Eich Iechyd Eich Dyfodol
Your Health Your Future

ymgynghori â'n cymunedau consulting our communities






GIG CYMRU NHS WALES

Bwrdd Iechyd
Hywel Dda
Health Board

Contents

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Foreword

Foreword by Mr Chris Martin, Chair, Hywel Dda Health Board

In October 2009, Hywel Dda Local Health Board became fully operational. As an integrated health body, we are responsible for all the health and wellbeing needs of our resident population. As the Minister for Health and Social Services made clear in Together for Health, integrated health boards were only the first step in creating a world class NHS in Wales.

The next step is to move the NHS to a new place:

- an NHS based on health outcomes
- an NHS that cares about people
- an NHS that is there to provide sustainable, high quality services

In Hywel Dda Health Board, there are particular challenges we need to address to enable us to meet these aims:

- A changing and ageing population – by 2026, the number of over 75s in the area will have doubled
- Difficulties in recruitment and retention of clinical staff – a problem shared by our NHS colleagues across Wales and in the UK
- Its mainly rural location but with urban areas – we must provide sustainable, safe and high quality services across a large rural area with dispersed communities
- Health inequalities – all our population deserve the same high standard of care
- Providing value for money – as a public body we must use our resources in the best way

Since 2010, we have been listening and engaging with our clinicians and stakeholders to find out what we need to do locally to meet these challenges and ensure we can provide safe, sustainable services of a high quality. From December 2011 to the end of April this year, we tried hard to engage with our local people, staff and stakeholders to be clear on what services we currently have – and what we need to put in place for the future. This level of engagement was unprecedented in Wales. We are a person centred organisation and recognised the importance of giving our public, our staff and our stakeholders the chance to influence our thinking at an early stage.

We listened to the views expressed during this process:

- 87% of respondents agreed that we need to ensure services meet quality and safety standards
- 82% stated that we should treat the ageing population as a key priority
- 82% said we should make the best use of our resources
- 78% said we need to improve transport
- 73% supported our aim to provide 80% of NHS services locally, through integrated primary, community and social care teams working together
- 45% of respondents agreed that providing specialised services in fewer centres was the right thing to do - and 41% disagreed

Foreword

And, during this process we heard specific concerns about:

- Transport and travel times
- Visibility of community services
- Access to services
- The potential cost of making changes – will it impact on front line services?

We feel as Hywel Dda Health Board we have benefited from the listening and engagement exercise. We have reflected on the concerns you had and considered carefully your alternative proposals for change, and as a result, we have refined and shaped our proposals in light of what we heard.

It is widely acknowledged that the NHS has to change. Our aim is simple – to provide 80% of health services closer to home - and to ensure that services and outcomes will be better for patients. We must ensure any proposed new or changed services are fit for purpose and fit for the future – they must be person centred, high quality, modern, safe, sustainable and affordable.

Some of the changes we hope to make will happen more quickly than others. We have a three to five year plan - so you will not see changes to some hospital services until we are satisfied that we have the appropriate services available in our communities.

Turning now to the consultation document - 47% of respondents agreed that the information in the listening and engagement documents was reasonably clear and easy to understand – but 42% felt that we had not explained the issues fairly. This is something we have reflected on and we have tried to make this consultation document less jargonised and written in straightforward language. To ensure the consultation document is accessible, we are also providing versions in alternative formats, including easy read and a version written for children and young people.

In the pages that follow, you will find information about some services we already have in place but which we want to develop further across all of Hywel Dda Health Board. You will also find key areas for consultation where we are making suggestions for changing services - these are identified by the gold boxes. The impact of our proposals on our main hospital sites can be seen in the table at **Annex A**.

Inevitably, a number of very important technical issues lie behind the proposals set out here. A series of technical documents are available on our website – **www.hywelddahb.wales.nhs.uk/Consultation** or by hard copy if you would prefer. A number of these are referred to in the text of this document and we have provided a full list at **Annex B**.

Ministerial Guidance suggests a minimum consultation period of six weeks – we will be consulting for 12 weeks. We will be starting our consultation in August and to give our audience an opportunity to consider the proposals we will start the public consultation events in early September. I look forward to 12 weeks of vigorous debate, discussion and engagement.

I want to conclude by saying that I continue to be very proud to be the Chair of Hywel Dda Health Board – supported by a caring and committed workforce - to which I am extremely grateful.

Executive summary

This consultation document follows our recent listening and engagement exercise with our population, our staff and our stakeholders.

It sets out first in **Section 1** what we do in Hywel Dda Health Board and what services we provide for our population. It sets out the national and then our local vision for health services in the 21st Century.

Section 2 then explains why we consider health services have to change - setting out the risks of staying where we are – and the improved outcomes and benefits we can see for patients, carers and our workforce when the proposed changes are in place.

Section 3 provides information about what we have done so far – including the outcome of our listening and engagement exercise. It also sets out what our next steps are for formal consultation.

Section 4 addresses an issue identified during the listening and engagement exercise – the issue of transport – and sets out how we plan to improve access to transport services for patients and their families.

Section 5 is one of the most important sections in the consultation document – it explains how we want to provide 80% of our health services closer to home: this is our aim. It sets out what services there are at home or close to home in your community and also identifies where we want to strengthen these services to make them available across Hywel Dda Health Board. This section includes details of our community hospitals and what our plans are for the future.

Section 6 sets out our future vision for Mental Health and Learning Disability Services, based on our strategy: *The Mental Health and Wellbeing Strategy (2012)*.

Section 7 is focused on hospital services, in particular Cancer Services, Women and Children's Services, Emergency Care and Planned Care. Most of the proposals for change can be found in this part of the consultation document.

Section 8 provides information on the cost of providing health services in Hywel Dda Health Board. Within the technical document more information is provided on the high level costs and saving consequences of the proposed changes – as far as these can be assessed at this stage.

Section 9 explains how we propose to deliver the changes – through an independently chaired implementation board. It confirms that no changes will be effected until suitable and appropriate services are available elsewhere.

Section 10 explains how you feed into the consultation process.

Finally, in **Annex A**, you will find tables that show what services will be available in each of our four main hospitals should all our proposals be implemented. **Annex B** provides a list of all technical documents which contain more background that support our proposals.

As we know that medical terms and acronyms can be confusing, we have provided a Glossary of Terms to help to explain what these mean.

Introduction and setting the scene

Who we are

Hywel Dda Local Health Board (Hywel Dda Health Board) was established in October 2009 following the NHS Reform Programme 2008-2009, which introduced integrated healthcare for Wales. We are responsible for the health and wellbeing of our population across Carmarthenshire, Ceredigion and Pembrokeshire. We also provide a range of services for the residents of south Gwynedd and Powys. We cover a quarter of the landmass in Wales, but with a relatively small population of 375,061 people.

How services are currently delivered

The health services we refer to throughout this consultation document are primary care services (our GPs, dentists, pharmacists and optometrists); community services (often provided by our community team of nurses and therapists); secondary care services (in-hospital care) and specialised services (provided in specialist/tertiary centres).

Primary care services are delivered by:

- 55 GP practices (main sites)
- 51 dental practices
- 100 community pharmacies
- 52 optometry premises

Our community and secondary care services are currently delivered through:

- Four hospitals; Bronglais Hospital in Aberystwyth, Glangwili Hospital in Carmarthen, Prince Philip Hospital in Llanelli and Withybush Hospital in Haverfordwest
- Eight community hospitals
- Eleven health centres

There are numerous locations and settings across our three counties from which mental health, learning disabilities and related services are provided.

Specialised and tertiary services – those highly specialised treatments such as neuro-surgery and cardio-thoracic surgery - are planned by the Welsh Health Specialised Services Committee (WHSSC); a joint committee of all seven health boards in Wales.

When we talk about integrated care or integrated services what we mean is we will deliver services where the journey through the system of care is made as simple as possible. This would mean people will move between our services more smoothly from seeing the GP, to having an x-ray, to having physiotherapy and then to having an operation in hospital. Service integration includes having all your aftercare provided either at home or in a building in the community.

The vision for the NHS in Wales

In developing our plans for the future of healthcare in Hywel Dda Health Board, there are many Welsh Government health and social care policies and Measures we need to consider. These include: *Fulfilled Lives, Supportive Communities (2007); the Rural Health Plan – Improving Integrated Service Delivery Across Wales (2009); Our Healthy Future (2009); Setting the Direction: Primary and Community Services Strategic Delivery Programme (2010); Programme for Government (2011); Sustainable Social Services for Wales: A Framework for Action (2011), Together for Health: A Five Year Vision for the NHS in Wales (2011); Fairer Health Outcomes for All: Reducing Inequities in Health Strategic Action Plan (2011), Working Differently – Working Together – a Workforce and Organisational Development framework (2012) and the Mental Health (Wales) and Carers Strategies (Wales) Measures 2010.*

In addition, the Bevan Commission, a source of independent advice to the Welsh Government, published its report last year: *2008 – 2011 NHS Wales: Forging a better future (2011)*. It supported the ambition for Wales to have world class health and social services. It defined these as *'…services best suited to Wales but comparable with the best anywhere…'.*

In November 2011, in response to this report, the Welsh Minister for Health and Social Services published *Together for Health*. This five year vision supports our own vision to provide world class healthcare for the people of Hywel Dda Health Board.

The Welsh Government's vision spells out the challenges facing the health service in Wales. It says we need to change to achieve our aim of providing the very best quality of services for our population for the future. *Together for Health* can be accessed via the following link: **http://wales.gov.uk/docs/dhss/publications/111101togetheren.pdf**

This consultation document sets out the Hywel Dda Health Board's response to the *Together for Health* challenge.

Our vision for the future

Across Hywel Dda Health Board area we need to:

- Improve the health and wellbeing for all
- Move from a sickness service to a wellness service
- Deliver quality healthcare in the most appropriate setting
- Have person-centred, high quality, safe and sustainable hospital services that meet the needs of our population
- Be recognised as Wales' leading integrated rural health and social care system

Our vision is quite simple - to provide integrated healthcare with **80% of NHS services provided locally, through primary, community and social care teams working together.** We will provide this care either at home or close to home, within the community. This will mean access to diagnostic tests (such as x-rays, blood tests and scans) and also to a range of outpatient and specialist services that were previously only available in hospital. Delivering this vision will support care for the frail and elderly, whilst allowing our hospitals to concentrate on what they do best - providing both planned and emergency care when it is needed.

What integrated care will mean for people

There are a number of benefits for our population:

Working across boundaries - by integrating inpatient, outpatient and community care, it will be easier for patients to move between hospitals and the community, including into community facilities when needed. This will result in care being provided in the right place, at the right time. There will be a greater focus on keeping people healthy and avoiding the use of hospital services. This will be seen in the way chronic diseases (such as diabetes, asthma, chronic obstructive pulmonary (airways) disease and heart disease) are managed. Closer working between health and social care will help keep people and their carers healthy. Health and social care professionals will be based in the same buildings - wherever possible in Community Resource Centres (CRCs).

Supporting patients in the community - we will have lower hospital admission rates, particularly amongst the elderly, where we know that prevention and community care work well. Health and social care services will be more joined up with faster access to diagnostic tests which will reduce delays in treatment and unnecessary stays in hospital. We will see shorter hospital stays and less people needing hospital admission because community care works well.

Chronic disease management (eg Chronic Obstructive Pulmonary Disease) - we will support patients to manage their conditions, help prevent them getting ill unexpectedly and needing hospital admission. We will have systems in place to identify and keep in close contact with patients at high risk of emergency admission and community and practice nurses will be central to this. When admitted to hospital, there will be a stronger emphasis on minimising the length of stay. We

will work intensively with the most vulnerable patients. Discharge will be planned on admission, with the emphasis on early rehabilitation. Specialist discharge staff will manage this process to ensure that patients are not kept in hospital unnecessarily. The result will be that we need considerably fewer beds in hospital.

Self care - patients and their carers will be encouraged to do more for themselves and will be shown how to administer medication in their home. We will develop better patient education and our staff will offer advice and support in person, and through the use of more up-to-date methods, including the use of text, phone, email, dedicated websites and chat rooms. Group consultations, involving several patients and a healthcare professional, will also be used to support self care both in person and online. We will work closely with the local community and third sector. Taken together, this will ensure that hospitals are used only when necessary.

What this will mean for our workforce

There are a number of benefits to integration of services for our staff:

- Success depends on new or extended roles for nurses and all healthcare professionals, such as physiotherapists and occupational therapists. Management of most chronic conditions, the delivery of assessments, effective diagnostic tests close to home and the use of new technologies will rest with community based staff. This will mean a more joined-up approach between those staff working in GP practices, community teams and in hospital services
- Specialists (e.g. hospital consultants or specialist nurses) will be working alongside generalists (e.g. GPs or practice nurses), sometimes in the same buildings and at other times within teams. By working closely with primary care, hospital consultants will be in a strengthened position to provide direct support through telemedicine, video-conferencing, email and telephone contact and dedicated clinics in an increased number of community settings
- All the hospitals in Hywel Dda Health Board will operate as one. We will ensure we get the greatest overall benefit for the community from our resources (both staff and money). We will work with staff to develop advanced generalist and specialist nursing roles and will undertake similar work with our other health professionals
- Clinicians will take on major roles. They will lead the development of services and manage budgets and other resources in a local health board in which clinical leadership is mature and well developed
- Clinical leadership will be supported by significantly more investment in leadership training and development. We will continue to identify best practice from elsewhere in the UK and internationally, looking to innovate and improve our models of care, practice and productivity. Our philosophy will be absolute commitment to best practice, making Hywel Dda Health Board an employer of choice

Following the consultation, we will develop a detailed workforce plan to support the revised structures. However, the health board – along with others in Wales – continues to face significant challenges in terms of recruitment, retention and training of doctors in some specialities. Individual sections within this document describe the current challenges, the risks to services and potential solutions.

Subject to implementation of the changes identified in the consultation document, we expect to see a number of benefits:

- **Service quality** - an improvement in the services offered to our population and to people from our neighbouring health boards that should result in improved health outcomes, improved access to services, a shift in the balance of care - with more care provided closer to home and a reduction in geographical health inequalities
- **Operational** – through more efficient use of resources across the organisation
- **Staff** – improved experiences and career opportunities for staff

Why things have to change

Hywel Dda Health Board has responsibility for planning and delivering healthcare for the populations of Carmarthenshire, Ceredigion and Pembrokeshire. It also delivers healthcare for some of the population of our adjoining counties, including Powys and Gwynedd. This is a wide and diverse area, which brings its own unique challenges.

