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University Health Board

Future options for the Minor Injury Unit at Prince Philip Hospital, Llanelli

Consultation document

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This document is also available in additional languages (including Arabic, British Sign Language, Polish, Ukrainian, and Russian). You can view these documents on our website by scanning the QR code or visiting hduhb.nhs.wales/PPHMIU.

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.

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This consultation is about the Minor Injury Unit at Prince Philip Hospital and how we deliver healthcare that is safe, sustainable, accessible and kind. The consultation runs until 22 July 2025, so we need to hear your views before then. Check our webpages or call us to find an event near you or an online event. If your organisation or community group would like to know more about the consultation, please get in touch on the contact points below.

More information is on page 23, but you can share your views by:

- ▶ completing the questionnaire online: hduhb.nhs.wales/PPHMIU or as a printed copy (you can request a printed copy by contacting us by email or telephone) posting it to: **FREEPOST HYWEL DDA HEALTH BOARD** (you will not need a stamp)
- ▶ emailing us: hyweldda.engagement@wales.nhs.uk
- ▶ speaking to us at one of our events (visit the website above for an event near you or online), or by telephoning **0300 303 8322** (option 5) (local call rates)

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Welcome

Thank you for your interest in our consultation on how we could provide services at the Minor Injury Unit at Prince Philip Hospital, Llanelli in the future.

We are seeking your views on the best model for the Minor Injury Unit at Prince Philip Hospital following a temporary reduction in opening hours (from 24 hours a day to 12 hours a day) that was agreed by our Board in September 2024 and introduced on 1 November 2024 for a period of six months, while options were developed for the Unit's future.

The urgent and temporary change to opening hours was made because of concerns about quality and safety, raised by Healthcare Inspectorate Wales (HIW). In addition to the safety and quality issues, there were a lack of doctors available to work overnight at the Unit, meaning the risk to safety was greater. There has been ongoing attempts to recruit doctors nationally but it has not been possible to recruit enough doctors who are willing to work overnight at the Unit.

Introducing temporary and urgent service change can be difficult and is only done when we feel that we have no other option to ensure the safety and quality of our services. We are grateful to members of our communities, and our staff, for their continued support during the change to the opening hours.

In November 2024, the Board considered how the longer-term options for the service delivery model at the Minor Injury Unit could be developed. To support this work, three groups were established a:

- ▶ a Steering Group, chaired by the Interim Executive Medical Director, with members of clinical and support staff, together with Llais (an independent statutory body, set up by the Welsh Government to give the people of Wales more say in the planning and delivery of their health and social care services), and Save Our Services Prince Philip Action Network (SOSPPAN) representatives.
- ▶ a Project Group, chaired by the Hospital Director at Prince Philip Hospital with members of clinical and support staff, together with Llais and SOSPPAN representatives.
- ▶ an options appraisal stakeholder group including members of Llais, SOSPPAN, and people who had expressed an interest in being part of the options development process.

At the Public Board meeting in March 2025, our Board considered if we could re-instate the 24-hours every day opening hours at the Minor Injury Unit. Board members decided, largely based on staffing pressures and that a robust 24 hour rota is not in place, that it could not return to the original opening hours. The Board agreed that the temporary change to opening hours of 12 hours a day seven days a week should remain until a long term option can be implemented.

Thank you to everyone who has contributed their time and feedback to help develop the options that we are now seeking your views upon. This includes the feedback received from members of our community who attended the drop-in events in October 2024, and more recently in March 2025.

No decisions about the future model for the Minor Injury Unit have yet been made and we want to talk to you - our staff, patients, wider communities, organisations we work with, and people who have an interest in health and well-being in our area.

Please tell us what you think about the options in this consultation and how they might affect you, or any new ideas you may have, by completing our questionnaire by 22 July 2025.

