

Clinical Services Plan Teulu Jones

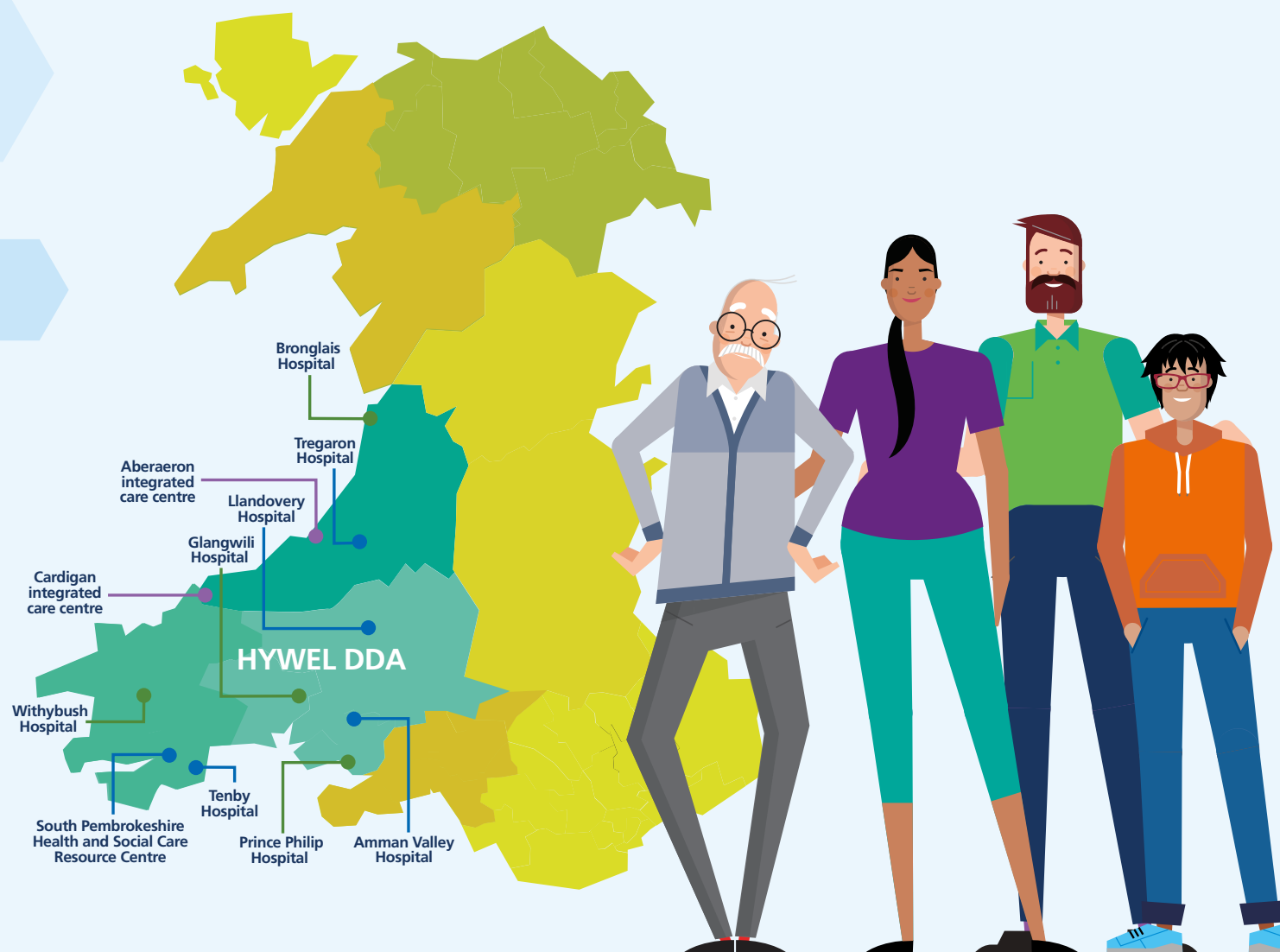
We have a family – **Teulu Jones** – and friends who help us test and show how different health services could affect someone like you or your loved ones. They aren't a real family, but they have been designed to be typical of the patients we care for in the Hywel Dda area and surrounding communities.