Some of the issues we face include:

- **Safety and quality** – whilst we perform well in many areas, standards vary across our hospitals. We also want to ensure we comply with any learning or recommendations that emerge from the Mid Staffordshire Public Enquiry, led by Robert Francis QC, which is due to be published in October 2012
- **A changing population** – by the year 2026, the amount of over 75s in the area will double from the 2008 figure. This means we need to provide services which meet the needs of an ageing population
- **Health inequality** – there is a measurable gap between the life expectancy of people living in different parts of Hywel Dda Health Board and we need to ensure that all our population receive the same standard of care they deserve
- **Rural location** – the majority of our population live in a rural environment and this presents challenges in terms of providing transport to enable people to access the right services at the right time
- **Waiting times** – people are sometimes waiting too long for treatment. This impacts on their lives and the lives of their families and carers, and often puts extra strain on the healthcare system
- **Recruitment** – because of its rural nature and the size of our population and hospitals, Hywel Dda Health Board is not always an attractive option for high quality medical personnel. We need to ensure a constant flow of well-trained doctors and specialists, especially as almost half of our senior doctors are eligible to retire within the next few years
- **New technologies and approved medicines** – new technologies and medicines can change the way we manage and treat some conditions. We have to ensure that our patients receive the benefit of new technologies and drugs as soon as possible to achieve the best outcomes possible
- **Value for money** – as a public body we need to ensure we use our resources in the best way

Best configuration of hospital services for Wales: A Review of the Evidence, published in May 2012 - **www.glam.ac.uk** - concluded that patients in Wales are not getting the best possible outcomes from their hospital care and there is a strong case for changing the way some hospital services are organised.

By not dealing with these challenges, we could be putting the future sustainability of services at risk. We also risk not having the right services available for our population when they need them.

What health looks like now

The public health challenges facing Wales are outlined in *Our Healthy Future: Chief Medical Officer for Wales Annual Report 2011* but there are specific local challenges for our area.

Currently, patients aged over 75 years occupy 70% of our hospital beds. Chronic diseases, such as diabetes and heart disease, are more common in the over 75 age group. The greatest causes of death in people under the age of 75 years in Hywel Dda Health Board are cancer, circulatory disease and respiratory disease.

Why things have to change

People living in the area served by Hywel Dda Health Board have generally healthier lifestyles than is typical across Wales, but there are still challenges. For example, in the area we serve:

- Nearly 6 out of 10 adults are either overweight or obese
- Around 1 in 5 adults smoke - leading to over 700 deaths each year
- Over 6,300 hospital admissions annually are caused by alcohol
- Around 200 patients are admitted to hospital because of drug misuse

We also know from a recent study that up to 40% of patients in hospital are staying too long and receiving a level of care that is greater than they need. Often, this is because our current community services are unable to provide the right care, at the right time in a local setting. Improving community services and supporting patients and their carers at home, will result in less need for hospital treatment and allow people to return home sooner.

Across Wales, on average, life expectancy has increased, fewer babies are dying in the first year of life and there are fewer people dying or being injured as a result of accidents. However, people who live in the most deprived areas of Wales, are almost twice as likely to die before the age of 75 than those living in the least deprived areas. Differences are also seen for certain groups, such as people with disabilities, certain minority ethnic groups, looked after children and homeless people.

In the area we serve, there are areas of deprivation which include parts of Cardigan, Llanelli, Milford Haven and Pembroke Dock. Twenty-two areas within our health board (10% of our population) are amongst the most deprived in Wales, but by contrast, we also have 11 areas (5% of our population) of relative affluence.

Hywel Dda Health Board has a Director of Public Health – who works closely with Public Health Wales – on its board. This means that in considering our future services, we have considered the public health needs of our population.

Our proposals for more care closer to home are intended to support better care and wellbeing for our most deprived populations. A more detailed public health profile of Hywel Dda Health Board is contained within the technical document (listed in **Annex B**), which can be found at **www.hywelddahb.wales.nhs.uk/Consultation**

Those respondents who live in largely rural areas and already have to travel some distance to their nearest hospital were broadly more supportive of the health board's vision than those who live closer to services.

What have we done so far: The engagement and consultation process

We have undertaken a lengthy process of engagement with our doctors, nurses, therapists and with our partners and stakeholders. We have been clear that any proposals for change in local services must be led and designed by our clinical staff.

Engagement and consultation

Ministerial Guidance: *Guidance for Engagement and Consultation on Changes on Health Services* - issued in March 2011 - describes a two stage process for consultation:

- **Stage 1** – engagement with key stakeholders to explore the issues, refine the options and determine the key questions that will go forward to consultation
- **Stage 2** – formal consultation with a range of activities to give the population the opportunity to understand the proposals and influence final decisions

Stage 1: Stakeholder engagement

The Hywel Dda Five Year Framework – 'Right Care, Right Place, Right Time… Every Time'

The principles underpinning our clinical change programme were embodied in *The Hywel Dda Five Year Framework – Right Care, Right Place, Right Time… Every Time*, published in August 2010. This framework was subject to significant staff, public, patient and stakeholder engagement over a six month period, including:

- Distribution to over 1,000 community groups with an offer of a presentation by a senior health board officer
- Presentations to all key stakeholder forums including the Stakeholder Reference Group, the Health Professions Forum, the Partnership Forum, the Community Health Council, local service boards, our staff and their representative bodies and a number of other key partners
- Regular information to staff including Chairman's Blog, Team Briefs, staff newsletters, staff bulletin updates and staff open forums across all sites
- E-newsletters to stakeholders
- Themed Intranet and Internet pages with feedback forms
- Social networking sites
- Clinical engagement

Key elements of this process included:

- **Clinical Think Tank Events** - in which clinicians led the preliminary development of proposals for the future delivery of key services
- **Clinical Programme Groups** – which were responsible for the development of clinical pathways for key services
- **A two-day clinical engagement event** - which involved a range of doctors, nurses, therapists, pharmacists from the health board, GPs and our key partners including social services and the third sector. This event brought together all the discussions and identified some key service areas where change is required and gave recommendations and criteria for evaluating service options
- Feedback to all staff on outcomes of the clinical engagement event

Your Health Your Future - Listening and Engagement Exercise

The discussion document *Your Health Your Future* (published in December 2011) set out the vision for Hywel Dda Health Board, explaining the case for change and the challenges currently faced not only by Hywel Dda Health Board but also by NHS Wales.

During the listening and engagement exercise, Hywel Dda Health Board set out to hear the views of as many staff, patients, carers, public, stakeholders, organisations and interest groups as possible. We recognised the importance of

giving the public, our staff and our stakeholders the chance to influence our thinking at an early stage.

This process started from December 2011 and, as a result of a number of issues identified, was extended to the end of April 2012. A wide range of activities were undertaken in order to provide opportunities for staff and the public to form their opinions from an informed position and for the health board to be able to listen to their views.

The discussion document and associated information was circulated widely to key interest groups and stakeholders and there were a number of public events and presentations to community groups. A DVD and case for change leaflet was distributed to households across the three counties and all efforts were made to ensure that all those who wished to, were given the opportunity to offer their views on the issues being explored. The health board also made use of the Internet and social media sites and held a number of focus groups with staff and the public across the health board area.

This is believed to represent a very considerable effort on the part of the health board to ensure that all individuals in the region had the opportunity to express their views. Every effort was made to ensure that the information was readily available to the public and events were scheduled to maximise participation.

This process allowed us to find out what our population, staff and stakeholders really think, what works well and what doesn't. It has been an invaluable tool in helping us produce our plans for change, and in helping us design an efficient, high quality, value for money healthcare system across the three counties. More detail on the activities undertaken and analysis of the feedback received during this process is contained in a report by Opinion Research Services (ORS) and can be found at: **www.hywelddahb.wales.nhs.uk/Yourhealth-yourfuture**

The headlines of the feedback we received were:

- 87% of respondents felt the health board needed to ensure services met quality and safety standards for patients
- 82% of respondents felt we needed to make the best use of scarce resources
- 82% felt that we needed to address the issues of an ageing population as a priority
- 73% supported our aim to provide 80% of NHS services locally, through integrated primary, community and social care teams working together
- 45% of respondents agreed with specialising some services in fewer centres being the right thing to do and 41% disagreed

Many respondents were concerned about hospital closures and their perceived downgrading of some sites and transport was a key issue for many.

Those respondents who live in largely rural areas and already have to travel some distance to their nearest hospital were broadly more supportive of the health board's vision than those who live closer to services.

The final element of the Stage 1 process has been to refine the options, taking into account the feedback received and to decide and agree on which questions will be set out in the consultation. Throughout this consultation document, we have attempted to address the key themes that came out of the listening and engagement phase and, where necessary, explain why we are unable to deliver some suggestions and ideas put forward.

Developing the options

The development of the options has been subject to a robust clinically-led process to develop benefit criteria and weighting. The purpose of this was to ensure that in considering all the options, a uniform process of assessment was undertaken and that any options that did not meet clinical and other criteria were discounted.

What have we done so far: The engagement and consultation process

The criteria and weightings were agreed separately with key clinicians and stakeholders and were as follows:

Ranking	Benefit Criteria	% Weighting
1.	**Safety** Quality, Outcomes, Standards, Professional Accreditation, Resilience	22%
2.	**Workforce** Sustainability (locum/ agency), Recruitment/ Retention, Deanery	19%
3.	**Accessibility** Transport, Adjacency to alternative treatment, Demography	18%
4.	**Deliverability** Site configuration, Capital availability, Speed/ease, Public/ political acceptability	14%
5.	**Strategic Fit** Integration benefits, Care closer to home, Economies of Scale	14%
6.	**Impact** Socio/economic, Equality impact, Health impact	13%

In advance of the listenening and engagement exercise, each potential option was measured and scored against these criteria, with only those clinically safe and operationally deliverable options being put forward for consultation.

These have now been further refined based on the public and professional feedback we received. The resulting options are now being put forward for consultation.

Further detail is included in the technical document (listed in **Annex B**), which can be accessed at: **www.hywelddahb.wales.nhs.uk/Consultation**

Equality Impact Assessment

An initial assessment was undertaken in July 2011 and was made available during the listening and engagement exercise to determine if the over arching health board strategy would have a negative or positive impact on any of the target groups with protected characteristics (those groups who are protected under the Equality Act 2010).

The initial assessment for screening identified the groups, staff, service users and public that would potentially be affected by changes to services. The original report has now been updated and is available as a technical document (listed in **Annex B**), at: **www.hywelddahb.wales.nhs.uk/Yourhealth-yourfuture**

A clearer picture of any specific impact on particular individuals or groups with protected characteristics, together with the impact on our staff, will emerge during the formal public consultation process. Evidence gathered will continue to inform the equality impact process. Once the consultation is completed and the proposals for change agreed, detailed impact assessments will be undertaken as part of the assurance process described in **Section 9**.

National Clinical Forum

NHS Wales established the National Clinical Forum to ensure that health boards had access to senior clinical advice and opinion, where potential service plans could be assessed and assured. During our engagement process, we have presented twice to the National Clinical Forum:

- In December 2011 – where a number of potential issues were identified and further work was undertaken by the health board
- In June 2012 – where the forum indicated that the proposed options for consideration

through the formal consultation process (to be found later in this document) are clinically appropriate and safe. The forum was also encouraged to see how far our ideas had developed from the December 2011 meeting and was particularly pleased to see a significant focus being afforded to out of hospital services. A copy of the letter can be found at: **www.hywelddahb.wales.nhs.uk/Consultation**

We intend to present the Clinical Services Strategy to the forum as part of the consultation process.

Working with other health boards

As we said earlier, Hywel Dda Health Board delivers healthcare for some of the population of our adjoining counties - Powys and south Gwynedd. In addition, some of our population receive services from neighbouring health boards – Abertawe Bro Morgannwg and Cardiff and Vale University Health Boards.

It is not possible to plan services for north Ceredigion without also taking account of the natural catchment populations in north west Powys and south Meirionnydd.

This means that Hywel Dda Health Board collaborates with its neighbouring health boards - Betsi Cadwaladr University Health Board, Abertawe Bro Morgannwg University Health Board, Cardiff and Vale University Health Board and Powys Teaching Health Board in the course of normal day-to-day healthcare, to ensure that patients resident in one health board, but receiving healthcare in another, have a seamless high quality service.

More recently, we have also been in regular contact regarding the emerging clinical service plans and have ensured that the proposals contained in our consultation document are supported by our neighbours. We are also working with health boards along the 'M4 corridor' to ensure our plans are consistent with the South Wales Programme for delivering *Together for Health*.

During the consultation period, it will be important we hear the opinions of members of the public living within our catchment area, but who are resident in neighbouring counties. We have agreed that public events will be held in these areas by the host health boards, with our support, to ensure all opinions, views and concerns from our neighbouring health boards are taken into consideration.

Working with our partners

Hywel Dda Health Board has developed strong working relationships with our partners. We work closely with the three local authorities in our area, with the police service, the fire and rescue service, higher education institutes and with the third and independent sectors.

In our community resource teams (see Section 5) there is already a mix of both health board and local authority staff, working together to support people and carers at home and in the community. We would like to see this continue and be strengthened.

Senior executives and Independent Members sit on all three local service boards in Carmarthenshire County Council, Ceredigion County Council and Pembrokeshire County Council, where we discuss and debate the health board's strategic intentions. We will be meeting with each local authority to discuss the impact of the issues raised in the consultation document.

In addition, we have developed an effective and innovative working relationship with the third sector in our area – through the three County Voluntary Councils (CVCs) (Carmarthenshire Association of Voluntary Services, Ceredigion Association of Voluntary Organisations and Pembrokeshire Association of Voluntary Services).

What have we done so far: The engagement and consultation process

Working with the CVCs, the local authorities and the community health council, we have co-produced *A Co-Designed Future: The Third Sector Role in Health and Social Care in Hywel Dda* - **http://www.wales.nhs.uk/sitesplus/862/opendoc/182602**. This document provides a framework that will align the third sector's business planning processes to fit with the strategic direction for future health and social care provision.

Again, we will continue to work closely with the third sector during the consultation period, as the sector has the ability to reach and discuss the impact of our proposals with a range interested parties – including single issue groups and carers.

Stage 2: Formal consultation

Ministerial Guidance provides that the formal consultation process - Stage 2 - must run for a minimum of six weeks, subject to the level of engagement undertaken and the level of changes being proposed. In view of the timing of the consultation, and to ensure everyone has the time to consider these options and comment on them, the health board has made the decision that there will be a 12 week consultation period. **The consultation will start on 6 August 2012 and will end on 29 October 2012.**

A programme of activities and events to give everyone the opportunity to participate in the consultation are being designed and developed and more details are included at Section 10. The full consultation plan can be found at **www.hywelddahb.wales.nhs.uk/Consultation**

Hywel Dda Health Board has worked with the Consultation Institute to provide assurance and support for the consultation plan and to ensure best practice is adopted.