Dr Neil Wooding,
Chair

Professor Philip Kloer,
Chief Executive

Mr Mark Henwood,
Interim Executive Medical Director

Introduction

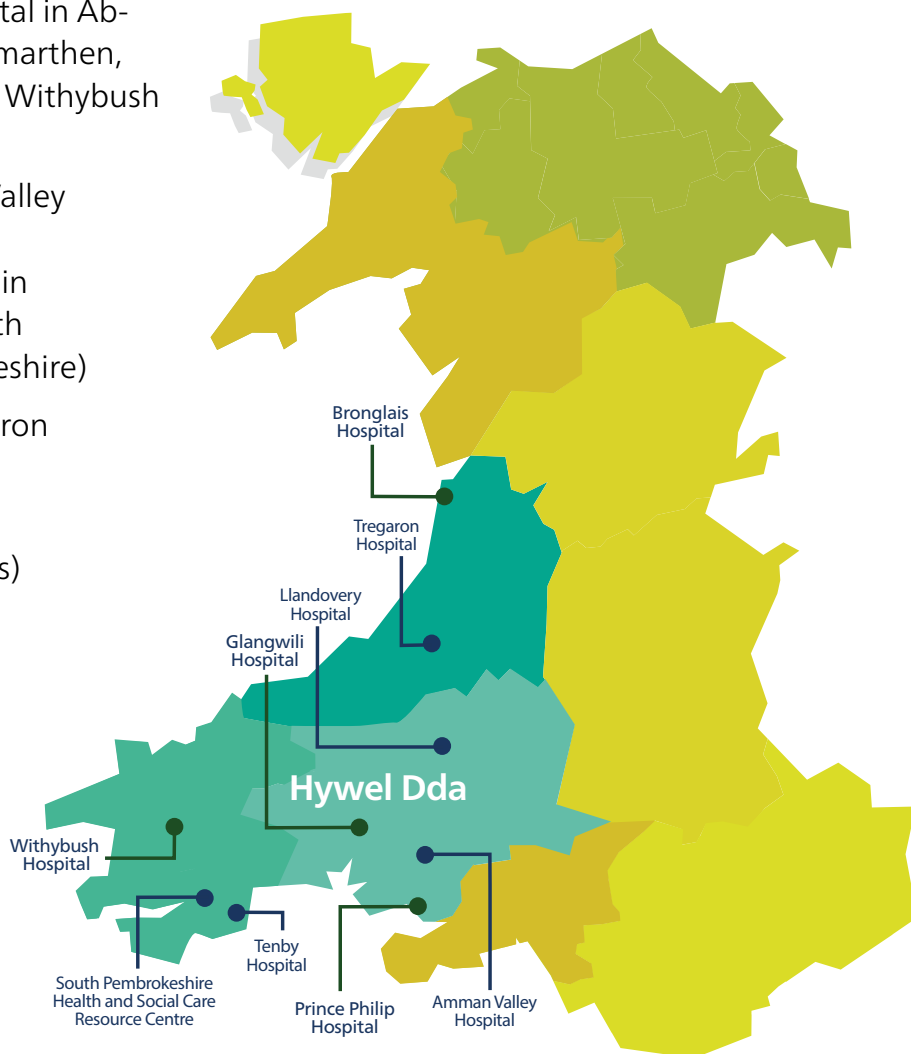
Hywel Dda University Health Board is your local NHS organisation.

We plan, organise, and provide health services for almost 400,000 people. This is across a quarter of the landmass of Wales in Carmarthenshire, Ceredigion, Pembrokeshire, as well as to communities on our borders in south Gwynedd, north Powys, and Swansea/Neath Port Talbot.

Our communities are quite spread out in rural areas. Almost half our population (49.10%) live in Carmarthenshire, 32.23% live in Pembrokeshire and 18.7% in Ceredigion. We manage and pay for the care and treatment that people receive in this area for physical health, mental health and learning disabilities.

We currently 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:
 - ▶ 46 General Practices (GP surgeries)
 - ▶ 38 Dental Practices
 - ▶ 97 Community Pharmacies (chemists)
 - ▶ 43 General Ophthalmic Practices (including eye health and low vision services)
 - ▶ 9 Ophthalmic Domiciliary providers
 - ▶ 38 sites providing mental health and learning disability services
- ▶ care within your own homes.



Highly specialised services, such as some major trauma treatment, cardiac (heart) care, specialised eye treatments, and complex burns, are mostly organised through the NHS Wales Joint Commissioning Committee. These services can be provided outside our area, for example in Swansea, Cardiff, or even outside Wales such as in Bristol.

What is a Minor Injury Unit?

Minor Injury Units provide care for injuries that need attention urgently but are not critical or life threatening. They tend to be walk-in services, but people can call ahead to book slots in some cases. In Hywel Dda we have Minor Injury Units at all our larger hospitals, and also provide similar services through Same Day Emergency/Urgent Care services.

The Minor Injury Unit at Prince Philip Hospital in Llanelli provides care to adults and children over 12-months old with minor injuries such as:

- ▶ minor wounds
- ▶ minor bites and stings (from humans, insects, or animals)
- ▶ minor burns or scald
- ▶ minor head injuries / scalp laceration
- ▶ foreign bodies in the skin, eye, ear or nose
- ▶ minor limb injuries
- ▶ minor eye injuries

Minor injury units are run by an experienced team of highly skilled specially trained emergency nurse practitioners, triage nurses and health care support workers. Prince Philip Hospital, in Llanelli, is a doctor-led unit. A doctor-led unit can also treat patients who have more complex cases of the injuries listed above and non-urgent medical problems. A Minor Injury Unit is not an Emergency Department (Accident and Emergency (A&E)), it can only treat minor injuries, as listed above.

Did you know?

Minor injury units are run in different ways. Some are run by doctors and nurses, while others are run by nurses.

What is this consultation about?

This consultation is about how we could provide services at the Minor Injury Unit at Prince Philip Hospital in Llanelli in the future.

Following a temporary change to opening hours - changing from 24 hours a day, seven days a week - to a 12-hour service available 8am to 8pm seven days a week, we now need to agree a service model that is fit for the longer term.

We have four options that have been developed with our stakeholder groups that we would like your feedback on. We are also open to new ideas that have not been considered as part of the development process, more information can be found on page 9. The Acute Medical Assessment Unit and Out of Hours GP service at Prince Philip Hospital are not part of this consultation.

Did you know?

The Acute Medical Assessment Unit (AMAU) treats very sick medical patients at Prince Philip Hospital and is open 24 hours, 7 days a week. It is not a walk-in service. Patients are referred to the AMAU through 111, 999, or their GP.

Why do we need to change the current service?

The recent service model that operated for 24 hours a day, seven days a week, at the Minor Injury Unit at Prince Philip Hospital was not sustainable for several reasons. This led to the urgent and temporary change to opening hours in November 2024.

