

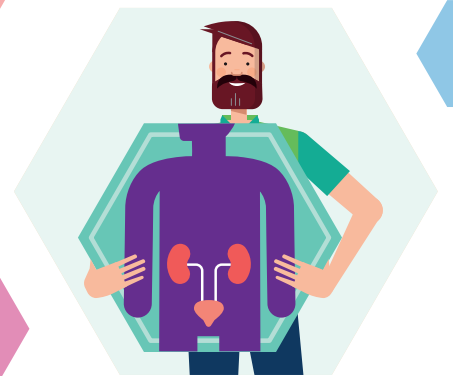
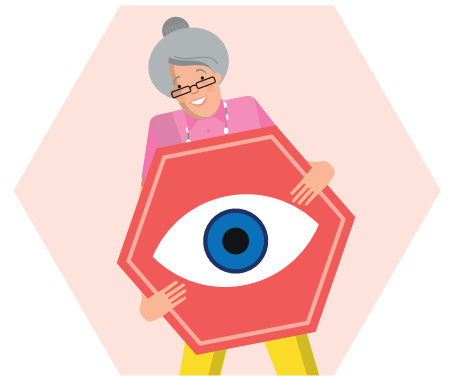
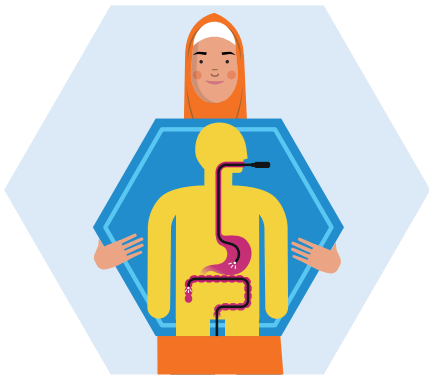
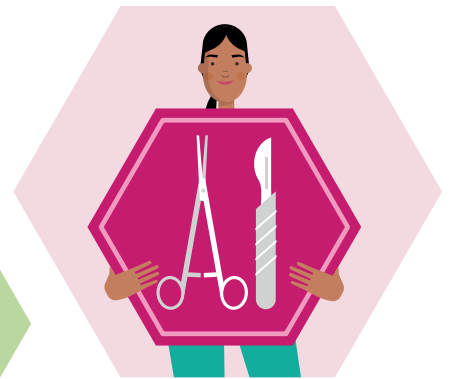
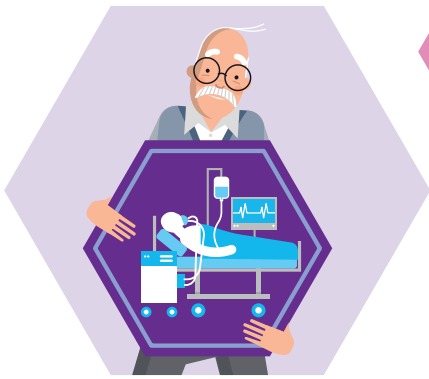


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Clinical Services Plan

Summary Consultation Document



Glossary

Acute

Short-term care people need when they are very unwell and are admitted to hospitals for tests and treatments.

Day cases

When people come into hospital for planned surgery or a procedure that is more involved than an outpatient appointment. You may need some recovery time at the hospital, but you should be able to go home the same day.

Diagnostics

Tests or procedures used to identify a person's disease or condition.

Inpatient

When people stay in hospital overnight while receiving treatment.

Outpatient

When people have an appointment in a hospital or clinic but do not need to stay.

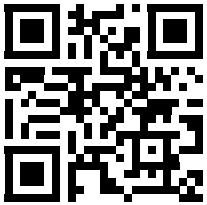
24/7

24-hours a day, seven days a week.



Get in touch

There is a more detailed version of this summary document called the Clinical Services Plan **Consultation Document** and we sometimes refer to it in this document. There are also alternative formats in audio, easy read, and youth friendly. Additional languages are available in Arabic, BSL, Polish, Russian and Ukrainian.



You can read or download documents by scanning the QR code or visiting hduhb.nhs.wales/clinical-services-consultation.

More detailed background information is also available from the supporting documents area of the website at hduhb.nhs.wales/csp-supporting-documents.

To request printed versions of any documents (we include several web links to documents in this publication), or if you have any problems in accessing information in an accessible format for your needs, please call us on 0300 303 8322 (option 5), charged at local call rates.

يتوفر ملخص لهذه الوثيقة باللغة العربية على موقعنا الإلكتروني -

hduhb.nhs.wales/clinical-services-consultation

- أو يمكنك طلب نسخة ورقية عن طريق الاتصال بنا على ٠٣٠٠ ٣٠٣ ٨٣٢٢ (رسوم المكالمات المحلية). إذا كنت تريد منا توضيح أي جزء من المستند، يرجى الاتصال بنا.

Streszczenie tego dokumentu jest dostępne w języku polskim na naszej stronie internetowej – hduhb.nhs.wales/clinical-services-consultation – możesz też poprosić o wersję drukowaną, dzwoniąc pod numer 0300 303 8322 (opłaty za połączenia lokalne). Skontaktuj się z nami, jeśli chcesz, abyśmy wyjaśnili jakąkolwiek część dokumentu.

Короткий зміст цього документа доступний українською мовою на нашому сайті – hduhb.nhs.wales/clinical-services-consultation – або ви можете запросити друковану копію, зателефонувавши нам за номером 0300 303 8322 (місцеві тарифи дзвінків). Будь ласка, зв'яжіться з нами, якщо ви хочете, щоб ми пояснили будь-яку частину документа.

На нашем вебсайте есть краткая сводка данного документа на русском языке – hduhb.nhs.wales/clinical-services-consultation. Либо, печатный экземпляр данного документа можно получить, позвонив нам по телефону 0300 303 8322 (по местному тарифу). Просим связаться с нами, если вам необходимо пояснение каких-то частей документа.



A little bit about us

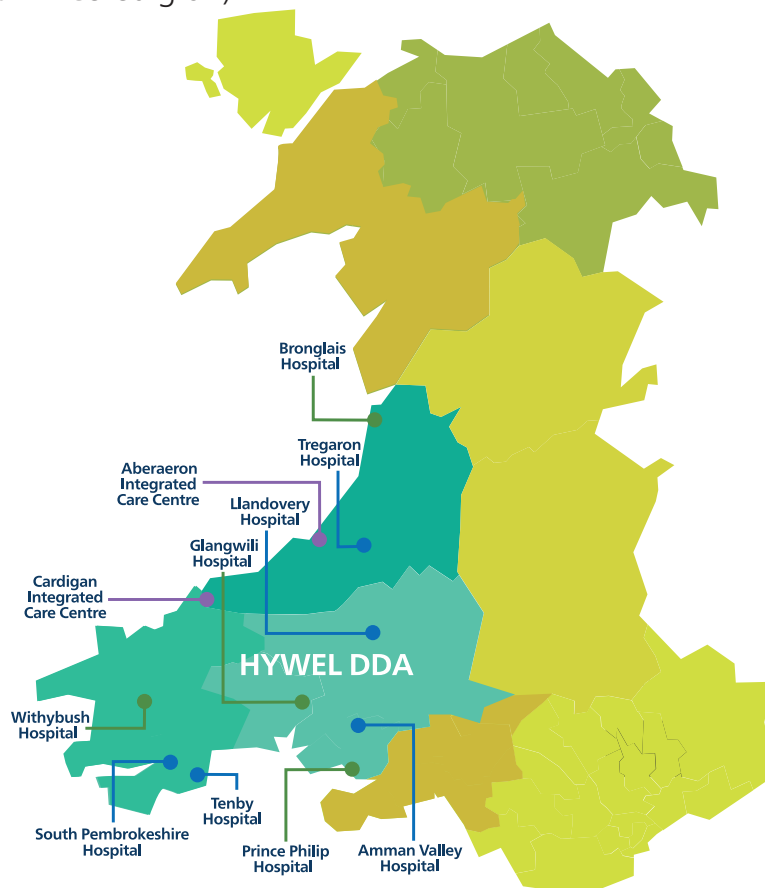
Hywel Dda University Health Board is your local NHS organisation.

We plan, organise, and provide health services for almost 400,000 people in Carmarthenshire, Ceredigion and Pembrokeshire. Some of our services are also used by communities who border us in south Gwynedd, and parts of Powys and Swansea/Neath Port Talbot.

Our communities are quite spread out, often in rural areas.

We provide services through:

- ▶ four main hospitals (Bronglais Hospital in Aberystwyth, Glangwili Hospital in Carmarthen, Prince Philip Hospital in Llanelli, and Withybush Hospital in Haverfordwest)
 - ▶ five community hospitals (Amman Valley Hospital and Llandovery Hospital in Carmarthenshire, Tregaron Hospital in Ceredigion, Tenby Hospital and South Pembrokeshire Hospital in Pembrokeshire)
 - ▶ two integrated care centres (Aberaeron and Cardigan, both in Ceredigion)
 - ▶ community facilities, including GP surgeries, dental practices, community pharmacies, ophthalmic (eye care) practices and sites providing mental health and learning disability services
 - ▶ care within your own homes.
- Highly specialised services can be provided outside our area, for example in Swansea, Cardiff, or even outside Wales such as in Bristol.

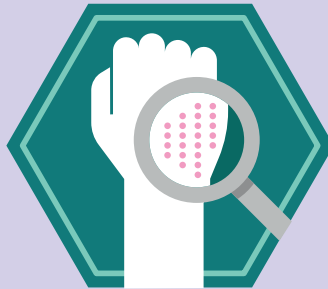


What is this consultation about?

This consultation is about nine health services delivered in our hospitals. They are:



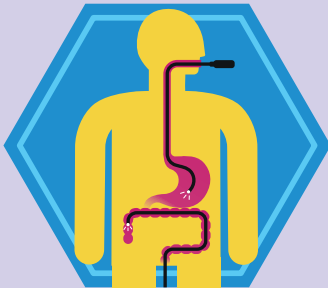
Critical Care



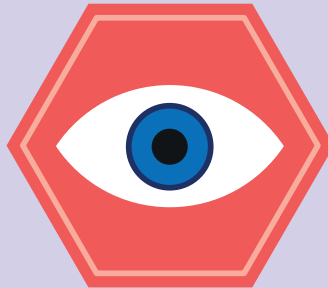
Dermatology



**Emergency
General Surgery**



Endoscopy



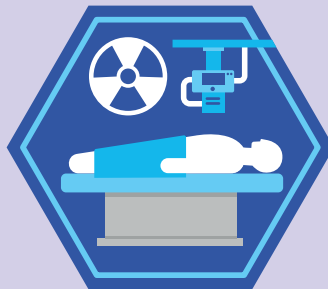
Ophthalmology



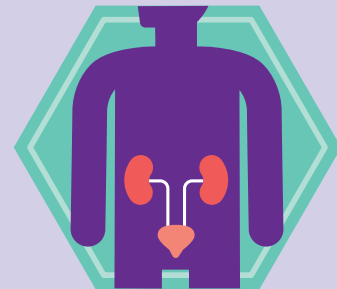
Orthopaedics



Stroke



Radiology



Urology

We have talked to you over the years about how some of our hospital services are fragile. This is mainly because our clinical staff and teams are spread across lots of sites, and sometimes we rely on individual staff.

