

Improving Services

Our Clinical Services Plan

A consultation for young people










Hello

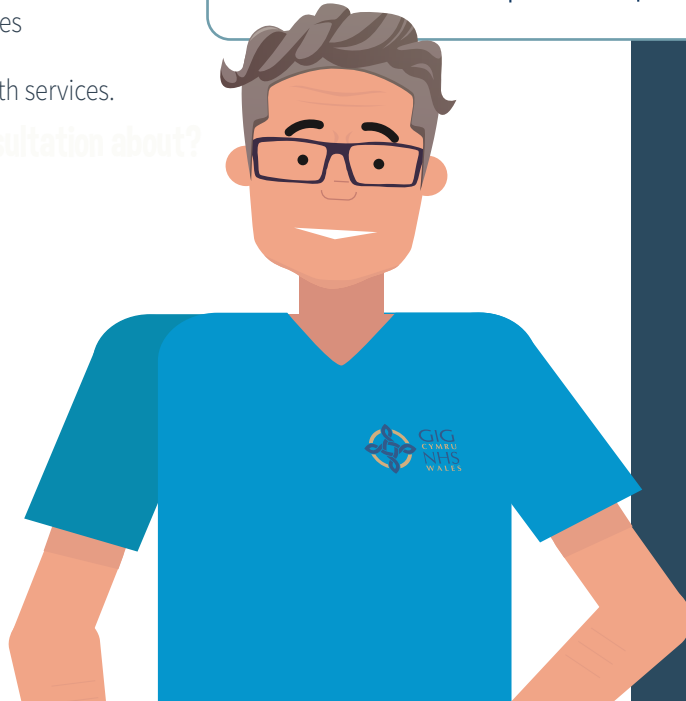
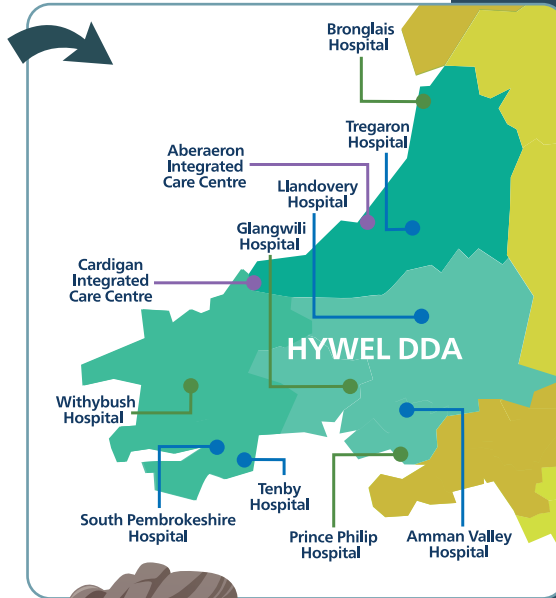
We are Hywel Dda University Health Board. We plan, organise, and provide health services for almost 400,000 people across Carmarthenshire, Ceredigion, Pembrokeshire, and our bordering communities.

We have:

- four main hospitals
- five community hospitals
- two care centres
- community facilities like:

-  GP surgeries
-  dental practices
-  pharmacies
-  optometrists (eye care)
-  community health teams
-  health centres
-  mental health services.

What is this consultation about?



We want to find out what you think about the changes we want to make to **9 health services** delivered in our hospitals.

Why is this important?

- Some hospital services have challenges.
- Demands on health services are growing.
- There are gaps in our workforce and there isn't enough healthcare staff.
- Some staff and teams are spread across lots of sites.
- Patients are having to wait longer for treatment and care.
- We need to plan now for the future.

So, we've developed a Clinical Services Plan.

We worked with our healthcare staff, patients and other organisations to understand more about the challenges in the nine healthcare areas. They also helped us to develop options for change in this consultation.

The following pages are a summary of the options in this consultation, aimed specifically for young people. If you'd like more detail you can read the main Consultation Document by visiting:

hduhb.nhs.wales/clinical-services-consultation



For each of the options we've given an idea of the costs to deliver it. In some cases we'd need to find money and this is not agreed yet. There's more information in the main consultation document.

Your voice matters - we want to know what you think.

Contact points and details on how you can get involved are on page 14 of this document.

The 9 health services we're asking you about:



Critical Care

Where healthcare staff help adults who are very sick and need special care to get better. (Very sick children and young people are cared for by children's hospital services.)