The reasons for the change can be summarised as:

- ▶ Workforce fragility and clinical risks
- ▶ Workforce working outside (and/or under) their scope of practice
- ▶ Inappropriate attendance of Mental Health patients
- ▶ Concerns over the safety of the Unit raised by the Healthcare Inspectorate Wales (HIW) inspection June 2023 including:
 - ▶ Concerns around clinical safety raised by the Nursing and Midwifery Council to the HIW
 - ▶ Timely and effective care provided to patients who were in the Minor Injury Unit who should have been treated elsewhere (medical and surgical patients), known as 'majors'
 - ▶ The quality of the environment for treating medical and surgical patients
 - ▶ Lack of overnight support for Emergency Nurse Practitioners when doctors were not available.

You can read the full Board paper in the supporting documents section of our website at hduhb.nhs.wales/PPHMIU.

The Board at its meeting in September 2024, agreed to a temporary change of opening hours at the Minor Injury Unit. It also agreed to work with staff and members of our community to develop a series of options for the future service model for the Unit.

What has been done since the temporary change in opening hours?

In November 2024, the Board received another report that explained the approach for developing the long-term options for the service delivery model at the Minor Injury Unit. This paper is also available in the supporting documents section of our website at hduhb.nhs.wales/PPHMIU.

The Board agreed to the establishment of:

- ▶ a Steering Group, chaired by the Interim Executive Medical Director to make decisions about the process needed to deliver the project and to shape the scope of clinical and public engagement.
- ▶ a Project Group, chaired by the Hospital Director at Prince Philip Hospital, which has been responsible for developing and delivering the options appraisal process for the Board.

This process aimed to identify long-term clinical models for the Minor Injury Unit that would provide a safe, sustainable, accessible, and kind service, meeting the needs of the population of Llanelli and surrounding communities, as well as meeting health and care quality standards.

A continuous engagement process has been carried out with various stakeholders, including:

- ▶ partner organisations (including Swansea Bay University Health Board and Welsh Ambulance Services University NHS Trust),
- ▶ patient and community representatives identified through an expression of interest process,
- ▶ members of SOSPPAN,
- ▶ Llais,
- ▶ staff from both within the Unit and the wider Prince Philip Hospital staff community and trade union representatives.

Together, these representatives formed the options appraisal stakeholder group and members of the local community were invited to express their interest in joining the group. A total of 42 people were part of the options appraisal group, including 11 community and SOSPPAN representatives.

As part of the process to safely manage the changes to the Minor Injury Unit following the temporary change and to support the options development and scoring, data was gathered and presented during the final workshop to show the impact on both the Minor Injury Unit and other services. This includes the demand on Emergency Department services at both Glangwili and Morriston Hospitals.

What did our data tell us?

The data showed that:

- ▶ the overall demand for services was similar between November/December 2023 and November/December 2024
- ▶ attendance levels at the Minor Injury Unit have reduced but this reflects the overnight closure
- ▶ the levels of patients attending the Acute Medical Assessment Unit at Prince Philip Hospital is consistent with previous levels
- ▶ the number and proportion of patients who have major conditions attending the Minor Injury Unit have decreased
- ▶ waiting times at the Minor Injury Unit have decreased slightly and there has been no increase in waiting times in Glangwili for Llanelli patients
- ▶ four-hour and 12-hour breaches (the time people are waiting to be seen) in the Minor Injury Unit have reduced
- ▶ 111 data show a slight increase in total calls since the temporary change
- ▶ slight decrease in 111 calls being transferred to the Minor Injury Unit, reflecting the overnight closure
- ▶ increase in 111 calls being transferred to 999 or emergency department, reflective of the majors who used to attend the Minor Injury Unit overnight
- ▶ there has been no increase in Llanelli patients attending Morriston.

More information can be found within the supporting documents section of the consultation website at hduhb.nhs.wales/PPHMIU.



How the options were developed

The options appraisal process developed a series of options for delivering healthcare at the Minor Injury Unit based on principles of care that are safe, sustainable, accessible, and kind. The options also need to meet the recommendations of the Healthcare Inspectorate Wales (HIW) inspection report, which highlighted patient safety issues.

The scope and process for the options development and appraisal activities were agreed by the Steering Group.

The Steering Group agreed that the options developed should:

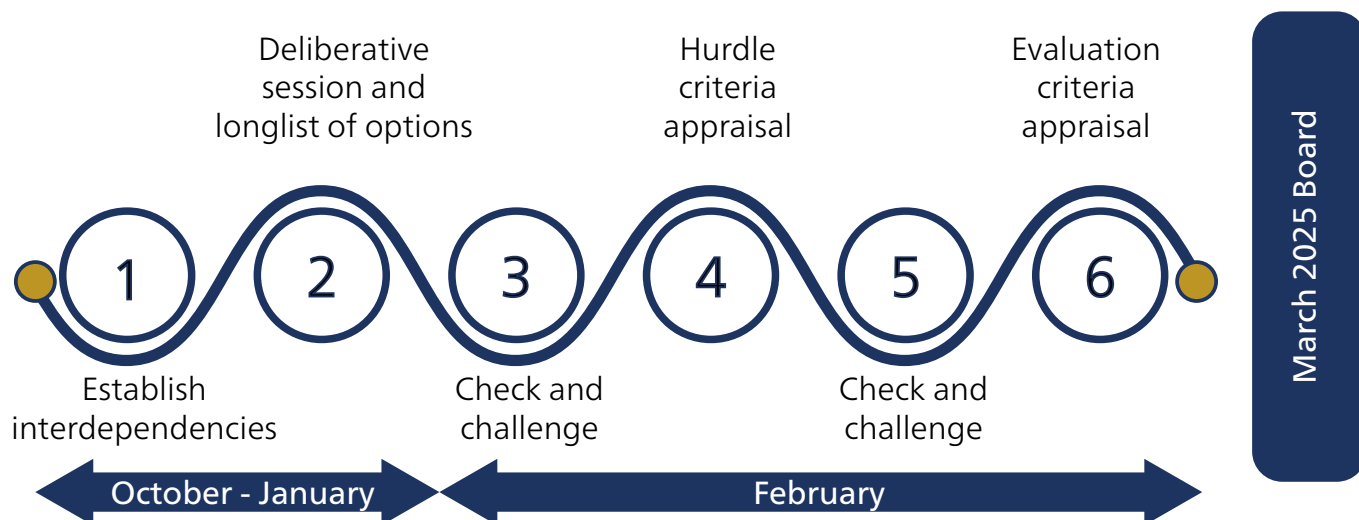
- ▶ Respond to staffing and skill mix availability
- ▶ Respond to the needs of patients who arrive at the Minor Injury Unit
- ▶ Respond to the HIW inspection report findings
- ▶ Improve patient safety and reduce clinical risk