Also, the impacts of the COVID-19 pandemic continue to affect us. It has left us with long waiting lists, gaps in staffing (made worse by shortages nationally for some healthcare staff), social care pressures, and more demand for health services.

Some of our services have not been able to return to pre-pandemic activity levels. This means patients are waiting longer than we would like for some treatment and care.

Given the challenges, we have developed a clinical services plan. This includes options to change nine services. We think these changes would happen in up to four years from decisions about them. We also consider what further change could be made in more than four years.

We aim to:

- respond to the fragility of critical care and emergency general surgery services
- improve standards and address staffing challenges in the stroke service
- improve access to and reduce waiting times for planned care patients (ophthalmology, dermatology, urology and planned orthopaedics) and diagnostics, which is tests or procedures to identify a disease or condition (endoscopy and radiology).

Any future changes in these services may impact on how they are organised at our four main hospitals and in some community facilities.

This consultation is for you and everyone who uses, or may use, our services and their loved ones and carers. This includes people who work with us, are students, or volunteers in our services. We also want to hear from organisations potentially affected by options, or people interested in health and well-being.

We want you to tell us:

- which proposed options you think are best able to address fragilities in our services, improve standards or reduce waiting times
- concerns you may have about any of the options, or impacts you think they may have
- thoughts you may have on the future role of our hospitals
- anything else you think we need to consider, including alternative options or ideas you may have.

The following points are decided and not open to influence in this consultation:

- which service areas are part of this consultation
- the overall direction of our 'A Healthier Mid and West Wales' strategy:
 - moving towards a wellness service rather than an illness service
 - developing a social model for health
 - supporting people through technology and other means to stay healthy, independent and in their own homes
 - significant capital investment to improve or replace old buildings
 - bringing together acute hospital services to make them stronger and improve standards of care.



What has happened so far

Phase One

During this phase, we assessed our nine healthcare services, led by clinical experts.

We looked at the factors affecting these services. This included considering any temporary changes, clinical guidelines and policies, staffing issues and cost challenges.

We involved staff and public, identifying people and organisations (stakeholders) who should be part of the conversation. Nearly 6,000 recent patients and carers who have used the nine services filled in survey responses. Also 350 healthcare staff working in these areas filled in surveys.

More information is available in the **Consultation Document**, available from our webpages hduhb.nhs.wales/clinical-services-consultation

Phase Two

We developed potential options for the future of our nine service areas. This was done by a range of different workshops between February 2024 and September 2024.

Some workshops involved patient representatives and stakeholder representatives. They were able to 'check and challenge' our thinking and bring different viewpoints to score and shortlist potential options.

In workshops we:

- considered how change in one service area could affect another (interdependencies)
- set criteria for minimum requirements proposed options should meet (hurdle criteria)
- shared ideas that developed into proposed options
- shortlisted options by scoring them.





Our Health Board members then decided that we should start a public consultation on shortlisted options to give you a chance to be involved and share your views and ideas.

More information on how we shortlisted options and the Health Board's decision to start a public consultation is available in the **Consultation Document**, available from our webpages hduhb.nhs.wales/clinical-services-consultation

The options

In this section we describe the options by service area.

We use a table for each service to show you 'at a glance' how current services are provided and what the options for change could mean, by main hospitals and community facilities. We also describe this, by option, in text.

We have described possible impacts different options would have on you and your loved ones.

This includes information on how much more or less options would cost compared to now. Costs over a million are displayed as £x.xxx m. Costs under one million, are in the hundreds of thousands and are displayed as £xxx k. All costs are estimates and aim to show you approximate impacts on Health Board finances.

Some options would need more money for building and equipment costs. The Health Board has some money available for this type of work and can make decisions on how to use it.

Some options would also need more staff costs. These costs would apply every year and would need the Health Board to allocate more funding every year. These elements are not guaranteed and, if supported, would take longer to deliver.

We describe this under the heading 'Delivery of options'. This is so you can see how quickly parts of options can be delivered, and which parts of options are dependent on the Health Board agreeing extra money for staffing.

Options for critical care



Critical care provides care for critically ill adult patients with life-threatening conditions, within intensive care units.

Currently, critical care is available in Bronglais, Glangwili, Prince Philip and Withybush hospitals through intensive care units.

At Prince Philip, a temporary arrangement has been in place. This means some of the most seriously ill patients in intensive care are stabilised and transferred to Glangwili for further care.

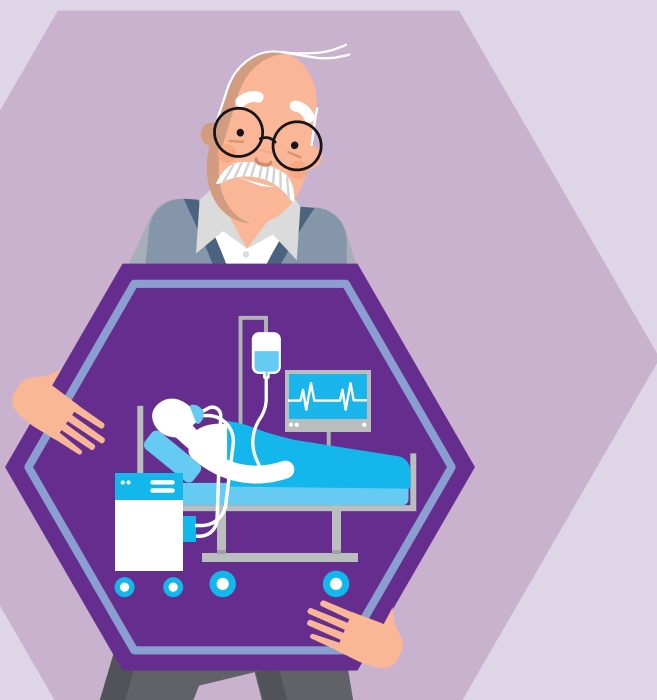
Staffing critical care services across all our main hospital sites is difficult. None of our hospitals meet required quality and safety standards.

Our options propose having fewer intensive care units. This would make the service more sustainable, improve safety, and help meet quality standards for our patients.

Hospitals that do not have an intensive care unit in our proposed options would instead have an enhanced care unit. An enhanced care unit would treat patients who need closer observations and care but not specialist critical care.

Patients who need critical care would be stabilised and transferred to Glangwili intensive care unit.

It is our intention to provide additional therapies support in all main hospitals and all proposed options.



	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Intensive care unit	Intensive care unit	Intensive care unit (with transfer of sickest patients)	Intensive care unit
Option A	Intensive care unit	Intensive care unit and enhanced care unit	Enhanced care unit	Enhanced care unit
Option B	Intensive care unit	Intensive care unit	Enhanced care unit	Intensive care unit
Option C	Intensive care unit	Intensive care unit	Intensive care unit (with transfer of sickest patients)	Intensive care unit

*Transfers between hospitals for critical care patients would use the Adult Critical Care Transfer Service (ACCTS). You can read more about this in the 'Patient and travel insights' document available in the Supporting Documents area of our webpages.

Option A

What is the option?

Intensive care units kept at Bronglais and Glangwili. An enhanced care unit would be provided at Withybush and Prince Philip. Another enhanced care unit would also be developed at Glangwili. This is so the intensive care unit at Glangwili can focus on the sickest patients.

Delivery of the option

Within two years, including the additional therapies at all hospitals.

Impacts of the option

This option has the fewest sites needing specialist critical care input and so the greatest opportunity to reduce the staffing

challenge and improve standards of care for patients.

Patients at Prince Philip or Withybush needing specialist critical care would be transferred to Glangwili intensive care unit. This option would mean the greatest volume of patient transfers between hospitals.

Patient visitors from Pembrokeshire and east Carmarthenshire would have further to travel to visit loved ones and friends in this option.

This option would reduce staffing costs by around £274k. Building and equipment costs would be around £1.345m.

Option B

What is the option?

Intensive care units would be kept at Bronglais, Glangwili and Withybush. Prince Philip would have an enhanced care unit. Patients needing specialist critical care would be stabilised at Prince Philip and transferred to Glangwili intensive care unit.

Delivery of the option

Within two years, including the additional therapies at all hospitals.

Impacts of the option

This option has fewer sites needing specialist critical care input than Option C. This means there is a greater opportunity to reduce the staffing challenge and improve standards of care for patients. However, this is to a lesser extent than Option A.

Patients at Prince Philip and with higher needs requiring specialist critical care would be transferred to Glangwili. This means less volume of patient transfers between hospitals than Option A but more than Option C.

Patient visitors from east Carmarthenshire would have further to travel to visit loved ones in this option.

This option would reduce staffing costs by around £255k. Building and equipment costs would be around £1.407m.

Option C

What is the option?

Intensive care units kept at all sites. The temporary arrangement at Prince Philip would be kept. This means the very sickest patients are transferred to Glangwili intensive care unit, whilst Prince Philip continues to care for some patients.

Delivery of the option

The temporary changes at Prince Philip (see page 9), would continue as now in this option. Additional therapies at all hospitals would be delivered in two to four years and would be subject to funding of staff.

Impacts of the option

This option has no fewer sites needing specialist critical care input than currently. This means the least opportunity to improve the staffing challenge and improve standards of care for patients.

This option would make permanent the temporary arrangement at Prince Philip.

Therefore, there is no further volume of patients to transfer between hospitals than currently. There would also be no additional travel for patient visitors than there is now.

This option would increase staffing costs by around £553k. There would be no building and equipment costs.



Options for dermatology



Dermatology services diagnose and treat diseases of the skin, hair, and nails in children, young people, and adults.

Since the COVID-19 pandemic, dermatology services have mainly been provided at Prince Philip, with a weekly clinic at Glangwili.

In the community, nurse-led clinics are held at Cardigan Integrated Care Centre and South Pembrokeshire Hospital.

The service faces several challenges. This includes more patients waiting to be seen (than before the COVID-19 pandemic), a national shortage in consultant dermatologists, and doctors leaving the service. This means health appointments are sometimes cancelled and patients are waiting long times.

In all four proposed options below, main hospital services would be brought together at Prince Philip permanently. There would be no services provided from Bronglais, Glangwili or Witybush.

This change aims to improve the service efficiency and continuity of care for patients, keep and hire staff, and attract consultant dermatologists to Hywel Dda.

The four options are different based on the proposed locations of community provision.



