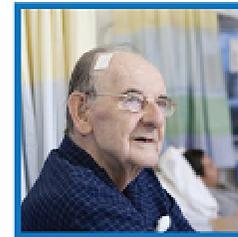




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# Your Health ▶ Your Future



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Siarad, Gwirionedd, Gwneud.  
Talking Health  
Speak, Listen, Act.



1000 LIVES  
O FYWYDAU



Calon  
Iechyd Lleol  
The Heart of  
Local Health



Stonewall  
CYMRU  
DIVERSITY CHAMPIONS  
HYWTDODWYR AMRYWIAETH



**RIGHT**  
*Every time.....*  
**FIVE YEAR FRAMEWORK**  
 2010/15  
 Hywel Dda Rural Health Engagement



**Workshops**  
 (10 in Total)  
 Strengths  
 Weaknesses  
 Opportunities  
 Threats

**Clinical Think Tanks**

**Spring Engagement Event**

**Consultation (Stage 1)**

**Engagement & Pre-consultation (Stage 1)**

**Formal Consultation (Stage 2)**

Oct 10 – April 11

May 11

July 2011 onwards

Dec 2011 – April 2012

TBC

**Hywel Dda Clinical Service Strategy**



# Background

*“... if nothing changes we will never be able to recruit and retain enough medical staff to deliver safe, high quality health care services”*

**Workforce Group,  
Strategy Event, May 2011**

***“Standing still is not an option....  
real change is necessary and long  
over due.”***

**Lesley Griffiths, Minister for Health & Social  
Services, July 2011**

*“The NHS cannot provide every type of healthcare service in every hospital – there simply aren’t enough qualified health professionals or money. In rural Wales it is also the case that there are too few patients to run certain services safely or effectively. If we try to maintain every service in every hospital, we will end up spreading our staff and resources too thinly.*

**Helen Birtwhistle,  
Director of the Welsh NHS Confederation, 2011**

# DVD – The Case for Change



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Ok....

So What Does This  
Mean???



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HYRWYDDWYR AMRYWIAETH



# Fixed Points

- Four Hospitals
- Safe Services
- Improved Outcomes
- Value for Money

## Responding to the Rural Health Plan

- On Quality
  - Safety
    - no needless pain
    - no needless death
    - no needless harm
  - Effectiveness
    - do me some good
  - Experience
    - exceed my expectations
- On Geography
  - Right Service
  - Right Place
- On Access
  - Right Time

# We will not compromise Quality and Safety

- We must meet quality and safety standards (Royal Colleges, Cancer IOG etc).
- Our services must comply with best practice guidelines and fit our rural environment.
- We must make sure that you receive the highest level of care in a clean and safe environment.
- Treatment must be based on the best available evidence as quickly as possible for everyone regardless of where you live.

## Care Closer to Home must be a reality for everyone

- We must ensure that our services are delivered as locally as possible where it is safe to do so.
- Care and treatment - including diagnostic tests – should be provided closer to people's homes
- The right care is provided in the right place at the right time by appropriately trained staff
- Access to health care is as equitable as possible
- Improved management of chronic diseases
- Improved support for people with long term conditions so they are better able to manage their own care to reduce the number of unnecessary A&E attendances and hospital admissions
- Acute hospitals are able to focus on their primary purpose of providing specialist care

## Better availability of consultants saves more lives

- We must overcome our significant staff recruitment and retention challenges in some specialities by developing our services
- We must make Hywel Dda Health Board the best choice for patients and also the best (employer) choice for staff.

- *Out of a total of 400 senior hospital doctors, 100 are over the age of 55.*
- *We struggle to recruit senior medical staff.*
- *We have the most consultant vacancies of any Health Board in Wales.*
- *The body responsible for post graduate medical training (the Deanery) is making significant changes which are likely to mean that we will have less doctors available.*



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# Specialist doctors save more lives

- We must make the most of being a major health care provider and support our medical staff in developing more specialist services in line with modern practice.
  - We must co-ordinate the work of our consultants and specialist staff across the Health Board.
- Hospital doctors are now more specialised.
    - Twenty years ago one surgeon would have operated on many different parts of the body, they now specialise on one area.
  - A surgeon who performs the same operation many times a year will become more skilled and improve patient outcomes.
  - Doctors and their teams must see a large enough number of patients to maintain their skills and expertise.



1000 LIVES  
O FYWYDAU



## Working together to improve transport improves care & saves lives

- What is clinically important is that patients receive specialist care delivered by staff with the right skills in specialist centres.
- Today, “blue light” emergency ambulances are staffed by highly trained paramedics who offer a “hospital on the move” service.
- Ambulances are stocked with life saving drugs and hi-tech equipment. They treat some people at home and, when needed, stabilise a patient’s condition for longer journeys.
- We will have a single co-ordination centre for booking and planning all transport, which will enable patients to book their own transport, or be supported in finding the best way to get to their appointment and for providing transport for families.

