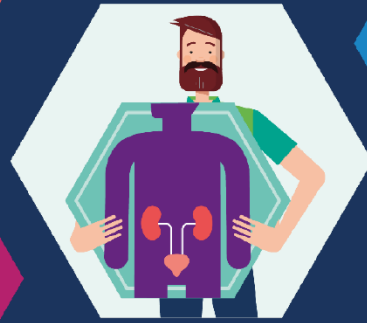
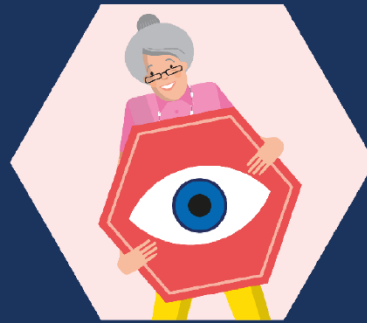
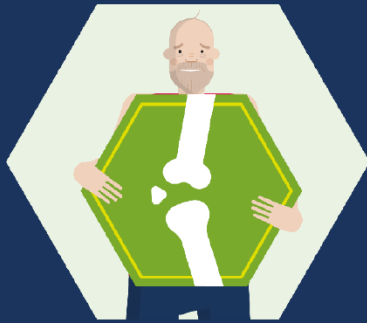
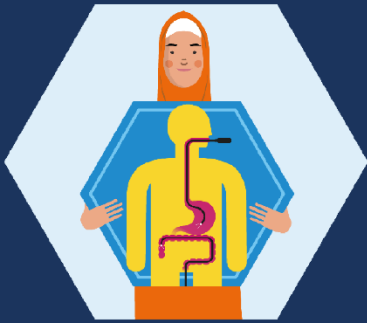
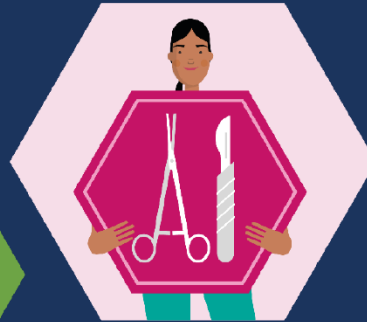




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Cynllun Gwasanaethau Clinigol Clinical Services Plan

Agenda



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Item
Welcome
Introduction and Background
What's Changed
Summary Headlines from Draft Consultation Report
Informing Plan: Stakeholder Feedback on Draft Consultation Report
Break
Informing Plan: Alternative Options
Decision-making Model
Next steps

Clinical Services Plan: Why these services?



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Service	Driver
Critical Care	Response to service fragility, in particular at Prince Philip Hospital (PPH)
Planned Care (Dermatology, Elective Orthopaedics, Ophthalmology, and Urology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients
Emergency General Surgery	To respond to service fragility, particularly at Withybush Hospital (WGH), as referenced in the March 2023 operational update
Stroke	To meet standards and respond to service fragility
Diagnostics (Endoscopy and Radiology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients

Purpose of the session: Conscientious Consideration



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We are committed to engaging with and listening to our staff, patients, and wider communities.

Our public consultations follow the Gunning Principles, which ensure fair and meaningful processes, including:

“The product of consultation must be conscientiously taken into account when finalising the decision.”

Through this process, the Board demonstrates that it has:

- Carefully reviewed the consultation findings
- Avoided making a decision prematurely
- Taken into account the issues and concerns raised by the public

How we will work together



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How today's session will run:

- We will review a high-level summary of the Informing Plan. Please note: This is intended to support conversation, with full detail contained in the Informing Plan and draft consultation report shared.
- You are being asked to consider if the draft consultation report reflects what you expected and is there additional information you would need to know to support decision making.
- We have a lot to share, so due to time limitations, we may not capture all views during the meeting. Please provide additional feedback via the chat with as much detail as possible.
- The session will be recorded for note taking and thematically reviewed using Copilot.
- Quotes from the session may be used in the Consultation Closing Report, but individuals will not be identified.



The Informing Plan includes:

- What's changed since the issues paper was published in March 2024, for instance:
 - The work that has been undertaken to refresh the Health Board's Strategy
 - Current condition of our estate and buildings
 - Developments in regional working
 - Operational changes and pressures across the 9 services; including staffing
 - What we've heard from our communities; including Senedd petitions
- Consultation report and findings
- Stakeholder feedback
- Alternative options review and assessment

Consideration Factors - Draft



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	Factor	Key Considerations	Product
1.	Decision Making Model	Considers the programme objectives and strategic vision, Considers the order and phasing of delivery Considers decision making as required.	Programme Objectives Phased Delivery Estimate
2.	Key dependencies	Departments (ED etc), Estates, Facilities , Transport (WAST/NEPTS/ACCTS), Quality, regional and support services	Impact Assessments, Closing Report & Informing Plan
3.	Summary of significant changes identified since the publication of the issues paper in March 2024	Temporary service changes or risks reported to the Board, other notable changes or risks, updates in clinical effectiveness (such as changes to clinical standards), developments in local, regional, or national programmes, workforce considerations, financial impacts, and any other relevant matters.	Informing Plan
4.	Key programme assessments	Capital, Workforce, Finance, QIA, EqIA (including Welsh Language), HIA, Environmental Impact Assessments, Regional Impact Assessments.	Programme Assessment (estimates)
5.	Public Consultation	Impacts on our staff and communities captured through our Public Consultation	ORS Consultation Findings Informing Plan



Following receipt of the Draft Consultation Findings Report, the Impact Assessments tested during consultation have been updated. These revisions incorporate any new information, including impacts and suggested mitigations identified in the consultation findings and recent stakeholder feedback gathered during the development of the Informing Plan.

The Impact Assessments include:

- Quality Impact Assessment (QIA)
- Health Impact Assessment (HIA)
- Equality Impact Assessment (EqIA) - with integrated Welsh Language Assessment
- Environmental and Climate Sustainability Impact Assessment (ECSIA)

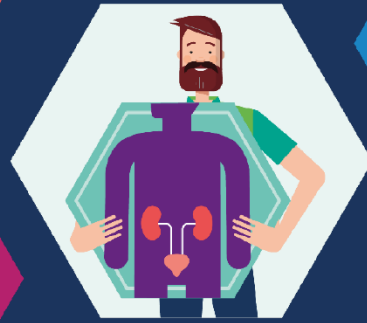
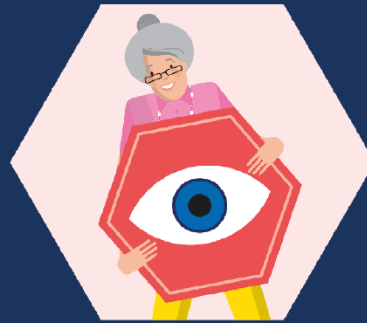
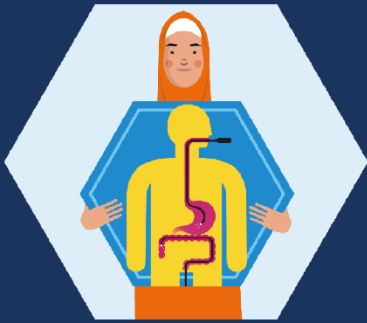
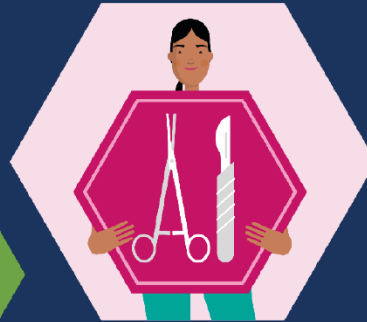
In addition, a Regional Impact Assessment has been produced to assess the impact of both the original and alternative options on neighbouring health boards, including Swansea Bay, Betsi Cadwaladr University Health Board, and Powys Teaching Health Board.

The updated Impact Assessments will be submitted to Board for consideration prior to decision making at the February Board meeting.



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Informing Plan:

What's Changed

What's changed



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Service	High level summary
Critical Care	<ul style="list-style-type: none"> • Reduction in Level 3 beds: GGH and WGH each reduced by one bed. • GPICS peer review (Sept 2025) highlighted need for major improvements in rehabilitation services. • Referral and admission process at PPH unchanged; critical care patients transferred to GGH ICU. • NIV respiratory pathway at WGH temporarily managed through Critical Care. • 11 WTE RN posts impacted by bed reductions. • Appointment of Critical Care Clinical Lead (July 2025). • Recruitment of 3 consultants at GGH (Intensivist roles). • Workforce fragility in WGH ED means Option A is not deliverable without affecting ED services.
Dermatology	<ul style="list-style-type: none"> • Additional clinics at GGH (3 extra sessions per week for consultations only). • No substantive consultant dermatologist in post. 2 WTE locum consultants recruited (Summer 2025, renewal due Summer 2026) – both interested in CESR to progress to substantive roles internally. • Recruitment ongoing:– 1 WTE substantive consultant dermatologist, 1 WTE locum consultant dermatologist Vacancies are considered “hard to fill” and have been previously advertised). • Non-pay (insourcing costs) will cover increased medical workforce if recruitment succeeds. Business case submitted to support this approach. Should approval not be granted, the service will explore alternative opportunities within the existing funded establishment. • Lack of estate capacity at PPH continues to drive increased clinic activity at GGH (consultations only).
Emergency General Surgery	<ul style="list-style-type: none"> • The out of hours consultant rota for WGH and GGH has stabilised, meaning there are currently no issues in maintaining emergency cover at either site. • Long-term workforce challenges remain, including pending retirements and sustainability concerns. • Business Case in progress to further develop the Same Day Emergency Care (SDEC) unit at GGH. SDEC development at GGH is included in all four shortlisted CSP options for EGS.

What's changed



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Service	High level summary
Endoscopy	<ul style="list-style-type: none"> • Ongoing surveillance backlog and continuing Bowel Screening Wales (BSW) performance challenges identified as key risks. • Risk to maintaining JAG accreditation due to backlog and potential new 8-week diagnostic requirement linked to Welsh Government Stage 1 Outpatient Improvement Plan. • Inpatient demand at GGH has grown by 30% in 2025/26. • Additional endoscopy sessions (recurrent funding): PPH: +4 sessions (total 20) GGH: +4 sessions (total 22). • Cytosponge trial scheduled Dec 2025–Mar 2026, with potential permanent implementation if successful. • Additional funded posts: 4.88 WTE RN Band 5, 1.7 WTE Band 3 HCSW, 1 WTE Band 8A Clinical Endoscopist. • Ongoing overspend in consumables and maintenance (non-pay areas).
Ophthalmology	<ul style="list-style-type: none"> • IVT service expanded to 5 days/week at WGH. • From Jan 2026: CICC: increase from 1 to 2 all-day IVT clinics (Tue & Fri). NREC: increase from 5 to 6 IVT clinics/week. AVH: relocate IVT clinics to outpatients (5 all-day clinics/week), enabling cataract theatre to expand to 5 days/week. • One stop pre-assessment clinic introduced; will need to expand from 2 to 5 days/week as delivery grows. • Regional development of glaucoma, vitreoretinal, medical retina, paediatric, and cataract services. 2 regional consultants planned (initially based at PPH). • Senedd Inquiry into Ophthalmology Services in Wales published Nov 2025. • Additional funded roles: 1 WTE SAS Doctor, 1.2 WTE Band 6 injector, 1.2 WTE Band 5 RN, 1.75 WTE Band 3 technician, 1.2 WTE Band 3 HCSW Posts either appointed or in recruitment. • Increased IVT workload must be considered in CSP planning. • If GGH becomes the main ophthalmology site, all existing and future clinics will need to be absorbed there, and it is important to protect the available space for pre-assessment clinic expansion during the CSP process. • Plan for additional funding in 2026/27 to expand workforce further.

What's changed



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Service	High level summary
Orthopaedics	<ul style="list-style-type: none"> • Weekly elective inpatient capacity at PPH increased (access to all 20 main theatre sessions). • DSU sessions significantly limited by anaesthetic shortages: 10 of 11 funded sessions available, 6 LA only. • Trauma element remains fragile due to capacity issues. • Fragility of critical care at PPH risks delays/cancellations of elective orthopaedics, compromising compliance with BOA standards. • Statement of principle agreed between HDdUHB & SBUHB, goal is a single waiting list. • Limited cross site arthroplasty activity due to workforce challenges; confidence in NPT model for complex cases. • Plans for dual hand/wrist regional list (early 2026). • Transfer of simple hand cases from SBUHB to HDdUHB to reduce waits in progress. • Positive progress in foot & ankle network with dual operating lists for total ankle replacements. • Recruitment of 4 WTE consultants at PPH: 2 arthroplasty (regional element), 1 hand & wrist, 1 foot & ankle (retention issues noted). • Waiting times reduced from 4 years to 2 years; on track for zero 104-week RTT breaches by March 2026. • Insourcing used in 2024/25 and 2025/26 to support waiting list reduction.
Radiology	<ul style="list-style-type: none"> • Ultrasound risk escalated to 'extreme' due to staffing shortages; retirements not backfilled because of recruitment difficulties. • Recurrent funding (2025/26) secured to improve cancer pathway waits and stabilise radiology service. • Additional workforce funded and being appointed/recruited: 7 WTE Band 5 Radiographers, 3 WTE Band 6 Radiographers, 1 WTE Band 8a Head & Neck Sonographer, 2 WTE Consultant Radiologists, 1 WTE Band 7 Sonographer, 1 WTE Band 4 Personal Assistant.