	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	No service	Outpatient clinic once per week, medical photography, (photo-therapy not running currently)	Outpatient clinics and minor operations	No service currently due to RAAC* issues	Some nurse-led outpatient clinics at CICC (inc. minor operations) and SPH
Option A	No service	No service	Consolidated service	No service	Keep provision at CICC Some nurse-led outpatient clinics at AVH No community provision in Pembrokeshire
Option B	No service	No service	Consolidated service	No service	Keep provision at SPH Some minor operations in GP practices No community provision in Ceredigion
Option C	No service	No service	Consolidated service	No service	Keep provision at CICC and SPH. Some nurse-led paediatric clinics at CHHC Some minor operations in GP practices
Option D	No service	No service	Consolidated service	No service	Keep provision at CICC and SPH Some nurse-led paediatric clinics at CHHC

Key:

CICC – Cardigan Integrated Care Centre

CHHC – Cross Hands Health Centre

SPH – South Pembrokeshire Hospital

***RAAC** – Reinforced Autoclaved Aerated Concrete

AVH – Amman Valley Hospital

Delivery would be the same for all proposed options in this service. Hospital clinics would be brought together at Prince Philip within two years. Community based care and clinics and enhancements to hospital services, such as the relocation of the phototherapy unit, additional treatment rooms, and staff, would be put in place in years two to four and would be subject to funding of staff.

Option A

What is the option?

Main hospital services at Prince Philip. Nurse-led clinics (including minor operations) kept at Cardigan Integrated Care Centre. Introduce some nurse-led clinics at Amman Valley Hospital.

Impacts of the option

There is no community provision in Pembrokeshire in this option so patients from this area would travel further.

This option would increase staffing costs by around £226k. Building and equipment costs would be around £1.454m.

Option B

What is the option?

Main hospital services at Prince Philip. Nurse-led clinics kept at South Pembrokeshire Hospital. Some minor operations in participating GP practices.

Impacts of the option

There is no community provision in Ceredigion in this option so patients from this area would travel further. GP provision, which could potentially be from anywhere within the Hywel Dda area, may reduce travel for some patients.

This option would increase staffing costs by around £287k. Building and equipment costs would be around £1.454m.



Option C

What is the option?

Main hospital services at Prince Philip. Nurse-led clinics (inc. minor operations) kept at Cardigan Integrated Care Centre and nurse-led clinics at South Pembrokeshire Hospital.

Some nurse-led paediatric clinics introduced at Cross Hands Health Centre. Some minor operations in participating GP practices.

Impacts of the option

This option keeps some dermatology services in each of the counties of Carmarthenshire, Ceredigion and Pembrokeshire. GP provision, which could potentially be from anywhere within the Hywel Dda area, may reduce travel for some patients.

Clinics would be provided in a suitable area for children and young people in this option (which is not provided in Option A and B).

This option would increase staffing costs by around £287k. Building and equipment costs would be around £1.454m.

Option D

What is the option?

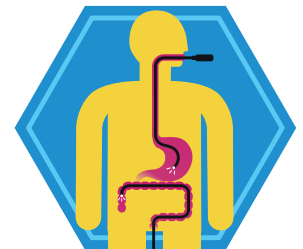
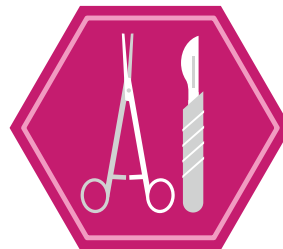
Main hospital services at Prince Philip. Nurse-led clinics (inc. minor operations) kept at Cardigan Integrated Care Centre and nurse-led clinics at South Pembrokeshire Hospital. Some nurse-led paediatric clinics introduced at Cross Hands Health Centre.

Impacts of the option

This option keeps some dermatology services in each of the counties of Carmarthenshire, Ceredigion and Pembrokeshire.

Clinics would be provided in a suitable area for children and young people in this option (which is not provided in Option A and B).

This option would increase staffing costs by around £175k. Building and equipment costs would be around £1.454m.



Options for emergency general surgery



Emergency general surgery is mostly for abdominal emergencies, sometimes requiring urgent action to save a patient's life. Whilst operations are sometimes needed, emergency general surgery services can also include observations, advice, and other treatments or medication.

The emergency general surgery service is for adults only, children and young people who need emergency general surgery are treated through children's hospital services (at Glangwili and Bronglais in the Hywel Dda area).

Currently, emergency general surgery services for adults are provided at Glangwili, Bronglais and Withybush hospitals.

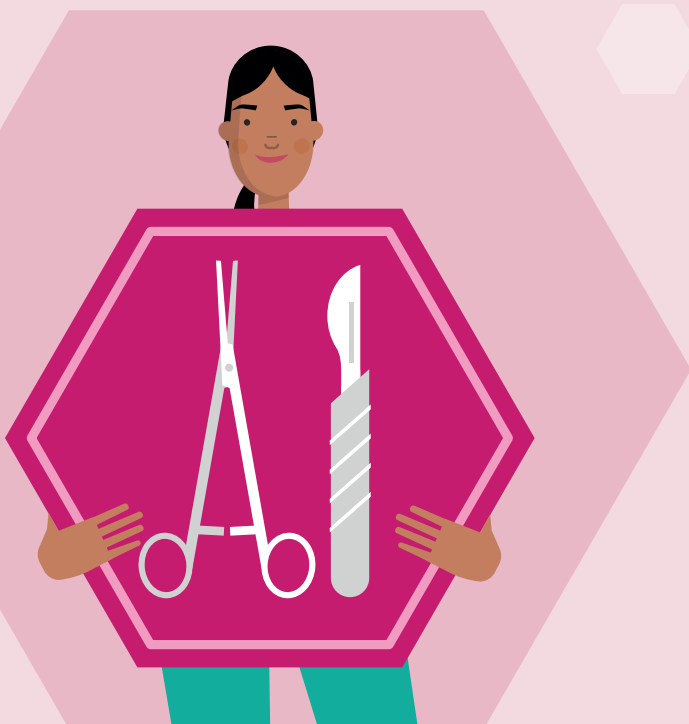
Patients from Prince Philip are taken to Glangwili for their surgery and recovery.

It is difficult to provide emergency general surgery safely at these three hospitals. We rely on staff who are not permanent (locums), and can be less familiar with local ways of working. There are difficulties in hiring surgeons with the right skills.

A national clinical review recommends fewer general surgery units in Wales and Hywel Dda. This would bring more expertise together into fewer sites and be more sustainable and attractive to staff.

Due to a shortage of consultant surgeons to cover both Glangwili and Withybush in the south of our area, we propose to bring them together into one team. Both proposed options would achieve this to different extents.

Most patients who do not need surgery, would stay at their nearest hospital site in both options.



	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Full emergency general surgery, including surgical operations	Full emergency general surgery, including surgical operations	No emergency general surgery service	Full emergency general surgery, including surgical operations
Option A	Full emergency general surgery, including surgical operations	Full emergency general surgery, including surgical operations Strengthen SDEC*	No emergency general surgery service	No emergency general surgery operations taking place Strengthen SDEC*
Option B	Full emergency general surgery, including surgical operations	Emergency general surgery operations taking place on alternate weeks Strengthen SDEC*	No emergency general surgery service	Emergency general surgery operations taking place on alternate weeks Strengthen SDEC*

*SDEC – Same Day Emergency Care: where you can receive urgent treatment and go home the same day. Strengthening SDEC would be through providing emergency general surgery input.

Delivery would be the same for all proposed options in this service. Emergency general surgery operations would be brought together at Glangwili and Withybush within the first two years. The emergency general surgery service would provide more input to SDECs at both hospitals within two to four years, subject to funding of staff.

In both options, patients would need to be transferred to the correct place for surgery by healthcare transport services, such as the Welsh Ambulance Services NHS Trust or the Adult Critical Care Transport Service. This could increase the likelihood of delays in treatment. This risk would be reduced by joint working with healthcare transport services to ensure appropriate provision can be made for the safe and timely transport of patients.

Option A

What is the option?

Emergency general surgery consultant surgeons would be based at Bronglais and Glangwili. Patients at Withybush needing surgery would be transported to Glangwili for their operation, before returning to Withybush when fit to do so to recover.

Impacts of the option

This option is the most sustainable for consultant surgeon hiring. The public would also be clear about where surgeries would take place. This option would affect all patients nearer Withybush requiring surgery, who would be transported to Glangwili instead, as well as their visitors travelling further.

Staffing costs are around £267k and building and equipment costs are around £1.345m.

Option B

What is the option?

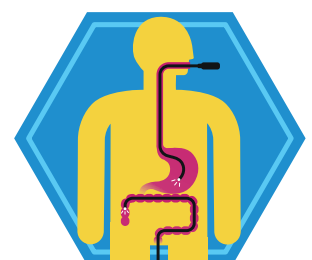
Emergency general surgery consultant surgeons would be based at Bronglais, and at either Glangwili or Withybush on alternate weeks. As a result, some weeks patients would have their operations at their nearest hospital, and on other weeks, they would be transferred to the hospital where surgery is being performed that week.

Impacts of the option

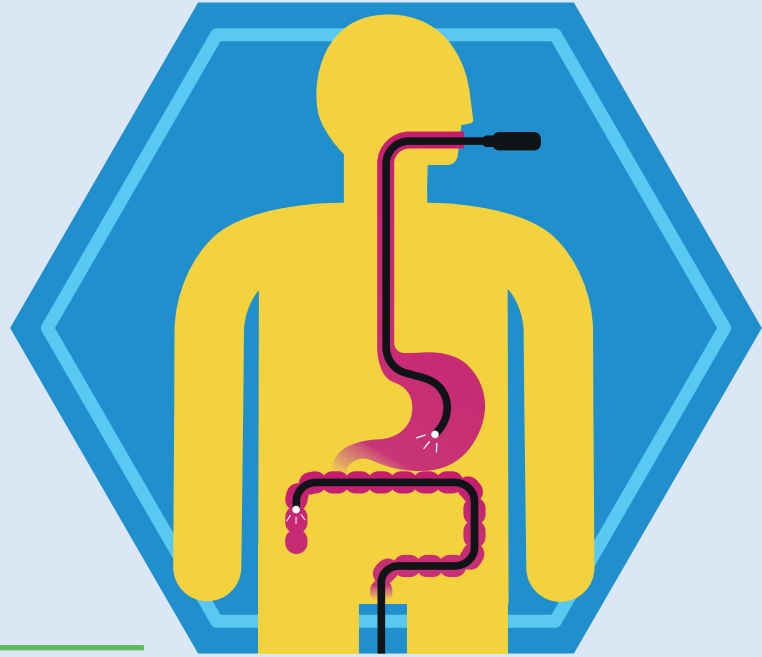
This option is the least sustainable and efficient to manage. Patients living closer to Glangwili requiring surgery on the week the service is operating from Withybush, would need to be transported and their visitors would travel further. Although, it would reduce travel impacts for some Pembrokeshire patients and their visitors compared to Option A.

There is an additional need with this option for surgical cover to remain at Glangwili for children and young people (paediatrics) on weeks when the service is operating in Withybush. There is a risk in our ability to staff enough surgeons in this option.

Staffing costs are around £267k and building and equipment costs are around £1.345m.



