accommodation for them to be close to inpatient babies and young children. The third sector in Pembrokeshire wish services to remain at Withybush, but they also recognise the need to move services and believe that the best and safest options should be developed.

UNISON

The submission sees some benefits for patients and staff in the proposals, but has some concerns about implementation. (ORS)

4.178 UNISON supports the aim of providing integrated healthcare as close to the patient as possible and its submission identifies potential benefits for staff, including developing new roles for nurses and other health professionals. It notes, though, that the plans make few comments about administrative and clerical staff and that some staff will have concerns about their roles or locations changing. The Health Board will need to demonstrate and clearly communicate its workforce plan.

4.179 Where HDdHB considers commissioning services with the third sector or other providers, UNISON would expect full consultation on comparable employment terms and appropriate training, experience and qualifications of staff.

4.180 UNISON welcomes the commitment given that the proposed changes to hospital services will not occur until the new services are in place, but it has concerns about the viability of this commitment in the current financial climate; and it is unclear how the Health Board will be able to resource the necessary changes.

4.181 When the Welsh Government's health settlement requires Health Board to identify savings year-on-year it will be hard for staff to envisage how their roles will be developed to take on new duties in new settings.

4.182 UNISON believes HDdHB should give a clear commitment to maintaining the direct provision of beds in the community, including within the new Community Resource Centres and welcomes the proposed Implementation Board, which should also include representation from UNISON.

aBer Campaign Group

Key services should continue at Bronglais and services recently diminished should be reinstated. The proposals for community care cannot be implemented successfully without substantial investment and more time. (ORS)

4.183 The aBer group is pleased with that services at Bronglais are secure, but is sorry if this is at the cost of services at Llanelli. As well as major colorectal surgery continuing at Bronglais, minor laparoscopic surgery

should continue there as well. Bronglais should also have a consultant-delivered obstetric service and the paediatric unit should be fully reinstated, with four baby beds rather than the overnight provision currently offered. The mental health inpatient beds should also be reinstated urgently. Tregaron and Aberacron hospitals should remain open because the Board has said that no change in service provision will occur without safe alternatives being provided. The Board's strategy for community care is not deliverable since GP services are problematic due to retirements and pressure of work (which leads to difficulties getting appointments). They cannot do minor injuries and pre-operative assessments while providing enhanced care for patients newly released from hospitals. Where will the funding for buildings, equipment and nurse education come from? It will take at least five years to create the pan-Hywel Dda service envisaged.

Analysis of Other Submissions

29. ORS has reviewed all of the submissions and categorised them for ease of analysis and to identify key themes. Based on ORS' classification, the number of submissions per category is below:

Residents - 123

Staff & GPs - 21

Parish/Community Council - 31

MPs/AMs - 10

Special Interests Groups - 55

Petition - 8

Voluntary / Community Groups – 5

County Councils / Local Health Boards – 12

County Councils and Local Health Boards

County Councils and Local Health Boards		
Council's	**Contributors**	**Key Themes and Arguments**
Ceredigion County Council	**Councillor Ellen ap Gwynn, Chair Ceredigion Local Service Board**	**Welcome approach to delivering care closer to home and helping people live independently. Should be developed closely with Social Services.** **Acknowledges challenges of transport in rural areas and work that has gone into addressing this.** **Concern over financial planning and monitoring of the strategy** **Welcomes the innovative Chair of Rural Wellbeing. Joint working to influence rural health and education and training is a huge opportunity.** **Overall supportive of the direction of change and are committed to supporting HDdHB.**

Pembrokeshire County Council	Councillor David Lloyd Notice of Motion to Meeting of Council	Vigorously opposes any closure of key services at Withybush GH – there is a compelling clinical case for the retention of all services Supports majority of consultant at WGH that if services are centralised they should be based at WGH Consultation document fails to take account of services provided by ABM Any attempt to centralise services anywhere other than Withybush as a severe and unwarranted diminution of current services resulting in a reduction of safety, choice and quality of service for the people of Pembrokeshire HDdHB should comply with the principle of the provision of safe services
Ceredigion County Council	T H Lewis, Councillor	For expert treatment the outcome is paramount not the location New Guild at Cardigan should be a Centre of Excellence in preventative medicine with the GP encouraged and proactive in care. The League of Friends have committed over £100,000 to Cardigan Hospital Treatment close to home is impossible in a sparse rural community Need enhanced ambulance service in order to treat everyone within the 'Golden Hour'
Carmarthenshire County Council	Gwyneth Thomas Individual submission by an elected Councillor and member of the Health & Social Care Scrutiny Committee	Concern about a nurse-led A&E at PPH People from Llanelli do not want a Rolls Royce service just n equal service. Post-code healthcare. PPH doctors are opposed to the changes Time-frame is a concern – too fast and is unfeasible Training nurses to take over would take 2-3 years not 8 months Why no risk assessment?
County Councillors of Llanelli & District	Various	Notice of a Vote of NO CONFIDENCE in the consultation document A&E should be consultant-led A&E. If A&E is downgraded this will be detrimental to Llanelli's patients and Morriston's A&E – PPH is already dealing with overflow from Morriston.

Submissions from Politicians and Political Groups

Politicians and Political Groups		
Sub Group	**Contributors**	**Key Themes and Arguments**
4 submissions from MPs (2 Conservative, 1 Labour and 1 Liberal Democrat) 3 submissions from AM/ACs (1 Labour, 1 Plaid Cymru, 1 Conservative) 1 submission from the Tenby & District	<u>MPs</u> Simon Hart Stephen Crabb Mark Williams Nia Griffiths <u>AM/ACs</u> Keith Davies Simon Thomas Paul Davies	Service Changes <u>Pembroke Dock/Tenby MIU</u> Closure of the MIU in Tenby requires that GPs will provide this service instead but the surgeries say that they have not been consulted. The implications of this move have not been thought through. Especially given that when the resort is at it's busiest, GPs surgeries offer limited availability of services. GP participation has not been agreed Not enough detailed research has been done on the effect on this rural community