Dermatology

Healthcare for diseases of the skin, hair, and nails.



Endoscopy

Using a tiny camera to see inside your body.



Emergency General Surgery

Help from specialist staff, which sometimes means you need an operation, usually in your tummy area, right away.



Ophthalmology

Treatment for your eye diseases and injuries.



Orthopaedics

Taking care of bones, muscles, and joints when they hurt.



Radiology

Special pictures that help doctors see inside your body.



Stroke

Help for when someone's blood supply to the brain is cut-off.



Urology

Healthcare for problems with your body's pee system and for men's reproductive parts.

What we've done so far

We want to make sure we make the right decisions so we've:

- checked these services
- looked at guidelines and policies
- checked staffing issues and costs
- held workshops and surveys
- talked to staff, groups and organisations.

6,000 patients and carers filled in surveys.

350 staff filled in surveys.

We used this information to develop these options.

Now — we want to know what you think is the best way forward, and what matters to you.





1. Critical Care (adults) - What happens now



Bronglais	Glangwili	Prince Philip	Withybush
Intensive care unit.	Intensive care unit.	Intensive care unit + transfer sickest patients.	Intensive care unit.

i Intensive care units - provide care for very ill people with life-threatening conditions.
Enhanced care units - provide care for people less ill but needing close monitoring and treatment.

Options:

A

Intensive care unit.	Intensive care unit + Enhanced care unit.	Enhanced care unit.	Enhanced care unit.
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When?	How would this affect things?	Travel	Cost
0-2 years.	Fewer hospitals with intensive care means more doctors and nurses on less hospital sites. This helps staffing problems and could improve standards of care.	Families from Pembrokeshire and east Carmarthenshire would need to travel further to visit.	Saves £274k in staff costs. Extra £1.345m for buildings and equipment.

i Current issues:

Right now, very sick patients from Prince Philip Hospital need to travel to Glangwili Hospital for special care.

There aren't enough doctors and nurses, and the hospitals don't meet all the safety standards.

These options are about making sure very sick people get the best care possible.

B

Intensive care unit.	Intensive care unit.	Enhanced care unit.	Intensive care unit.
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When?	How would this affect things?	Travel	Cost
0-2 years.	Fewer hospitals with intensive care. This helps staffing problems and could improve standards of care, but not as much as Option A.	Families from east Carmarthenshire would need to travel further.	Saves £255k in staff costs. Extra £1.407m for buildings and equipment.

C

Intensive care unit.	Intensive care unit.	Intensive care unit + transfer sickest patients.	Intensive care unit.
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When?	How would this affect things?	Travel	Cost
0-4 years and depending on money for staffing.	All hospitals would have intensive care units. The least chance to improve problems with staffing and standards of care.	Fewer patients would need to move hospitals. Same travel time for visitors as now.	Extra £553k in staff costs. No costs for building or equipment.





2. Dermatology - What happens now



i Current issues:

A shortage of dermatologists across the country. Some doctors have left the service here. Sometimes appointments are cancelled because there isn't enough staff. Patients are waiting too long to be seen.

Bronglais	Glangwili	Prince Philip	Withybush
No service.	Outpatient clinic once a week, medical photography.	Outpatient clinics and minor operations.	No service.
Community			
Some nurse-led outpatient clinics at Cardigan and South Pembrokeshire.			

Options (0-4 years, depending on money for staffing):

A

No service.	No service.	Services join together.	No service.
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- Keep service at Cardigan.
- Some nurse-led outpatient clinics at Amman Valley Hospital.
- None in Pembrokeshire.

Travel

Some patients from Pembrokeshire will have to travel further.

£ Extra £226K in staff costs. Extra £1.454m for building and equipment.

B

No service.	No service.	Services join together.	No service.
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- Keep service at South Pembrokeshire.
- Some minor operations in GP practices.
- None in Ceredigion.

Travel

Some patients from Ceredigion will have to travel further. If care is given from GPs, some patients' travel may reduce.

£ Extra £287K in staff costs. Extra £1.454m for building and equipment.

C

No service.	No service.	Services join together.	No service.
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- Keep service at Cardigan and South Pembrokeshire.
- Some nurse-led children's clinics at Cross Hands Health Centre.
- Some minor operations in GP practices.