What's changed



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Service	High level summary
Stroke	<ul style="list-style-type: none">• Agreed pathway between GGH and PPH due to Llanelli patients being admitted to GGH.• Pre Hospital Video Triage trialled in Pembrokeshire since Feb 2025; service to continue with plans for wider rollout.• Stroke organisational audit completed June 2025 (first against new standards).• Brainomix AI tool for CT interpretation rolled out across Health Board.• Draft NHS Wales National Stroke Service Standards published in June 2025.• CAVUHB thrombectomy service now available (09:00–17:00, Mon–Fri) for all Wales, complementing North Bristol NHS Trust provision.• Community Integrated Stroke Teams (Early Supported Discharge) now operational in all counties (previously only Pembrokeshire).• Stroke psychology service fully operational across Health Board.• Loss of RIF funding for community therapies (1 WTE Band 7 physiotherapy stroke lead, 1 WTE Band 5 rotational physiotherapist) impacting Carmarthenshire ESD capacity.• Risk of losing 2 WTE Band 3 physiotherapy support worker posts funded via RIF next financial year.
Urology	<ul style="list-style-type: none">• Clinical Nurse Specialist appointed to lead transperineal biopsies within existing establishment.• Trial Without Catheter reverted to community nursing team (temporary COVID-19 change ended).• Additional MRI and biopsy capacity commissioned via outsourcing to improve prostate pathway.• Work underway to introduce non-invasive urine test for cancer detection, reducing demand for flexible cystoscopy.

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- Senedd Petition *‘Take urgent action to improve the NHS in West Wales, and address the crisis at Glangwili hospital’*: Closed on 13 September 2025 with 1,304 signatures; considered completed by the Petitions Committee on 6 October 2025. Responsibility passed to Health and Social Care Committee and local Members for scrutiny.
- Extraordinary QSEC Meeting (September 2025): Deep dive into acute services within the Clinical Services Plan; further sessions planned for planned care and diagnostics. Purpose: review changes since Issues Paper and inform February 2026 decision-making.
- Senedd Debate on Petition *‘Protect full stroke services at Bronglais Hospital; prevent downgrade to Treat and Transfer’* (22 October 2025): 17,883 signatures opposing downgrade of stroke services at Bronglais Hospital to ‘Treat and Transfer’. Debate highlighted risks of long-distance transfers, rural transport challenges, family support needs, and equity of access. Emphasis on transparent decision-making and alternative options.
- Estate Condition & Performance Update (October 2025): Plans to commission 6-facet estate surveys aligned with new Estate code guidance. Aim: improve backlog/risk reporting and strengthen business cases. Approach shaped by national guidance and best practice.
- Strategy Refresh – A Healthier Mid and West Wales: To Board in January 2026 for endorsement. Retains core elements of 2018 strategy, with updated objectives and focus on preventative care and population health.
- Programme Business Case Addendum – Urgent & Planned Care Hospital: Also to Board in January 2026. Welsh Government requested exploration of additional options while remaining aligned with clinical strategy and national ‘A Healthier Wales’.

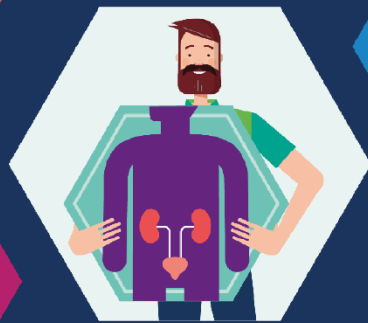
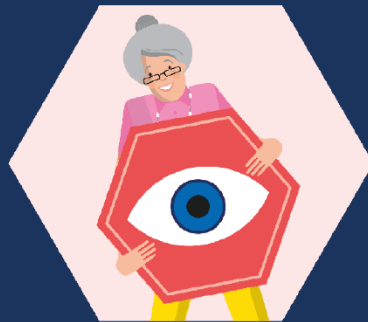
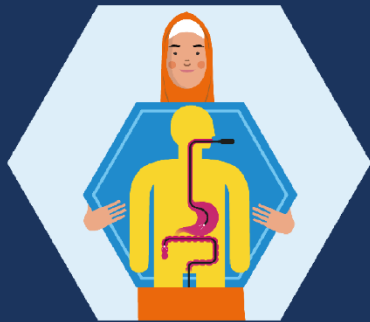
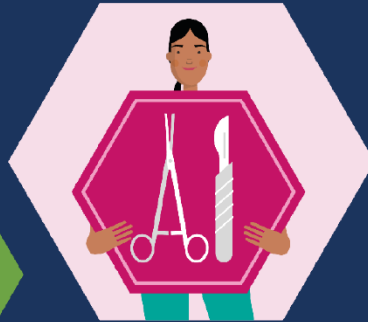


Sense check of what's changed



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Summary headlines from
Opinion Research Services (ORS)
Draft Consultation Report



The Clinical Services Plan has:

- Been consulted on for 13.5 weeks from 29 May to 31 August 2025
- Shared consultation documents in a wide range of formats with over 6,900 stakeholders, alongside promotional activity, directing communities to our website to have their say
- Received 4,140 questionnaire responses (including 103 Welsh responses, 3 easy read responses and 16 organisational responses)
- Informed and engaged with 4,067+ individuals through Health Board events, alongside 3 independent focus group sessions run by ORS
- Received 120 written submissions, 156 social media comments and 1 petition
- Generated 190 unique alternative ideas for how the 9 services could be delivered in the future.

Key information about who responded



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The following slides are intended to give a brief snapshot of who responded to the questionnaire by location, age and deprivation.

More information on detailed demographics can be found within the report such as gender, ethnicity, language, carer status, etc.

This is based on the equality monitoring questions that were included as part of the Clinical Services Plan questionnaire but were not mandatory.

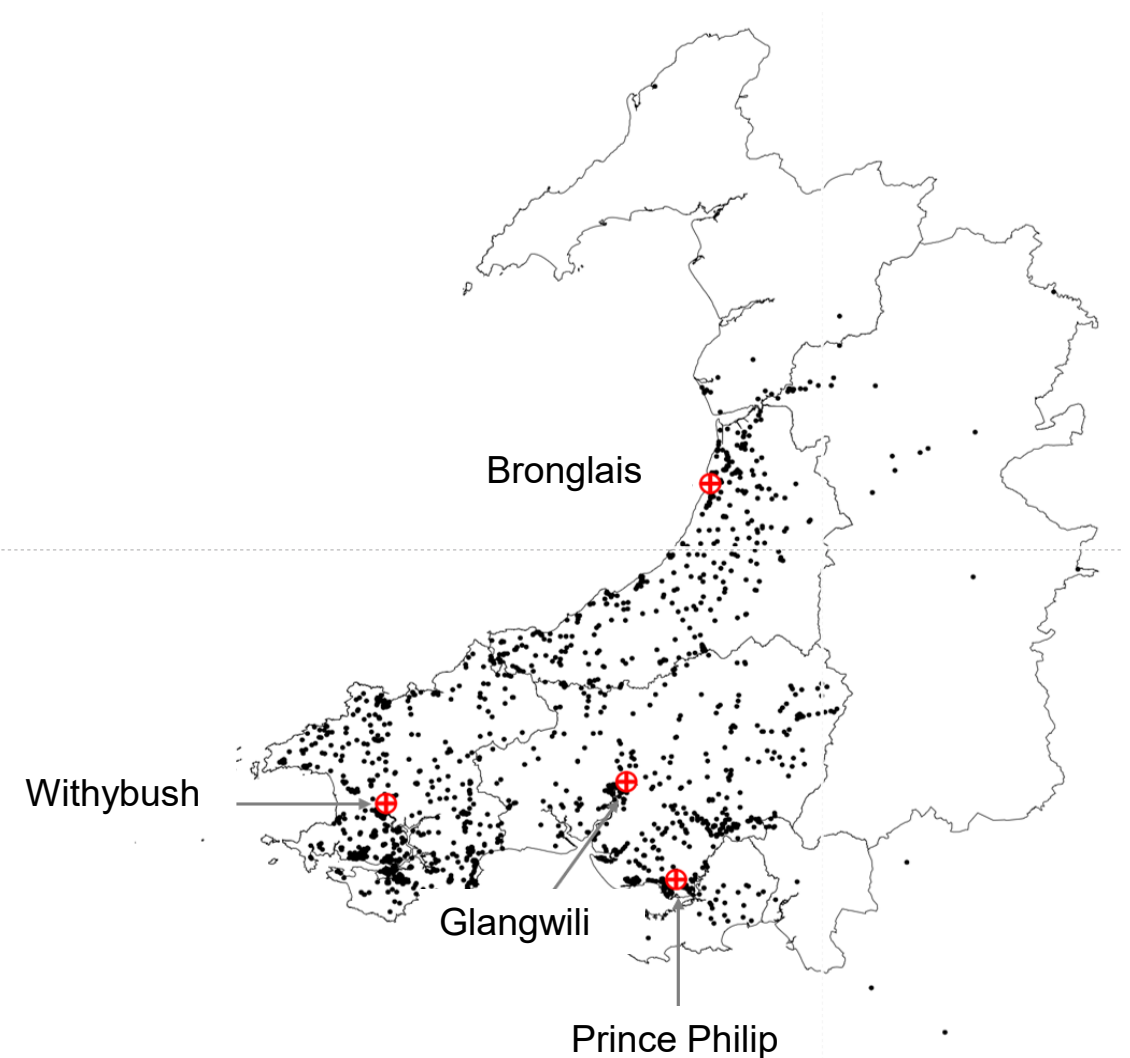
Location of questionnaire responses



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- The map to the right shows the distribution of responses where a postcode was provided.
- The locations of the 4 acute hospital sites are noted on the map in red, along with the county borders of neighbouring counties.



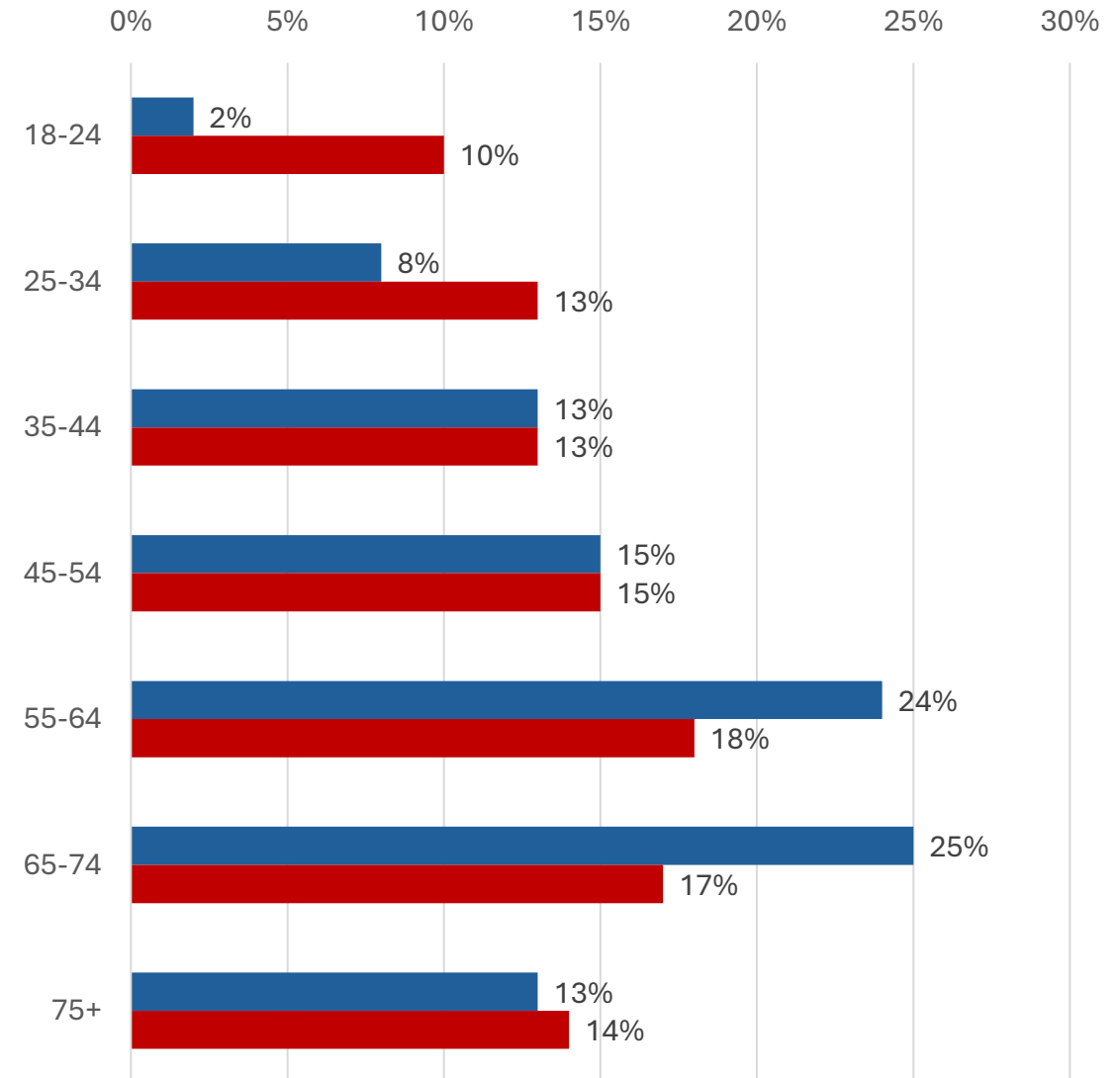
Age profile of questionnaire responses



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- The chart to the right shows the distribution of responses where an age was provided.
- The blue bar on the top shows the percentage of responses, while the red bar shows the percentage of population.