Here you can read how care in the nine healthcare services that are part of our Clinical Services Plan Consultation could look and feel like across different options.

For the purpose of this consultation, we have moved the location of some family members and friends so that we can show examples of impacts on people across our area, including an example of someone living in a bordering community.

Here is a map of the hospital locations referred to in this document.

You can also read our support document – **Patient and travel insights** – to find out more about potential changes to transfer between hospitals or your home to hospital journey. This is available at hduhb.nhs.wales/CSP-Supporting-Documents



Critical care

Alun is a retired electrician, currently staying with his daughter in Ammanford. His passion is rugby and at 80-years-old he enjoys a daily walk and the crossword. He has a history of heart disease and had a heart attack when he was 70. One afternoon, Alun's daughter finds him collapsed in the living room, she calls 999.



Currently...

Alun is taken by ambulance to the Acute Medical Assessment Unit (AMAU) at Prince Philip Hospital (Prince Philip). The medical team assess his condition and agree that he requires closer monitoring and stabilisation. Alun is moved to Prince Philip Intensive Care area for this and is referred to the Glangwili General Hospital (Glangwili), Intensive Care Consultant, for ongoing management. A decision is taken to transfer Alun to Glangwili, Intensive Care Unit where he receives direct consultant led care for his stay and is supported by the Glangwili, Intensive Care Unit multi-disciplinary team. This transfer takes place with a dedicated trained and experienced staff team from the Adult Critical Care Transfer Service (ACCTS), or with an internal team from Glangwili Intensive Care supported by Welsh Ambulance Service NHS Trust. When Alun is better and no longer needs intensive care, he is transferred to a hospital ward at Prince Philip.

Case for change and impact...

The reason for change in critical care is to respond to fragilities in the service, which include challenges in recruitment that means it is difficult to maintain safe staffing in critical care in all our hospitals.

In all options, bringing together services, including staff and equipment, to fewer sites would improve our ability to meet standards in support of our patients. Some options may result in patients being transferred to a different hospital than the one they are used to for their care, and visitors may have further travel to visit them.

Option A and B Alun is taken by ambulance to Acute Medical Assessment Unit (AMAU) at Prince Philip. The medical team assess his condition and agree that he requires an escalation of care and is moved to the Prince Philip Enhanced Care Unit (ECU). Over the coming days Alun's condition is not improving, and a decision is made to refer to the Glangwili Intensive Care Consultant for ongoing management. Alun is transferred to Glangwili Intensive Care Unit where he receives Intensive Care Unit Consultant led care for his stay and is supported by the multi-disciplinary team. The transfer takes place with a dedicated trained and experienced staff team from the Adult Critical Care Transfer Service (ACCTS), or with an internal team from Glangwili intensive care and Welsh Ambulance Service NHS Trust. When Alun is better and no longer needs intensive care, he is transferred to a hospital ward back at Prince Philip.

Option C In this option, the current temporary service that is in place now would be made permanent. Prince Philip Intensive Care Unit would be available to support some critically ill patients but the sickest patients would be transferred to the Intensive Care Unit at Glangwili Hospital for consultant led care and support from the multi-disciplinary team.

NB For someone in Alun's situation living nearer Withybush Hospital (Withybush), the current pathway would be for Alun to be taken to the Emergency Department (A&E) at Withybush and on assessment would go to Withybush Intensive Care Unit for ongoing care and management. When Alun is better and no longer needs intensive care, he is transferred to a hospital ward at Withybush. Under Option B and C, this would not change. Under Option A, Alun would be assessed in the Emergency Department and doctors would agree that if he requires closer care and monitoring, he would be moved to the Withybush Enhanced Care Unit (ECU). Over the coming days Alun's condition is not improving. He is transferred to Glangwili Intensive Care Unit for consultant led care, supported by the multi-disciplinary team. The transfer takes place with a dedicated trained and experienced staff team from the Adult Critical Care Transfer Service (ACCTS), or with an internal team from Glangwili intensive care and Welsh Ambulance Service NHS Trust. When Alun is better and no longer needs intensive care, he is transferred to a hospital ward in Withybush.



