

## MINUTES OF THE Stakeholder Reference Group MEETING

Date of Meeting: **1:30 PM, Thursday 07 August 2025**

Venue: **MS Teams**

Present:	Chesca Ross	Third Sector CAVO/CAVS/PAVS (Chair)
	Timothy Bray	Public service – Ceredigion
	Andrea Edwards	Mental Health
	Rhonwen Jones	Welsh Ambulance Service NHS Trust
	Mandy Dean	Carer Representative - Ceredigion
	Linda Jones	West Wales Care Partnership
	Linda Parton	Siarad Iechyd – Carmarthenshire
	Alwena Hughes Moakes	Hywel Dda UHB - Communications and Engagement Director
	Nichola Couceiro	Hywel Dda UHB - Head of Engagement
	Bethan Lewis	Assistant Director of Public Health Strategic Business and Operations (deputising for Dr Ardiana Gjini, Executive Director of Public Health)
	Charlotte Wilmshurst	Assistant Director of Assurance and Risk
In Attendance:	Chris Hopkins	Head of Innovation & Tritech Institute •Research and Development
	Rhian Bond	Assistant Director of Primary Care
	Ben Rogers	Principal Programme Manager
	Ruth Poynting	Committee Services Officer ( <i>Minutes</i> )
Apologies:	Tegryn Jones	Public Service Board – Pembrokeshire
	Jeremy Hockridge	Patient Representative – Carmarthenshire
	Ardiana Gjini	Hywel Dda UHB - Executive Director of Public Health
	Cllr Shan Williams	Un Llais Cymru/One Voice Wales (Pembrokeshire)
	Alison Harries	Carer Representative – Carmarthenshire
	Cllr Anne McCreary	Un Llais Cymru/One Voice Wales (Ceredigion)
	Cllr Harvard Hughes	Un Llais Cymru/One Voice Wales (Carmarthenshire)
	Geraint Thomas	Mid and West Wales Fire and Rescue Service
	Kate Harrop	Public Services Board – Carmarthenshire
	Suzanne Gainard	Citizens Advice
	Eleri Jenkins	Housing Association
	Gabriella Walsh	Siarad Iechyd/Talking Health Member Ceredigion
	Gillian Perry	Natural Resources Wales
	Hayley Edwards	Armed Forces
	Leanda Wynn	Llais Citizen's voice
	Gaynor Llewellyn	Independent Sector
	Iwan Thomas	Independent Board Member

Minutes Item Ref.		Action
SRG(25)013	<p><b>Welcome and Apologies</b></p> <p>Ms Chesca Ross welcomed all to the Stakeholder Reference Group (SRG) meeting and apologies were noted as above. Due to the number of apologies, it was noted that the meeting was not quorate.</p>	
SRG(25)014	<p><b>Declaration of Interests</b></p> <p>There were no declarations of interest.</p>	
SRG(25)015	<p><b>Minutes of Stakeholder Reference Group Meeting on 1 May 2025</b></p> <p>Given that the meeting was not quorate, it was agreed that the minutes would be re-circulated to members in order to seek formal approval.</p> <p><b>Decision:</b> The minutes of the previous meeting were NOT APPROVED due to lack of quoracy.</p>	CSO
SRG(25)016	<p><b>Table of Actions</b></p> <p>No comments were made on the table of actions.</p> <p><b>Decision:</b> The table of actions was noted.</p>	
SRG(25)017	<p><b>Terms of Reference</b></p> <p>Ms Charlotte Wilmshurst introduced this SRG Terms of Reference (ToR), noting that the Group is required to review these on an annual basis. It was noted that the title 'Minister of Health and Social Services' will be formally amended to 'Health Secretary'. The ToR will be circulated and approved via Chair's Action before final approval by the Board in September 2025.</p> <p><b>Decision:</b> The proposed Terms of Reference were NOT APPROVED due to lack of quoracy.</p>	CSO
SRG(25)018	<p><b>Annual Review of SRG Membership</b></p> <p>Ms Wilmshurst identified six changes to the membership as outlined in the paper, noting that four posts are currently vacant. It was agreed that Members would be contacted to request nominations for both the Chair and Vice Chair positions.</p> <p><b>Decision:</b> The membership update was NOTED.</p>	CSO
SRG(25)019	<p><b>Current and Future Planned Consultation and Engagement Updates</b></p> <p>Ms Nichola Couceiro advised that a public consultation took place to explore options for the future of Prince Phillip Hospital (PPH) Minor Injuries Unit (MIU) between 28 April 2025 and 22 July 2025. Four options</p>	

were presented, with alternate suggestions welcomed. The Health Board engaged with more than 25 groups, including our seldom heard communities, Additionally, the team visited the MIU to engage with individuals using the service. In total, more than 650 people were directly engaged with over the full consultation period.