Labour party	**Questions** **Rebecca Evans, AM/AC**	**Largest concentration of rural population will have to travel the furthest.** **High level without their own cars.** **Role of the WG Rural Health Plan?** **Waste of up-to-date facilities** **Lack of detail in the consultation document means constituent fear insufficient planning has been done.** **Withybush SCBU** **Strong public opposition** **Worries about longer transfer times affecting the care of sick babies and the logistics of visiting babies is SCBU** **If only one Level Two Neonatal is possible in HDdHB then it should be in Withybush as there were more babies requiring SCBU care within Pembrokeshire than Carmarthenshire in 2011/12 and also Carmarthenshire residents are able to travel to Swansea** **May have a knock on effect on the Paediatrics and then A&E not being able to treat children.** **Services should be improved and enhanced not downgraded** **Mynydd Mawr Hospital** **There is a lot to do to upgrade community services before hospital beds are closed.** **Could Mynydd Mawr provide community bed provision rather than close?** **Local residents are strongly opposed to the planned closure.** **Concerned at the loss of community beds** **Glangwili Hospital** **If Mynydd Mawr is to close then Paediatrics and Obstetrics would preferably be at Glangwili than Withybush.** **Prince Philip Hospital** **What risk assessments have been done about closing the A&E?** **Physicians are not prepared to support a nurse-led A&E and therefore the plans are UNSAFE** **GPs are unable to provide A&E facilities – people would go to Glangwili or Morriston – what additional resources are in place to cope with the increase?** **People in custody taken ill would have to go to Glangwili using up additional police time** **What about the impact of the additional costs on the relatively high number of low income families in Llanelli** **Changes to Local Accident Unit have not been communicated clearly – does not accept that provision has to change – should stay the same** **Recognise the distinct needs of urban localities such as Llanelli** **Bronglais Hospital** **Need to ensure a full range of services is available otherwise constituents will have to endure considerably longer transfer times to their health care requirements** **The Minister's vision is for a centre of excellence, providing first class care to the population of Mid and West Wales which is still sadly missing from your proposal. It appears to be a proposal to disinvest in secondary care in order to provide resources in primary and community care. In conjunction with the closure of community care beds is causing people to stay in hospital far longer than necessary.** **A new plan is needed which will boost community resources.** **Should be the Regional District General Hospital with full**

		obstetric, neo-natal, emergency care and that Planned Care provision be fully resourced. **Call to restore mental health in-patient facility beds which is currently not addressed and not discussed at the public meeting**
		Travel Times and Transport **Journeys to alternative facilities will require expensive and already stretched ambulance transfer for those people without cars.** **Lack of public transport and travel times make proposals unacceptable in terms of accessing services, attending appointments and visiting relatives** **Pressure on ambulance service – what calculations have been done and have the ambulance service been consulted?** **Additional pressure on Wales Air Ambulance which is funded by charitable donations – there seems to be no plans to provide extra funding.** **Any plans that demand more from the community and GP services are highly questionable** **Families, especially on low incomes find it difficult to access services in Carmarthen** **More detail needed on the cost of ambulance transfers.**
		Trust in Consultation **Given that HDdHB said last year the units would remain open, and are now proposing closing them again, how can the public trust HDdHB?** **Doubts about if this is a genuine consultation within the community** **The use of out-dated data sources is disappointing and does not capture the social and economic difficulties v** **Llanelli is the largest population centre and services should be based here. Rural dwellers accept they have to travel further and have access to private transport more than some of the urban communities – they would not be able to attend evening visitor sessions at Glangwili if using public transport.** **The dismissal of the petition and disinterest in meeting community representatives has a provided little reassurance to residents.**
		<u>General Points</u> **Ageing population with many retirees** **Popular tourist area** **Concerns transport if Orthopaedic Unit is at Prince Philip Hospital** **Concern about lack of out of hours trauma unit at Glangwili** **What efforts to train and recruit staff to provide the proposed new services?** **Lack of flexibility in the plans** **New plan will mean additional costs not savings** **Given the population clusters and locations of other hospitals Withybush should be preserved rather than Glangwili** **Centralisation of services without giving sufficient detail on community care services to fill the gap** **Effect on Morriston Hospital** **Effect on recruitment plans**

		Recruitment is difficult in a rural community particularly with an aging population. Improve the range of GP services and work more closely with them to create a greater number of emergency or last minute appointments

Special Interest Groups

Special Interest Groups		
Sub Group	**Contributors**	**Key Themes and Arguments**
South Wales Cardiac Network		No reference made to cardiology despite making up 40% of acute medical care – no reference to how proposed changes will affect it Had to deliver contemporary cardiovascular care across 4 sites given the small population Lack of consistent management across the HB No mention of prevention/preventative strategies which is against WG policy Investment is needed to provide services closer to home Consider integrating some services with ABM Surprisingly no mention of the South Wales plan
Boots	Sian Wilton, Head of Region, Wales	Boots operates 99 community pharmacies, 16 of which are in Hywel Dda and have to cope with the large variations in customer numbers plus opticians and hearing care Pleased to see recognition of their role Wording should be changed to recognise the length of travel time to some pharmacies given the geography of the area Disappointed that more community pharmacies have not been commissioned by HDdHB
One Voice Wales	Dr Del Morgan, Development Officer	Strongly agree that people should receive care in their own communities Adequate numbers of NHS beds need to be retained – capacity needs to be maintained until proposed alternatives are in place Concerned about the closure of Afallon mental health ward at Bronglais and that patients have been transferred to Glangwili – 24hr emergency mental health care should be available in Aberystwyth Strong need to maintain skills and critical mass at Bronglais including theatre capacity and maternity/paediatric services
Church and Society Committee of the Ceredigion and North Pembrokeshire of the Presbyterian Church of Wales		Concerned about services at Bronglais – no one should be more than 60 minutes away from acute surgical or obstetric care Care which is of high quality and reasonably accessible is essential and a core of well qualified consultants is required Concerned at stress to patients of long journeys for treatment and consultation and the costs to families Need for Welsh language nursing care
Mynydd Mawr League of Friends	Ellis Davies, Treasurer	Held a public meeting where grave concern was expressed over the proposals top close Mynydd Mawr Hospital

Ceredigion 50+ Forum	**Gweneira Raw-Rees**	**Glangwili hospital is supported as the location for Paediatric High Dependency unit, also for additional paediatric services at Bronglais** **It is essential that services are kept at Bronglais due to the large catchment area** **Retention of orthopaedic services at Bronglais is supported but also a centre of excellence at PPH** **Operating theatre at Bronglais should be upgraded immediately** **Concern about staffing levels** **Concern about suitability of people's homes, demands on the voluntary sector and diminishing LA budgets** **Cylch Caron seen as crucially important in servicing the large rural area** **No mention of care services for older people** **Need assurances that hospitals would not closer until new services are in place** **No physchogeritrician for the elderly mentally ill** **Problems around hospital transport and the inconvenient and insensitive timing of appointments**
Portfield Self Advocacy Group		**Better communication is needed between health care professionals and patients** **Picture menus should be used in hospitals** **Health passports should be introduced** **Language barriers should be addressed possibly though the use of sign-a-long and widget symbols** **NHS would benefit from a learning disability nurse at every hospital**
Carmarthenshire People First	**Sarah Philips, Advisor**	**Like the idea of care closer to where people live but how would this come about? More details on how this would work is needed.** **Cross department working for people with multiple problems**
All Wales Sport	**Ellis Davies**	**More copies of the questionnaire are requested and a request for an extension to the submission time period.**
Amman Valley Hospital League of Friends	**Dilys Richards, Hon. Secretary**	**Why has the possibility for a midwife led unit been omitted from the plans? The Welsh Maternity Strategy says women are expected to be given this option** **Would only being given the choice between a home birth or at a complex unit result in more women being given C-sections?** **Would a MLU automatically be set-up as this is not explicit in the proposals** **Full approval of investment in community services**
Crohn's & Colitis UK - Aberystwyth & District Group	**Mike Hilton, Co-ordinator**	**Accept that it is not possible to comply with the standards given the very rural nature of the area but a planned pathway of care should be provided for IBD suffers** **An IBD nurse should be provided in each hospital** **A full study of the patient transfer system needs to take place** **It is important that patients receive visits from family and friends to boost morale and make recovery quicker** **Funding required for the Air Ambulance service**

