



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 November 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Building a Healthier Future after COVID-19 – Public Engagement Exercise
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Director of Strategic Development and Operational Planning
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Helen Morgan-Howard, Interim Head of Transformation and Engagement Programme Office

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

Hywel Dda University Health Board conducted an engagement exercise ('Building a healthier future after COVID-19') from 10<sup>th</sup> May to 21<sup>st</sup> June 2021, as an opportunity to check in with staff, patients and their families, and the wider public, to establish how their lives had been impacted by the global pandemic.

The Health Board wanted to learn more about how the pandemic has affected people's health and care, and their access to it, as well as the implications of these experiences for our long term health and care strategy, 'A Healthier Mid and West Wales: Our Future Generations Living Well'.

As the Health Board plans to develop a new hospital in the south of the area, in a zone between and including the towns of St Clears (Carmarthenshire) and Narberth (Pembrokeshire), the public were also invited to nominate possible sites for the new build. In addition, people were asked for their top priorities when considering the location of the hospital.

#### Cefndir / Background

The Health Board is committed to continuous engagement. This means that the Health Board will continue to talk with staff, patients, their families and the wider public and seek and consider their experiences and views – whether they are positive or negative – when planning services.

The Health Board engaged about the following areas:

1. The impact of the pandemic on our population: people's perceptions about the impact on health and wellbeing, access to services, personal experiences of using services.
2. The strategy: what people feel needs to be considered since the strategy was approved in 2018
3. People's understanding of the Social Model of Health and Wellbeing, and the wider determinants of health

4. Nominations for potential sites for the new hospital and key priorities when considering its location
5. Understanding impacts:
  - a. Suitable and accessible services for all without disadvantage or discrimination
  - b. The effects of poverty or reduced income on wellbeing or access to services
    - National / local objectives involved

## **Asesiad / Assessment**

### **Engagement Reach**

- 2438 people visited the Online Engagement Platforms
- 271 people responded by completing questionnaires
- 24 meetings took place to discuss topics raised by the engagement, with a combined attendance of more than 347 people (the majority of these meetings were virtual)

The Health Board used free (organic) promotion on its Facebook and Twitter pages, as well as paid-for social media advertising to promote the engagement exercise on Facebook and Instagram. Whilst people 'liked' and 'shared' Twitter activities, no direct responses on the themes were raised on this platform. However, the Facebook activity did attract a number of responses, themes and example comments, which are detailed in the full engagement report (Appendix 1).

### **Summary Report**

A summary report, outlining the results of the engagement, is due to be published on our website and sent to our stakeholders.

### **Engagement Feedback: Key Messages**

- Considerable strength of feeling around the development of the new hospital and its proposed location
- Appetite for more detail about which services will be delivered at each of the hospitals
- Interest in continuing to engage with us; although relatively small number of people completed surveys, most people asked to be kept involved
- Participants cited difficulties accessing services, particularly some primary care services. Some found the new methods of accessing services, e.g. online or by phone, challenging while others found this more convenient
- Some themes came up throughout the survey, regardless of the question. These include:
  - The impact of poverty on transport, food, housing
  - A need for better balance between virtual and face-to-face services, depending on people's needs and circumstances
  - The impact of pandemic on mental health and wellbeing, waiting lists, and existing health conditions
  - The need for care closer to home, support to self-manage conditions, and the importance of community activities and support groups.

## Nominations of Sites for the New Hospital, and Priorities for Location

The survey asked people for site nominations for the new hospital, and what they felt were the five most important things that the Health Board should consider when determining the best location for the new hospital once a suitable list of site nominations were presented.

The site nominations and people's priorities for the hospital's location will all be considered in the land selection process.

## Argymhelliad / Recommendation

The Board is asked to consider the responses received as part of the Building a Healthier Future after COVID-19 Public Engagement Exercise.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	9. All HDdUHB Well-being Objectives apply

### Gwybodaeth Ychwanegol:

#### Further Information:

Ar sail tystiolaeth: Evidence Base:	Building a healthier future after COVID-19: Feedback report on the public engagement around the pandemic, our strategy, our Programme Business Case, and equalities; 10 May to 21 June, 2021
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Staff, patients/families, general public Executive Team

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not applicable
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not applicable
<b>Gweithlu: Workforce:</b>	Not applicable
<b>Risg: Risk:</b>	Not applicable
<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Enw Da: Reputational:</b>	Considerable strength of feeling was expressed around the development of the new hospital and its proposed location. There is potential for both political and media interest in this element of the engagement.
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	<p>The engagement asked specific questions about:</p> <ul style="list-style-type: none"> <li>• whether services were suitable and accessible for all, without disadvantage or discrimination</li> <li>• and the effects of poverty or reduced income on wellbeing or access to services.</li> </ul> <p>The detailed results from these sections of the engagement have been fed into the Equality and Health Impact Assessment for the Strategic Case for Change (Programme Business Case for new hospital).</p>



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University Health Board



## Building a healthier future after COVID-19

Feedback report on the public engagement around  
the pandemic, our strategy, our Programme Business  
Case, and equalities  
10 May to 21 June, 2021

### Full Engagement Report



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## Section 1: Introduction

### Purpose of the engagement

Hywel Dda University Health Board carried out an engagement exercise ('Building a healthier future after COVID-19') as an opportunity to check in with its staff, patients and their families, and the wider public to find out how their lives had been impacted by the global pandemic.

The Health Board wanted to learn more about how the pandemic has affected the people's health and care, and their access to it, as well as the implications of these experiences for its long term health and care strategy, 'A Healthier Mid and West Wales: Our Future Generations Living Well'.

As the Health Board plans to develop a new hospital in the south of the area, somewhere between and including the towns of St Clears (Carmarthenshire) and Narberth (Pembrokeshire), people were also invited to nominate possible sites for the new build. In addition, people were asked for their top priorities when considering the location of the hospital.

The Health Board is committed to continuous engagement. This means the Health Board will continue to talk with staff, patients, their families and the wider public and consider their experiences and views, whether they are positive or negative, when planning services.

### What did the engagement cover?

The Health Board about the following areas:

1. The impact of the pandemic on our population: people's perceptions about the impact on health and wellbeing, access to services, personal experiences of using services.
2. The strategy: what people feel needs to be considered since the strategy was approved in 2018
3. People's understanding of the Social Model of Health and Wellbeing, and the wider determinants of health
4. Nominations for potential sites for the new hospital and key priorities when considering its location
5. Understanding impacts
  - a. Suitable and accessible services for all without disadvantage or discrimination
  - b. The effects of poverty or reduced income on wellbeing or access to services

## How did the engagement take place?

Engagement methods included:

- an **online questionnaire** on the Health Board's engagement platforms 'Have Your Say' and 'Dweud Eich Dweud'
- **paper questionnaires**
- **inviting feedback by email, letter and telephone.**

A **mailout**, comprising copies of the discussion document and questionnaire, to stakeholders on the Engagement Team's database and the Siarad Iechyd/ Talking Health network, including 1700 by email and 1520 by post.

**Media releases** promoting the engagement were issued to local and regional press, with coverage in the following:

- Western Mail;
- Wales Online;
- South Wales Argus;
- Llanelli Online News;
- West Wales Chronicle;
- Swansea Bay News;
- Pembrokeshire Herald;
- Tivyside Advertiser;
- Milford Mercury.

## Social media

There were regular posts on the Health Board's corporate Twitter – 11.9k followers (English) and 816 followers (Welsh), and Facebook pages – 57k followers (English) and 1.4k followers (Welsh). We used paid social media advertising on Facebook (on three occasions 10<sup>th</sup>/13<sup>th</sup>/27<sup>th</sup> May), in English and Welsh, to promote our posts about the engagement exercise to local people who may not 'follow' our pages. Each English boosted post reached an average of 8475 people. Each Welsh boosted post reached an average of 7824 people.

## Radio advertising

We broadcast information about the engagement exercise across Radio Pembrokeshire, Radio Carmarthenshire and Radio Ceredigion from the 19<sup>th</sup> of May to the 21<sup>st</sup> of June. This included 30 second advertisements broadcast four times a day per station. The total audience reach is estimated at 101,000 adults, each of whom will have heard the advert on average 6.4 times

## Internal communications

**Staff Facebook** - Messages were posted to the closed staff Facebook page, which has 5.8k members

**Global email** – Articles were included in Global email, which is distributed to all Hywel Dda staff (circa 13k)

**Team Brief** – Article was included in the May issue, which is distributed to all Hywel Dda staff (circa 13k)

**Meetings** - There were 24 meetings with groups including: Health Board staff bodies; an open-to-all-staff online event; local authority chief executives and leaders; a disability organisation and young people's groups.

The majority of these meetings were virtual apart from one socially-distanced meeting with a youth group.

Activity on the **online engagement platforms** were as follows:

Have Your Say	Dweud Eich Dweud	
2,396	42	Aware (visited site)
1,590	19	Informed (accessed information)
227	0	Engaged (shared views)

**44 paper questionnaires; 34 email responses; 8 telephones calls and 5 letters** were also received.

In addition to the general public, respondents included: County councillors; organisations; town and community councillors; politicians and Hywel Dda Community Health Council.

Of the 271 respondents (including online and paper questionnaire responses), 209 have requested to be kept informed as the work progresses.

## Who responded during the engagement?

The equalities data from the 271 respondents was evaluated against population data with most data comparisons at a local authority level, and others at a regional level.

The equalities data was gathered from those who completed the paper and online questionnaire, but the equalities questions were optional and not all people chose to complete them.

There were 81 downloads of the Easy Read version of the discussion document from the Have Your Say online platform (although these will have included people who prefer to read executive summaries as well as people with learning disabilities).

Ten people accessed the English audio version of the discussion document (these will have included people who prefer to listen to podcasts / audio books as well as people with sensory impairments).

### Review of equalities data from respondents compared to population data

Below is a table which shows the percentage of respondents self-identifying as having a protected characteristic, against what is reported by Stats Wales. This is useful as it helps the Health Board understand whether those who responded are proportionate with the community.

Protected characteristic	% respondents	% population	Source of comparison data
Disability	20%	Carmarthenshire 1.8% Ceredigion 0.9% Pembrokeshire 1.5%	Stats Wales
Race	Combining Black, Asian and 'Another' = 4.2% In comparison with Carmarthenshire, the percentage is similar	Carmarthenshire 3.9% Ceredigion 1.3% Pembrokeshire 1.9%	Stats Wales
Sexual orientation	Gay 3.4% Bisexual 1.3% Other 1.3%	Gay 0.9% Bisexual 0.9% Other 0.5%	Stats Wales by region (mid and south west Wales)
Religion	Buddhist 2.1% Muslim 0.4%  The only percentage that is lower than the average for the population is the comparison of % responses from Muslims residing in Ceredigion	Carmarthenshire <ul style="list-style-type: none"> <li>Buddhist - 0.2%</li> <li>Muslim – 0.3%</li> </ul> Ceredigion <ul style="list-style-type: none"> <li>Buddhist - 0.5%</li> <li>Muslim – 0.7%</li> </ul> Pembrokeshire <ul style="list-style-type: none"> <li>Buddhist - 0.3%</li> <li>Muslim – 0.3%</li> </ul>	Stats Wales
Unpaid carers	21%	13%	2011 Census
Sex	Male 28% Female 68%	Carmarthenshire <ul style="list-style-type: none"> <li>Male - 49%</li> <li>Female – 51%</li> </ul> Ceredigion% <ul style="list-style-type: none"> <li>Male - 50%</li> <li>Female – 50%</li> </ul> Pembrokeshire <ul style="list-style-type: none"> <li>Male - 49%</li> <li>Female – 51%</li> </ul>	Stats Wales

Welsh	3.3% This question asked for 'preferred correspondence language' so may include Welsh speakers who prefer to correspond in English	Carmarthenshire 52% Ceredigion 61.8% Pembrokeshire 30.5%	Stats Wales
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## Section 2: Learning from what you said

### How were responses analysed?

The questions in the questionnaire were free text, and therefore generated detailed responses.

For the majority of questions, a simplified version of Braun and Clarke's '6-step Framework for Thematic Analysis' was used to analyse responses. Responses to each question were read and 'themed' individually. They were then triangulated and initial themes refined and grouped into the high-level themes outlined in this report.

The responses to some questions have been analysed and reported in greater detail – for example, questions around nomination of land (Programme Business Case), and equalities.

Particular focus was applied to issues impacting protected and vulnerable groups of people and the specific themes identified by these groups.

A number of cross-cutting themes emerged during the analysis of responses. These include:

- Impact of the pandemic on people's mental health and wellbeing
- Flexibility of service provision
- Making best use of digital services
- Transportation, including public transport, infrastructure and parking
- Better communication
- Importance of local communities

### What is covered in this report?

This is the full report covering all areas of the engagement, using various methods of engagement. The sections are divided to follow the questions of the questionnaire, and then concluded with feedback received through other methods of engagement.

Please note that this is a feedback report, not an evaluation report. This report captures what people have said verbatim, without giving comment on it or attempting to correct any typing errors, and is highlighted with *italics*.

Where it is necessary to provide additional detail to understand some of the responses and can be confident in interpreting what has been said, square brackets have been used to show the changes to the text.

## Section 3: Feedback from questionnaire responses

### 1. The impact of the pandemic on our population

This part of the report focuses on people's perceptions about the impact on health and wellbeing, access to services and personal experiences of using services.

Participants cited difficulties accessing services, particularly some primary care services. Some found the new methods of accessing services, e.g. online or by phone, challenging while others found this more convenient.

A significant number of respondents were concerned about the impact of the pandemic on waiting lists and a delay in diagnosing certain conditions due to their inability or reluctance to see a doctor.

The impact on the mental health of staff, patients and the wider public of all ages became a recurrent theme throughout the questionnaire responses. Concerns ranged from the impact of isolation and loneliness exacerbated by lockdown to the difficulty in accessing mental health services and support.

Many felt that COVID highlighted the importance for more services at a local level, either in the community or at local hospitals.

Community support delivered by the third sector and volunteers was mentioned positively by some with the hope that these initiatives could be made more sustainable.

#### 1a. What did people feel worked well?

##### Virtual care

- Virtual care and triage worked well for some people – quicker access and more convenient (however it did not suit others)
- Worked well for non-frontline staff and some specialities
- Mixed feedback about virtual consultations
- Mixed feedback about GP triage in its various forms (phone, photo, online, video etc)

Here are some observations from respondents:

- *Access to care and support is amazing thank goodness for video calls*
- *Health services need a mix of online and face to face support*
- *Services that are online or over the phone such as GP appointments and physio therapy have worked well*
- *Having a phone conversation instead of a video meeting with the consultant/nurse was not good*
- *Whilst remote virtual access to GP and diagnostics has worked well for many, there is no substitute for face to face consultations and many older people or those in areas with poor internet have been disadvantaged by not being able to access services remotely. As Covid will be endemic, we need flexible approaches and responses*

- *Make more use of telephone or other non contact interactions with patients*
- *Review any efficiency improvements that were necessary because of Covid and retain them as new bestpractice (e.g. GP telephone consultations)*

## Local care

- The importance of local and community services recognised during pandemic, examples include health visiting, district nursing, community hospitals, mobile services that can go into local communities
- Importance of local hospitals
- Support for communities so they can help themselves and support local people

Here are some observations from respondents:

- *Health services must be closer to people and community based. The pandemic has shown us that people want things that work for them and in their area rather than having to travel long distance*
- *Growth of services locally. Not centrally. The pandemic showed reducing resources into one hospital had severe consequences in the early stages of a pandemic*
- *We need local services hospital people do not want to travel far*
- *Having further health and wellbeing services in the community means that the older generation and working generation can utilise the service which would reduce hospital appointment cancellations. Health needs to be flexible to meet our day to day needs*
- *Spreading non urgent services around the local community, especially to places with good access and parking makes it much easier for people to access*
- *Consider provision of "mobile" services for people living in remote rural settings. Think about taking services to the people*

## Services delivered differently

- Some services were delivered differently during COVID, and in some instances this worked better, examples of this include physiotherapy, pharmacy, phlebotomy
- Examples of booking of appointments worked better in some services for some people such as A&E, GPs, phlebotomy

Here are some observations from respondents:

- *The likely need for different kinds of help and support for individuals of all ages to begin to have the ability and confidence to return to a 'normal' domestic, work and social lifestyle*
- *What things can be delivered in a different, more efficient way than traditional face to face appointments such as out pts [outpatients] as people are perhaps more open to this now as have had some experience during the pandemic*
- *They need to consider further health support in the community. Does every person need to go to the Hospital? The COVID has made the health professionals change working practices*

- *I think moving services such as phlebotomy out of the hospital setting (in Llanelli) was a superb idea!*

## **Vaccination Programme**

- General programme roll out and speed of rolling out the vaccinations to the community was praised by many
- Some glitches regarding communicating with patients were raised
- Vaccination programme differences with other Welsh health boards and the United Kingdom

Here are some observations from respondents:

- *The role out of the vaccine was well organised*
- *The swift roll out of the vaccination programme has been brilliant*
- *The vaccination programme seems to have worked well enough in terms of speed of roll out, but the 'steam driven' method of calling people forward by letter or phone seems to be highly time consuming, inefficient and probably expensive compared to the system used in England where people have been able to utilise the NHS app to book COVID vaccinations and access their own medical records, book GP appointments and manage prescriptions - on the face of it this seems like it should be a priority for all Welsh Health Boards and a Welsh Government initiative*
- *I have supported clients who are housebound and don't have access to a computer or know how to use one, so getting information on COVID vaccinations has been slow, but has got better recently*

## **Praise for staff**

- Acknowledgement of the hard work of staff doing their best under difficult circumstances

Here are some observations from respondents:

- *Vaccination programme has worked well. doctors and staff at withybush have been superb*
- *Our wonderful NHS staff have been magnificent, they need further support*

## **Stronger communities**

- Communities supporting each other, a sense of community and people looking out for each other
- Volunteering to support people who are vulnerable, and communities 'doing for themselves' e.g. Solva Care. There is a need to learn from examples like this to make it sustainable
- Training and support to help people

*Here are some observations from respondents:*

- *The health board needs to continue working with community volunteers and county based charitable organisations to co-deliver help and support especially in rural locations*
- *Work collaboratively with Local Authority and local communities to build on strengths/assets to support local people*
- *The lower level interventions are vital - one good thing from the pandemic was how communities rallied around and supported each other building firm foundations*
- *While many people display a strong social conscience and look out for others in the community, there is scope for improvement in most communities*
- *Building opportunities for more and meaningful social interaction is something that can be encouraged and supported*
- *Need to consider how to support communities*

## **Pharmacies**

- Community pharmacies have been highly praised
- Prescription procedures worked well, made it simpler for people to get the medications they need
- Pharmacies were accessible throughout the pandemic, compared to GPs

*Here are some observations from respondents:*

- *Pharmacies have been invaluable with advice due lack of medical/GP access and support*
- *Pharmacy been brilliant*
- *Increased use of pharmacies for standard diagnostics and treatment*
- *I think the common ailments scheme at local pharmacies is a great initiative to relieve pressure on GP surgeries*
- *Some people have become more aware of the range of services that can now be provided by community pharmacies, but this is not widely known, and we need to raise awareness of these services*

## 1b. Concerns raised

### Lack of access to Primary Care

- Lack of access to GPs - difficulty of booking a face to face appointment
- Difficult to get through on the phone; some people felt they should have been seen in person
- Changes in how services delivered - changes to virtual and new online systems
- Lack of access to dentists
- Variation in pharmacy practices meant that they were not all as accessible

Here are some observations from respondents:

- *Making services more accessible. There has been plenty of lip service paid to how things have changed for the better (lots of information and leaflets), but in reality it is very difficult to access services e.g. to get an appointment with or even speak to a doctor*
- *The suspension of normal service is causing huge distress to people. Not being able to see a GP face to face is a real problem. I haven't even bothered to try and make an appointment because I can't get through in time in the morning to get a telephone slot and it is not a telephone consultation I need. I've simply given up trying*
- *GP's have been the hardest to reach and the hardest to communicate with during the pandemic*
- *I have not seen a dentist for 2 years*
- *A clear plan for treatment during a pandemic. Setting up alternative hospitals went well, dentistry not well*
- *Local Pharmacy reduced opening times made it difficult for me to collect my routine medication as I was unable to get home from work before the Pharmacy closed at 4pm*

### Mental Health and wellbeing

- Concerns expressed around the challenges people are facing during the pandemic and the effect on mental health and wellbeing through isolation and being less active
- An increasing need and demand building up for services especially among young people
- Access was a concern before, likely to be much worse in the future, fears about poorer services

Here are some observations from respondents:

- *I would imagine Mental Health will play a big part going forward, the impact of lockdown, social distancing and many people not being able to see family. Increase in resources into this service*
- *The increased anxiety and isolation of patients who were not able to access proper care during the pandemic whether medical or mental health wise*
- *There needs to be increased provision for mental health, which for many people has become a much more significant issue as a result of the pandemic. This cannot be only via telephone/video*



- *More CBT and online therapies should be available for those who need them as demand for professionals is likely to exceed supply*

## Waiting lists and backlogs

- A waiting lists crisis with a backlog of appointments and concerns about how this will be managed, waiting times are going to be longer – how much longer?
- Frustration about the need for services to ‘get back to normal’ as soon as possible, demand for services has rocketed and worries about the deterioration of patients on waiting lists
- Lack of communication around appointments, when operations are due, what next

Here are some observations from respondents:

- *There is a huge backlog of other life changing/saving treatments which now need to be addressed as a matter of urgency*
- *How to get planned care back up and running and a strategy to clear the waiting lists without being affected by the need to provide unplanned care*
- *Trying to combat the backlog of critical care and other care which has been put on the back burner putting considerable stress on those waiting for treatments, diagnosis and adversely affecting their care and future*
- *Its waiting list for operations for nonurgent chronic conditions*
- *I feel completely hopeless, useless and abandoned. All I have received during this time is a glossy brochure advising me to keep well while waiting for surgery.*

## Keep it local

- Many people noted that their experience of services during the pandemic and restrictions highlighted the need for local services. The key areas which expressed concerns include Pembrokeshire, Llanelli and Ceredigion. These comments are also reflected in the strategy section of the document
- Concerns about accessing services, particularly hospital services
- Llanelli – concerns about having the highest population and access to services

Here are some observations from respondents:

- *People have relied on local hospitals for treatment during this time – They also need to consider what will/could happen if/when COVID 19 or another pandemic came in - people want to be near home - even they can not have visits in the hospital*
- *As Llanelli has the largest population it is pointless putting those services in Carmarthen (or further afield). Elderly and vulnerable are unable to access. Keep it local- the same goes for the people of Carmarthen, Haverfordwest etc. Doing that frees up the hospital settings for the more serious and acute services required, and gives more space and resources*
- *Access should be LOCAL to the person requiring it and not situated in a remote area which takes over 2 hours to access, assuming own transport is available*

- *The health services must be closer to people and community based. The pandemic has shown us that people want things to work for them and in their area rather than having to travel long distance*

### **Lack of access to health services**

- Lack of access to specific services including cancer services, diagnostics, orthopaedics, children's services, mental health and primary care
- Lack of routine appointments
- Not being able to visit patients e.g. maternity

Here are some observations from respondents:

- *Many services have not been accessible due to covid, as cases decrease the Health Board must now ensure services return to more normal levels*
- *GP appointments difficult to get. Services at hospitals suspended*
- *Maternity services. Had a baby in August 2020 and spent a couple of days in ward ... My partner was unable to visit following 2hrs after the birth until it was time to pick us up*
- *Friends of mine have died prematurely due to lack of ongoing cancer treatment during the pandemic*

### **Staff burnout**

- Concerns expressed around staff burnout and 'overworked health workers leaving
- Demand for support for staff experiencing stress to lessen the impact on their mental and physical health and wellbeing
- Concerns about staff recruitment and retention

Here are some observations from respondents:

- *The impact on the staff and future recruitment and retention*
- *Staff exhaustion. Some members of staff have felt and become very isolated and had to get used to working where they don't want to. Flexible working with working more from home will require the HB [Health Board] to support staff to be able to do their jobs well*
- *New ways of working eg increased agile working for staff. Less office space needed for admin functions etc*
- *How much this has impacted on the health and wellbeing of the staff working in the health services*

### **Virtual**

- Not equitable - some people don't have the skills, access to equipment, others don't have signal
- Challenges for people with disabilities or sensory impairments such as hearing issues as well as people who have difficulty using the phone
- Virtual risks potential discrimination against older people
- Some concerns raised about need to see older people in person



- Limitations for staff in not seeing people in person e.g. physiotherapy
- Need to give people choice in how they access the healthcare system

Here are some observations from respondents:

- *Too much information in too many places is unhelpful. Not everyone can get online*
- *Your reliance on online and telephone consultations discriminates against those people who either cannot or do not wish to use modern technology*
- *I have severe anxiety issues using telephones. Less so with video calls. Ideally, I'd like to be dealt with in person, but am equally comfortable with messaging via email, etc.. It's a disability & that I struggle to convey myself over the phone creates issues accessing services*
- *Elderly who do not have access to smart phones etc could be disadvantaged as far as virtual consultations is concerned*
- *Getting primary care during the pandemic has been poor and frustrating. Yes they will talk to you on the phone but not see you in the surgery. This has not worked for my 88 year old mum who is hard of hearing*
- *The access to laptops for physiotherapy staff has been invaluable to allow a blended approach to physiotherapy delivery... This has been hit or miss due to poor internet connectivity in places and lack of wifi in some of the community clinic settings. Space to allow staff to carry out confidential virtual consultations is an issue. Lack of electronic record keeping poses information governance risks, poor quality of care and record keeping that is not in line with professional standards*

### 1c. Issues to consider for the future

#### Balance between virtual and face to face

- Better balance between virtual and face-to-face appointments needed, depending on people's needs
- 'Autonomy for patients'
- Choices for patients depending on their circumstances
- Catering for patients' needs and preferences
- Concern that symptoms would be missed during virtual appointments

Here are some observations from respondents:

- *Talking to the GP on the phone can work if used properly - but NOT as a replacement for a consultation*
- *How to continue to support people access health care on-line when appropriate*
- *Video links/use of photos has worked well when accessing GPs but not everyone can do that*
- *Sometimes face to face consultations enable the gathering of important information that may not be evident in an electronic communication or over the phone. This should be taken into consideration on an individual basis for each patient as they present to GP/Consultant services*
- *The move to GP telephone appointments has worked well and should be continued if the circumstances are appropriate for the patient*

- *Modernising access of medical records and upgrading diagnostic equipment to enable remote diagnosis*

## **Better communication**

- More information needed around when things are going to get 'back to normal'
- Better patient communication needed around appointments, when operations are due, what next
- Communication about waiting lists needed, especially for individual patients and what happens next
- Information needed about what services are available and where
- Better public communication needed
- Better communications needed between professionals such as GPs and secondary care
- Sharing what the Health Board's 'new normal' is in the context of the pandemic
- Better general communication needed about strategy / pandemic / our plans

Here are some observations from respondents:

- *Communication skills are not always conducive to enabling and supporting changes for individuals*
- *NO joined up communication*
- *Family/unpaid carers involved in their loved ones care whilst a patient is in a hospital setting. Communication between health professionals and family/unpaid carers*
- *The waiting list 'crisis' and more support and communication*

## **Long COVID**

- Many concerns raised by public and members of staff about the impact of long COVID on individuals
- Services required to help support patients e.g. therapies

Here are some observations from respondents:

- *Those individuals who have symptoms of Long COVID, getting this recognised/diagnosed and necessary support. Primary Care will need to support this*
- *Everyone has done their best, but treating long Covid as a series of individual issues rather than a whole body consequence of Covid is exhausting. A one stop multi faceted service would be so much better*

## **Deterioration of existing health conditions**

- People talking about being in pain, and conditions deteriorating or becoming more complex while on waiting list
- People are not having conditions diagnosed as soon as before – extra strain on patients and NHS services
- Lack of access to usual services

Here are some observations from respondents:

- *It is important to consider the impact of covid and long covid but extremely important to consider the wider impact of deterioration in health and well being from lock down*
- *Deterioration of those with long term conditions due to lack of follow-up/ongoing monitoring*
- *I have seen a marked deterioration in individuals with memory issues/ dementia with the removal of the normal rhythms of life*

### Learn from what worked well

- Learn from what worked well during the pandemic – for example, the efficiencies from virtual appointments and changes to how some services were delivered
- Separating COVID and non-COVID patients so that routine services can continue

Here are some observations from respondents:

- *GP telephone consultations worked really well (better than the previous attend-in-person system)*
- *What has worked well is a telephone support service that allows those with anxiety, loneliness or depression to talk without barriers*
- *Flexibility and adaptability have worked well - we have had to make the most out of what resources we have and adapted to a new, and sometimes more efficient way of working e.g. from home, less crowded office areas*
- *Specialists in their own fields do not have to delay patients due to the pandemic as it should not have an impact on them if there is a safe place separate for covid patients to be treated*

### 1d. People's experience of services during the pandemic

Questionnaire respondents were asked about their experiences of services during the pandemic and whether those experiences were better, worse or unchanged. Under this section participants made 393 comments about 51 health and wellbeing services.