Dermatology

Tomos is 12 years old, he enjoys playing rugby and computer games and is quite shy. Tomos has been living with a skin condition for some time that has now become unmanageable. His GP has referred Tomos to the hospital dermatology service for a diagnosis so he can get his condition treated. Let's imagine he lives in St David's, Pembrokeshire, and his GP referral for hospital dermatology care is accepted – what do the options look like for him?



Currently...

Tomos has a long wait for an outpatient's appointment with a doctor, up to 52-weeks, at Prince Philip. His first appointment is cancelled as a doctor has left the team that meant the clinic had to be cancelled. Once he has an appointment and a treatment plan is put in place, if Tomos needs a follow-up appointment then this would also take place with a doctor at Prince Philip.

Case for change and impact...

The reason for change in dermatology is that patients, like Tomos, are waiting too long for treatment.

In all options, Tomos' wait for an outpatient appointment with a doctor shouldn't be as long as currently. This is because the service and staff would be brought together at one main hospital which means more patients can be seen and there is less likelihood of a cancellation. Some options may result in people having to travel further for their care or attending a different hospital or health centre than the one they are used to.

Option A and B Tomos' outpatient appointment with a doctor is at Prince Philip. Once a treatment plan is put in place, if he needs a follow-up appointment then this would also take place with a doctor at Prince Philip.

Option C and D Tomos' outpatient appointment with a doctor is at Cross Hands Health Centre, (Carmarthenshire). It is a child and youth friendly environment, which puts Tomos more at ease. Once a treatment plan is put in place, if he needs a follow-up appointment then this would also take place with a doctor at Cross Hands Health Centre.

NB – If an adult needed a minor operation for dermatology, there would be some other differences between the options. In all options, minor operations would continue at Prince Philip. In Option A, C, and D some minor operations would also take place at Cardigan Integrated Care Centre. In Option B and C some minor operations could also take place at participating GP practices across the Health Board, which could mean closer to home for some patients.



Emergency general surgery



Sonia is 37 years old, married with two sons, and manages her own part-time business. She is always on the go and busy. If Sonia lived in Pembroke Dock, and suffered a burst appendix, what would the options look like for her care?

Currently...

Sonia attends the Emergency Department (A&E) at Withybush. She is taken to the Same Day Emergency Care area and waits to see a surgeon to assess her. In this instance, Sonia needs an emergency operation. This takes place at Withybush and she stays at the hospital for her care after the operation.

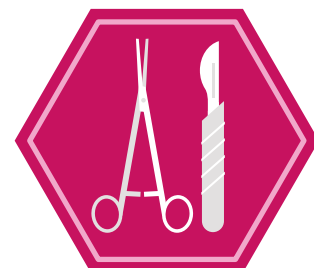
Case for change and impact...

The reason for change in emergency general surgery is due to the fragility of maintaining the service across current hospitals.

In all options, bringing the surgeons into a single team with a single, larger rota for Glangwili and Withybush hospitals would strengthen the staffing of the service. A larger single rota would mean staff would need to be on-call less often and this could be more attractive to potential doctors thinking of joining the service. Some options may result in patients being transferred to a different hospital than the one they are used to for their care, and for inpatients, visitors may have further travel to visit them.

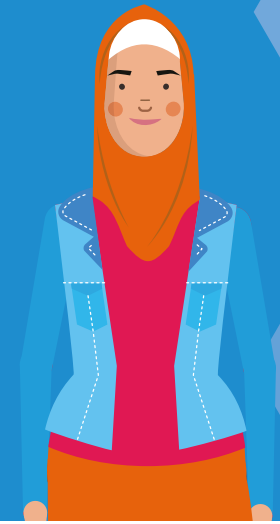
Option A Sonia attends the Emergency Department (A&E) at Withybush. She is taken to the Same Day Emergency Care area. She's more quickly assessed by a surgeon attached to the unit. In this instance, Sonia needs an emergency operation. Sonia is transferred to Glangwili, by ambulance, for her emergency surgery. When ready, Sonia returns to Withybush for the rest of her hospital care.