At the same time, the Steering Group agreed that the following were out of scope of the options development, and are not part of this consultation:

- ▶ Changes to the Acute Medical Assessment Unit (AMAU)
- ▶ Re-establishment of a full Emergency Department (Accident and Emergency A&E) at Prince Philip Hospital
- ▶ Changes to GP Out-of-Hours (OOH) / 111 service provided at Prince Philip Hospital
- ▶ Complete closure of the Minor Injury Unit at Prince Philip Hospital
- ▶ Moving the Minor Injury Unit away from Prince Philip Hospital

This approach is based on continuous engagement and enables individuals to share information throughout the process to influence decision-making, even if they are not part of the stakeholder group appraising options. This was done through survey responses, conversations at public drop-in events, meetings with community groups, and with our Community Development and Outreach team.

The process followed is summarised in this diagram:



There were two stages to the option development phase. The first phase involved staff who work at the Minor Injury Unit, and staff from the broader Prince Philip Hospital community (including clinical staff, therapies, and service managers), who developed a long list of possible options.

The second phase included the options appraisal stakeholder group who attended a series of workshops to consider the longlist of options, suggest additional options, and produce the shortlist of options that we are seeking your views on in this consultation. The options appraisal stakeholder group included our staff, members of Llais and SOSPPAN, and people from the Llanelli community who had expressed an interest in being part of the process.

You can read more about the detail of the workshops and the process followed in the Board paper presented to the Board in March 2025 and is available in the supporting documents on our website at hduhb.nhs.wales/PPHMIU.

During the first phase, involving staff, an initial longlist of eight potential options, including the original 24 hours a day, seven days a week model and the temporary 12-hour model, were developed by a clinically led group.

During the second phase, that included members of our community, a further four options were proposed, and accepted as being within the scope, at the longlist check and challenge session with the wider options appraisal stakeholder group.

These 12 options were then reviewed against hurdle criteria. Hurdle criteria are the minimum criteria that must be met by the proposed option. This was to ensure that only viable and deliverable options would be taken forward for ongoing development ahead of a shortlisting process, which looked at the remaining options in greater detail.

Hurdle criteria

The hurdle criteria, reviewed by the Steering Group and used in the workshop session were:

Clinically sustainable – is the potential option clinically sustainable?

- ▶ Does it allow progress towards delivering quality standards?
- ▶ Does it consider any co-dependencies?
- ▶ Will workforce be available to deliver it?

Deliverable – can this potential option be implemented?

- ▶ Will it be clinically deliverable within the required timescale (6-12 months)?
- ▶ Is it operationally deliverable within a medium-term timeframe of 6-12 months (e.g. any capital or estate requirements can be secured and implemented within that timeframe)?

Accessible – is the potential option accessible?

- ▶ Does the option provide access within the required timescale?
- ▶ Will it support a reduction in waiting times?
- ▶ Does it support equity of access?

Strategically aligned – is the potential option a strategic fit?

- ▶ Does the option support the strategic direction or at least not contradict it?
- ▶ Does the option support integrated prevention to improve population health or at least not contradict it?

Financially sustainable – is the preferred option financially sustainable?

- ▶ Does the option support the effective use of financial resources?

The four options that passed the hurdle criteria were put through the second check and challenge session. The four options are:

- ▶ **Option 1: a 12-hour doctor led unit (previously known as option C)** – the unit is open to the public for 12 hours; with a further two hours staffing to allow patients in the unit to be treated.
- ▶ **Option 2: a 14-hour doctor led unit (previously known as option B)** – the unit is open to the public for 14 hours; with a further two hours staffing to allow patients in the unit to be treated.
- ▶ **Option 3: a doctor led phased option from 12 hours up to 24 hours (previously known as option L)** – this unit would initially be open for the current 12 hours, plus two hours staffing, moving to 14 hours, with a further two hours staffing, and ultimately 24 hours overall.
- ▶ **Option 4: 'urgent' care/treatment centre 14 hour (SDUC type model) (previously known as option I)** – the unit is open to the public for 14 hours; with a further two hours to allow patients in the unit to be treated.