By far the most frequently mentioned service was primary care with 106 comments on accessing GP services (including the out of hours service), and this is expected as GP services are the first point of contact and remained open throughout the pandemic. GP services were changed quickly to adapt, which included more telephone and online consultations.

People's views on services in general were mixed, with many giving full and honest accounts of their experiences. Many appreciated that services and the staff that deliver them were doing their best in difficult circumstances.

A few participants said they avoided going to the GP, either due to fears of catching COVID-19 or because they did not want to overstretch the service. Here are some observations from respondents on the most frequently mentioned services:

## GP Services (106 comments)

- Positive
  - *I have had to speak with and see a GP. I think things are much improved as more is done as a way of triaging over the phone and then if the GP thinks they need to see you then you can go in. The wait is much shorter and you get to speak to a GP much quicker. It is probably far more manageable for GPs too*
  - *Ability to get appointments with GP face to face was initially very difficult but improved as time went on*
  - *Gp and triage over the phone much better*
  - *Used GP services myself. For me, the GP service is better (minimising face-to-face contact, less crowded surgery)*
  - *My wife had remote GP consultations and hospital appointments which worked well enough and to some extent were more efficient in terms of not being held waiting to be called through - some lessons to be learned from this perhaps?*
  - *I have only had experience with my GP. To be honest I have self managed most issues as I was aware of the strain that the service was under. This is not a bad thing, and more people taking responsibility for their health is a positive thing - however, advice and support may still be required*
  - *I have only used primary care services personally, and was happy with the experience, however there is still a lot of negativity, particularly amongst the older population on "lack of access" to GP's etc. I don't think this is entirely the case, and a lot of hearts and minds can be won with a better explanation of MDT's [Multi-Disciplinary Teams], how patients are triaged etc to show that the right response at the right time by the most suitably skilled clinician is a positive*

## GP Services

- Negative
  - *I have tried to access GP / Primary care which has been problematic and tardy - in the end a face to face appointment was organised but this take many steps to get to that point - the pathway for a patient needs to be as efficient as possible*
  - *GP appointments only. Difficult to get an answer on the telephone and almost impossible to get an appointment*
  - *Access to GP services have been difficult and are deteriorating. E.g. a wait of 5 weeks for a normal consultation appointment and almost impossible to book a telephone consultation with your doctor of choice*
  - *My GP surgery had what I could only describe as a bouncer on the door who wouldn't even open said door, just a window and it was very uncomfortable discussing your reasons for visiting whilst stood outside in all weather's with a queue of people listening in*

- *Getting primary care during the pandemic has been poor and frustrating. Yes they will talk to you on the phone but not see you in the surgery. This has not worked for my 88 year old mum who is hard of hearing, eventually after my concerns were very serious a nurse practitioner was sent to her home, to examine her and feed back to the doctor. Medication changed but she has not been followed up as promised*
- *GP services have been abominable, especially for those with a lack of IT facilities. The role of the GP with regard to their actual face to face presence with the patient for diagnosis needs to be addressed*

## A&E (18 comments)

- Positive
  - *The new system in the A&E at Withybush has been fantastic. Triage first and get through the patient's quicker. Brilliant*
  - *I was very grateful for consultation in A&E at withybush near the beginning of the pandemic but sadly had to wait from midnight to 6am in outpatients. Nevertheless, very very appreciative for the professional service received*
  - *I was ill on Christmas Day and had to be admitted to A&E. No ambulance available. The attention I received in A&E and later on a ward, could not be faulted*
  - *My small boy went to A&E and the service was excellent*
  - *A+E improved service*

## A&E

- Negative
  - *My husband attended withybush A and E at 3am with side/chest pain. He was not seen until 1300. This is ridiculous, apparently he was forgotten*
  - *My father who is 84 and extremely health compromised had a very poor experience on 3 occasions whilst being admitted via A&E*

## Physiotherapy (16 comments)

- Positive
  - *My husband saw a physiotherapist through attend anywhere and it worked really well and helped him hugely. Plus the bonus of no travelling or waiting or taking time out of your day*
  - *The access to laptops for physiotherapy staff has been invaluable to allow a blended approach to physiotherapy delivery face to face for more urgent need and for those cases that cannot be managed remotely*
  - *Able to access physiotherapy treatment without undue delay via the selfreferral scheme*

## Physiotherapy

- Negative



- *I was told that a physiotherapist would phone me to discuss an exercise programme for me. Over a year later I'm still waiting for the call. So this hasn't worked well at all*
- *Still waiting for nerve test on my hand which got infected in march 2020 no physio or help , have been let down*

### Dentists (15 comments)

- Negative
  - *I have not been able to be seen for routine dental checks for over 14 months*
  - *Dentistry - the services have got worse and the waiting time so long that I went private*
  - *Not been able to get a dental appointment*
  - *Services have got much worse, i have not seen a dentist for 2 years*
  - *Dentist - Private - Service continued. NHS - very limited only emergency treatment*

### Mental Health (13 comments)

- Positive
  - *Under the counselling team in Pembrokeshire because I'm anxious of phone calls they have gone out of there way to see me face to face*
  - *Mental health assess virtually is extremely beneficial – increases capacity and user friendly – provides immediate support (out of hours for some) recorded sessions and CBT [Cognitive Behavioural Therapy]*

### Mental Health

- Negative
  - *Needs to consider much better mental health services as over recent years this service in this health board area has been exceptionally poor and much reduced from the 90's*
  - *Mental health was stretched before and now even worse*
  - *Telephone consultation (once) from Bro Cerwyn. Not having a face to face consultation is a backward step as now [not?] all symptoms can be picked up remotely*
  - *Worse - mental health services completely shut down. I lost a lot of support. I wasn't informed of what to expect from services, and it was really unclear as to how I could ask for more support. Mental health services were bad before but now it's so much worse. I decided to discharge myself because the hostility from mental health service staff was terrible*
  - *I have, however, considerable concerns about the effectiveness of mental health services' delivery in the community. The approach to them seems to depend far too much on [r]eaction than proaction*

### Pharmacy (9 comments)

- Positive

- *Chemist kept things going for the community*
- *Pharmacy been brilliant where able*
- *Community Pharmacy Minor Ailment Service - very good*
- *Pharmacy – Excellent*
- *Some people have become more aware of the range of services that can now be provided by community pharmacies, but this is not widely known, and we need to raise awareness of these services*

## Pharmacy

- Negative
  - *Local Pharmacy reduced opening times made it difficult for me to collect my routine medication as I was unable to get home from work before the Pharmacy closed at 4pm. They were also closed at lunchtimes. Inaccurate/confusing information online about the Pharmacy's reduced opening hours and no mention of this on their recorded telephone message which would most likely be used by the elderly, possibly explaining the long queue of elderly people outside the Pharmacy at 08:30 when the new opening time of 09:30 was only displayed on the Pharmacy door, too late for those who may have used public transport to get there*

## Ophthalmology (9 comments)

- Positive
  - *On a personal level I had an ophthalmology emergency and once I was able to access the ophthalmology team the process was exceptional*
  - *Specialist ophthalmology at Ammanford, All were very prompt and efficient, with staff very supportive*
  - *All services I have received within the hospital settings for my eyes have been first class if anything waiting times have been reduced*
- Negative
  - *I have been on the waiting list to see an ophthalmologist in Glangwili since October. I've been forced to see a private consultant in the meantime as the condition has got so bad. They told me that the NHS waiting list for the procedure I need is about 2 years!*
  - *Ophthalmic provision was non-existent*
  - *Glaucoma clinics were irregular pre pandemic and no existent during or since*

## Phlebotomy (8 comments)

- Positive
  - *I think moving services such as phlebotomy out of the hospital setting (in Llanelli) was a superb idea!*
  - *Locally it worked fine, using online services... Blood tests worked fine*

## Phlebotomy

- Negative

- *Blood tests used before much better now you have to book a slot*
- *Closing the blood test unit at PPH has led to significant increases in time for patients to access this service. Although necessary to protect inpatients & staff at PPH, alternative location/arrangements should have been in place*
- *Trying to get diagnostic tests organised has been difficult often taking up to two weeks to book in for a blood test - very difficult to get through to the phlebotomy line*

### COVID-19 vaccination programme (8 comments)

- Positive
  - *The inoculation program was excellent.*
  - *Vaccination programme was well organised*
  - *The vaccine roll-out has worked well and this has been supplemented by clear and consistent messages from the WAG*

### COVID-19 vaccination programme

- Negative
  - *I never got a letter or communication about my jab so had to contact the email address, this also happened for my second one, friends who were younger than me got their letters before me. What about those who didn't know what to do if they hadn't had a letter*

### COVID-19 vaccination programme

- Mixed
  - *Although we both had our vaccinations in good time, and the process on each occasion was brilliant the second appointment was not generated by Howells [Hywel] Dda but was 'accidentally' spotted on a newsletter I read requesting all to book second Pfizer jabs by 12 th April. Better communication would be good*

### Additional Services

Many other services were noted as people discussed their experience, in this section there were also comments about:

- Ambulance Service
- Antenatal/Maternity
- Audiology
- Breast services
- Cardiology/Coronary Care
- Children's Services/Paediatrics
- Colorectal/Colon Screening Services
- CT scan
- Day Surgery
- Dermatology
- Endoscopy/"Magic Eye"
- Gynaecology
- Health Visitors
- Hospital Services



- Hospital Transport
- Intensive Care Unit
- Maxillofacial
- MIU
- Neurology
- Occupational Therapy
- Oncology/Cancer services
- Orthopaedics
- Outpatients
- Pain Clinic
- Podiatry
- Prostate checks
- Renal services
- Rheumatology
- Sexual Health Service
- Speech and Language Therapy
- Staff Psychological Support
- Track and Trace
- Ultrasound scan
- Urology
- X-ray services
- And others

As these received fewer comments, we have not provided further details or quotes in this report. However, some patient experiences have been recorded below to give some examples of what patients said it was like to use services during the COVID-19 pandemic:

- *Podiatry fine to good, OT appallingly bad, speech therapy good, trying to see a paediatrician in Jan 21 meant having to email my gp, my social worker, any one I could think of. Not yet chased community dentistry...still dealing with OT and paed. Am tired and fed up*
- *Awaiting surgery - had my pre-op the week before lockdown, have heard absolutely nothing since*
- *Amman Valley hospital for eye treatment. No experience of using the service prior to COVID-19 so I cannot compare. Although the quality of care was good, the location of this service is totally inappropriate. There is no public transport from Cross Hands (home) and due to the treatment I was unable to drive. This service should be located at a main hospital with good public transport links*
- *Member of the family still waiting for op which was due last august still, apparently another 23 week wait*
- *Zoom/Teams works in some cases but not when physical interaction is required. A+E was handled well at Worthybush. GP services not so well*
- *Review impact upon services - delays to care, lengthening of waiting lists, learn from mistakes. Highlight new ways of working which have proved beneficial to patients and H.B Review responses to endure adequate funding for care in high pressure areas e.g Orthopedics*
- *I have, as much as possible, avoided using the NHS during the pandemic to reduce strain, but have several long term health issues that need to be addressed. Many seem to have had the same idea, so there will inevitably be a long backlog*



## 2. The strategy

This section of the questionnaire gave people the chance to reflect on the Health Board's strategy, *A Healthier Mid and West Wales: Future Generations Living Well*, which was approved in 2018 following a 12-week consultation, and what may have changed since then.

Many participants used this as an opportunity to state that the Health Board had not listened to consultees or had ignored their concerns regarding access to services and the proposed location of the new hospital, or opposition to the new hospital in general. These views were expressed by people living across the Health Board area, as well as a few comments from mid Wales.

Some participants expressed frustration at the lack of detail in the strategy, particularly regarding what services would be provided at existing hospitals and at the new one. A few respondents felt they did not have enough detail to give an informed response to the question.

Many participants commented favourably on the plan for increased integration of services, and improved partnership working between health, social care and the third sector, in particular the intention to develop integrated care centres or 'hubs'.

There appeared to be general positivity toward more services delivered in the community, nearer to where people live, as well as appreciation for volunteer-led community support initiatives that have increased recently as a result of the pandemic.

Prevention and early intervention was identified as a priority for the Health Board, especially around education, healthy eating and exercise programmes.

Concern about existing and future mental health services and wider support also featured in this section.

### Concerns about travel and transport

- Concern about access to services – this includes travel times as well as distance travelled to hospitals and services
- Poor road infrastructure including roads with siting of new hospital
- Concern about ambulance services and their capacity to support future plans
- Concern about access for non-drivers, including the cost of travel and public transport

Here are some observations from respondents:

- *Access to clinics via public transport has been difficult*
- *There is no public transport from Cross Hands (home) and due to the treatment I was unable to drive. This service should be located at a main hospital with good public transport links*

- *Can people travel at a reasonable cost to a new hospital? Can the ambulance service cope? What about patient transport?*
- *There will need to be more ambulances for emergencies to be available as patients will not want to risk making their own way to A & E if it is a long journey, whereas they would if the journey were more local. The air ambulance may need to be used more often as there is only one main road from many parts of Pembrokeshire to the area where the new hospital is to be sited. If the road is blocked by an accident or for any other incident, ambulances will not be able to transport patients in an emergency. Also for the same reason, patients may miss appointments or be late arriving for them. The further patients have to travel for treatment the greater the risk of being unable to attend*

### More integration of services

- Emphasis on the importance of partnership working
- The need to integrate social care and health and work more closely with third sector
- Less 'silo' working

Here are some observations from respondents:

- *Less silo working and more emphasis on a joined up approach by Primary, Secondary and Community care - this is essential to make our strategy a reality - care in the community needs to start at Primary care with all of the relevant support networks in place*
- *Co-locate services and integrate them. People should be able to go somewhere and get their needs met without having to go between multiple teams to get the answers, often split across multiple locations*
- *Being able to keep people well in their community with education, exercise and third sector support, but rapid access to services to keep them there when needs escalate*

### Prevention, early intervention, wellbeing

More advice, guidance and support needed around:

- Healthy lifestyle, eating, exercise
- Self-management and self-care
- Better information around health education e.g. one-stop shops for information
- Local community groups and wellbeing support in community

Here are some observations from respondents:

- *The pandemic also shows how important being healthy is in the first place*
- *Act local through community inclusion/involvement (e.g. through supporting 'look out for each other' in your local neighbourhood/village/town/city region; community gardening and other wellbeing enhancing group activities, etc.). Supply friendly neighbours with contact details for local/regional health services. Decentralise as much health and wellbeing support as is possible*

- *Improve access to good nutritional advice and exercise from GPs, chemists, nurses, other healthcare professionals plus schools etc. Fitter, healthier people are less likely to suffer in so many ways*

## Importance of local hubs and integrated services

- Local hubs - getting local expertise in one place – a need for one-stop-shops
- Health and social care need to work more closely together
- Local hospital services and other services needed closer to home

Here are some observations from respondents:

- *The extent to which services are integrated between it and other service providers during the pandemic. The current arrangements smack of a palming off of some health-based services to local authorities. Health and social care should both be under the control of the Health Board*
- *Better integration of health and social care services*
- *If you have a building that says community wellbeing hub, people don't know if you are popping in for a coffee, using the leisure facilities, having a mental health assessment, or a video consultation with a consultant because you have poor wi-fi at home*
- *More local health centres to take pressure off main hospitals*
- *Improved facilities & treatment centres in every local town*
- *Local health care with decent local hospitals*

## Concerns about accessing services

- Lack of available public transport and high mileage journeys make accessing services difficult for those with low or no income
- Some areas are becoming more deprived due to job losses, with Llanelli often given as an example
- Services should be flexible to support families and those who are working

Here are some observations from respondents:

- *Public transport to many areas outside of the town mean that many would struggle to use public transport to access services at PPH, let alone beyond the town to Carmarthen, Swansea or Whitland. Of those accessing services at PPH, look at the age of the cars used to travel there. Most vehicles are 10+ years old & with high fuel costs, a 32 mile round trip would be a significant expense (prohibitively so for many)*
- *As a result of Brexit & Covid, with many losing their jobs & those already vulnerable, more & more people are falling into this category in Llanelli. Getting access to these people will provide better access for all*
- *Having access to services at the times of day that suit working families and shift workers*

## Community support

The pandemic emphasised the important role communities play and there is a need for more:

- Community resilience
- Activities in the community
- Supporting local groups
- Better links with community services

Here are some observations from respondents:

- *Having further health and wellbeing services in the community means that the older generation and working generation can utilise the service which would reduce hospital appointment cancellations*
- *Spreading non urgent services around the local community, especially to places with good access and parking makes it much easier for people to access*
- *I think the strategy still holds up well and this move to more community based care works*
- *The way in which local services have responded to the needs of the general population during the last, difficult year shows how we can all contribute to a more inclusive society. If anything good has come from the Pandemic, it surely must be this community spirit*

## Mental health

This was one of the key themes that came through the feedback, many people raised the issue of mental health:

- Loneliness and isolation and the impact on mental health and wellbeing
- More investment needed; there were not enough services to meet demand before the pandemic, and now that demand is increasing, how will we manage that demand?
- Concerns about the impact of pandemic on children's mental health
- Concerns about access to CAMHS for children and young people and long waiting lists

Here are some observations from respondents:

- *The mental health impact of a serious physical health diagnosis needs to be taken into account. People need some reassurance at this time*
- *In my situation it is access to child mental health services which are failing. CAMHS literally told us that unless my child cuts herself or attempts suicide, they could/would not help us*
- *It should also be recognised that there may not be a "quick fix" solution to some of the negative impacts [of COVID-19] and that there may be long term consequences that require long term consideration and investment*
- *People who have felt isolated in the pandemic because they can't manage the technology, have no one to ask or who they don't want to ask because they worry about feeling foolish*



- *The pandemic has adversely affected mental health because of the lack of services for anything other than Covid19*

## Listen to local people

Mixture of perceptions of scope of strategy and changes proposed

- Strong feeling around 'Don't want the new hospital' and 'we want to keep our services local' – especially around Pembrokeshire and Llanelli
- Many did not want to see Withybush or Glangwili closed or downgraded
- Some stated need to reinstate services at Prince Philip
- No proposed hub for south Ceredigion (Llandysul / Lampeter)

Here are some observations from respondents:

- *What has not worked well is the attitude of HDUHB board who ignore the wishes of the public and are wasting more time, effort and money trying to force through proposals which were rejected by all political parties, businesses and public*
- *It doesn't make sense to move essential services (withybush hospital) out of pembrokeshire, have you even listened to the people of pembrokeshire?*
- *The Health Board needs to reconsider its plan to close the Glangwili and Withybush General Hospitals as these are located in existing population centres close to where other services are provided and to transport hubs. Moving the General Hospital to a rural location will make access to healthcare far more difficult through Carmarthenshire, Ceredigion and Pembrokeshire*
- *I attended a local Health Board-led community meeting in Llandysul prior to the pandemic. On the map shown to us it was clear that no medical community hub of any description was planned for the whole area of South Ceredigion around through North Carmarthenshire. On bringing this to the professionals' attention there, they admitted that this was a (glaring?) oversight, and that it should be remedied. From the maps and descriptions in these current documents, I don't see any change. It would be highly appreciated by all these communities if comment and subsequent adjustment could be made*
- *Improved access to service in Prince Philip, no further services to be removed. To look at returning some services which will improve health and wellbeing for many*

## Frustration about lack of detail

- What services will be delivered in each of the hospitals – including the new hospital?
- People are asking not to close / withdraw some services from hospitals
- Lack of information around travel or transport and how this will be addressed, especially for the new hospital

Here are some observations from respondents:

- *The Trust could "sell" me a "Hospital" on the border of Pembrokeshire if it had some particular services: Stent insertions for heart attacks, acute treatment for strokes, advanced Nuclear imaging technology, radiotherapy, and a separate unit for all gut,*

*dirty and infectious surgery. It should be able to cope with all common fractures and child care, and women's health*

- *Some people may require help with mental health - this would not be helped by local hospitals being closed*
- *I don't know that level of detail ... I think that it would entirely depend on the reconfiguration of WGH and PPH particularly around trauma and major accidents*

## More staff engagement

- Engagement needed with staff at ground level, frontline level
- Need to listen to staff
- Some staff don't feel they are heard or valued

Here are some observations from respondents:

- *Staff engagement at ground / frontline level in the planning process is paramount instead of senior managers without recent clinical practice thinking they know what is needed by staff running services*
- *Open & honest communication about the direction of the Health Board - to alleviate any uncertainties and encourage staff engagement / buy for the future sustainability and delivery of our services*
- *The need to learn from the pandemic and consider the effects on the staff on the front line have experienced*
- *staff don't feel that they are being heard, listened to or valued. By the time issues come to light via an exit questionnaire it will be too late as the staff will already have left*

## Location of new hospital

- People in the east of the area (Llanelli, Amman Valley) are concerned about distance to new hospital
- The new hospital should be located near the most densely populated area, ie Llanelli
- People in Pembrokeshire are concerned about the hospital moving further away
- People could not see the logic of travelling to the new hospital within Hywel Dda area if there was a hospital closer to home e.g. Morriston
- Concern about accessibility of urgent care

Here are some observations from respondents:

- *Location! Much of Pembrokeshire is rural and getting to/from hospital for many people should be a priority*
- *A major hospital where proposed is bordering on the limits for the population of Llanelli and Ammanford*
- *There needs to be more than one hospital in the West with provision of emergency services*



## Support for specific groups of people

Take into account the specific needs of the following groups or people when delivering the strategy:

- Carers
- Older People
- Welsh speakers
- People with learning disabilities
- People with dementia
- Children and young people
- People with sensory impairment / loss
- Seldom heard groups

This is covered in more detail in the Section 1 on page 11.

Here are some observations from respondents:

- *Also this service could identify carers in the community who need support earlier which would avoid a crisis*
- *My parents are both severely disabled and hard of hearing and have been unable to have carer support when seeing GPs and other services*
- *Most wards are not disability friendly*
- *Health professionals need to improve their communication and identify unpaid carers / family members – they should be involved in the hospital experience process from admission to discharge*

### 3. People's understanding of the Social Model of Health and Wellbeing, and the wider determinants of health

When commenting on how they felt their health and wellbeing could be supported in their communities, some participants focused on support to self-manage conditions. Many highlighted the importance of community activities and support groups.