Travel | **How would this affect things?**

It may reduce travel times for some patients. There would be clinics that support children and young people better.

£ Extra £287K in staff costs. Extra £1.454m for building and equipment.

D

No service.	No service.	Services join together.	No service.
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- Keep services at Cardigan and South Pembrokeshire.
- Some nurse-led children's clinics at Cross Hands Health Centre.

How would this affect things?

This keeps some services in Carmarthenshire, Ceredigion and Pembrokeshire. There would be clinics that support children and young people better.

£ Extra £175K in staff costs. Extra £1.454m for building and equipment.



3. Emergency general surgery - What happens now



Bronglais	Glangwili	Prince Philip	Withybush
Full emergency general surgery, including operations.	Full emergency general surgery, including operations.	No service.	Full emergency general surgery, including operations.

Options (0-4 years, depending on money for staffing):

A

Full emergency general surgery, including operations.	Full emergency general surgery, including operations. Better emergency general surgery support for Same Day Emergency Care	No service.	No emergency general surgery operations. Better emergency general surgery support for Same Day Emergency Care.
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How would this affect things?

- This option is more stable and easier to manage.
- It would help us hire and keep surgeons.
- It would be clearer where operations would happen.
- Some patients and visitors would have to travel further.

Cost

Extra £267k in staff costs.
Extra £1.345m for buildings and equipment.

B

Full emergency general surgery, including operations.	Emergency general surgery operations every other week. Better emergency general surgery support for Same Day Emergency Care.	No service.	Emergency general surgery operations every other week. Better emergency general surgery support for Same Day Emergency Care.
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How would this affect things?

- This is less stable and harder to manage.
- On one week, patients living closer to Withybush Hospital would be transported further to Glangwili Hospital for their operation, and on the other week, patients living closer to Glangwili Hospital would be transported further to Withybush Hospital for their operation.
- This would have an impact on visitors too.
- This option has less impact on travel for Pembrokeshire patients than Option A.
- There would have to be surgical cover at Glangwili Hospital for children and young people (paediatrics) on weeks when the service is operating in Withybush.
- We may not be able to find enough surgeons to staff this option.

Cost

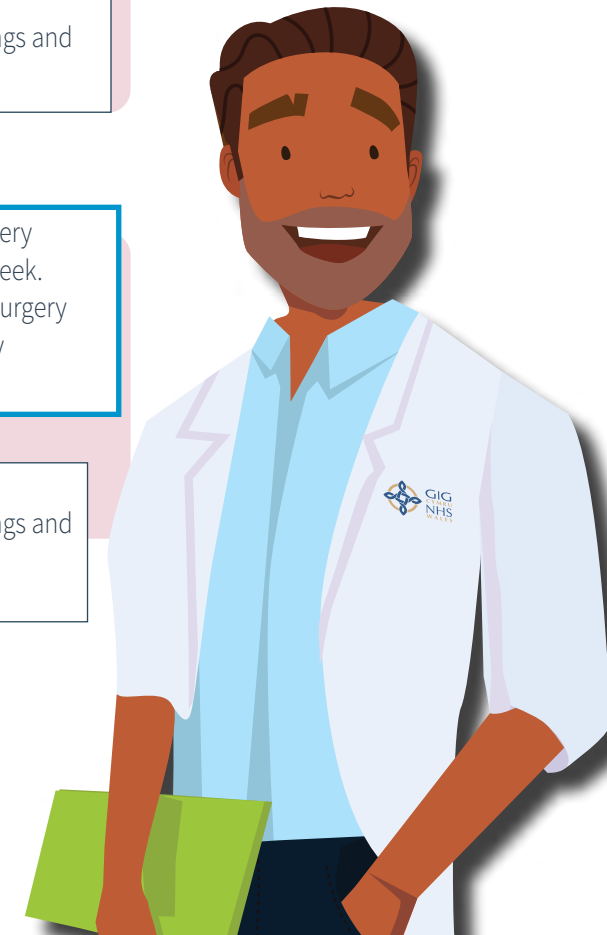
Extra £267k in staff costs
Extra £1.345m for buildings and equipment.

Current issues:

It can be difficult to provide emergency general surgery safely at our three hospitals.

It's difficult to get enough staff and surgeons with the right skills.

There's a lot of temporary staff who don't always know local ways of working.