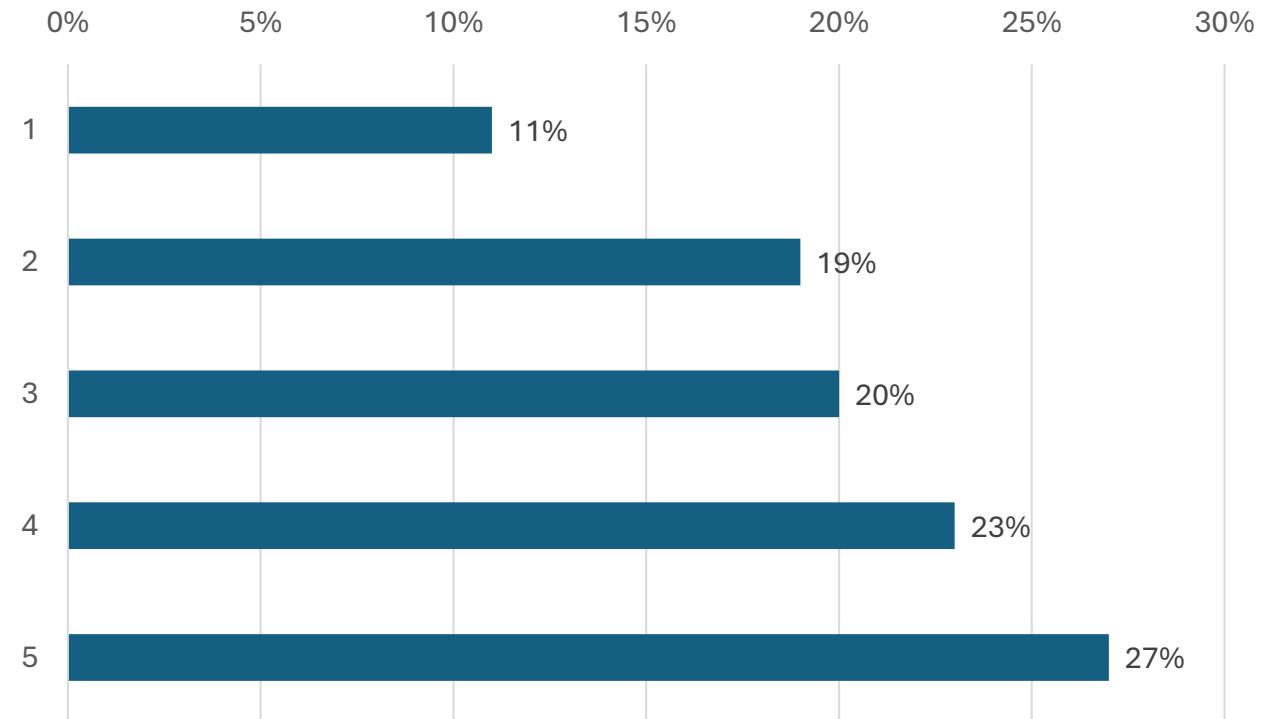
Deprivation profile of questionnaire responses



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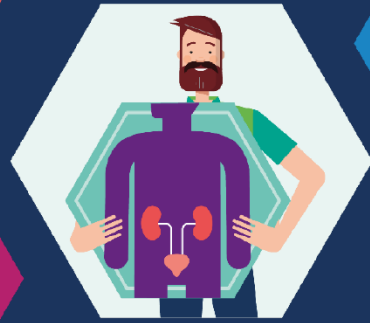
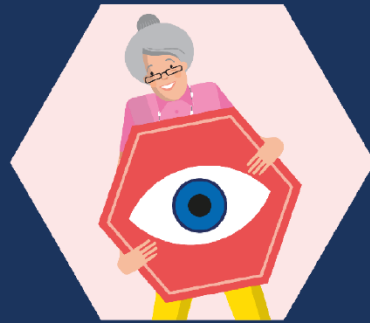
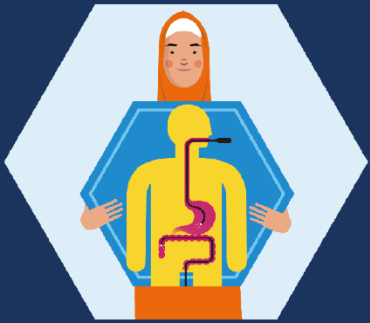
- The chart to the right shows the distribution of responses by Welsh Index of Multiple Deprivation.
- The blue bar shows the percentage of responses received within each quintile of deprivation.
- 1 is the most deprived, 5 is the least deprived.





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Critical Care – Key themes

Critical Care – Key themes



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Within the questionnaire responses there were 6 key themes that were identified along with 'other' when people were asked why they chose a certain option:

- Support for bringing services together generally
- General support for a particular option
- Support for services at a particular hospital site
- Accessibility of Critical Care
- Potential concerns or caveats
- Other suggestions or mitigations

Critical Care – Other feedback



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Staff engagement and hospital walkarounds identified a need to understand the role that the Adult Critical Care Transfer Service (ACCTS) would play in the options and current and future capacity to support the options.

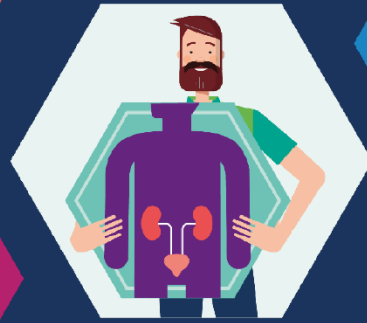
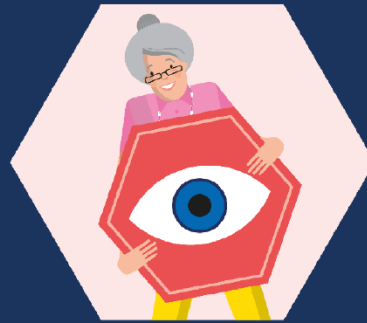
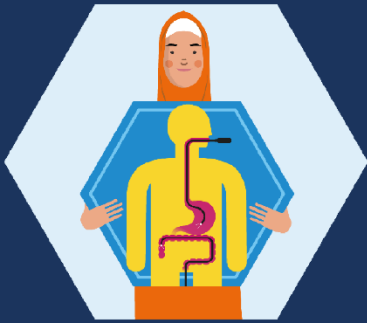
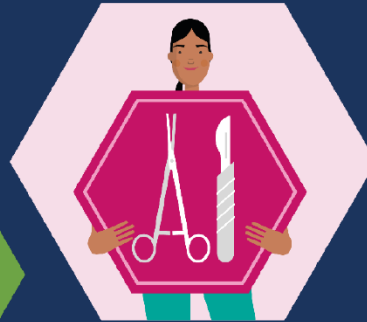
They also highlighted a need to consider in more detail the Allied Health Professional workforce requirements to support the options.

Both staff and public engagement questioned how interdependencies between options would be considered such as Stroke and Emergency General Surgery, as well as services outside of the consultation like Emergency Departments.



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Dermatology – Key themes

Dermatology – Key themes



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Within the questionnaire responses there were 7 key themes that were identified along with 'other' when people were asked why they chose a certain option:

- General support for a particular option
- Support for using GP practices and other community provision
- Support for services at a particular hospital site/ county
- Support for services at all hospitals/ counties
- General concerns or disagreement with all options
- Concerns about accessibility/ travel
- Caveats, suggestions or mitigations

Dermatology – Other feedback



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Feedback from public engagement sessions agreed changes need to be made to reduce long waiting times, but felt that moving light therapy to Prince Philip Hospital would be inaccessible, particularly when it could be provided at other sites.

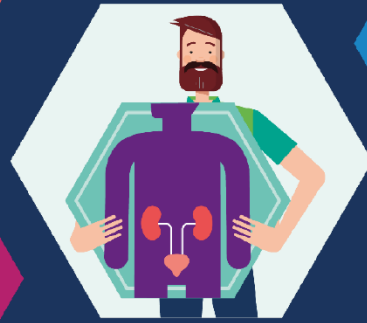
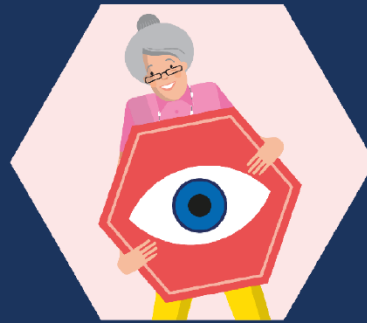
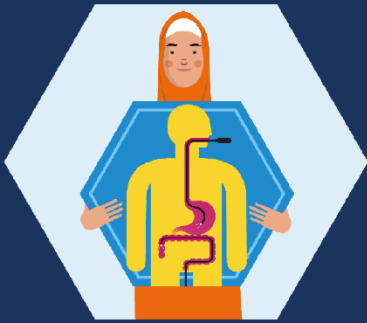
There were concerns that the changes would bring about longer travel times and more transport issues for what are often short appointments and called for more investment in virtual solutions to reduce this, and better transport, possibly site to site.

Feedback from staff meetings recognised workforce challenges but acknowledged that moving Dermatology from sites could impact broader medical knowledge and experience within the site teams.



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Emergency General Surgery – Key themes

Emergency General Surgery (EGS) – Key themes



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Within the questionnaire responses there were 10 key themes that were identified along with 'other' when people were asked why they chose a certain option:

- Support for bringing services together generally
- General support for a particular option
- Positive comment about accessibility for a particular option
- Support for alternate weeks
- Support for services at specific hospitals
- Support for services at all hospitals
- Generally disagree, keep services as they are
- Concerns about patient safety/ transport
- Concerns about alternating weeks
- Caveats, suggestions or mitigations

EGS – Other feedback



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Concerns around travel distance and time were strongly linked with patient safety and outcomes. People particularly in Pembrokeshire were worried about how they would be able to access timely care if the service was not retained.

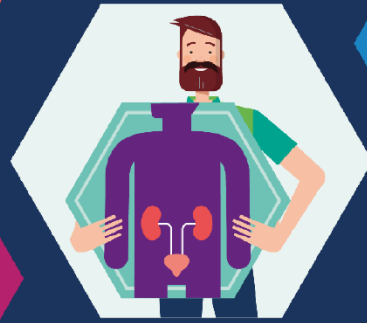
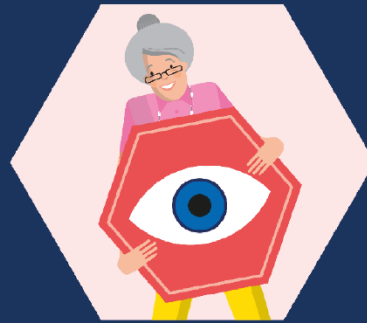
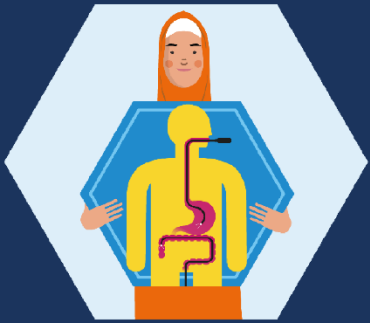
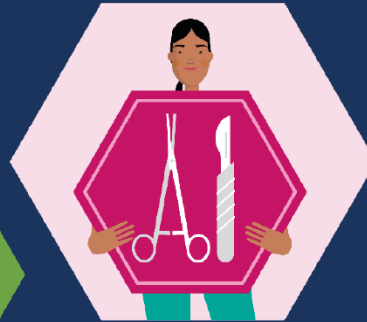
There was also concern about the complexity and confusion that an alternating option would cause, as well as concerns about being able to recruit or retain surgical staff at a site with uncertain service models.

Questions were also raised around the transfer model, noting that it would need to ensure that same day transfers were available from a non-operating hospital, as well as ensuring that there would be beds immediately available on arrival to avoid people waiting in ambulances.



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Endoscopy – Key themes

Endoscopy – Key themes



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Within the questionnaire responses there were 9 key themes that were identified along with 'other' when people were asked why they chose a certain option:

- Support for bringing services together generally
- General support for a particular option
- Positive comments about improving waiting times or service
- Support for building on capacity at Prince Philip Hospital
- Maintaining services at specific hospitals
- Maintaining services at all hospitals
- Concerns about accessibility/ travel
- Questions around the siting of proposed hub
- Caveats, suggestions or mitigations

Endoscopy – Other feedback



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People were concerned about the travel time and distance to access services, particularly the discomfort patients may face when travelling before and after procedures and how this may impact their dignity.

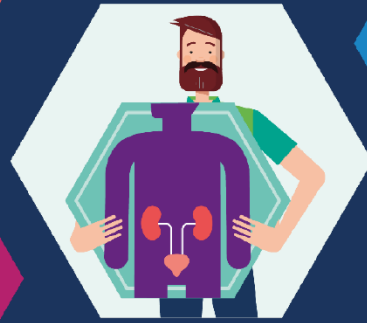
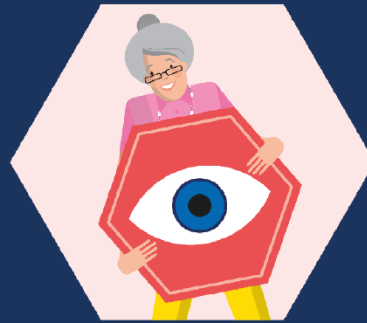
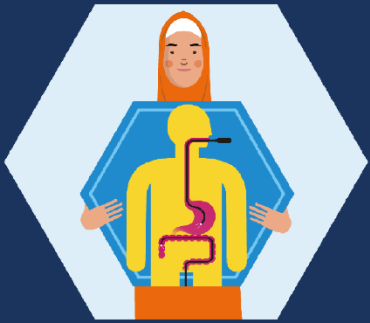
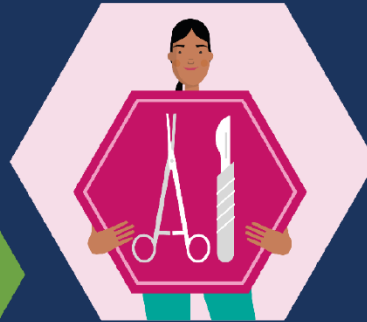
While people were concerned about the increased travel time, there was recognition that bringing services together could be more efficient and improve service quality provided there was access for those living remotely.