A few people mentioned social prescribing as a way of accessing non-medical support. Access to green spaces for physical exercise and mental health benefits also featured.

The importance of healthy eating and access to affordable, fresh food was mentioned, as was embedding good healthy habits in children through education to help prevent health problems in later life.

Many respondents discussed the impact of poverty on people's ability to maintain a healthy lifestyle and access services.

#### Education

There is a need for more:

- Self-management and self-care
- Classes in the community around health and wellbeing
- Social prescribing groups
- Community groups

Here are some observations from respondents:

- *Consult with education services urgently post pandemic to increase and improve activity in teenagers and maintain and improve access to outdoor and indoor leisure facilities*
- *There may be scope for social prescribing to play a role in promoting healthy lifestyles and disease prevention*
- *More group sessions, which could help more people, for general/basic health advice and training (i.e. non confidential issues). Group sessions in clinics for ante-natal and post-natal classes, smoking cessation workshops, heart health workshops (before heart attack), healthy eating classes (maybe even teaching basic healthy meals), exercise/movement classes (the figures for people overweight is huge and presumably an impending crisis for our health services!!)*

#### Nutrition

- Access to fresh, affordable food
- Education around healthy eating
- Recognition that eating healthily is often more expensive which can impact low income families

Here are some observations from respondents:

- *Improve access to good nutritional advice and exercise from GPs, chemists, nurses, other healthcare professionals plus schools etc. Fitter, healthier people are less likely to suffer in so many ways*
- *Need to stress the importance of a healthy balanced diet, using fresh ingredients and exercise to have a healthy body and mind*
- *Better access to cheaper fresh food of a grow your own food area*
- *Local shops selling fresh produce, cheaply*

## Young people

Setting young people up for a healthy life:

- Building good habits through education
- Improving early years education
- Getting doctors and nurses into schools
- Family planning

Here are some observations from respondents:

- *Realise that children and young people are presenting with significant health and physical problems as a result of lack of access to leisure, education, sport etc*
- *Sow the seeds of health and wellbeing in our schools with our young people who are our future*
- *Schools and healthcare should work together to identify abuse and extreme deprivation as too often it's too late. Greater care for young school leavers in deprived areas might result in less demand on health services as a result of drugs/ drink and violence*
- *Education about family planning, breast feeding, etc. Health Visitors are too few, under-resourced and undervalued*

## Integrated working between organisations

- The importance of different organisations working together across health, social care and the third sector

Here is an observation from a respondent:

- *There is not enough of partnership working to lead to joined up thinking. There are odd projects but I don't think the workings within PSB and other partners has gone far enough. Particularly in the case of social care and health. There is too much firefighting and reactive services. To solve this, health needs to be integrated with the Local authority and other statutory partners so that when other things improve around individuals, health care isn't left to pick up the pieces*

## Socio-economic issues

- Poverty
- Some health services such as ear syringing, podiatry, physiotherapy are available privately at a cost meaning those on low incomes are not able to access the treatment – inequality of access
- Affordable housing
- Impact of poverty on access to travel, transport, internet

Here are some observations from respondents:

- *Health inequalities and overall funding solution for social care services*
- *Cannot rely on technology and not every one has a tablet, smart phone, WiFi. Some people cannot afford such things*
- *Resource poor communities reduces the resilience that we will need our communities to have, if we are to shift to a social model of health as an organisation*
- *Most of your customers are elderly/infirm &, especially in the Llanelli area, poor! Making services accessible to elderly/infirm/poor people will ensure that everyone (or almost everyone) has ease of access*
- *Becoming a pensioner often encompasses a lower income, and advancing age may produce increased health problems. I would very much like to see affordable Chiropody services offered locally (£25 or much more, approximately every 6 weeks, is often one luxury too far)*

## Access to green spaces

- Importance of green spaces to improve health and wellbeing
- Access to outdoor amenities
- Green prescribing opportunities to improve health and wellbeing
- Social prescribing opportunities to improve health and wellbeing

Here are some observations from respondents:

- *Provide access to green spaces for staff to take breaks to maintain wellbeing*
- *Green space / spaces for activity to promote public health*
- *Increased outdoor exercise opportunities for those with limited means*
- *Groups like gardening, walking, birdwatching should be introduced as they are based outdoors and hence safer and easier to hold even if indoor based groups are more difficult to re-establish*

## Prevention and early intervention

Target the following areas:

- Exercise
- Diet
- Education (formal and informal)
- Support in the community

- Social opportunities
- Access to facilities
- Access to meaningful employment and adequate income
- Better housing

Here are some observations from respondents:

- *Prevention is better than cure; more resources need to be put into preventative wellbeing/health care*
- *Ensure early intervention from childhood onwards and continuing through to adult life. Look at prevention, nip things in the bud where possible. The provision of easily accessible advice and support in community hubs close could be advantageous in this*
- *Public Health prevention and early intervention is hard work, with long term outcome measures, that will require bravery to hold firm to, rather than expect a quick wins*
- *More focus on alternative therapies such as exercise, wellbeing groups and early intervention*

## 4. Hospital site nominations and key priorities for location

This section focuses around the Programme Business Case, and looks at the potential sites available for the new hospital, feeling and sentiment towards the proposal, as well as the concerns raised that people feel that planners should consider when shortlisting site locations.

### Nominations for the site

The Health Board's request for site nominations for the new hospital prompted some detailed responses regarding potential locations. Despite many participants expressing a preference for a hospital in their immediate area, they still offered suggestions within the area between and including Narberth in Pembrokeshire and St Clears in Carmarthenshire.

There were also plenty of sites suggested outside that defined area, with the majority expressing support for retaining and improving existing hospitals.

Many of the arguments against the proposed location of the new hospital centred around issues already highlighted in this report such as road infrastructure, poor public transport and the distance and travel times for rural populations. Others felt the needs of the more densely populated areas should be prioritised.

There was considerable strength of feeling around the development of the new hospital and its proposed location.

Numbers of participants were fairly evenly split between Carmarthenshire and Pembrokeshire and this was reflected in the comments opposed to the hospital being located either further east or west depending on where the respondent lived. Some Llanelli residents asked why they should consider traveling further west, when Morriston was only a short distance from them. Several Pembrokeshire responses felt it was unfair that Carmarthenshire might end up with three hospitals and none in the far west.

Although there were fewer participants from Ceredigion or mid Wales, there was similar strength of feeling from their responses about the distance.

Total responses to the question on nominations for sites: 215

- Carmarthenshire – 87
- Ceredigion – 24
- Pembrokeshire – 97
- Other – 4 (Powys - 3, Neath Port Talbot – 1)
- County not disclosed (not answered) – 5

Total responses to the question on criteria for sites: 236

- Carmarthenshire – 104
- Ceredigion – 24
- Pembrokeshire – 100
- Other – 4 (Powys - 3, Neath Port Talbot – 1)
- County not disclosed (not answered) – 6



## What was heard around potential sites for the new hospital

This is a snapshot of the feedback provided around the site location and is intended to give a general idea of the information provided around various sites suggested.

### Site suggestions within the defined area

- St Clears
  - Good transport links, including rail
  - Good access from A477
  - Too far from St Davids, Dale, Milford Haven
- Whitland
  - potential sites eg the former Dairy Crest site, solar farm near Pengawse Hill, council-owned farms, council-owned land near Spring Gardens
  - good public transport links
  - accessible from the A40
  - Halfway between Narberth and St Clears
  - Halfway between Haverfordwest and Carmarthen
  - Good access from A478
  - Within easy reach of Fishguard, Goodwick, Crymych, Cardigan
- Narberth
  - Near Redstone Cross, subject to land availability, with re-routing of the A40
  - Nearer to Haverfordwest
  - More accessible for people living west
  - Closer to A478 and northern area of Hywel Dda
  - People living east have access to Morriston
  - New hospital must be in Pembrokeshire
  - Good transport and rail links
  - Within easy reach of Fishguard, Goodwick, Crymych, Cardigan
- Pembrokeshire – other
  - Off Penblewin roundabout with access to north via A478
  - Clynderwen – rail access
  - Robeston Wathen
  - Carew
  - Kilgetty
  - Pembroke – rail access

### Site suggestions outside the defined area

- Carmarthen
  - Nantyci (showground and mart)
    - Accessible by road
    - Plenty of space for parking
    - Only ten minutes from St Clears
  - In, or as close to, Carmarthen as possible

- Haverfordwest
  - Invest in Withybush Hospital and reinstate services that have been taken away
  - Relocate services from Glangwili Hospital to Withybush
  - Withybush site capable of expanding to serve Carmarthenshire, Ceredigion and Pembrokeshire
  - Withybush is central enough
  - On the outskirts of Haverfordwest
- Between Carmarthen and Llanelli
- Cross Hands
- Dafen, Llanelli

### East area issues

- Impact on people from Llanelli, Gwendraeth and Amman Valleys
  - Travel further for appointments
  - Largest population area
  - Llanelli is nearer Morriston, why travel further west?
  - Must retain services at Prince Philip Hospital

### West area issues

- Far west will be compromised
- Too far from North Pembrokeshire
- Outside 'golden hour' for people in Dale or Milford Haven
- High level of disadvantaged families in Pembrokeshire
- Impact of tourist and holiday traffic
- Influx of tourists increasing the population
- Poor public transport links
- Poor road infrastructure
- Area not central for people in south Pembrokeshire
- A40 and A477 frequently blocked by accidents
- Ensure there are A&E departments in Prince Philip and Withybush
- Consider travel times as well as distance from rural west exacerbated by bad weather

### Ceredigion / Mid Wales issues

- Why another hospital in the south?
- Already difficult to access Glangwili and Bronglais Hospital
- Too far from Mid Wales
- Need a hospital in Mid Wales
- Impact on Lampeter / Llandovery / Llandeilo in the event of an emergency
- Bronglais needs better parking

## Strength of feeling around the new hospital and its proposed location

There were a range of feelings and emotions expressed about the new hospital as well as its location. This section gives an indication of how people feel about the proposal.

### Positive

Here are some observations from respondents:

- *You need to build it sooner rather than later*
- *I feel that the proposed site nominated would be the best place for the south wales area! I assume then that north Wales will also have a new hospital?*
- *Agree the site recommended but we also need A&E services in either end of the region e.g. prince philip and pembroke. It's way too far to travel in an emergency*
- *Build that hospital!*
- *Positive, Top range treatment open 24/7 to maintain wellbeing in wales and over 3 counties*

### Neutral

Here are some observations from respondents:

- *Personally, equidistant from Withybush and Carmarthen would seem sensible*
- *Definitely close to one of the major roads with adequate parking but no other comments spring to mind*
- *No. Anywhere round there would be good*
- *I have no preference other than it must be easily accessible for people to get to it and use it's services*
- *No, other than has to be equitable and fair*
- *The location seems appropriate*

### Negative

Here are some observations from respondents:

- *No. Its madness! Do not base on geographical location base on population. Population determines need not points on a map!*
- *Moving resources away from LLanelli is an act of negligence as it isolates a population center in favour of a geographical center. Health services provide for a population NOT a geographical location*
- *It feels like Pembrokeshire people are considered second rate citizens. It makes me sad and angry to think of the stress and strain it will cause if services are moved from Haverfordwest*
- *Stop wasting limited resources on a grandiose vanity project no one wants*
- *If it has to be in that area ( I am not a supporter ) than as close to Carmarthen as possible*
- *Any site too far west would be a disaster for people living in Cross Hands and Llanelli*
- *I believe that a site further west than St.Clears is unacceptable*

- *I am baffled as to why you would want to build another hospital in the south when the people of Ceredigion have a huge distance to travel to access hospital care - either to Glangwili or Bronglais*
- *Living in my postcode we will be penalised by the suggested area for a new hospital*
- *You have enough Hospitals in South Wales how about Mid-Wales. You should not even be considering another hospital in the South of Wales*
- *N/A to Powys but as commented before a lack of a hospital in Powys is a disgrace*

### Themes relating to the new hospital and its proposed location

In order to best reflect the comments provided around the hospital and location, the responses were gathered into themes of feeling towards the hospital development and priorities for site location.

#### No change

- Don't need / want a new hospital
- Keep Withybush and Glangwili hospitals as they are
- Pandemic proved the importance of district general hospitals
- Invest in and fully staff existing hospitals

Here are some observations from respondents:

- *I DONT WANT A NEW HOSPITAL AT ALL*
- *Neither nobody I know wants a new hospital just improving our services*
- *We DO NOT need new hospitals*
- *No. Covid pandemic has shown that district general hospitals & their staff play a vital role*
- *We don't need new hospitals we need to invest in what we have*

#### Planning and utilities

- Issues obtaining planning consent
- Availability of mains services
- Need for compulsory purchase orders

Here are some observations from respondents:

- *Main services - water and electric should also be considered - location of main water mains. Planning will look at flooding, highways, accessibility and transportation as key issues to consider. They will also consult with Welsh Water regarding sewerage disposal*
- *No nominated site can have a realistic prospect of obtaining planning unless you have done a deal with the PCC [Pembrokeshire County Council]*
- *Good transport and rail links. Outskirts of Narberth, St Clears, close to railway station., CPO [Compulsory Purchase Order] will be Required*

- *No doubt you will have to compulsory purchase but you will have public opposition, there will be environmental issues etc especially for such a large area*

## Environment

- Develop a brownfield site
- Avoid land that is prone to flooding
- Allow for green spaces around the hospital

Here are some observations from respondents:

- *Possibility of a brown field site being available*
- *Finding a brown field site would be best*
- *Old Whittland creamery site , mindful that it will not be prone to flooding*
- *West of Whittland is bordered by land that is particularly prone to water saturation due to fluvial and riparian flooding*
- *Not on a flood plain*
- *Surrounded by a garden or wild area well planted with a lake. Subcontract to National Botanical Gardens*
- *There will be environmental issues etc especially for such a large area*
- *The extensive works scheduled for the area around Redstone Cross may present an opportunity for development there, subject to land availability. I suspect, given the number of objections to the limited re-routing of the A40 at that site by wildlife campaigners, a plan to construct a hospital there would be met with howls of protest*

## Not enough detailed information or local knowledge

- Live too far away to give an informed opinion
- Do not know the area
- Not enough detail

Here are some observations from respondents:

- *A detailed recommendation is hard to make for people who live over half an hour/fifty minutes away from the locations you're suggesting, which means that it is unfair as the further away people live from Narberth/St Clears, the harder it will be for them to offer a considered opinion*
- *No, I don't know that level of detail around the second part even if I did have a site in mind. I think that it would entirely depend on the reconfiguration of WGH and PPH*
- *If the health board can be as open and clear as possible, especially with what services will be available locally that would be very reassuring for everyone. We don't want to feel that we will be worse off. Perception is key*

## Criticism of consultation and engagement exercise

- The 2018 consultation was confused
- This engagement exercise has been badly managed

Here are some observations from respondents:

- *Given the poor and confused nature of the previous consultation most people in Carmarthenshire are entirely unaware that their hospital is being moved to a rural location potentially in another county. The existing consultation exercise has been extremely badly managed unless the outcome was to confuse residents*
- *While appreciating the Health Board's stated aims, its communications efforts are lamentable and its approach to public consultation fundamentally flawed. Public engagement should not mean people shuffling between tables in village halls to have their views triangulated, smoothed, and ultimately ignored*

### **New hospital is a waste of money**

- Stop wasting public money
- The money could be better spent improving existing sites and services

Here are some observations from respondents:

- **STOP WASTING MONEY**
- *Stop wasting limited resources on a grandiose vanity project no one wants*
- *The money would be better spent on improving existing hospitals*
- *The money you spend to get this off the ground would be better spent on getting things better at a local level*

### **Health Board ignoring people's views**

- New hospital not supported by the 2018 consultation
- The Health Board is not interested in the health and wellbeing of its patients and staff
- The Health Board is oblivious to the impact its decision will have on people

Here are some observations from respondents:

- *I don't believe the last consultation supported it. I believe the trustees want it but the public do not*
- *There is a general consensus of opinion that health boards make their decisions without really feeling the true cost to the public*
- *The Health board is only interested in creating a good impression and boasting that this has been done and that has been done, not in the health and well being of its patients and staff*

### **Political decision**

- Don't make this a political decision
- The decision will be made by politicians who don't live here

Here are some observations from respondents:

- *I would hope that the decision would be based on equity of transport to a new location on the balance of service delivery alternatives rather than the political decision of a new hospital in Pembrokeshire or a third one in Carmarthenshire*



- *The views of people living in Pembrokeshire are overlooked and decided by politicians who don't live here*
- *This is a political power grab designed to undermine our County [Pembrokeshire]*

### Location already decided

- The Health Board wants to build the hospital in Whitland

Here is an observation from a respondent:

- *Seems quite obvious you wish to build on flood plain outside whitland*

## 5. Programme Business Case – key priorities for location

This section focuses on people's responses to what is important to them for a hospital site, and what they feel should be considered.

The questionnaire asked people what they felt were the five most important things that the health board should consider when determining the best location for the new hospital once a suitable list of site nominations were presented.

### Where will the new hospital be located?

- Concerns about distance to hospital and how people would get there in a timely way; access to public transport;
- Fears about potential risk to lives, including some concerns expressed about the 'the golden hour'
- Worries about the rurality of location - needs to be central and local and provide access for people living in rural areas
- Queries about the suitability of site (within zone), ensuring there is room for expansion and digital connectivity

Here are some observations from respondents:

- *The new hospital may be sited far south for the needs of the majority but what about those who live a long way away without transport*
- *The Board must acknowledge that it is based in a rural area with poor infrastructure both physical and digital*
- *In emergency situations not having an A&E in Worthybush will mean that many people will lose their golden hour of care, which will increase the death rate*

### How will people get there?

- Need to improve public transport links (bus and train) – suggestions for new stations; cost / expense of transport
- Concern about good road networks (take into consideration traffic and congestion)
- Concerns about emergency transport - air ambulance; EMRTS (Emergency Medical Retrieval and Transfer Service); needs a helipad
- Wider transport concerns: community transport; access for people living in rural areas, transport out of hours; cycle shelters

Here are some observations from respondents:

- *The site for the new hospital should take account of the lack of investment in transport infrastructure west of Narberth, compared to east*
- *Must have adequate access to public transport (including a train station), preferably within 100 metres of a train station to allow those using walking aids easy access*
- *Air ambulance servicing and landing and takeoff facilities. First class recruitment and adequate parking for staff and visitors*

- *Consider worst case scenarios - Adverse weather No helicopter, Cleddau bridge be closed how precisely are patients getting to new site?*
- *Safe, separate cycle paths to the hospital are another important necessity*

## Parking

- Pleas for free parking and plenty of it
- Requests for plenty of accessible parking
- Allow sufficient space for staff parking

Here are some observations from respondents:

- *Good road access, adequate parking or visitors*
- *Future proofing the size. The car park for Glangwilli was probably designed for vehicles back when the hospital was built. The new hospital site needs to be sufficiently large as to allow for increased vehicle parking demand in the future*
- *Car parking needs to be suitable for provision.. no charges for staff*
- *Car parking should be in excess to plan for electric charging, and staff and patients should be able to park easily*

## Public transport to proposed site

- Concerns about public transport links (bus and train) to proposed site / zone, suggestions for new stations
- Worries about the costs of transport
- Identification of issues of access for people living in rural areas, the distance and challenges for older people, families etc.
- Concerns about the availability of transport out of hours

Here are some observations from respondents:

- *Public transport is not great down here and some people struggle to travel for care*
- *Transport is a disadvantage. Taking a child from their home and travelling to Carmarthen out of hours is horrendous as there is no public transport during these hours. Asking for a lift from friends neighbor's is hard when it's a short distance but long distance is worse*
- *Many people in Llanelli now rely on food/clothes banks, therefore the added cost of travel to access services would have a massive impact on those most needy within our communities*

## Road infrastructure for proposed site

- Major concerns about the suitability of the road network
- Worries about the traffic and congestion, particularly in the peak season summer months
- Acknowledgement the hospital needs to be close to the main road

Here are some observations from respondents:

- *The site for the new hospital should take account of the lack of investment in transport infrastructure west of Narberth, compared to east. Journey times from places like St Davids, Gwaun Valley, Letterston and Angle are along constricted roads, easily choked up in poor weather or by holidaymakers*
- *Speed is essential as there is a golden hour for many emergencies, and a new dualled A40 will help whatever*
- *The volume of traffic on pont lesvenen in Carmarthen at holiday times must be addressed as no emergency ambulance would get through this quickly*

### How will people access services?

- Concerns about addressing accessibility for wheelchair users
- Worries about access around and to the hospital site
- Fears about access to services
- Concerns about access to the hospital for people from the east, west, south and north boundaries of the Health Board

Here are some observations from respondents:

- *My mother is disabled and the old hospital sites are inadequate for wheelchairs users and lead to a situation where accessing healthcare requires planning. This isn't fair and any new services need to be designed in this way*
- *Allowing the people of Llanelli to access services in Swansea Bay NHS at Morriston. Why should we be forced to travel over an hour on poor roads to Narberth when we can drive 10 minutes up the M4 to Morriston. Poorly thought out*
- *Massive increase in road transport on the A40 which is already a very congested and dangerous road*
- *If the A40 is closed due to accidents or other issues, as happens throughout the year, a large portion of Pembrokeshire residents will not be able to get to the proposed A&E location. This has previously been an issue when travelling to Carmarthen*

### What services are available?

- Lack of detail / information about what services will be available at the new hospital
- Lack of detail / information about what services will be provided from Glangwili and Withybush
- What are the benefits of travelling this far to the new hospital?
- Need for visitor / patient accommodation

Here are some observations from respondents:

- *Better access to good well paid jobs for youngsters and better transport facilities to be able to access services*
- *The proposal is really vague, it is impossible to provide meaningful comment without more information on what services would be provided where*
- *Access to overnight accommodation for patients and family if needed*

## Attracting and retaining staff

- Noting importance of affordable staff housing near the hospital site
- Identifying the importance of easy access for staff
- Stressing the importance of affordable transport for getting to / from work for all staff pay grades
- Queries about the recruitment of staff to rural areas

Here are some observations from respondents:

- *How to support and maintain commitment and dedication of existing NHS staff and encourage recruitment of new staff*
- *Housing for the staff , the cost of living near the hospital for the staff and the amenities around the hospital*
- *Affordable Housing for staff members, for both professional and those on minimum wage!*
- *Free transportation*

## Cost

- Concerns about the cost of the new hospital and also the cost of the new site
- Queries as to who will be paying for the new hospital
- Worries about the financial implications for the Health Board
- Questions around whether or not it is cheaper to invest in existing sites and buildings

Here are some observations from respondents:

- *Accessibility for public and staff - Impact on the surrounding area, environmental, financial and social - Financial implications for Health Board - affordability - Is it future proof?*
- *Where will the money come from and will it detract for community care?*
- *You need to prove to the public you are not outsourcing costs to us and to the environment in order to balance your own books by centralising services*
- *You need to keep all the hospitals that you plan to shut open , maintaining and refurbishing hospitals is a lot cheaper then building new ones*

## Comments on the new hospital

- Many negative responses about the proposed new hospital
- People provided a range of issues for consideration as proposals for the new hospital are developed
- Very small number of positive comments about the new hospital, also some neutral comments

Here are some observations from respondents:

- *You have put together a very robust plan for future developments across the region*
- *Bleating on about clinical experts leading the decision making is cowardly. A doctor is no more qualified to choose a hospital site than a street sweeper*

- *Doesn't affect me*

## Future proofing

- Stressing the need for expansion in the future
- Consideration of sustainability in the design, build and future development of services

Here are some observations from respondents:

- *Adequate qualified staff, hospital large enough to cater for today and future needs*
- *Is it future proof? What other plans may be developed in the area in future that may positively or negatively impact on the hospital and its services*
- *Making the hospital fit for purpose not only when first built but to be sustainable 20 or 30 years in the future*

## Impact on environment

- Avoid greenfield sites, areas at risk of flooding
- Consider carbon footprint, including the use of green technology, decarbonisation etc.
- Impact on wildlife and local environment
- Sustainability, including green spaces for patients and staff
- Encouraging staff to use public transport to reduce the carbon footprint

Here are some observations from respondents:

- *Make use of the natural environment to help promote good health*
- *There will be environmental issues etc especially for such a large area*
- *If possible, pick a site which does not involve destruction of natural or green-field environment. i.e. brown-field preferred*
- *Somewhere there are green spaces around for staff*
- *The total life cycle environmental (carbon emissions of construction, occupation, demolition), air pollution from travel and the same), social and economic footprint, not just to the health board but to the staff, patients and visitors*

## Impact on local community

- Consider the impact of the new hospital on the surrounding area – population, environment
- Consider the disruption to communities during the building process

Here are some observations from respondents:

- *I feel that the survey should have considered the impact that a new build hospital, movement of staff and patients to a new site, etc would have on Welsh language usage in the area*
- *Recognition that the building phase will result in local disruption, but potential disharmony could be offset by providing jobs for local people*



- *Causing the least disruption to any local communities, low carbon footprint, transport facilities*

## 6. Understanding impacts

This section covers the responses gathered as part of the socio-economic impact and equalities questions within the questionnaire, and were split into two parts:

### a. Suitable and accessible services for all without disadvantage or discrimination

### b. The effects of poverty or reduced income on wellbeing or access to services

The questionnaires sought equalities and socio-economic impact information, however many of the statements were observations made by others who do not have a protected characteristic; they may have witnessed inequality or believe that there is potential inequality.