Options for endoscopy



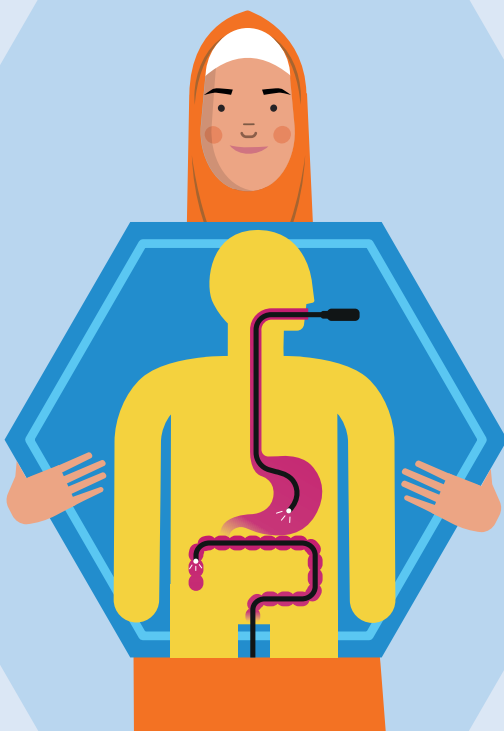
Endoscopy is a procedure used to look inside the body. For patients over 16 years old, an endoscopy procedure examines the inside of a hollow organ or cavity.

At Hywel Dda, endoscopy operates from Bronglais, Glangwili, Prince Philip and Withybush.

The main issues affecting our endoscopy service are increasing demand and difficulties in hiring enough endoscopy staff to deliver services across lots of sites. If we do not increase activity, waiting lists for patients will get longer.

In all options, some endoscopy procedures would continue to be delivered across the four main hospital sites.

Some of the areas of endoscopy we refer to involve procedures for bowel screening, those to look at the digestive system (gastrointestinal), airways and breathing system (respiratory), and the urinary system or reproductive system for men (urology).



The options consider increasing activity so we can see more patients and reduce waiting times for patients but through different ways, described below.

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Bowel screening / gastro-intestinal / urology	Bowel screening / gastro-intestinal / respiratory / urology	Bowel screening / gastro-intestinal / respiratory / urology	Bowel screening / gastro-intestinal	No service
Option A	Bowel screening / gastro-intestinal	Bowel screening / gastro-intestinal	Bowel screening / gastro-intestinal Bring together respiratory and urology procedures Additional procedure room	Bowel screening / gastro-intestinal	No service
Option B	Gastro-intestinal / urology	Gastro-intestinal / respiratory / urology	Gastro-intestinal / respiratory / urology	Gastro-intestinal	New site for bowel screening
Option C	Bowel screening / gastro-intestinal	Bowel screening Increased gastro-intestinal	Bowel screening / gastro-intestinal Bring together respiratory and urology procedures Extended hours	Bowel screening / gastro-intestinal	No service

Option A

What is the option?

Gastrointestinal services would continue at all four sites. At Prince Philip, the unit would expand from two to three procedure rooms. This would support bringing respiratory and urology endoscopy procedures together. There would be no changes to the current bowel screening service.

Delivery of the option

Clinical sessions would be increased in phases to match future demand in years two to four, subject to funding of staff.

Impacts of the option

People living in the south-east of our area would have less to travel due to respiratory and urology endoscopy procedures being provided from Prince Philip. People living in Ceredigion and Pembrokeshire, as well as people in Carmarthenshire who live closer to Glangwili, would have further to travel for these procedures.

This option would increase staffing costs by around £1.321m. Building and equipment costs would be around £3.603m.

Option B

What is the option?

All bowel screening would move to a new community site (location not yet identified) dedicated to the service. This would release some capacity at the hospital sites to care for other patients. Gastrointestinal, respiratory and urology endoscopy procedures would continue at the same hospital sites as currently.

Delivery of the option

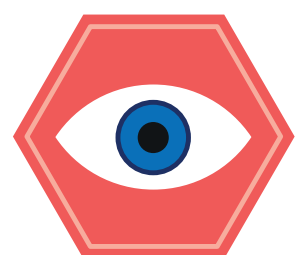
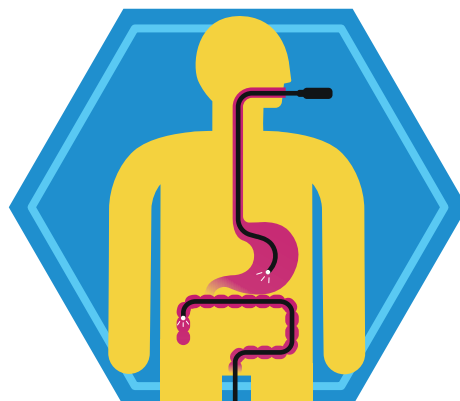
Additional sessions would be provided at main hospital sites following the move of bowel screening to a new community site, subject to funding of staff.

Impacts of the option

Moving bowel screening out of hospitals and into a new community site would allow for more appointments within hospital services to see more patients.

Some patients may need to travel further to access bowel screening, whilst others, dependent on the location of the new community site, may travel less distance.

This option would increase staffing costs by around £1.743m. Building and equipment costs would be around £4.882m.



Option C

What is the option?

In this option, capacity would be increased by extended working hours (later into the evenings Monday-Friday, and on weekends) at Prince Philip. This would allow all urology and respiratory endoscopy procedures to be provided at Prince Philip. Bowel screening and gastrointestinal procedures would continue at the four main hospitals as they do now. Glangwili would be able to see more gastrointestinal patients than currently.

Delivery of the option

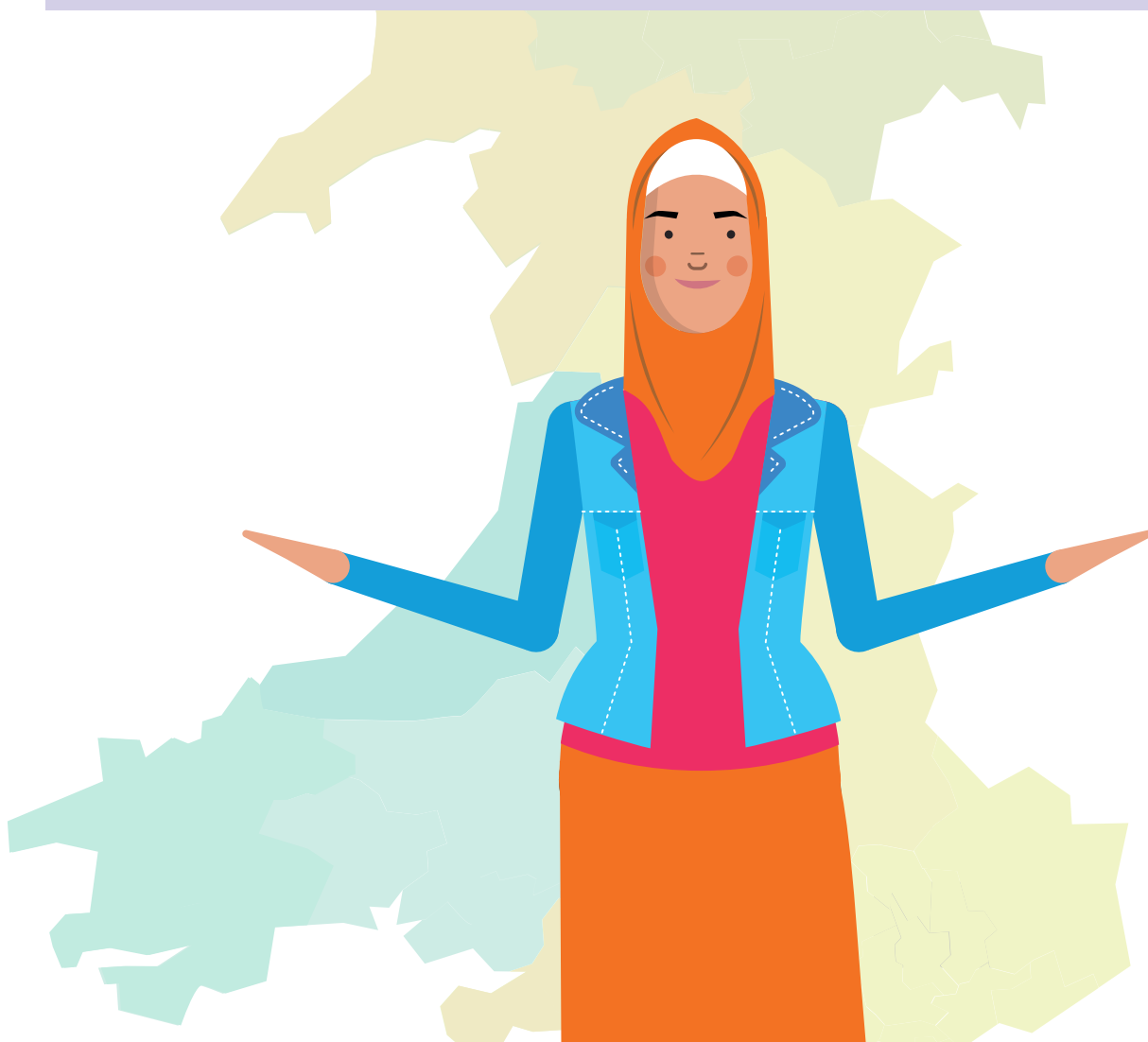
Clinical sessions would be increased in phases to match future demand in years two to four, subject to funding of staff.

Impacts of the option

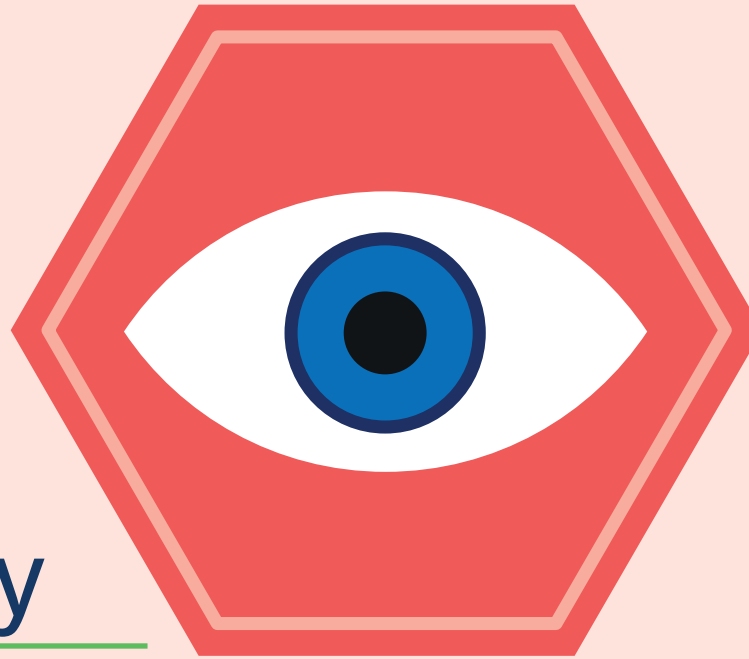
People living in the south-east of our area would have less to travel due to respiratory and urology endoscopy procedures being provided from Prince Philip. People living in Ceredigion and Pembrokeshire as well as people in Carmarthenshire who live closer to Glangwili, would have further to travel for these procedures.