4. Endoscopy - What happens now



Bronglais	Glangwili	Prince Philip	Withybush	Community
Bowel screening Gastro-intestinal Urology.	Bowel screening Gastro-intestinal Respiratory and Urology.	Bowel screening Gastro-intestinal Respiratory and Urology.	Bowel screening Gastro-intestinal.	No service.

Current issues:
It's difficult to find enough staff to work across all the sites.
Waiting lists are getting longer.

Options (0-4 years, depending on money for staffing):

A

Bowel screening Gastro-intestinal.	Bowel screening Gastro-intestinal.	Bowel screening Gastro-intestinal Bring together respiratory and urology procedures. Extra room for care.	Bowel screening Gastro-intestinal.	No service.
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How would this affect things?

See more patients due to extra room for care at Prince Philip hospital.
People in the south-east of our area would have less to travel, for respiratory and urology procedures.
People living in Ceredigion, Pembrokeshire and closer to Glangwili in Carmarthenshire, would have further to travel for these procedures.

Cost

Extra £1.321m in staff costs.
Extra £3.603m for building and equipment.

Bowel — The tube in your tummy that turns food into poo.
Gastro-intestinal — Your food processing system from mouth to bottom.
Respiratory — Your breathing system: nose, throat, and lungs.
Urology — The parts that help you pee and men's reproductive parts.

B

Gastro-intestinal Urology.	Gastro-intestinal Respiratory and Urology.	Gastro-intestinal Respiratory and Urology.	Gastro-intestinal.	New site for bowel screening.
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How would this affect things?

A new community site would give hospitals more space and opportunities to offer more appointments.
Some patients might need to travel further, others might travel less distance.

Cost

Extra £1.743m in staff costs.
Extra £4.882m for building and equipment.

C

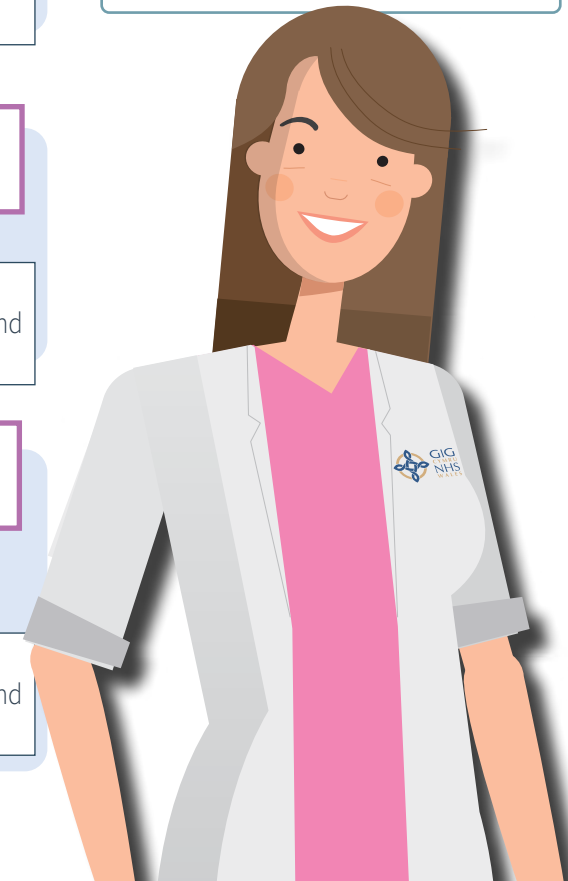
Bowel screening Gastro-intestinal.	Bowel screening Increased gastro-intestinal.	Bowel screening Gastro-intestinal Bring together respiratory and urology procedures. Extended hours.	Bowel screening Gastro-intestinal.	No service.
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How would this affect things?

Offering procedures in the evenings and weekends at Prince Philip provides opportunities to offer more appointments for patients.
People in the south-east of our area would have less to travel, for respiratory and urology procedures. People living in Ceredigion, Pembrokeshire and closer to Glangwili in Carmarthenshire, would have further to travel for these procedures.

Cost

Extra £1.984m in staff costs.
Extra £3.603m for building and equipment.





5. Ophthalmology - What happens now



Bronglais	Glangwili	Prince Philip	Withybush	Community
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 Cardigan, Aberystwyth and Aberaeron.

Current issues:

There isn't enough staff so services aren't stable. Waiting times are too long.

