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# Clinical Services Plan – May 2026 Stakeholder Reference Group Presentation

# Background



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At the Extraordinary Board meeting on 18 and 19 February 2026, feedback was received following a 13.5-week consultation on options for nine services within the Clinical Services Plan, alongside 22 additional alternative options suggested by our community.

During the second day, the Board made a series of decisions for the nine services, these included eight final decisions for services, which would require detailed implementation plans, and a pre-provisional decision for stroke services which would require additional engagement on a preferred option before a final decision could be made.

The purpose of this report is to provide an update on the work to date and provide assurance on the progress being made for the nine services.



Eight services received a final decision on the 19 February 2026, these were:

- Emergency general surgery (Option 155): Bring together the on-call rota at Glangwili Hospital and strengthen the surgical Same Day Emergency Care (SDEC) provision at Glangwili and Withybush Hospitals, with a business case to develop a further surgical SDEC at Bronglais Hospital in the future.
- Critical care (Option 246): Develop an enhanced care unit at Prince Philip Hospital instead of an intensive care unit and support working across critical care teams in Hywel Dda University Health Board (HDdUHB).
- Ophthalmology (Option 99/173): Bringing services together from Bronglais and Prince Philip Hospitals at Glangwili Hospital, providing more services at Amman Valley Hospital and developing a diagnostic hub at Aberaeron Integrated Care Centre (ICC) in the future subject to a business case.
- Orthopaedics (Option D/178): Provide more inpatient services at Bronglais Hospital and undertake works to support the service to meet the British Orthopaedic Association (BOA) Standards. In the future, provide additional inpatient activity at Prince Philip Hospital should demand increase but would be subject to a business case.
- Dermatology (Option C): Bring together services from hospital sites at Prince Philip Hospital, provide nurse led paediatric clinics at Cross Hands Health Centre, subject to successful completion; and develop capacity through GP clinics to provide minor operating procedures in the community. These changes would be subject to business cases where additional funding is required.

# Final decisions (continued)



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- Urology (Option A): Bring together urgent suspected cancer services and inpatient work at Prince Philip Hospital to create a urological investigation unit, with routine diagnostics and outpatients remaining at Withybush and Bronglais hospitals. Glangwili Hospital would remain as the emergency pathway for urology only.
- Endoscopy (Option A): Bringing together urology and respiratory procedures at Prince Philip Hospital with the use of an additional procedure room, with bowel screening and gastrointestinal procedures remaining at other sites. Emergency endoscopy procedures remain at all sites. In the future, develop a community endoscopy hub, subject to business case and further engagement.
- Radiology (Option 103): Bringing inpatient interventional services together at Glangwili Hospital, providing day case intervention Monday to Friday during the day at other sites. Bronglais Hospital would have diagnostic services Monday to Friday, while Prince Philip and Withybush hospitals would develop seven-day diagnostic services with a cancer focus. Emergency radiology procedures remain at all sites. In the future, develop a community radiology hub, subject to business case and further engagement.

# Pre-provisional decisions



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For stroke services the Board, in considering the options and feedback from the consultation, decided to bring together two elements from options which had met hurdle criteria to create a new idea to be further tested and engaged on. This idea was based on a 24-hour specialist stroke unit in Glangwili Hospital from Option 210 and a stroke rehabilitation unit in Bronglais Hospital from Option 106. Patients from Bronglais, Prince Philip and Withybush hospitals would access initial stroke care from their nearest hospital and be transferred to either the stroke unit or for thrombectomy in Cardiff or Bristol.

As this option had not been tested during the consultation or been through the same options development process it was agreed that further work would be undertaken to assess the option before engaging with communities for feedback. After this the Board would make a final decision on the service.



Within April 2026 Strategy and Planning Committee Papers, we highlighted the expected activities and milestones which will be carried out to support the implementation planning, as well as the work being undertaken to support the engagement on stroke services.

For the eight services which received a final decision we have developed a pre-implementation plan. This involves refreshing data and modelling, reviewing the impacts of bringing together elements from options as part of Board decision and will require the revision of impact assessments.

This will result in the development of an implementation plan for potential in-year changes that can be delivered without additional revenue or impact on the Annual Plan, alongside a phased implementation plan to be incorporated into the three-year planning process from 2027/28.

We expect this detailed implementation plan to be presented to Board on 30 July 2026, subject to organisational capacity to support due to competing priorities and ongoing operational pressures.

For stroke services, a virtual meeting of the Options Development Group was held on 14 April 2026 to hurdle appraise and score the option identified by the Board. The outcomes will inform the engagement documentation, which is already in development using materials from the consultation.

An eight-week engagement is currently scheduled to commence from May Board 2026 subject to approval from Board, with the intention of reporting the findings to the Board by the end of the year. This will be dependent on response levels and may result in the Board being unable to make a final decision on stroke services until early 2027.