This option offers more flexibility for patients to have a procedure outside of working hours in the evenings or on weekends at Prince Philip, and that available equipment is used across more hours.

This option would increase staffing costs by around £1.984m. Building and equipment costs would be around £3.603m.



Options for ophthalmology



Ophthalmology is the treatment of eye diseases and injuries, and surgical procedures, for children, young people and adults.

Ophthalmology hospital services are delivered from Bronglais, Glangwili, Prince Philip and Withybush. In the community, outpatient clinics are provided at a number of locations.

Bringing ophthalmology services together at fewer sites, in all options described, would have a number of benefits.

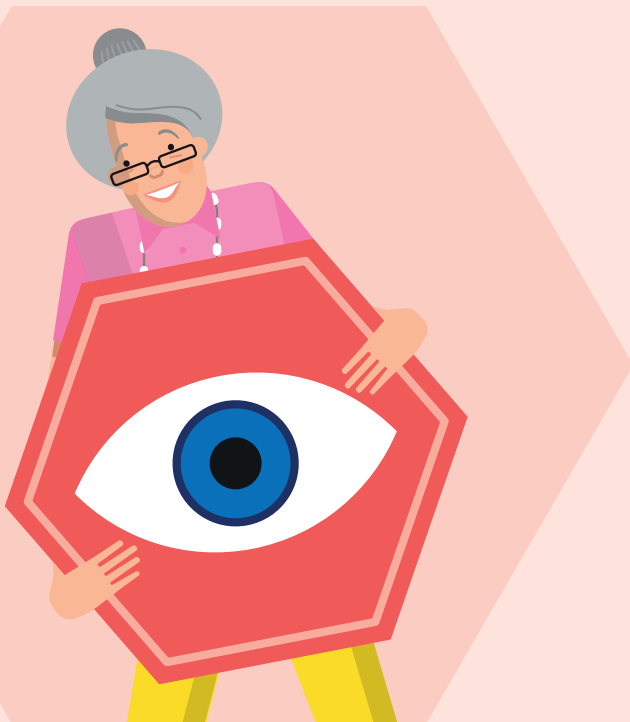
This includes reducing the time patients spend on waiting lists, easing staff shortages, providing more training opportunities, and making the service more efficient. It may impact on the sites staff work from.

All options would reduce the number of separate buildings services are delivered from. This would require more space at whichever main hospital would be delivering hospital ophthalmology services.

In all options, outpatient services in Ceredigion would remain in Cardigan Integrated Care Centre and North Road Eye Clinic, with no service at Aberaeron Integrated Care Centre (there are changes amongst options for community sites in Carmarthenshire and Pembrokeshire).

In all options Withybush Hospital would continue to offer some diagnostics and outpatient services in Pembrokeshire.

Regular eye injection services would be carried out at all sites providing outpatient services.



	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Day cases and inpatients	Diagnostics, day cases, inpatients, outpatients and emergency eye care	Diagnostics, outpatients and inpatients	Diagnostics, outpatients and inpatients	AVH day cases Diagnostics and outpatient service in CICC, NREC and AICC
Option A	No service	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	No service	Diagnostics and outpatients	AVH day cases (cataract) but not outpatients (eye injections) Diagnostics and outpatient service in CICC and NREC
Option B	Day cases and inpatients	No service	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	Diagnostics and outpatients	AVH diagnostics, outpatients (eye injections) but not day cases (cataracts) Diagnostics and outpatient service in CICC, NREC and Pembrokeshire (site to be confirmed)
Option C	Day cases and inpatients	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	No service	Diagnostics and outpatients	AVH diagnostics, outpatients (eye injections) but not day cases (cataracts) Diagnostics and outpatient service in CICC and NREC

Community Key:

AICC – Aberaeron Integrated Care Centre

AVH – Amman Valley Hospital

CICC – Cardigan Integrated Care Centre

NREC – North Road Eye Clinic, Aberystwyth

Option A

What is the option?

Main hospital services, including emergency eye care, would be brought together at Glangwili. Bronglais and Prince Philip would no longer provide services. Amman Valley Hospital would provide day cases (for cataracts) but not outpatients (for eye injections).

Delivery of the option

This option would be implemented in two to four years and would be subject to funding of staff.

Impacts of the option

Main hospital services provided from fewer sites so more sustainable and more opportunity to reduce patient waiting times than Option B.

There would be no inpatient or day case services at Bronglais in this option (in all options outpatients remain at Cardigan Integrated Care Centre and North Road Eye Clinic) and so patients from Ceredigion would travel further compared to Option B and C.

Main hospital services are brought together at Glangwili and so patients from Pembrokeshire and those in Carmarthenshire living closer to Prince Philip (than Glangwili) would have further to travel.

This option would increase staffing costs by around £156k. Building and equipment costs would be around £3.656m in all options.

Option B

What is the option?

Main hospital service, including emergency eye care, would be brought together at Prince Philip. Glangwili would no longer provide services. Current services would remain at Bronglais. Amman Valley Hospital would keep outpatient services (for eye injections) but not day cases (for cataracts).

In addition to Withybush Hospital which provides diagnostics and outpatients in all options, outpatients would also be carried out at a community setting (site not yet confirmed) in Pembrokeshire.

Delivery of the option

This option would be delivered within two years and within current staff funding for the service.

Impacts of the option

As current services remain at Bronglais by a visiting consultant, the service is not as sustainable. There would be less impact on patient waiting times than Option A. But this option would maintain some care closer to home for patients living nearer to Bronglais.

Main hospital services are brought together at Prince Philip and so patients from Pembrokeshire and those in Carmarthenshire living closer to Glangwili (than Prince Philip) would have further to travel.

This option is not expected to increase staffing costs. Building and equipment costs would be £3.656m in all options.

Option C

What is the option?

Main hospital services, including emergency eye care, would be brought together at Glangwili. Prince Philip would no longer provide services. Current services would remain at Bronglais. Amman Valley Hospital would have outpatient services (for eye injections) but not day cases (for cataracts).

Delivery of the option

This option would be delivered within two to four years and would be subject to funding of staff.

Impacts of the option

As current services remain at Bronglais by a visiting consultant, the service is not as sustainable. There would be less impact on patient waiting times than Option A. But this option would maintain some care closer to home for patients living nearer to Bronglais.

Main hospital services are brought together at Glangwili and so patients from Pembrokeshire and those in Carmarthenshire living closer to Prince Philip (than Glangwili) would have further to travel.

Staffing costs would increase by £156k. Building and equipment costs would be £3.656m in all options.



Options for orthopaedics

Orthopaedics, also known as orthopaedic surgery, focuses on the care of the musculoskeletal system and its parts, such as bones, joints and soft tissue. This consultation is about planned orthopaedics and not emergency (trauma) orthopaedics.

Our main hospitals provide planned orthopaedic services as described in the table below. We also provide orthopaedic outpatient clinics in Cardigan Integrated Care Centre, South Pembrokeshire Hospital and Tenby Hospital. Our staff provide outpatient clinics at Tywyn Hospital, run by Betsi Cadwaladr University Health Board, to reduce some travel for patients.

Temporary changes were made to planned orthopaedics in the Hywel Dda area due to the COVID-19 pandemic.



This included pausing this work for a period of time. In May 2021, inpatient care at Withybush was transferred to Prince Philip (day cases remained). This was due to new national standards, and without the available resource to address this at the hospital.

The main challenge in orthopaedic services is that we need to increase our activity to reduce long waiting times for patients.



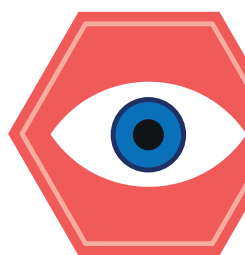
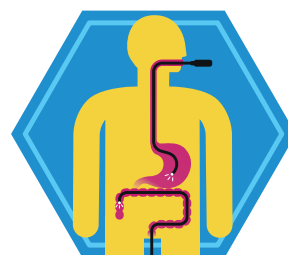
	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases	Outpatients and day cases
Option A	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases including regional working	Outpatients and increased day cases
Option B	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases including regional working	Outpatients and increased day case and extended hours
Option C	Outpatients, inpatients and day cases	Outpatients	Local outpatients, inpatients, and day cases and additional beds	Outpatients and increased day case
Option D	Outpatients, increased inpatients and day cases	Outpatients	Outpatients, inpatients, and day cases including regional working	Outpatients and increased day cases

We also need to meet the new national standards, which include having dedicated orthopaedic ward areas to improve safety and 24/7 orthopaedic medical cover for planned care patients.

In all the proposed options patients who need to stay overnight (inpatients) would receive their care at Bronglais, Prince Philip, or Neath Port Talbot Hospital (run by Swansea Bay University Health Board), and not at Withybush. This would make the temporary change permanent.

Day case procedures would be provided at Bronglais, Prince Philip and Withybush in all options. More day cases would take place at Withybush as the hospital would focus on less-complex cases.

Outpatient services would continue at Bronglais, Glangwili, Prince Philip, Withybush, and at the community facilities they are provided from now, in all options.



Option A

What is the option?

Withybush would focus on a greater volume of less complex patients and day cases. Prince Philip would carry out more complex planned care for local and regional patients.

Delivery of the option

This option would deliver hospital changes within two years and current staffing funding for the service. Increased therapy support would be put in place in years two to four and would be subject to funding of staff.

Impacts of the option

Focusing the type of work carried out at Withybush to be less complex would support an increase in surgical operations overall.

This option involves regional working with Swansea Bay University Health Board. This supports their patients who may need care at Prince Philip, or for our patients who may need care in Neath Port Talbot Hospital for certain procedures. In this option, patients may be offered care outside our Hywel Dda area and would travel further for this.

As now, due to the temporary change, patients from Pembrokeshire would continue to travel to Prince Philip Hospital, for overnight (inpatient) operations. Staffing costs would increase by £174k in this option. Building and equipment costs would be £66k.

Option B

What is the option?

Withybush would focus on a greater volume of less complex patients and day cases and would see additional day cases through longer working hours. Prince Philip would carry out more complex planned care for local and regional patients.

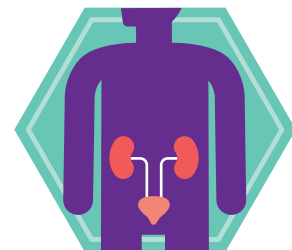
Delivery of the option

This option would deliver hospital changes within two years and current staffing funding for the service. Increased therapy support would be put in place in years two to four and would be subject to funding of staff.