Once again, all feedback received during the consultation period will be independently analysed and a final report will be shared widely at the end of the consultation period so everyone is aware of all the views expressed. In addition to this, all organisational and individual responses will be published on the Hywel Dda Health Board website on a regular basis throughout the consultation period.

The next sections of this document address the key concerns raised during the listening and engagement exercise and explain our vision in detail. The sections also include the rationale for change in individual specialities and the impact on existing services.

Addressing the issue of transport

Hywel Dda Health Board covers a quarter of the landmass of Wales, but is the second most sparsely populated health board area. However, the vast majority of the Hywel Dda Health Board population live within a relatively accessible travelling time of some form of healthcare facility. What we heard very loudly during our listening and engagement exercise is that transport needs to be improved to allow people to access care appropriately.

When developing our plans, we have been carefully considering transport and the need for patients and their families to move between their homes and our facilities – we know that getting from A to B can be challenging, especially for older people or those living in rural areas.

As we will demonstrate in Section 5, moving care closer to home is a major step forward and will reduce unnecessary hospital visits and stays.

Why things need to change?

Those who use the Non-Emergency Patient Transport Service have told us that the service does not work as well as it could for all patients. We need to improve the booking and scheduling processes that often create confusion, worry and inconvenience:

- 18% of planned journeys never take place due to patients using their own transport, being too ill to travel, hospital appointments being cancelled or no-one at home
- It is confusing to know who to call, who is booking the transport, who will provide the transport and how to cancel the transport if there is a need to do so
- Often people can be on transportation for long periods, even for a short half hour outpatient appointment
- 15% of discharged patients are waiting over 90 minutes for transport

The engagement process has highlighted a number of specific themes:

- Families and carers sometimes have to travel long distances for visits
- Over 90% of people find their own way to hospital appointments
- We have no overnight provision for family members to stay near our hospitals
- At weekends, public, community, social care and Non-Emergency Patient Transport is not as readily available
- If someone attends A&E, but is not admitted, then getting home late at night can be difficult
- Parking is challenging on all our hospital sites

More information about Non-Emergency Patient Transport can be found in the technical document (listed in **Annex B**) at: **www.hywelddahb.wales.nhs.uk/Consultation**

Feedback from the listening and engagement exercise

The majority of respondents to the questionnaire (78%) agree transport services need to be improved

"It is very difficult and expensive for patients and for their relatives to visit if they have to travel for hours to get to hospital and it is often impossible to use public transport." (Ceredigion resident)

Addressing the issue of transport

What would success look like?

By introducing care closer to home (see Section 5) and transforming our Non-Emergency Patient Transport services, we will see a number of benefits and improved outcomes for our population:

- Fewer unnecessary outpatient follow up appointments and therefore fewer unnecessary journeys
- More day case surgery and shorter hospital stays to reduce the burden of travel for patients and their families
- Locally delivered chemotherapy and other treatments
- Patient waiting times for Non-Emergency Patient Transport not exceeding 60 minutes
- Better public and community transport to access all our services on all our sites (and we will continue to work with those who currently provide the routes and timetables)
- Shorter journeys by providing local access to mobile facilities, such as screening and health information – including telehealth. This could be in local villages, towns, GP practices, community centres or wherever people come together
- Community transport schemes will be part of a whole network of linked services, especially across our most rural communities
- Continued joint working with the three local authorities in our area to fully utilise their social care vehicles. At present, 8% of patient journeys are with these vehicles across our three counties
- Dedicated vehicles for the most vulnerable patients, so that trust is built with the same driver or group of drivers, and other passengers. This has shown that far more people keep their appointments
- Families and carers more involved in the planning of when and how someone is discharged from hospital
- One booking number for patients, carers and family to book their own transport to make sure it fits in with their needs
- All transport co-ordinated from one centre using one telephone number – making it easier for the customer to book convenient time slots and much more efficient use of the right type of vehicle for the needs of the patient
- All those not eligible for Non-Emergency Patient Transport signposted to Traveline Cymru to enable them to plan their own journeys with public and community transport. For the eligibility criteria see: **www.hywelddahb.wales.nhs.uk/Consultation**
- In the longer term, a single number for clinical appointments and, if eligible and required, the transport can be booked at the same time
- Transport planned more intelligently by zoning appointments – making them at a suitable time for patients
- Increased text messaging to improve communications with patients and families
- Better support for those who need transport after attending an emergency department at night to ensure they get home safely
- Whenever we change a service, we will communicate what the transport options are for people to access those services and show that we have considered those options and implications
- Improved parking availability at our key sites and we will always consider this when moving services
- When building or reconfiguring specialised services that require long travel distances for some of our population, we will look at options for making low cost accommodation available

Addressing the issue of transport

Single transport number

Patients registered with Ceredigion GP Practices can now access non-emergency transport for both first and follow up appointments by using one single number – 0845 8401234 (local rates apply). The health board and Hywel Dda Community Health Council have worked together to make booking transport to hospitals easier for patients and their carers.

The service provides a single contact for patient journeys not covered by the Welsh Ambulance Services NHS Trust and includes signposting and in some cases booking of transport with alternative providers, such as third sector organisations. A leaflet about the service is available in GP practices.

Emergency Patient Transport

We have discussed our plans with the Welsh Ambulance Services NHS Trust (WAST) and they are fully committed to working with us to help deliver our new service models alongside their plans to modernise ambulance services:

Improving paramedic skills: A new role - Critical Care Paramedic – is being developed. This role will see paramedics with additional education, knowledge and skills to take critically ill patients to the most appropriate centre, depending on the patient's condition.

The Golden Hour: This is often referred to as the critical timespan for ensuring you get the right care to improve your chances of survival and recovery. 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 soon as possible. This is no longer the case. What is clinically important is that the patient receives specialist care, delivered by staff with the right skills and support, at the earliest opportunity. Often this may mean bypassing emergency departments to get to specialist treatment. Even now, patients with major trauma - such as head injuries, major burns etc - are not treated in hospitals within Hywel Dda Health Board and are taken straight to a specialist centre. We are working with WAST to develop clinical protocols to ensure patients are taken to the right place.

Emergency medical retrieval: The Wales Air Ambulance Service (a charitable organisation) already provides a helicopter retrieval service. Discussions are taking place at an all-Wales level about developing this further into a 24/7 emergency medical retrieval service. If this service is developed, it will be built around the skills of the Critical Care Paramedic mentioned above, supported by Emergency Care Consultants and Intensive Care Anaesthetic Consultants. The service would utilise the existing air ambulance service, upgrading helicopters so that they can fly in virtually all weather conditions, day and night, with support from land based critical care ambulances. For Hywel Dda Health Board, this service would significantly reduce some of our geographical challenges and enable our patients to get to specialist centres, including critical care units, much quicker.

By providing better access to facilities nearer to where people live, we will reduce the number of people who need to go to hospital.

Care closer to home

What does it mean and how will it work?

Our plan is to deliver as full a range of NHS services as close to home as possible. This will include providing much more care at home and moving some services that were previously only available in the hospital into GP surgeries or the community.

By providing better access to facilities nearer to where people live, we will reduce the number of people who need to go to hospital. We also believe that it is important to maintain independent living for older people and work harder at preventing rather than treating health problems. We believe this will result in better outcomes for our population.

However, before we can change the way hospitals work and the way patients use them, we need to ensure that we have the right services, with the right capacity in place in our communities. We will not allow anyone to fall between different parts of the system and have exciting plans to revitalise the way healthcare works in our localities.

Primary care is the term we use for GPs, dentists, pharmacists and optometrists. The vast majority of our healthcare takes place in a primary setting. Improvements to primary care facilities (buildings) will be at the heart of all our plans, ensuring that not only can we avoid people going to hospital unless it is necessary, but people will be clear on where they need to go to access these services.

Improvements in primary and community services will reduce the overuse of hospital beds; our evidence shows that up to 40% of patients in our hospital beds don't need to be there. By developing our primary and community services and facilities we can prevent this.

The boundaries between in hospital and out of hospital services are still too great. We need to ensure that all of our services, acute, primary, community and social care, are working together to meet local needs. Meeting the chronic disease challenge will require us to bring together traditional hospital services with community services and primary care services - to create integrated services.

What we will do

Our vision for care closer to home will enable us to reduce, by as much as 20%, the number of acute hospital beds. Our projections are within the technical document (listed in Annex B) at www.hywelddahb.wales.nhs.uk/Consultation

This will allow us to undertake an ambitious and comprehensive ward refurbishment programme to increase the number of single occupancy side rooms and single sex accommodation in our hospitals.

The benefits of this will be fewer hospital acquired infections, significant improvements in terms of dignity and respect, and will ensure we have modern, fit-for-purpose wards.

An example of where integration is happening now is the **Acute Response Teams** (ART), made up of nurses and healthcare support workers who work 24 hours a day in all our three counties offering rapid response treatment. ART are helping thousands of patients receive the care they need at home. For example, a patient requiring a regular course of intravenous antibiotics (delivered through a needle into the bloodstream) would previously have been admitted to hospital. Now, the ART team goes to the patient's home, freeing up hospital beds and enabling the patient to recover in the comfort of their own home.

By providing better buildings, better access and by co-ordinating community services, we can reduce the distress and the expense of unnecessary hospital stays and improve outcomes for patients.

Hospitals will always be there for those who need them.

What this will mean for people: Local planning, local delivery

We plan to enhance and improve the way we support GPs and the wider primary healthcare team across the Hywel Dda Health Board area. This will be different according to the needs of individual communities.

Our proposals will mean that services are organised across seven localities – which we have already designated. The range of services in each locality will be tailored to meet the needs of its population and community. The locality approach is the key to delivering 24-hour community care. Quite a number of these services are already in place in some parts of Hywel Dda Health Board – our aim is to make these available for all our population.

Feedback from the listening and engagement exercise

Almost three quarters (73%) of respondents to the questionnaire agree that Hywel Dda Health Board should aim to provide most NHS services locally (with more than two fifths (46%) saying that they strongly agree), while almost a fifth (18%) disagree with this vision.

"For elderly patients, having care in the community would be better" (Ceredigion resident)

"Saves on travel cost. Saves patient time. Reduces NHS costs. Reduces patient uncertainty by being in a familiar surrounding/district" (Carmarthenshire resident)

"Most people would prefer to have treatment based in their local community and at home if possible" (Pembrokeshire resident)

"I agree with the principle of local provision, but experience tells me that local community and social care will have to improve considerably to make this feasible in practice" (Powys resident)

The seven localities are:

Carmarthenshire
- Amman/Gwendraeth
- Llanelli
- Taf Myrddin, Teifi, Tywi,

Ceredigion
- North Ceredigion
- South Ceredigion

Pembrokeshire
- North Pembrokeshire
- South Pembrokeshire

Here are some of the ways we intend to continue to make improvements in primary care and in our communities:

Primary care services

These services will be available to all, and will include:

- GPs providing a range of general medical (family doctor) services - with some key practices providing extended opening hours
- Pharmacy services
- Dental services
- Optometry services
- District Nursing (Community Nursing) service

Each of the seven localities are supported by health visitors, district nurses, community midwives and healthcare support workers. The district nurses will continue to develop close links with their communities and will be able to offer care earlier to prevent admission to hospital.

Care closer to home

Enhanced primary care teams and services

GPs are a vital part of any health plan. We are working with GPs to provide more care from surgeries with a new and extended role for local GPs working together. Some of the developments include:

- **Pre-operative assessment** – GPs and their teams will ensure that patients are as fit as possible before going into hospital before surgery. It is expected that this will result in fewer cancelled operations due to the patient not being fit for surgery, or from patients who withdraw from surgery at the last minute
- **Enhanced recovery after surgery** – enabling patients to be discharged faster after surgery back to the care of their GP and community care teams
- **Enhanced diabetic care** – this will enable up to 80% of patients with diabetes to be cared for in primary care - reducing waiting times for those patients with complications from diabetes who need to see a consultant
- **GPs with a Special Interest** – we are looking to develop more roles for these types of GPs who have additional skills in certain areas, for example in dermatology

In dental services we are developing the role of the Dentist with a Special Interest (DwSI). Like their GP colleagues, these dentists will have additional training and skills in more specialist areas such as oral surgery and orthodontics. This will mean that some oral surgery and orthodontics can be delivered closer to home, saving the need for travel

We continue to work with our community optometrists to make the best use of their expertise, so that certain eye conditions can be treated much closer to home, such as in the glaucoma scheme

Community eye services

Open angle glaucoma is the most common cause of blindness worldwide and raised intra-ocular pressure is the major treatable risk factor. Eye drops are used to reduce the pressure and prevent the condition from worsening. Many elderly people who are affected by the condition also have other chronic medical illnesses such as arthritis. This not only prevents them from attending community clinic but also from putting the eye drops in themselves.

Under a new initiative, carers were trained to administer the eye drops significantly freeing up district nurse time.

Communities are also benefiting from the Mobile Macular Scan Van which is piloting retinal scanning in the community to reduce the travelling for patients from community clinics to Aberystwyth.

Improving access to primary care services

Hywel Dda Health Board has the best patient reported satisfaction in Wales on accessing a GP surgery. However, there remain groups of patients who feel that their needs are not being met effectively. Access to your GP practice will be central in enabling more people to be cared for outside of hospital. This was an issue highlighted by the Welsh Minister for Health and Social Services recently.

We understand that if we are going to move care outside of hospital we will need to move resources to ensure:

- Easier access to your GP practice on the phone during core hours
- GP practices have local telephone numbers, as soon as possible
- Appointments with an appropriate primary care clinician, either a GP or nurse, will be

available from 8am to 9pm Monday to Friday, and from 9am to 1pm at the weekend

- Appointment, or treatment advice over the phone, or a home visit with a clinically appropriate clinician, is available within four hours, where the need is deemed to be urgent
- Appointments can be pre-booked at your GP practice up to four weeks in advance for those patients with chronic conditions or for follow-up care
- Routine appointments can be pre-booked with your preferred GP

Pharmacists provide an important first point of contact for advice and treatment and are key members of the local healthcare team. We will seek to develop the following range of services across Hywel Dda Health Board:

- An '8 'til late' pharmacy within 30 minutes of all patients
- A community pharmacy open 9am – 5.30pm within 15 minutes of all patients
- 95% of all pharmacies with consultation facilities
- Minor ailment and flu vaccination services delivered through community pharmacists
- 100% of pharmacies having an up-to-date library of local healthcare and social care services

Phlebotomy service

A new pilot phlebotomy service (where blood tests are taken) has started in Asda, Llanelli. The clinic is being run through Wellbeing Regeneration with the aim to release demand on phlebotomy services at Prince Philip Hospital. The pilot will look at reducing waiting times for patients, provide a service in the community that is closer to people's homes and allows patients to access other services within town.