		Care in the community cannot be done on the back of saving money 'the right number of staff in the right place are the right time with the right training'
Carmarthenshire Youth Health Team	Liz Harris, Team Manager	Need better mental health services locally Need to reduce waiting time for GPs appointments Mynydd Mawr is too far better at PPH especially for parents without a car People need to be able to get there on public transport

Voluntary and Community Groups

Voluntary and Community Groups		
Sub Group	**Contributors**	**Key Themes and Arguments**
Pembrokeshire Communities First	Brian Pratt, Chair, Health Community Action Group	Consultation and Public Events were poorly advertised. Out of date data was used (2008 not 2011) which show the area is increasingly deprived – the wealth gap is widening more than other counties, this means there will be access issues. Want to see a real commitment to close the health gap which is a result of the wealth gap. Please consider closer collaboration with Communities First
Fforwm Strata Florida 50+ Forum	Wilma Rush, Acting Secretary & Events Organiser	Older people's healthcare needs are not being taken into consideration. Proposed community resources will take time to be up and running – until they are ready no resources should be withdrawn or relocated as has happened in the past (Tregaron Hospital) Co-ordinated treatment for long-term chronic conditions and consultant-led psychogeriatric services are virtually non-existent in the area. The virtual ward concept may not be suitable for older people's homes, place unrealistic expectations on carers and older people may be unable to cope with the technology. Full A&E in Bronglais Hospital must be retained. No plans addressing the infrastructure problems for the four sites. HDdHB's actions have created a huge sense of mistrust in both the rural and urban communities.
Aberystwyth University, Aberystwyth's student newspaper		Requesting another event to be held during term time *(NOTE: they did) – should be put in para on consultation process*

Staff and GP Submissions Analysis

4.184 HDdHB classified 21 submissions as Staff Members and Primary Care Contractors. ORS have reclassified seven of these (one special interest group, one resident, one staff meeting notes, two ineligible and two key submissions).

4.185 A total of 15 submissions have been received from Staff and GPs across Carmarthenshire, Ceredigion, Pembrokeshire and Powys. Six were in relation to Prince Philip Hospital, five to Withybush General Hospital, and one was in relation to Tenby Cottage Hospital and South Pembrokeshire Hospital. Six made general comments about the consultation and proposals in additional to specific issues relating to individual hospitals.

Prince Philip Hospital, Llanelli	
Contributors	**Key Themes and Arguments**
6 responses specifically relating to PPH	**A&E Services** **A&E services at PPH should be at least maintained at their current level – or, preferably, revert to a full, doctor/consultant-led service** **A service needs to provide stabilisation before transfer, and overnight medical staff (dealing with overnight admissions of drug and alcohol misusers)** **Concerns about nurses at the proposed new unit. The loss of doctor support will lead to unsafe outcomes** **Having to take full clinical responsibility will limit the willingness to take up the role of Emergency Nurse Practitioners** **Even in the event of a public awareness campaign concern that patients will still present with medical emergencies which requires medical back-up** **Concern about the lack of capacity to cope with increased workloads at impact on the A&E in Morriston and Glangwili and GPs** **SUPPORT FOR/ALTERNATIVES** **No change to current services- on the grounds that they are safe and efficient – training of junior medical trainees best in Wales (2011-12)** **An Emergency Medical Unit alongside the local 'doctor supervised' accident centre** **Fully functioning CCU, ITU, HDU and on-site emergency radiology and pathology services** **Merging ABMU with HDdHB – Llanelli patients can go to Morriston**
	Other Issues **Welcomes plans for Breast Care Centre of Excellence and an Advanced Orthopaedic Centre**
Withybush General Hospital, Haverfordwest	
Sub Group	**Key Themes and Arguments**
5 responses specifically relating to WGH	**Centralisation of Services for Women and Children** **Opposed to Level 2 SCBU in Glangwili** **Glangwili close to Swansea. Concerns that proposals will leave the west of HDdHB without a sustainable service** **Illogical to spend money on providing a new unit when only 12-16 babies per year will require this level of care**

	Concern that staffing new unit will be unsustainable and maintaining level of nursing skills/medical staff will be difficult **Concerns with distance to travel:** **Emergency transport arrangements should be available 24/7** **Well researched that accessing post-delivery services within the 'golden hour' improved outcomes** **Impact on parents emotional and psychological well-being and financial implications** **Impact on breastfeeding** **SUPPORT FOR/ALTERNATIVES** **Invest in current service (provision of more cots), address current issues (safety and recruitment) and maintain service level agreement with Singleton Hospital – babies could be brought back earlier if services were improved** **A larger SCBU at Withybush could be accommodated utilising current medical staffing.**
	<u>Accident and Emergency</u> **In the event of the closure of the Minor Injuries Unit at TCH and SPH the HCSW and ENP should completely manage the minor stream patients which would result in quicker throughput of patients**
	<u>Other Issues</u> **Concern that proposals will downgrade Withybush with little evidence that future planning has been considered**

Tenby Cottage Hospital, Tenby and South Pembrokeshire Hospital, Pembroke Dock	
Sub Group Contributors	**Key Themes and Arguments**
1 response specifically relating to TCH and SPH	**Support closure of Minor Injuries Unit at TCH and SPH, in favour of the 'local' emergency department in Withybush.** **BUT** **Lack of engagement with primary care. Unaware of any 'concrete' agreements with GP's that confirm they will provide a minor injuries service**

Other Staff Comments	
Sub Group Contributors	**Key Themes and Arguments**
6 Staff and GPs made more general comments about the consultation/proposals in addition to specific issues (as outlined above)	**<u>Community Services and Primary Care</u>** **Not clear in the document what is meant by 'assessment in primary care or the additional burden on GPs and primary care staff – little capacity to increase level of workload** **Concern that primary care is not in a position to provide many of the functions of hospital clinics in pre-assessment and pre-operative care** **Support for communication between GPs and assessment clinics** **Concern that a number of commitments have been made without discussion with or agreement of the Local Medical Committee** **Moving care away from hospitals into the community will be beneficial to patients in terms of cost and quality of care**
	<u>Travel and Distance</u> **General concerns about travel times** **Transport issues require further consideration**
	<u>Other Issues</u>

	Complaints about the consultation document, meet the health board events and process **Further consideration is needed on how plans will improve current financial situation** **Further information required about how proposals have considered changes occurring in other health boards** **Concern about loss of beds at Cardigan Hospital and the closure of Derwen ward** **Request for further information about redundancy packages**

Town and Community Councils' Submissions Analysis

4.186 Submissions were received from 31 Town and Community Councils across Carmarthenshire, Ceredigion, Pembrokeshire and Powys. Six were in relation to Prince Philip Hospital, five to Withybush General Hospital, and a further four each for Bronglais General Hospital and Tenby Cottage Hospital. Only one council commented on Glangwili General Hospital (and specifically about the lack of parking there). The remaining 11 made general comments about the consultation and proposals.