The eight options that failed to meet the hurdle criteria and would not be considered as alternative options are:

- ▶ **A 24-hour Doctor led unit (previously known as option A)** – the unit is open to the public for 24 hours. A return to the service before the temporary change without phasing.
- ▶ **A 24-hour Nurse led unit (previously known as option D)** – the unit is open to the public for 24 hours; but would be led by Emergency Nurse Practitioners with reduced scope of practice of the current doctor led unit.
- ▶ **A 16-hour Nurse led unit (previously known as option E)** – the unit is open to the public for 14 hours with a further two hours to follow up with patients in the unit; this would be led by Emergency Nurse Practitioners with reduced scope of practice of the current doctor led unit.
- ▶ **A 12-hour Nurse led unit (previously known as option F)** – the unit is open to the public for 12 hours with a further two hours to follow up with patients in the unit; this would be led by Emergency Nurse Practitioners with reduced scope of practice of the current doctor led unit.
- ▶ **A 24-hour Same Day Urgent Care type model (previously known as option G)** – this is the same as option 4, but would be available 24 hours a day.
- ▶ **A 12-hour Doctor led unit (previously known as option H)** – This is the same as option 4, but would be available 12 hours a day with a further two hours to follow up with patients in the unit.
- ▶ **A 16-hour Same Day Urgent Care type model (previously known as option J)** – this is the same as option 4, but would be available 14 hours a day with a further two hours to follow up with patients in the unit, as well as minor injuries.
- ▶ **A 24-hour Phone First Urgent Care model (previously known as option K)** – this is the same as the service before the temporary change, but rather than patients being able to walk-in, people would call in advance to access care.

How do the options compare with one another?

While we do not have a preferred option, an initial scoring exercise was held with the options appraisal stakeholder group to understand if there is a difference between the four proposed options.

After the second check and challenge session the shortlisted four options were scored at a session with the stakeholder group. The options were scored using a series of evaluation criteria that were aligned to themes found within Quality Impact Assessments, namely: Safe, Timely, Effective, Efficient, Equitable and Person Centred (STEEEP):

STEEP domain	Category
Safe	<ul style="list-style-type: none"> ▶ Impact on internal services (e.g. AMAU, A&E) ▶ Impact on external services (e.g. other health boards, Welsh Ambulance Services University NHS Trust)
Timely	<ul style="list-style-type: none"> ▶ Reduction in waiting time
Effective	<ul style="list-style-type: none"> ▶ Compliance with or achievement of standards
Efficient	<ul style="list-style-type: none"> ▶ Workforce sustainability – substantive workforce available to meet solution in 6 – 12 months ▶ Financial sustainability – the difference in cost between the current model and the proposed option
Equitable	<ul style="list-style-type: none"> ▶ Addressing barriers to equality ▶ Impact on population health outcomes
Person centred	<ul style="list-style-type: none"> ▶ Patient demand to require service

The appraisal criteria were weighted during the final shortlisting session and used to score the options.

Here, we outline the key features of each option using the presentations of the options shared during the final scoring session.

The red, amber, and green category describes whether the data gathered during the process suggests that the option will meet the criteria, for example on staff or finance. Green means that the data suggests that the option would support the criteria to be met. Amber means that the data suggests the option would support the criteria to be met but with risks if the service was used the same way as it was before the temporary change. Red means that the data suggests that the option would not meet the criteria.

Option 1: a 12-hour doctor led unit

This model is based on the current 12-hours a day, seven days a week doctor led unit, with a further two hours staffing to allow patients in the unit to be treated. This would be in line with temporary closure model that has been in place since 1 November 2024 and open from 8am to 8pm every day.

The opening hours were based on reduced attendance numbers between the hours of 8pm and 8am, before the temporary change was introduced.

Unit open to public	8am – 8pm, seven days a week	
Unit staffing hours	8am - 10pm, seven days a week	
Impact on internal services	<ul style="list-style-type: none"> ▶ No negative impacts on other services ▶ Reduction in seriously ill patients following change 	Green
Impact on external services	<ul style="list-style-type: none"> ▶ No negative impacts on other services ▶ Evidence that people are being redirected safely 	Green
Reduction in waiting times	<ul style="list-style-type: none"> ▶ Evidence that waiting times have reduced ▶ Fewer patients waiting over 4 and 12 hours 	Green
Compliance / attainment of standards	<ul style="list-style-type: none"> ▶ More robust medical workforce position ▶ Closure overnight prevents unwell patients staying in the unit while they await treatment 	Green
Workforce sustainability	<ul style="list-style-type: none"> ▶ Workforce currently available with some additional training needs ▶ Would not need additional recruitment in Same Day Emergency Care (SDEC) service 	Green
Financial sustainability	<ul style="list-style-type: none"> ▶ Would not require the use of agency or bank staff with full rota ▶ Would be financially sustainable due to reduced operating hours 	Green
Addressing barriers to equality / population health	<ul style="list-style-type: none"> ▶ Service hours meet majority of demand (between 8am and 8pm) ▶ Shortest opening hours of all options 	Amber

Option 2: a 14-hour doctor led unit

The unit is open to the public for 14 hours; with a further two hours staffing to allow patients in the unit to be treated.