Enhanced community care teams and services

Each locality will have a team of professionals with the expertise to provide care for patients in their own homes. This service will manage those patients with chronic diseases and will be able to recognise when they are deteriorating. They will be supported by medical back-up from GPs and access to specialist medical opinion for additional expert advice.

Community resource teams

These teams are already in each of the seven localities, supporting the primary care team, and offering a greater range of services. These include community based physiotherapy, occupational therapy, dietetics, speech and language therapy, podiatry, pharmacy and mental health services. These teams bring all the services working in the community together, including social care and the third sector, to help support people to self care, and maintain their independence. In each locality these teams may be different, depending on the health and care needs of the local population. Community resource teams may be co-located within new Community Resource Centres (see over).

Community virtual wards

We are transforming the way we support people with chronic diseases by developing virtual wards in each of the seven localities. These are groups of people identified from the GP's list who have higher healthcare needs and whose risk of health deterioration could be avoided if the right support was available much earlier. This will potentially avoid the need for a hospital admission or readmission. Patients will receive care in the comfort and convenience of their own home from skilled professionals and support staff.

The wards will be operated by highly trained staff using cutting edge technology, such as tele-health monitoring, which allows us to keep a close eye on signs and symptoms. This important information can be sent to a trained nurse who

will then be alerted to any deterioration in the patient's health. This will reduce the number of people who end up in hospital by supporting them at home and by better managing their conditions. Over time this will result in us needing less hospital beds as people are cared for at home.

This initiative has been successfully piloted in a number of areas across the health board.

Community Resource Centres (CRCs)

These centres are a major part of our plans to improve primary and community care and there is potential for some to be based in community hospitals. The centres will be used for a wide range of services, including tests, outpatient appointments, physiotherapy and mental health appointments. As skills and facilities develop, they can also be used for procedures, such as blood transfusions or intravenous antibiotics – all of which result in providing care closer to home and taking the strain off hospitals.

In some cases, the centres will be the home for GPs, and other relevant health and social care teams – building a joined up approach to healthcare. The services in each centre may be different, depending on the health and care needs of the local population.

We are proposing to build new centres in Aberaeron, Cardigan, Carmarthen, Cross Hands, Crymych and Whitland as part of a five year programme that will see £40million invested in primary and community care facilities.

Community hospitals and services

We currently have eight community hospitals:

- **Carmarthenshire** – Amman Valley, Llandovery and Mynydd Mawr
- **Ceredigion** – Aberaeron, Cardigan and Tregaron
- **Pembrokeshire** – South Pembrokeshire and Tenby

Feedback from the listening and engagement exercise

"We need GPs to be able to do more screening and tests and biopsies" (Ceredigion resident)

"I think it would be great to have more minor treatment and routine things done by your GP or at a local health centre but, if this is about saving money, how can it work? I'll wait to see some proposals before I agree to it - I hope they prove me wrong and I'll keep an open mind" (Pembrokeshire resident)

"If care centres can be developed and adequately funded, for example like a super GP service, but I need to be convinced that the money is there and that this is not just a cost-cutting exercise" (Pembrokeshire resident)

Our community hospitals have played an important role in delivering healthcare across the Hywel Dda Health Board area. However, some of the buildings significantly pre-date the formation of the NHS and are not equipped to function well as modern hospitals. We now have the opportunity to rethink the way we use these resources and to look at ways they can be better used.

Our information shows us that many of the people using beds in community hospitals do not need to be there. Many of the people staying in community hospitals would be better cared for at home and there is the potential to use these beds for rehabilitation or supportive care, helping people to become and stay more independent – this is especially important as our population grows older.

Care closer to home

Redefining community beds

Our aim is to provide community beds that support our assessment of patients and provide care closer to home. For those patients with greater needs, the transition from hospital to home will be delivered through a network of community beds and will focus on active rehabilitation.

The rehabilitation programme will typically be for a three to four week period and transitional care beds will be staffed by nurses and therapists, with medical cover being provided by a consultant or GP who will do a ward round every 48 hours. The aim of transitional care is to seek to discharge the patient back to their home.

For patients requiring 24-hour care, but not requiring the level of care currently provided within our hospitals, community beds could meet their needs and be provided in different settings, for example in:

- Patient's own home and virtual ward
- Community hospital/CRCs
- One of our four main hospitals, but in a bed where the level of care has been redefined effectively providing community beds locally for people who live close to a hospital
- Local authority beds providing healthcare
- Independent sector beds providing healthcare

The success of this, and our community services, will mean that we will review the overall number of community hospital beds in Hywel Dda Health Board.

What is the impact?

Services currently provided from Mynydd Mawr Hospital will in the future be provided in other ways, including more dementia care at Prince Philip Hospital (see following page), more care outside of the hospital environment from our community resource teams and the new Community Resource Centre at Cross Hands.

This means that Mynydd Mawr Hospital would no longer be required and we would intend to close it.

We are developing health and social care services in a new facility in Tregaron (the Cylch Caron Project) working with Ceredigion County Council and other agencies. This means that Tregaron Hospital will no longer be required and will close when this service is available.

We will build a new Community Resource Centre in Aberaeron. This will mean that Aberaeron Hospital will no longer be required and will close when this service is available.

Improved care for dementia patients

We must improve the care of patients with dementia by engaging earlier both with patients and their carers. This will require effective working between mental health services, social care, primary care, community care and the third sector.

Our clinicians will develop a new dementia care unit at Prince Philip Hospital in Llanelli. It will provide care for patients who require intensive assessment and treatment. The care will be led by consultant psychiatrists and specialist care of the elderly physicians, supported by junior doctors, nurses and therapists.

The aim of this unit will be to assess and treat patients with dementia in order to get them to a stable position with a clear care plan, so that they can move into transitional care and ultimately back to their home.

Early assessment and comprehensive ongoing treatment for people with dementia will meet current and future health needs of our ageing population with the benefit of keeping people well for longer and with better support in their home environment.

Minor Injury Units (MIUs)

We provide minor injury services in each of our main hospitals and four of our community hospitals: Cardigan, Llandovery, South Pembrokeshire and Tenby. As part of our care closer to home plans we will support all of our GP practices in providing a minor injury service during surgery opening hours. In addition, there will be 24/7 minor injury services on each main hospital site. This will significantly improve access with over 50 surgery locations offering minor injury services across Hywel Dda Health Board.

Our future model for minor injury services will be entirely nurse-led, either in GP practices or in our four main hospitals. To support this we will increase the numbers of emergency nurse practitioners in the health board and redeploy the current nurse practitioners in the Minor Injury Units in Tenby and South Pembrokeshire.

More detail is contained within the technical document (listed in **Annex B**): www.hywelddahb.wales.nhs.uk/Consultation

The health board will work with local GPs, Pembrokeshire County Council and other stakeholders to agree the most appropriate use for Tenby Hospital.

What we will do

- **Build a new Community Resource Centre (CRC) in Cross Hands – commencing in 2013**
- **Create a new dementia service at Prince Philip Hospital, staffed by hospital and community doctors and nurses, supporting community care services with the aim of the service being in place by the end of 2013**
- **Progress the design for the new Cardigan Hospital - with the aim of construction starting in 2013**
- **Progress the development of health and social care services in a new facility in Tregaron (the Cylch Caron Project) working with Ceredigion County Council and other agencies with commencement planned for 2013. This means that Tregaron Hospital would no longer be required and would close when this service is available**
- **Build a new community resource centre in Aberaeron – commencing in 2014. This would mean that Aberaeron Hospital would no longer be required and would close when this service is available**
- **Expand primary care delivered minor injuries services within 12 months**

What we need your views on

- **Services currently provided from Mynydd Mawr Hospital will in the future be provided in other ways, particularly through the development of services at Prince Philip Hospital and supported by a new Community Resource Centre at Cross Hands. This means that Mynydd Mawr Hospital would no longer be required and we intend to close it once the necessary community services are in place**
- **Reprovide the Minor Injury Services at Tenby and South Pembrokeshire Hospitals to be delivered from GP Practices - with staff redeployed into Withybush Hospital (once primary care services in place)**

Mental health and learning disability services

Mental health services

In the last few months, Hywel Dda Health Board has developed its Mental Health Strategy: *The Mental Health and Wellbeing Strategy*, which sets out our strategic plans for mental health and wellbeing for the next five years.

What do we have now?

Community services

The health board delivers a range of comprehensive mental health services provided in a variety of ways by differently skilled teams across the three counties. Pivotal to the successful delivery of the mental health and learning disabilities services are the community based services provided by:

- Community mental health teams
- Crisis resolution and home treatment teams
- Early intervention teams
- Assertive outreach teams
- Specialist drug and alcohol teams

Inpatient services

We have mental health inpatient facilities in Aberystwyth, Carmarthen, Haverfordwest and Llanelli. These services are only used when acute assessment and treatment requires an inpatient environment. Very often, this is not the case and people can be assessed, treated and supported in a community setting in or near to their home. Due to the unique nature of the inpatient environment and the services it offers, it is important that these wards are staffed and operated appropriately. Recently, as a result of significant workforce challenges, we have needed to temporarily relocate the Bronglais Hospital inpatient service into Carmarthen to ensure the safety of staff and patients. However, this has not reduced our overall bed numbers across Hywel Dda Health Board.

For some patients with more complex needs, treatment and care has to be provided outside Hywel Dda Health Board area. To support a return to Hywel Dda Health Board as soon as possible, we have developed a hospital based rehabilitation and recovery service for these patients.

What are the challenges?

- To deliver mental health treatment as near to home as is possible and only in hospital when absolutely necessary. Care closer to home should not mean less care but better co-ordinated care locally
- Delivering specialist mental health services locally. The Mental Health and Wellbeing Strategy engagement process told us that people are prepared to travel if it increases their chances of recovery and improved health and social outcomes
- Patients who need urgent assessment or high levels of care have to travel to other health board areas or often England

Workforce challenges

Recruitment and sustaining a highly skilled and appropriately trained workforce is a constant challenge for mental health services. We need to provide sustainable and safe services, and despite genuine efforts we have been unable to recruit and retain clinical staff. Similar to other services, continuing to support inpatient services in numerous locations will always be a challenge.

Mental health and learning disability services

Working with partners in the fire service

The health board and Mid and West Wales Fire and Rescue Service are working together to reduce the fire risks faced by individuals with mental health issues.

A mental health nurse is working for the fire service with the aim of ensuring vulnerable people receive home fire safety advice, equipment and support wherever possible. The role helps both services to learn from each other – with health staff being trained in how to address fire risks and fire staff being trained to engage effectively with mental health clients in day-to-day and emergency situations.

Learning disability services

What do we have now?

The health board works with local authorities to deliver a range of community and residential learning disability services across the three counties and includes:

- **Community learning disability teams** - multi-agency teams providing ongoing case management and monitoring of individuals' care and treatment whether they are receiving care in the community or within a residential / inpatient setting
- **Positive Behavioural Intervention and Support (PBIS) team** - providing a service across the three counties and support the community learning disability teams to manage those with challenging behaviours
- **Specialist Therapeutic Team (STT)** – but in some more complex cases care is provided outside the Hywel Dda Health Board area
- **Assessment and treatment or complex care units** – providing an environment within which individuals can be assessed with the aim of providing treatment and support to return individuals to a community setting and with close links to other teams
- **Community residential schemes** - providing support for those individuals whose needs can be met within a supportive community setting

What are the challenges?

- To align learning disability services more closely with mental health services for those individuals presenting with co-existing problems accessing acute mental health services
- Improving and increasing the range of services and treatments provided within a community setting, to reduce reliance on inpatient services and provide care as close to home as possible

Workforce challenges

- Recruitment and sustaining a highly skilled and appropriately trained workforce within specialist learning disability services is a constant challenge despite continued efforts to attract staff. This is not a problem isolated to Hywel Dda Health Board

Mental health and learning disability services

What we will do

In delivering our Mental Health and Wellbeing Strategy, our aims are to deliver better care, closer to home; to recruit and keep high quality staff; to help people stay well, and to integrate mental health and wellbeing into all our services - to ensure we have a community and hospital service that suits the needs of our population, now and well into the future.

Specific actions will include:

Mental health services

- Extend and expand our current range of community services across all three counties
- Develop a Psychiatric Initial Assessment and Intensive Care Unit in Carmarthen. This will provide an 'assess to admit' facility for Hywel Dda Health Board and will support those in crisis requiring assessment and support and reduce the need for out of area referrals
- Develop a Primary Mental Health Support Service as part of the Mental Health (Wales) Measure 2010 to be integrated within primary care
- Extend the Rehabilitation and Recovery Unit in Carmarthen to include dedicated single sex accommodation. This will increase our ability to return out of area patients to local care
- To extend our therapeutic day services, currently only available in Carmarthenshire, across all three counties. This will provide the opportunity for psychological therapies for all our patients

Learning disability services

- Provide learning disability inpatient services in tandem with existing acute mental health services where appropriate
- Create new opportunities to provide services for individuals with complex needs locally
- Develop specialist residential services closer to home for those individuals currently cared for outside of the Hywel Dda Health Board area

What we need your views on

- There are no specific areas for formal consultation at this time. As the implementation plan for delivering the Mental Health and Wellbeing Strategy is developed we will undertake consultation with staff and service users as necessary

We want to ensure everyone has access to the care they need when they need it, with acceptable waiting times and with reduced cancellations.

Hospital services

A review of what clinical evidence says about hospital services in Wales, *Best configuration of hospital services for Wales*: *A Review of the evidence* published in May 2012 - **www.glam.ac.uk** - concluded that patients in Wales are not getting the best possible outcomes from their hospital care, and there is a strong case for changing the way some hospital services are organised.

Some of the main findings show that:

- The current configuration of hospital services does not deliver the best outcomes for patients uniformly across Wales
- Service quality needs to be improved if Wales is to have services comparable with the very best healthcare systems
- Unless action is taken quickly, the shortage of medical staff in some services is likely to lead to the unplanned closure, and possible collapse, of these services
- The increasing specialisation of some types of services mean that centralising expert clinical staff leads to better patient outcomes in these specialties
- The nature of healthcare means that many hospital services are interdependent and outcomes for patients could be improved if certain types of services are brought together on one site
- The impact of longer travelling distances as a result of centralisation can be lessened by boosting pre-hospital care, using telemedicine more widely and effectively, and providing better transport links

In response to this report and from what we heard in our listening and engagement exercise, in this section we will look at the hospital services we currently provide and the ways we can improve them. We will seek to explain reasoning behind the proposed changes, what they will achieve and our options for making the change happen.