Withybush General Hospital, Haverfordwest		
Sub Group	**Contributors**	**Key Themes and Arguments**
5 responses specifically relating to WGH		**<u>Core Services at WGH</u>** **Support for retention of full A&E Service at WGH.** **Wish to see key core services maintained at Withybush to ensure the safety of the people of Pembrokeshire.** **Removal of core services will, in time, lead to the downgrading of WGH to a 'Cottage Hospital'.** **Concerns about the inter-dependency of services and that the removal of one poses a threat to others.**
		<u>Centralisation of Services</u> **Services should be centralised at Withybush.** **Loss of any orthopaedics could lead to progressive decline in other services such as trauma.** **Parents in Carmarthenshire have easy access to Level 3 Neonatal Services Swansea – SCBU should remain in Withybush and should be upgraded.** **Long journeys along difficult road networks to other hospitals.**
		<u>Quality and Safety</u> **Choice and quality must be maintained for the people of Pembrokeshire** **HDdHB must ensure safe services with regard to staffing levels and skills**
		<u>Other Issues</u> **Pembrokeshire is being marginalised by providing all core services along M4 corridor between Carmarthen and Swansea.**
Prince Philip Hospital, Llanelli		
Residents	**Contributors**	**Key Themes and Arguments**
6 responses specifically relating to PPH		**<u>A&E Services</u>** **A&E services at PPH should be at least maintained at their current level – or, preferably, revert to a full, doctor-led service.** **Concern about additional demand on Ambulance Service (transporting patients from Llanelli to Glangwili).**

		Concerns about nurses at the proposed new unit having access to doctors via telemedicine video conferencing facilities – especially in relation to: HDdHB's capacity to provide sufficient doctors; doctors' capability to operate effectively using this system; whether doctors will consent to deliver services in this way; and where responsibility for diagnosis will lie.

Bronglais General Hospital, Haverfordwest		
Sub Group	**Contributors**	**Key Themes and Arguments**
4 responses specifically relating to BGH		<u>Core Services at BGH</u> Support for retention of full A&E Service at WGH. Wish to see key core services maintained at Bronglais to ensure the safety of the people of Ceredigion. Need to maintain core services to attract good quality staff.
		<u>Centralisation of Services</u> Long, costly journeys along difficult road networks to other hospitals.
		<u>Other Issues</u> Lack of meetings held with residents in Powys. Positive about increased joint working between Hywel Dda, Powys and Betsi Cadwaladr Health Boards. When will Afallon Ward be re-opened? Safety of operating theatres at BGH.

Tenby Cottage Hospital, Tenby		
Sub Group	**Contributors**	**Key Themes and Arguments**
4 responses specifically relating to TCH		Against closure of Minor Injuries Unit at TCH, which is an 'essential' part of the local community. Main concerns are: Travel time (and cost) from Tenby to Withybush – especially by 'poor' public transport Increased number of visitors to Tenby in the summer months Many retired people, residential homes and schools in the Tenby area Increased demand on Withybush and the Ambulance Service Extra work for GPs and nursing staff – and their willingness to undertake it.

Council's Other Comments		
Sub Group	**Contributors**	**Key Themes and Arguments**
11 councils made more general comments about the consultation/proposals		<u>Community Services and Primary Care</u> Support for community services – providing they are properly funded and are in place prior to the removal of secondary care services. BUT Little explanation of how it will work in practice Aspirational but not feasible or affordable Much scepticism that funds will be available for community resources. Contractual changes and changes to working practices required (including for GPs), which may not be achievable.

		Travel Times **General concerns about travel times (and difficult transport links) to centralised services and services outside HDdHB.** **Health Board trying to impose an urban solution on a rural area.**
		Other Issues **Complaints about the consultation document, questionnaire and process.** **HDdHB has not taken into account the resources of AMBUHB in formulating its proposals.** **Need for equitable services (and equal access to them) across the Health Board area.** **Feeling that decisions have already been taken.** **Concern about loss of beds at Cardigan Hospital.** **Opposition to closure of Mynydd Mawr Hospital on the grounds that there will be no respite care available for residents of the area.**

Residents' Submissions Analysis

4.187 Of the 123 residents' submissions these were reviewed in accordance to the hospital they were most concerned with and are listed below:

Withybush General Hospital	43
Prince Philip Hospital	22
Bronglais General Hospital	19
Glangwili General Hospital	3
Tenby Cottage Hospital	2
General	34

4.188 Trends and themes that have been identified by hospital as below.

Withybush General Hospital, Haverfordwest		
Residents	**Contributors**	**Key Themes and Arguments**
43 residents' submissions specifically relation to WGH		**SCBU** **Closure of the SCBU would lead to parents having to travel either to Glangwili or to Singleton (Swansea), which is too far.** **New mothers would not be able to visit their babies frequently enough, which can affect bonding. Neither would they be able to visit often enough to breastfeed.**
		Downgrading of WGH **WGH should not be downgraded due to the long travel times to alternative hospitals.** **Other hospitals are closer to alternatives and therefore patients are more able to access services at other locations - for example, people in Llanelli are within easy reach of Morriston and Singleton Hospitals in Swansea.**

		Poor transport links The area has poor transport links (both road networks and public transport), particularly in bad weather and given the age of many local residents.
		Other Issues Plans fail to take into account the needs of the significant number of tourists to the area. The proposals also fail to consider the amount of heavy industry in the area – and the need for a good quality hospital in the event of a major accident. Orthopaedic Centre of Excellence should be in WGH. Concerns about the future of Cancer and Haematology Services at WGH. Concerns about reduced inpatient services at WGH in future. Concerns about the consultation process.

Prince Philip Hospital, Llanelli

Residents	Contributors	Key Themes and Arguments
22 responses specifically relating to PPH		**A&E Services** A&E services at PPH should be at least maintained at their current level – or, preferably, revert to a full, consultant-led service. The main reasons given for this were: the need to cater for Llanelli's large population; travel times to Carmarthen; and the additional demand on Glangwili and Morriston Hospitals. One comment that HDdHB *should take Llanelli out of HDdHB area and give it to Swansea.*

Bronglais General Hospital, Aberystwyth

Sub Group	Contributors	Key Themes and Arguments
19 responses specifically relating to BGH		**BGH serves a large area** BGH is essential due to its location – and the difficulties residents have in travelling elsewhere. As such, as many services as possible should be maintained there. People of rural Wales being punished by having to travel long distances to access care.
		Mental Health Services Mental health services are insufficient (Afallon Ward should be re-opened).
		Other issues Concerns that BGH will be unable to offer modern surgical procedures in future. Further downgrading of services will lead to further recruitment issues. More use should be made of Telford and Shrewsbury Hospitals as there are direct train links there (and access is far easier than to Swansea).

Glangwili General Hospital, Carmarthen

Sub Group	Contributors	Key Themes and Arguments
3 responses specifically relating to GGH		Support for proposed new Women and Children's Services at Glangwili.