There was support for extended hours and capacity, however the feasibility of this was challenged by some, and similar feedback was provided around the community site for bowel screening along with requests for clarity for people to be able to give a more informed answer.



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Ophthalmology – Key themes

Ophthalmology – Key themes



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Within the questionnaire responses there were 7 key themes that were identified along with 'other' when people were asked why they chose a certain option:

- Support for improving patient care
- Support for accessibility
- Support for improving waiting times/ service
- Concerns around travel times
- Concerns that options won't improve waiting times
- Disagreement with Glangwili Hospital/ Prince Philip Hospital being the main site
- Maintaining/ Enhancing services at Bronglais Hospital/ Withybush Hospital

Ophthalmology – Other feedback



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Concerns were raised about travel times and the need to travel further in some options. It was felt this would have a greater impact on those living in more rural areas and the elderly, with ideas put forward such as subsidized transport, or organised minibuses.

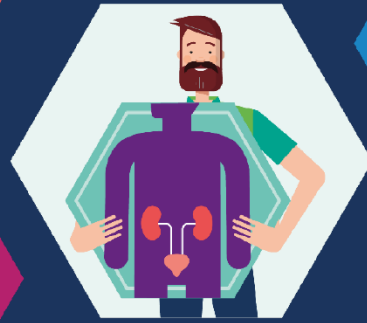
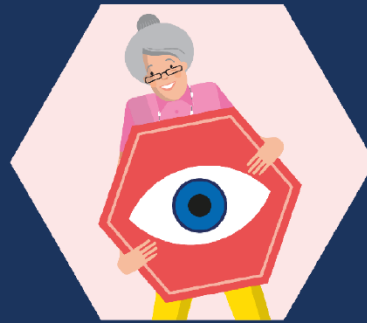
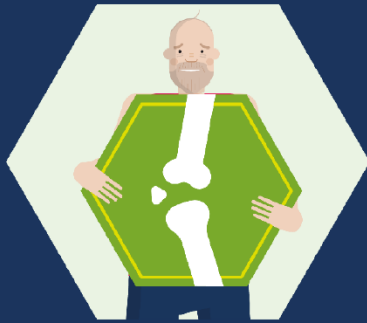
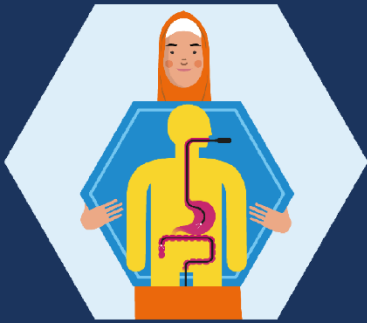
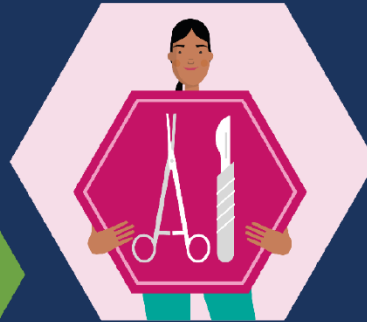
While there was some support for extending hours, it was noted that public transport would not support later working, and traveling at night would not be suitable for all. There were also questions around feasibility to staff this.

There was mixed support about using community clinics, with travel concerns being the most cited, and while some thought bringing services together to a single site would bring improved service quality and efficiency, there were concerns around where this may be and the travel and transport impacts as a result.



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Orthopaedics – Key themes

Orthopaedics – Key themes



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Within the questionnaire responses there were 7 key themes that were identified along with 'other' when people were asked why they chose a certain option:

- Support for improving patient care
- Support for regional working to improve waiting times
- Support for maintaining services at Bronglais Hospital/ Prince Philip Hospital to ensure reasonable access
- Retaining operations/ inpatients at all sites
- Options were too similar to choose between
- Concerns that bringing services together/ regional working will negatively impact Hywel Dda patients
- Retaining services as they are and make improvements to existing services

Orthopaedics – Other feedback



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There was recognition that orthopaedic operations being brought together could support waiting lists to get people seen more quickly, but that they may have to travel further.

Others felt that there would be barriers, particularly for the elderly or those living more rurally who may struggle to attend hospital.

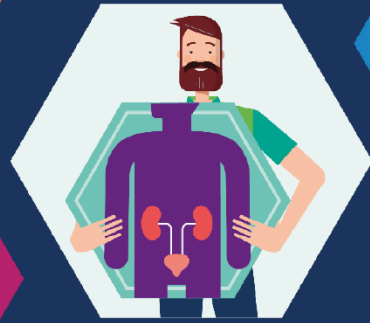
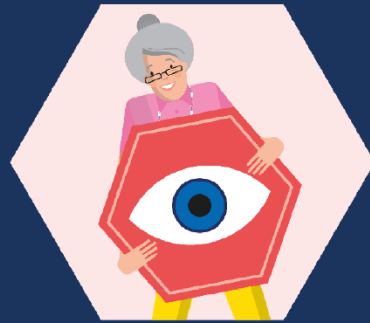
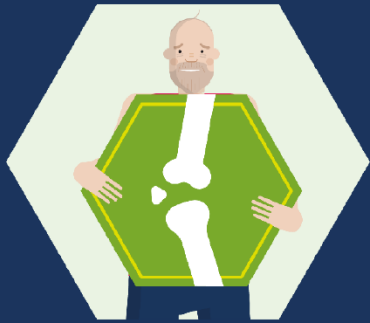
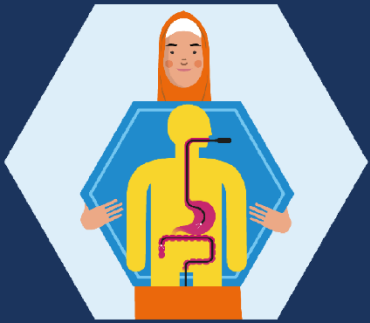
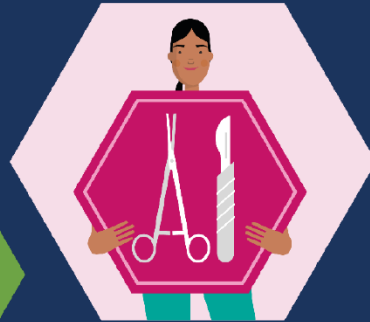
While some saw regional working as a positive, others were concerned that Hywel Dda patients would not be seen as quickly or may be treated differently if part of a larger waiting list.

Some wanted the service to remain as it is, or with service improvements, while others called for operations/ inpatients to be available at all sites to reduce the issues of access and travel.



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Radiology – Key themes

Radiology – Key themes



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Within the questionnaire responses there were 8 key themes that were identified along with 'other' when people were asked why they chose a certain option:

- Generally supportive of preferred option
- Believe the options would reduce waiting times/ improve capacity
- Welcome same day diagnostics, especially multiple tests at the same time
- Agree with the bringing together of services
- Believe the locations are fairly accessible
- Maintaining or increasing services at specific/ all sites
- Increasing opening times to be 24/7
- Comments about the need to recruit sufficient staff and reducing management and administrative staff

Radiology – Other feedback



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While there were generally more positive comments about options, there were a few areas of concern that were either repeated through multiple engagements or very strongly.

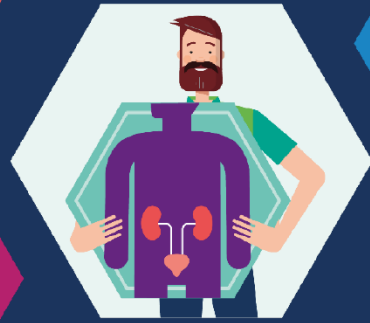
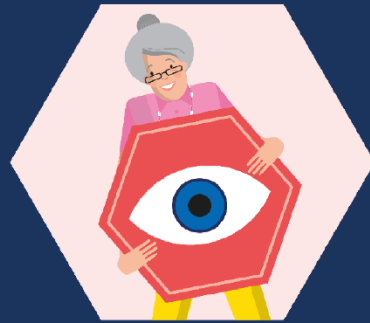
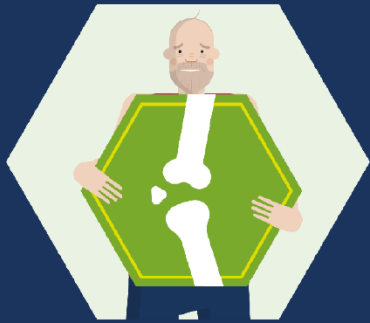
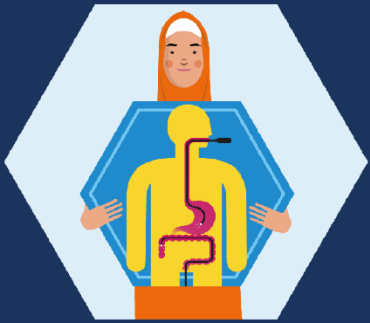
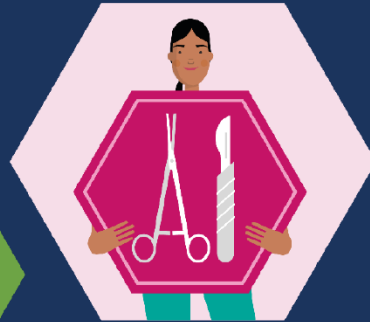
Feedback about Bronglais, Glangwili, Withybush and Llandovery hospitals in particular was that some people would like the status quo to remain, either access to current diagnostics in the case of Glangwili and Llandovery hospitals or interventional in the case of Bronglais and Withybush hospitals.

There were also staff who attended multiple sessions who provided feedback that the positioning of radiographers was not reflective of the workforce position, and that generally they did not want to work 12-hour shift patterns as described in the consultation documents.



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Stroke – Key themes

Stroke – Key themes



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There were 10 key themes that were identified along with 'other' when people were asked why they chose a certain option:

- Generally supportive of preferred option
- Supportive of access to site
- Options will have beneficial impacts on care
- Generally negative comments/ disagree with both options
- Concerns about travel time, access to a particular site
- Concerns options may negatively impact care
- Stroke services should be at Bronglais Hospital/ Glangwili Hospital
- Concerns about Welsh Ambulance Service Trust/ ambulance service needs to be improved
- Stroke services should be maintained/ strengthened to 24 hours at Withybush Hospital
- Concerns about need for clinical staff/ reduce managers and administrative staff

Stroke – Other feedback



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Stroke was the only service to receive a petition, indicating the high strength of feeling around retention of stroke services at Bronglais Hospital.

Similar concerns were raised across almost all areas, although less so in Llanelli which was least affected by the options in the consultation, mainly focused around:

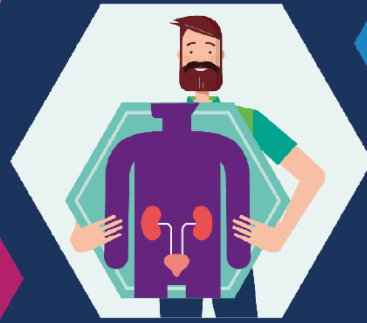
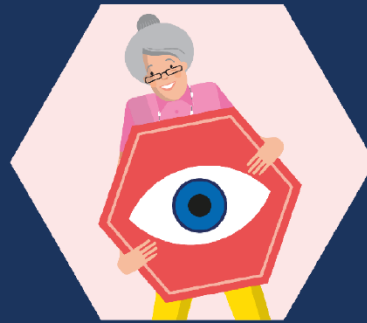
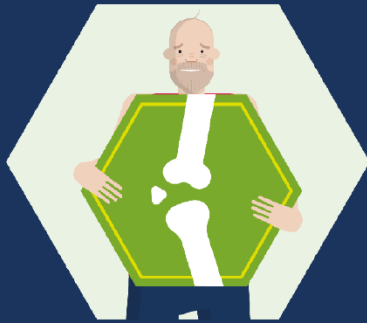
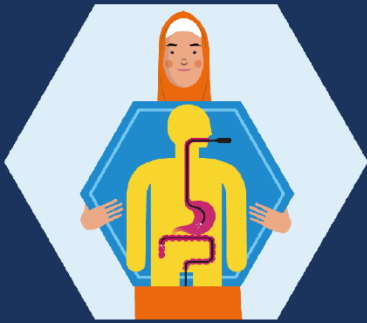
- Lack of understanding around the ‘treat and transfer’ model
- Lack of understanding around the ‘12 hour’ model
- Concerns around the availability of transport

Visitors of patients were also concerned that they would be unable to visit patients if transferred due to long distance, travel time impact and poor public transport



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Urology – Key themes

Urology – Key themes



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Within the questionnaire responses there were 7 key themes that were identified along with 'other' when people were asked why they chose a certain option:

- Generally supportive of bringing services together
- Generally negative and prefer status quo
- Concerns about travel and access to Prince Philip Hospital
- Concerns about impact to care, workloads, etc.
- Keep inpatient urology services at Bronglais Hospital/ Glangwili Hospital/ Withybush Hospital
- Comments about the need to recruit and retain staff
- Other possible mitigations, including transport

Urology – Other feedback



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While not identified within the theming of responses, concerns were also raised about the bringing together of urgent suspected cancer diagnostics from sites. While some felt that having a single service which can diagnose and treat faster would be a positive, concerns were raised about impacts on travel and access.