Responses here were divided between how people of protected characteristics experienced services, and there were some recurring themes in their responses such as rurality, difficulties accessing transport, poverty, mental health.

Practical considerations, for example medical sites that were not wheelchair accessible or information in inaccessible formats, were also raised.

The issue of virtual consultations featured strongly here with many older people expressing a preference for face to face rather than online or telephone conversations. Indeed, two respondents wrote about the anxiety they experienced when using the telephone.

Conversely, other respondents expressed a preference for the digital format as it meant not having to travel for appointments.

## 6a. Suitable, accessible and same standards for all people

### Age: Older people

- Difficult to access services due to distance, transport (including relying on family/friends), confidence using public transport
- Technology for virtual appointments: less ownership of computer/smartphone, skills (e.g. to send photos)
- Preference for face to face service
- Some noted felt less important / less likely to receive services in a timely way due to being older
- GP triage, forms and other health systems can be challenging for older people

Here are some observations from respondents:

- *Elderly and frail and disabled who don't have access to a car. My mother lives in a village in Pembrokeshire and is visually impaired. The current public transport would not allow her to leave her village to attend the new hospital site and return within the same day*

- *Elderly people are being discriminated against. Many do not have access to online facilities. People without cars are being discriminated against. Access to the proposed area excludes many people. Telephone or online consultations are a very poor substitute for face-to-face appointments*
- *I know some older people have had difficulty contacting GP's and the triage form is very complex and challenging and puts people off*
- *Phone or virtual apps where they can be conducted rather than unnecessary travel. Pembrokeshire has an ageing population who find travelling difficult and stressful*

### Age: Children and families

- Distance to travel to services in Carmarthen
- Disadvantaged as single parent to access services, e.g. need childcare for other children for longer time if live at a distance
- No access to Children Adolescent Mental Health Service (CAMHS)
- Lack of paediatric service in Pembrokeshire
- Bias against younger people, needs ignored, told 'you are too young' when trying to communicate needs

Here are some observations from respondents:

- *Impact of loss of education and socialisation for children*
- *To much taking away space from services. Need to reinstate face to face especially childrens services*
- *Loss of Puffin ward in Haverfordwest has had a detrimental effect on child health*
- *Positive impact on children and young people if purpose built child friendly facilities included in the site*
- *In my situation it is access to child mental health services which are failing. CAMHS literally told us that unless my child cuts herself or attempts suicide, they could/would not help us*

### Disability: Physical

- Hospital services are inaccessible for wheelchair users
- Difficult to use public transport, some unable to drive

Here are some observations from respondents:

- *My mother is disabled and the old hospital sites are inadequate for wheelchair users and lead to a situation where accessing healthcare requires planning. This isn't fair and any new services need to be designed in this way*
- *I feel that anyone who cannot or doesn't drive or who doesn't own a car will be negatively affected by having to travel further for hospital treatment or appointments. I also feel that this will affect disabled patients too, many of whom may have difficulties travelling for physical or mental health reasons*

## Disability: Sensory

- Visual impairment – need local services - difficult to use and rely on public transport (e.g. changing buses), reliant on others for transport, inability to drive
- Visual impairment – difficult to read signs to find way around, difficult to social distance
- Sign language – staff need to be trained to use basic British Sign Language – for deaf and learning disabilities
- Need to improve virtual appointments for hearing impaired over the telephone, not only with computers
- Clear masks to help hearing impaired to lip read

Here are some observations from respondents:

- *As a single person, with failing eyesight and who does not drive then local and accessible services are a must*
- *I haven't used them myself, but have heard that services for sight loss or severe sight loss, have not been very good. Where people could and have lost some or all their sight while waiting to be seen*
- *NHS staff should be able to use basic British Sign Language not only for the deaf but also many people with learning disability use signing*
- *Many deaf users of the health service have found it very difficult to communicate with NHS staff as they usually rely, to some extent, on lip reading and this is impossible when people are wearing masks. Clear masks could be available to help with this*

## Disability: Learning / Autistic

- Lack of awareness by many staff of learning disabilities and autism – more training needed
- Experience of difficulty in accessing services due to lack of communication between GP and OT
- More support needed for learning disabilities at hospital
- Vaccination – learning disabilities should have been prioritised
- Hospital and health service settings are overwhelming for people with autism

Here are some observations from respondents:

- *The health and wellbeing of autistic people and people with learning disabilities should be a priority. Often we get ignored but we need more support and autism and learning disability friendly services*
- *As a manager of a care home for clients with learning disabilities - having to take them further afield to appointments is not something that will benefit in any way*
- *In general, I don't ask for help from healthcare (even if I really need it) because I can't bring myself to face staff with incorrect understanding of autism, overwhelming environments and being misunderstood because of communication differences*

## Pregnancy / Maternity

- Having to travel out of county for maternity service due to high risk pregnancy
- Maternity and children's services too far away in Carmarthen for some

Here are some observations from respondents:

- *Many of my friends have struggled with maternity & childrens services ,too far away in carmarthenshire*
- *A midwife led maternity unit in Llanelli. Having to travel 15-20 miles to give birth? Lots of single mums in Llanelli without support & asking them to drive 20 miles whilst in labour!*
- *Phone or virtual apps where they can be conducted rather than unnecessary travel. Pregnant mothers ... find [unnecessary travel] difficult as do families with other siblings*

## Sex

- Removal of consultant-led women's and children's services which disproportionately affects women is an example of sex discrimination
- Bias against women

Here are some observations from respondents:

- *We need paediatric services in Pembrokeshire. Travelling an hour with a poorly child is an unacceptable offering of care*
- *There is a constant bias against women ... We need to ensure all Gps and consultants are treating patients with respect (and vice versa) and patients need to have a clear communication route to raise concerns when they feel they are being discriminated against or ignored*

## Race

- Access to better translation services for those whose first language is not English

Here are some observations from respondents:

- *Underserve groups and ethnic minorities are disproportionately affected by Covid-19*
- *Access to better translation support for eg my Syrian neighbours in both the hospital and surgery neds to be thought through more*

## Welsh language

- Need for Welsh-speaking staff

Here are some observations from respondents:

- *Welsh should be included as a preference. I am much more comfortable conversing in Welsh as it is a much friendlier language*

- *I feel that the survey should have considered the impact that a new build hospital, movement of staff and patients to a new site, etc would have on Welsh language usage in the area*

## Rurality

- Disadvantaged accessing services due to living in rural area

Here are some observations from respondents:

- *We are a rural area in Pembrokeshire with an ageing population and poor transport links and services. It has worked well to make testing and treatments centres as locally as possible. However for regular Nhs appointments centralising consultant appointments in Carmarthen for Pembrokeshire and Aberystwyth patients for example has caused transport problems for patients and not having 24 hour A&E services in Withybush is a terrible worry for patients*
- *Poor Wifi and phone signal in many areas*
- *This is a rural area with a widespread population, changes that work in urban areas won't necessarily work effectively here*
- *The Board must acknowledge that it is based in a rural area with poor infrastructure - both physical and digital*

## Impacts on individuals with protected characteristics

The effects on individuals in accordance with age, sex, race and other protected characteristics and how the impacts may differ between different groups have been gathered in recurring themes and the below are the issues raised in response to this question.

## Distance / travelling times

- Pembrokeshire and Llanelli feel discriminated against due to distance from services
- Long travel times to access services has an impact on people
- The new hospital location in a rural area will lead to discrimination against less affluent residents
- Cost of travel to new hospital or lack of car ownership

Here are some observations from respondents:

- *My GP visits require 2 buses, the receptionist do not understand that my journey can take up to 1.5 hours and are not flexible enough when making appointments*
- *If they cannot drive , have no family so rely on neighbours who cannot drive to visit them , or have not got the time to get to the new proposed hospital !*

## Access to technology

- Data poverty, affordability of data on mobile phone
- Cost of connection to broadband in some areas,
- Lack of ownership of computer, smartphone or tablet



- People who don't have computer skills feel disadvantaged
- Poor mobile phone signal, wifi and broadband connection
- Alternative access to technology eg libraries, community centres
- More support needed to help people with online consultation

Here are some observations from respondents:

- *The biggest issue I have seen is what I would describe as data poverty. There is an assumption that people can get to the internet, but during the pandemic with libraries shut, people were relying on smartphones with limited data. This is an issue when trying to run a consultation, using things like econsult, etc. If digital is the way forward we need to ensure that we have a limited data impact, or we are able to provide accessible venues (almost like internet cafes) within health premises which people can use. An example of this had been people living in supported living after being discharged from wards, but lacking a data plan to cover video calling, and the provide being unable to open their wi-fi platform because it was for business use (could be a commissioning workaround)*
- *People who have felt isolated in the pandemic because they can't manage the technology, have no one to ask or who they don't want to ask because they worry about feeling foolish*

## Transport

- Flexible appointments needed due to public transport times, distance
- Need for good public transport to support those needing urgent care
- Need for parking when patients, family, carers or staff arrive at the hospital

Here are some observations from respondents:

- *Where visits are necessary, can visiting be flexible to allow the use of public transport or could 'hotel' accommodation be available for those travelling a distance*
- *Elderly and frail and disabled who don't have access to a car. My mother lives in a village in Pembrokeshire and is visually impaired. The current public transport would not allow her to leave her village to attend the new hospital site and return within the same day*
- *Access availability for single parents on low income, people with no available transport, ease of parking for those that do have transport and plenty of parking (free), for hospital staff*

## Mental Health

- Families struggling to get support for people with dementia
- Staff need training on dementia
- Phobia of using telephone due to anxiety or disability

Here are some observations from respondents:

- *The enormous impact on unpaid carers and the people they care for; especially if they suffer from dementia*

- *Due to the fact that dementia is bizarrely not considered to be a disease that qualifies for care to be paid for via the NHS budget but that patients with dementia have to pay for their care many family members who are carers try to keep care going for as long as possible ( of course there are other reasons for this as well). But all day care services/ groups/ support for both carers as well as people with dementia have stopped totally and are still not back up and running*
- *Carers have stated that health staff need further training in regard to dealing with people living with dementia and people with learning difficulties in the hospital ward setting.*
- *Patients with anxietis relating to making/accepting telephone calls have been hung out to dry during the pandemic*
- *There is a stigma within the Local and wider NHS regarding Mental health*

## Flexible Service Provision

- People want to be able to access services without having a great impact on their lives or others
- Single parents and those with dependents lose disproportionately longer time from their day to attend appointments where they are not virtual
- Service delivery doesn't take into account access or travel time for the patient.

Here are some observations from respondents:

- *Phone or virtual apps where they can be conducted rather than unnecessary travel. Pembrokeshire has an ageing population who find travelling difficult and stressful. Pregnant mothers also find this difficult as do families with other siblings*
- *Time off work will be longer when attending an appointment and time off school will be longer. A 10am appointment will result in a whole morning off!*
- *Timing of appointments no consideration given to travel time or ability of clients to attend*

## Communities

- Importance of strong communities, but not all areas have a strong sense of community
- Some communities may need support to be able to achieve the same level of sustainability as others

Here are some observations from respondents:

- *The new Neyland Hub seems to be a good example of this. Library, restaurant, sports facilities all in one place. Using it as the vaccination hub plus polling station have raised awareness of its existence. Clubs and activities need to use the new facilities*
- *I think a 'Social model of health and wellbeing' is mostly required due to a breakdown in local community and multi generational acceptance and sometimes embracement of conditions and their status quo. The priority should be to identify failing areas and invest time and effort in moving these communities forward from*

*where they have sunk too - its a 'horse before a cart' approach we need, not sticking plasters after the event!*

- *Your document speaks enthusiastically about 'communities,' but the reality is that they have been fragmented by Covid, existing fragilities have fractured and this cannot be rebuilt from the top down, it has to be organic*

## 6b. Effects of poverty or reduced income

This section focuses on what people said were the effects of poverty on health and wellbeing, or access to care. Some of these are direct experiences, while others are what people have witnessed around them.

### Costs of travel

- Cost of travel to appointments which increase if services are further away, including to specialist services
- Households without cars face particular struggles and hardship
- Taxis are very expensive
- Cost of visiting patients in hospital

Here are some observations from respondents:

- *The availability of public transport and the cost of travelling to hospital. Some people will be unable to access appointments and treatments if there is no public transport and/or if it is too expensive relative to their income. Could some satellite sites or mobile units be used for some services and treatments?*
- *I have to resort to using taxi's at a huge expense, which means on a reduced income other bills do not get paid*
- *How do people visiting inpatients who don't have cars get to and from the hospital?*

### Public Transport

- Cost of public transport, increase the further away the services
- Inadequate or no public transport, especially in rural areas

Here are some observations from respondents:

- *For those travelling by public transport, it will cost more to access services when they are located further away*
- *Public transport is poor with no buses on a Sunday at all and road links that can become blocked for various reasons especially in Winter*
- *There are a lot of areas with no bus service and a Taxi is too expensive*

### Other transport

- Community car / volunteer driver schemes can support
- People who rely on non- emergency transport have long journeys with early starts and long waits to return home, particularly for people having cancer treatment, etc.

Here are some observations from respondents:

- *Negative Distance to travel for long term patients, low income households*
- *Rural travel is time consuming and environmentally and financially costly. Do everything possible to minimise the need for it*

## Childcare costs

- Childcare costs, especially for single parent households and people without support networks, further increase when need more time to access services further away from home

Here is an observation from a respondent:

- *Please consider connected appointments for our children and families, to reduce time off work, extra child care costs - to meet in an environment where all can meet necessary professionals in one place*

## Health and Well-being

- Cost of eating healthily
- Effect of a poor diet on well-being and health and increased levels of obesity, heart disease, diabetes and cancer
- Increased need for food banks, especially during the pandemic, for many, including families and children

Here are some observations from respondents:

- *People losing their jobs or already on reduced income will have problems accessing good healthy food as junk food is so very cheap*
- *Poverty has a knock on effect on the health of the population, people on low incomes are prevented from eating a health diet ultimately this will affect levels of obesity, heart disease, diabetes, cancer*
- *I have seen the impact during COVID of increased use of food bank and need for voluntary support to families and vulnerable adults*

## Impact of poverty

- People have to choose between paying for transport to hospital and food or electricity/heating
- Sometimes people make the choice not to go to hospital due to cost
- Digital poverty – not able to afford equipment, cost of broadband / data on mobile phone

Here are some observations from respondents:

- *Travelling further is more costly and people will choose between travelling to hospital over food or heating which could be contributing to their health problems*
- *Access to care is limited now as people in poverty cannot simply make a trip to A and E at a moments notice. I have been in that position where i had to decide on petrol to go to A and E or electric. Moving services further away will mean those who need access will choose not to as they may not have the funds to do so*
- *Poverty / reduced income would effect virtual services as lack of access to internet , tablet , smart phone etc*

## Additional costs

- Cost of additional resources such as continence pads, podiatry, ear hygiene on a low income
- Cost of accessing exercise facilities or programmes, including transport
- Access to NHS dental care has been reduced significantly due to the pandemic, and people on lower incomes are more disadvantaged as cannot afford private dental treatment

Here are some observations from respondents:

- *Better wellbeing services that do not cost or run only during the day. Flexible appointments so that public don't have to take time off work to attend and loose out on pay*
- *Being asked to pay for services such as continence pads, nail cutting and ear wax removal, dental treatment etc has been a common issue*
- *Dental services. NHS patients cannot always afford any form of treatment and have been referring to DIY dentistry*

## Appointments

- Time taken off work to attend appointments affects income
- Pharmacy opening times did not support some who were working, requiring time off to attend

Here are some observations from respondents:

- *Flexible appointments so that public don't have to take time off work to attend and loose out on pay*
- *Local Pharmacy reduced opening times made it difficult for me to collect my routine medication as I was unable to get home from work before the Pharmacy closed at 4pm. They were also closed at lunchtimes*

## Mental health

- Poverty and reduced income has a detrimental effect on mental health, which has further increased due to the pandemic
- Mental health issues can have an effect on physical health and well-being

Here are some observations from respondents:

- *Many people who live on or below the poverty line/reduced income may have experienced mental health, anxiety issues and wellbeing over the COVID period. Further support services need to be available to address these issues before they escalate. Some people may find it difficult to access services due to stigma, low self esteem, lack of information etc*
- *Poverty impacts so many aspects of life from diet/ physical health/ mental health issues/ lack of educational opportunities/ antisocial behaviour/ crime etc*



- *I also accessed my GP over the telephone to support me with mental health at that time, i didn't feel i needed a face to face appointment and having a telephone call at home suited me without the need to leave work to attend my GP practice.*

## Impact of pandemic

- Pandemic has placed more people in the 'poverty trap'
- High dependence on food banks

Here are some observations from respondents:

- *The pandemic has placed more people in the poverty trap, people have no jobs and subsequently they may be forced to sell their homes to try and survive*
- *Many people in Llanelli now rely on food/clothes banks*

## What impacts should the Health Board consider when it is planning its services?

### Travel

- Need subsidised or reimbursed travel costs for people on low incomes
- More community based services so people do not have to travel so far
- Offer the option of non-emergency patient transport to people on low incomes

Here is an observation from a respondent:

- *I live off ESA (£80 a week). I don't have a bus pass.... there are large portions of the population in Llanelli in similar situations. A bus to GGH... it's actually 4 buses & a 5 hour round trip. Do we really expect a pensioner or disabled person with walking issues to sit in relatively uncomfortable circumstances for 5 hours to attend an appointment that could be provided in their local area? How does someone on £80 a week afford a bus ticket to Carmarthen? What about visitors? Can an elderly/disabled/poor person visit loved ones? Buses in Llanelli don't run past 6pm. How does a patient/visitor get home? Emergencies... How does a vulnerable person access emergency care without having to dial 999? A foundation stone of the NHS is to provide free healthcare... free at the point of entry... but it needs to be free for vulnerable persons to get to & use services too*

### Appointments

- Health Board should offer flexibility of appointment times to limit the amount of time needed to take time off work
- Offer digital appointments to reduce need to travel
- Offer digital appointments locally e.g. at local GP or community centres for people without access to technology, skills or broadband / data

Here are some observations from respondents:

- *Health needs to be flexible to meet our day to day needs*

- *Reducing need to travel to certain appointments by the use of alternatives like attend anywhere*
- *If a digitally excluded patient does not have internet at home, they can attend a facility in their local integrated centre or community hub, to allow access to a follow up outpatient appointment*

## Lack of equity

- Everyone should have equity of access regardless of income, rurality, age, race or background

Here are some observations from respondents:

- *Look at which groups took up and benefited from technological usage and which didn't and plan accordingly in relation to future services to ensure equitable provision. Many older people living alone and/or without access to technology are unable to access services provided only by those means*
- *I would hope that the decision [of the new hospital site] would be based on equity of transport to a new location on the balance of service delivery alternatives*
- *Don't let one group's needs dominate, continue to see the bigger picture and plan for equitable provision for all*

## Section 4: Feedback from other sources

The engagement exercise produced feedback from other sources beyond the wider questionnaire. This included meetings with Health Board staff, partner organisations, stakeholders, equality groups, etc. as well as people who wanted to directly contact the Health Board with their thoughts and feelings.

The section is broken up into separate groups detailing the involvement of groups or individuals, how they shared their feedback, and what they wanted to say which has been themed in a similar way to the questionnaire analysis.

### Feedback from meetings with Health Board staff, partner organisations and other stakeholders

Representatives from Hywel Dda University Health Board attended a range of meetings with staff, stakeholders and partner organisations as listed below.

Name of Meeting	Date	Method of involvement	No of attendees
Senior Nurse Management Team Meeting	13 May 2021	Meeting	32
Health Professional Forum	17 May 2021	Meeting	9
Pembrokeshire Staff Partnership Forum	18 May 2021	Meeting	15
Carmarthenshire Staff Partnership Forum	18 May 2021	Meeting	17
Ceredigion Staff Partnership Forum	18 May 2021	Meeting	19
Capital, Estates and Information Management & Technology Sub Committee (CEIMT) Sub Committee	24 May 2021	Meeting	
Healthier Pembrokeshire Operational Forum	27 May 2021	Meeting	29
Health Board Dietetic Service	2 June 2021	Questionnaire	
Health Board Staff Online Event	3 June 2021	Meeting	100+
Therapies and Health Science Forum	7 June 2021	Meeting	12
Senior Nurse Management Team Meeting	10 June 2021	Meeting	30
Community Nursing Team Pembrokeshire	16 June 2021	Meeting	5
District Nursing Lead Meeting	16 June 2021	Meeting	
People Property and Performance Committee (PPPAC)	24 June 2021	Meeting	
LMC	8 July 2021	Meeting	8
Stakeholder Reference Group	16 July 2021	Meeting	15+

## COVID-19

### Impact on health and wellbeing

Sub Theme	Main Issues and Example Comments
Staff - experiences	<p>Staff left loved ones who were at risk so stayed in hospital accommodation some moving away from their vulnerable loved ones for weeks at a time. Staff were often concerned about close families members who were at high risk from Covid and whether they would pass infection on to them</p> <p>(Senior Nurse Management Team)</p> <p>GP's and other specialist services such as dieticians, physios, OT's etc simply stopped going out whereas the District Nurses were expected to continue going out to patients as normal and felt unsupported by other professional groups. One DNTL said a member of her team told her they felt like 'cannon fodder'.</p> <p>(District Nursing Leads Meeting)</p> <p>Community Services. It has been phenomenally scary and hectic in many ways. District nurses became infected hard to replace staff and GP surgeries went completely down. Encouraged patients to use walk in centres. Community case load of patients increased vastly. Staff were redeployed to secondary care which was understandable but left community services vulnerable staff. Scared to go back and do this again.</p> <p>(Senior Nurse Management Team)</p>
Staff Wellbeing	<p>Staff tired and some expressing feelings of burn out concern no time to recover as demand high and retention of skilled experienced staff. (Pembrokeshire Staff Partnership Forum)</p> <p>Feelings of isolation and disembodiment. Tired and exhausted after running on adrenalin during pandemic.</p> <p>(Therapies and Health Science Forum)</p> <p>What's reasonable to expect and ensuring staff are empowered to call out when what's expected is not do-able or sustainable – there is a risk with the multiple demands services now face as we are in Covid recovery that team members who were challenged during Covid will be under further unsustainable pressure (keeping in mind that our services should be safe, sustainable and kind).</p> <p>(Therapies and Health Science Forum)</p> <p>Staff wellbeing need to be continued and not just a part of the pandemic.</p> <p>(Senior Nurse Management Team)</p>

	<p>Support needed for all bands of the nursing teams rather than focus on registered nurses only.</p> <p>(Senior Nurse Management Team)</p>
Staff development and deployment	<p>Although there was staff resentment in being deployed we have seen real benefits; staff have up skilled, gained new skills, confidence has grown and are able to adapt.</p> <p>(Senior Nurse Management Team)</p> <p>Important to maintain Health Board wide training and competence. Continue to support staff that may need to be deployed in the future.</p> <p>(Senior Nurse Management Team)</p> <p>Developed new roles need to embrace e.g. band 4s</p> <p>(Pembrokeshire Staff Partnership Forum)</p>
Mental Health	<p>Totally acknowledge and agree with the comments in relation to long Covid, therapies, rehabilitation etc, can we also keep in mind the impact COVID has had upon Mental Health.</p> <p>(Health Board Staff Online Event)</p> <p>Impact on mental health due to pandemic and influence of therapies to improve health and wellbeing e.g. increase demand on services.</p> <p>(Therapies and Health Science Forum)</p> <p><i>From a service perspective we stood down routine services during Covid and as a result some people's needs increased, this has resulted in escalating concerns including for children and for mental health patients (with a very large increase in the number of adults and children with eating disorders) &amp; the service is now experiencing an over whelming urgent demand.</i></p> <p>(Dietetics Service)</p>
Deterioration	<p>Increase complexity of those in community due to pandemic e.g. Shielding has increased demand on community services.</p> <p>(Pembrokeshire Staff Partnership Forum)</p> <p>Complexity of caseloads e.g. all population groups have been affected including reduced functional ability of those with chronic conditions therefore management of people takes longer, needs more rehab.</p> <p>(Therapies and Health Science Forum)</p> <p>Impact on staff need to be careful as increased demand and complexity of patients due to effects of pandemic.</p>

	<p>(Ceredigion Staff Partnership Forum)</p> <p>Also need to ensure we address the rehab needs for the patients indirectly affected by Covid - massive gaps in rehab pathways for people affected by cancer pre Covid. Clinically we are seeing people entering our cancer pathways much more fragile and deconditioned and are going to have to live with far more consequences as a result of their treatment.</p> <p>(Health Board Staff Online Event)</p> <p>Importance of prehabilitation as patients waiting longer and deconditioned- increased demand for therapies.</p> <p>(Therapies and Health Science Forum)</p> <p>From palliative care and lung team point of view – seeing aftermath now and things will get far worse. People dying before they get seen due to late diagnosis, dealing with aftermath. MDTs were a problem, not having these in GPs, GPs even not knowing what's happening with their patients. What did work well is that service continued, did a lot via telephone. Had to do some face to face. Certainly seeing the aftermath now across all services.</p> <p>(Community Nursing Teams Pembrokeshire)</p> <p><i>Need for pre-hab for people facing surgery who may be more de-conditioned.</i></p> <p>(Dietetics Service)</p> <p>Dietetics are seeing a significant increase in patients presenting with eating disorders in adults and paediatrics,</p> <p>(Dietetics Service)</p>
Obesity	<p><i>At population level increasing obesity &amp; increased risk of alcohol dependence with health impacts that will follow</i></p> <p>(Dietetics Service)</p>
Backlog	<p>There has been an increased delay for many patients accessing hospital services and waiting times are now the longest they have been for 20 years. Patients have been accessing GP services over this time who are feeling very tired and have been managing a lot of patient's conditions that they should have attended the hospital for. Patients have also had to travel great distances with little secondary care services delivered close to home.</p> <p>(Health Professionals Forum)</p> <p>Health and wellbeing of at risk population e.g. diabetics, obese – patient anxiety increased enormously due to significant waiting lists.</p> <p>(Therapies and Health Science Forum)</p>