Impacts of the option

Focusing the type of work carried out at Withybush to be less complex and extending working hours would support an increase in surgical operations overall. Working patterns for staff may vary due to longer working hours. This option involves regional working with Swansea Bay University Health Board as described in Option A. Patients may be offered care outside our Hywel Dda area and would travel further for this.

Patients from Pembrokeshire would continue to travel to Prince Philip Hospital, for overnight (inpatient) operations, as they do now due to the temporary change. Staffing costs would increase by £174k in this option. Building and equipment costs would be £66k.



Option C

What is the option?

Focusing the type of work carried out at Withybush to be less complex would support an increase in day cases overall.

Prince Philip would carry out more complex planned care, prioritising higher need Hywel Dda, rather than regional, patients. This option would increase orthopaedic activity further by providing additional beds at Prince Philip.

Delivery of the option

This option would deliver hospital changes within two years and current staffing funding for the service. Increased therapy support would be put in place in years two to four and additional beds at Prince Philip in four or more years, subject to funding of staff.

Impacts of the option

Focusing the type of work carried out at Withybush to be less complex would support an increase in day cases overall.

Patients from Pembrokeshire would continue to travel to Prince Philip Hospital, for overnight (inpatient) operations, as they do now as part of the temporary change.

This option does not fit as well with the regional working approach because it prioritises higher need Hywel Dda, rather than regional, patients at Prince Philip.

Staffing costs would increase by £1.122m in this option. Building and equipment costs would be £66k.

Option D

What is the option?

Withybush would focus on a greater volume of less complex day cases. Prince Philip would carry out more complex planned care for local and regional patients.

An increased service would be delivered at Bronglais, to provide surgery to more patients.

Delivery of the option

This option would deliver hospital changes within two years and current staffing funding for the service. Increased therapy support would be put in place in four or more years and would be subject to funding of staff.

Impacts of the option

Focusing the type of work carried out at Withybush to be less complex would support an increase in day cases overall.

This option involves regional working with Swansea Bay University Health Board as described in Option A. Patients may be offered care outside our Hywel Dda area and would need to travel further for this.

This option includes an increased service at Bronglais to provide surgery to more patients.

Patients from Pembrokeshire would continue to have their overnight inpatient operations at Prince Philip Hospital, which may be further from home, as per the temporary arrangement.

Staffing costs would increase by £712k in this option. Building and equipment costs would be £66k.

Options for radiology



Radiology uses imaging techniques (such as x-rays) to diagnose, treat and monitor diseases and injuries identified within the body.

Diagnostic radiology services use imaging to help make a diagnosis of a disease or condition. Emergency diagnostic services are provided at our main hospitals 24/7; and planned services are provided five days a week, during the daytime only.

Interventional radiology services use different types of imaging to treat conditions by guiding catheters or small needles through the body or taking biopsies. These services are provided for hospital inpatients or for planned day cases, currently provided five days a week during the daytime only in Hywel Dda's main hospitals.

Radiology has seen a large rise in activity across all hospitals. At the same time, staff shortages are stopping us from providing services for longer hours. There are also difficulties maintaining up-to-date equipment across all sites.

Bringing some radiology services together on fewer sites, which is proposed in all our options, would allow us to see more patients and would address some workforce challenges, but there is potential impact on where staff work from. None of the options would fully address hiring challenges for interventional radiology roles.

X-ray services would remain at Cardigan Integrated Care Centre and Tenby Hospital. They would not be provided from Llandovery and South Pembrokeshire in all options, so people living closer to these hospitals would have further to travel for their x-rays than they do now.

Increased activity would also create additional work for non-emergency patient transfer provision in all options.

In all our options for radiology, we keep emergency diagnostic radiology 24/7 at all four hospitals. Therefore, this is not listed in the tables below as part of current services or options for change.



	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	X-ray services at CICC, LH, SPH, TH
Option A	Planned diagnostic / day case interventional services (Mon-Fri, daytime)	Inpatient interventional services (Mon-Fri, daytime)	Planned diagnostic / day case interventional (Mon-Fri, daytime)	Planned diagnostic / day case interventional (Mon-Fri, daytime)	X-ray services at CICC and TH
Option B	Planned diagnostic services (7 days, daytime) Inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic services (7 days, daytime) Inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic services (7 days, daytime) Inpatient and day case interventional services (Mon-Fri, daytime) Cancer focus	Planned diagnostic services (7 days, daytime) Inpatient and day case interventional services (Mon-Fri, daytime) Cancer focus	X-ray services at CICC and TH New regional hub for planned diagnostic radiology (site TBC)
Option C	Planned diagnostic services (Mon-Fri, daytime) Inpatient and day case interventional (Mon-Fri, daytime)	Planned diagnostic services (Mon-Fri, daytime) Inpatient and day case interventional (Mon-Fri, daytime)	Planned diagnostic services (Mon-Fri, daytime)	Planned diagnostic services (Mon-Fri, daytime)	X-ray services at CICC and TH
Option D	Planned diagnostic services (7 days, daytime) Day case interventional services (Mon-Fri, daytime)	Planned diagnostic services (7 days, daytime) Inpatient interventional services (24/7)	Planned diagnostic services (7 days, daytime) Day case interventional services (Mon-Fri, daytime)	Planned diagnostic services (7 days, daytime) Day case interventional services (Mon-Fri, daytime)	X-ray services at CICC and TH

Community Key:

CICC – Cardigan Integrated Care Centre

LH – Llandovery Hospital

SPH – South Pembrokeshire Hospital

TH – Tenby Hospital

Option A

What is the option?

Planned diagnostic radiology and planned day case interventional radiology (both Monday-Friday, daytime) is provided from Bronglais, Prince Philip and Withybush.

Glangwili would not provide planned diagnostic radiology but would provide all inpatient (Monday-Friday, daytime) interventional radiology. Patients needing this at other hospital sites would be transferred by ambulance to Glangwili.

Delivery of the option

X-ray services from Llandovery and South Pembrokeshire hospitals would be removed within two years. The rest of the option would be delivered within four years, subject to funding of staff.

Impacts of the option

Glangwili would be able to focus on emergency diagnostic radiology, without the need to schedule planned diagnostic radiology (which otherwise may be at risk of cancellation).

Separating inpatient and day case interventional radiology between sites reduces the risk of cancellation of day case procedures due to inpatient activity, having a positive impact on waiting times.

This option would mean inpatients who require interventional radiology at Bronglais, Prince Philip and Withybush, would be transferred to Glangwili Hospital for this service.

There is also less capacity to see patients in this option compared to other options which provide extended hours for the service. This means less opportunity to reduce routine waiting times.

Because inpatient and day case interventional radiology are carried out at different sites, this option has less impact on addressing staff hiring challenges in interventional radiology. This could mean that we rely on staff to cover work at alternative sites to support extended hours.

Glangwili would be the only site providing inpatient interventional radiology, so patients needing this from other Hywel Dda hospitals would be transferred by ambulance to Glangwili.

Staffing costs would increase by £537k in this option. Building and equipment costs would be £2.345m.



Option B

What is the option?

Planned diagnostic radiology (extended from five days to seven days a week, daytime), interventional inpatient, and day case radiology (Monday-Friday, daytime), would be provided from Bronglais, Glangwili, Prince Philip and Withybush.

Planned diagnostic radiology would also be provided from a new and dedicated diagnostic hub (site to be confirmed), in a community setting, which is not part of the other options.

This new hub and the extended working hours for planned diagnostic radiology would mean Prince Philip and Withybush could provide a dedicated cancer focus.

Delivery of the option

X-ray services from Llandovery and South Pembrokeshire hospitals would be removed within two years. Phased implementation of hospital services and hiring additional roles would be delivered in years two to four, subject to funding of staff. A new diagnostic hub is a large-scale project and would need a business case to secure funding of around £48m from the Welsh Government. The process would take several years to deliver and is subject to securing that funding.

Impacts of the option

Extended hours in planned diagnostics would reduce reporting times so patients could receive their diagnosis more quickly.

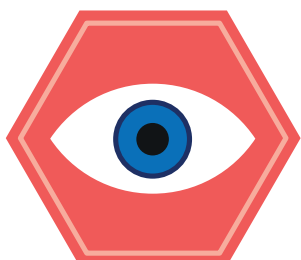
The dedicated cancer focus at Prince Philip and Withybush would provide multiple tests on the same day in the same location instead of several days on different sites, with quicker diagnosis for patients.

This option is the only one with a regional radiology diagnostic hub. This would also provide quicker diagnosis for patients but would need more staff and a lot more money than other options.

Additional staffing would allow for extended days for some services, reducing reporting times and pressure on current staff. Having more staff would avoid the higher level of costs we currently have due to relying on overtime and temporary (locum) staff.

The shift changes to seven days a week, 12-hours a day, from Monday-Friday 9am-5pm, is more attractive to radiographers.

Staffing costs would increase by £1.720m in this option. Building and equipment costs would be £48.444m, which is a lot more than other options due to the proposal of a new diagnostic hub in the community.



Option C

What is the option?

Planned diagnostic radiology (Monday-Friday, daytime) would be provided at Bronglais, Glangwili, Prince Philip and Withybush.

Inpatient and day case interventional radiology (Monday-Friday, daytime) would be brought together at Bronglais and Glangwili and not provided at Prince Philip or Withybush.

Delivery of the option

X-ray services from Llandovery and South Pembrokeshire hospitals would be removed within two years. The rest of the option would be delivered within two to four years, subject to funding of staff.

Impacts of the option

Planned diagnostic services at Prince Philip and Withybush are protected from cancellations because inpatient interventional radiology would not be provided at those sites.

Focusing all interventional work at two sites (rather than four) would also reduce the extent of emergency diagnostic demands causing cancellations.

Planned diagnostic working hours are not extended in this option, so there is less opportunity to reduce waiting times than Option B and D.

There would be a positive impact on safety as it would improve staffing pressures through bringing together interventional staff.

Staffing costs would increase by £380k in this option. Building and equipment costs would be £2.345m.

Option D

What is the option?

Planned diagnostic radiology would be extended from five days to seven days a week, daytime, at Bronglais, Glangwili, Prince Philip, and Withybush.

Inpatient interventional radiology would be brought together at Glangwili and extended to 24/7. Day case interventional (Monday-Friday, daytime) would be provided at Bronglais, Prince Philip, and Withybush.

Delivery of the option

X-ray services from Llandovery and South Pembrokeshire hospitals would be removed within two years. Phased implementation of hospital services and hiring additional roles would be delivered in years two to four, subject to funding of staff.

Impacts of the option

Increased staffing would allow some services to be offered seven days, instead of five days a week. This would improve reporting times and waiting times for patients.

This option aims to provide additional staffing. This would allow for extended days for some services, reducing reporting times and pressure on current staff. Having more staff would avoid the higher level of costs we currently have due to relying on overtime and temporary (locum) staff.

The shift change to seven days a week, 12-hours a day, from Monday to Friday 9am-5pm, is more attractive to radiographers.