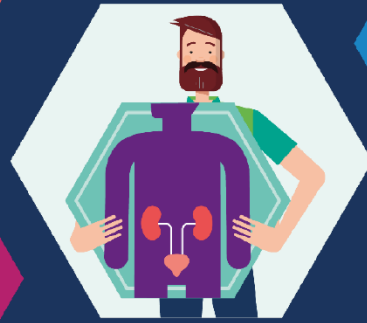
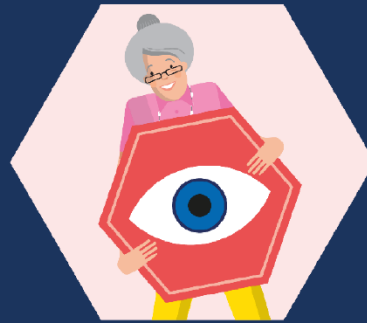
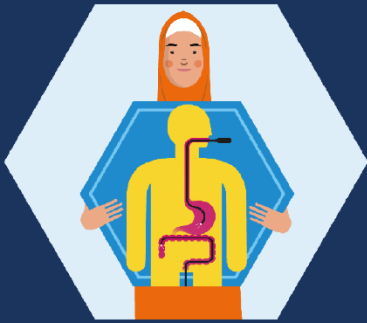
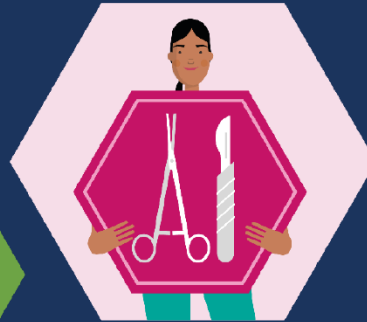
To mitigate the changes proposed in the options, several ideas were raised such as using more community locations to carry out screening and diagnostics, or the use of mobile vehicles.

Concerns were raised that interdependencies may not have been considered, with respondents questioning whether urology would be possible on a site if it potentially no longer had critical care or other surgical specialities.



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Future roles of the hospitals –
Key themes

Future roles of the hospitals – Key themes



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Within the questionnaire responses there were 8 key themes that were identified along with 'other' when people were asked why they chose a certain option:

- Agree with proposals
- Generally disagree with proposals
- Concerns about reducing services at Bronglais Hospital/ Glangwili Hospital/ Prince Philip Hospital/ Withybush Hospital
- Waiting times needing to improve
- Concerns about travel, including parking
- Concerns about patient safety and transfers
- Comments about the need for and challenge of recruiting and retaining sufficient staff
- Other possible mitigations

Future roles of the hospitals – Other feedback



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Throughout the feedback received on the 9 clinical services, frequent references were made to the proposed new urgent and planned care hospital, which was not in scope of this consultation. Feedback was mixed with some wanting this to progress, while others believed this was no longer happening.

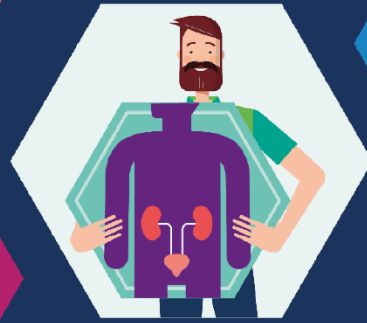
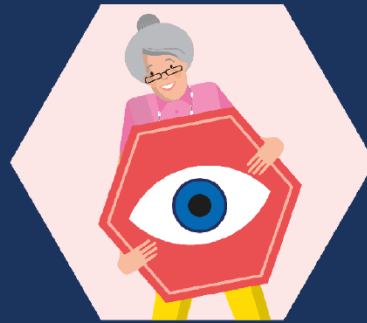
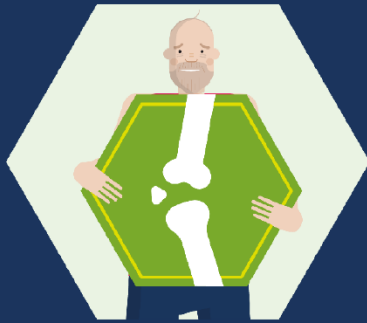
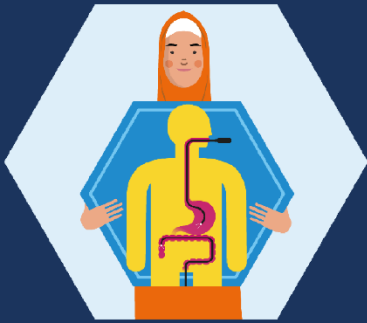
There were also concerns about the physical estate of Glangwili Hospital, from a building perspective many felt that it was poor quality and not suitable to place acute services in that location, and the size of the car park would not be sufficient to manage increased traffic if more people would be going there for more acute care and longer stays.

There was also concern from those living nearest to Bronglais and Withybush hospitals that these proposals would further reduce the number of services available from those sites, and increased transfers would be required which were felt to be unsafe.



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Equalities – Key themes

Equalities – Key themes



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Within the questionnaire responses there were 17 groups identified within the analysis of this question; full details will be included within the report. Below are the 5 groups which were most commented about:

- Elderly (56% of comments)
- Non drivers/ public transport users (28% of comments)
- People with disabilities (24% of comments)
- Patients/ unwell people (13% of comments)
- Children/ families (12% of comments)

Equalities – Other feedback



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A lot of the groups identified within comments were linked, for example elderly and non drivers, and families and low income. The comments identified that people may experience multiple barriers to accessing care.

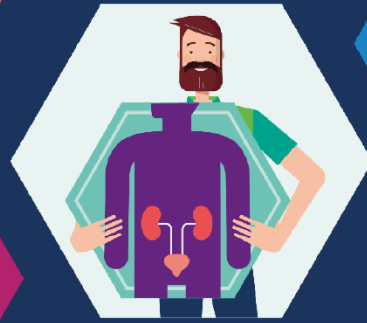
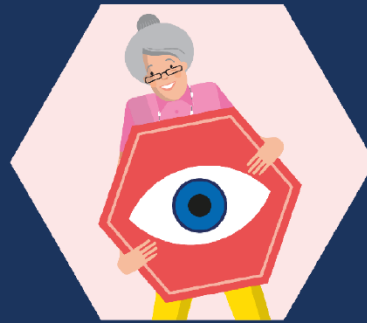
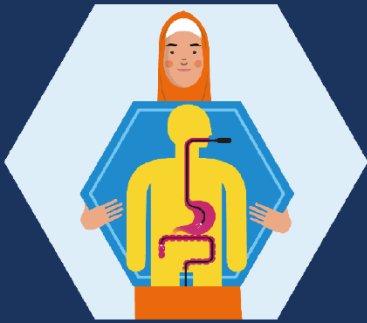
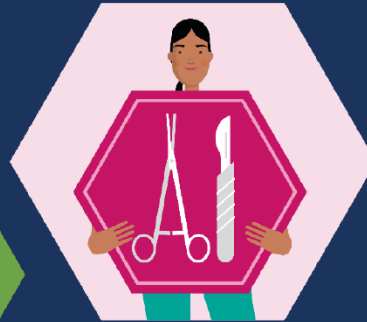
Specific feedback from groups identified that there are opportunities to make services more inclusive than they currently are, for example incorporating British Sign Language video support, and use of video translation would reduce barriers to accessing care, while reviewing how patients book and confirm appointments by phone would also reduce this barrier.

It was also noted that people with learning disabilities could be impacted by the proposed changes, as they are likely to require multiple services and are likely to have low income and not able to access public transport.



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Additional considerations – Key themes

Additional considerations – Key themes



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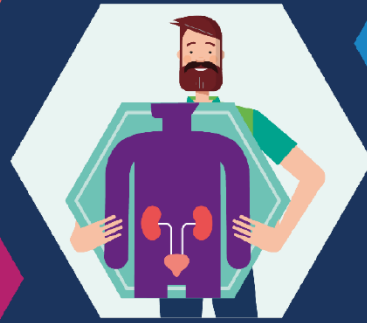
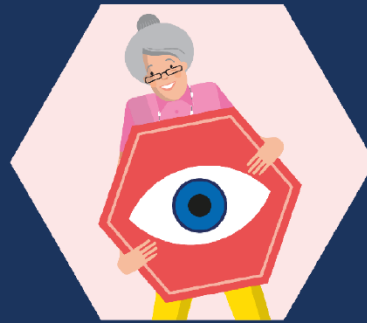
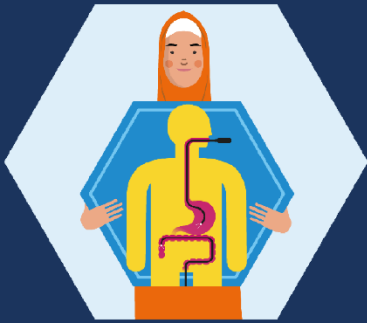
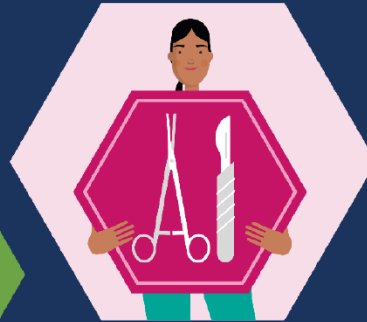
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- Transport and transfers were a common concern across all services, both for patients and visitors or carers
- People were unclear of when and how these changes could be delivered, questioning whether we or partners such as Welsh Ambulance Service Trust have the ability to implement the options safely
- Criticism was made around the consultation process due to the size and length of documents, the cost of consultation, and people believing that decisions had already been made, particularly in relation to stroke services which did not include options for other sites



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Informing Plan:

Stakeholder Feedback on Draft
Consultation Report

How Feedback Was Collected



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- Consultation Report Review Meetings: 17 virtual sessions held with stakeholder groups (Nov–Dec), including CSP Sub Group, CRG, ODG, T&F, BAGs, staff, local authorities and town and community councils, stakeholder session and neighbouring health boards.
- Approximately 388 participants attended the sessions.
- Structured Survey: launched 26 Nov (open until mid-Dec) with draft Consultation Report; asked stakeholders to confirm if report reflects consultation feedback, share observations, suggest mitigations, and identify equity impacts.
- 11 submissions were received in response to the structured survey.
- In addition, one written submission was received on behalf of Betsi Cadwaladr.

Initial reactions to the findings and analysis:



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- Most respondents agreed the report reflects what was heard during consultation; one respondent was unsure due to limited access to all feedback.
- Appreciation for receiving the report but concerns about its length and the short time to review before the 11 December deadline.
- Suggested revealing preferred options earlier to focus attention on likely impacts and solutions.
- Findings, especially qualitative, were seen as reflecting a broad range of perspectives, but concerns raised about whether decision-makers can fully integrate these views.
- Worries that only the executive summary may be read by those making decisions.
- Dissatisfaction with the shortlisting process and criteria, seen as limiting options and risking bias.
- WAST welcomed involvement; highlighted potential impacts on EMS and NEPTS, including travel times and job cycles, and requested operational and clinical risks be captured.
- Pembrokeshire feedback expressed strong dissatisfaction with ongoing loss of local services and felt community views are ignored.



- General agreement with themes presented; headlines reflected concerns.
- Additional consideration requested for radiology and pathology alongside AHPs.
- Workforce opportunities for healthcare scientists noted.
- Therapy provision in critical care underfunded; no ring-fenced time (peer review confirmed).
- Emphasis on interdependency of services on critical care services.
- GPICS guidelines (Version 3) should inform future standards.
- Strong opposition to reducing ICU to ECU at WGH.
- Significant concerns about transfer times and access for Pembrokeshire residents, especially Angle peninsula; WGH seen as essential for robust services.
- Worry that proposed mitigations are undeliverable; poor hospital transport already impacts care.
- A&E at WGH considered a “red line” if critical care and other services reduce further.
- Telehealth boundaries should be expanded for critical care (remote monitoring, geography-based models).
- Draft report perceived as favouring Option C; feedback states Option C is unsustainable (low admissions, staff redeployment, high travel costs, unused equipment, low morale).
- Staff rotation across sites already occurs; suggestion for cross-site working suggested inaccurate (nurses and doctors already rotate to maintain skills).
- Current challenges at PPH reflected in feedback.

- Travel concerns were a major issue, especially for older patients and rural areas, with risk of missed early diagnoses due to distance; attendees also noted transport challenges and the growing use of community transport services such as Dolen Teifi.
- Advocacy for telehealth solutions, including initial consultations close to home via telemedicine, strong support for tele-dermatology and platforms like Consultant Connect, and pushing boundaries by exploring models used elsewhere; video conferencing welcomed but concerns raised about capacity in local surgeries.
- Queries on digital platforms, pathway review, and governance issues with AI analytics.
- Surprise at lack of discussion on regional working and reliance on Swansea Bay; interest in regionally coordinated service for mid Wales and closer collaboration with Betsi Cadwaladr.
- Workforce fragility highlighted, including medical photography and dermatology consultants; sustainability remains a challenge.
- Upskilling GPs and collaboration with Secondary Care suggested to mitigate knowledge gaps but concerns about assumptions on GP training and practical experience.
- Proposed model relies on remote senior advice and occasional physical presence; practical support for GPs emphasised.
- Frequent cancellations highlighted; recommendation for improved communication and reminder systems to reduce delays.
- Concern about impact on plastic surgery and Tertiary Care; need for sustainable, deliverable model.