Unit open to public	7am – 9pm, seven days a week	
Unit staffing hours	7am – 11pm, seven days a week	
Impact on internal services	<ul style="list-style-type: none"> ▶ No negative impacts on other services and reduction in seriously ill patients following the change, but may increase with extended hours 	Amber
Impact on external services	<ul style="list-style-type: none"> ▶ No negative impacts on other services and evidence that people are being redirected safely, but 111 use may reduce with extended hours 	Amber
Reduction in waiting times	<ul style="list-style-type: none"> ▶ Evidence that waiting times have reduced with fewer patients waiting over 4 and 12 hours, but may increase with extended hours 	Amber
Compliance / attainment of standards	<ul style="list-style-type: none"> ▶ More robust medical workforce position ▶ Closure overnight prevents unwell patients staying in the unit while they await treatment 	Green
Workforce sustainability	<ul style="list-style-type: none"> ▶ Additional medical recruitment required and training needs ▶ Would not need additional recruitment in Same Day Emergency Care (SDEC) service 	Amber
Financial sustainability	<ul style="list-style-type: none"> ▶ Any additional locum or bank cover could be offset by reduced operating hours 	Green
Addressing barriers to equality / population health	<ul style="list-style-type: none"> ▶ Broadening of start and finish time meet more demand in the day ▶ Earlier start and finish more in line with public transport 	Green

Option 3: a doctor led phased option from 12 hours up to 24 hours

This unit would initially be open for the current 12 hours, with a further two hours staffing to allow patients in the unit to be treated. It would then move to 14 hours, with a further two hours staffing to allow patients in the unit to be treated, and ultimately 24 hours overall. If this option is chosen, the phasing will be developed over time, but there would be a commitment to return to a 24 hour model, seven days a week as soon as it is safe and practical to do so.

Unit open to public	Initially 8am - 8pm, increasing to 7am - 9pm, moving to 24 hours once safe to do so. All times are seven days a week.	
Unit staffing hours	Initially 8am - 10pm, increasing to 7am - 11pm, moving to 24 hours once safe to do so. All times are seven days a week.	
Impact on internal services	<ul style="list-style-type: none"> ▶ No negative impacts on other services and reduction in seriously ill patients following the change, but may increase with extended hours 	Amber
Impact on external services	<ul style="list-style-type: none"> ▶ No negative impacts on other services and evidence that people are being redirected safely, but 111 use may reduce with extended hours 	Amber
Reduction in waiting times	<ul style="list-style-type: none"> ▶ Evidence that waiting times have reduced with fewer 4 and 12 hour waiting time breaches, but may increase with extended hours 	Amber
Compliance / attainment of standards	<ul style="list-style-type: none"> ▶ More robust medical workforce position protecting nurses ▶ Closure overnight prevents unwell patients staying in the unit while they await treatment 	Green
Workforce sustainability	<ul style="list-style-type: none"> ▶ Additional medical recruitment required and training needs ▶ Would not need additional recruitment in Same Day Emergency Care (SDEC) service 	Amber
Financial sustainability	<ul style="list-style-type: none"> ▶ Any additional locum or bank cover could be offset by reduced operating hours 	Green
Addressing barriers to equality / population health	<ul style="list-style-type: none"> ▶ Broadening of start and finish time meet more demand in the day ▶ Earlier start and finish more in line with public transport 	Green

Option 4: urgent care centre (Same Day Urgent Care (SDUC) type model) 14 hours a day, seven days a week

This option would be a new way to deliver the service and would see the Minor Injury Unit and the Same Day Emergency Care (SDEC) services come together. SDEC provides tests and treatments for adult patients with medical problems that do not require hospital admission and can be accessed via a patient's GP. This would allow for more injuries/illnesses that need attention urgently but are not critical or life threatening, to be seen and treated, than the current service offers.

Same Day Urgent Care (SDUC) services provide immediate care for non-life-threatening illnesses on the same day you need help. Patients can be referred in by other professionals, or attend on the day. They can diagnose and deal with many of the common problems including minor injuries normally seen at a Minor Injury Unit as well as minor illness.

Patients can be assessed, diagnosed, and treated and then they can return home the same day. They may be given a plan of care involving referrals to other services if necessary. These services will also develop links with community services so that patients can have tests and treatments for certain conditions, avoiding the need to come to the hospital.

Unit open to public	7am – 9pm, seven days a week	
Unit staffing hours	7am – 11pm, seven days a week	
Impact on internal services	<ul style="list-style-type: none"> ▶ Reduction in seriously ill patients following the change but may increase with extended hours. Mitigated with SDEC integration into model. 	Green
Impact on external services	<ul style="list-style-type: none"> ▶ No negative impacts on other services and evidence that people are being redirected safely, but 111 use may reduce with extended hours 	Amber
Reduction in waiting times	<ul style="list-style-type: none"> ▶ Evidence that waiting times have reduced with fewer patients waiting over 4 and 12 hours, but may increase with extended hours. 	Amber
Compliance / attainment of standards	<ul style="list-style-type: none"> ▶ More robust medical workforce position protecting nurses ▶ Closure overnight prevents unwell patients staying in the unit while they await treatment 	Green
Workforce sustainability	<ul style="list-style-type: none"> ▶ Additional medical recruitment required and training needs in Minor Injury Unit and SDEC to expand both services to cover operating hours 	Amber
Financial sustainability	<ul style="list-style-type: none"> ▶ Funding from 24 hour service could offset increase in SDEC nursing requirements. Consultant cover for model may exceed funding. ▶ This option will incur building costs to remodel the space needed. 	Red
Addressing barriers to equality / population health	<ul style="list-style-type: none"> ▶ Broadening of start and finish time meet more demand in the day ▶ Earlier start and finish more in line with public transport 	Green

Scoring the options

The scores shown are the weighted scores for each criteria and shows that there is little difference between the total scores of the two highest scoring options. A breakdown of the option scores by criteria provides greater detail between the options. The scores for the options were as follows, with the highest scoring options highlighted in green:

Criteria	Option 1: 12-hour doctor led unit	Option 2: 14-hour doctor led unit	Option 3: doctor led unit - phased option	Option 4: Urgent care/ treatment centre 14 hour
Impact on internal services	1573	1364	1067	1584
Impact on external services	1085	1036	785	1060
Reduction in waiting times	926	776	626	796
Compliance / attainment of standards	1747	1551	903	1435
Workforce sustainability	2056	1440	2056	1506
Financial sustainability	1218	884	542	721
Addressing barriers to equality	905	1120	1036	1204
Impact on population health outcomes	883	1108	1020	1305
Patient demand to require service	1514	1771	1614	2086
Total	11908	11051	9650	11696

Given that all options are quite similar in their scores, we are keen to hear your views on all four options. The scoring information above may help you in deciding which option you believe best meets the objectives of the consultation.