AVH — Amman Valley Hospital

Options:

A				
No service.	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care.	No service.	Diagnostics and outpatients.	AVH day cases but not outpatients. Diagnostics and outpatient service in Cardigan and Aberystwyth.

When?	How would this affect things?	Travel	Cost
2-4 years and depending on money for staffing.	More stable services. Could reduce waiting times.	People from Ceredigion, Pembrokeshire and those in Carmarthenshire living closer to Prince Philip (than Glangwili) would travel further.	Extra £156k for staffing costs. Extra £3.656m for building and equipment costs.

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 but not day cases. Diagnostics and outpatient service in Cardigan, Aberystwyth and Pembrokeshire.

When?	How would this affect things?	Travel	Cost
0-2 years.	Less opportunity to reduce waiting times. It would keep care closer to home for patients living near Bronglais.	People from Pembrokeshire and those in Carmarthenshire living closer to Glangwili (than Prince Philip) would travel further.	No extra for staffing costs. Extra £3.656m for building and equipment costs.

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 but not day cases. Diagnostics and outpatient service in Cardigan and Aberystwyth.

When?	How would this affect things?	Travel	Cost
2-4 years and depending on money for staffing.	Less opportunity to reduce waiting times. It would keep care closer to home for patients living near Bronglais.	People from Pembrokeshire and those in Carmarthenshire living closer to Prince Philip (than Glangwili) would travel further.	Extra £156k for staffing costs. Extra £3.656m for building and equipment costs.





6. Orthopaedics - What happens now



Bronglais	Glangwili	Prince Philip	Withybush
Outpatients, inpatients and day cases.	Outpatients.	Outpatients, inpatients and day cases.	Outpatients and day cases.

Options (0-4 years, depending on money for staffing):

A			
Outpatients, inpatients and day cases.	Outpatients.	Outpatients, inpatients and day cases and working with SBUHB.	Outpatients and more day cases.

How would this affect things?

Cost

- Focusing on less complex cases at Withybush would help all hospitals do more.
- Working with SBUHB increases support but means some would travel further.
- Pembrokeshire patients still travel to Prince Philip for overnight (inpatient) operations.

Extra £174k for staffing costs.
Extra £66k for building and equipment costs.

B			
Outpatients, inpatients and day cases.	Outpatients.	Outpatients, inpatients and day cases and working with SBUHB.	Outpatients and more day cases and longer hours.

How would this affect things?

Cost

- Focusing on less complex cases at Withybush, and with longer hours, would help all hospitals do more.
- Working with SBUHB increases support but means some would travel further.
- Pembrokeshire patients still travel to Prince Philip for overnight (inpatient) operations.
- Some staff may have longer working hours.

Extra £174k for staffing costs.
Extra £66k for building and equipment costs.

C			
Outpatients, inpatients and day cases.	Outpatients.	Local outpatients, inpatients, and day cases and additional beds.	Outpatients and more day cases.

How would this affect things?

Cost

- Focusing on less complex cases at Withybush, and with more beds at Prince Philip, would help all hospitals do more.
- Pembrokeshire patients still travel to Prince Philip for overnight (inpatient) operations.
- This doesn't help us work with SBUHB.

Extra £1.122m for staffing costs.
Extra £66k for building and equipment costs.

D			
Outpatients, increased inpatients and day cases.	Outpatients.	Outpatients, inpatients, and day cases and working with SBUHB.	Outpatients and more day cases.

How would this affect things?

Cost

- Focusing on less complex cases at Withybush, and with more surgery at Bronglais, would help all hospitals do more.
- Working with SBUHB increases support but means some would travel further.
- Pembrokeshire patients still travel to Prince Philip for overnight (inpatient) operations.

Extra £712k for staffing costs.
Extra £66k for building and equipment costs.

Current issues:

There is a lot of demand on this service.

Waiting lists are too long.

There are new national standards that we have to meet.

SBUHB — Swansea Bay University Health Board





7. Radiology (x-rays and scanning) - What happens now

Bronglais	Glangwili	Prince Philip	Withybush	Community
Diagnostic/interventional (Mon-Fri).	Diagnostic/interventional (Mon-Fri).	Diagnostic/interventional (Mon-Fri).	Diagnostic/interventional (Mon-Fri).	X-rays at Cardigan, Llandoverly, South Pembrokeshire, Tenby.