Tenby Cottage Hospital, Tenby		
Sub Group	**Contributors**	**Key Themes and Arguments**
2 responses specifically relating to TCH		**Against closure of Minor Injuries Unit at TCH as will be detrimental to local area and is a waste of resources. Main concern is travel time (and cost) from Tenby to Withybush.**
Residents' Other Comments		
Sub Group	**Contributors**	**Key Themes and Arguments**
34 residents made more general comments about the consultation/proposals		**<u>Community Services and Primary Care</u>** **Support for community services – providing they are properly funded and are in place prior to the removal of secondary care services.** **Need for short-stay convalescent facilities to help people who can be discharged but have no-one to care for them – which will help with bed blocking.** **Lack of emphasis on working with other agencies to get older people out of hospitals and back into the community.** **Poor out-of-hours GP access.** **<u>Travel Times</u>** **General concerns about travel times (and difficult transport links) to centralised services and services outside HDdHB.** **<u>Other Issues</u>** **Concerns about staffing levels and future recruitment.** **Concern about loss of beds at Cardigan Hospital.** **Ambulance Service must be improved.** **Complaints about the consultation document and the HDdHB website.** **No Neuropsychiatric service for children.**

30. ORS also received minutes and letters from various staff meetings as below:

Orthopaedic Team at Withybush General Hospital (letter)

HDDHB and Gypsy Travelling Society – Pembrokeshire (minutes)

Roadshow at Bronglais Hospital, Aberystwyth (minutes)

All Heads of Department, Withybush General Hospital (minutes)

Medical staff, GP meeting, Glangwili Hospital, Carmarthenshire (minutes)

Medical staff, GP meeting, Prince Philip Hospital, Carmarthenshire (minutes)

Speech and Language Therapy Locality Staff meeting, Glangwili General Hospital, Carmarthenshire (minutes)

GP Forum, Pembrokeshire

Mental Health Planning and Implementation Group, Pembrokeshire (minutes)

Speech and Language Therapy Locality Staff meeting, Cardigan Hospital, Ceredigion (minutes)

Speech and Language Therapy Staff meeting, Withybush General Hospital (minutes)

Maternity Services Liaison Committee meeting, Carmarthenshire (minutes)

Dyfed Powys Local Medical Committee, Carmarthenshire (minutes)

Roadshow of Withybush General Hospital (minutes)

Roadshow at Prince Philip Hospital (minutes)

Finance Department meeting, Glangwili Hospital (minutes)

Community Health & Social Services staff meeting, Pembrokeshire (minutes)

Stakeholder Reference Group, Carmarthenshire (minutes)

Saundersfoot Medical Centre, Pembrokeshire (minutes)

Argyle Medical Centre, Pembrokeshire (minutes)

Tenby Surgery, Pembrokeshire (minutes)

Area and Local Authority Service Leaders, Carmarthenshire (minutes)

Roadshow at Glangwili Hospital, Carmarthenshire (minutes)

Questions from Clinical Services Strategy Staff meeting in Mynydd Mawr Hospital (notes)

Questions from Clinical Services Strategy Staff meeting in Amman Valley Hospital (notes)

Questions from Clinical Services Strategy Staff meeting in Llandovery Hospital (notes)

Presentation and Q&A with Clinical Services Strategy, Pembrokeshire (minutes)

Public event at Aberystwyth with Community Health Council and League of Friends (notes)

Student event at Aberystwyth University (notes)

Meeting with Phoenix Wellbeing Society

Organisations' Open Consultation Questionnaires

4.189 Of the 4,422 open consultation questionnaires received, a total of 164 responses were from organisations. Of course, they have been 'counted' in the quantitative analysis reported earlier; but it is also appropriate to consider the 164 responses as a group in this chapter also, since it deals with the views of organisations. Consultation questionnaires were received from the following organisations:

Town and Community Councils

Aberaeron Town Council
Aberystwyth Town Council
Blaenrheidol Community Council
Beulah Community Council
Cenarth Community Council
Cilgwyn Community Council
Ciliau Aeron Community Council
Abergwili Community Council
Carew Community Council
Ceulanamaesmawr Community Council
East Williamston Community Council
Lampeter Town Council
Llanelli Rural Council
Llanelli Town Council
Llannon Community Council
Llanarth Community Council
Llanarthne Community Council
Llanddewi Velfrey Community Council
Llanrhystud Community Council
Llanwenog Community Council
Marloes and St. Brides Community Council
Merlins Bridge Community Council
Milford Haven Town Council
Myddfai Community Council
Nevern Community Council
Newton and Llanllwchaiarn Town Council
Pembroke Town Council
Penally Community Council
Pontyberem Community Council
St David's City Council
St Mary-Out-Liberty Community Council
Tenby Town Council
Trefeglwys Community Council
Tregaron Town Council
Tregynon Community Council
Ysbyty Ystwyth Community Council
Ystrad Fflur Community Council

Other Organisations

Adam's Bucketful of Hope Appeal (cancer charity)
Age Cymru, Ceredigion
Betsi Independent Church, Tumble
Bliss Charity (for premature and sick babies)
Brooklands Care Home, Pembrokeshire
Cardigan Hospital and Community League of Friends
Carmarthen West and South Pembrokeshire Labour Party
Carmarthenshire Citizens' Panel
Ceredigion Citizens' Panel
Ceredigion County Council
Ceredigion Regional Women's Committee
Charnwait Management Ltd, Pembrokeshire
Club Gwawr, Llanllwni
Cooperative Women's Guild
Councillor Bill Thomas, representing Swiss Valley Ward, Llanelli
County Councillor Elizabeth Evans (Aberaeron Ward)
County Councillor, responding on behalf of Bynea Ward, Carmarthenshire
Crohn's and Colitis UK, Aberystwyth and District Group
Cross Hands and Tumble Medical Partnership
Cylch Caron Project Stakeholder Board
Department for Work and Pensions
Diverse Cymru (Welsh sector organisation promoting equality)
Glanymor Ward, Llanelli
Gorslas and Cross Hands Men's Society
Green Hill School, Pembrokeshire
Gwynedd Council
Haverfordwest and Johnston Branch Labour Party
Haverfordwest General Hospital, Paediatric Services
Hubbardton Dance Club
Institute, City Branch
International Reiki Federation
Labour Party, Tenby District
Llanelli Disabled Drivers Association
Llanelli and District League of Hospital Friends
Llechryd Coffee Morning Groups

Llwynhendy and Pemberton Community, Llanelli (involved door knocking/surveys)

Local Minister of Religion, responding on behalf of many elderly church members

Merched Y Wawr (Aberporth, Carreg Wen, Felinfach and district, Melindwr, Mynachllogddu)

Merched y Wawr (Bangor and Carreg Wen branch)

Merched y Wawr (Melindwr branch)

Merched y Wawr (Y Dderi)