Emergency General Surgery



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- Feedback broadly aligned with themes presented; agreement that transport and travel remain major concerns.
- Strong concerns about transfers, variation in care from rotating teams, and where patients would be admitted if transfers were delayed overnight.
- Workforce shortages highlighted (paramedics, technicians, consultants), impracticality of achieving ‘see and drop’ within 45 minutes, and scarcity of volunteer drivers.
- Questions raised about feasibility of alternating emergency general surgery sites due to staffing concerns.
- Option B seen as risking underutilisation of costly equipment, staff dissatisfaction, and confusion for service users.
- Impact of service changes on families and carers noted, with long travel distances (especially North Pembrokeshire) and poor transport infrastructure, compounded by ambulance delays and road disruptions.
- Concerns about speed of access: not only travel distance but waiting times once at hospital; reports of patients waiting in ambulances and corridors despite emergencies.
- Support for effective transport between sites and robust pathways for admission and discharge; parking and poor public transport also raised.
- Strong concern about Pembrokeshire rural geography and access if services move; tourist season traffic bottlenecks add risk.
- Support expressed for centralising emergency general surgery at GGH for clinical expertise but concerns about infrastructure and need for investment.
- Emergency operations rare but require efficient infrastructure, access to services, and repatriation processes.
- Questions on why strengthening Same Day Emergency Care is proposed for GGH and WGH but not BGH; request for clarity on current standards and how options improve care.
- Need for transparency in describing standards and improvements to support interim and long-term decisions.



- Agreement with thematic responses highlighting significant issues with transfers for patients requiring bowel preparation and the impact of travel requirements on bowel screening.
- Need to consider wider workforce for endoscopy, including healthcare scientists, and explore ways to reduce referrals into endoscopy.
- Concern about losing services unnecessarily when local specialists exist; past closures at BGH noted but specialists now available.
- Concerns about capacity under Option B, with requests for further detail to confirm whether it would provide sufficient capacity beyond current provision.
- Attendees felt the consultation survey did not fully reflect people's views, noting that preferred service combinations (e.g., bowel screening, endoscopy, gastrointestinal, urology) were not offered and response options such as 'don't know' or 'no preference' did not accurately capture opinions, with some respondents uncomfortable adding comments.
- Swansea Bay representative raised sustainability issues and suggested joint working between health boards to drive efficiency and optimise capacity, including a shared workforce model and training programme; shortage of nurse endoscopists noted in Swansea Bay.

- A question was raised about whether developing a Southwest Wales centre had been considered within the options.
- Transport is a major barrier, especially for patients with sight impairments, and safety concerns were raised for those attending macular degeneration clinics who are vulnerable after treatment; patient transport often involves long waits and frequent appointments, so clarity on accessible transport is needed if services are consolidated.
- West Wales regional ophthalmology was raised during consultation but not reflected in key themes; benefits of joining up with Swansea Bay for recruitment and rotation were not highlighted.
- Importance of Tertiary Care and a joined-up approach emphasised; opportunities for joint working and pathway redesign suggested to mitigate disadvantages.
- Workforce issues highlighted, including need for sustainable models and wider workforce opportunities; Swansea Bay representative asked if collaborative workforce models would be tested further.
- Lack of explicit consideration for paediatric ophthalmology noted.
- Suggestion to utilise Independent Prescribers in Primary Care to reduce emergency referrals.
- Cataract surgery model at GGH seen as positive (single travel, freeing theatre space at BGH).
- Concern that responses may be skewed towards more populated areas (e.g., PPH), not fully reflecting needs in Powys and South Gwynedd; importance of considering both losses and gains for rural areas stressed.
- Services at BGH highlighted as beneficial for population; Betsi Cadwaladr supports Options B or C but cannot endorse Option A without mitigation for BGH service removal; suggests collaboration on regional eye care models.
- Questions raised about what is meant by 'community settings', noting some treatments require scanning equipment and sterile areas for injections.

- Feedback generally aligned with themes; some noted options felt very similar in configuration.
- Better waiting times currently achieved in Swansea Bay referenced; concerns about pooled waiting lists and risk of Hywel Dda patients being deprioritised based on past experience with cardiac procedures.
- Transport and visiting times highlighted as major issues, especially for older people and those travelling long distances to PPH; limited train and bus options from Pembrokeshire; concerns about support for spouses visiting loved ones.
- Suggestion that some patients in North Powys and surrounding areas would prefer accessing services via Oswestry rather than Swansea, with transport requirements for either route acknowledged as a key factor.
- Queries on regionalisation and what it means for BGH population; suggestion for regional centres of excellence for subspecialties; importance of clear communication on enhancements or limitations.
- Lack of clarity on paediatric orthopaedic emergency care in proposals; services need to align with paediatric units.
- Recognition that travelling further for specialist care may be acceptable if outpatient appointments before and after can be delivered locally; interest in virtual appointments.
- Importance of ongoing rehabilitation and prehabilitation stressed; protecting orthopaedic wards during winter pressures noted.
- Concerns about intensive care support for high-risk surgery and future ICU capacity at PPH.
- Positive reference to robotic surgery study at PPH showing better outcomes and efficiencies, but requiring investment.
- Concern that consultation documentation did not highlight that one option requires BGH to give up theatre space for ophthalmology to increase orthopaedic operations, seen as a disadvantage for BGH and ophthalmology.

- Query raised about whether community diagnostics (e.g., town centres) were considered and the need to include nuclear medicine at WGH alongside wider radiology services.
- Strong staff dissatisfaction with proposed 12-hour shifts; radiology staff feel inadequately consulted. Many do not wish to work these shifts.
- Concerns about limited engagement with AHPs on working pattern changes and base location moves; importance of staff input emphasised
- Ongoing recruitment difficulties for radiographers, especially in CT, MRI, ultrasound, and subspecialties; shortage of specialist skills noted.
- Recognition that public understanding of service realities differs from operational challenges, e.g., lack of staff for some elements of 24/7 radiology.
- Suggestions to expand radiographer scope of practice to cover radiologist shortfalls; research radiographer roles and AI imaging opportunities supported by National Imaging Academy could help reduce workforce pressure.
- Community-based imaging services praised; need to retain these to reduce hospital demand.
- Positive example shared of Sunday appointments and extended hours in Cardigan; attendees stressed need for 7-day service provision to reflect real demand.
- Concerns about underuse of x-ray facilities at Llandovery Hospital due to low referrals; strong support for maintaining and expanding these facilities (at least 2 days per week) to strengthen inpatient/outpatient services and improve accessibility.
- Comments opposing suggestions to reduce management/admin staff, citing huge service pressures.
- Query raised about interventional radiology provision in Hywel Dda, noting its priority status in Swansea Bay for southwest vascular services.

- Feedback broadly aligned with expectations; surprise that alignment with the Health Board's long-term strategy was not more explicitly referenced.
- Transport risks (rural deprivation, poor public transport, long travel times) and meeting national stroke standards highlighted as critical.
- Specialist review timeframes and mechanical thrombectomy remain major challenges; nearest service in Cardiff with limited interventional radiologists.
- Strong concern that centralising care/rehab could isolate families; digital contact not a full substitute.
- Workforce pressures: very few stroke consultants, AHP shortages, ICU uncertainty, radiology dependency.
- Staff relocation unlikely, risking service standards and causing public confusion.
- Calls for clarity on options and pathways: differences between Option 106 (Treat & Transfer with rehab unit at BGH) and Option 210 (12-hour unit; regional centre at Morriston).
- Questions were asked about whether, under a HASU model, local ASUs would remain for post-72-hour care and how rehabilitation would be integrated.
- Concern that patients admitted to BGH with suspected strokes may be seen by generalist consultants rather than stroke specialists. More detail is needed on the implications of the proposed 'Treat and Transfer' model; staff comments in the draft report indicate they do not consider it a safe process for emergency transfers or stroke care and asked for this to be highlighted.
- Welsh language needs in stroke care highlighted as insufficiently reflected in headlines.
- Current models do not clearly outline the full stroke pathway from prevention through acute care to rehabilitation creating uncertainty for patients and families, particularly those who would need to travel long distances.

Stroke cont.



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- Regional working supported in principle, but Aberystwyth's remoteness makes proposals impractical; suggestions to consider BGH (or GGH/BGH) as the specialist centre; queries about PPH as centre of excellence.
- Powys highlighted noting multiple border changes and calling for a Powys first approach to rehabilitation and early supported discharge, clear pathways for thrombolysis and thrombectomy, consideration of Shrewsbury for acute stroke if BGH changes, and careful communication to address perceived "loss" in rural areas.
- Importance of prevention (cardiovascular) and integrating it with clinical services; AI opportunities (e.g. Brainomix) noted.
- Travel burden for families and carers during long rehab periods raised; preference for patients to be closer to home, mitigated if earlier discharge is achievable.
- Rehabilitation capacity and therapy resources flagged as inadequate (audit referenced); most options lack rehab detail except Option 106; if other options proceed.
- Telemedicine flagged as a mitigation for distance, but not a full replacement for in-person family support.
- The need for ongoing therapy support from physiotherapy, speech and language, and nursing teams was emphasised as critical for stroke care and rehabilitation.
- Concerns were raised about the design of the consultation questionnaire, with feedback that it felt it was 'guiding' respondents towards choosing an option for stroke services and did not allow people to express disagreement, as there was no option to say 'I don't agree with any of the options'.
- Misunderstandings about service provision were noted, with concerns that even clinicians may not be fully aware of what is available 24/7 and with what level of cover.
- It was suggested that the draft NHS Wales National Stroke Service Standards 2025 were considering the co-location of EDs with stroke units, which could disadvantage certain sites without this provision.



- Challenge acknowledged in achieving timely cancer diagnostics while maintaining service provision across multiple sites.
- Proposed change clarified: focus on dedicated investigation unit for cancer diagnosis, not full service merger; elective and emergency services remain on other sites.
- Complexity noted in balancing rapid access with equitable service delivery.
- Concerns about elderly patients' ability to travel long distances, risking delayed treatment and increased emergency admissions; late presentation may worsen outcomes.
- Transport identified as a critical issue not fully addressed in proposals.
- AHP cover already patchy across sites, causing ward-level issues for timely urology review; centralisation could worsen cover.
- Questions raised on whether patient stability and transfer realities were fully considered in feedback on urology changes.
- Recent changes to prostate cancer pathway highlighted; caution against changes that could increase diagnosis times.
- Query on Health Board's role in promoting prostate checks for early diagnosis.
- Concerns about urology outpatient cancellations at WGH and rescheduling only at GGH, creating travel burdens; Llanelli also poses accessibility challenges.
- Overlap between urology services and cancer treatments flagged as a key planning consideration, even if oncology is retained.
- Potential impact noted for North Wales patients needing urgent diagnostic pathways; commitment expressed to work with Hywel Dda on practical solutions for timely care.

Equality considerations



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- Inequalities highlighted for deprived areas lacking private transport and relying on inadequate public transport; future analysis should consider deprivation as car access differs from reliance on public transport, and lower representation from deprived areas may affect decision-making.
- Concerns about use of LSOAs and WIMD to define deprivation; postcode-based mapping seen as subjective and not reflective of individual circumstances.
- Elderly travel requirements highlighted; many cannot drive long distances, especially at night or in adverse weather.
- Welsh language underrepresented in the report; concerns raised about exclusion from equality questionnaire, need for impact assessment, and potential effects of service changes. Further research required on linguistic impacts; aspiration for half of staff to speak Welsh by decade's end should remain a core ambition.
- Inequalities highlighted for deprived areas lacking private transport and relying on inadequate public transport.
- Importance stressed on keeping services local for socio-economically disadvantaged communities.
- Significant investment in transport infrastructure noted as beyond Health Board control.
- Concerns about respondent demographics: older people most engaged (expected as high service users); Impacts highlighted for elderly, mental health patients, disabled people, remote communities, those without family support, public transport users, and very young children.
- Observation that if services were already centralised in a well-equipped centre meeting national standards, process would differ; perceptions of organisational decay and low trust need addressing.
- Organisation dealing with complex social change; adaptive approaches such as Probe–Sense–Respond and learning through what works suggested.

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- Need to build conditions for learning into complex change; requires expertise in managing complexity within health and social care contexts.
- Calls raised locally (mostly by elderly) for services to move closer to patients; rurality and poor infrastructure in Pembrokeshire create barriers to accessing removed services, with ambulance capacity unable to fully mitigate challenges; disadvantaged and elderly populations disproportionately affected by service removals and centralisation, leading to inequitable access.
- Inequalities noted for those experiencing poverty and facing travel challenges.
- Temporary downgrade of ITU at PPH created disparity in HDU/ITU provision compared to GGH; wards under pressure while ITU remained underused, with variations in critical care noted. Concerns about timely access to care due to overwhelmed services; mitigation possible through staff in higher dependency units.
- Concerns raised by the Deaf community during consultation events; issues will need consideration going forward.