In the past if patients were involved in a serious accident or had a major illness the most important thing was to get them to the nearest hospital as quickly as possible.

“This is no longer the case.”





## Community & Primary Care Services Our Challenge...

- Is to provide care closer to your home to reduce the need for you to go to hospital and if you do need to be admitted to get home quicker.
- We need to make sure that our older people maintain their independence and that those with chronic conditions know how to care for themselves but have good access to a specialist when they need it.
- Many of our community facilities are old and no longer fit for purpose.
  - To deliver modern primary and community care services it is important that we invest in new facilities, maximising their benefits and avoiding site duplication where this exists.

# Community Services

## “key messages” ...

“Community based services are fundamental to all our services”.

“Network of resources to deliver care appropriately.... not bound to organisations/ institutions/sectors”



## They should....

- Reduce the over reliance on acute hospital beds
- Reduce the unnecessary use of community hospital beds
- Provide integrated and coordinated care
- Anticipate need and provide early intervention
- Be local, visible & accessible
- Be delivered / coordinated from fit-for-purpose facilities

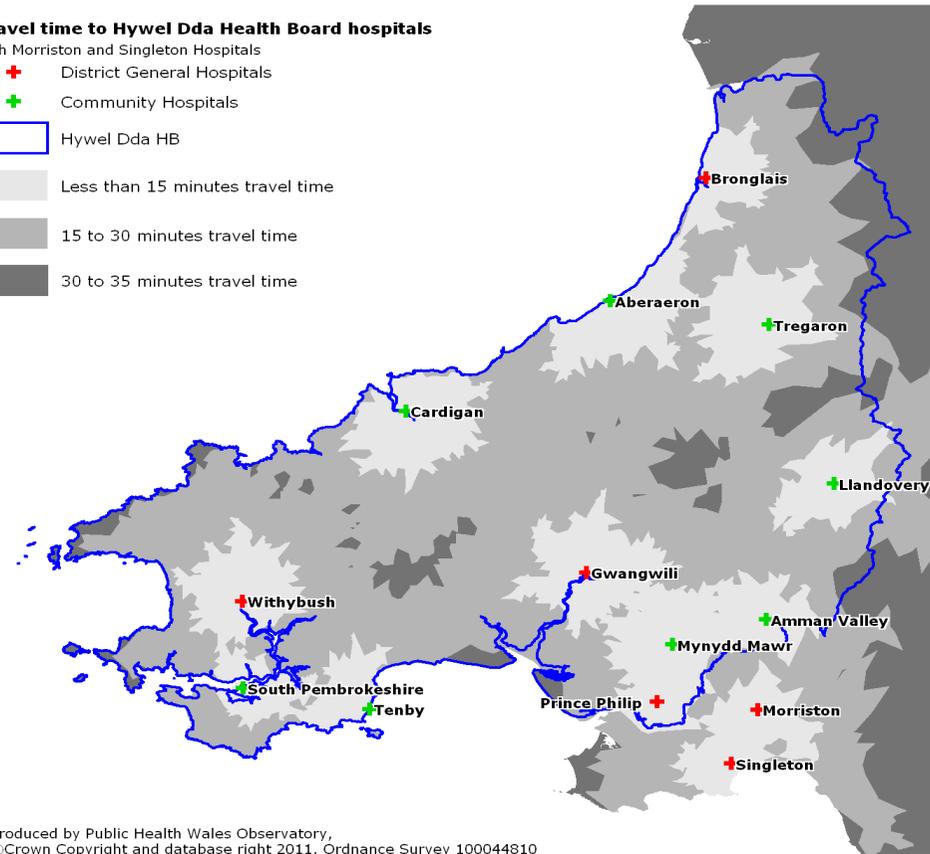
# Service Model - Community Hospitals

Rural Health Delivery  
 'Enhanced' community services will be delivered from a hub supporting robust and effective management of chronic disease

What do you want in the Community Facilities?

**Travel time to Hywel Dda Health Board hospitals**

-  District General Hospitals
-  Community Hospitals
-  Hywel Dda HB
-  Less than 15 minutes travel time
-  15 to 30 minutes travel time
-  30 to 35 minutes travel time



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# Mental Health Our Challenge...



- We believe that all mental health services should be part of core community services.
- We need more specialist services delivered in the community to prevent admission to hospital.
- We must have accessible hospital care for the small numbers of people who require higher levels of assessment and treatment.
  - Community services must be integrated to support rapid discharge
- We must develop more specialist skills within Hywel Dda and reduce the numbers of people being treated out of area.
  - or early repatriation to local services for the very few who will require very specialist care elsewhere.