Option B Sonia attends the Emergency Department (A&E) at Withybush. She is taken to the Same Day Emergency Care area. She's more quickly assessed by a surgeon attached to the unit. Depending on where the emergency surgery rota is during the week of Sonia's burst appendix, she would either remain at Withybush for her operation, or she would be transferred to Glangwili by ambulance, for her operation. In this week, Sonia can have her operation at Withybush and she stays at the hospital for her care after the operation.



Endoscopy

Ishani is 50 years old and lives in Aberaeron, Ceredigion. She received a home bowel screening test (called a FIT test) and blood was found in the sample. Ishani needs an appointment with a bowel screening nurse.



Currently...

Ishani would have a telephone appointment with a bowel screening nurse to confirm what the next steps are depending on Ishani's specific situation and medical history. Following a telephone discussion with a bowel screening nurse, Ishani needs a colonoscopy. This is a test that allows small samples (biopsies) of the bowel to be taken and investigated to find out what is wrong. Ishani would be offered the next available colonoscopy appointment which could be at any of our main hospitals (Bronglais, Glangwili, Prince Philip or Withybush).

Case for change and impact...

The reason for change in endoscopy is to improve access and reduce waiting times for patients.

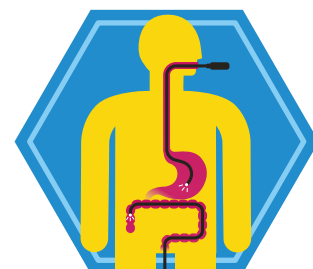
In all options we expand services and/or room capacity so that we can see more patients and reduce waiting times. Some options may result in people having to travel further or attending a different hospital or health centre than the one they are used to for their procedure.

Option A and Option C Ishani would follow the same investigation and treatment pathway as she does currently. Ishani would be offered the next available colonoscopy appointment, which could be at any of our main hospitals (Bronglais, Glangwili, Prince Philip or Withybush).

Option B Following her telephone appointment with a bowel screening nurse, Ishani would be asked to travel to a new community site for her colonoscopy. The location for this community site is not yet known so it could be closer or further to home for Ishani than the main hospitals.

NB Although this doesn't affect Ishani, there are differences in the options for people requiring endoscopy procedures for gastrointestinal, respiratory and urology.

For example, gastrointestinal endoscopy procedures would be available in all main hospital sites as they are now, but in Option C there would be increased capacity at Glangwili. In Option A and C, someone needing a respiratory endoscopy procedure would be seen at Prince Philip, and this would not be available in Glangwili as it is now and in Option B. Prince Philip keeps urology endoscopy procedures in all options. Bronglais and Glangwili, which currently have urology endoscopy procedures would keep them in Option B, but in Option A and C they would be provided from Prince Philip instead.



Ophthalmology

Mari is 78 years old, a retired teacher and president of the local Merched y Wawr. She has regular eye injections. To show the options for ophthalmology, we will assume Mari lives in Machynlleth, in Powys. Whilst doing some light gardening to keep active, Mari has an eye injury.



Currently...

Mari would attend North Road Eye Clinic, in Aberystwyth for her regular eye injections. Following the gardening accident, Mari phones NHS 111 Wales who advise her to go for an emergency appointment with the local Optometrist in town. Her eye injury is more serious, and the Optometrist refers Mari to the emergency eye clinic at Glangwili. As a result of her injury, Mari has developed a cataract. Mari is referred to North Road Eye Clinic, Aberystwyth, for a pre operation assessment. While most cataract surgery is done at Amman Valley Hospital, given the complexity of her condition, Mari's operation takes place at Bronglais. Her follow up would be with her regular optometrist in the community. If there were complications, Mari would go to Glangwili for assessment and further treatment. If Mari needs multiple follow up appointments, these take place at Glangwili.

Case for change and impact...

The reason for change in ophthalmology is the lack of senior clinicians and consultants across all sites and the need to improve access and reduce waiting times for patients.

In all options, bringing services into fewer sites would reduce waiting times for patients and ease staffing challenges. Some options may result in people having to travel further for their care or attending a different hospital or health centre than the one they are used to, and for inpatients, visitors may have further travel to visit them.