Staffing costs would increase by £1.040m in this option. Building and equipment costs would be £2.345m.

Options for stroke



A stroke is a serious life-threatening medical condition that happens when the blood supply to part of the brain is cut off.

Currently, there are stroke units at all four main hospitals: Bronglais, Glangwili, Prince Philip and Withybush. However, the service fails to meet clinical standards, we do not have seven-day specialist cover, and there are not enough staff to support it. This leads to outcomes that are not as good as they could be.

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Stroke Unit	Stroke Unit	Stroke Unit	Stroke Unit
Option A	Treat and Transfer	Treat and Transfer	Stroke Unit (specialist cover 12-hours a day)	Stroke Unit (specialist cover 12-hours a day)
Option B	Treat and Transfer	Treat and Transfer	Stroke Unit (specialist cover 24-hours a day)	Treat and Transfer and Stroke Unit (specialist cover 12-hours a day)

Evidence shows that outcomes and standards are better if services are brought together and delivered from fewer hospitals. Bringing services together would also help keep and hire staff, making the service more sustainable.

We are looking at two different options for how stroke services could be delivered.

In both options an ambulance would take a suspected stroke patient to their nearest hospital – either Bronglais, Glangwili, Prince Philip or Withybush. All these hospitals would be able to provide an initial assessment scan and initial treatment of thrombolysis if needed. Thrombolysis is a process where a drug is given to a patient to break down blood clots and return blood

supply to the brain.

In all our options, Bronglais and Glangwili would become treat and transfer hospitals for stroke. This would mean that following initial care, they would be transferred elsewhere within Hywel Dda (differs between our options, see below) or to another specialist centre elsewhere, according to their needs.

Inpatient care would be delivered further away from home for some patients in both options, and this has an impact for families and carers. Online platforms would be provided to keep families connected and we would aim to get people home sooner with community service support.

Option A

What is the option?

Prince Philip and Withybush would have stroke units, with specialist cover 12-hours a day. This means, stroke patients from the treat and transfer hospitals at Bronglais and Glangwili would be transferred to Prince Philip or Withybush for their inpatient stroke care (unless they need care from a specialist centre, such as Bristol, as now).

Delivery of the option

Prince Philip and Withybush would remain as stroke units during the first two

years. Prince Philip Hospital would be expanded in the first two years to provide care for patients from treat and transfer hospitals. Withybush stroke unit would be expanded to provide care for patients from treat and transfer hospitals within two to four years, subject to funding of staff.

Impacts of the option

This option reduces the fragility of the stroke service and raises standards by bringing together the workforce to fewer sites, and providing the service 12 hours a day, seven days a week, as opposed to seven-and-a-half hours a day, five

days a week, as we have now.

There would be a need for additional and timely transfers between hospitals, but to a lesser volume than in Option B.

There would be fewer patients and visitors travelling further for stroke care in this option than Option B because Withybush stroke unit would provide initial inpatient treatment for stroke patients, as well as Prince Philip.

Staffing costs would increase by £3.439m in this option. Building and equipment costs would be £930k.

Option B

What is the option?

Prince Philip Hospital would have a stroke unit, with specialist cover 24-hours a day. This means, stroke patients from the treat and transfer hospitals (Bronglais and Glangwili), and from Withybush treat and transfer and stroke unit, would be transferred to Prince Philip typically for 72-hours of overnight (inpatient) care. Following this, patients' ongoing overnight care would be provided either within the stroke unit at Prince Philip, or at the stroke unit at Withybush (unless they need care from a specialist centre, such as Bristol, as now).

Delivery of the option

This option would be fully implemented in the first two years, subject to funding of staff.

Impacts of the option

This option reduces the fragility of the stroke service and raises standards by bringing together the workforce to fewer sites.

It allows for further consolidation than Option A by bringing together the first 72-hours of care (beyond initial treatment) for stroke patients within the Hywel Dda area at one hospital site. This option reduces the fragility of the stroke service further because it provides 24-hours of specialist cover, seven days a week (as opposed to 12 hours in Option A). This would allow for a more intensive first 72-hours of care, improved patient outcomes, and would be more attractive to potential staff.

There would be more transfers than Option A due to patients from Withybush

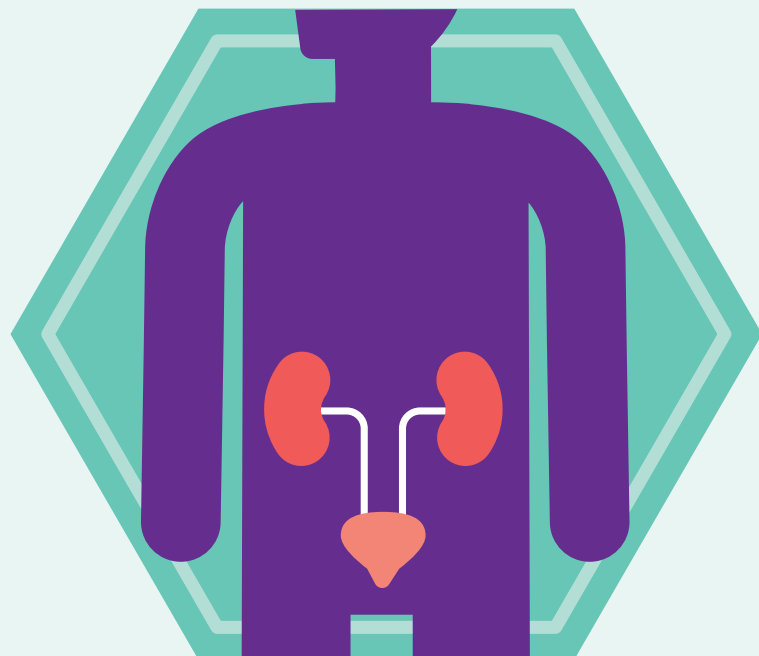
being transferred to the stroke unit at Prince Philip to access care, typically for the first 72-hours.

More patients and visitors would travel further for stroke care than Option A due to all patients (including those in Pembrokeshire) being transferred to the stroke unit at Prince Philip typically for 72-hours of care (beyond initial treatment).

This option would focus specialist therapy to fewer sites than Option A, which would achieve efficiency in the workforce, and potentially be more attractive to future staff, and improve standards and patient outcomes.

Staffing costs would increase by £4.978m in this option. Building and equipment costs would be £920k.

Options for urology



Urology cares for adult patients with conditions affecting the genitourinary tract system in both men and women (e.g., kidneys, bladder) and the reproductive tract in men (testicles, penis, and prostate).

Urology services are currently provided at all four main hospital sites. However, from a staffing perspective, this model is not sustainable and is leading to patients waiting a long time.

Whilst there is only a single option for urology presented, this is because all the ideas put forward at option development stage were able to be combined into one option. It is not a preferred option as we welcome new ideas from people.

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Outpatients, day case surgery and diagnostic procedures (inc. limited urgent suspected cancer)	Emergency, outpatients, day cases, inpatients and diagnostic procedures (inc. urgent suspected cancer)	Outpatients, day cases, inpatients and diagnostic procedures (inc. urgent suspected cancer)	Outpatients, day cases and diagnostic procedures (inc. urgent suspected cancer)
Proposed Option	Outpatients, day cases and diagnostic procedures	Emergency only	Outpatients, day cases, inpatients and centralised diagnostic hub (inc. urgent suspected cancer)	Outpatients, day cases and diagnostic procedures

Proposed option

What is the option?

The option for urology is to bring all urology overnight patients (inpatients) together at Prince Philip Hospital (rather than at both Glangwili and Prince Philip as currently). Prince Philip has been identified as the most suitable site because it allows for close working with endoscopy services at this hospital.

The option also includes developing a urology diagnostic hub at Prince Philip to bring together all urology diagnostics for Carmarthenshire, and urology diagnostics for urgent suspected cancer services for the whole Health Board area.

Outpatients, day cases and other diagnostics would remain at Bronglais and Witybush.

Glangwili Hospital would only look after emergency cases that come through the emergency department.

Delivery

Diagnostic services and outpatient services would be brought together for Carmarthenshire at Prince Philip in two years. The option would be fully implemented with development of a urology diagnostic unit in two to four years, subject to funding of staff.

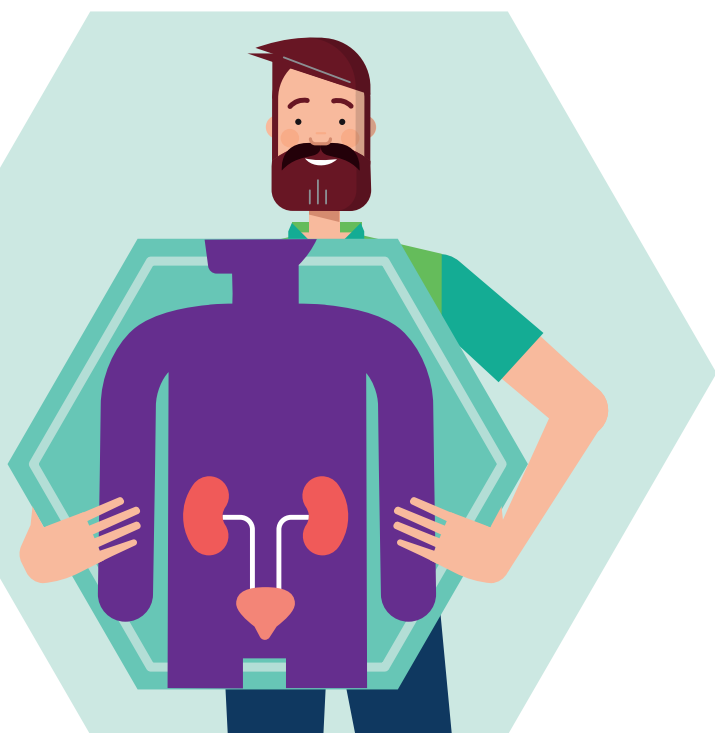
Impacts of the option

It would be a more efficient service, meaning most urology patients would have better outcomes in terms of rapid access to treatment, symptom relief and quality of treatment.

Bringing together the service would promote training opportunities that would help keep and hire staff. This may impact on where some staff in Carmarthenshire work from. Bringing services together should result in fewer separate hospital visits for patients. This is because it is more likely that multiple appointments can take place at one location on the same day.

Outpatients, day case surgery and diagnostic procedures that are not urgent suspected cancer would remain in main hospitals, except Glangwili, to reduce travel times for patients needing these appointments.

Patients in Ceredigion and Pembrokeshire would have further to travel for urology diagnostics for urgent suspected cancer. People living in Carmarthenshire and closer to Glangwili Hospital than Prince Philip Hospital would have further to travel for inpatient care and diagnostics, including diagnostics for urgent suspected cancer. Staffing costs would increase by £120k and building and equipment costs would be around £1.003m.



What does this mean for our hospitals?

Changes to our nine services as a result of the consultation, may impact on how they are organised at our four main hospitals.