Key Themes:

Further feedback including mitigations for concern to be considered



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- Geography and size of the Health Board make designing acceptable, sustainable service options challenging; travel and transport must be resolved before changes.
- People want timely local access; if relocating services, ensure quick, convenient, and affordable access for patients and families.
- Leadership decisions are complex; fixed decision-making risks overlooking perspectives and causing fragmentation.
- Next phase should apply lessons from complexity science to manage interdependencies; questions raised on decision-makers' capability to integrate perspectives.
- Attempts to separate elective and acute care seen as unrealistic due to shared interdependencies; report may not fully address this.
- Strong concerns that removing emergency support from WGH will undermine A&E and disadvantage vulnerable groups; centralisation perceived as politically motivated and disadvantaging Pembrokeshire.
- Small units cost more but benefits like reduced travel and better access should be considered.
- WAST supports further travel time analysis and demand modelling to assess impacts on frontline capacity.
- Additional travel analysis essential to quantify resource needs; concerns about ambulance strain and patient transport costs.
- Suggestions include consultant rotation across sites, streamlined management layers, and attention to staff wellbeing and stress.
- Transport repeatedly highlighted as critical, equal in importance to medical issues; calls for comprehensive transport strategy aligned with service changes.
- Strong support for care closer to home and community-based services; questions on feasibility within complex geography.

Key Themes:

Further feedback including mitigations for concern to be considered



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- IT systems flagged as fragmented and unreliable; concerns about referrals disappearing and lack of integration.
- Telemedicine raised as a solution but digital exclusion among elderly noted; suggestions for local hubs with nurse support to assist patients.
- Rurality and poor infrastructure create major barriers; road closures and long journeys increase risks and costs for carers.
- Perception that Carmarthenshire favoured over Ceredigion and Pembrokeshire; calls for equitable access and extra weighting for rural counties.
- Consultation process criticised as complex and jargon-heavy; low engagement from deprived areas raises concerns about representativeness.
- Distrust and consultation fatigue noted; frustration that previous consultations led to worse, less accessible services.
- Questions on weighting of responses by location, cost of consultation, and transparency on how feedback influences decisions.
- Concerns about staff retention, wellbeing, and morale; calls for collaborative work patterns and timely feedback on changes.
- Suggestions for mobile services (e.g., cancer lorry) to mitigate transport challenges; recognition of local assets like Cardigan Integrated Care Centre.
- Regional collaboration with Betsi Cadwaladr and Powys welcomed; proposals for joint clinical pathways and commissioning to improve resilience.
- Emphasis on clear communication about what is changing, what remains, and rationale for decisions; need for ongoing engagement and accountability.
- Environmental impact of additional travel noted; importance of aligning service changes with sustainability goals.

Llais Response to CSP– Key Points



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Llais shared public views from across 3 Llais regions: West Wales, North Wales (mainly South Gwynedd), and Powys.

Consistent public themes requiring ongoing consideration:

- **Travel for Care:** Long journeys for appointments and visits are stressful, especially with public transport or travelling alone. Physical needs and travel costs are concerns. Public transport is often infrequent and not well-aligned with appointments. Patient transport schemes are not available to all and can be unreliable or inflexible. There are concerns about Welsh Ambulance Services Trust (WAST) capacity for inter-hospital transfers. There is support for technology and mobile units to reduce travel, but digital solutions must be inclusive.
- **Stroke Services:** Significant concerns in Ceredigion, South Gwynedd, and North Powys about proposed changes. The "treat and transfer" model is not widely accepted; there are concerns about delays and separation from families. There are worries about the loss or downgrading of established units (e.g., Bronglais). Decisions should align with national stroke service planning.
- **Rurality:** There is a perception that services are moving away from rural communities to more populated areas. Concerns exist about the dilution of rural services and destabilisation of local systems.
- **Staffing:** The public finds it difficult to understand recruitment and retention challenges. Ongoing systemic changes (like CSP) are seen as a deterrent for job applicants.
- **Consultation Process:** Some found the consultation complex and lacking key information (e.g., location of proposed bowel screening centre). There is difficulty understanding the overall impact of proposed changes due to interdependencies and ambiguous timescales. There is recognition of pressures on health services and the need for sustainable, affordable solutions. There is a perception that regional collaboration has not been sufficiently addressed.
- **Regional Working:** There is insufficient detail on regional arrangements (e.g., with Swansea Bay UHB or Betsi Cadwaladr UHB). Final proposals need to demonstrate full exploration of regional and national alignment.

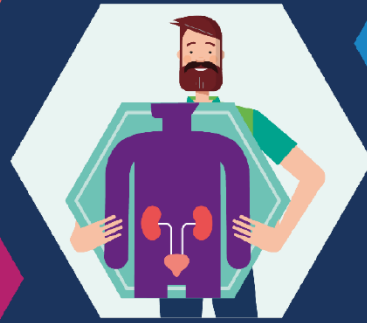
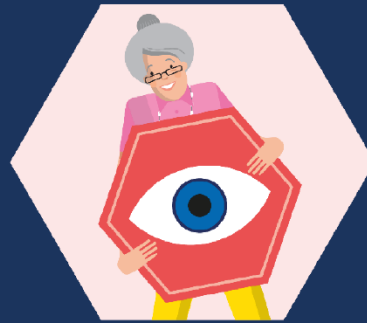
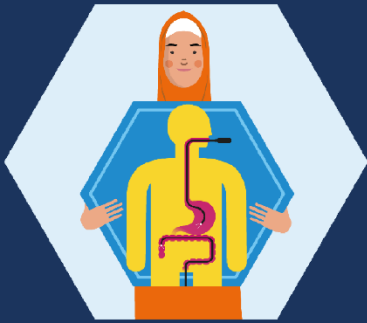
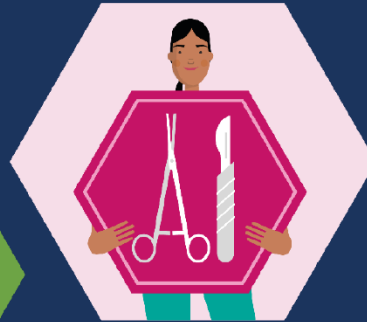


Do these headlines and the draft consultation report reflect what you expected? Is there additional information you would need to know to support a decision?



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Informing Plan:

Alternative Options



Alternative Options

- During the consultation period, 287 unique alternative ideas for delivering the nine services were generated. After removing technical duplicates (where options were worded differently, but clinical delivery would be unchanged) and out-of-scope suggestions, 190 options were taken forward by the Task & Finish Groups. These were developed in more detail to allow assessment using the same hurdle criteria applied during Phase 2 of the programme.
- A hurdle appraisal was completed by the Options Development Group on 9 October, with 25 options passing the criteria.
- Throughout October, numerous stakeholder groups reviewed the shortlist of alternative options, providing views on interdependencies, potential impacts, and wider system considerations (including the Board Seminar on 23 October). Where relevant, this feedback was incorporated into the Task & Finish Group's SWOT assessments for consideration during shortlist scoring.
- During stakeholder review, the Executive Team's check and challenge resulted in two additional options being retained within the longlist, while similar options were merged.
- At the shortlist scoring session on 19 November, a further hurdle appraisal was undertaken on the two additional options. Of these, one met the hurdle criteria and was shortlist scored alongside all other options (including merged options and those originally consulted on).
- The shortlist of alternative options, as well as the options which were part of the consultation, were all scored individually so that they could be considered. The consultation options were previously considered as 4 combined options, so the Options Development Group needed to rescore them to consider the merits and impacts of each one individually.
- The output report for this session contains option scores and detailed criteria scores for each option.



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Alternative Options – Further feedback

- An optional question was added to the structured survey to gather further feedback on alternative options that passed the hurdle criteria.
- Respondents were asked to provide comments by service name and option number, focusing on: Impact on staff and patients travelling for regional care pathways, Impact on internal services, and Impact on external services.

Following feedback received:

- Difficult to assess without clarity on Health Board's intentions.
- Alternative ideas illustrate complexity; fixed, deterministic decisions assume options can be simply implemented, showing poor understanding of true complexity.
- Pembrokeshire residents face challenges accessing Carmarthenshire services.
- Long ambulance waiting times highlighted as a concern.
- Cancer patients should not remain in A&E for extended periods, especially when immunocompromised.
- Radiology: strong objection to potential closure of Llandovery Hospital x-ray unit; significant local fundraising noted. Closure would be viewed negatively and leave the community feeling let down.
- Staff and relatives travel between sites reluctantly.

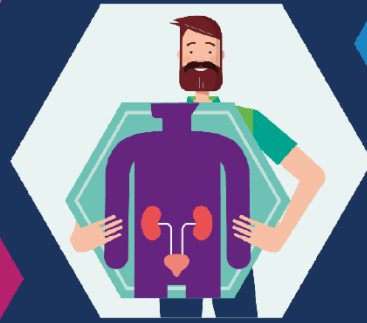
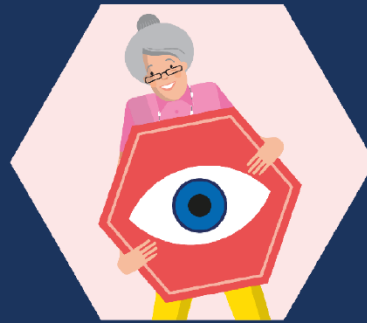
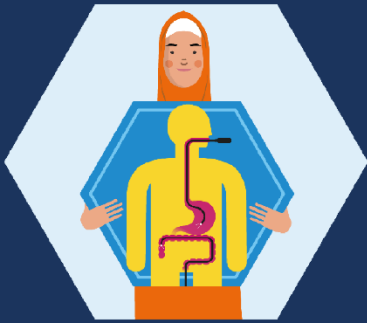
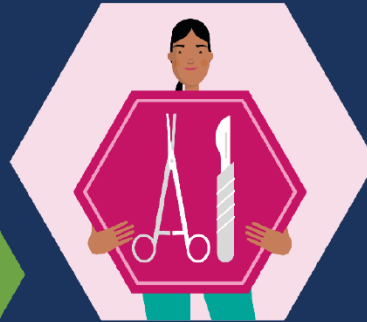


Sense check of what you've heard



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Decision-making Model

1.1 Consideration Factors - Draft



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	Factor	Key Considerations	Product
1.	Decision Making Model	Considers the programme objectives and strategic vision, Considers the order and phasing of delivery Considers decision making as required.	Programme Objectives Phased Delivery Estimate
2.	Key dependencies	Departments (ED etc), Estates, Facilities , Transport (WAST/NEPTS/ACCTS), Quality, regional and support services	Impact Assessments, Closing Report & Informing Plan
3.	Summary of significant changes identified since the publication of the issues paper in March 2024	Temporary service changes or risks reported to the Board, other notable changes or risks, updates in clinical effectiveness (such as changes to clinical standards), developments in local, regional, or national programmes, workforce considerations, financial impacts, and any other relevant matters.	Informing Plan
4.	Key programme assessments	Capital, Workforce, Finance, QIA, EqIA (including Welsh Language), HIA, Environmental Impact Assessments, Regional Impact Assessments.	Programme Assessment (estimates)
5.	Public Consultation	Impacts on our staff and communities captured through our Public Consultation	ORS Consultation Findings Informing Plan

1.2 CSP Decision Making Model

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3. Implementation

Improves current issues or plans to.

Makes permanent previous temporary service changes

0-2 years

May align with Annual Planning cycles

2. Improvement

Mandates a medium term change

Improves standards but may not meet them

2-4 years

May require capital developments, new funding to be identified/ applied for

1. Longer term

Aligned to AHMWW strategy or not against it.

4+ Years

Service transformed to end state

May require capital developments (5stage), new funding to be identified/ applied for

Potential CSP Decision outcomes:

1. Pre Provisional Decision
2. Provisional Decision
3. Final Decision

Key Dependencies (Transport, internal, external and Quality Impacts)

1.3 Decision Making Outcomes

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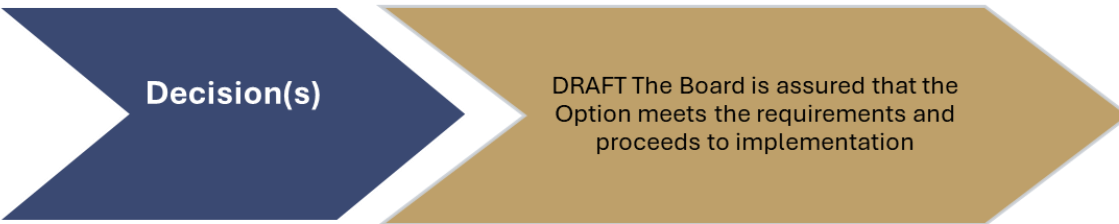


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Dermatology examples

Board have sufficient information for decision(s) in February Board.



Example: option D could be delivered with high amount of certainty and limited dependency as stated in consultation.

Provisional decision(s) made in February Board, additional information brought to future Board session(s) (date TBC).



Example: Board may prefer Option C, but want additional information on GP locations, access impacts, and detailed financial and workforce assessment before approval.

Pre provisional decision(s) made in February Board, additional engagement runs from July Board with approval, decision(s) date TBC.