Options (0-4 years, depending on money for staffing):

A	Diagnostics/interventional day cases (Mon-Fri).	Inpatient interventional (Mon-Fri).	Diagnostic/interventional day cases (Mon-Fri).	Diagnostic/interventional day cases (Mon-Fri).	X-rays at Cardigan and Tenby.
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How would this affect things?

- Glangwili focusing on emergency only diagnostic, and inpatient interventional radiology.
- Separating services reduces cancellations and waiting times.
- Some patients transfer to Glangwili, may wait longer.
- Staff work across hospitals.

Cost

Extra £537k for staffing costs.
Extra £2.345m for building and equipment costs.

B	Diagnostic (7 days) + Interventional (Mon-Fri).	Diagnostic (7 days) + Interventional (Mon-Fri).	Diagnostic (7 days) + Interventional (Mon-Fri). Cancer focus.	Diagnostic (7 days) + Interventional (Mon-Fri). Cancer focus.	X-rays at Cardigan and Tenby + New regional hub.
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How would this affect things?

- More hours means quicker results.
- Focus on cancer enables some same-day tests and faster results.
- More staff reduces pressure and temporary staffing, and 7-day schedule may attract radiographers.

Cost

Extra £1.720m for staffing costs.
Extra £48.444m for building and equipment costs.

C	Diagnostic + Interventional (Mon-Fri).	Diagnostic + Interventional (Mon-Fri).	Diagnostic (Mon-Fri).	Diagnostic (Mon-Fri).	X-rays at Cardigan and Tenby.
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How would this affect things?

- Focusing interventional work at two hospitals reduces emergencies and cancellations.
- Less opportunity to reduce waiting times for diagnostics.
- Consolidated services improve safety and reduces pressure.

Cost

Extra £380k for staffing costs.
Extra £2.345m for building and equipment costs.

D	Diagnostic (7 days) + Day case interventional (Mon-Fri).	Diagnostic (7 days) + Inpatient interventional (24/7).	Diagnostic (7 days) + Day case interventional (Mon-Fri).	Diagnostic (7 days) + Day case interventional (Mon-Fri).	X-rays at Cardigan and Tenby.
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How would this affect things?

- Diagnostics is extended to 7 days a week (from 5) across all hospitals, improving waiting times.
- Separating services reduces cancellations and waiting times.
- Some overnight patients will need transfer to Glangwili hospital for some procedures.

Cost

Extra £1.040m for staffing costs.
Extra £2.345m for building and equipment costs.

Current issues:

Growing demand for services.
Staff shortage limits hours.
Hard to keep equipment up-to-date everywhere.

We will keep emergency diagnostic radiology 24/7 at all 4 hospitals.

Diagnostic services — Taking special pictures to see what's wrong.
Interventional services — Using pictures to guide treatment.

This is **a lot** more money than other options.





8. Stroke - What happens now



Bronglais	Glangwili	Prince Philip	Withybush
Stroke Unit.	Stroke Unit.	Stroke Unit.	Stroke Unit.

Options:

A

Treat and Transfer.	Treat and Transfer.	Stroke Unit (specialist cover 12-hours a day).	Stroke Unit (specialist cover 12-hours a day).
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When?

0-4 years and depending on money for staffing.

How would this affect things?

- This would improve services and raise standards.
- Staff would work across fewer sites.
- The service could be open for longer, 12 hours a day — 7 days a week, compared to 7.5 hours a day, 5 days a week now.
- More patients would be transferred between hospitals than now.
- Fewer patients and visitors would need to travel for stroke care in this option compared to Option B.

Cost

Extra £3.439m for staffing costs.
Extra £930k for building and equipment costs.

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).
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When?

0-2 years and depending on money for staffing.

How would this affect things?