# Mental Health Services

## Potential Future Service?

- Inpatient services on four main hospital sites
- Designating one as a specialist unit
  - Reducing the numbers of Hywel Dda residents receiving care elsewhere which we could deliver here
- Improve the working and communication between the units and the community teams
  - Reduce the number of occasions that you are unable to be admitted to your local unit, or need to be transferred

# Unplanned Care Our Challenge....



- Royal College reports have described how the best emergency services are planned to serve a population of at least 400,000 people to enable staff to develop and retain the specialist skills that modern medicine dictates.
- Emergency care for the population of Hywel Dda should be coordinated to deliver these standards.
- To deliver a 'standards' driven emergency care model, for our rural communities, that is safe, responsive and accessible against a backdrop of scarce resources and ongoing recruitment challenges.

# Unplanned Care Emergency Departments...



“No change is **not** an option. The current model for emergency services is not sustainable”

## Key Messages...

- Long waiting times at busy times
- Delayed access to senior clinical opinion and decision making
- Clinical governance challenge e.g.
  - Key specialty backup not available at Prince Philip Hospital
- Significant recruitment and retention challenges
- Growing attendances

# Therefore....

## Potential Service Solutions?

Maximise Primary Care delivered Minor Injury service  
**PLUS...**

1. Major Emergency Department at **Glangwili** General Hospital - 3 Urgent Care Centres in Bronglais, Prince Philip & Withybush Hospitals.
2. Major Emergency Department at **Withybush** General Hospital - 3 Urgent Care Centres in Bronglais, Prince Philip & Glangwili Hospitals.
3. Major Emergency Department at **Bronglais, Glangwili & Withybush** Hospitals  
- 1 Urgent Care Centre at Prince Philip Hospital.

# Unplanned Care Acute Medicine...



## Challenges

1. We need to ensure that our medical services are safe, sustainable and efficient
  - with a greater focus on alternative to inpatient treatment
2. We must have fast access to an experienced doctor with fast access to diagnostic test results
3. We must have doctor rotas that meet legal requirements and ensure that we can support doctors in training
4. Variable patient outcomes
  - We must ensure our emergency medical services deliver the same patient outcomes at the weekend and out of hours as they do in daylight hours.



## Therefore....

# Potential Service Solutions?

1. No change to current service configuration or...

Fast access to specialist doctors and fast access to diagnostic tests  
– for many this can be delivered in an out-patient environment ('Hot Clinic')

Acute Medical Inpatient Services to be located in:

1. Glangwili, Bronglais & Withybush Hospitals  
or...
2. Prince Philip, Bronglais & Withybush Hospitals

## Unplanned Care Acute Surgery & Trauma...



### Challenges

1. We need to make sure that our surgeons see enough cases to maintain their skills & support the development of specialist expertise.
2. We must ensure that patients with serious injuries or illnesses are quickly assessed by an experienced doctor.
3. We must separate emergency work from planned work to ensure that an experienced doctor is always available.
4. Variable patient outcomes. We must ensure our emergency surgical services deliver the same patient outcomes at the weekend and out of hours as they do in daylight hours.

No change  
is not an  
option

# Therefore....

## Potential Service Solutions?

In hours services will be improved

Resident middle grade doctors will provide emergency surgical assessment & stabilisation services in all acute hospitals

Out of Hours to establish a Hywel Dda designated acute surgical & trauma service in...

1. Withybush General Hospital
2. Glangwili General Hospital

# Planned Care



## Cancer Services

*'Improving Outcomes Guidance'* (IOG) tells us how to plan and deliver cancer services. We must organise our cancer services so that they meet these standards.

## Medical & Surgical Services

1. We must have dedicated surgical beds and theatres so that your operation is not cancelled.
2. We need local access to out-patient clinics and short waiting times for services.
3. We have too many single handed doctors making some services fragile and not in line with best practice.
4. We need to support our doctors to work more closely together and develop more specialist services.

# Planned Care Cancer Services....



## Challenges

- We must only provide cancer services which meet IOG standards
- We need to improve screening and rapid diagnosis
- Cancer patients must be treated by specialists working in multidisciplinary teams
- Chemotherapy must be delivered as locally as possible

*“Cancer Services currently provided in Hywel Dda do not and cannot meet the standards required of them” and*

*“We do not and cannot give all patients their best outcome”*

With a population of 400,000 the only cancer surgical treatments for which Hywel Dda can comply with national guidelines are Breast and Colorectal cancers.

# Therefore....

Our cancer services will be organised to ensure that you get a rapid diagnosis and are treated by specialists working in multi-disciplinary teams. If you need chemotherapy, rehabilitation or other follow up treatment we will deliver this as locally as possible.