An Options Development Group will now be established to review the findings before presenting to outcome for decision at Board in September 2025.

The consultation on the Clinical Services Plan (CSP) was launched at the end of May 2025, and to date, 1600 individuals have participated at our own events. A further 500 individuals have attended a number of public meetings and well being sessions run by third party organisations and groups. To date, 1400 consultation questionnaires have been completed.

Ms Couceiro reminded Members that the consultation is still live and due to end on 31 August 2025.

Ms Couceiro highlighted the activities undertaken by the Community Development Outreach Team to engage with diverse communities and vulnerable groups in order to support Blood Born Virus (BBV) and Tuberculosis (TB) testing.

The Strategy Refresh engagement is also taking place until 31 August 2025 ahead of more targeted community engagement in the Autumn. Ms Couceiro explained that this will involve communicating with existing groups across the three counties. Ms Mandy Dean offered to be a point of contact for carer groups across Ceredigion.

**Decision:**

The Consultation and Engagement update was noted.

**SRG(25)020 Have your say on the Clinical Services Plan**

Mr Ben Rogers explained that development of the CSP began in March 2023, following a Board paper aimed at addressing fragile services across nine key clinical areas. The CSP aims to address challenges such as workforce sustainability and funding pressures and was further shaped by targeted intervention measures.

Mr Rogers outlined the three phases of the programme, noting that it is currently in the third phase, Public Consultation. This consultation is actively seeking feedback on several options for future service delivery, including the potential roles of hospital sites. Mr Rogers also emphasised that the Health Board does not have any preferred options at this stage.

Ms Linda Parton shared concerns around the status of services provided in Prince Philip Hospital, noting that these concerns have been formally communicated to the Health Board. Ms Alwena Hughes Moakes agreed to check the status of the response. Ms Couceiro added that a number of the options outlined in the CSP involved consolidating services at PPH

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and reiterated the importance of raising any individual concerns with Patient Services and Liaisons.

Mr Rogers provided an overview of the options for each service, highlighting the following:

#### Critical Care

Two of the options introduce Enhanced Care Units to support Intensive Care Units.

#### Dermatology

Option A is currently the leading option however all options are still being considered.

#### Emergency General Surgery

Multiple options include strengthening Same Day Emergency Care (SDEC) units.

#### Endoscopy

This includes a range of services, such as bowel screening and urology. One of the proposed options involves establishing a new site for bowel screening, which could help ease capacity pressures at existing locations.

#### Ophthalmology

Alongside the options presented, there is also a significant amount of service delivery taking place within the community.

#### Elective Orthopaedics

This service is limited to elective cases and does not include emergency treatments such as broken bones.

Option B proposes extended working hours, while Option C introduces additional beds to accommodate more complex cases.

#### Radiology

All sites currently have emergency x-ray pathways in place.

Option B introduces a new regional hub for planned diagnostic radiology and establishes a dedicated focus for PPH and Witherby Hospital (WGH). While both sites already manage cancer cases, this proposal would strengthen and formalise their role in this area.

#### Stroke

Currently, specialist stroke services are available across all sites. The two options presented would introduce a treat and transfer model for Bronllys (BGH) and Glangwili (GGH) Hospitals, while PPH and WGH could offer specialist stroke units with either 12-hour or 24-hour cover depending on the option selected.

#### Urology

The proposed model would result in GGH only providing an emergency care provision, meaning that routine outpatient, day case, and diagnostic services would no longer be delivered at GGH.

All service changes will impact the overall function of each hospital site, with PPH and WGH expected to focus more on planned care, while GGH would take on an expanded role in acute and emergency care.

To support the development of these options, a range of assessments have been undertaken, including Equality Impact, Environmental Impact, and Quality and Safety evaluations.