	<p>The need to manage the patients on the waiting lists. There needs to be a readdressing of the links between primary care, secondary care, community and social services many of which have become fragmented during the pandemic with GPs picking up the pieces. We need to build on the advances of the use of technology during the pandemic.</p> <p>(Health Professionals Forum)</p>
Impact on elderly	<p><i>Older people with long term health needs who were shielding are at risk of functional decline and malnutrition may be a factor.</i></p> <p>(Dietetics Service)</p>

### Access to services

Sub Theme	Main Issues and Example Comments
Access	<p>Equitable accessible outpatient's phlebotomy service across the Health Board. Huge impact on cancer patients needing pre-treatment regular bloods– became a big problem as soon as COVID struck but now supported by community Testing Units but need to consider long-term solution for phlebotomy.</p> <p>(Senior Nurse Management Team)</p> <p>Pandemic has changed the view for some services being delivered on acute hospital site. Shift in some services from acute to community focus e.g. cardiac physiology monitoring set up at Leisure Centre and Antioch Centre as patients didn't want to go to hospital and consider in future need for taking up so much space in hospitals to deliver service but provision required in community hubs. Hard to deliver clinical engineering in the community it is a challenge to how do we shift that model?</p> <p>(Therapies and Health Science Forum)</p> <p>GP's not always clear on the management of red and green patients specifically for red clinic/practice nurse patients which were referred to district nursing because they were red not because they were housebound.</p> <p>(District Nursing Leads Meeting)</p> <p>Several flagged the loss of community services e.g. Day Centres, led to a greater demand on services. Not having regular Day centre contact resulted in more 'personal care' being required from services. In one instance, a patient who regularly attended a Day Centre 5 days a week previously, has now become a regular problem caller of</p>

	<p>ambulances. Day Centre closure has had an impact on Mental Health.</p> <p>(District Nursing Leads Meeting)</p> <p>How do we move away from GP being gate keeper to services? Not using some of the access approaches in place and promoting these. How do we stop people bottlenecking at GPs. How do we promote self-referrals and triage self-referral to get people through to services.</p> <p>(Community Nursing Teams Pembrokeshire)</p>
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### Experience of services during the pandemic

Sub Theme	Main Issues and Example Comments
Digital	<p>Caution of the over reliance of using IT to support digital pathways. Still need face to face function but only using digital could be going too far.</p> <p>(Senior Nurse Management Team)</p> <p>IT, we lose efficiency due to IT. Patient records in particular, if we had an integrated patient record that would save a lot of time for everyone. No duplication and replication of process and activities. Systems and infrastructure not fit for purpose. Sitting in community locations. GP networks, health board, layers of complexity in delivery of our IT infrastructure. Buildings and systems not working for us.</p> <p>(Community Nursing Teams Pembrokeshire)</p> <p>Survey of patient experience has shown mixed results with some favouring digital appointments and others feeling they needed face to face.</p> <p>(Therapies and Health Science Forum)</p> <p>Many elderly could not access digital without support of relatives.</p> <p>(Pembrokeshire Staff Partnership Forum)</p> <p>Patients receiving remote appointments has proven effective and accessible. Phone appointments also working well, although some difficulties for those with hearing problems. Challenge also for children especially young children.</p> <p>(Therapies and Health Science Forum)</p> <p>Digital poverty has impacted on equality of service and outcomes.</p> <p>(Therapies and Health Science Forum)</p> <p><i>Dietetics increased their use of digital platforms and phone clinics to support community and OP patients in Covid but we are not yet clear</i></p>

	<p><i>whether these have been well experienced by all patient groups and whether the outcomes of working with patients virtually are comparable to face to face. We also don't know if these new ways of working may have unintentionally excluded patients or reduced their access to services.</i></p> <p>(Dietetics Service)</p> <p><i>We do have positive patient feedback in relation to virtual clinics and patient groups for people accessing the specialist weight management service.</i></p> <p>(Dietetics Service)</p>
Impact on services	<p>Prioritised hospital care but impact on many areas now.</p> <p>(Ceredigion Staff Partnership Forum)</p> <p>People's appetite to engage, people withdrawing as they've been told to stay home, so not presenting into settings as per norm. Demand now increasing because of this.</p> <p>(Community Nursing Teams Pembrokeshire)</p>
Staff - experiences	<p>Effects of deployment of school nurses to other services. In other areas in Wales, where not deployed and contact maintained digitally better outcomes have been seen. COVID has had major impact on staff in this area.</p> <p>(Senior Nurse Management Team)</p> <p>Staff members raised the issue of how people are becoming increasingly demanding, and felt that the whole 'Covid let's be nice to each other' is no longer the case. Especially where people's families aren't local e.g. families in London – attitude 'oh the District Nurse can just pop in and see if everything is fine.' Staff are coming across the attitude 'people want it now', and 'what do you mean you're not going to do to it'</p> <p>(District Nursing Leads Meeting)</p> <p>Non NHS Nurses. Nursing homes have had a rough ride. The clap for NHS - nursing home staff felt left out. Nursing homes were flooded with patients and saw a huge number of deaths. Nursing Homes have done fantastic work despite how they felt.</p> <p>(Senior Nurse Management Team)</p>

Workforce – recruitment	<p>Generally felt that the Covid recruits generated more work, due to the speed of recruitment all the paperwork and forms were incorrect. Some recruits were signed on and unreliable or got paid and didn't really work. E.g. B2 phlebotomy recruit did the course and then went off sick as wasn't up to doing the job. Lack of ownership of redeploying.</p> <p>(District Nursing Lead Meeting)</p>
Learning through COVID-19	<p>New ways of working, integrating with local authority partners, not just around ill health but promoting wellness and prevention. We can share experiences and through the evaluation of new methods can show successes. Evaluation is important.</p> <p>(Senior Nurse Management Team)</p> <p>It is really important we continue to look forward and not backwards. Need to embrace change. Working in an integrated approach with local authorities will help us keep patients out of the front door. Preventative work will be one enabler.</p> <p>(Senior Nurse Management Team)</p> <p>Change community services. Look at what has worked well - hubs and bringing things into the community; the importance of home visiting services; Attend Anyway is a good example. Integrated services e.g. Pathfinders, Flying Start. We need to build on these.</p> <p>(Senior Nurse Management Team)</p> <p>COVID has completely changed how outpatients system works. More on board with virtual platforms, fewer nurses needed. Capitalise on momentum of COVID. Different support need in outpatients. We need fewer nurses but more additional staff. Can work differently.</p> <p>(Senior Nurse Management Team)</p>
Partnership Working	<p>Collaborative working has been very positive.</p> <p>(Senior Nursing Management Team)</p>
Praise for Staff	<p>As the pandemic has emerged, the profile of nursing has improved. There is a recognition of the contribution of nurses across the organisation. Nurses were central to the creation of field hospitals and to the responsiveness of services. Nurses seen in a positive light.</p> <p>(Senior Nurse Management Team)</p> <p>General comment made that the HB dealt with COVID-19 well.</p> <p>(Pembrokeshire Staff Partnership Forum)</p>

Staff facilities	<p>One of the Senior Nursing Sisters at South Pems Hospital fed back the importance of having sufficient facilities such as changing rooms and staff rooms which were large enough and safe to use during the pandemic. Regularly have 15/16 staff on the ward at one time and far more if you add in Dr's and ANP's.</p> <p>(District Nursing Leads Meeting)</p>
Rehabilitation	<p>Rehab needs to be prioritised so people can live independently. Therapists are key workforce with a rehab approach.</p> <p>(Therapies and Health Science Forum)</p> <p>Prehabilitation essential especially due to lengthy waits.</p> <p>(Therapies and Health Science Forum)</p> <p>Not just focus on long Covid rehab but rehab of all population groups affected e.g. deconditioning due to shielding.</p> <p>(Therapies and Health Science Forum)</p>
Support to access vaccination centres	<p>Free transport to vaccine centres. Try to reach everybody although distance still going to be issue. Could we support financially those who cannot afford to travel? Fire Service, country cars to help over 70's/ 80's. Make appointments to suit individual's needs e.g. elderly don't like to go out in the dark, younger prefer late appointments. This was seen for vaccine clinics.</p> <p>(Senior Nurse Management Team)</p>

## Healthier Mid and West Wales strategy

### What else do we need to take into account since published 2018

Sub Theme	Main Issues and Example Comments
COVID-19 experiences can progress strategy	<p>Command and Control Structure provide support to operational teams to make quick decision allowing changes to be made quickly. Promoting empowerment.</p> <p>(Senior Nurse Management Team)</p> <p>The need for transitioning our services towards the strategy was and still is key, the pandemic gave us a jump start.</p> <p>(Senior Nurse Management Team)</p> <p>Build on the good work that has happened during COVID. Taking services forward. Enable consideration of how we could deliver services differently. Teams worked quickly to review ways of working.</p> <p>(Senior Nurse Management Team)</p>

	<p>COVID has made us think differently on how we deliver our services. Need to be able to move quickly to delivery patient care and not be too tied to the strategy.</p> <p>(Senior Nurse Management Team)</p> <p><i>Services are facing a 3 fold challenge:</i></p> <ul style="list-style-type: none"> <li>o Covid catch up - increased demand &amp; complexity</li> <li>o The need to address the health impacts of Covid (both long covid and wider)</li> <li>o Ensure we are actively supporting shift towards prevention and health improvement which for dietetics includes providing significant increased training &amp; education.</li> </ul> <p>(Dietetics Service)</p>
Time delay since Strategy	<p>There has been a long period when we have not heard of TCS – there are a lot of questions “where is it going to be”. COVID has taken up a lot of time since the strategy. Are we on track or has COVID knocked us back?</p> <p>(LMC)</p>
Impact on South Ceredigion	<p>From Aberaeron down is significantly affected by HB strategy, as will Bronglais be because service provision may change across the whole health board.</p> <p>(Ceredigion Staff Partnership Forum)</p> <p>How far south do we need to pull up to Bronglais? Is the cut off the bridge in Cardigan? Need to review and make decision on this so can model.</p> <p>(Ceredigion Staff Partnership Forum)</p>
Clear strategic vision	<p>Need for clear vision and not just focus on new hospital provision.</p> <p>(Therapies and Health Science Forum)</p>
Community model of health and well-being	<p>Need to demonstrate changes and invest in community so can see visible shift not just focus on new hospital.</p> <p>(Pembrokeshire Staff Partnership Forum)</p> <p>Community provision is key and need invest in this.</p> <p>(Ceredigion Staff Partnership Forum)</p>



	<p>Community premises/work spaces must be just as important as the new hospital site. Need to ensure ability to provide services within all hubs for Therapies and Health Science Forum services.</p> <p>(Therapies and Health Science Forum)</p> <p>Therapies essential to support social model for health delivery and shift to support our communities and help people live well.</p> <p>(Therapies and Health Science Forum)</p> <p>If care is to be closer to home then perhaps we should scrutinise the community facilities we have and look at how we can share these better; GP surgeries, pharmacies, village halls! Please more investment into community services.</p> <p>(Pembrokeshire Staff Partnership Forum)</p> <p>As much health care as possible needs to be delivered locally and not centralised.</p> <p>(Health Professionals Forum)</p> <p><i>As a HB continuing to foster &amp; promote culture / ethos of well being (vs ill health) and ensuring HB sites are exemplars of good health and well being benefiting both staff and patients / visitors and acting as models for well being. Working with / understanding how we can support or enable communities to continue to volunteer and contribute to their community well being (as in Covid) - is there potential to extend this to other community led initiatives e.g. community gardens &amp; produce co-ops</i></p> <p>(Dietetics Service)</p>
Community Hubs	<p>Health in the High Street. Hubs in the High street offering ophthalmology, blood test appointments etc. Taking patients away from the hospital and clinical environment.</p> <p>(Senior Nurse Management Team)</p> <p>Look at mobile hubs due to rurality. Having the ability to move around our community e.g. emulate the breast cancer mobile units in car parks. We take the services to our population.</p> <p>(Senior Nurse Management Team)</p> <p>Polyclinics in towns and city centres are the way forward for accessibility and equitable for all.</p> <p>(Senior Nurse Management Team)</p>

	<p>Need hubs in rural locations too.</p> <p>(Senior Nurse Management Team)</p> <p>Community service clinic – patients seen by nurses. Opportunity for early intervention and support. Health education – more of this. Hubs to include multi-disciplinary teams. One stop shop.</p> <p>(Senior Nurse Management Team)</p>
Care closer to home	<p>Tests for MRSA, blood tests routine tests for surgery far better to undertake at GP surgery/other care setting. Bring care closer to home and avoid coming into a hospital environment. GPs need to be brought on board to help us with this in the future.</p> <p>(Senior Nurse Management Team)</p> <p>We are at risk of needing to build a monster of a new hospital as we will never cope without 'beds' - unless we can realise them as beds being in people's own homes.</p> <p>(Senior Nurse Management Team)</p>
Role of GP Practices	<p>Need to do work to understand the role general practice has played in maintaining health services throughout the pandemic and make sure that if this is to continue it is resourced appropriately.</p> <p>(Health Professionals Forum)</p>
Developing services	<p>How we develop the services vision. The hospital will take time to build; need to evolve services now to ensure that what we've done dovetails with the new hospital. There will be a long period to develop services while the hospital is being developed.</p> <p>(Senior Nurse Management Team)</p>
Integrated Services	<p>Therapies have key role influencing a social model for health e.g. integration with leisure services and 3<sup>rd</sup> sector.</p> <p>(Therapies and Health Science Forum)</p> <p>Easily accessible integrated services to support people in their own communities not bring them to hospital sites.</p> <p>(Therapies and Health Science Forum)</p> <p>More work to do with local authority partners and leisure centres. Carmarthenshire have a bit more integration.</p>

	<p>(Community Nursing Teams Pembrokeshire)</p> <p>There needs to be greater integration in health and social care focused around the patient and GP population with extension of the primary care team. We need to stop thinking about and delivering care in silos.</p> <p>(Health Professionals Forum)</p>
Community Venues	<p>Non health settings in communities are crying out for usage. Libraries, Community Centres spring to mind.</p> <p>(Health Board Staff Online Event)</p> <p>We have seen major rise in footfall in Library spaces due to people being displaced from offices and bases, struggle to provide accommodation where folks can take active part in meetings &amp; online learning.</p> <p>(Health Board Staff Online Event)</p> <p>How do we do more health based activity in places like leisure centres, inclusive wellbeing?</p> <p>(Community Nursing Teams Pembrokeshire)</p>
Self-care and prevention	<p>Tele health starting soon. Give someone an IPAD linked to blood pressure, weighing scales, etc. Get people to monitor them daily and text if a problem. It's a way of formalising daily and physical measures that people do and alerting them when to call for help. Tunsdale do a question tree that they work through. How do we help people to be proactive in their community? Understanding of demographics. We need to review demographics and life stages and conditions. Interesting to see e.g. diabetes and stroke with the older population and the demographic curve getting older then strokes likely to be xxx how do we understand that equally with diabetes and prevention. Need to be active in supporting prevention.</p> <p>(Community Nursing Teams Pembrokeshire)</p> <p>Self-care and how we promote self-care to patients. We can support people with self-management, support patients on waiting list.</p> <p>(Senior Nurse Management Team)</p> <p>Good ability to refer patients to self-manage their conditions with referral to self-portal sites such as Choose Well etc. Empowering our patients to make informed choices</p> <p>(Senior Nurse Management Team)</p> <p>Challenge to have capacity to focus on prevention and time to provide training and education.</p>

	<p>(Therapies and Health Science Forum)</p> <p><i>Prehabilitation to ensure scheduled pathways are prudent and patients are actively engaged in elements of self care as part of optimising their outcomes e.g. ERAS</i></p> <p>(Dietetics Service)</p>
Travel	<p>Looking to strengthen relationships with Glangwili and new facility because Ceredigion patients do travel to these facilities.</p> <p>(Ceredigion Staff Partnership Forum)</p>
Workforce planning and recruitment	<p>The how to? The strategy is well and good, but how do we align budgets and how are we planning the workforce? E.g. future model and we're struggling to recruit to that workforce now. We need a workforce development plan, grow your own, recruitment campaigns etc to look at future model. Takes us 3 years to do anything to develop our staff to become physio, OT etc so need to plan now for our 10 year model.</p> <p>(Community Nursing Teams Pembrokeshire)</p> <p>The workforce that is needed takes years to plan and embed and need to start to recruit and train now so can deliver in all diverse areas where Therapies &amp; Health Science Forum can impact.</p> <p>(Therapies and Health Science Forum)</p> <p>Ensuring there is a strong focus on building the support worker workforce (health and social care) - a framework that supports SW development and progression (via education and training) and provides the foundation skills (e.g. Therapy Assistant Practitioners, health and social care workers) that are part of our new and emerging workforce / skill mix.</p> <p>(Therapies &amp; Health Science Forum)</p> <p>The new hospital and concept of refurbishing existing sites is worrying. HDUHB has 400 nursing vacancies; how will we staff a new hospital unless we take beds out of refurbished hospitals? Think creatively about recruitment. Offer academic nurses the opportunity to do PHD or research. Would bring added benefit in working practices and when they finish ask that they stay for a minimum of two years. Consider other roles – consultant practitioner roles e.g. scheduled care, Advanced practitioner roles. There is no succession planning at the moment. We need a structure that enables people to step into roles</p> <p>(Senior Nurse Management Team)</p>

	<p>Are workforce/recruitment seeing any indications that more people will be looking to move to our area in light of our experience with COVID-19 i.e. not as badly impacted as more populated areas? (Health Board Staff Online Meeting)</p> <p>We should advertise for staff in hiking journals and surf magazines. Capture the people that want our lifestyle that like the coast and the country. E.g. surfing doctor, Newgale on the doorstep, really weigh the value of not having immediate resources on our doorstep and challenges of this. We support treatments a lot more without intervention centre on our doorstep because it's not on our doorstep. We have to work hard to get people where they need to be. Create a positive spin on the lifestyle. This has happened in Fishguard surgery where they've recruited in last 3 months.</p> <p>(Community Nursing Teams Pembrokeshire)</p> <p>We met with Carms Youth Council yesterday evening as part of this engagement and young people felt it was difficult to get into the NHS e.g. young person applying for HCSW but can't get in due to lack of experience.</p> <p>(Health Board Staff Online Event)</p>
Population growth	<p>With the event of Covid more people decided they want to move to coastal areas. So population will swell? House prices have also gone up, so more of a population boom. Needs to be factored into plans as population could be bigger, how many retirees and increased ageing population in particular Pembrokeshire. A lot of influx already</p> <p>(Community Nursing Teams Pembrokeshire)</p>
Digital	<p>To understand the benefits and disadvantages of technology implemented during the pandemic and how patients have accessed services.</p> <p>(Health Professionals Forum)</p>

## Social model for health

**Wider determinants – e.g. environment, where people live, education, income, social connections, healthy behaviours.**

**What would help support health and wellbeing in your community?**

Sub Theme	Main Issues and Example Comments
	No responses were themed individually under this heading

## Understanding impacts

**Suitable and accessible services for all (no disadvantage or discrimination)**

Sub Theme	Main Issues and Example Comments
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Access	<p>We don't know that answer. We make a lot of assumptions on our patients and how they access and see our services. Don't know if we are the right people to be answering this as patients are. (Senior Nurse Management Team)</p> <p>Children rely on their parents to bring them to clinics/hospital. Most parents work 9-5 and they struggle to have to take time off work. Need 7-day services – would reduce DNA and CNA. (Senior Nurse Management Team)</p> <p>Getting blood tests away from GP services. Problems getting blood tests and patients have to be sent to Withybush. (Community Nursing Teams Pembrokeshire)</p> <p>You can't just pop in to some areas, its access to services. We used to do GP surgeries and clinics. Had to stop doing this so Newport and Crymych have to come to Fishguard so it isn't as close to home as it used to be. (Community Nursing Teams Pembrokeshire)</p>
Digital	<p>Home working has been a challenge for staff without internet, computers, smart phones, space etc. (Senior Nurse Management Team)</p> <p><i>Digital - We also don't know if these new ways of working may have unintentionally excluded patients or reduced their access to services. For older pts this sometimes meant working through a relative vs directly.</i> (Dietetics Service)</p> <p><i>IT access &amp; facilities to enable access to virtual OPA and group education may be a barrier for some patient groups especially older people</i> (Dietetics Service)</p>

### Effects of poverty or reduced income on wellbeing or access to services

Sub Theme	Main Issues and Examples Comments
Digital	<p>Digital Poverty. (Pembrokeshire Staff Partnership Forum)</p> <p>Delta and Telehealth, some patients who are from poverty or low income even though they might own an iPad they don't access their technology. The ones who are more highly educated more affluent are the ones embracing telehealth etc.</p>



	(Community Nursing Teams Pembrokeshire)
Poverty	<p>From poverty perspective some things we have actioned. E.g. Milford haven has challenges around income. Things provided or not provided by GPs e.g. some population have to travel for services. They may not travel due to income related issues. If we could have more dispersed approach to diagnostics and the like which is more accessible this would support access to those services.</p> <p>(Community Nursing Teams Pembrokeshire)</p> <p><i>Poverty will continue to have an impact on peoples mental health which will require accessible and responsive MH support across all levels of need, and wider HCP to understand how to support patients whose physical health needs are exacerbated by MH. It will be important to continue to work on reducing MH stigma.</i></p> <p>(Dietetics Service)</p> <p><i>Food poverty is a concern and its adverse impact on health and well being may not be fully realised. Food poverty is impacting people in different ways including increasing risk of malnutrition for some vulnerable groups.</i></p> <p>(Dietetics Service)</p>

## Developing a new hospital – site and criteria

### Suggested sites within four criteria

Sub Theme	Main Issues and Example Comments
Site	<p>Several individuals thought the land site had already been selected. (Pembrokeshire Staff Partnership Forum)</p> <p>The positioning of new hospital as comparative to Ceredigion. (Ceredigion Staff Partnership Forum)</p> <p>35 acres of land seems like a lot of land. (Carmarthenshire Staff Partnership Forum)</p> <p>I am a little surprised that there is an ask for nominations of a 35 acre site on a public engagement presentation? Is that within the gift of the public to nominate when specific criteria is needed such as a realistic potential of planning permission being granted? I would have thought that is the remit of the HB to explore, but happy to be corrected of course. (Health Professionals Forum)</p>

## Most important things UHB should consider in deciding which site best for our communities?

Sub Theme	Main Issues and Example Comments
Design	<p>Suitable design for future proofing in terms of (non Covid 19) predicted pandemics- PH used to predict that a pandemic is expected every 5-10 years; also that there is sufficient consideration for storage &amp; upkeep of stocks of in date PPE.</p> <p>(Senior Nurse Management Team)</p> <p>People need to feel welcome when they go to new site. It shouldn't be just a hospital. What will be around it/go along with it? Shops? This will impact staff and patients.</p> <p>(Therapies and Health Science Forum)</p> <p>Need to ask, 'What does a good ward look like, single rooms? To influence PBC'.</p> <p>(Senior Nurse Management Team Meeting)</p>
Parking	<p>Will parking facilities be upgraded to allow enough spaces for all staff and patients?</p> <p>(Health Board Staff Online Forum)</p> <p>Free Parking.</p> <p>(Community Nursing Teams Pembrokeshire)</p> <p>Car parking must be enough and free of charge.</p> <p>(District Nursing Leads Meeting)</p>
Transport	<p>Issue if the hospital is between Whitland and St Clears – Maternity and Paediatric outpatient services need better transport links.</p> <p>(Senior Nurse Management Team)</p> <p>What is the plan be for transport links to the proposed new facilities?</p> <p>(Health Board Staff Online Forum)</p> <p>Diversity of transport needed.</p> <p>(Community Nursing Teams Pembrokeshire)</p> <p>What does future of transport look like? How do we use every option? People who are likely to access site, will need additional support.</p> <p>(Community Nursing Teams Pembrokeshire)</p>

	<p>What are we doing to link in with bus and rail companies?</p> <p>(Pembrokeshire Staff Partnership Forum)</p> <p>Transport is key.</p> <p>(Ceredigion Staff Partnership Forum)</p> <p>Transport links. Access to public transport and onsite parking has to improve.</p> <p>(Therapies and Health Science Forum)</p> <p>More accessible affordable transport e.g. county cars.</p> <p>(Senior Nurse Management Team)</p> <p>Transport issues have to be considered – if moving hospitals further afield. Already challenges of Milford residents accessing INR clinic in Withybush.</p> <p>(District Nursing Leads Meeting)</p>
Travel	<p>Need to consider access during summer traffic too.</p> <p>(Senior Nurse Management Team)</p> <p>It needs to be accessible from all areas within the Health Board for staff and patients by public transport but maximise the use of technology to reduce the need to travel.</p> <p>(Health Professionals Forum)</p> <p>Most important thought is travel – how are patients going to get there?</p> <p>(District Nursing Leads Meeting)</p> <p>Patients travelling times. When moving services patients will need to travel longer distances – need to be conscious to make sure diagnostics are undertaken closer to home.</p> <p>(Senior Nurse Management Team)</p> <p>The CHC is keen to see what further engagement around the new hospital reveals regarding service provision and travel concerns. These issues will need addressing.</p> <p>(Healthier Pembrokeshire Operational Forum – CHC comment)</p>
Environment	<p>Enough outdoor space as this affects well being too.</p> <p>(Senior Nurse Management Team)</p>