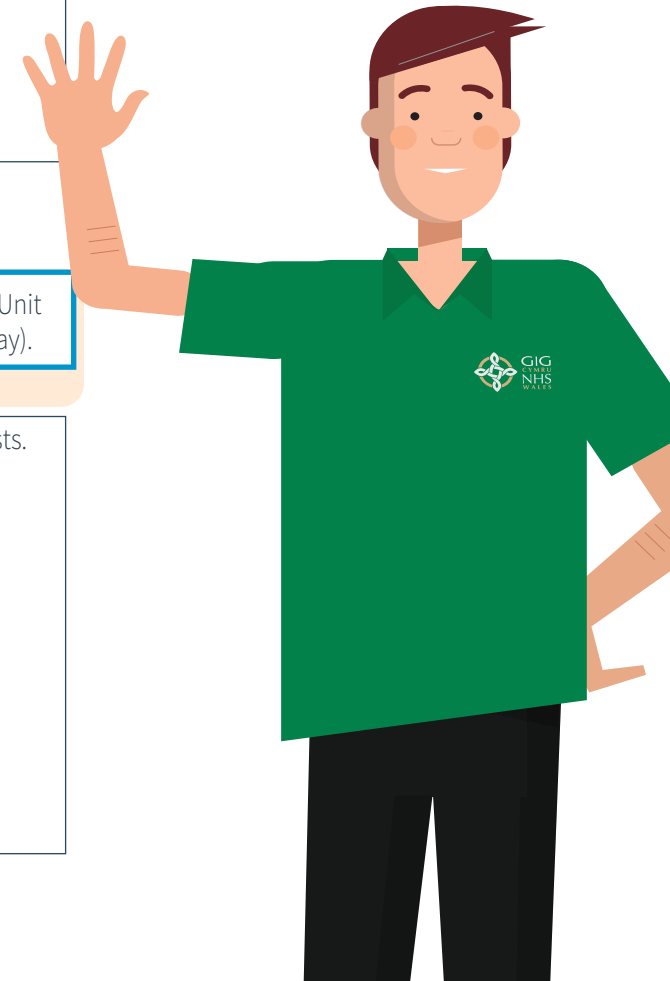
- This would improve services and raise standards.
- Staff would work across fewer sites.
- The service could be open 24 hours a day — 7 days a week. This would give patients more care in the first 72 hours which improves outcomes.
- Stroke patients from the treat and transfer hospital and from Withybush would be transferred to Prince Philip typically for the first 72 hours or overnight care.
- Following this, patients ongoing overnight care would be provided from Prince Philip or Withybush hospitals.
- Having more hours to choose from may attract more staff.
- More patients would be transferred between hospitals than Option A.
- More patients and visitors would have to travel further.

Cost

Extra £4.978m for staffing costs.
Extra £920k for building and equipment costs.

Current issues:

There's not enough staff to support this service.
This service needs to improve — it fails standards.
Outcomes for patients aren't as good as they should be.





9. Urology - What happens now



Bronglais	Glangwili	Prince Philip	Withybush
Outpatients, day cases 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).

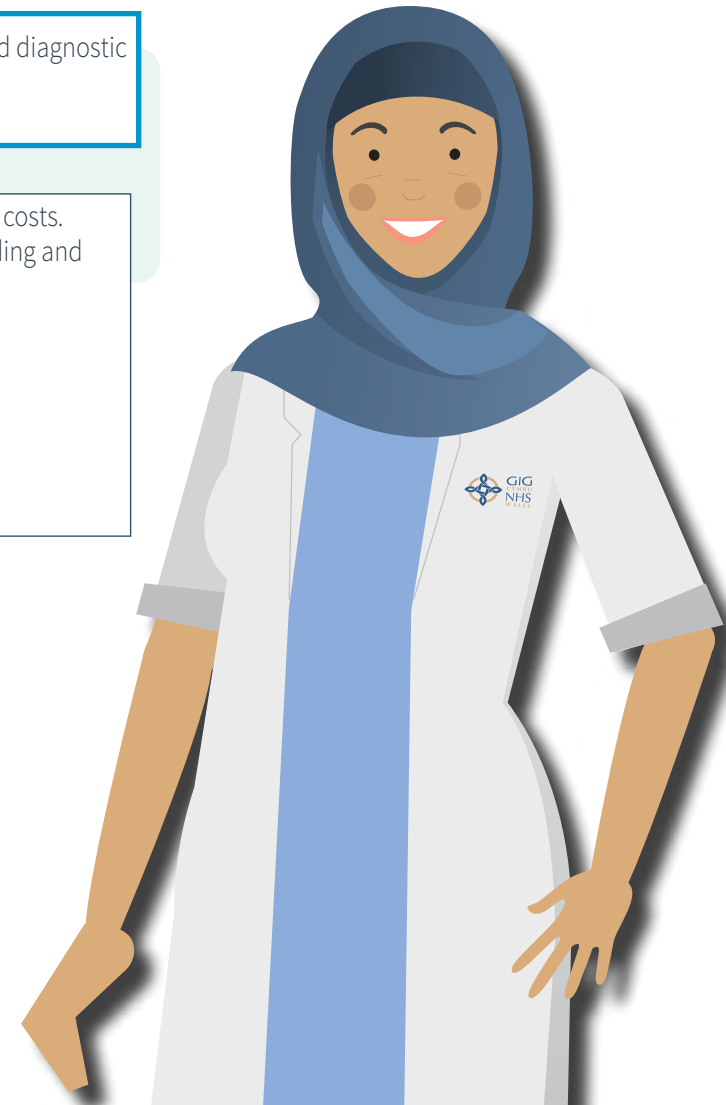
i Current issues:
 There's not enough staff to support this service.
 Patients are having to wait too long.