All feedback collected during the consultation will be analysed by Opinion Research Services (ORS) who are an independent party.

Ms Couceiro encouraged all present to promote engagement with the consultation, particularly among community groups, friends and family.

In response to Ms Mandy Dean's note on the complexity of the proposals Ms Couceiro highlighted that there is a summary document available on the website for all options, including a youth version that summarises the options on one page.

Ms Dean expressed concerns from carers in Ceredigion regarding travel and financial implications of the proposed service changes. Ms Couceiro acknowledged that these concerns have been consistently raised throughout the consultation process and are being considered.

Ms Linda Jones provided an update from the Regional Partnership Board (RPB), noting that the population needs assessment is currently being refreshed. She highlighted the ageing population, including carers, and emphasised the importance of considering transport and access to services across the region.

**Decision:**

The Clinical Services Plan consultation update was noted.

**SRG(25)021 Primary Care - how our GP Managed Practices work**

Ms Rhian Bond shared the presentation and explained that when a General Practitioner (GP) practice determines it can no longer continue independently, there are a number of options available: recommissioning the service, dispersing the patient list, or the Health Board taking over management of the practice. A locum rate card was introduced in 2024 which has helped reduce staffing costs. Managed practices typically continue to operate from the existing premises under a licence agreement.

There are several benefits to Health Board operated practices. The Health Board has used these practices to pilot new services, including COVID-19 vaccination models and digital prescribing, and staff value the Health Board as an employer due to the job security it provides.

Managed practices contribute valuable data, particularly in monitoring chronic conditions, and offer a level of stability that supports the development of consistent protocols and practices, which can be shared with independent practices to support wider service improvement.

Managed practices are subject to an enhanced level of scrutiny, and challenges can arise when staff have existing employment contracts that limit flexibility. Recruitment remains a challenge, although there has been a recent increase in salaried GP posts.

Tenby is now almost fully staffed and is working closely with pharmacists to manage chronic conditions, despite some ongoing premises challenges. Neyland and Johnston surgery has recently appointed a new clinical lead, has one salaried GP and is out to advert for another.

At Meddygfa Penrhyn, appointments have been made for a clinical lead and salaried GPs, with one GP vacancy due to go out to advert.

Ashgrove surgery in Llanelli, a Health Board managed practice, recently experienced damage following a traffic incident resulting in services being limited in this branch until remedial work is completed. On a positive note, the surgery has successfully recruited a clinical lead and salaried GPs, resulting in minimal reliance on locum GP cover.

Meddygfa Minafon currently has one salaried GP in post, but no clinical lead. Two Physician Associates are working across the Kidwelly site and the Trimsaran branch. Meddygfa Sarn shares Personal Assistants (PAs) with Meddygfa Minafon, although the building presents some challenges in terms of suitability.

Ms Bond noted that Health Board (HB) managed practices are not intended as a permanent solution. In some areas, efforts have been made to return practices to independent management through contract tendering; however, bids have been unsuccessful on two occasions. A key learning point was that issuing the contract in consecutive years had a negative impact on patient morale. The main challenges remain achieving stability and ensuring financial viability.

Ms Linda Jones raised concerns regarding the high turnover of locum staff, which can lead to inconsistent service and a lack of continuity in patient care. Ms Bond acknowledged this issue, noting that it is also a present in independent practices. She referenced the Royal College's emphasis on continuity of care and shared that the Health Board is working with managed practices to improve care for patients with multiple chronic conditions.

Ms Dean queried whether there are any drawbacks to Health Board managed practices, given their apparent benefits. In response, Ms Bond explained that while these practices are often perceived as more expensive to operate, the Health Board typically intervenes when a practice is operating with minimal staff and requires significant investment to restore service levels. The introduction of the locum rate card has helped manage costs, though staffing remains a consistent challenge, particularly during holiday periods.

**Decision:**

The Primary Care update was noted.

## SRG(25)022 **Research and Innovation - How our Patients Benefit from Research - From Strategy to Action**

Professor Chris Hopkins shared the presentation and emphasised the importance of community engagement in raising awareness of clinical trials and strengthening research activity across the region. The aim is to build a more informed and involved population, contributing to the development of healthcare services.

The three teams involved in research and innovation include the Research and Development Team, Trittech institute and the Value Based Healthcare Team.