Seeking your views on options

We have developed four options for how we think services could be provided in the future. Some things are the same for all four options, but there are also new and unique elements for each option.

We do not have a preferred option, and we are also open to hear any new ideas you may have that are within the scope of the consultation and have not already been considered and discounted through the options development process. You can read more about the options that were discounted during the process on page 12 and more information is available in the supporting documents available on our website hduhb.nhs.wales/PPHMIU.

The four options we would like your views on are:

Option 1 - Doctor-led service available every day for 12 hours

Option 2 - Doctor-led service available every day for 14 hours

Option 3 - Doctor-led phased service, available every day initially for 12 hours, increasing to 14 hours, and then 24 hours

Option 4 - Urgent care centre (Same Day Urgent Care type model) available every day for 14 hours a day.

Who we want to talk with and listen to

We appreciate you taking the time to share your views. We are consulting with all members of staff, public who live, work, or have an interest in the Minor Injury Unit at Prince Philip Hospital. This includes partner organisations and stakeholders.

We recognise that people have different interests and perspectives.

You may:

- ▶ Access and use our services
- ▶ Be a carer of someone who accesses our services
- ▶ Work with us as a member of staff, student, or as a volunteer
- ▶ Represent an organisation potentially affected by our proposals
- ▶ Have an interest in health and well-being of people living in and around Carmarthenshire.

It is important that we listen to everyone's views.

What we want to know

We need a sustainable solution for how we provide services at the Minor Injury Unit at Prince Philip Hospital. Lots of work has been done to develop four options for the consultation. At this stage we do not have a preferred option for how services should be provided in the future at the Minor Injury Unit at Prince Philip Hospital.

In this consultation we are asking you to tell us:

- ▶ which proposed option you think best addresses the challenges the Minor Injury Unit at Prince Philip Hospital face; will improve patient and staff safety, help with staff shortages and address the concerns from Health Inspectorate Wales
- ▶ concerns you may have about any of the options, or impacts you think they may have
- ▶ anything else you think we need to consider, including alternative options or ideas you may have

Board members will consider all they have heard leading up to, and during, this consultation, including the Equality Impact Assessments, which will consider how people could be impacted and what needs to be done to reduce any negative impact. They will also consider any new information that may come to light because of this consultation.

It is important that you know that the consultation is specifically to discuss the future service model for the Minor Injury Unit at Prince Philip Hospital. This means that the following services are not open to influence as part of this consultation:

- ▶ The Acute Medical Assessment Unit (AMAU) and Out of Hours GP service at Prince Philip Hospital are not part of this consultation.
- ▶ Minor Injury Units at other hospital and community settings across Carmarthenshire, Ceredigion and Pembrokeshire.

Equalities impacts – protected characteristics

Changing health and care services can have an impact on all of us who live or work in the Hywel Dda area, regardless of age, sex, disability (physical, mental health, and learning disabilities), race, religion and belief, sexual orientation, gender reassignment, marriage or civil partnership, or pregnancy and maternity status.

We must ensure that our proposals are fair to all and take particular care to consider people who are vulnerable. We have already engaged with some groups representing vulnerable people and will continue to do so to ensure they are involved throughout our consultation.

We have produced what is called an Equality Impact Assessment (EqIA) for the Minor Injury Unit at Prince Philip Hospital. An EqIA includes an overview of the potential positive and negative impacts of change on people, and how we will mitigate them and address our equality duties.

You can read more in the full current version of the EqIAs in the supporting documents area of our webpage hduhb.nhs.wales/PPHMIU. We have a supporting document that can provide you with examples of how the different options could affect someone like you or your loved ones. The

family Teulu Jones and their friends are not a real family, but they are typical examples of some people living in our area. They can help illustrate how patients could be affected by different options in this consultation and could help you think about what potential changes could feel like for you.

You can read our Teulu Jones case studies available in the supporting documents area of our webpages. We will talk about scenarios in community events that we will hold during this consultation. We also plan to undertake focus groups with the public, and particularly with vulnerable or disadvantaged groups (referred to as people with protected characteristics) or people who may be affected by these service changes. Information from these groups will be used in the EqlA as we learn more.

EqlAs will be used to help decision makers when considering future developments.

If you would like further detailed information, this can be obtained by contacting:

hyweldda.engagement@wales.nhs.uk

Protected characteristics

Some people with a protected characteristic may be more disadvantaged or face more difficulties when trying to access healthcare services. The Equality Act 2010 protects people from being treated worse than other people because of:

- ▶ Age
- ▶ Disability
- ▶ Gender reassignment
- ▶ Marriage and civil partnership
- ▶ Pregnancy and maternity
- ▶ Race
- ▶ Religion and belief (including no religious belief)
- ▶ Sex
- ▶ Sexual orientation.