Example: Board may prefer Option C/ D but want to consider using an alternative location based on new information for main site activity. This would require additional engagement and capital/ finance/ workforce assessment

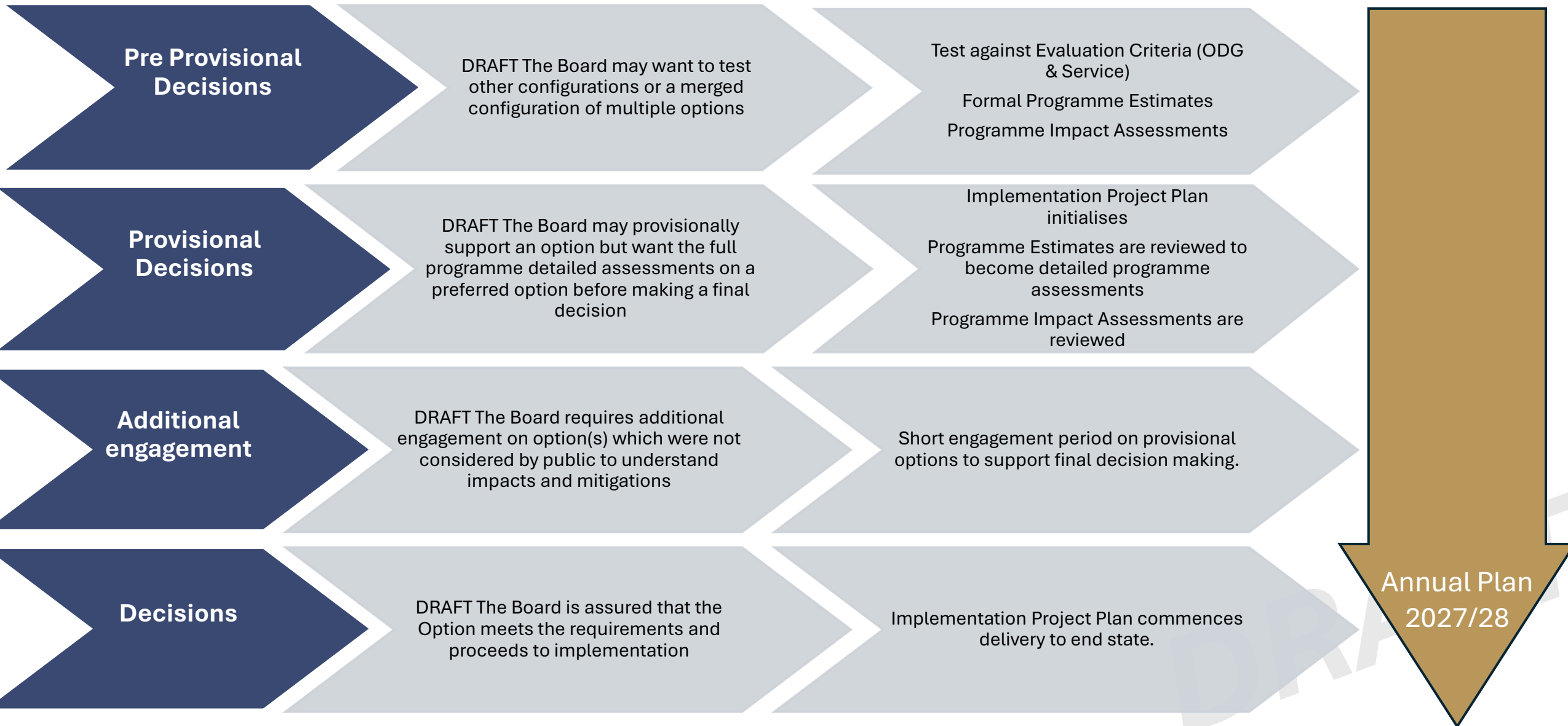
1.4 CSP Decision Making Outcomes Rationale

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2.1 Example - Dermatology – Dependencies



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- Site capacity at PPH
 - Is there enough space if Stroke, Ophthalmology, Orthopaedics, Urology and Endoscopy require more space?
- Regional/ national working
 - Regional delivery

2.2 Example - Dermatology – Consultation responses

Of the 4,140 questionnaire responses received, 3,216 (78%) responded to the Dermatology option preference question.

For all respondents Option C was the overall preference, followed by Option D.

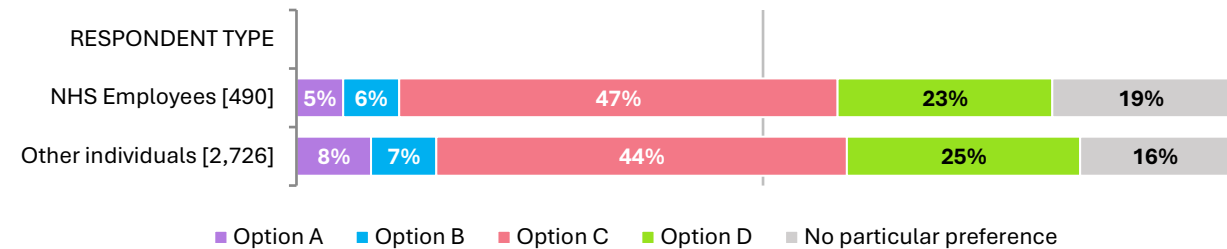
Of the 3,216 who responded to the Dermatology option preference question, postcode information was provided by 2,304 of respondents.

Option C was the overall preference followed by Option D.

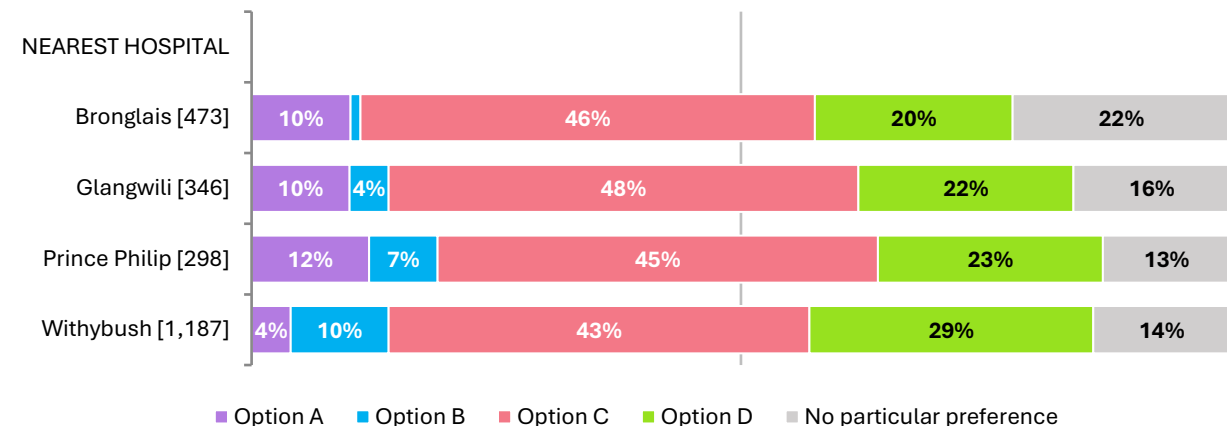
For people living closest to Bronglais, Glangwili and Prince Philip hospitals Option A was then preferred over Option B.

For people living closest to Withybush Hospital Option B was then preferred over option A.

Option preference based on respondent type.

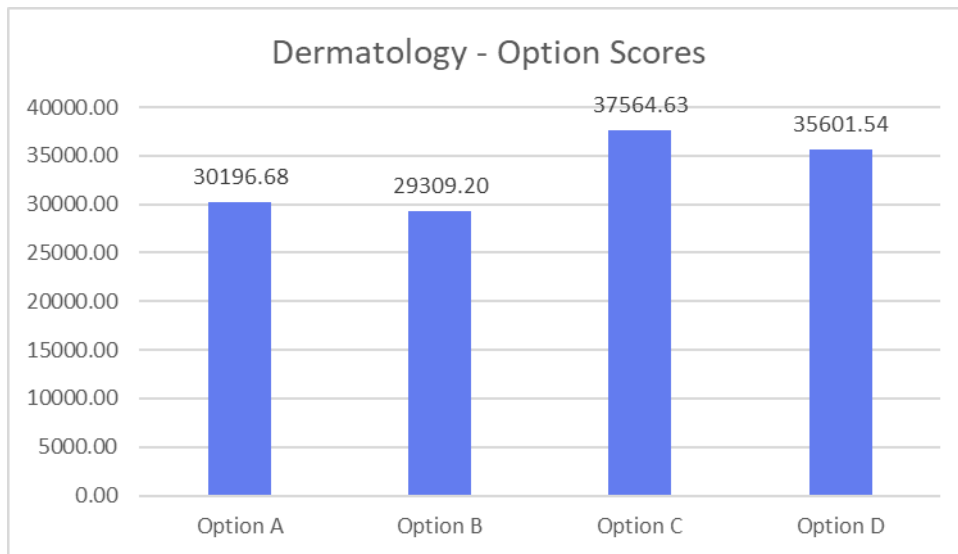


Option preference based on nearest hospital.





2.3 Example - Dermatology – Shortlist scores



Of the 4 shortlisted options, Option C and Option D were scored highest overall.

By criteria grouping Option C scored highest overall against all 4 domains, Option D scored second highest across all domains.

By individual criteria, Option D scored higher than Option C under the following criteria:

- Financial sustainability – Cost difference between current delivery and option
- Impact on local communities/ infrastructure when developing community sites

Breakdown of option score by criteria grouping

	Safe	Sustainable	Accessible	Kind
Dermatology Option A	7695	12430	4734	5338
Dermatology Option B	7314	12204	4551	5241
Dermatology Option C	8764	15548	6190	7063
Dermatology Option D	8307	14842	5879	6574

Breakdown of option score by criteria

	Safe 1	Safe 2	Safe 3	Safe 4	Sustainable 1	Sustainable 2	Sustainable 3	Sustainable 4	Accessible 1	Accessible 2	Accessible 3	Accessible 4	Kind 1	Kind 2	Kind 3	Kind 4
Dermatology Option A	1609	4163	1135	789	3467	3945	2772	2246	1175	1364	918	1276	827	2246	1176	1088
Dermatology Option B	1503	3848	1193	769	3448	3677	2834	2246	1147	1349	870	1185	827	2200	1152	1062
Dermatology Option C	1853	4496	1440	975	4728	4634	3142	3044	1675	1806	1110	1599	1200	2820	1482	1562
Dermatology Option D	1796	4274	1346	892	4275	4424	3234	2909	1506	1674	1121	1578	1122	2621	1372	1459



2.4 Example - Dermatology – Option assessment

Ref	Option Overview	Safe				Sustainable				Accessible				Kind			
C	Brings together services from Glangwili and Withybush hospitals to Prince Philip Hospital.	G	G	A	A	G	G	A	G	G	G	A	G	G	G	G	G
	Keeps the current community, nurse-led, provision at Cardigan Integrated Care Centre and South Pembrokeshire Hospital. In addition, some nurse-led paediatric clinics would take place at Cross Hands Health Centre.																
	Across the Health Board, some minor operations could take place in participating GP practices.																
D	Brings together services from Glangwili and Withybush hospitals to Prince Philip Hospital.	G	G	A	A	A	G	A	G	G	G	A	G	G	G	G	G
	Keeps the current community, nurse-led, provision at Cardigan Integrated Care Centre and South Pembrokeshire Hospital. In addition, some nurse-led paediatric clinics would take place at Cross Hands Health Centre.																

R	Negative impact on service
A	Unknown (opportunity/threat) on service
G	Positive impact on service

2.5 Example - Dermatology – Issues alignment



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Key issues

1. Sustainably improve access
2. Reduce waiting times for patients

Potential solutions:

Phase	Outcome	Options that support solution
IMPLEMENTATION	Reduce waiting times for patients	Option D
IMPROVEMENT	Sustainably improve access and reduce waiting times for patients	Option C/ Option D
LONGER TERM	Sustainably improve access and reduce waiting times for patients	Option C

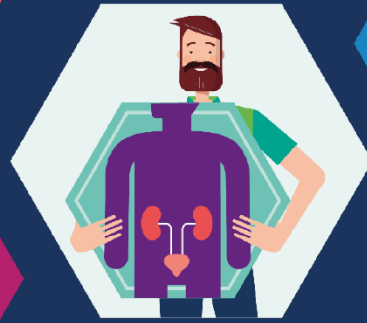
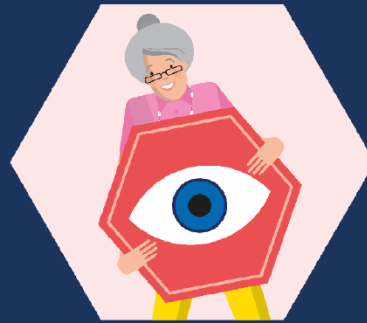
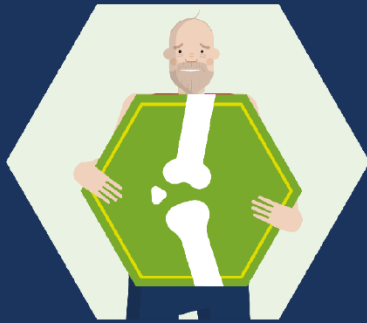
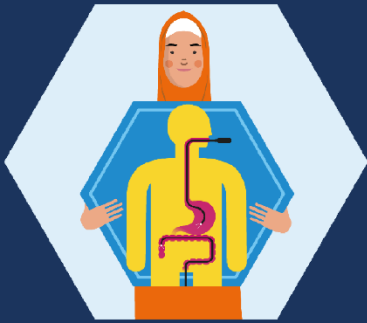
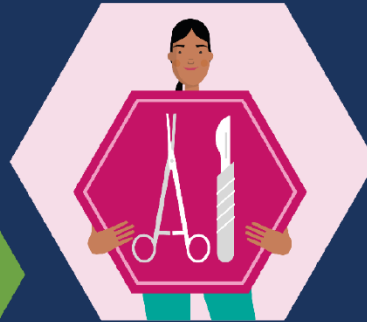


Do you have any comments on the decision-making model?



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Next steps

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- **Strategy Planning Committee:** 16 January 2026
 - Phased assessments: Capital, Workforce, Finance
 - Impact assessments: QIA, EqIA (including Welsh Language), HIA, Environmental Impact Assessments, Regional Impact Assessments
 - Informing Plan
- **Board meeting:** 19 February 2026
 - Recap on consultation findings
 - Closing report
 - Option assessments for decision making