Hywel Dda Health Board will consider the outcome of this consultation, including the views of the public, staff and stakeholders, before coming to a final decision on how services will change.

To continue to give the people of the three counties and surrounding areas the healthcare they need and deserve, we need to change. Our current system is simply not sustainable, presenting us with quality and safety issues and inefficiencies. We view this consultation as an opportunity to re-think the way we deliver our services to people living in Hywel Dda Health Board and neighbouring health boards.

None of the proposed changes will take place until it is safe and appropriate to do so, without any reduction in the levels of care our patients receive. In every case, **no change is not an option** – it is a necessity if we are to deliver high quality, safe health services to people living in Hywel Dda Health Board area.

This section is split into specific areas of medicine with each area describing the specific challenges we face, the actions we will be taking and the areas for consultation. Each area of medicine is supported by a technical document (see **Annex B**) with the data and evidence we have used to help develop our proposed options.

(i) Cancer services

What do we have now?

- Cancer diagnostic services are on all four main hospital sites
- Cancer treatment/surgery is available on all our main hospital sites
- For some types of cancer surgery (e.g. stomach, brain and lung), our patients already travel to cancer centres at Singleton Hospital in Swansea and Velindre Hospital in Cardiff. For some rarer cancers, patients receive treatment at specialist centres in England
- Chemotherapy is delivered in all four of our hospitals and with better planning could be delivered more locally through our community facilities
- Radiotherapy is more complex and is therefore delivered in the specialist centres in either Swansea or Cardiff

What are the challenges?

There are a number of quality and safety issues we cannot ignore:

- The treatment recommendations for cancer are constantly being reviewed and changed as better evidence comes to light through research. Hywel Dda Health Board must keep up-to-date with these developments so we offer the best possible treatment and care to ensure the best chance of surviving cancer
- Our current cancer services do not meet all the standards set by Welsh Government or the Department of Health. These guidelines say that cancer services must be delivered by teams of specialists - multi-disciplinary teams - coming together to discuss each patient and their treatment options
- We have too many multi-disciplinary teams that do not fully meet the standards. By reducing the number of teams we can develop compliant multi-disciplinary teams
- There are varying waiting times for both diagnosis and treatment

What we will do

We want to ensure everyone has access to the care they need when they need it, with acceptable waiting times and with reduced cancellations. We want rapid diagnosis and follow-up treatment nearer to home and we want to ensure excellent services for the cancers we know we can treat well.

We will continue to improve our services by ensuring that:

- **We work closely with Public Health Wales to improve cancer screening services**
- **We develop outpatient clinics, supported by diagnostic tests, which will be offered locally and, wherever possible, delivered through a 'One Stop Clinic'. This will ensure that patients get rapid diagnosis and treatment by specialists working within a single multi-disciplinary team**
- **We develop a single multi-disciplinary team for each cancer group (e.g. lung, breast etc) with guidelines and treatment pathways for surgical procedures on all sites**
- **If patients need chemotherapy, they will receive this locally**
- **All cancer multi-disciplinary teams will network with cancer specialist centres outside Hywel Dda Health Board**
- **Due to the small numbers and the requirement of specialist input, the only cancer surgery we will undertake within Hywel Dda Health Board is breast and colorectal**
- **We develop a Hywel Dda Specialist Breast Cancer Team. This team will support breast cancer surgery on all main hospital sites with the specialist centre being in Prince Philip Hospital**

- **We will develop a Hywel Dda Specialist Colorectal Cancer Team. This team will support colorectal cancer surgery in Bronglais, Glangwili and Withybush Hospitals. The centre for minimally invasive surgery (laparoscopic service) being in Withybush Hospital**
- **For rarer cancers, small numbers of patients will need to travel outside Hywel Dda Health Board area as they do now to South Wales cancer specialist centres**
- **Radiotherapy will continue to be delivered at the specialist centres at Singleton Hospital, Swansea or Velindre Hospital, Cardiff**
- **Only the part of treatment that needs specialist expertise will be delivered in a specialist centre. Once this is complete, continued care, including rehabilitation, will be delivered as close to home as possible**

What we need your views on

There is no major service reconfiguration being proposed – we are simply reorganising the way we manage cancer within our teams. As a result this is not subject to consultation.

(ii) Women and children's services

What do we have now?

Obstetric and maternity services

- Consultant-led obstetric and midwifery services are delivered in each of the three counties
- We deliver antenatal services from a range of locations, including GP surgeries, community hospitals and main hospital sites. We also have a community based midwife service
- Hospital based services are provided at Bronglais, Glangwili and Withybush Hospitals, where there are supporting backup services e.g. diagnostics, adult critical care and a range of other medical specialists
- There are Special Care Baby Units (SCBU) in Glangwili and Withybush Hospitals; however, our provision in these units is limited. In Bronglais Hospital, we only have a stabilise and transfer emergency neonatal response

Children's services

- These are delivered jointly between GPs, community and hospital services. The majority of children's illnesses are minor and managed by their GP
- There is access to paediatric outpatient services from a range of locations, including hospital and community facilities
- Community and outpatient diagnostic services are provided locally
- Urgent paediatric assessment and inpatient admissions are provided on three hospital sites: Bronglais, Glangwili and Withybush. They are run by a mixture of staff, including specialist and junior doctors
- Specialist Child and Adolescent Mental Health Services (CAMHS) are provided across Hywel Dda Health Board by community based teams of psychiatrists, nurses and psychologists. Primary care mental health workers work across all services and aim to increase interactions with both primary and secondary schools, providing training to teachers and providing lessons. We have access to inpatient facilities at a specialist unit in Bridgend
- Children and young people requiring specialist care have to be transferred outside the health board. More complex high dependency care is managed by ward based nursing staff, as there is no stand alone Paediatric High Dependency Unit within Hywel Dda Health Board

Telemedicine

A recent pilot enabled babies and children with serious heart conditions to receive more of their care in their local hospitals, thanks to the use of telemedicine. Consultant Paediatricians in Bronglais and Glangwili Hospitals used videoconferencing equipment to send live ultrasound images to the specialist centre at University of Wales Hospital, Cardiff, for second opinion or specialist diagnosis. Previously, patients would have travelled by ambulance or the health board would have used lengthy and costly door-to-door delivery of DVD recording of ultrasound images for review.

The telemedicine pilot has revealed a number of benefits for children with potentially life-threatening heart failure and their families, including speeding up diagnosis and in some cases, negating the need to travel unnecessarily to specialist centres. Other benefits include reduced costs to the health service; saved time for consultants, which can be utilised delivering direct patient care rather than travelling and associated environmental benefits.

Feedback from the listening and engagement exercise

"As vulnerable members of society they need to be considered high priority. Every effort should be made to move professionals to see them locally, rather than making them travel, for all but specialist input" (Ceredigion resident)

"These services need to be as near as possible to home. In most cases women have family and home responsibilities. Children do not benefit from isolation from home and visits. Services should be available locally wherever possible" (Pembrokeshire resident)

What are the challenges?

In our listening and engagement exercise, we heard that Women's and Children's Services should be available as locally as possible. We support this view; however, there are a number of issues about quality and safety that need to be addressed:

Obstetric and maternity services

- In 2008, the Royal College of Obstetricians and Gynaecologists produced the Standards for Maternity Care: *A Report of a Working Party*. The document provides clear guidance on what constitutes a compliant obstetric service, part of which refers to consultant cover on the labour ward and the minimum number of births to ensure skills are maintained. Not all of the hospital based services in Hywel Dda Health Board are delivering consistently against these guidelines and the challenge for us is to deliver safe services which comply with the spirit of the guidance, through robust clinical networking and strict adherence to protocol
- In Ceredigion, our neonatal care is not provided by paediatric staff but by our midwives with neonatal expertise. This means that when we have a sick baby our maternity unit has to close to new patients
- For women who have deliveries that are not straightforward, we do not have a 'high risk' obstetrics unit and as a result we have to transfer too many women to hospitals outside of the Hywel Dda Health Board area
- None of our Special Care Baby Units (SCBUs) fully comply with Royal College guidelines. We currently do not have a Level 2 Neonatal Unit (British Association of Perinatal Medicine definition describes this as a unit that can offer specialist care to sick babies). Clinical studies have highlighted how a modern neonatal service improves the treatment and quality of life of newborn babies should they require a greater level of support following birth. A population the size of Hywel Dda Health Board should have such a facility and we do not have enough deliveries to develop this on all three sites

Workforce challenges

- The Royal College of Obstetricians and Gynaecologists report referred to above provides that the delivery of less than 2,500 births per year in a unit places at risk both the medical staff training posts and the sustainability of training rotas. Hywel Dda Health Board currently sees around 3,800 births per year, but these are spread over all three counties
- As with other services, our ability to support middle grade doctor training rotas will become increasingly more challenging. The body responsible for postgraduate medical training, the Welsh Deanery, has told us that in the future there will be a reduced number of trainees and we will have to reduce the number of rotas we currently run. This is an issue affecting the whole of Wales as the number of medical rotas are planned to reduce by half. We currently have three middle grade doctors' rotas, but find them difficult to sustain as we do not have enough doctors

Children's services

- The Royal College of Paediatricians guidelines focus on urgent care and describe how every child or young person with an acute medical problem should be seen by a senior paediatrician within four hours of admission and reviewed by a consultant within the first 24 hours. At the moment the way we deliver our services means that we do not meet these quality standards in every case
- We do not have a High Dependency Unit for children in Hywel Dda Health Board and therefore very ill children have to be managed on general children's wards or have to be transferred outside of the health board

What will we do?

- **Antenatal care will include regular screening to check that pregnancies are progressing safely and as planned to ensure that babies are delivered in the safest location. This might be at home, a local hospital or the Hywel Dda Health Board Complex Obstetric Unit**
- **Consultant-led obstetric services will continue to be provided in Bronglais, Glangwili and Withybush Hospitals**
- **On the rare occasion when a baby is born in any of these locations and unexpectedly requires more intensive support, a stabilisation and transfer service to the Neonatal Unit is already available**
- **For those who are at risk of delivering very early, or where a Level 3 Unit (Intensive Care) will best meet the needs of their baby, services will continue to be provided at the Level 3 Unit in Swansea**
- **We will continue to have paediatric assessment units in Bronglais, Glangwili and Withybush Hospitals**
- **Bronglais and Withybush Hospitals will continue to have short stay paediatric units open all day every day**

What we need your views on

To reach a critical mass of births and meet all the modern service standards we would need to centralise inpatient maternity care. Given the nature of our geography, access times and urgent retrieval service options, providing we can recruit the appropriate staff we feel the option that best suits Hywel Dda Health Board is to retain maternity and paediatric care in each county.

The vast majority of pregnancies are straightforward. However, to deliver safe

maternity care in our area it is very important to identify the potentially complex pregnancy (such as patients with previous underlying medical conditions).

We propose to develop a Paediatric High Dependency Unit, alongside our Level 2 Neonatal Unit - to provide a comprehensive higher level sick children's service for the first time within Hywel Dda 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 (COU) which would be co-located with the Level 2 Neonatal Unit.

There are two options for this:

1. Glangwili Hospital (our preferred option), or
2. Withybush Hospital

Hywel Dda Health Board would prefer Glangwili Hospital for the following reasons:

- It would be more sustainable as locating the unit at Withybush Hospital would not provide a critical mass of births due to the loss of mothers and babies to Swansea
- It is more accessible for all three counties
- There are currently more births at Glangwili Hospital than at Withybush Hospital
- For some high risk babies, access to the Level 3 Neonatal Unit at Singleton Hospital in Swansea may be important – and Glangwili Hospital in Carmarthen is nearer to Swansea

We would propose to start work in 2013.

There is the remote possibility that we may not be able to recruit sufficient doctors to the service even if one of the above options was adopted. In such a circumstance we might need to consider an alternative option with inpatient paediatric services delivered on only two sites see Technical document (listed in Annex B): www.hywelddahb.wales.nhs.uk/Consultation

One site would be Bronglais Hospital in the north and there would be a choice for the south of Glangwili (our preferred option) or Withybush Hospitals.

We would only consider this option as a very last resort if emergency transport solutions were in place and our clinicians were satisfied it was safe to implement. We would like to know which option you would prefer in such circumstances (see questionnaire)

(iii) Emergency departments and unplanned care

What do we have now?

- There are emergency and urgent care departments in Bronglais, Glangwili and Withybush Hospitals, which provide a range of emergency and trauma services. New emergency and urgent care departments have recently opened at Glangwili and Withybush Hospitals and building work has been underway for some time at Bronglais Hospital to establish a new emergency and urgent care department and clinical decision unit. Each of these departments has supporting back up services including: diagnostics, critical care and a range of 24/7 consultant led medical, surgical, orthopaedic and paediatric specialties
- At Prince Philip Hospital, we provide a doctor led minor injuries service and acute medical (emergency) services with patients being admitted to a medical assessment unit. Patients who require emergency surgery, trauma and paediatrics are transferred to the most appropriate hospital
- From all of our four hospitals, patients with severe/complex trauma are stabilised and transferred to one of the major trauma centres in either Swansea or Cardiff

What are the challenges?