## Potential Service Solutions?

Breast cancer

Breast cancer surgery to be undertaken by accredited cancer surgeons in an IOG compliant single site in...

1. Prince Philip Hospital or...
2. Withybush General Hospital

# Therefore....

Our cancer services will be organised to ensure that you get a rapid diagnosis and are treated by specialists working in multi-disciplinary teams. If you need chemotherapy, rehabilitation or other follow up treatment we will deliver this as locally as possible.

## Potential Service Solutions?

Colorectal cancer

Colorectal cancer surgery to be undertaken by accredited cancer surgeons in an IOG compliant single site in...

1. Glangwili Hospital or...
2. Withybush General Hospital

# Planned Care Medicine, Surgery & Orthopaedic Services....



## Challenges

1. Clinical teams need to work together so we can specialise and bring back to Hywel Dda services we cannot currently provide.
2. We need to deliver more surgical operations on a day case basis in dedicated facilities.
3. Planned care services must be integrated with community services with many more services locally.
4. There is significant scope to increase the number of outpatient appointments available in the evening or at the weekend

We need to provide a high quality, local and accessible service with evidence-based and timely intervention. We need to challenge our existing practise.  
Spring Engagement Event  
2011

# Therefore....

## Potential Service Solutions?

Dedicated surgical facilities (beds and theatres) to support day and short stay surgery (including orthopaedics) delivered in all acute hospitals. **PLUS.....**

1. No other change except...  
A new inpatient elective Orthopaedic Service and centre for complex orthopaedic surgery (ring-fenced beds, theatres, MRSA screened and rehab back-up) for the south of Hywel Dda at
2. Prince Philip Hospital or...
3. Withybush General Hospital

# Therefore....

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2. Prince Philip Hospital
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# Women & Children Services Our Challenge....



## Children Services

- We need to make sure we offer safe and sustainable services for children that meet standards, delivered across our rural community.
- We need to provide more care for children in their own homes but if hospital care is needed we want to provide this within Hywel Dda as much as possible.
- We need to make sure that our services attract the best possible doctors and nurses.

## Maternity Services

- We need to ensure our obstetric and midwifery services are safe and sustainable and meet Royal College Guidelines.
- We need to make sure we can deliver our services across our rural community.
- We want to minimise travelling whilst maintaining standards and make sure that mums and babies are only transferred when really specialist care is needed.

# Women & Children

## “Key Messages” ...



### Currently...

- None of our units comply with Royal College guidelines of 40 hour consultant presence on labour wards.
- None of our maternity units meet the 2,500 birth threshold.
- None of our SCBU units meet guidelines and are recognised as level 2 neonatal units.
- We do not have a high dependency paediatric unit in any of our hospitals in Hywel Dda.
- We have a caesarean section rate of 27.7% - The national UK caesarean section birth rate is 24%.

“The configuration of our Women & Children services are not sustainable and will inevitably lead to quality challenges”

# Therefore....

## Potential Service Solutions?

### 1. Obstetric care everywhere **PLUS.....**

Establishment of a complex Obstetrics Unit, Paediatric High Dependency Unit and Level 2 Neonatal Unit at:

- a. Glangwili Hospital or...
- b. Withybush Hospital

### 2. Midwifery Led Units everywhere **PLUS.....**

Establishment of a single Obstetric Unit, Paediatric High Dependency Unit and Level 2 Neonatal Unit at:

- a. Glangwili Hospital or...
- b. Withybush Hospital

# Clinically Driven Benefits Criteria

## 1. Safety

- Quality
- Outcomes
- Standards
- Accreditation

## 2. Accessibility

- Transport
- Adjacency to alternative treatment
- Demography

## 3. Workforce

- Sustainability (locum/agency)
- Recruitment retention
- Deanery

## 4. Deliverability

- Site configuration
- Capital availability
- Speed/ease

## 5. Strategic Direction

- Maximising integration benefits
- Care closer to home
- Economies of Scale

## 6. Impact

- Socio/economic
- Equality Impact

# How to give us your comments

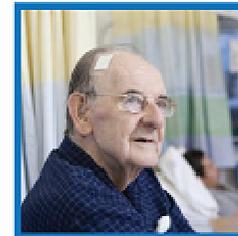
- You can make your views known as an individual or on behalf of a group or organisation by:
  - Completing the comments form on the website **[www.hywelddalhb.wales.nhs.uk](http://www.hywelddalhb.wales.nhs.uk)**
  - Write to: **FREEPOST HYWEL DDA HEALTH BOARD**
  - **Email: [hyweldda.engagement@wales.nhs.uk](mailto:hyweldda.engagement@wales.nhs.uk)**
  - Attending one of our events (details in local media or on line)



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DISABILITY  
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