Mynydd Mawr Hospital League of Friends

NHS Retirement Fellowship, Pembrokeshire

Padarn Surgery, Aberystwyth

Paddy's Place Puddleducks Day Nursery, Tenby

Park House Court Nursing Home, Tenby

Pembrokeshire Citizens' Panel

Pembrokeshire Health Concern

Pembrokeshire Health, Social Care and Wellbeing Forum (facilitated by third sector facilitator PAVS - Pembrokeshire Association of Voluntary Services)

Prince's Trust

Ron Pullen's Group

Sanctuary Chapel, Pontyates

Sir Gar Federation of Women's Trust

Skanda Vale Hospice

SOSPPAN Llanelli South East Pembrokeshire Community Health Network

South Wales Cardiac Network

Special Care Baby Unit, Withybush Hospital, Pembrokeshire

St Mary's Church, Mothers Union Branch

St Teilo's School, Tenby

Strata Florida 50+ Forum (represents the Tregaron and Uplands Communities)

SWAT (Save Withybush Action Team)

Tenby Chamber of Trade & Tourism

Tenby Townswomen's Guild

The Health Centre, Fishguard

The People of Pembrokeshire

Tywyn and District Health Care Action Group

Wales Abdominal Aortic Aneurysm Screening Programme (Screening Division Public Health Wales NHS Trust)

Ward 9 staff at Withybush hospital

Welsh Heritage Quilters, based in Llanidloes, Powys

Welsh Women's Group, Beca (Efailwen), Lampeter, Llanybydder, Talgarreg and Tegryn branches

Welsh Women's National Group, Aberystwyth

Withybush Hospital

Withybush Hospital Surgical Directorate, representing staff at the hospital

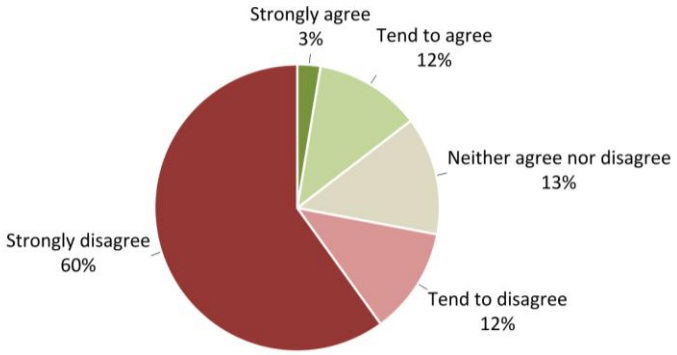
Women's Institute, Penllwyn and Brynian branches

4.190 Whilst responses from groups were included within the overall analysis of the consultation questionnaire feedback, their responses are now shown below in graphical format.

Community Hospitals – Mynydd Mawr

Figure 35: Consultation Questionnaire responses to proposals for Mynydd Mawr Hospital

To what extent do you agree or disagree with the proposals to close Mynydd Mawr Hospital in Tumble (near Llanelli) and provide the services currently delivered from there in other ways?



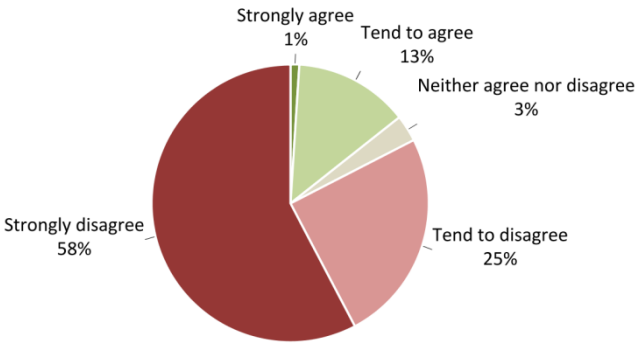
Base: Those who responded on behalf of an organisation (75)
45% of respondents answered the question

Minor Injuries Services

Figure 36: Consultation Questionnaire responses to proposals for Minor Injury Services

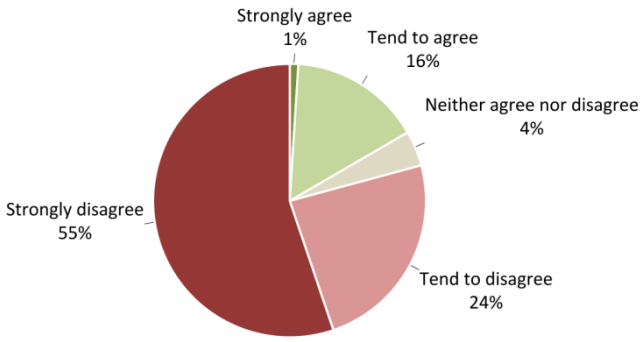
To what extent do you agree or disagree with the proposals to transfer the minor injuries service at Tenby/South Pembrokeshire Hospital to local GP surgeries and redeploy the Nurse Practitioners that currently work there?

Tenby Hospital



Base: Those who responded on behalf of an organisation (97)
59% of respondents answered the question

South Pembrokeshire Hospital



Base: Those who responded on behalf of an organisation (96)
58% of respondents answered the question

Community Services and Primary Care: Further Comments

4.191 Respondents were given the opportunity to make further comments with regards to the community services and primary care proposals. Around half (**48%**) of organisations made any further comments.

4.192 The table below shows the top main comments that were made by **those who responded on behalf of an organisation**.

Figure 37: **Are there any further comments you would like to make about Hywel Dda health Board's proposals for Community Services and Primary care? Further comments made by both household survey and open questionnaire residents/respondents. Base: Number of respondents who made a further comment in brackets)**

Main further comments	Number of Responses Open Questionnaire (79)
Closing services and redirecting to a GP would mean GPs won't be able to cope with the increased demand	13
Changes should not be made without consultation with medical staff/GPS	13
Against closing Mynydd Mawr	12
Against closing Tenby Hospital (MIU)	11
Against closing all community hospitals	7

Women and Children Services

Figure 38: Consultation Questionnaire responses to proposals for the location of a Paediatric High Dependency Unit, Level 2 Neonatal Unit and Complex Obstetric Unit

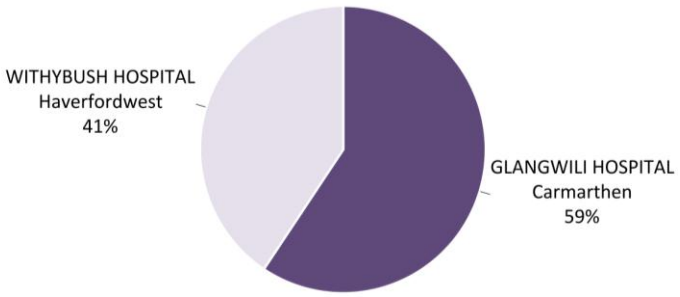
Hywel Dda Health Board proposes to develop a Paediatric High Dependency Unit and a Level 2 Neonatal Unit (a unit that offers specialist care to sick babies) to provide a comprehensive higher level sick children's service for the first time within the Health Board.

For pregnancies where a risk has been identified for either mother or baby, we are proposing that care will be consultant-led in a new Complex Obstetric Unit, which would be co-located with the Level 2 Neonatal Unit.

There are two options for this – either Glangwili Hospital or Withybush Hospital.