The Trittech Institute, although linked to Hywel Dda University Health Board, operates independently of Health Board funding and is supported through external sources.

Three such investors are:

- Dynamo, who focus on disaster preparedness, including pandemics and cyber threats.
- Invest4Health, focused on preventative health measures.
- circHealth, concerning the environmental sustainability of healthcare.

Partnerships with academic institutions and industry are also key to this work. One example is the collaboration with Swansea University (SU) on cardiovascular disease (CVD), which has enabled research teams access to the Secure Anonymised Information Linkage (SAIL) databank which holds anonymised information from patients across Wales. This data has help identify individuals at risk of CVD who have not yet been diagnosed. As a result, 150 individuals were enrolled in clinics to monitor outcomes. One notable finding from this exercise was that lifestyle related discussions had a greater impact than focusing on medical records. The third phase of this work funded by Amgen, will introduce a national approach implementing models across Wales.

Trittech has supported the Asthma Interface Network (AIN) to reduce the environmental impact of the asthma service by reducing the usage of Short Acting Beta-Agonists (SABA) in favour of dry powder inhalers. This work was undertaken with the pharmaceutical company Astrazeneca and has led to further research opportunities including working with healthcare organisations in New Zealand.

Another research project currently taking place is Primary prevention of maternal aNaemia to avoid preterm Delivery and other Adverse outcomes (PANDA). This study aims to improve outcomes in pregnancy and newborns by providing preventative iron supplements. It was noted that treating anaemia after it develops may not fully resolve associated risks, so prevention is considered a key approach in improving pregnancy outcomes.

The Letrozole or Clomifene for Ovulation Induction (LOCI) trial in GGH aims to investigate the clinical and cost effectiveness of letrozole or clomifene for ovulation induction in people with polycystic ovary

syndrome (PCOS). This trial is evidencing promising results for individuals who feel under-supported in their fertility journey. Each participant is assigned a dedicated research nurse and receives enhanced monitoring, helping to provide a more personalised and consistent level of care.

The five year plan for research and innovation outlines improvements to infrastructure and facilities, including a new unit in GGH, and promotes greater involvement from clinical leads in driving with the work forward.

Prof. Hopkins reaffirmed the ambition to embed research and innovation into everyday practice, engaging both clinical leads and the wider community. Practices actively involved in research are often more attractive to prospective recruits, supporting workforce development. There is a strong commitment to fostering new partnerships with universities and industry to further strengthen innovation initiatives.

Members recognised the links to the CSP, with research and innovation contributing to ongoing advancements in service delivery.

Ms Rhonwen Jones expressed interest in the work undertaken by the research teams and indicated her intention to share this information back to Welsh Ambulance Services Trust (WAST) to help strengthen links. Prof. Hopkins added that there is collaboration with WAST's own Research and Development team supporting joint efforts in service improvement.

**Decision:**

The Research and Innovation presentation was noted.

**SRG(25)023 Integrated Performance Assurance Report (IPAR)**

No comments were made on the content of the report.

**Decision:**

The IPAR was noted.

**SRG(25)024 Stakeholder Reference Group Update to Board**

This report was shared in the Public Board meeting held 31 July 2025. The next Public Board meeting will be held 25 September 2025.

**Decision:**

The SRG update to Board was noted.

**SRG(25)025 Stakeholder Reference Group Work Plan 2024-25**

No comments were made on the workplan.

**Decision:**

The SRG workplan was noted.

**SRG(25)026 Reflective Session**

Ms Dean stated that she had previously raised concerns regarding ADHD diagnosis and school referrals. In response, Ms Hughes Moakes

proposed that exploring the Health Board's links with Local Authorities could be a valuable topic for a future SRG meeting. Ms Couceiro added that work is currently underway to enhance ADHD diagnosis and support, including options for engagement. Ms Dean also shared feedback emphasising the need for a stronger focus on diagnosis, which Ms Couceiro welcomed as constructive input. CSO

Ms Linda Jones advised that the Neurodiversity Engagement Group has received funding to address waiting list challenges and offered to assist in establishing links to support further collaboration.

SRG(25)027 **Any Other Business**

No other items were raised for discussion.

**Date of the Next Meeting**

13 November 2025, 15:00-17:00