	<p>There has to be a human element when designing the new build e.g. green space.</p> <p>(Therapies and Health Science Forum)</p> <p>Design principles encourage connection to green nature, and carbon efficient. Need to look towards the future. Be carbon efficient and build resilience. Need to be mindful how we provide Health services in the future, from travel, energy use and planning green spaces is a priority. Natural Resources Wales are keen to work more closely with the Health Board and PSBs on this in the future.</p> <p>(Stakeholder Reference Group)</p>
Human Factors	<p>2 words - "Human Factors" when will you bring this into the engagement? It's going to be vital. Any thought how we are going to this at this stage? There is a lot to consider when setting up a hospital/service especially when setting up from scratch. This will be a massive opportunity missed.</p> <p>(LMC)</p>
Timescales	<p>You are going to wait for the business case is approved. I feel that already we have run out of time. Clinical conversations have not started for services. We should have talked about this before the business case was approved.</p> <p>(LMC)</p> <p>Can we be reassured that you can keep to the timeline.</p> <p>(LMC)</p>
Services	<p>Why do we just want to lift a service and put it in a nice newer building when that actually doesn't impact the social model of health for our population? Change that service, do it differently, innovatively. What does the population in those areas need? What keeps people healthy and well?</p> <p>(Senior Nurse Management Team)</p> <p>The CHC is keen to see what further engagement around the new hospital reveals regarding service provision and travel concerns. These issues will need addressing.</p> <p>(Healthier Pembrokeshire Operational Forum – CHC comment)</p>
More detail re: Glangwili and Withybush	<p>Need to know more about the repurposing of Glangwili and Withybush e.g. what services are we planning to deliver from these sites.</p> <p>(Therapies and Health Science Forum)</p>
Facilities	<p>Affordable housing and school links for our staff in the area of concern.</p>

	(Senior Nurse Management Team)
Local businesses	<p>Use an approach where we support local businesses.</p> <p>(Pembrokeshire Staff Partnership Forum)</p> <p>Use of local builder/suppliers in the build process to support foundational economy.</p> <p>(Pembrokeshire Staff Partnership Forum)</p>
Recruitment and training	<p>Staff had questions about will this new hospital be a centre for excellence with specialities? Issues with recruiting now – just being 30 miles or so up the road will be the same. Recruitment is a vicious circle – people hear that Withybush is closing so then don't want to come there to work there.</p> <p>(District Nursing Leads Meeting)</p> <p>Will need to manage logistics with one dedicated team moving from one site to another. Big learning from the Grange as needed to invest in another consultant. May cost more in the long run. Realistically new hospital may not save any money.</p> <p>(Senior Nurse Management Team)</p> <p>Career pathways getting better but need to push forward to ensure a workforce fit for the future.</p> <p>(Senior Nurse Management Team)</p> <p>Need protected time to undertake mandatory training as volume of training has increased.</p> <p>(Senior Nurse Management Team)</p> <p>Protected time for nurses. Medical colleges get protected time. This does not promote equality in workforce.</p> <p>(Senior Nurse Management Team)</p> <p>Need to ensure we have built into job plans time for supervision, coaching and education. Currently limited time due to capacity and demand.</p> <p>(Therapies and Health Science Forum)</p>
Hospital environment	<p><i>Accessibility of the site can provide / facilitate the right environments for optimal patient care and also good working environments for staff</i></p> <p>(Dietetics Service)</p>

## Other Issues

Sub Theme	Main Issues and Example Comments
Engagement	<p>Comms plan to wider staff engagement. Any ideas how this is going to involve staff? (LMC)</p> <p>Is there going to be an article in Hywel Voice or a dedicated Newsletter going to be made available? (LMC)</p> <p>It does have to move with the people nothing wrong exploring if we don't have conversations may potentially derail –complex problems we are tackling here. (LMC)</p> <p>How do we engage with men? The gender split is interesting. Really important to make a change and to engage differently in the future. (Stakeholder Reference Group)</p> <p>It's older people as well – how do we engage with them? (Stakeholder Reference Group)</p> <p>It will be interesting to see what feedback the Health Board gets back as Covid might have changed the landscape with regards to engagement; whether people will be less or more motivated to get involved. The original concerns appear to be resurfacing in Pembrokeshire. The CHC is keen to see what further engagement around the new hospital reveals regarding service provision and travel concerns. These issues will need addressing. (Healthier Pembrokeshire Operational Forum – CHC comment)</p>
Have Your Say Page	<p>How can people engage anonymously? New platform 'Have your say' but have to register. Can print out questionnaire. How are we going to encourage public and staff to engage? (Ceredigion Staff Partnership Forum)</p> <p>Interesting download percentage for the Easy Read. People want to access quick format, direct to the point and easier to read. (Stakeholder Reference Group)</p>
Survey	<p>I have received feedback about surveys and engagement. There is survey overload at the moment become word blind to it all. On the</p>



	<p>survey COVID comes first and then a bit on the new hospital. COVID section too long people have disregarded the survey and missed the bit on the new hospital. If the survey had been titled differently more people would have engaged. There should have been two Surveys, one for COVID and the other on the new hospital. People would have understood it better.</p> <p>(Stakeholder Reference Group)</p> <p>Need to make surveys more accessible, change the language, avoid long questions and get the language right.</p> <p>(Stakeholder Reference Group)</p> <p>From a young person's perspective need to look at timings of engagement. Really overloaded on consultations/engagement. We can encourage schools to participate but when bang in the middle of assessments it gets difficult to participate. Need to map our engagement/consultations. My group enjoyed the session on the survey. We did it interactively it took over 2 hours. In contrast the group participated in a survey regarding emotional health in February over 500 responses received as one of the reasons being it was short and did not take a long time to complete.</p> <p>(Stakeholder Reference Group)</p>
Social media concerns	<p>The concern on social media regarding Withybush Hospital was mentioned.</p> <p>(Healthier Pembrokeshire Operational Forum)</p>

### Meetings with Children and Young People

Hywel Dda University Health Board attended a range of meetings with children and young people groups. One group facilitated their own meeting and provided the health board with their feedback.

Name of Meeting	Location	Date	Method of involvement	No of attendees
Young People Speak Up Young Peoples Group	Ffwrnes Fach Chapel Llanelli	17 May 2021	Meeting	8
Carmarthenshire Youth Council	Zoom	2 June 2021	Meeting	10
Future Minds CAMHS User Group	Microsoft Teams	7 June 2021	Meeting	4
Ceredigion Youth Council	HWB Teams	11 June 2021	Meeting	8

Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum (for young people with additional needs) Ages of 13 to 25	N/A	12 June 2021	Facilitated own meeting and provided feedback	15
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## COVID-19

### Impact on health and wellbeing

Sub Theme	Main Issues and Example Comments
Impact of pandemic	<p>Slows people's life styles down, no sports. Sports used to be a big part of my life. (Ceredigion Youth Council)</p> <p>Feeling that Covid is being used as an excuse for everything. More people died of cancer, etc. Patients with other conditions being forgotten about, still a big focus on Covid. (Carmarthenshire Youth Council)</p> <p><i>I have become more self-aware of my medical condition and joined online support groups for support. I've done more research and have gained a better understanding.</i> (Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>People have gained confidence by having to do stuff they haven't done before.</i> (Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>
Communication	<p><i>Covid information needs to be clear for people – better explain symptoms and treatment.</i> (Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p>Lots of people thought they had Covid so more leaflets on common colds, more information so they don't panic and turn up at hospital would be helpful. Leaflets posted to people's homes would be helpful and schools and colleges e.g. info packs. Young people will take things back home, give information out in schools and colleges please. (Carmarthenshire Youth Council)</p>
Health and Wellbeing	<p>Having support for your emotional health and wellbeing is so important, I had a life coach and the support they gave me was really positive. (People Speak Up – Llanelli Young People's Groups)</p>

	<p>Young people attend anywhere appointments is minimal. Human connection and belonging is important.</p> <p>(CAMHS User Group)</p> <p><i>I haven't had a cold since the start of the pandemic because I've been wearing a mask. People have been looking after themselves more.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p>Worry of catching Covid for people with underlying health conditions.</p> <p>(CAMHS User Group)</p>
Mental Health	<p>COVID has had a huge impact on the mental health of young people.</p> <p>(People Speak Up – Llanelli Young People's Group)</p> <p>Mental health a concern. One young person was referred to support in Carmarthen, put on medication, didn't work, 6 different meds provided, trying to get hold of a GP is a nightmare! There is also over 2 year waiting list for mental health support.</p> <p>(Carmarthenshire Youth Council)</p> <p><i>I have found the whole thing stressful and after 10 years of not having seizures I've had 6 in the last few months.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p>Education – seeing people with anxiety around changes in exams and how to achieve outcomes. Some people are perfectionists thinking and have high expectations, these have taken a hit. Others lost in education and in need of additional support.</p> <p>(CAMHS User Group)</p> <p>Anxious coming back into society.</p> <p>(CAMHS User Group)</p> <p>Increase in eating disorders presenting, numbers requiring admission after first appointment. Being admitted then accessing community support.</p> <p>(CAMHS User Group)</p> <p><i>High levels of bad mental health cases/depression due to being isolated for so long or uncertainty of rules and safety.</i></p> <p>(Pembrokeshire Youth Assembly and</p>

	<p>Young Voices for Choices Youth Forum)</p> <p><i>Limited availability of mental health support due to massive rise cases mental health – couldn't socialise.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p>Exposed issues of youth mental health and affected people in schools with exams and loneliness of lock down. Shown that more provision needs to be in place.</p> <p>(Ceredigion Youth Council)</p> <p>Mental health for people dramatically affected. Coming out of pandemic health board should focus on mental health of young people and older people. My grandparents mental health has been affected.</p> <p>(Ceredigion Youth Council)</p> <p>One young person suffered with mental health issues, accessing support in NHS difficult, although MIND have been supportive. Waiting to see psychiatrist.</p> <p>(Carmarthenshire Youth Council)</p>
Deterioration	<p><i>Some minor appointments were cancelled causing more prolonged illness or more serious problems due to fear and minor appointments not being treated as serious as they used to be.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>
Waiting Times	<p>A lot of people in therapy and had to stop this as had to focus on different areas. Caused a bottleneck, large waiting list as had to pause. Prevention work was also difficult. Dealing with crisis at the moment, need to ensure prevention work still happens.</p> <p>(CAMHS User Group)</p> <p>Concerns re waiting lists, e.g. had lump and waited over 2 weeks for ultrasound, could have been life threatening.</p> <p>(Carmarthenshire Youth Council)</p> <p>Not being able to do as many appointments has resulted in long waiting lists. Brother waiting two years for an operation. He's now gone to private sector.</p> <p>(Ceredigion Youth Council)</p>

## Access to services

Sub Theme	Main Issues and Example Comments
Access	<p><i>Something that hasn't worked well is that people haven't been able to access CAMHS/therapy in person.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p>Admission on wards longer as no tier 4 support, looking further afield, can't find appropriate accommodation and intervention.</p> <p>(CAMHS User Group)</p> <p>Fell pregnant in March, partners couldn't go in for scans, didn't have as many scans either due to Covid. Staff not very empathetic to this.</p> <p>(Carmarthenshire Youth Council)</p> <p>Tried phoning audiology to fix hearing aid, 'can't drop things off' anymore, services have got worse. Needed help to sort out hearing aid had issue with ear piece but can't go into Glangwili anymore to get it sorted. Referred to Boots / optician etc but don't want to pay for this. This has impacted on the young person being able to do their job.</p> <p>(Carmarthenshire Youth Council)</p> <p><i>People were afraid and didn't access the services they should have.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>COVID-19 created a level of fear so people didn't seek help this needs to change.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>People didn't go to hospital in fear of catching COVID.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>What would have happened if the other hospitals couldn't have taken on COVID patients?</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>

## Experiences of services during the pandemic

Sub Theme	Main Issues and Example Comments
Virtual consultations	Technology worked well, online convenient.

	<p>(CAMHS User Group)</p> <p>Member had a 6 month old baby was worried about cold, had triage over the phone via video link which worked really well, it's been far easier than going into the surgery.</p> <p>(Carmarthenshire Youth Council)</p> <p>In school they have discussed how good being able to access appointments on line which is good. But not enough information on how to book an appointment, etc. Hospitals and GP practice.</p> <p>(Ceredigion Youth Council)</p> <p>Phone calls to doctors work for some people, but for people who are proper ill, they need to be seen by a proper doctor.</p> <p>(People Speak Up – Llanelli Young People's Group)</p>
GPs	<p><i>I couldn't get an appointment with my GP.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>GP services need to improve. Just getting through is bad enough and then you have to get past the receptionist. I didn't think receptionists are qualified to make a decision if I see the doctor or not!!</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>GP service is very bad, worse than before.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Doctor's surgeries should be returning to normal and seeing patients or at least giving people the choice.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p>Called out of hours doctor this week, they usually say they have long waiting times. Services have got better e.g. called back quicker. Waiting time got better with GP.</p> <p>(Ceredigion Youth Forum)</p>
Opticians	<p><i>Opticians – pretty much the same as before the pandemic except you have to sit far apart from other customers and you wear a mask.</i></p> <p>(Pembrokeshire Youth Assembly and</p>



	Young Voices for Choices Youth Forum)
Dentists	<p><i>Dental appointments ran the same but with temperature checking, mask wearing and dentists/dental assistants wearing PPE – felt safe.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p>NHS dentist another barrier, 3 year waiting list!</p> <p>(Carmarthenshire Youth Council)</p>
Pharmacies	<p><i>I've used the pharmacy much more and the staff have been brilliant. Better promotion of these services.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>
Travel	<p><i>Didn't have to travel to appointments out of county.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>
Health Board	<p><i>The Health Board has done a good job with what it has put in place.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Health services do need to improve, but don't rush too much – don't do a quick response under pressure – think about it!</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>
Vaccination	<p><i>Fear of having the vaccine – I ended up in hospital after having mine.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Vaccine rollout has been very successful, wish I could sign up for left over ones though.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>

## Healthier Mid and West Wales strategy

### What else do we need to take into account since published 2018

Sub Theme	Main Issues and Example Comments
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Waiting Lists	<p>The Health Board needs to be more transparent and honest about waiting lists and how long people wait, it's really stressful not knowing and waiting every day for a letter about their appointment or operation.</p> <p>(People Speak Up – Llanelli Young People's Group)</p>
Mental Health	<p><i>Have more mental health support that's easy to access without a big waiting list.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Better mental health support for people with disabilities/ALN (additional learning needs).</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>An improvement to mental health services are vital.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>
Preventative	<p>Empowering young people and families to make resilient choices, preventative measures. Some still see medical model.</p> <p>(CAMHS User Group)</p>
Maternity	<p><i>Maternity ward should be in Withybush, Carmarthen is too far especially during COVID.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>
New Hospital	<p>Group felt that health board should concentrate and improve current services. Why upgrade Glangwili if you are building new? Concentrate on current services instead of new hospital. Mental health support in NHS is terrible and cancer support too. Use funding for hospital to improve services.</p> <p>(Carmarthenshire Youth Forum)</p>

### Social Model for Health

**Wider determinants – e.g. environment, where people live, education, income, social connections, healthy behaviours.**

### What would help support health and wellbeing in your community

Sub Theme	Main Issues and Example Comments
Community /Local Groups	This group has helped us a lot. The youth workers provide help and support for us. We do intergenerational work so the young people work with older people to help them connect and work together.

	<p>(People Speak Up – Llanelli Young People’s Groups)</p> <p><i>More information on local groups, support groups to socialise more, especially young people.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>
Health and Wellbeing – activities	<p>There needs to be more support for health and wellbeing.</p> <p>(People Speak Up – Llanelli Young People’s Groups)</p> <p>Monies go in other areas, lose community links, e.g. leisure centre etc usually pulled first.</p> <p>(CAMHS User Group)</p> <p><i>Gyms are too expensive.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Free access to all activities in leisure centres for people classed as living in “relative poverty”.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Activities where it involves all of the communities like doing a huge project like gardening.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>
Mental Health	<p><i>Better mental health support – rural communities are good at this e.g. Get the Boys The Lift, DPJ Foundation.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Focus on mental health and the impact physical health can have.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p>Community support workers important roles.</p> <p>(CAMHS User Group)</p>
Nutrition	<p><i>The cost of food, people still find healthy food expensive.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>

Environment	<p>Utilising green spaces and outdoors. Ensure projects are facilitated outdoors.</p> <p>(CAMHS User Group)</p> <p>Green space welcomed, good for mental health.</p> <p>(Carmarthenshire Youth Forum)</p>
Housing	<p><i>Higher quality/secure accommodation.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Better social housing.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>
Education	<p>In schools there needs to be more focus on emotional, social, physical care and wellbeing. There needs to be more focus on mental health and wellbeing in schools.</p> <p>(People Speak Up – Llanelli Young People’s Groups)</p> <p>Schools don’t sort out bullying and there are links between bullying and mental health that aren’t being addressed. Sometimes a blind eye is turned to bullying and this is awful.</p> <p>(People Speak Up – Llanelli Young People’s Groups)</p> <p><i>In education, having assessments instead of exams has made a huge difference.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>

## Understanding impacts

### Suitable and accessible services for all (no disadvantage or discrimination)

Sub Theme	Main Issues and Example Comments
Disability	<p><i>Disabled people not treated equally.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>People with disabilities have been ignored and the information provided should have been better.</i></p> <p>(Pembrokeshire Youth Assembly and</p>

	<p>Young Voices for Choices Youth Forum)</p> <p><i>People with learning difficulties should have had support when in hospital.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Parents should have been allowed in to appointments with people with learning disabilities or who were scared.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Think of social model of disability not the medical model. I am not the problem.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p>Post code lottery.</p> <p>(CAMHS User Group)</p>
Travel	<p><i>I had to get a thing done which I would normally get done in Withybush however I couldn't do so I had to get it done in Carmarthen which is like an 1hr away.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p>People are very reluctant to travel they want to access local provision.</p> <p>(CAMHS User Group)</p>
Transport	<p><i>Short term booking appointments are hard to get to as young person due to transport difficulties.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>
Digital	<p><i>Not everyone has access to the internet.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Lack of technology means can't book or attend appointments online.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Online appointments have saved me paying for transport.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>

Inequality	<p>Covid shone light on lower social economic backgrounds, children missed school and some services offering virtual platforms. Education not there for all. Not a fair playing field at the start.</p> <p>(CAMHS User Group)</p>
Discrimination	<p>GPs don't take young people seriously. Went to doctor, diagnosed PTSD told hadn't been through trauma so shouldn't have PTSD.</p> <p>(Carmarthenshire Youth Council)</p> <p>Felt a lot of unfairness to how young people are treated by professionals. "Your young you don't know what you're talking about", it's very discouraging. Professionals need to understand young people more.</p> <p>(Carmarthenshire Youth Council)</p> <p>Friends who want to mental health services who are young not treated seriously as they are young people.</p> <p>(Ceredigion Youth Council)</p>
Communication	<p><i>They speak to my support staff and not to me I'm still here.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Sharing confidential information with my parents and not me</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Listening to people and ensuring they have a voice.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Knowing where to go for information.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Easy read information on the wider determinants.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>
Recruitment	<p>Example given of a young person studying health and social care, applied to be a HCSW, but not had much luck as doesn't have experience, feel judged.</p> <p>(Carmarthenshire Youth Forum)</p>



	<p>Instead of getting new staff in, can't you use more bank staff? It isn't easy to join the health board, getting into NHS is difficult.</p> <p>(Carmarthenshire Youth Forum)</p>
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### Effects of poverty or reduced income on wellbeing or access to services

Sub Theme	Main Issues and Example Comments
Poverty	<p>Some people lost jobs in hospitality sector. Not sure if these offered furlough, how will they get an income and look for other jobs. (Ceredigion Youth Council)</p> <p>People who may be in debt etc. systems in place to support most vulnerable children. (CAMHS User Group)</p> <p>Expensive for poorer families and some cannot afford a day out or to see friends or family meaning they are isolated which is bad cases leads to antisocial behaviour or poor school grades or even a struggle to drive their kids to hospital. (Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>
Nutrition	<p>Poverty can affect health – unhealthy food is cheaper and due to facilities being closed, those who are less fortunate are likely larger as a result. (Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>

### Developing a new hospital – site and criteria

#### Suggested sites within four criteria (provide detail)

Sub Theme	Main Issues and Example Comments
Site Suggestions	<p>Whitland has a train station have you thought of Whitland. (Carmarthenshire Youth Forum)</p> <p>Hospital needs to be centralised. (Ceredigion Youth Forum)</p> <p><i>Can't comment on this too confusing.</i> (Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Which site is nearest the densest population of people in Pembs?</i></p>

	(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)
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### Most important things UHB should consider in deciding which site best for our communities?

Sub Theme	Main Issues and Example Comments
Access	<p><i>Accessibility easy access for all communities.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p>One a bit closer for elderly people. (Ceredigion Youth Council)</p>
Transport	<p>Could there be free buses back and forth? (Carmarthenshire Youth Forum)</p> <p><i>Be able to get there by walking from train station or direct bus.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p>Need more ambulances. Why can't Hywel Dda buy their own ambulances and employ paramedics etc. (Carmarthenshire Youth Forum)</p>
Travelling Times	<p><i>Waits are long enough in A&amp;E already. Travelling time included would be too long before treatment.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Travel times, public transport connections, closest to people who will use it most and major roads for emergency services to get there asap.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p>Life and death situation, risk factor, travelling further than Glangwili. (Carmarthenshire Youth Forum)</p>
Parking	<p><i>Free parking. Please have enough parking.</i></p> <p>(Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>
Environment	<p>Green spaces, fresh air, plant life, etc. Impact on development on environment and green spaces.</p>

	(CAMHS User Group)
New Hospital	<p><i>Make sure it's big enough.</i> (Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Involve people in the design.</i> (Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Better accessibility for disabled people – adjustments to entrances/exits, easy read information leaflets explaining conditions/injuries.</i> (Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p>A space in hospital would help with anxiety. (Carmarthenshire Youth Forum)</p> <p>We can find money to fund a new hospital but no money to improve services, e.g. mental health, cancer etc? Why? We don't need a new hospital. (Carmarthenshire Youth Forum)</p>
Impact on Pembrokeshire	<p><i>The impact on communities in moving A&amp;E, some of the decision the health board in making has a negative effect on the wider detriments of health.</i> (Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p> <p><i>Should be an A&amp;E in Pembrokeshire.</i> (Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)</p>

### Other issues

Sub Theme	Main Issues and Example Comments
Young Carer	<p>A young person in the group is a young carer for her mother. When her mother has appointments with health professionals they give her information but she is forgetful and as a carer she doesn't know what needs to be done. Is there any way she this could be recognised so the young person is able to be informed to help care for her mother.</p> <p>(People Speak Up – Llanelli Young People's Groups)</p>

Use of services during pandemic recovery	As a group we went online the week after lockdown and did loads of activities like poetry writing and it was really important to us.  (People Speak Up – Llanelli Young People's Groups)
COVID-19 - Regulations	<i>Rules keep on changing/information not being clear enough for people.</i>  (Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)
Praise for Staff	<i>The NHS staff have worked incredibly hard, even under the pressure of the Westminster Government. I have nothing to complain about because at least we have free health care system, not all places hit with COVID had this.</i>  (Pembrokeshire Youth Assembly and Young Voices for Choices Youth Forum)

### Meetings with Disability Groups

An extensive list of disability groups was sent discussion documents, details of the engagement exercise and how to get involved in the engagement exercise.

Carmarthenshire Disability Partnership invited representatives from the Health Board team to a meeting to discuss the *Building a healthier future after COVID-19* programme.

Name of Meeting	Location	Date	Method of involvement	No of attendees
Carmarthenshire Disability Partnership	Microsoft Teams	5 July 2021	Teams Meeting	7

## COVID-19

### Impact on health and wellbeing

Sub Theme	Main Issues and Example Comments
Carers	Carers hugely impacted.  People living within four walls with their loved ones, having to bear the brunt of the caring role. Health of carers is also a significant aspect.
Waiting Times	Delays with routine surgery and diagnostics, although routine, they were essential to keep people going.  With clinics closed, some taken off waiting lists because they can't travel. This is a big worry. IF they can't travel there's usually a reason. Some are taken off waiting list because they can't get there.
Deterioration	In community services seeing people more dependent now as joint surgeries, diagnostics not been available to progress usual tests people would have.

	Pandemic had huge impact, people restricted movement, stayed at home but now their mobility and confidence has been impacted. So how can we build people back up now?
Isolation	People become isolated.