The roles of our hospitals could look like this:

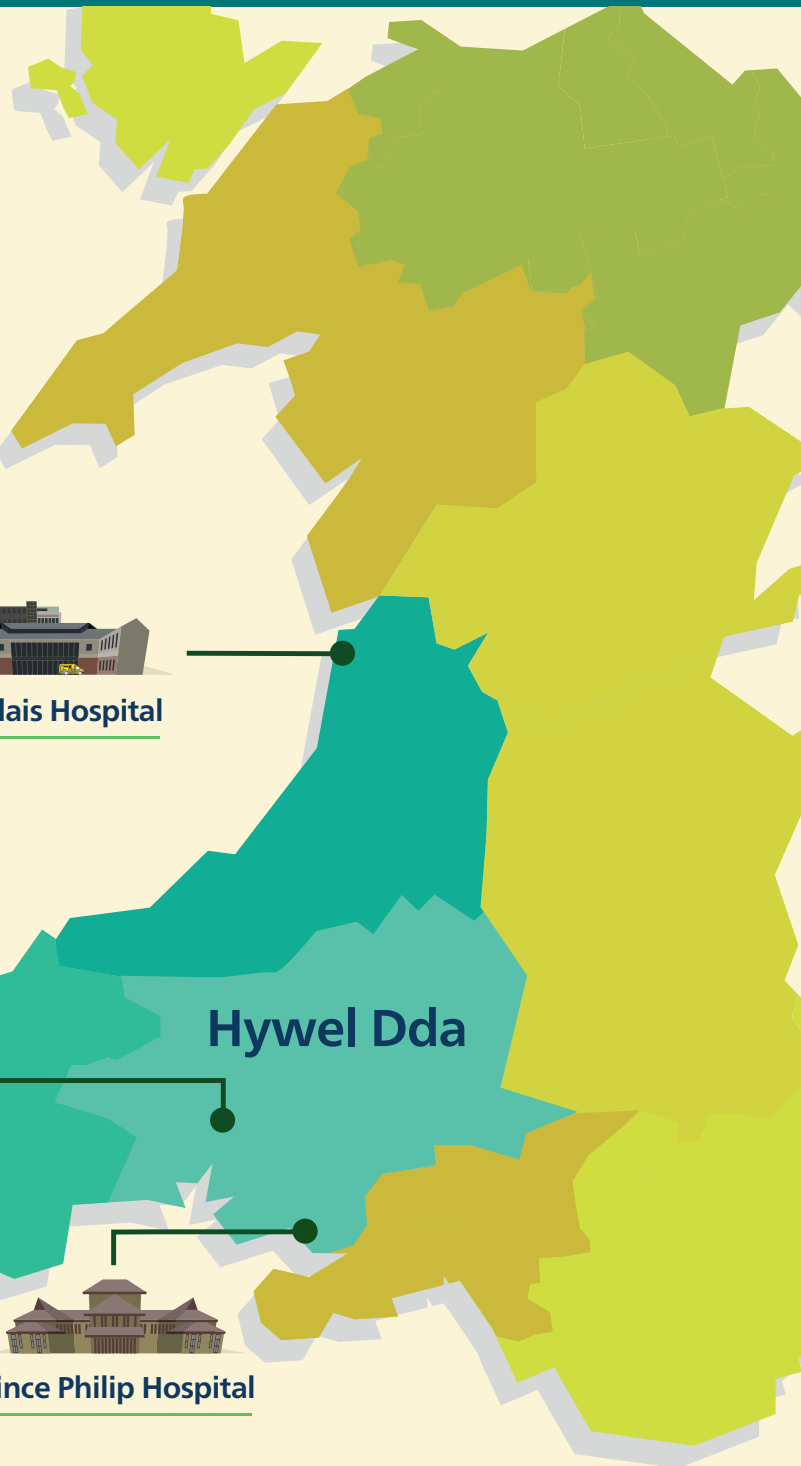
- ▶ **Bronglais Hospital**
providing services as it currently does, though some specialities may be provided from different Hywel Dda sites
- ▶ **Glangwili Hospital**
providing more acute and emergency care, with some planned care moved to other sites, either by service or health condition



- ▶ **Prince Philip Hospital**
providing more planned care, particularly across a wider region where services are delivered in partnership with Swansea Bay University Health Board



- ▶ **Withybush Hospital**
providing more planned care, particularly within the Hywel Dda area, with initial access to acute care remaining on site, but transfers to Glangwili Hospital for patients with the highest needs.



Please note, in all the options, there are no changes to how people access emergency care, or minor injury care, at any of the sites.

Potential impacts of change for people

We must ensure that our proposals for health services are fair to all and take particular care to consider people who are vulnerable or have protected characteristics.

We have already worked with groups representing vulnerable people and will continue to do so to ensure they are involved throughout our consultation.

We have produced Equality Impact Assessments (EqIA) for each of our nine services. These consider the potential positive and negative impacts of change on people, and how we reduce them.

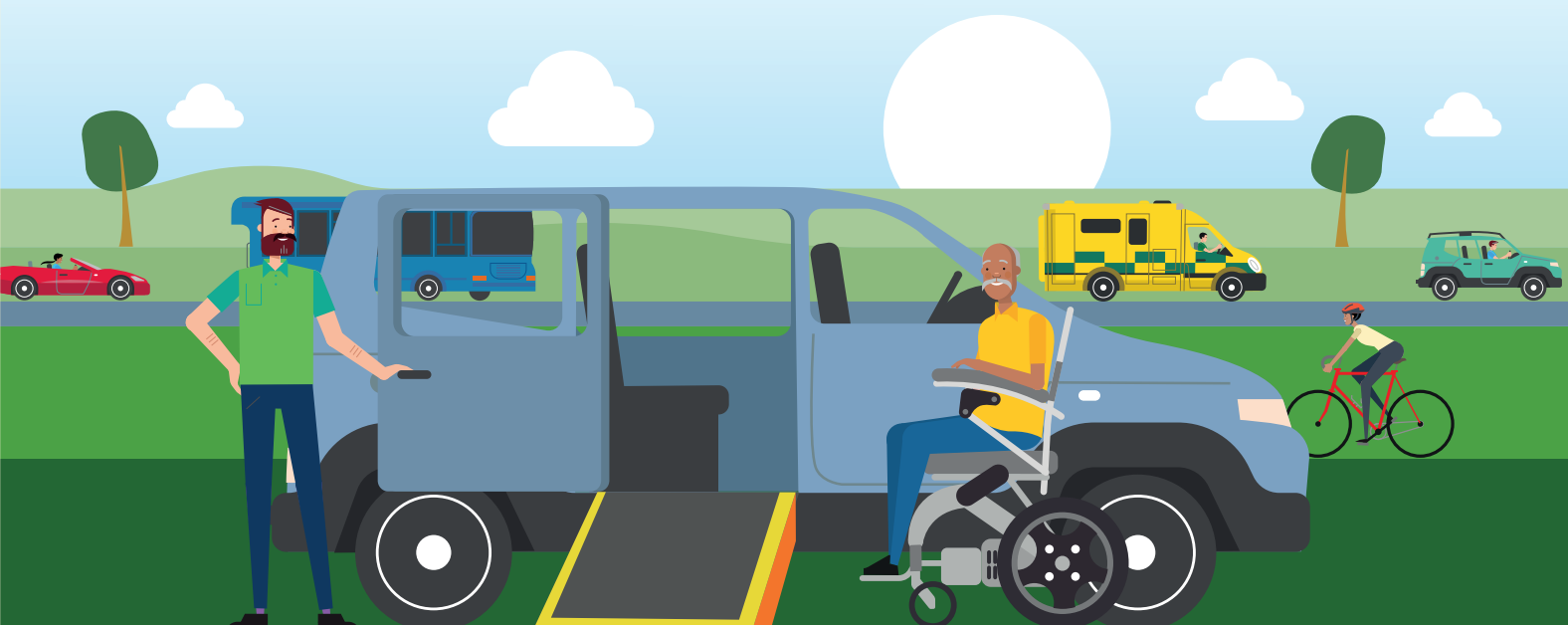
This includes consideration of how we continue to protect and promote a bilingual environment for our patients and staff. This is important because our community has a higher than average number of Welsh speakers.

We have also considered travel and transport issues that options could impact on.

Some options in this consultation (including within critical care, emergency general surgery, and stroke) would result in more transfers of patients by NHS services between hospitals. Other options in this consultation could mean changes to where your planned care or procedures are provided from. This would affect your home to hospital journey.

You can read more on equality impacts in our **Consultation Document** on our webpages [hduhb.nhs.wales/clinical-services-consultation](https://www.hduhb.nhs.wales/clinical-services-consultation)

We also have a supporting document called **Patient and travel insights** and a case study document called **Teulu Jones Case Studies** that can give you more information on travel time impacts. You can find these available on our webpages in the Supporting Documents area www.hduhb.nhs.wales/csp-supporting-documents.



What happens with your feedback

We have contracted an independent research organisation, Opinion Research Services (ORS), to collect and analyse all the feedback received as part of this consultation. Feedback from individuals will be anonymous, views provided by organisations or people acting in an official capacity may be published in full.

For our Health Board's full privacy statement, please visit hduhb.nhs.wales/csp-supporting-documents

ORS privacy statement can be viewed at www.ors.org.uk/privacy

ORS will provide an independent analysis of the consultation responses. A project group for the consultation will also put a recommendation to the Health Board's Directors and Independent Members, in winter 2025/26, on the potential ways forward for narrowing down or choosing options.

Board members will consider all they have heard leading up to, and during, this consultation.

This will include the Equality Impact Assessments and other supporting information, available on our consultation webpages. They will also consider any new information that may come to light, such as new ideas, from the consultation.

We know it is important to keep you updated, especially when you have taken the time to share your thoughts and views with us.

Health Board meetings are held in public, with people either able to attend in person or to watch online.

We will advertise this meeting on our website hduhb.nhs.wales and our social media pages (Facebook, Instagram).



How you can get involved

Please take the time to read this document and then tell us what you think. You can do this by:

- ▶ Completing the questionnaire online:
hduhb.nhs.wales/clinical-services-consultation
or in hard copy (you can request a copy from the contact points below) posting it to:

Opinion Research Services
FREEPOST SS1018,
PO Box 530,
Swansea,
SA1 1ZL
You will not need a stamp
- ▶ Emailing us:
hyweldda.engagement@wales.nhs.uk
- ▶ Speaking to us at one of our events across the area (visit the website above for an event near you or online), or by telephoning 0300 303 8322 (option 5), local call rates.

The deadline to tell us what you think, so your opinions can be included in the consultation is

31 August 2025



If you want to be told the outcome of this consultation, please join our involvement and engagement scheme Siarad Iechyd / Talking Health by:

- ▶ Emailing Hyweldda.Engagement@wales.nhs.uk
- ▶ Calling 0300 303 8322 (local call rates)
- ▶ Writing to us at: FREEPOST HYWEL DDA HEALTH BOARD

Diolch yn fawr Thank you