There are a number of issues about quality and safety that we need to address:

- Too many people use our emergency and urgent care departments when they could access more appropriate care through other services. Our improvements in primary care will support better choices for patients
- Our current model for acute medical services is very hospital bed dependent. GPs and their patients have very few alternatives other than referral and admission to hospital or to present at one of the emergency and urgent care departments
- Once admitted to hospital, elderly patients are more likely to have a long length of stay. Long hospital stays are potentially harmful for the frail and elderly. Our ageing population will significantly increase over the coming years
- Occasionally, patients have accessed emergency services at Prince Philip Hospital and required urgent transfer to a more appropriate centre
- Often patients are admitted through the emergency and urgent care department to a hospital bed for assessment and diagnostic tests, which could be done in an outpatient setting
- None of the emergency and urgent care departments in Hywel Dda Health Board fully comply with the College of Emergency Medicine guidelines. Royal College reports indicate the best emergency services are planned to serve a population of at least 400,000
- As we have emergency surgery on three sites, not enough of our surgeons develop any true specialism. We are spreading our resources too thinly and so cannot deliver timely emergency surgery services with dedicated resources, such as theatres on all main hospital sites
- There is little separation between emergency and planned surgery – and the sickest patient will always be given priority. This means too many cases of elective (planned) surgery are cancelled, which obviously causes distress to the patients and has health implications
- Only Withybush Hospital currently has an Adult Clinical Decision Unit (ACDU) co-located with the emergency and urgent care department
- Best outcomes are achieved when patients with emergency surgical problems or trauma injuries are seen in a service that is not only led by a consultant, but delivered by a consultant who is free from other commitments and there are no delays in accessing theatres – this is not happening consistently in Hywel Dda Health Board

Workforce challenges

- The Welsh Deanery has said fewer training posts will be available in Wales and Hywel Dda Health Board has a history of recruitment problems which means staff seeking development opportunities will look elsewhere
- We have tried to fill our vacant posts but the way our emergency and urgent care departments are currently configured is not attractive to staff seeking high profile professional development opportunities
- We need to develop a network across the Hywel Dda Health Board emergency and urgent care departments that can provide support to all clinicians, shares clinical expertise and provides clinical backup when required

Hospital services

What we will do

- If a patient suffers severe head injuries or major trauma, they will be stabilised and transferred to the major trauma centres in Swansea or Cardiff. This is no change to the current service
- Continue to transfer patients to specialist centres for specialist treatments such as Primary Percutaneous Coronary Intervention (modern heart attack treatment)
- Work with other health boards to ensure that our patients have access to the latest advances in medical treatments such as stroke clot retrieval (modern stroke care treatment)
- Develop the Hywel Dda Health Board acute surgery and trauma networks. As part of these networks, there will be consultant led emergency surgical and trauma assessment and treatment services in each county over the next 6 – 12 months
- Develop network protocols for complex cases and complex major trauma to be treated in specialist unit(s) where full sub-specialty services are readily available within the next 12 months
- Develop the Hywel Dda Health Board emergency surgery and trauma centre(s) to ensure that we have an operating theatre and team available at Bronglais, Glangwili and Withybush Hospitals without delay, ensuring that generally operating is done in daylight hours to achieve the best outcomes for patients over the next 6 – 12 months (subject to option finally approved)
- All of the surgeons in Hywel Dda Health Board will work in clinical teams across the network of hospitals effectively providing one service delivered over three emergency sites within the next 12 months
- Surgical services will be delivered by consultants working in all three counties. They will be supported by access to rapid assessment and diagnostic facilities available in our newly built Adult Clinical Decision Units (ACDUs) under construction or completed
- We will move towards acute services being delivered in an outpatient environment for the majority of conditions and services delivered from specialist centres for the more serious conditions to be developed in the next 12 – 18 months
- To reduce hospital admissions we will develop rapid access to consultant outpatient hot clinics - these consultant led clinics will see patients referred from their GP and will have full access to a range of diagnostics and community support over the next 12 months

What we need your views on

In considering the options for the future of emergency care, it is apparent that two options emerge from the analysis. Both options identified below will provide the following:

- Fast access to specialist doctors and fast access to diagnostic tests on all main hospital sites – for many this can be delivered in an outpatient / assessment environment (leading to a reduction of inpatient beds over time)
- Ensure that the more highly specialised interventions are delivered in specialist centres in Swansea or Cardiff (as they are now for modern heart attack treatment)
- Ensure all major trauma cases are stabilised and transferred to trauma centres in Swansea of Cardiff (as they do now)
- Ensure complex cases are treated in specialist unit(s) where the relevant back-up services are readily available

Hospital services

OPTION A

A model that applies the standards required in a strict sense to our area, this would mean:

- **One Emergency Department and Accident Centre at Glangwili Hospital, supporting a single Hywel Dda Health Board service for emergency surgery and trauma. The department would provide a consultant-led service, with 24 hour resuscitation, assessment and treatment of acute illness and ongoing emergency treatment by experienced doctors in dedicated facilities (e.g. beds and theatres)**
- **Local Accident Centres [1] at Bronglais and Withybush Hospitals, supporting local management of acute medicine, with surgery or the transfer of patients to Glangwili Hospital using a 24-hour paramedic transfer service by vehicle or helicopter. Service would be 24/7 and nurse led**
- **Medical assessment and short stay service at Bronglais and Withybush Hospitals, with complex care transferred to Glangwili Hospital, as well as providing inpatient services for Carmarthenshire residents**
- **Nurse led Local Accident Centre [1] at Prince Philip Hospital**

OPTION B
(the health board's preferred option)

A model that adapts the standards to meet local geography and needs and would mean:

- **24/7 Emergency Departments and Accident Centres providing a full emergency department service including medical, surgical and trauma assessment and appropriate treatments. These departments will be co-located with purpose-built clinical decision and assessment facilities at Bronglais, Glangwili (both under construction) and Withybush (already open) Hospitals**
- **24/7 Local Accident Centre [1] at Prince Philip Hospital; this service will be provided by skilled emergency nurse practitioners and provide a similar level of service to the current department**
- **Emergency Medical Admission Units to be located in each of the four hospital sites – Bronglais, Glangwili, Prince Philip and Withybush; in the case of Prince Philip this reflects what we heard during our listening and engagement exercise**

We would aim to make the changes by mid 2013; however we would aim to change the name of the unit as soon as possible.

We need to know which option you prefer (see questionnaire).

[1] We recognise that the name of some departments providing Emergency Care may need to change in order to clarify the services available. Work is ongoing at an All-Wales level to define the terms to be used for Emergency Departments and we will need to ensure that locally we reflect any changes

Prince Philip Hospital, Llanelli

Our listening and engagement exercise highlighted the importance of locally accessible services for the people of Llanelli. The challenge for the health board is to ensure that services meet the needs of the community of Llanelli, as well as being safe and sustainable for the future. We consider that the strength of feeling shown by the people of Llanelli during the listening and engagement exercise warrants a specific section to explain why we are unable to reinstate certain services at this site.

Background

In 2005, the Royal College of Surgeons (RCS) undertook an independent review of surgical services across Carmarthenshire and put forward a recommendation to split emergency and elective general surgery across the two hospitals in Carmarthenshire.

Following formal public consultation in 2006, it was determined that emergency and planned surgical services should be split between Glangwili Hospital and Prince Philip Hospital, and that all emergency general surgical activity would be undertaken at Glangwili Hospital.

These conclusions were reached because maintaining services on both sites was unsustainable for the following reasons:

- New medical practices, the European Working Time Directive and difficulties in recruiting sufficient numbers of doctors would make the service unsustainable
- The number of emergency surgical operations conducted at Prince Philip Hospital was very low with, on average, one performed per day. This was not sufficient to maintain the level of expertise and specialisation required for a surgical team of this nature. A minimum critical mass of work is required for teams to gain and retain the necessary expertise
- In line with the National Confidential Enquiry into Perioperative Deaths, in order to ensure emergency surgery is able to maximise within normal daytime working hours, Glangwili Hospital has a dedicated emergency operating theatre. It is not viable to provide such a facility and a team to run it for the very low numbers of procedures at Prince Philip Hospital
- In the absence of a dedicated emergency theatre, emergency operations were being undertaken in one of the general operating theatres in Prince Philip Hospital. This led to the cancellation of planned surgery and was a major cause of complaint from patients
- With a population of only 175,000, Carmarthenshire could not sustain two general hospitals providing all services and the split of specialisation between the two hospitals was essential
- With elective general surgical work only undertaken at Prince Philip Hospital, the benefits included increased planned work with reduced waiting times, increased productivity and fewer cancellations of planned surgery
- By increasing planned surgery at Prince Philip Hospital there is better control of hospital acquired infections by avoiding mixing elective and emergency patients - planned surgery patients are pre-screened for the major infections

Current position

- This position remains largely unchanged
- We would be unable to deliver a clinically safe, efficient or effective full accident and emergency service at Prince Philip Hospital due to the back up specialities (including emergency surgery) needed to support such a department
- Typically, 80% of emergency department attendances at Prince Philip Hospital can be categorised as minor injuries and approximately 20% are medical in nature. Highly trained nurses have a key role in providing minor injury services; we have reflected this into our proposals to continue with a local and responsive service at Prince Philip Hospital

- The inpatient medical service at Prince Philip Hospital has no surgical, orthopaedic or paediatric backup and therefore does not take the full range of medical conditions. The surgical service in Prince Philip Hospital is for planned (elective) surgical care only
- We continue to be concerned that the term 'Accident and Emergency Department' does not truly reflect what the service at Prince Philip Hospital actually does at present. We are concerned that this continues to be a risk that patients attend the department thinking it provides an accident and emergency service, when it does not

We recognise the need for this important local service to be adapted and sustained for the future. Our proposal maintains the services at Prince Philip Hospital, but will enable them to be sustainable and viable into the future.

Following the feedback from the listening and engagement exercise, we are proposing to:

- Improve acute (emergency) medical services by having patients admitted directly to a medical assessment unit
- Use skilled and highly-trained nurses to manage the patients who attend with a minor injury (80% of those who currently attend the department)
- Work with local GPs, patients and representative groups to explain when it is appropriate to attend Prince Philip Hospital, and when it may be more clinically appropriate to attend a different unit or to be transferred elsewhere – such as to Glangwili or Morriston Hospitals
- Change the name of the department at Prince Philip Hospital to better reflect the services it provides – it will be known as a **Local Accident Centre**

Additional information on the Review of Surgical Services in Carmarthenshire can be accessed from the relevant Technical document (listed in **Annex B**) at: **www.hywelddahb.wales.nhs.uk/Consultation**

(iv) Planned care

What do we have now?

Planned care is the term we use for all treatment, surgeries and procedures that are pre-arranged. At the moment, we provide much of this care, such as clinics for respiratory diseases and cardiology, on an outpatient basis in various locations. We also have some 'one stop' clinics.

However, there is currently a lot of duplication and a lack of co-ordination between services, which leads to differing levels of treatment and waiting times across the three counties. In addition, too many people have to travel outside the Hywel Dda Health Board area as the correct specialist services are not all available here.

In our listening and engagement exercise, we heard that there should be less planned care cancellations. However, only one of our hospitals has beds or operating theatres dedicated to planned surgeries – Prince Philip Hospital in Llanelli. Treating patients with trauma can lead to cancelled appointments – this is obviously distressing and has a negative impact on health. We want to see a separation between planned and unplanned care, so a bed is available when needed.

Staff focus group comments

"Prince Philip could be a specialist hospital for breast cancer and orthopaedic services – and these strengths need to be highlighted – while making the point that it cannot be excellent and specialised in everything" (Glangwili)

"Carmarthenshire has 11 orthopaedic surgeons (for elective at Prince Philip and for trauma at Glangwili) while Withybush has only five and does not have any ring-fenced beds" (Withybush)

Hospital services

What are the challenges?

- Our planned care services should be integrated with community services, where care can be co-ordinated and more personal and with many more services available out of hours and during the weekends. Whilst our current planned care service provides significant numbers of operations on a day case basis we must do better. Developing dedicated facilities will mean more people will have their operation on a day or short stay basis and not need to stay so long in hospital
- Separating planned from unplanned care, investing in pre-operative assessment services, delivered by your GP or community team, and building state of the art facilities will deliver safe and high quality surgical services and transform your experience by minimising cancellations and reducing significantly the risk of cross infection
- Whilst there has been improvement in waiting times, there is still much more to be done. Waiting times vary depending on where you live. There is significant scope to increase the numbers of outpatient clinic appointments available in the evening or at the weekend. This also applies to our diagnostic services

Workforce challenges

- Hywel Dda Health Board has a chronic problem recruiting doctors in key specialty areas, such as pathology and diagnostic services, and surgery. This will become more challenging because a significant number of our senior medical workforce is eligible for retirement within the next five years. The number of medical rotas within Hywel Dda Health Board means scarce resources are spread too thinly and we cannot maximise the potential for sub-specialisation in line with modern practice
- There is very little joint working between the clinical teams across Hywel Dda Health Board and in some specialties there are single handed doctors working remotely from colleagues, which is not in line with modern practice. It is important that doctors are supported by clinical teams working together allowing the sharing of clinical expertise and backup, when required. For example, an orthopaedic clinical team working across Hywel Dda Health Board will provide a more consistent service model and overcome some of the variations between services on different sites

Enhanced recovery after surgery

Patients undergoing surgery are being supported to return to the comfort of their own homes much more quickly, thanks to Enhanced Recovery After Surgery (ERAS). The approach, being rolled out across Hywel Dda Health Board, is designed to better prepare patients for and reduce the total impact of, surgery allowing for a quicker recovery and better outcomes for patients. It is supported by follow-up care in the community. Experience has shown that patients involved in the scheme are generally more closely engaged in their care and recovery, get home earlier and are able to continue with their normal lives much more quickly.

What we will do

We plan to develop a network of planned care – to do this we will:

- Increase the range of clinical services the population the size of Hywel Dda Health Board should have locally by developing clinical teams across the area. Once fully established, these teams will support the development of sub-specialised services
- Building on the new primary angioplasty service - a service where patients who are having a heart attack are transferred urgently to the Cardiac Centre in Morriston Hospital, Swansea, and receive state of the art treatment. We will modernise our cardiology services with the development of a new cardiac catheter laboratory in Carmarthen, where we will be able to perform coronary angiography and some treatments
- There are similar opportunities to develop services for other specialties, for example, hyper acute stroke services, vascular services, lower limb surgery. We will look to develop these with our specialty teams over the next five years
- Continue transforming our diagnostic services by closer working with other health boards. We are working as part of a South Wales Network to deliver our histopathology and cytology services. We will continue to improve the way our consultant pathologists work with cancer multi-disciplinary teams. We will develop diagnostic services in the community in our Community Resource Centres (CRCs), including access to blood tests, to prevent the current problems with long queues at some of our hospitals

This will be undertaken over the next 12 months.

In addition, as we said in Section 5, we will:

- Invest in CRCs moving medical and surgical outpatient care much closer to home. If you require surgery, your local doctor and community nursing teams will be responsible for ensuring that you are fully prepared both physically and emotionally. This pre-operative assessment service will mean you are able to attend hospital on the day of surgery and plan for your discharge long before you are admitted
- We will continue to invest in our community services, together with further investments in diagnostics and we will see a greater emphasis on managing patients with chronic diseases. There will be a focus on early intervention before there is a significant deterioration in the patient's condition. Earlier intervention will help reduce the current numbers of patients requiring acute medical care
- Complete the new front of house scheme at Bronglais Hospital to provide dedicated overnight and short stay theatres and beds
- Reconfigure beds and theatres in Prince Philip Hospital to include a new Short Stay Surgical Unit
- Deliver surgery in dedicated areas where both the beds and the theatres will be used solely for planned surgery

These will be delivered within the next 12 – 18 months.

What we need your views on

Our plan aims to transform orthopaedic services. Both options below will provide day and short stay surgery in all three counties. This will require a re-organisation of current services in Glangwili and Withybush Hospitals and investment in new build facilities at Bronglais and Prince Philip Hospitals.