Our EqlA also considers the possible impacts individuals may experience due to being part of the Armed Forces community, a persons' social and/or economic position, socio-economic and the Welsh language.

In our policies and how we work, we must:

- ▶ cut discrimination, harassment, victimisation, and other conduct that is prohibited by or under the Act
- ▶ advance equality of opportunity between persons who share relevant protected characteristics and persons who do not
- ▶ foster good relations between persons who share relevant protected characteristics and persons who do not.

We also aim to:

- ▶ remove or minimise disadvantages suffered by persons who share a relevant protected characteristic and are connected to that characteristic
- ▶ meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it
- ▶ encourage persons who share a protected characteristic to take part in public life or in any other activity in which participation by such persons is disproportionately low
- ▶ consider how we will tackle prejudice and understanding.

Changing the way our services operate may cause persons with a protected characteristic to experience positive, and/or negative impacts, unintended consequences, or gaps in healthcare provision. We will explore further, during this consultation, the potential differences posed by each of the options. We will also show how negative impacts could be avoided or reduced as well as maximising positive impacts.

Welsh language

Many of you in the area covered by Hywel Dda, 45%, speak Welsh, which is a higher than average number compared to the average across Wales. We continue to make progress towards compliance with the statutory Welsh Language Standards, ensuring that all communication, including digital, print, and signage, is bilingual in Welsh and English, with the Welsh not treated less favourably than the English.

We strive to promote a bilingual environment for you and staff and support our staff to learn and use Welsh in our workplaces and our communities. We are also working to ensure people are offered services in Welsh without having to ask as described in the Welsh Government's More Than Words plan.

We have a target to ensure that 50% of our workforce has a foundation level of Welsh within the next 10 years and we report on our progress through our Welsh Language Annual Report that can be found on our website.

The full EqIA provides further details of how the service changes could impact on the Welsh Language, but we would welcome any other comments and feedback.

What happens next?

In this document, we have set out the background, why we need to change, and the options we are consulting on. A full description of these four options can be found on page 11.

Your feedback, along with other evidence and considerations will help our Board to choose the best option for the future service model at the Minor Injury Unit at Prince Philip Hospital.

The Board will meet later in the year (expected to be towards the end of 2025) to decide the most appropriate option.

How you can get involved

Information on how to get involved and share your views will be available at a range of locations including our hospitals and community premises, council buildings and through voluntary sector organisations.

We will hold drop-in events, both in person and online. Details of where and when you will be able to come and meet us can be found on our website hduhb.nhs.wales/PPHMIU and on our social media channels.

We will also work closely with local media, including radio and press organisations to raise awareness of this consultation.

We appreciate you taking the time to share your views – every person's input matters. Please take time to read this document and tell us what you think by 22 July 2025.

You can do this by:

- ▶ completing the questionnaire online: hduhb.nhs.wales/PPHMIU or on paper (you can request a copy by sending an email to us or calling us on the number below) and posting it to: **FREEPOST HYWEL DDA HEALTH BOARD** (you will not need a stamp)
- ▶ emailing us: hyweldda.engagement@wales.nhs.uk
- ▶ speaking to us at one of our events (visit the website above for an event near you or online), or by telephoning **0300 303 8322**, option 5 (local call rates)

Privacy Statement - what happens with your feedback?

The feedback we receive from individuals will be anonymous. Views provided by organisations or people acting in an official capacity may be published in full.

Our analysis and output report will be presented at a meeting of the Public Board and will be available on our website. This will be shared with Llais for their comments. Llais is the independent statutory body that gives the people of Wales more say in the planning and delivery of their health and social care services.

The Health Board is collecting the data you submit as essential information for us to perform the public task of consulting with you, and this is the legal basis on which we are using your personal data. The Health Board will process any information you provide in response to this consultation in line with the latest data-protection regulations. The Health Board will hold any personal information provided for no more than one year after any decisions are finalised.

General themes raised by communities on the Health Board's social media channels, but not personal information, will be collected so these can be included in the output report.

For our full privacy statement, please visit hduhb.nhs.wales/PPHMIU and view our full privacy notice under useful links.

We are listening

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

An output report to this consultation will be published, fully considered, and discussed as part of a Health Board meeting, will be held later in 2025.

Health Board meetings are held in public, with people either able to attend in person or to watch digitally. We will advertise this meeting on our website hduhb.nhs.wales/PPHMIU and social media pages.

A project group for the consultation, made up of Health Board staff, Llais and SOSPPAN, will put forward a recommendation to the Health Board's Directors and Independent Members on the potential way forward for how we could provide services at the Minor Injury Unit at Prince Philip Hospital in Llanelli in the future. This is called the final report.

Board members will consider all they have heard leading up to, and during, this consultation, including the Equality Impact Assessments and other supporting documents and data we have gathered and referred to in this document. They will also consider any new information that may come to light from the consultation.

How we will feed back to you

We will publish the output report and the final report on our website, and we will officially announce when it is available.

We will share these reports as widely as possible with people living in our area who have asked to be kept up to date on developments and by using updates through key stakeholders, the local media, and social media. If you wish to receive these updates, please join our involvement and engagement scheme Siarad Iechyd / Talking Health by:

- ▶ Emailing: hywelda.engagement@wales.nhs.uk
- ▶ Calling: **0300 303 8322** option 5 (local call rates)
- ▶ Writing to us at: **FREEPOST HYWEL DDA HEALTH BOARD.**

Thank you, diolch yn fawr.