i Diagnostic services – a test to help identify a person's disease or condition.

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.
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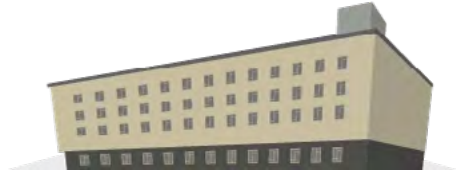
📅 When?	➡ How would this affect things?	💰 Cost
0-4 years and depending on money for staffing.	<ul style="list-style-type: none"> ● This would improve the service. ● Most patients would get treatment quicker and have better outcomes. ● Patients would have fewer separate hospital appointments, as more things can be done in one day. ● This could help us hire more staff and promote training. ● Patients in Ceredigion and Pembrokeshire would have further to travel for urology diagnostics for urgent suspected cancer. ● People living in Carmarthenshire, closer to Glangwili, would have further to travel for inpatient care and diagnostics, including urgent suspected cancer services. 	Extra £120k for staffing costs. Extra £1.003m for building and equipment costs.



What these changes could mean for our main hospitals



Bronglais Hospital would continue to provide the services it already does, but some specialist care might be moved to other hospitals.



Glangwili Hospital would provide more acute and emergency care, with some planned care moved to other hospitals.



Prince Philip Hospital would provide more planned care. This would cover a wider area especially if we work with Swansea Bay University Health Board.



Withybush Hospital would provide more planned care across the Hywel Dda area. Acute care (staying in hospital for tests and treatments) is kept, but with transfers to Glangwili Hospital for patients with the highest needs.

What this could mean for people


We want to make sure these changes are as fair as possible. We've worked with groups to make sure we consider how this might affect different people. We've also carried out an Equality Impact Assessment.

We have considered how these changes would affect:

- **The Welsh language** — lots of people are Welsh speakers. We want to make sure they can have care and support in Welsh. We want to make sure we have enough Welsh speaking staff.
- **Travel and transport issues** — some options would mean patients and visitors have further to travel. It also could mean more patients are transferred between hospitals.
- **People with protected characteristics** — some people are more disadvantaged or face more difficulties when trying to access services. We aim to identify and reduce negative impacts for people.



Next steps

 We've asked Opinion Research Services (ORS), to collect and analyse all the feedback, which may be published in full. Then we'll use it to make decisions.

All your feedback will be private and anonymous. You can read more about their privacy statement at: ors.org.uk/privacy

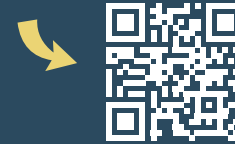
Our Health Board's privacy statement can be read here: hduhb.nhs.wales/about-us/governance-arrangements/your-information-your-rights/privacy-notice/full-privacy-notice/




Your voice matters - what do you think?

Thanks for reading this, now please tell us what you think. You can complete the questionnaire online:

 hduhb.nhs.wales/clinical-services-consultation



You can ask for a paper questionnaire by post:

 Opinion Research Services FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL (no need for a stamp)


or by emailing us:

 hyweldda.engagement@wales.nhs.uk

or speak to us at one of our events across the area

 (visit the website above for an event near you or online)

or phone us:


 0300 303 8322 (option 5)


 **Please send in your feedback by: 31 August 2025** 

View updates on our social media channels:

 facebook.com/HywelDdaHealthBoard

 instagram.com/hywelddauhb

 youtube.com/hywelddahealthboard1

 If you're under 16, please make sure your parent or carer knows you're taking part. You can fill in the questionnaire together, or take part on your own if they've given you permission. If you prefer, with their consent you can also email us, give us a call, or come along to an event.