We are proposing to:

- Develop an Orthopaedic Centre of Excellence in the south of Hywel Dda Health Board, providing leading edge orthopaedic services (operations on bones like hip or knee replacements) for those who live in Carmarthenshire and Pembrokeshire and increasingly from other parts of South Wales
- In addition to a range of upper and lower limb surgical services, this centre will be co-located with a leading edge rehabilitation unit

There are two options for the location of this centre:

A. Prince Philip Hospital (our preferred option)

B. Withybush Hospital

We would prefer to establish orthopaedic services for the south of the area at Prince Philip Hospital for the following reasons:

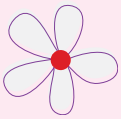
- The hospital already operates successfully as an elective centre for inpatient orthopaedic services
- Prince Philip Hospital has the capacity and facilities available to operate in a safe and effective manner, and has the space available to develop a new short stay unit on the same site

Under both options, orthopaedic services will remain at Bronglais Hospital for patients from Ceredigion and Mid Wales.

We would aim to have the centre of excellence operational within 2 – 3 years

We need to know which option you prefer (see questionnaire)

Community In Reach



Community in reach is an example of how we are transforming services to our citizens in the future. The opportunity for new ways of working between hospital and community was identified through the development of Community Resource Teams (CRTs). Provided in Accident and Emergency Departments, the aim is to support people to return to their own homes if their health needs do not require hospital admission. The service assesses patients at the front door, operating for six hours, five days a week, with staff working flexibly to meet demand. Delivered by multi-professionals, the service has been well received, with the potential to support larger numbers of patients to avoid hospital admission.

Making every penny count

Background

Investment in the NHS in Wales has more than doubled since 1999. However, we are all familiar with the current economic pressures on the public sector purse. The funding challenge in NHS Wales has been well publicised and cannot be ignored.

"Clearly the NHS in Wales is facing a very challenging agenda and short-term funding gaps remain a real concern. In short, even after the very significant savings already made, the status quo is simply unaffordable and there have to be service changes to secure its long term future.

The granting of funding advances rather than year end bailouts demonstrates the step change adopted by Welsh Government and this, coupled with positive signs that the NHS in Wales is prepared to make difficult choices to deliver long-term change, is encouraging."

Auditor General for Wales, Huw Vaughan Thomas (July 2012)

The Wales Audit Office estimates cost and demand pressures on the NHS in Wales to be in the order of £870million to £1billion between 2010/11 and 2014/15. The pressure to keep meeting annual financial targets, as well as developing three year service and financial plans to start the process of longer term reform of NHS services, presents a significant challenge.

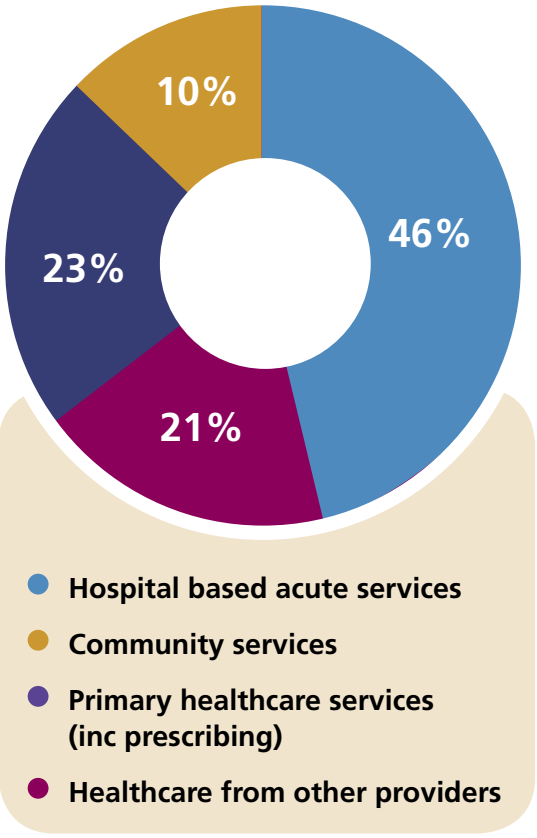
Securing the long term future of sustainable health services in Wales is a priority.

How do we spend our money?

Each year, the health board receives a set amount of funding from the Welsh Government with which it has to deliver health services for the whole of Hywel Dda Health Board. For 2012/13, the health board is expecting to receive £665million from Welsh Government to fund services for our residents. With other income, this rises to just over £718million.

Although the health board achieved the required financial target of break even in 2011/12, this was only achieved through strategic assistance of £33million from the Welsh Government. For 2012/13, the health board will continue to receive additional support from the Welsh Government of £23million.

A detailed analysis of how we use our annual funding is demonstrated through our 2011/12 Annual Accounts which can be found at http://www.wales.nhs.uk/sitesplus/862/page/61266. In high level terms the breakdown is as follows:



Making every penny count

Our challenge

We face a number of financial pressures, many of which are common to all organisations that provide health services. However, within Hywel Dda Health Board we face the additional challenge of providing care in a largely rural area.

In theory, a population the size of Hywel Dda Health Board area only needs one acute hospital. We have a population equivalent to 93,000 people per hospital. Our hospitals cover between 25% and 50% less population than other health boards. This presents us with the challenge of maintaining safe and appropriate staffing and services across four main hospital sites.

The consequence of running four main hospitals means that we have an expensive workforce model, in particular medical rotas and overheads. This limits our ability to maximise our cost effectiveness and efficiency and also we are unable to recover our excessive costs.

Hywel Dda Health Board has 9,967 staff; which equates to 43% of our budget. Historically, we have spent up to £10million per year on temporary medical locum and agency staff to fill posts where we have gaps due to the recruitment challenges we face. This is neither economically sustainable nor does it provide the highest quality of care.

Every year the Welsh Government sets out a number of key performance measures which all health boards across Wales must achieve. Hywel Dda Health Board is currently one of the higher performing organisations. However, our current service model limits the scope for any further improvement in this area.

The financial impact of our proposals

Our proposals are not only intended to improve the care we can offer our population but will also make us more efficient and provide better value for money.

A more detailed breakdown of the financial and planning assumptions associated with our proposals is contained within the technical document (listed in **Annex B**) that supports this consultation at: **www.hywelddahb.wales.nhs.uk/Consultation**

If implemented, our proposals will help to stop duplication of our resources and we know that the proposed changes to our services will allow us to move closer to achieving 'Best in Class efficiency'.

At the same time, we will be able to link these developments to savings from 2012/13 in the following areas:

- Medicines management
- Continuing healthcare
- Procurement
- Estates and energy costs
- Management and corporate pay costs
- Workforce savings (including variable pay)

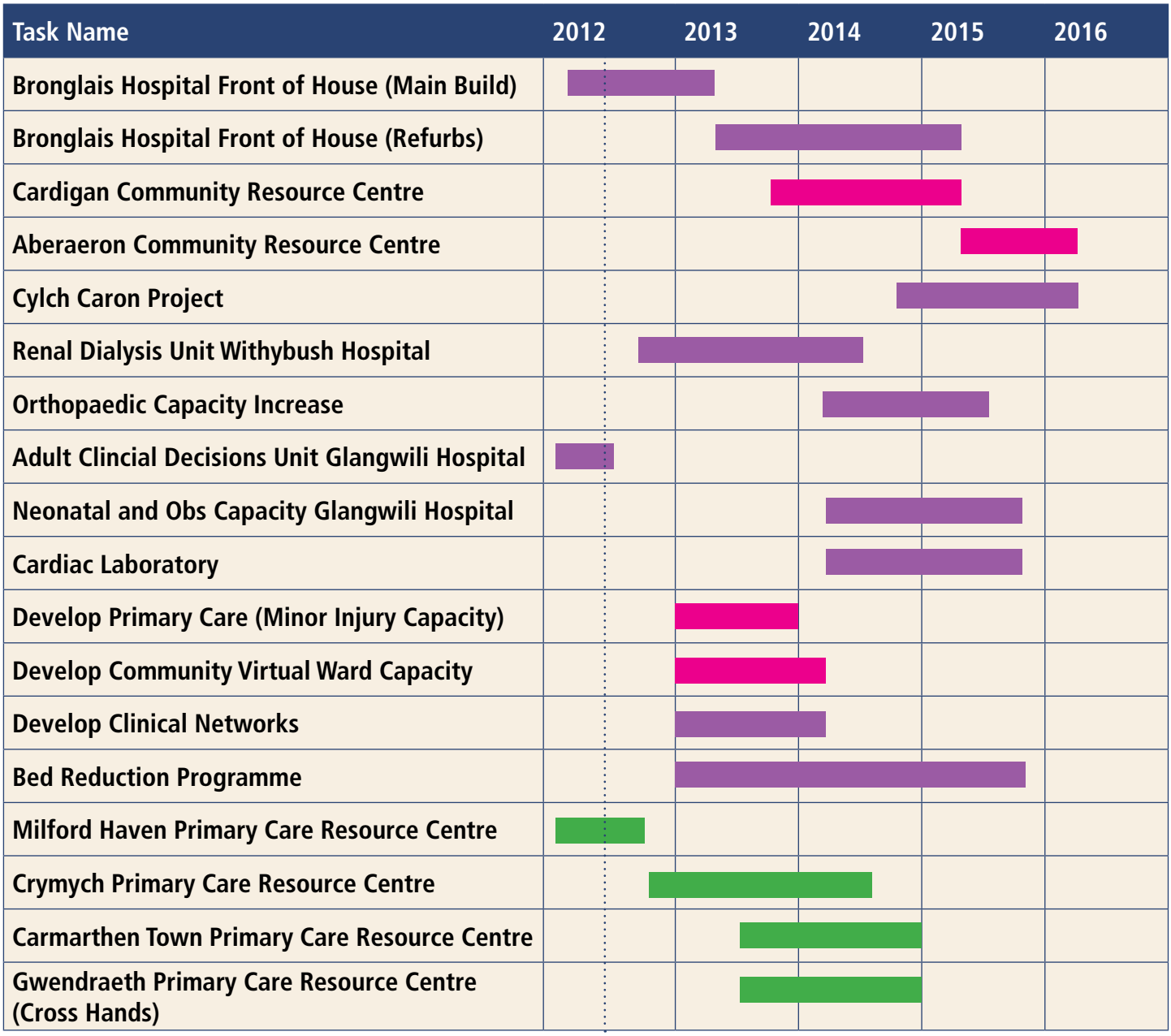
Our proposals are about using our funding more effectively, moving resources from secondary care to primary and community care, making sure we use the beds we have in a better way, while at the same time improving quality and safety and improving outcomes for patients.

How we will deliver the changes

Any changes to services will not be implemented immediately after the consultation closes. This document describes a three to five year programme of potential service change. Services will only be moved when full care pathways have been worked up, when the appropriate infrastructure is in place and the health board has full assurance that it is safe to do so.

The key elements of the capital (buildings and facilities) programme are as follows:

INDICATIVE CAPITAL AND SERVICE DEVELOPMENT TIMELINE



How we will deliver the changes

At the heart of the programme, setting the direction and assuring the process, an **implementation board** will be formed. This board will have an independent chair and will be responsible for the initiation of clinical work streams and for providing robust scrutiny through a gateway assessment process to ensure that individual service change proposals can be recommended for approval to the health board.

The implementation board will be made up of senior clinical staff as well as independent members, the community health council and senior managers.

We also intend to establish a patients' council drawn from membership of our involvement and engagement scheme (Siarad Iechyd/Talking Health) to be linked to the implementation board to oversee and assure the process.

Principles for change

Any potential change will be required to be assessed against a series of robust checks and measures, known as service delivery models. The purpose of these will be to ensure any proposed new or changed services are fit for purpose and fit for the future i.e. patient focused, high quality, modern, safe and sustainable and affordable.

The service delivery models will be broken down into a number of key elements including quality and safety, facilities, transport and engagement.

In order for a service change to clear the gateway and be approved for implementation, evidence must be provided that shows how a proposed change meets each of the assessment elements, including:

- That both the infrastructure and an alternative service are in place to support the change
- Completion of a thorough risk assessment review; this will be taken forward through the project management for all service changes

Where a planned service change fails to meet any of the criteria, it will not be approved and the proposed change would need to be revisited and reassessed. This process will ensure that a strict monitoring system is in place and will only recommend implementation of a service change to the health board when all criteria have been met.

We consider the biggest risk to our population is for these proposals for change to services to be delayed, as we do not think that we will be able to provide the right level of service for our population in the future if we stay as we are. Our proposals will mitigate many of our key current risks.

The most important thing for us is to rebalance services with more services (80%) being provided closer to home, allowing hospitals to treat those patients who need to be there. One of the biggest concerns expressed to us during the listening and engagement exercise is that people do not think there are appropriate services within our communities at present.

To address this, the independent implementation board will only recommend a change to a hospital service where it is evidenced that the appropriate service is available. This should provide the public, staff and stakeholders with assurance that we will not implement changes without first considering the impact of these changes.

How to tell us what you think

We need your views

This consultation document has laid out the case for change and our different options in tackling that change. We would now like to hear your views on our plans, so we can deliver improvements in the care and services we provide.

The questions we are asking are contained in the consultation questionnaire provided with this document. Please take this opportunity to have your say.

How to give us your comments

We believe people who use our health services deserve the very best healthcare system in the world. We want to develop a healthcare system that meets the needs and expectations of the people we serve. We would welcome your views on our proposals.

You can make your views known as an individual or on behalf of a group or organisation:

- You may wish to complete the questions on the website: **www.hywelddahb.wales.nhs.uk/Consultation**
- Use the enclosed questionnaire and return to: **Opinion Research Services, Freepost (SS1018), PO Box 530, Swansea, SA1 1ZL**
- Write a letter to the health board at **FREEPOST HYWEL DDA HEALTH BOARD**
- Email the health board at: **hyweldda.engagement@wales.nhs.uk**
- Leave your comments on the telephone answer machine: **01437 771232**

All questionnaires and comments to arrive by **29th October 2012.**

Events

Public meetings

There will be a public meeting held in each county, where people will be able to put questions to the health board. Attendance at these meetings will be on a first come first served basis.

County	Time and Location
Carmarthenshire	7 - 9 pm 4 September 2012 Parc Y Scarlets, Llanelli
Ceredigion	7 - 9 pm 5 September 2012 Morlan Centre, Aberystwyth
Pembrokeshire	7 - 9 pm 20 September 2012 Sir Thomas Picton School, Haverfordwest

Meet the Health Board public events

These will be drop-in events that will run from the afternoon through to the evening. These events will offer local people the opportunity to find out more about the options presented through a display of information and senior managers from the health board will be available to listen to and speak with those who attend on a one to one basis.

How to tell us what you think

Notes of conversations will be taken to inform the consultation process and everyone who attends will be invited to complete the consultation questionnaire.