### Access to services

Sub Theme	Main Issues and Example Comments
Access	<p>People who phone in, find it difficult for doctors to update prescriptions as they can't be seen. Going without prescriptions as they can't be seen, the online isn't working. It's a bit of a miss. If people can't get prescriptions reviewed they are taking the wrong medicine.</p> <p>Not had a dental appointment and can't get to chiropodist.</p> <p>Was routinely monitored for pressures in eyes, service performed by hospital was outsourced to private sector. Been contacted by two private providers, having to explain disability to them, e.g. confined to a wheelchair, response was in both cases, we'll look at this and get back to you, but didn't do, referred again to another private provider. Condition not monitored for over 3 years, this should be routine, potential for blindness, but this is happening routinely across Hywel Dda.</p> <p>No diabetic eye check.</p>

### Experiences of services during the pandemic

Sub Theme	Main Issues and Example Comments
Healthy Interventions	Hugely impressed with how some things have happened during pandemic, e.g. Carmarthenshire 50 plus service, re connecting. Run yoga classes, etc and other beneficial healthy interventions.
Virtual appointments	<p>Also come to light how many are not online. Also need to look at where we are failing, and that failing is reaching out to people who are not online.</p> <p>Overall access during Covid gone worse. Huge issue regarding remote diagnosis. Consultants ringing at home, not able to have a face to face assessment of their health condition. Presumption that everyone has access to the internet.</p> <p>Prescriptions on line have to chase people as it doesn't update itself as it doesn't update there are issues. This does not work properly.</p>

Communication	Hospital experience of visiting during Covid, one positive one not positive, communication was important during inpatient stay. This made a huge difference. Maintaining contact with family important.
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## Healthier Mid and West Wales strategy

### What else do we need to take into account since published 2018

Sub Theme	Main Issues and Example Comments
Bronglais	Is that the same as Glangwili and Withybush. In strategy it was agreed that Bronglais would keep acute medical and surgical services. Still part of network of hospitals. Prince Philip will still have acute medicine intake.
Community Hubs	Town centres have empty properties, what about bringing health to the people? Bring the hospital to the people? Particularly blood services, e.g. blood test in the town centre

## Understanding impacts

### Suitable and accessible services for all (no disadvantage or discrimination)

Sub Theme	Main Issues and Example Comments
Transport	Transport, those who don't drive or those socially disadvantaged people. Find it difficult to get to services that they go to easy before as they could get a family member friend or bus, but through Covid this hasn't happened, e.g. blood tests. Blood test was a year behind. With services that are out of town, off bus routes that's a problem for people during Covid. We need to look at this moving forward as well – transport to services.
Disability	Priority should always be to look after the needs of disabled community. We should not have to come back to this issue as often as we do. It suggests that the priorities are not working.
Virtual appointments	GP surgeries are failing their patients enormously at the moment, not all have online 'face-to-face' appointments, even less reach those who do not have social media.

## Developing a new hospital – site and criteria

### Suggested sites within four criteria (provide detail)

Sub Theme	Main Issues and Example Comments
Site	Public provision, e.g. accessible transport system. Object to the nominated site must be within the zone of St Clears and Narberth. Fundamentally disagree of this, moving hospital, main provision away from the population centres in the East, this doesn't make any sense. Living from Llanelli to that area is an hour's drive and in Summer months could be in a queue miles long.



	Not sure why asking for land nominations, isn't it better to come back to us when you have land in mind?
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### Most important things UHB should consider in deciding which site best for our communities?

Sub Theme	Main Issues and Example Comments
Transport	Appropriate transport infrastructure it is on a tourist route, think of the hours of traffic. How do we go down that area? Transport and road infrastructure is paramount wherever site is.
Travel	Llanelli to Narberth is a 70 mile trip and is quite daunting, especially if not feeling 100%.
Design of Hospital	It needs to be a complete village, if you have a family member, can't go back and forward for this. Need to rent somewhere, etc or book hotel room, etc.

### Other issues

Sub Theme	Main Issues and Example Comments
Engagement	Issue is that Hywel Dda have engagement processes and their engagement with interested groups is fleeting, feel that it must be part of ongoing process. Not a matter we can cover in an hour.
Screening services	Can you explain why breast, bowel screening has stopped, even though people are living longer? We think these three tests for people who are expected to live longer are important.

## Meetings with Local Authorities

The Health Board's corporate office sent invitations to Carmarthenshire, Ceredigion and Pembrokeshire county councils to meet with the Chief Executive of Hywel Dda University Health Board to discuss the *Building a healthier future after COVID-19* programme in more detail.

Name of Meeting	Location	Date	Method of involvement	No of attendees
Ceredigion County Council CEO and Leader	Microsoft Teams	30 June 2021	Meeting	2
Carmarthenshire County Council Leader	Microsoft Teams	12 July 2021	Meeting	2

## COVID-19

### Impact on health and wellbeing

#### Access to services

#### Experiences of services during the pandemic

Sub Theme	Main Issues and Example Comments
	No issues raised about experiences of services

## Healthier Mid and West Wales strategy

### What else do we need to take into account since published 2018

Sub Theme	Main Issues and Example Comments
	No issues raised about the Healthier Mid and West Wales Strategy

## Social model for health

**Wider determinants – e.g. environment, where live, education, income, social connections, healthy behaviours.**

### What would help support health and wellbeing in your community? Explain.

Sub Theme	Main Issues and Example Comments
	No issues raised about the wider determinants of the social model for health

## Understanding impacts

**Suitable and accessible services for all (no disadvantage or discrimination)**

### Effects of poverty or reduced income on wellbeing or access to services

Sub Theme	Main Issues and Example Comments
	No issues raised about sustainable and accessible services

## Developing a new hospital – site and criteria

### Suggested sites within four criteria (provide detail)

Sub Theme	Main Issues and Example Comments
Site	Have you decided on the site? (Ceredigion County Council)

## Most important things UHB should consider in deciding which site best for our communities?

Sub Theme	Main Issues and Example Comments
Planning Process	<p>Will the full business case include the planning detail?</p> <p>(Carmarthenshire County Council)</p>
Transport Links	<p>The population of southern Ceredigion use Glangwili Hospital. The transport routes are easier to Carmarthen than to the new location further west. I impress upon you that the transport links from south Ceredigion need to be kept in mind.</p> <p>(Ceredigion County Council)</p>
Working in Partnership	<p>The new hospital is a priority around regeneration. We are keen to look at the recovery plan. This is a major opportunity to bring teams together. Want to be able to make the process efficient and simple. Partnership is the essential ingredient.</p> <p>(Carmarthenshire County Council)</p>
Construction	<p>Hospital to be built by local people and businesses. Need to engage with local business and make them aware. There is a need to have a local supply chain and involve our communities. This will help with our economic plan.</p> <p>(Carmarthenshire County Council)</p>
Construction apprentices	<p>Carmarthenshire County Council lead in skills and talent. Work with the two Local Authorities to identify the need and getting the skills in place in good time. The colleges are a key stakeholder. Need to bring on board to ensure we maximise the benefits.</p> <p>(Carmarthenshire County Council)</p> <p>Could the Health Board ensure that as part of the tendering process that companies commit to taking on a percentage of local construction apprentices? Coleg Ceredigion's south campus in Cardigan has a construction faculty and we know the new hospital is on their radar as an opportunity for their students. This needs to be promoted to school-age youngsters now that this opportunity is coming. This will give youngsters something to aim for.</p> <p>(Ceredigion County Council)</p>
Care closer to home	<p>It is important to strengthen local services. Diagnostics can be done locally to avoid travel. Continue using digital for consultations. Maximise the use of community centres.</p> <p>(Ceredigion County Council)</p>

## Other issues

Sub Theme	Main Issues and Example Comments
Services at the new hospital	Do you know yet what services will be available at the new hospital? How will medical and surgical provision be spread around the three satellites – Withybush, Glangwili and Bronglais hospitals? (Ceredigion County Council)
Integrated Care Centres	Great to hear potential to expand services at Cardigan and Aberaeron Integrated Care Centres to avoid unnecessary travel further afield. (Ceredigion County Council)
Environment	With regard to the new Integrated Care Centre in Aberystwyth. There may be opportunities to combine with decarbonising initiatives already under development. The university has had the go ahead for a solar farm, but the capacity is only for the university. The PSB is working on a grid shared heat initiative, not sure of progress. There is also a biomass generator in the town developed with Welsh Government supporting the school and leisure centre. There could be opportunities for the university, local authority, the National Library and the Health Board to work together. (Ceredigion County Council)
Bronglais	Are there any plans for new specialities at Bronglais such as paediatrics? (Ceredigion County Council)
Regional Partnership Board	With regard to the Regional Partnership Board schemes, we feel there is a need to create an operational group to drive the work at a regional level. From a governance perspective there needs to be people with the relevant skills sets around the table. The local authority chief executive need to discuss this with the Head of Regional Collaboration. (Ceredigion County Council)
Education	It was great to hear confirmation of the development of a School of Nursing and Health Science at the University of Aberystwyth. Hopefully that will help with recruitment. (Ceredigion County Council)  There is a concern that when the new hospital comes on line, there will be a lot more traffic [patients] going to Bronglais. With the School of Nursing and Health Science, this will see Aberystwyth become a specialist training Centre. This ticks all the boxes for Powys and particularly south Gwynedd, as footfall at Bronglais will increase dramatically. Could this be an opportunity for more specialisms at Bronglais considering the wider area it serves? (Ceredigion County Council)

COVID-19	What differentiates Wrexham/Newport and the border – why have they been hit particularly hard? (Carmarthenshire County Council)
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## Individual Responses

The following is a snapshot of views from 20 individuals who preferred to submit responses, either by letter or email.

### COVID-19

#### Impact on health and wellbeing

Sub Theme	Main Issues and Example Comments
Deterioration	<p><i>Critical care e.g. cancer etc people are not being seen due to COVID, diagnosis late.</i></p> <p><i>Health will struggle to cope with repercussions of COVID such as mental health issues, chronic conditions, long COVID, waiting lists and getting business back to normal. It's going to be a big problem. More physio therapist will need to be recruited to deal with long COVID.</i></p>
Staff Mental Health	<i>Staff in hospital would have had to make difficult decisions which may result in post-traumatic difficulties.</i>
Negative impact of lockdown on health and wellbeing	<p><i>In terms of physical health, both my wife and I have lost a degree of fitness, flexibility and muscle tone. The lack of gym-based training and exercise cannot be compensated by daily walks, no matter the length or speed. The consequence has been a slight gain in weight; some 6lbs in my general weight of 14 stone.</i></p> <p><i>There have been times, especially in poor weather, when things have seemed a little "flat" but not exactly boring.</i></p>
Self-Isolation	<i>So initially I was sent the letter to self-isolate, which as I live alone, I was easily able to do, because I also have had great support from my family, by doing my shopping and other things I needed to have done. It must be so much harder for anyone who lives on their own and do not have family/ friends to support them.</i>
COVID-19 rules	<i>All my family have adhered to the Covid rules, and it really saddens me when I see others blatantly breaking them. Yes, mistakes have been made, and it is easy to be wise in hindsight, but the spread of the virus might not have been so extensive if everybody had just kept to the rules and regulations.</i>

## Access to services

Sub Theme	Main Issues and Example Comments
GPs	<i>GP Practices need to start opening up their door. You are not able to diagnose over the phone. It a bit of a lottery at the moment.</i>

## Experiences of services during the pandemic

Sub Theme	Main Issues and Example Comments
Digital	<i>The digital recording via ZOE for Covid was fantastic. Good useful data was able to make a difference i.e. the identification of taste and smell problems.</i>
Vaccine	<i>The vaccine programme has really worked very well. Can't fault this.</i>

## Healthier Mid and West Wales strategy

### What else do we need to take into account since published 2018

Sub Theme	Main Issues and Example Comments
Recruitment	<p><i>I recall that in the Consultation documents issued in 2019 by Hywel Dda "Our big NHS change" and "Developing Trauma Services" emphasis was placed by the authors on the continued difficulty in recruiting staff as well the design of Glangwili in particular. These are long term concerns.</i></p> <p><i>Promotion of Health Service roles within schools – need to encourage student to be nurses, doctors, therapist etc. Invest in our future. Give students who want to work in the NHS interest free loans but must work for the NHS for at least 3-5years.</i></p>
Virtual appointments	<i>Given my experience the further development of remote diagnostics may be beneficial and improve efficiency.</i>



Public opinion	<p><i>Prior to replying to your engagement exercise, I note you include Pembrokeshire residents in your request. In past years Hywel Dda has not in any way responded or taken on board any concerns from Pembrokeshire residents as to the constant reduction of NHS services in our County, how can we be assured that this latest engagement exercise is a true request and not just yet another example of gesture politics while you continue to close Withybush as requested by the First Minister. Clearly it's all down to financial interest rather than the general public's safety and wellbeing. 18000 protested against this idea in 2018 and you are still ignoring the public's outcry and going ahead with it anyway.</i></p> <p><i>Anyway you don't listen to people's opinion you decide it doesn't matter what we think especially us living in the country. I know that you will carry on your plans and dismiss this letter as you bosses are not going to listen are you.</i></p> <p><i>Again we are not considered and not heard .The plans are going ahead and it's all very exciting for people living around that area but not for us, who cares? Not you it's obvious.</i></p>
Withybush Hospital	<p><i>It makes absolutely no sense to close Withybush with the ridiculous distance Pembrokeshire residents have to travel, especially those in remote locations nearer the coast.</i></p> <p><i>I am writing to affirm that Withybush hospital should be retained and upgraded to a fully functioning General hospital once again. To include Paediatrics and a Maternity unit once again.</i></p> <p><i>We remind the health board that 18,000 people signed a petition against downgrading Withybush and building a new hospital – we have already said No!</i></p> <p><i>I have recently been diagnosed with breast cancer and through treatment I have had to be a patient of Withybush, admitted in an emergency due to my temperature rising. Central nights spent on an ambulance trolley in A&amp; E due to lack of beds. You cannot say our hospital is not needed. With 1 in 7 people having breast cancer we need Withybush upgraded to be able to have a radiotherapy machine.</i></p> <p><i>All I can say is these must be the decision of men..... any woman in full labour who has to travel strapped in a car seatbelt will tell you how painful it is to travel to withybush let alone any further. Also please try getting to Glangwilli on a bank holiday weekend from Pembrokeshire, the traffic is horrendous. I know of people who have had to give birth in the car and still stuck in traffic - imagine the risks on those mothers night babies.....</i></p> <p><i>WGH to include Paediatrics and a Maternity unit once again.</i></p>

Glangwili Hospital	<i>From recent experiences at Glangwili, as both an in and an outpatient, the physical structure of the hospital is outdated and not fit for the 21st Century; a situation made worse by the Covid pandemic and the resultant need for greater width in the corridors etc. (I have, however, been pleased with the health service by staff).</i>
Community hospitals	<i>Today, I visited a community hospital in Powys. The hospital was buzzing and the same could occur in Llandovery Hospital with some determination.</i>
A&Es	<p><i>After having seen the plans for Glangwili to lose its A&amp;E department as well as Withybush closing for the new hospital in Whitland I am writing in sheer shock and disbelief to ask you reconsider this ridiculous idea. Llanelli now only has a minor injury unit after previously losing its A&amp;E department and now you want to take away Glangwili A&amp;E too? In all honesty who on earth comes up with these ideas?</i></p> <p><i>Everyone with a bit of sense knows that every minute counts in an emergency and so now people like us would have to travel even further in an emergency than we have to already. I honestly don't think i have spoken to 1 single person who is supporting this decision.</i></p> <p><i>Again shocking that you are spending all this money when a fairly new Accident and Emergency unit has been built in Glangwili</i></p>
Travel distance to new hospital	<p><i>With people having to travel further for A&amp;E in an emergency more lives will be lost with the plans being made by the health board.</i></p> <p><i>It's also ridiculous for the staff members of Withybush to have to travel further, especially those who rely on public transport and work late shifts.</i></p> <p><i>My greatest concern that you haven't considered people living in place. Like Cyngordy 5 miles from Llandovery. To get too Carmarthen is. Bad enough. But you're thinking of building this so called. Super hospital in St Clears or even further away. YOU HAVENT CONSIDERED PEOPLE LIVING IN THIS AREA AT ALL. WHAT ABOUT US THAT LIVE IN THE FURTHEST AREA? Do you know how far even Carmarthen Glangwili hospital is from CYNGHORDY and now you are even building it further away. Fine for people. Living around those areas you are just looking at the populated areas and never mind us who live in a farming community take note one of the most accident places on farms.</i></p> <p><i>Ceredigion concern - Expressed concerns due to the distance for the proposed new hospital from my village. Takes about around 50 minutes to get to GGH - from which I have received very good service - and St Clears would be further away.</i></p>

Population growth	<i>Also look at the property market, prices are rising and there aren't enough properties to allocate locals as many people are now moving to Pembrokeshire now they can feel they can work from home. That means our population is increasing, plus the tourist industry is rising.</i>
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## Social model for health

**Wider determinants – e.g. environment, where people live, education, income, social connections, healthy behaviours.**

**What would help support health and wellbeing in your community?**

Sub Theme	Main Issues and Example Comments
Integrated care	<i>There is a need for an integrated and comprehensive approach to health, well-being and social care; for the approach to be related to individual need throughout their life.</i>
Community hubs	<i>Great idea to have old hospitals as community / cottage hospitals for convalescing and minor injury units. Most parts could be removed for housing ( or similar ) and keep the more recent bits and upgrade wards to have a one way through system NOT in and out the same doors</i>
Person Centred Care	<i>We really need excellent diagnostics. One feels one is getting a top up of windscreen washer not a full service as it were. The whole patient should be looked at not just the most defective bit of the day. It's all interrelated. Also clinical signs looked at not just that the tests are in an acceptable range. People vary as to the point in the range that fits best. Also when treating cancer time and again I hear of one type being treated and all along there is another type elsewhere that was overlooked. (Cancer is common of course). When one goes to a restaurant they ask if you would like anything else and I feel that should be the case with health. People may not mention the real problem to start with.</i>

## Understanding impacts

**Suitable and accessible services for all (no disadvantage or discrimination)**

Sub Theme	Main Issues and Example Comments
Inequality	<i>Whether the system is fair to everyone I am not really in a position to judge. I doubt it given almost limitless need and limited resources.  I hear rumours now that the HB is considering taking over Debenhams's site in Carmarthen for health purposes. Is this equitable care for rural patients, living 27 miles from their nearest district Hospital and possible be nearer 45 miles in the future?</i>
Older People	<i>Social services support for the elderly infirm is inadequate. During the time I have worked in Llandovery, a care-of-the-elderly clinician visited the hospital regularly. These clinics also stopped.</i>

Dementia	<i>Support for dementia care for patients is far from adequate.</i>
Care further from home	<p><i>I am sad that local patient's recently requiring inpatient care have been unable to access a bed at Llandovery, often as a result of patients living in Ceredigion and Pembroke being transferred from district general hospital in HDHB. It seems unkind to move elderly patients so far from their homes and relatives.</i></p> <p><i>Many of our medical needs have been removed from Withybush to Glangwili resulting in stressful travel difficulties for most patients. Some have cars and family to drive them many do not.</i></p>
Towy Valley	<i>Will we continue to be forgotten in this part of Hywel Dda, when I see the opposite occurring in Powys HB community hospital?</i>
Travelling to services further afield	<i>Travelling to Swansea daily for a 5 minute treatment is ridiculous, 3 hour round trip and my partner having to take unpaid leave to take me is just ludicrous and costly.</i>

## Developing a new hospital – site and criteria

### Suggested sites within four criteria (provide detail)

Sub Theme	Main Issues and Example Comments
Location	<p><i>35 acres seems too small as a ball park concept. The old dairy site is landlocked and, like Glangwili and others cannot expand due to housing surrounding it. I hear from some years ago you have scoped three sites already between Narberth and St Clears.</i></p> <p><i>That site is the yard to the south of Whitland railway station together with agricultural land to the south-west and north-east. A further issue is that the obvious site near the station in Whitland is far less than 35 acres. To obtain such a large site would require expansion into agricultural land, much of which is probably susceptible to flooding.</i></p>

## Most important things UHB should consider in deciding which site best for our communities?

Sub Theme	Main Issues and Example Comments
Location	<i>With a location by or near a railway station for use by staff and patients and with proposed improvements to the A40, I would hope some of the concerns expressed in Milford / Pembroke areas would be assuaged.</i>
Hospital Site	<i>Close to trunk road. Space for helicopters so no overhead pylons nearby. Groveland or Moor Farm area would give access to the railway line and possible request station stop as well as trunk road.</i>



Public Transport	<p><i>The site south of Whitland has the best public transport connectivity of any location within the proposed 'zone'. Even so I do not consider this to be adequate provision for a major hospital site – the rail service only provides links west, east and south. Public transport heading north from Whitland, towards Cardigan, is virtually non-existent. The most obvious option for Cardigan involves a change of bus in Narberth between two routes that each run only 3 or 4 times a day and probably not at all on Sundays.</i></p> <p><i>Whitland is also very poorly served by bus services – the only route managing more than a handful of trips per day being eastwards towards Carmarthen. This applies to much of the area between St Clears and Narberth, which is a public transport desert. The only really notable exception to this is the rail service at Whitland, which does not currently accept concessionary travel passes.</i></p>
Distance	<p><i>As a retired Qualified nurse I find the whole situation frightening that I have to travel so far for treatments and appointments if needed and even more so if it an emergency.</i></p>
Travel costs	<p><i>A hospital needs to be easily accessible from all directions. It is also important to consider patients' travel costs to and from the hospital, particularly where they require frequent visits. Many patients needing to attend hospital regularly will be holders of concessionary travel passes. Travel by bus will therefore be free-of-charge for such patients. An ideal hospital site would therefore be located close to a hub for bus services.</i></p>
Environment	<p><i>Do not build on or near a flood plain. Things will not get better with flooding and weather conditions.</i></p> <p><i>South facing so options for solar and also tall turbines to catch a west wind</i></p>
Maintain the status quo	<p><i>I therefore would suggest that retaining Withybush and Glangwili with full emergency/urgent care facilities is the only option available. As key centres in their own right, Haverfordwest and Carmarthen are hubs for bus services, many of which operate via these hospitals.</i></p>
Build near to largest population density	<p><i>In terms of the location of a new hospital it seems to me that geography has taken precedence. A site somewhat remote from a centre of population could pose problems relating to staffing in all grades, housing, public and private transport, and for key medical staff, their social and professional life.</i></p>
Population needs	<p><i>Firstly please undertake the project based on facts not people's perceptions. I.e. location of patients, basis of need, accessibility / transport links, types of accidents etc . Do not be swayed by politicians since we have had this consultation process before and it is just wasting time doing it all again</i></p>

Opposition to the new hospital	<p><i>I strongly oppose a siting of a new hospital near Narberth putting the majority of inhabitants of Pembrokeshire at risk particularly those living in the wider coastal areas. Why does everything have to revolve around Narberth nowadays?</i></p> <p><i>These decisions are made far from the area in question but when those people visit our beautiful county on holiday which they do in their thousands they may be very upset to discover their loved ones cannot be saved due to the geographical logistics.</i></p> <p><i>Withybush is of a good condition why waste millions building another hospital?</i></p> <p><i>Politicians in Carmarthen would like it at the show ground at Nant y ci but the population of Pembrokeshire doubles in the summer months and has some big industry and farming requiring trauma units.</i></p> <p><i>So you ask me where you should build this new hospital in Australia as far as I'm concerned</i></p>
Other objections	<p><i>Hwyel Dda should be focusing on improving services and recruitment for hospitals they already have</i></p> <p><i>You had best concentrate any money on upgrading the existing hospitals to service people in their communities. Special patient care can be transported by electric ambulances from hospital to suitable services</i></p>
Support for the new hospital	<p><i>I am very pleased to learn that progress is being made on plans for a new hospital in the Narberth / St Clears area and just hope that the process to design, construction and opening can be accelerated – certainly not deferred and delayed.</i></p> <p><i>A new hospital as proposed would, I believe, have the same positive reaction among health care professionals and provide a range of employment opportunities for local school leavers and graduates</i></p>
Heavy Industry	<p><i>Also you must take into consideration the refineries and industries we have here in Pembrokeshire. We have already over the years had some major explosions, the risks and danger to people here who through their work put themselves in danger every year, the extra distance needed to trave in such emergencies is risking their chance of survival.</i></p>



## Other Issues

Sub Theme	Main Issues and Example Comments
Praise for staff	<i>I wish to thank all the staff who have tirelessly worked throughout this pandemic, not only those in the immediate front line, and they have been truly heroic, but also the other departments staff, as they too have kept the service going.</i>
Community resilience	<i>I am proud of how Pembrokeshire have reacted to this pandemic.</i>
Influence of politicians	<i>Do not be swayed by politicians since we have had this consultation process before and it is just wasting time doing it all again.</i>
Services at Withybush	<i>Services in Withybush have been an absolute joke before the pandemic and during. Keeping dermatology and physio open but stopping services like cardio and neurology. They don't even have a cardiologist! It is so scary for the people in my town (Milford Haven), I can't imagine how people further out are feeling. I've heard a few people say "if I'm showing signs of a heart attack, take me straight to Morriston". Not because it's easy for them, or they want to but because they know they will be sent there anyway after showing up at Withybush, wasting valuing time and putting them at severe risk.</i>
Nursing staff	<i>Nursing needs to be put back to 2 levels. Encourage those who want to do a degree but need the RCN Nurse back.</i>
Environment	<i>We are not going to get back to normal after the pandemic, and the next big agenda that is going to control our future and will be drummed in to us is climate change. The Welsh Assembly i.e. Mark Drakeford is already cancelling proposed road infrastructure under the umbrella of carbon emissions. There is a massive u- turn over the centralisation of work and services. We are going to have to stay close to home! Central Westminster government is already spouting the climate agenda for the next five to ten years. Electric cars are going to be mandatory, that will take a huge population off the road, the expense will be out of sight of most people including your lovely volunteer drivers that you rely on today. So a super hospital is no use if you can't get to it. Public transport will also decline due to the expense of conversion to electricity transport. There will be no end to restrictions</i>

## Feedback from politicians and political groups

There were three responses from politicians or political groups (listed in the table below).

The Labour MP for Llanelli, Nia Griffiths, submitted a questionnaire and the Conservative MS for Preseli Pembrokeshire, Paul Davies, gave his views in a letter to the Health Board's Chief Executive.

Pembrokeshire Liberal Democrats chose to send an email outlining key issues of concern, particularly regarding what they felt was a 'lack of clarity over the Health Board's proposals' which made it 'difficult to take part in the current engagement exercise'. They submitted a number of questions outlining key areas they felt needed more detailed explanation.