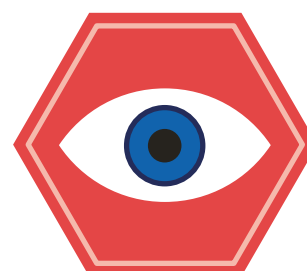
Option A and C Mari's appointments and treatments would be the same as currently.

Option B Mari would continue to attend North Road Eye Clinic for her eye injections. After her eye injury and visiting the local Optometrist in town, Mari is referred to the emergency eye clinic at Prince Philip. As a result of her injury, Mari has developed a cataract. Mari is referred to North Road Eye Clinic, Aberystwyth, for a pre operation assessment. While most cataract surgery is done at Amman Valley Hospital, given the complexity of her condition, Mari's operation takes place at Bronglais. Her follow up would be with her regular optometrist in the community.

If there were complications, Mari would go to Prince Philip for assessment and further treatment. If Mari needs multiple follow up appointments, these would take place at Prince Philip.

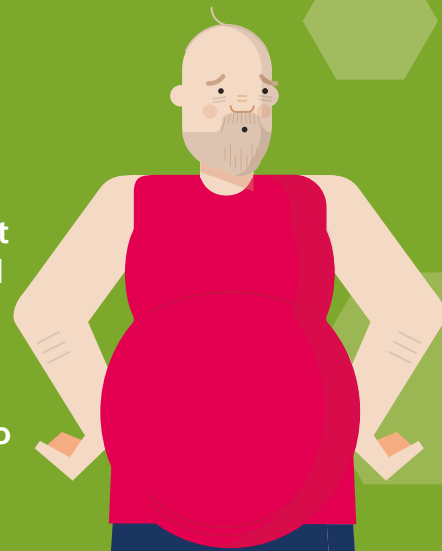
NB Whilst this doesn't affect Mari, there are other changes in community hospital settings that could affect people, depending on where they live. For example, someone living close to Aberaeron can currently be seen as an outpatient in Aberaeron Integrated Care Centre, but this would not continue in any of the **options**. Instead, people in this area would be seen at Cardigan Integrated Care Centre or North Road Eye Clinic, in Aberystwyth. In Pembrokeshire, Withybush would provide outpatient appointments and in **Option B** there would be a further site in the county to provide this service (location of site not confirmed).

Care provided at Amman Valley Hospital would change in each option. In **Option A** the hospital would provide day cases for cataracts, but not outpatient eye injections. In **Option B** and **Option C** it would provide outpatient eye injections but not day cases for cataracts.



Orthopaedics

Rhys is 52 years old and a long distance lorry driver. He is overweight and whilst his diet is improved at home, he often resorts to fast food when on the road. He doesn't really do any exercise as he says his knee is painful so he has been to see the GP who makes a referral to orthopaedics. To show how our options are different, we will test them as if Rhys lives in Newcastle Emlyn, in Carmarthenshire, close to the Ceredigion border.



Currently...

Rhys is on the waiting list for a long time (up to 52 weeks). His outpatient appointment with a doctor, diagnostic X-Rays or other tests, and pre-assessment appointments take place at his nearest site, Glangwili, unless another site may offer an appointment sooner. To keep Rhys healthy for surgery, the preassessment team and 'joint school' (a service that focuses on education and lets you know what to expect for people who are to have a hip or knee replacement) would remain in contact until the surgery can be undertaken. Rhys' surgery would then take place at Bronglais, or Prince Philip, depending on which could be provided soonest and with Rhys' agreement.

Case for change and impact...

The reason for change in orthopaedics is to improve access and reduce waiting times for patients.

In all options, providing inpatient services on fewer hospital sites with more beds would allow us to see more patients and reduce patient waiting times. Some options may result in people having to travel further for their care or attending a different hospital or health centre than the one they are used to, and for inpatients, visitors may have further travel to visit them.

Option A Rhys' appointments and treatments would take place as currently, but he should receive his surgery more quickly due to overall changes in the planned orthopaedics service. This involves more day case care being provided at Withybush, and more complex cases being focused at Prince Philip in this option.

Option B Rhys' appointments and treatments would take place as currently, but he should receive his surgery more quickly due to overall changes in the planned orthopaedics service. This involves more day case care and extended opening hours being provided at Withybush, and more complex care being focused at Prince Philip.