Locality	Time and Location
Llanelli	2 - 7.30 pm 2 October 2012 Memorial Hall, Burry Port
South Ceredigion	2 - 7.30 pm 4 October 2012 The Guildhall, Cardigan
Amman Gwendraeth	2 - 7.30 pm 9 October 2012 Pontyberem Memorial Hall
Taf Myrddin, Teifi, Tywi,	2 - 7.30 pm 16 October 2012 St Peter's Civic Hall, Carmarthen
North Pembrokeshire	2 - 7.30 pm 17 October 2012 Fishguard Town Hall, Fishguard
North Ceredigion	2 - 7.30 pm 22 October 2012 Holy Trinity Church Hall, Aberaeron
South Pembrokeshire	2 - 7.30 pm 24 October 2012 Kilgetty Community Centre, Kilgetty

We will organise a number of focus groups to make sure we capture the views of local people who may be affected by the potential changes.

We are working with Betsi Cadwaladr University and Powys Teaching Health Boards to arrange events in south Gwynedd and north Powys and details will be published separately.

Information available to you

In addition to this document the following is available:

- A short summary booklet
- Technical documents containing all the evidence we have collated and the options we have considered
- An online resource area
- Facebook and Twitter pages
- Regular updates on how the consultation is progressing

Contact

To access this information:

Email: **hyweldda.engagement@wales.nhs.uk**

Web: **www.hywelddahb.wales.nhs.uk/Consultation**

Write: **FREEPOST HYWEL DDA HEALTH BOARD**

Leave your requests for further information on the telephone answer machine: **01437 771 232**

ALL COMMENTS MUST BE RECEIVED BY THE CLOSING DATE OF 29TH OCTOBER 2012.

What will happen with the questionnaires we receive?

All completed questionnaires will be processed and reported by Opinion Research Services (ORS), a specialist social research practice based in Swansea, appointed to undertake this work.

We intend to publish the responses to this document in full on our website.

Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. This helps to show that the consultation was carried out properly. Questionnaires are anonymous but may contain information that

makes it possible to identify the individual who has submitted it. In these cases we would make every effort to blank that information out before it is published.

What will happen with other written submissions (letters, emails and other documents) we receive?

Other written responses will also be summarised by ORS and they may also be published in full on our website, with the name of the person or organisation concerned. Organisations will always be identified, but if an individual respondent does not want their name published, please tell us clearly in writing when sending your response and we shall blank those details before publishing.

Names or addresses we blank out might still get published later, though we do not think this would happen very often. The Freedom of Information Act 2000 and the Environmental Information Regulations 2004 allow the public to ask to see information held by many public bodies. This includes information which has not been published.

However, the law also allows us to withhold information in some circumstances. If anyone asks to see information we have withheld, we will have to decide whether to release it or not. If someone has asked for their name and address not to be published, that is an important fact we would take into account.

There might sometimes be important reasons why we would have to reveal someone's name and address, even though they have asked for them not to be published. We would get in touch with the person and ask their views before we finally decided to reveal the information.

Before the health board makes a final decision we will consider all the feedback we receive and will report to you those suggestions we are able to adopt and those we are not and why.

What will happen with the ORS report?

ORS will prepare a comprehensive report of the consultation findings. The ORS report will also be provided to the Hywel Dda Community Health Council and be made widely available once the consultation is over. Before the health board makes a final decision we will consider all the feedback we receive.

Interested in finding out more about the health board?

Hywel Dda Health Board is committed to developing and delivering high quality health services to meet the needs of the patients and local people we serve.

In order to do this it is important that we listen to and take action on your views. The views, opinions and ideas of our communities are essential in helping us to improve what we do. Siarad Iechyd/Talking Health is about you having a say in how local health services are planned, developed and delivered. It is also about helping you to live a healthier lifestyle.

Siarad Iechyd/Talking Health members will receive up-to-date information on health board matters, as well as tips on healthy living.

Contact

For further information on how to sign up:

Telephone: Siarad Iechyd / Talking Health
01554 779 510

Write: **FREEPOST HYWEL DDA HEALTH BOARD**

Email: **talkinghealth@wales.nhs.uk**

Web: **www.talkinghealth.wales.nhs.uk**

CURRENT MODEL OF CARE

	HOSPITALS:	Carmarthenshire		Ceredigion	Pembrokeshire
		Glangwili	Prince Philip	Bronglais	Withybush
EMERGENCY SERVICES	Emergency Department	✓	X[1]	✓	✓
	Emergency medical admissions 24/7	✓	✓	✓	✓
	Emergency surgical admissions 24/7	✓	X	✓	✓
	Trauma services	✓[2]	X	✓[2]	✓[2]
CRITICAL CARE	Level 3 Intensive Care Unit	✓	✓	✓	✓
	Level 2 High Dependency Unit	✓	✓	✓	✓
ELECTIVE SURGICAL SERVICES	Elective inpatient orthopaedics	✓	✓	✓	✓
	Elective daycase/short stay orthopaedics	✓	✓	✓	✓
	Elective inpatient general surgery	✓	✓	✓	✓
	Elective inpatient urology	✓	X	✓	X
	Elective inpatient gynaecological surgery	✓	X[3]	✓	✓
	Elective inpatient ENT surgery	✓	X	X	X
	Elective ophthalmology surgery	✓	X	✓	X
	Daycase surgery	✓	✓	✓	✓
	Outpatients	✓	✓	✓	✓
MATERNITY CARE	Consultant led obstetric inpatients	✓	X	✓	✓
	Antenatal and postnatal care	✓	✓ (outpatients only)	✓	✓
	Neonatal High Dependency Unit	X	X	X	X
	Special Care Baby Unit	✓	X	X[4]	✓
PAEDIATRIC SERVICES	Inpatient beds	✓	X	✓	✓
	Paediatric emergency assessment unit	✓	X	✓	✓
	24/7 paediatric opinion	✓	X	✓	✓
	Paediatric high dependency unit	X	X	X	X
	Outpatients and medical investigations	✓	✓ (Elizabeth Williams Clinic)	✓	✓

[1]Due to the absence of emergency inpatient general surgery, trauma, gynaecology, paediatric and ENT services at Prince Philip Hospital, the emergency department does not fulfil the definition for a full A&E service

[2]Major trauma is not treated in Hywel Dda Health Board but is transferred to Morriston Hospital, Swansea or University Hospital of Wales, Cardiff

[3]Day case and minor procedures only

[4]Bronglais Hospital has the ability to stabilise and transfer neonates but does not have dedicated staffing

PREFERRED OPTION. CONSULTATION OPTION B

	HOSPITALS:	Carmarthenshire		Ceredigion	Pembrokeshire
		Glangwili	Prince Philip	Bronglais	Withybush
EMERGENCY SERVICES	Emergency Department	✓	X[1]	✓	✓
	Local Accident Centre	X	✓	X	X
	Emergency medical admissions 24/7	✓	✓	✓	✓
	Emergency surgical admissions 24/7	✓	X	✓	✓
	Trauma services	✓[2]	X	✓[2]	✓[2]
CRITICAL CARE	Level 3 Intensive Care Unit	✓	✓	✓	✓
	Level 2 High Dependency Unit	✓	✓	✓	✓
ELECTIVE SURGICAL SERVICES	Elective inpatient orthopaedics	X[3]	✓	✓	X[3]
	Elective daycase/short stay orthopaedics	✓ (daycase only)	✓	✓	✓
	Elective inpatient general surgery	✓	✓	✓	✓
	Elective inpatient urology	✓	X	✓	X
	Elective inpatient gynaecological surgery	✓	X	✓	✓
	Elective inpatient ENT surgery	✓	X	X	X
	Elective ophthalmology surgery	✓	X	✓	X
	Daycase surgery	✓	✓	✓	✓
	Outpatients	✓	✓	✓	✓
MATERNITY CARE	Consultant led obstetric inpatients	✓	X	✓	✓
	Antenatal and postnatal care	✓	✓ (outpatients only)	✓	✓
	Neonatal High Dependency Unit	✓[4]	X	X[5]	X[5]
PAEDIATRIC SERVICES	Inpatient beds	✓	X	✓	✓
	Paediatric emergency assessment unit	✓	X	✓	✓
	24/7 paediatric opinion	✓	X	✓	✓
	Paediatric high dependency unit	✓	X	X	X
	Outpatients and medical investigations	✓	✓ (Elizabeth Williams Clinic)	✓	✓

[1]The emergency department at Prince Philip Hospital will be renamed as a Local Accident Centre to better reflect the service available
[2]Major trauma is not treated in Hywel Dda Health Board but is transferred to Morriston Hospital, Swansea or University Hospital of Wales, Cardiff
[3]There may be a requirement to manage semi-elective cases following trauma assessment
[4]This will be the Special Care and High Dependency Neonatal Unit for the health board
[5]These units will have the ability to stabilise and transfer neonates

Annex B

List of technical documents

1. Background and Introductions (including Finance)
2. Medicine and Medical Specialties
3. Surgery and Surgical Specialties
4. Orthopaedics
5. Emergency Services
6. Women and Children's Services
7. Community Services
8. Primary Care
9. Cancer Services
10. Mental Health and Wellbeing Strategy
11. Non-Emergency Patient Transport
12. Equality Impact Assessment
13. Review of Surgical Services in Carmarthenshire (2005)

The technical documents can be found online at:
www.hywelddahb.wales.nhs.uk/Consultation

(See Section 9 for details of how to obtain copies direct from the health board)

Glossary

Term	Definition
Acute care	Acute care is a level of healthcare in which a patient is treated for a brief but severe episode of illness, for conditions that are the result of disease or trauma and during recovery from surgery
Ambulatory care	Any medical care delivered on an outpatient basis e.g. blood tests, x-rays, endoscopy
Anticipatory care	Care to support those living with a long term condition to plan for an expected change in health or social status and incorporates health improvement and staying well
Care pathways	Care pathways are a methodology for the mutual decision making and organisation of care for a well-defined group of patients during a well-defined period
CAMHS	Children and Adolescent Mental Health Services
Cardio-thoracic	Heart and chest medicine
Clinical governance	The method of assessing and assuring clinical standards
Coronary Heart Disease (CHD)	Narrowing or blockage of the coronary arteries by deposits of fatty material and cholesterol inside the walls of arteries which leads to coronary thrombosis or heart attack, heart failure and/or sudden death
Chronic disease or condition	Life long health problems for which there is no cure yet e.g. diabetes, heart failure, arthritis
Chronic Obstructive Pulmonary Disease (COPD)	A common lung condition that usually results from smoking and which causes a cough and breathlessness
Circulatory disease	Any abnormal condition characterised by dysfunction of the heart and blood vessels
Community Resource Centres	Centres that offer a range of primary, community and social care services to patients
Critical care	Care provided to very sick patients delivered in specialist units with specialist doctors and nurses e.g. Intensive Therapy Unit (ITU)
Cytology	The medical and scientific study of human cells
Deanery	The education authority responsible for junior doctor training
Dentist with a Special Interest (DwSI)	A dentist who wishes to specialise in a particular area of dentistry
Diagnostics	Instruments used in medical diagnosis and the process of testing patients for particular conditions e.g. x-ray
Enhanced services	Enhanced services are delivered by GP surgeries and are: • Essential or additional services delivered to a higher specified standard e.g. extended minor surgery; • Services not provided through essential or additional services. These might include more specialised services undertaken by GPs or nurses with special interests and allied health professionals and other services at the primary-secondary care interface
Equality Impact Assessment	An assessment introduced within equality legislation to ensure those with protected characteristics are not impacted in a negative way by any activity
GP with a Special Interest (GPwSI)	General Practitioners with an interest in a particular area of medicine
Heart disease	A number of different heart conditions including coronary heart disease, heart failure, congenital heart condition and arrhythmia
Health inequities	Differences in health status or access to health services across population groups or geographical areas
Hyper acute stroke services	Hyper acute stroke services enable patients to have rapid access to the right equipment and be treated 24/7 on a dedicated stroke unit, staffed by specialist teams
Histopathology	The medical and scientific study of human tissue
Laparoscopic	A term that describes any procedure undertaken using cameras (laparoscopes)

Glossary

Levels of care	Classification of healthcare service levels by the kind of care given, the number of people served, and the people providing the care
Long term condition	Conditions that are life long, limit a person's quality of life and that cannot be cured or controlled. They include chronic conditions e.g. diabetes, heart failure, COPD, arthritis and long term conditions of an acquired or inherited nature e.g. neuromuscular disease, Multiple Sclerosis, acquired brain injury
Neonatal/neo nates	New born babies
Neurosurgery	Operations on the brain and nervous system
Out of hospital care	Care provided out of hospital e.g. GP surgery/practice, health centre, patient's own home
Pathologists	A person who studies diagnosis of disease
Primary care	GP surgery/practice, community pharmacist, optician, dentistry
Protected characteristics	Equality groups categorised by race, colour, creed, disability etc
Rehabilitation	Intensive therapy following an operation or illness eg hip replacement, stroke, cardiac or respiratory illness, in order maximise the person's ability regain full mobility and health. It is provided by a team of therapists
Respiratory disease	A condition in which breathing is difficult and the oxygen levels in the blood abruptly drop lower than normal
Secondary care	Specialist medical care or surgery provided in a hospital as either an inpatient or outpatient service
Scheduled care	Any planned care, and therefore non-emergency, covers treatments, surgery and operations such as hip and knee replacements, urology treatments or cataract operations, and includes day surgery and short stay procedures as well as outpatient appointments at hospital
Specialist (tertiary) services	Also known as tertiary services, specialist services are provided at some of the larger hospitals or through specialist hospitals treating particular types of illness e.g. cancer
Telehealth	The remote monitoring of people living with a chronic condition to support self management and delivery of care
Telemedicine	The use of technology to support delivery of healthcare for patients and staff at a distance
Therapeutic day services	Outpatient wellbeing services for patients with mental health conditions or with learning disability
Third sector	Also known as the voluntary, community and faith sector (VCF) - the third sector is the sphere of social activity undertaken by organisations that are for non-profit and non-governmental. Organisations include charities, voluntary organisations, community organisations, social enterprises, black and minority ethnic (BME) sector organisations and faith organisations including religious institutions
Thrombolysis	Drug therapy to dissolve blood clots
Transitional care	Temporary care or rehabilitation that is provided to help a patient to be discharged from a hospital bed
Unscheduled care	Any unplanned and urgent healthcare which ranges from emergency hospital treatment to help for individuals to care for themselves at home. Other examples of unscheduled care services include 999 ambulance services, or booking an urgent or emergency appointment with a GP
Virtual Ward	A bed – outside of the hospital environment and possibly in a patient's own home – which has healthcare services being provided in that environment