Hywel Dda Health Board is proposing ***GLANGWILI HOSPITAL.***

Please indicate where you would prefer the Paediatric High Dependency Unit, Level 2 Neonatal Unit and Complex Obstetric Unit to be located.



Base: Those who responded on behalf of an organisation (123)
75% of respondents answered the question

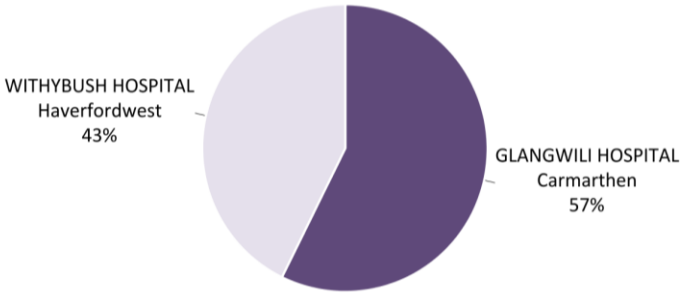
Figure 39: Consultation Questionnaire responses to proposals for the location of a single hospital providing inpatient paediatric services in the south

There is a possibility that we may not be able to recruit sufficient Doctors to the service even if one of the above options was adopted. This would affect our ability to deliver inpatient paediatric services across the three sites.

If this was the case, we might need to consider an alternative option where inpatient paediatric services are delivered on two sites only – Bronglais Hospital in the north and either Glangwili Hospital or Withybush Hospital in the south. This option would be a very last resort if emergency transport solutions were in place and our clinicians were satisfied it was safe to implement.

In such circumstances, Hywel Dda Health Board would propose ***GLANGWILI HOSPITAL****.*

If it was only possible to provide inpatient paediatric services at Bronglais Hospital in the north and one hospital in the south, please indicate the hospital where you would prefer services to be provided in the south.



Base: Those who responded on behalf of an organisation (124)
75% of respondents answered the question

4.193 Respondents were given the opportunity to make further comments with regards to the women and children services proposals. Less than half (**42%**) of those who responded on behalf of an organisation made any further comments.

4.194 The table below shows the top main comments that were made.

Figure 40: Are there any further comments you would like to make about Hywel Dda health Board's proposals for Women and Children Services? Further comments made by both household survey and open questionnaire residents/respondents. Base: Number of respondents who made a further comment in brackets

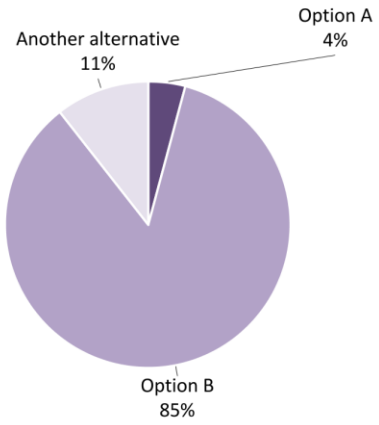
Main further comments	Number of Responses Open Questionnaire (70)
Distance to travel/cost/stress - service needs to be local	14
Not beneficial to locate neonatal unit in Glangwili because they are close to Swansea/Cardiff	10
Re open Neo natal unit/ maternity ward at Prince Philip	8
Have SCBU in Bronglais	7
Keep services at both Withybush and Glangwili/status quo	7

Emergency Care

Figure 41: Consultation Questionnaire responses to proposals for Emergency Care

Option A	*Emergency services centralised at Glangwili Hospital (Carmarthen) with more limited emergency services provided at Bronglais Hospital (Aberystwyth) and Withybush Hospital (Haverfordwest)*	*Prince Philip Hospital (Llanelli) to only provide a nurse-led Local Accident Centre for minor accidents*
Option B	*NO CHANGE to the existing emergency services provided at Bronglais Hospital (Aberystwyth), Glangwili Hospital (Carmarthen) and Withybush Hospital (Haverfordwest)* *Addition of Clinical Decisions Units at Bronglais Hospital and Glangwili Hospital once construction work has been completed*	*Prince Philip Hospital (Llanelli) to have an emergency medical admission unit and also provide a nurse-led Local Accident Centre for minor accidents*

Please indicate your preference for Emergency Services: First Choice



Base: Those who responded on behalf of an organisation (142)
86% of respondents answered the question

4.195 Respondents were also asked to give reasons for their preference(s), the main of which are summarised in the table below.

Figure 42: Please indicate your preference for Emergency Services, with 1 being your first preference, and 2 and 3 being your second and third choices, if appropriate. Summary of top reasons given for choices.

4% support OPTION A	85% support OPTION B	11% support another option
66% gave a reason	69% gave a reason	87% gave a reason
Concern with distance to travel – emergency services should be kept local Concern with distance to travel - lead to deaths Support centralising at Glangwili/centralisation better than spreading out	Concern with distance to travel – emergency services should be kept local Keep status quo at Withybush Keep status quo at Bronglais The option covers a wider geographic area and serves more population centres	The service at Prince Philip has been doctor led/residents will feel unsafe if it is nurse led Emergency services in Llanelli should reflect the large population and high risk heavy industry Prince Philip should have full A&E services restored

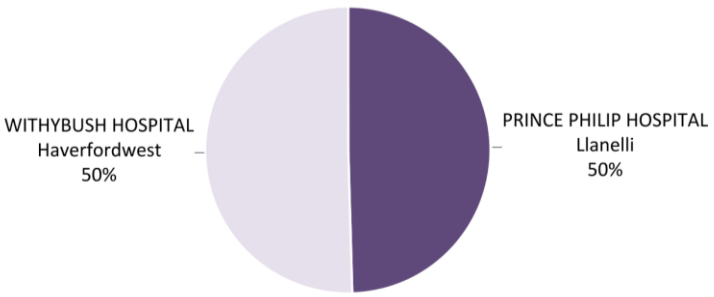
Planned Care

Figure 43: Consultation Questionnaire responses to proposals for Planned Care

Hywel Dda Health Board proposes to develop an Orthopaedic Centre of Excellence for patients living in Carmarthenshire and Pembrokeshire in either Prince Philip Hospital or Withybush Hospital in the south.

Hywel Dda Health Board is proposing PRINCE PHILIP HOSPITAL.

Please indicate where you would prefer the Orthopaedic Centre to be located in the south.



Base: Those who responded on behalf of an organisation (111)
67% of respondents answered the question

4.196 Respondents were given the opportunity to make further comments with regards to the proposals for planned care. Around half (49**%**) **of organisations** made any further comments.

4.197 The table below shows the top main comments that were made by those who responded on behalf of an organisation.

Figure 44: **Are there any further comments you would like to make about Hywel Dda health Board's proposals for Planned Care? Further comments made by both household survey and open questionnaire residents/respondents. Base: Number of respondents who made a further comment in brackets**

Main further comments	Number of Responses
	Open Questionnaire (80)
Excellent service/facilities already provided in Withybush/keep/improve current level of service	11
Centralise unit in Bronglais/have centre of excellence in Bronglais	8
Distance to travel -transport issues/public transport/road networks/including visitors	8
The distance to travel from Pembrokeshire too far if the service is located in Prince Philip Hospital	7
People in Llanelli can travel to Swansea to access care	6

5. Petitions

Introduction

5.1 Several petitions were organised during the consultation, to object to important proposals. The biggest was submitted to the Welsh Government about Withybush services, but there were also other important petitions about Withybush, its Special Care Baby Unit, and the Tenby Minor Injuries Unit.