Option C Rhys' appointments and treatments would take place as currently, but he should receive his surgery more quickly due to overall changes in the planned orthopaedics service. This involves more day case care being provided at Withybush, and more complex care, including additional beds, being provided at Prince Philip. In this option, higher need Hywel Dda patients are prioritised at Prince Philip rather than the regional working approach.

Option D Rhys' appointments and treatments would take place as currently, but he should receive his surgery more quickly due to overall changes in the planned orthopaedics service. This involves more day case care being provided at Withybush, more complex care being focused at Prince Philip, and increased inpatients being provided from Bronglais.



Radiology

Sarah is 30 years old and lives in Llangadog, Carmarthenshire. She works for the local council and loves to travel the world in her holidays. Sarah has been worried about a lump on her neck, which she first noticed when applying make-up. She visits her local doctor at the GP practice, who refers her directly to radiology.



Currently...

Sarah can attend for a biopsy at any of the main hospitals in Hywel Dda, at an appointment that will be Monday-Friday between 9am and 5pm. Glangwili or Prince Philip, are closer and she decides to take the appointment at Glangwili. The medical staff explain this is an interventional radiology procedure called a biopsy, and it involves taking a small sample of tissue so it can be examined under a microscope. A radiologist performs the procedure, and results are sent back to the GP to arrange a referral for Sarah to the team who can provide her ongoing care.

Case for change and impact...

The reason for change in radiology is to improve access and reduce waiting times for patients.

In all options, bringing some radiology services together on fewer sites would mean more patients could be seen more quickly, so patients would not wait so long, and this would help with staffing challenges, which would mean services would be safer. Some options may result in people having to travel further or attending a different hospital or health centre than the one they are used to for their care or procedure, and for inpatients, visitors may have further travel to visit them.

Option A Sarah receives the same care as she does currently, but in this option, Glangwili is doing all interventional radiology for hospital inpatients across Hywel Dda and so day cases are done at the other hospitals. The benefit of this is that Sarah's day case appointment is less likely to be cancelled because of inpatient or emergency work. Sarah attends Prince Philip for her biopsy. Her appointment would still be offered Monday-Friday between 9am and 5pm.

Option B Sarah received her care as currently, attending for the biopsy at Glangwili. There is a special diagnostic hub in the community (location not confirmed), in this option. Diagnostic radiology is imaging to find out what condition or problem someone may have. In this option, as well as the diagnostic hub, diagnostic radiology at all the main hospitals in seven days a week instead of five. Because of these extra hours across the wider service, patients like Sarah are being seen at the hospitals more quickly. Her appointment would still be offered Monday-Friday between 9am and 5pm.

Option C Sarah received her care as currently, although she was not offered an appointment at either Prince Philip or Withybush as those hospitals do not perform interventional radiology in this option. Focusing this type of work at two sites instead of four is reducing cancellations from other radiology (diagnostic) work. Sarah attends for the biopsy at Glangwili. Her appointment would still be offered Monday-Friday between 9am and 5pm.

Option D Sarah's care is provided as per **Option A** and she attends at Prince Philip Hospital for her biopsy as Glangwili is focusing on interventional radiology for inpatients, provided 24/7 instead of Monday-Friday daytime hours. In this option, Sarah may not wait as long because of the extra hours of care across the wider service. Her appointment would still be offered Monday-Friday between 9am and 5pm.



Stroke

Aziz is 68 years old and he works in the family restaurant and enjoys looking after his grandchildren. His wife notices he is not himself one afternoon, one side of his face has dropped, and his speech is slurred. She is worried he might have had a stroke and calls 999. To show the different options for stroke, we will imagine Aziz lives in Aberystwyth.



Currently...

An ambulance takes Aziz to Bronglais, and he is taken directly to the CT scanner, rather than to the Emergency Department (A&E). If a stroke was confirmed, treatment would be started whilst in the scanning department.

Aziz would then be transferred to the Stroke Unit within Bronglais for ongoing care. He has further tests and assessments by the stroke team, but not always a stroke doctor (out of hours it would be the on-call medical team), and he would have therapy support.

Depending on the severity of the stroke, he may need to stay in hospital for some time or could be supported with early discharge home by a community team.

If Aziz had a more serious stroke (with blood vessel occlusion, which is a type of stroke where blood flow to a main artery in the brain is interrupted) he would have been taken by ambulance to the thrombectomy centre at Bristol. Thrombectomy is treatment that can be used to treat these types of stroke. This care is provided regionally for Wales and south and western regions of England at Bristol.

Case for change and impact...

The reason for change in stroke services is because we need to improve standards and outcomes for patients and address staffing challenges.

In all options, there would be improved quality of care due to bringing staff together to fewer sites. This would allow us to provide seven-day a week clinical nurse specialist (CNS) cover. Some options may result in patients being transferred to a different hospital than the one they are used to for their ongoing care, and for inpatients, visitors may have further travel to visit them.

Option A An ambulance takes Aziz to Bronglais, and he is taken quickly to the CT scanner. If a stroke was confirmed, treatment would be started whilst in the scanning department. Aziz would then be transferred to Withybush, or Prince Philip for ongoing care. Once there, further tests and assessments would take place by a specialist stroke clinician, this could be either a specialist nurse or a doctor 8am-8pm for seven days a week, and he would have therapy support.

Depending on the severity of the stroke, he may need to stay in hospital for some time or could be supported with early discharge home by a community team. In some cases, where Aziz no longer requires specialist stroke support, he can return to Bronglais onto a general hospital ward for ongoing care.

NB Had Aziz being diagnosed with a catastrophic stroke, the care plan would be decided upon discussion with the stroke clinician of the day, or out of hours with the on-call medical team, to decide if care remained locally or at the designated stroke unit. Or, if Aziz had a minor stroke, he would have been discharged to recover at home with immediate stroke follow-up in the next TIA (transient ischemic attack) clinic.

Option B Is mostly the same as Option A for Aziz, except he is taken to Prince Philip and not Withybush, for ongoing care. Once there, further tests and assessments would take place by a specialist stroke clinician, as there would be specialist stroke staff at the hospital 24 hours a day, seven days a week, and he would have therapy support.

NB If someone like Aziz lived in Pembrokeshire, in this option whilst Withybush keeps a Stroke Unit, following initial treatment at the hospital, stroke patients from across the area would be transferred to Prince Philip for their first few days of care. This is because the hospital would have specialist stroke cover 24 hours a day, which would give better patient outcomes. Patients could return to Withybush Stroke Unit after this, to continue their rehabilitation.



Urology

Gareth is 38 years old and the finance director of an engineering company. To help show the difference between the current ways of working and the option for urology, we will assume Gareth lives in Fishguard, Pembrokeshire. Gareth has noticed he is having to visit the toilet more often in the night and his back has been sore. His wife convinces him that he needs to see the GP. Gareth's GP notices his prostate (PSA) blood test is higher than normal and along with the changes Gareth has described, this results in Gareth being referred to urology services.



Currently...

Gareth needs an MRI scan and is offered the first available appointment, which could be at any of our main hospitals in Hywel Dda. Gareth may choose to go to his most local hospital which is Withybush. Following the results of the MRI, Gareth would be offered an outpatient's appointment at the next available clinic at any of our main hospitals. The results of the MRI mean that Gareth needs a further biopsy. For the type of biopsy Gareth needs, this could be provided at either Withybush or Prince Philip. Once the result is known, Gareth will start his treatment plan.

Case for change and impact...

The reason for change in urology is to improve access and reduce waiting times for patients.

In the proposed option, bringing most of the service together would be more efficient and would mean most urology patients would have better outcomes due to rapid access to treatment, symptom relief and quality treatment. The proposed option may result in people having to travel further or attending a different hospital or health centre than the one they are used to for their care or procedure, and for inpatients, visitors may have further travel to visit them.

Proposed option Gareth needs an MRI scan and is offered the first available appointment, which could be at any of our main hospitals in Hywel Dda. Gareth may choose to go to his local hospital which is Withybush. Gareth would visit the centralised urology diagnostic hub at Prince Philip the next day. He would have his outpatient appointment and, if needed, a biopsy, on the same day, reducing the need to travel multiple times to different places. Once the result is known, Gareth will start his treatment plan.