Withybush Hospital Services

5.2 The Save Withybush Action Team (SWAT) submitted a petition to the Welsh Government with about 14,000 signatures saying:

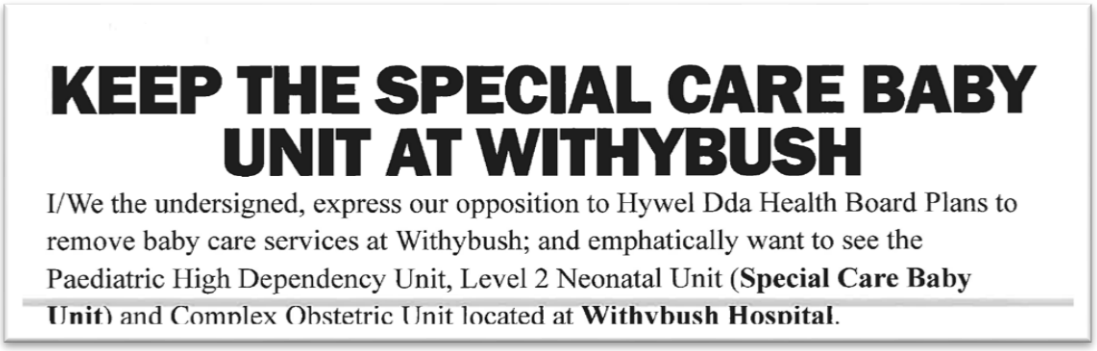
> On behalf of SWAT, I call the National Assembly for Wales to urge the Welsh Government to ensure that the plans for Secondary Healthcare provision currently being consulted on in the Hywel Dda Health Board area will maintain the present level of services available at Withybush Hospital. The 14,000 signatures on the petitions delivered to your office by SWAT do not agree with the preferred option of the Hywel Dda health Board to centralise most inpatient services on the Glangwili site. It is quite clear to the people of Pembrokeshire and elsewhere who have signed these petitions that, if centralisation of services is required, then Withybush should be the preferred site. This would provide an equitable, accessible, safe and sustainable Secondary Healthcare service for the whole of the Hywel Dda Health Board area whereas centralising services on the Glangwili site would seriously disadvantage the people of Pembrokeshire.

5.3 Another petition about Withybush services was submitted to HDdHB by residents. It attracted 84 signatures and was worded:

> *We the undersigned reject the Hywel Dda Health Board's Preferred Options in their 6th August Public Consultation. We demand that all Hywel Dda Services be centralised at Withybush Hospital. Swansea Hospital services have been deliberately left out of the equation and when they are taken into consideration the Hywel Dda Health Board's preferred options become nonsensical. The signatures on this Petition are being collected during the Hywel Dda Health Board's Public Consultation of 6th August to 28th October 2012.*

Withybush Special Care Baby Unit (SCBU)

5.4 A petition with 1,264 signatures was submitted by Stephen Crabb, MP for Preseli, Pembrokeshire, with the following wording:



KEEP THE SPECIAL CARE BABY UNIT AT WITHYBUSH

I/We the undersigned, express our opposition to Hywel Dda Health Board Plans to remove baby care services at Withybush; and emphatically want to see the Paediatric High Dependency Unit, Level 2 Neonatal Unit (**Special Care Baby Unit**) and Complex Obstetric Unit located at **Withybush Hospital**.

5.5 (A few signatures (included in the total above) were submitted under the heading *SAVE WITHYBUSH S.C.B.U.*)

Tenby Minor Injuries Unit

5.6 A petition about Tenby was submitted to the Welsh Government with 157 signatures on the primary petition, but with a further 480 on associated versions - yielding a total of 637 signatures. The petition said:

> We the undersigned strongly object to the proposals in the Hywel Dda Health Board document Your Health/Your Future, referring to closure of the Minor Injuries Unit in Tenby. We call on the National Assembly of Wales to ensure the proposals set out in the Hywel Dda Health Board Document are not carried out and that the MIU in Tenby remains open.

Need for Interpretation

5.7 The petitions summarised above are clearly important in indicating public anxiety about important aspects of the clinical services review – and the authority will wish to treat them seriously. Nonetheless, the HDdHB should also note that petitions can exaggerate general public sentiments if organised by motivated opponents; and in this case there has been considerable campaigning about Withybush services and the Minor Injuries Unit at Tenby. Petitions should never be disregarded, for they show local feelings; but they should be interpreted in context.

5.8 In particular, the Health Board needs to consider whether the petitioners have properly taken into account the needs of the whole Hywel Dda area. For example, the smaller of the two petitions about the centralisation of services within Carmarthenshire effectively proposes that many of the county's residents (to the east of Withybush) should access key inpatient services at Swansea hospital, apparently disregarding the distance and travel-time issues that have been shown to preoccupy many respondents in the consultation. The petition even says (with emphasis added) that:

> *We demand that **all** Hywel Dda Services be centralised at Withybush Hospital.*

5.9 Similarly, the 14,000 signature petition implies that wherever centralised services are required (in the south) then they should be at Withybush:

> *If centralisation of services is required, then Withybush should be the preferred site.*

5.10 While there is no doubt about the opposition to the Withybush SCBU proposals, it should be noted that the SCBU petition was a Conservative campaign document in which those signing were consenting to be contacted in future by the party unless they opted out.

5.11 These observations do not discredit the petitions, but provides a context within which they should be interpreted.

6. List of HDdHB Public Engagement Activities

6.1 Hywel Dda Health Board undertook a series of events across the area. They took place as below:

Public Meetings

Hywel DdA Health Board organised a number of public meetings during September 2012, these took place in Carmarthenshire, Ceredigion and Pembrokeshire.

Meet the Health Board Public Events

Hywel Dda Health Board ran a series of public events called '*Meet the Health Board*'. The original programme of events included events in the following areas throughout October 2012*; Llanelli, South Ceredigion, Amman Gwendraeth, Taf Myrddin, Teifi, Tywi, North Pembrokeshire, North Ceredigion, South Pembrokeshire.* In response to public demand two additional events in *South Gwynedd* and *North Powys*.

6.2 In addition to these events the following information was made available:

A short summary booklet

Technical documents containing all the evidence HDdHB have collated and the options that have been considered

An online resource area

Facebook and Twitter pages

Regular updates on how the consultation is progressing

Focus Groups

6.3 Opinion Research Services also conducted a series of smaller focus group with randomly selected local residents. These took place in the areas below:

Lampeter	29/08/2012
Newport, Pembrokeshire	29/08/2012
Llandeilo	30/08/2012
Tumble	05/09/2012
Llanelli	05/09/2012
Pembroke Dock	06/09/2012
Aberystwyth	06/09/2012