Politician or political group	Constituency	Method of involvement
Nia Griffith MP	Llanelli	Questionnaire
Paul Davies MS	Preseli Pembrokeshire	Letter
Pembrokeshire Liberal Democrats		Email

## COVID-19

### Impact on health and wellbeing

Sub Theme	Main Issues and Example Comments
Waiting lists/ backlog	<p><i>Longer waiting lists Backlog of patients who have delayed seeking help about health problems Long COVID Mental Health Impact of the pandemic.</i></p> <p>(Nia Griffith MP)</p> <p><i>The Covid-19 pandemic has had an impact on waiting lists and it's vital that all efforts are concentrated on tackling the backlogs in treatments rather than redesigning services</i></p> <p>(Paul Davies MS)</p>
Socio-economic impact of pandemic	<p><i>Many families have faced economic hardship during the pandemic, the effects of which will continue to be felt.</i></p> <p>(Nia Griffith MP)</p>
Value local hospital	<p><i>Throughout the pandemic, the public have made it explicitly clear just how much they value their local hospital</i></p> <p>(Paul Davies MS)</p>

## Access to services

Sub Theme	Main Issues and Example Comments
Digital access	<p><i>Increased confidence with digital consultations is a plus, and, where appropriate, such options should continue, in order to save time for both staff and patients, whilst always recognising that there are some people for whom and some occasions when a face-to-face appointment is essential</i></p> <p>(Nia Griffith MP)</p>

## Experience of services during the pandemic

Sub Theme	Main Issues and Example Comments
Pharmacy services	<p><i>Some people have become more aware of the range of services that can now be provided by community pharmacies, but this is not widely known, and we need to raise awareness of these services</i></p> <p>(Nia Griffith MP)</p>

## Healthier Mid and West Wales strategy

### What else do we need to take into account since published 2018

Sub Theme	Main Issues and Example Comments
Barriers between health boards	<p><i>Eliminate artificial barriers between the Hywel Dda Health Board and the ABMU Health Board. There should be NO artificial barriers to patients from the Hywel Dda Health Board area accessing services in the ABMU area as it is inhumane for patients to be making unnecessarily long journeys purely because of Health Board boundaries.</i></p> <p>(Nia Griffith MP)</p>
Local mental health beds	<p><i>In 2018 there was talk of plans to move the mental health beds originally designated for PPH in Llanelli over to the new hospital in the Whitland area. Visitors can be very important for people with mental health problems, so they need to be near to their communities so they should not be forced to go all the way to Whitland. We need these facilities in Llanelli.</i></p> <p>(Nia Griffith MP)</p>
Community hubs	<p><i>We want services including in-patient facilities to be as close to people's homes as possible, and so I would like to see community hubs in Cross Hands and at Pentre Awel in Llanelli, as well as a great a range of services as possible available consistently across all GP surgeries.</i></p> <p>(Nia Griffith MP)</p>

## Understanding impacts

### Suitable and accessible services for all (no disadvantage or discrimination)

Sub Theme	Main Issues and Example Comments
Digital discrimination	<p><i>With the increase in digital know-how, many patients will welcome online video consultations, which will save them the time and expense of travelling to see a consultant. However, particular attention needs to be paid to those who cannot access this technology: one option to explore would be for such patients to attend at their local Health Board facility ( GP surgery, Community Hub) and sit with a medically qualified person, whilst accessing an online video consultation with a specialist some distance away</i></p> <p>(Nia Griffith MP)</p>

### Effects of poverty or reduced income on wellbeing or access to services

Sub Theme	Main Issues and Example Comments
Transport cost	<p><i>The cost and availability of transport is a major issue for patients and their families. Good public transport links are essential for equitable access to hospital services.</i></p> <p>(Nia Griffith MP)</p>

## Developing a new hospital – site and criteria

### Most important things UHB should consider in deciding which site best for our communities?

Sub Theme	Main Issues and Example Comments
A&E too far from largest population	<p><i>Serious concerns about A&amp;E moving to Whitland A Whitland-based A&amp;E is far too far from the bulk of the Carmarthenshire-Pembrokeshire population who reside in the East of Carmarthenshire (Llanelli, Gwendraeth and Amman Valleys). I am very concerned about siting A&amp;E so far from the bulk of the population.</i></p> <p>(Nia Griffith MP)</p>
Morrison	<p><i>Need to expand services at Morrison to cater for patients from East Carmarthenshire I understand that there is a protocol in place which means that ambulances in the most urgent life-threatening cases would go to the nearest A&amp;E so by moving A&amp;E from Carmarthen to Whitland, there will be more instances in which Morrison is nearer. In addition people from Llanelli and East Carmarthenshire who have access to a car are more likely to turn up at Morrison than to go to Whitland.</i></p> <p>(Nia Griffith MP)</p>

What services will be available at new hospital	<p><i>the health board has provided very little information about the services it will provide. It has given no indication as to the areas in which it will become a centre of excellence or what services currently available at Morriston and Singleton Hospitals will be provided here</i></p> <p>(Pembrokeshire Liberal Democrats)</p>
Staff recruitment	<p><i>A main factor in attracting staff will be whether the new hospital can offer sufficient experience for them to develop their careers</i></p> <p>(Pembrokeshire Liberal Democrats)</p>
Emergency transport	<p><i>How it will tackle emergency transport to A and E</i></p> <p>(Pembrokeshire Liberal Democrats)</p>
Golden hour	<p><i>Many people living in Pembrokeshire would not be able to reach the new hospital site in the 'golden hour' following an emergency</i></p> <p>(Paul Davies MS)</p>
Road infrastructure	<p><i>What road improvements are needed to improve emergency journey times to the proposed new hospital</i></p> <p>(Pembrokeshire Liberal Democrats)</p> <p><i>Transport infrastructure in Pembrokeshire is simply not sufficient enough to handle further journeys eastwards to a new hospital</i></p> <p>(Paul Davies MS)</p>
Transport	<p><i>The Board therefore needs to explain how patients and visitors can access this planned hospital. This must include the transport arrangements for those without cars who rely on public transport</i></p> <p>(Pembrokeshire Liberal Democrats)</p> <p><i>The Board needs to explain how its transport strategy meets the Welsh Government's strategic objectives of reducing vehicle journeys to tackle climate change and alleviating poverty when it will be requiring extra travel for many to receive treatment</i></p> <p>(Pembrokeshire Liberal Democrats)</p>
IT	<p><i>Hywel Dda will need to plan for an incorporated universal searchable IT system which includes GP and social care notes in real time. What are the arrangements for this?</i></p> <p>(Pembrokeshire Liberal Democrats)</p>
Threat to Withybush	<p><i>This hospital .... would threaten the sustainability of Withybush hospital</i></p> <p>(Paul Davies MS)</p>



## Other Issues

Sub Theme	Main Issues and Example Comments
Increased population in Pembrokeshire	<i>More people are looking to move to Pembrokeshire..... it's crucial that Withybush hospital is invested in and able to support the growing local population</i> (Paul Davies MS)
'Designed to Deliver' consultation 2006	<i>This plan seems very similar to the suggestions made in the 'Designed to Deliver' consultation which was rejected in 2006... these plans were extremely unpopular with local people....</i> (Paul Davies MS)

## Feedback from Town and Community Councils, and a community response submitted by county councillor

Every town and community council, and every county councillor in the Hywel Dda University Health Board area was sent discussion documents, details of the engagement exercise and how to get involved.

Below is a list of those which either completed questionnaires or chose to submit a response by email or letter.

In addition, the Health Board received an email from the county councillor for Letterston in Pembrokeshire, Michelle Bateman, who collated the concerns she had heard from some of her constituents:

*As the county councillor the Letterston ward in Pembrokeshire I want to respond to your Building a healthier future after COVID-19 : Have your say consultation. Many residents have spoken to me about health issues and the future of services here in Pembrokeshire so I wanted to respond in a way that reflects those conversations and accurately represents the views of my constituents.*

Town / Community Council name	County	Method of involvement
Carno Community Council	Powys	Questionnaire
Llanelli Rural Council	Carmarthenshire	Questionnaire
Letterston Community Council	Pembrokeshire	Questionnaire
Carmarthen Town Council	Carmarthenshire	Letter
County Councillor M. Bateman on behalf of Letterston residents	Pembrokeshire	Email



## COVID-19

### Impact on health and wellbeing

Sub Theme	Main Issues and Example Comments
Mental health	<p><i>Many of the young people and parents I have spoken to are increasingly concerned about mental health issues. They are concerned about the impact that the pandemic has had on our school age children and young adults : anxiety, stress over their future and isolation, as well as the increasing amount of time they have spent online. I spoke to parents who feel that mental health services are not adequate for young people until they are in a mental health crisis, but they felt strongly that investment should be made in prevention and early interventions and support. These services need to be offered in the community where the young people live, and can access them easily.</i></p> <p>(Councillor M. Bateman)</p> <p><i>The pandemic has had a profound impact on the population's mental health. The lockdown restrictions have confined people to home and prevented people from mixing and visiting family and friends. Counselling services are desperately needed to alleviate the mental health legacy created by the pandemic and more counsellors should be engaged by the health board to work intensively at community level</i></p> <p>(Llanelli Rural Council)</p>
Socio-economic impact of pandemic	<p><i>The pandemic has placed more people in the poverty trap, people have no jobs and subsequently they may be forced to sell their homes to try and survive. The mental stress and anxiety this has created cannot be understated</i></p> <p>(Llanelli Rural Council)</p>
Isolation	<p><i>I have spoken to many older people whose social interaction has decreased, firstly due to the lockdown measures but now because they are fearful of re starting socialising or because some of the community groups have not restarted. This is impacting on both their mental and physical health.</i></p> <p>(Councillor M. Bateman)</p>
Family support at consultations	<p><i>Being able to have family support while attending appointments has also been an issue, both parents being allowed with children or fathers going to antenatal appointments. This supports the wellbeing of those involved. Caring for a sick child is extremely stressful and it has been hard for parents to do this one their own.</i></p> <p>(Councillor M. Bateman)</p>

## Access to services

Sub Theme	Main Issues and Example Comments
Impact on services	<i>the cancellation of operations and hospital appointments and screening services has all had a detrimental impact on society generally.</i> (Llanelli Rural Council)
Waiting lists / backlog	<i>It will be difficult for the health board to try and reduce ever growing waiting lists and re-prioritising case load. It will take years to catch-up</i> (Llanelli Rural Council)
Community support in rural areas	<i>The health board needs to continue working with community volunteers and county based charitable organisations to co-deliver help and support especially in rural locations.</i> (Llanelli Rural Council)

## Experience of services during the pandemic

Sub Theme	Main Issues and Example Comments
Phone access to GPs	<i>Some residents have told me that they have like being able to access GP services via phone etc as it's easier for them when they are working, and it's been a more flexible service. These comments have been from the younger generation though, with many elderly residents feeling either too concerned to visit a doctor or unsure about how to do that. There needs to be a solution that supports those who are digitally excluded.</i> (Councillor M. Bateman)
Digital	<i>Good work has been achieved in adapting technology and IT to facilitate remote interaction with patients. This needs to continue.</i> (Llanelli Rural Council)
Importance of local hospital	<i>If anything people feel more strongly about preserving a local hospital in its entirety after the pandemic, as they have felt the security of having a hospital in the county.</i> (Councillor M. Bateman)

## Healthier Mid and West Wales strategy

### What else do we need to take into account since published 2018

Sub Theme	Main Issues and Example Comments
Integrated community services	<i>As noted in 2018, Council agrees that fully integrated community care would be an effective way of relieving much of the pressure on our hospitals, however there is very little information offered at present to have an accurate understanding of how these services will look and how they will work.</i> (Carmarthen Town Council)

Services at Glangwili Hopsital	<i>The document refers to repurposing Glangwili, but aside from a GP led minor-injuries unit, which would appear to be a downgrade from the current specialists on site, there is very little detail. Reference is made to a 'range of other services' – what will these include?</i>  (Carmarthen Town Council)
Poor service provision in Powys	<i>Why the provision of services in Powys are so poor/lacking</i>  (Carno Community Council)

### Social model for health

**Wider determinants – e.g. environment, where people live, education, income, social connections, healthy behaviours.**

- **What would help support health and wellbeing in your community? Explain.**

Sub Theme	Main Issues and Example Comments
Integration with voluntary / third sector	<i>The provision of local services, developing links with local health charities to provide care and support.</i>  (Llanelli Rural Council)

### Understanding impacts

**Suitable and accessible services for all (no disadvantage or discrimination)**

Sub Theme	Main Issues and Example Comments
Disadvantage: Rural / public transport / low incomes	<i>Access to health services is vital for everyone in our communities, it is very difficult for people in rural areas who rely on public transport which often does not align with appointment times. If services are not running to time this makes it difficult for people to plan appointments. It is also very difficult for people on low incomes, some families don't have transport, or don't have the means to always have enough fuel for emergency journeys.</i>  (Councillor M. Bateman)

## Effects of poverty or reduced income on wellbeing or access to services

Sub Theme	Main Issues and Example Comments
Poverty	<p><i>We [in Pembrokeshire] have the highest levels of child poverty in Wales, a statistic that can't be ignored when pushing ahead with plans to make access to some services more difficult for some of these families. As well as prevention and early intervention, access to emergency care is vital to support these families.</i></p> <p>(Councillor M. Bateman)</p> <p><i>Poverty has a knock on effect on the health of the population, people on low incomes are prevented from eating a health diet ultimately this will affect levels of obesity, heart disease, diabetes, cancer. There is a high dependence on foodbank services</i></p> <p>(Llanelli Rural Council)</p> <p><i>The inability to access services because of transport restrictions/cost</i></p> <p>(Carno Community Council)</p>
Services closer to home	<p><i>It is vital to provide care locally as people cannot afford to pay for transport.</i></p> <p>(Llanelli Rural Council)</p>

## Developing a new hospital – site and criteria

### Suggested sites within four criteria

Sub Theme	Main Issues and Example Comments
Site nomination: Penblewin roundabout	<p><i>It needs to be accessible to public transport routes. The Penblewin site offers that, including close proximity to Narberth and Clynderwen Railway Stations (with linking bus services)</i></p> <p>(Letterston Community Council)</p>

## Most important things UHB should consider in deciding which site best for our communities?

Sub Theme	Main Issues and Example Comments
Emergency access to new hospital	<p><i>I have heard many concerns from residents about the loss of services from Withybush, both for planned services and emergency situations. Their concerns relate to being able to get to a new hospital quick enough in an emergency situation such as stroke, epilepsy or anaphylactic shock, but also how to return home after.</i></p> <p>(Councillor M. Bateman)</p>

Build new hospital in Pems	<p><i>People I speak to feel that any new hospital needs to be located in Pembrokeshire, and that it must be hand in hand with infrastructure improvements so that Pembrokeshire residents are able to access services when they need to, and at a low cost to them.</i></p> <p>(Councillor M. Bateman)</p>
Build near to largest population density	<p><i>Where the bulk of the people reside and close to major industry with excellent communication links and regular public transport 24/7.</i></p> <p>(Llanelli Rural Council)</p>
Morrison closer to Llanelli	<p><i>Sadly the size of the health board area is to its detriment. The reality is patients needing access to A&amp;E services in the east of Carmarthenshire will probably access urgent care by utilising Morrison hospital instead. The hospital will be much closer to travel to, making it quicker and cheaper to get to</i></p> <p>(Llanelli Rural Council)</p>
Journey times	<p><i>Journey times, (not distance or geographic centre) to be equitable regionally Proximity to main routes and public transport</i></p> <p>(Letterston Community Council)</p> <p><i>Accessibility</i></p> <p>(Carno Community Council)</p>

## Other Issues

Sub Theme	Main Issues and Example Comments
Engagement exercise	<p><i>I feel very strongly that the Health Board need to engage with as many residents as possible, I understand the covid restrictions, but I have concerns that this largely digital consultation will be missed by some of the most vulnerable. I would like to see a move to covid safe drop in sessions, when it is safe to do so.</i></p> <p>(Councillor M. Bateman)</p> <p><i>The Town Council would welcome the opportunity to engage with Hywel Dda UHB in more detail about the plans for Glangwili and integrated community care. Further consultation detailing the services planned for Glangwili, staffing levels etc. would enable us to offer more substantive comments than is currently possible.</i></p> <p>(Carmarthen Town Council)</p>



## Feedback from groups representing patients and the wider public

Organisation name	Method of involvement
Hywel Dda Community Health Council	Questionnaire
Mid Wales Public and Patient Forum	Written response following questionnaire format

Hywel Dda Community Health Council submitted a formal response via the questionnaire.

The Mid Wales Public and Patient Forum collated responses from members using the questionnaire format:

*I have attempted to gather views across Mid Wales to respond to the HDHB post Covid engagement, This is less comprehensive than I would have liked due to mainly only being able to gather views remotely rather than face to face. If this is replicated across the HB then the responses need to be considered with a degree of caution as the responders may not be representative. The following is a summary of the comments I have received.*

Jack Evershed, Group chair

### COVID-19

#### Impact on health and wellbeing

Sub Theme	Main Issues and Example Comments
Mental Health	<i>Social isolation and loneliness have affected the wellbeing of some of the population. It is likely that Mental Health challenges will increase in the future as a result of this. Accessible provision of Mental Health services will need to be enhanced across the three counties.</i>  (Hywel Dda Community Health Council)
Deterioration	<i>Deterioration in physical health and wellbeing has also occurred. People have been unable to access services in a timely manner and waiting times in all services have increased. This has created a backlog of care and treatment needs that have to be addressed. At the same time, the Health Board needs to offer prompt and efficient services for those with new illnesses and care needs.</i>  (Hywel Dda Community Health Council)

#### Access to services

Sub Theme	Main Issues and Example Comments
Waiting Times	<i>People are worried about a worsening position for many aspects of NHS care. For example, waiting times and delayed operations mean that people will have to wait much longer for the care that they need. They want support to manage during this time.</i>  (Hywel Dda Community Health Council)



	<p><i>As the HB will be well aware the delays to elective procedures is a major cause of concern. Maintaining a good level of information for those waiting is vital (as well as dealing with backlog asap!!)</i></p> <p>(Mid Wales Public and Patient Forum)</p>
Primary Care	<p><i>Primary care is now more challenging, face-to-face appointments are not so easy to get and people are worried about using technology for care. They feel that telephone consultations and video consultations can have a positive impact on access to care but these do not always suit every person or every occasion.</i></p> <p>(Hywel Dda Community Health Council)</p>
Urgent and Out of Hours Care	<p><i>Accessing urgent and Out of Hours care is also a worry for people, they want to be assured that they get the right care, in time and safely.</i></p> <p>(Hywel Dda Community Health Council)</p>
Midwifery Care	<p><i>People also raised concerns regarding midwifery care. People need to feel that they are supported during their pregnancies, deliveries, when caring for new babies and becoming parents for the first time.</i></p> <p>(Hywel Dda Community Health Council)</p>
Accessing services in other areas during COVID-19	<p><i>Although there was a great deal of understanding and sympathy for the difficulties in providing services, the amount of people asked to travel from low incidence areas to higher incidence areas for essential services was not understood. Asking one tested person to move to a low incidence area to provide a clinic seems more sensible than asking lots of people to travel into higher risk areas and back again often with a companion.</i></p> <p>(Mid Wales Public and Patient Forum)</p>

### Experience of services during the pandemic

Sub Theme	Main Issues and Example Comments
Vaccination	<p><i>There have been a number of incidents where people from Mid Wales were asked to travel to Carmarthen for services that were available in North Ceredigion (for example several people asked to travel for a covid test). Often this was corrected by a conversation with the appointments department who were always courteous and helpful. The ability to talk to an empathetic person is greatly valued and people feel that due to covid, the system is more automated and less personal across the health service.</i></p> <p>(Mid Wales Public and Patient Forum)</p>

Equality	<p><i>Going forward, the Health Board needs to consider that a 'one size fits all' approach is not appropriate. Different people have different needs and a range of options may need to be considered when re-starting services.</i></p> <p>(Hywel Dda Community Health Council)</p>
Digital	<p><i>People face challenges in accessing care promptly. Primary care is now more challenging, face-to-face appointments are not so easy to get and people are worried about using technology for care. They feel that telephone consultations and video consultations can have a positive impact on access to care but these do not always suit every person or every occasion.</i></p> <p>(Hywel Dda Community Health Council)</p> <p><i>Covid precautions have made physical access much more difficult. The lengthy messages on phone lines before getting to speak to anyone in person are a disincentive to access. Older people especially find the process very offputting.</i></p> <p>(Mid Wales Public and Patient Forum)</p> <p><i>The pandemic has accelerated the use of technology to allow remote consultations which is welcomed by residents of Mid Wales who will be saved much travelling as a result.</i></p> <p>(Mid Wales Public and Patient Forum)</p>

## Healthier Mid and West Wales strategy

### What else do we need to take into account since published 2018

Sub Theme	Main Issues and Example Comments
COVID-19	<p><i>The Health Board needs to include its ongoing approach to managing Covid-19 as part of its strategy. The impact of Covid-19 is likely to be with us for a significant time period and services still need to be delivered safely during this time. This may need to consider local, regional and national approaches to managing health care.</i></p> <p>(Hywel Dda Community Health Council)</p>
Transforming Clinical Services	<p><i>Recommendation 16 of the CHC's response to the Transforming Clinical Services consultation was that: 'We believe that the Health Board needs to show how delivering such large-scale change will not impact on its day -to-day ability to manage current and futures problems that may arise'. We note that this recommendation still stands. Existing services will need to be delivered and managed, together with the added challenges arising from the pandemic.</i></p> <p>(Hywel Dda Community Health Council)</p>

Mental Health	<p><i>The Health Board should consider a stand-alone Mental Health &amp; Wellbeing Recovery Plan.</i></p> <p>(Hywel Dda Community Health Council)</p>
Bronglais	<p><i>There have been obvious delays to some of the plans, but a determined commitment to advance the rollout of services and the development of BGH as the Mid Wales Hospital needs reaffirming.</i></p> <p>(Mid Wales Public and patient Forum)</p>
Support for community and voluntary sector initiatives	<p><i>The funding of partner voluntary organisations needs to be secured and not left to haphazard funding streams</i></p> <p>(Mid Wales Public and Patient Forum)</p> <p><i>Many people mentioned the wonderful support offered by communities. The statutory bodies need to consider how to support communities to enhance self reliance.</i></p> <p>(Mid Wales Public and Patient Forum)</p>
Person-centred care	<p><i>Going forward, the Health Board needs to consider that a 'one size fits all' approach is not appropriate. Different people have different needs and a range of options may need to be considered when re-starting services.</i></p> <p>(Hywel Dda Community Health Council)</p>
Care closer to home	<p><i>Care closer to home is part of the Health Board's strategy. This should remain a priority so people can access care that is needed.</i></p> <p>(Hywel Dda Community Health Council)</p>
Multi-agency working	<p><i>The joint working of all agencies appears to have been very successful- this must not be lost when budgets are constrained and people are forced to meet segregated budgetary pressures.</i></p> <p>(Mid Wales Public and Patient Forum)</p>

### Social model for health

**Wider determinants – e.g. environment, where people live, education, income, social connections, healthy behaviours.**

## What would help support health and wellbeing in your community? Explain.

Sub Theme	Main Issues and Example Comments
Community services	<p><i>The CHC heard through the Transforming Clinical Services Consultation that people wanted “more accessible services within the community as well as community-centred approaches to health and wellbeing.</i></p> <p>(Hywel Dda Community Health Council)</p>
Community groups	<p><i>During the pandemic more community groups and networks have emerged to support their own communities. Using these existing networks would potentially help de-medicalise some aspects of health and care and increase co-production.</i></p> <p>(Hywel Dda Community Health Council)</p>
Community resources	<p><i>There is a trend for many resources to be removed from rural areas (Banks, retail outlets, etc); it is vital that community resources are valued and supported by public bodies For example community hospitals are highly valued by communities – these need supporting to provide accessible services. Local staff need space and support to develop locally designed innovative services. Local Authorities need to maintain libraries playgrounds etc</i></p> <p>(Mid Wales Public and Patient Forum)</p>
Environment	<p><i>Access to “nature” (green space, beaches etc) has been a great comfort during lockdown Continued support for organisations offering these experiences is very important.</i></p> <p>(Mid Wales Public and Patient Forum)</p>
Housing	<p><i>Housing costs are rising fast so work with other bodies to ensure suitable homes is even more pressing</i></p> <p>(Mid Wales Public and Patient Forum)</p>

## Understanding impacts

### Suitable and accessible services for all (no disadvantage or discrimination)

Sub Theme	Main Issues and Example Comments
Digital inequality	<p><i>The Health Board must ensure everyone can access services on an “equal footing”. As digital access to services has become more prevalent due to COVID the Health Board must ensure digital inequalities do not affect care and access to services. Digital inequalities may arise from differences in access to devices, broadband, skills and knowledge.</i></p> <p>(Hywel Dda Community Health Council)</p> <p><i>Technology will be an important part of service delivery; care needs to be taken that poor coverage or lack of competency does not exclude people</i></p> <p>(Mid Wales Public and patient Forum)</p> <p><i>Access to broadband needs to be affordable for all</i></p> <p>(Mid Wales Public and Patient Forum)</p>
Communication needs	<p><i>It must also be considered that even when people are able to access and use technology, quality of access needs to be considered. This may mean looking at audio/visual quality, availability of language services, appropriate confidentiality as well as good quality communication – this may need to vary according to the mechanism being used.</i></p> <p>(Hywel Dda Community Health Council)</p>
Transport	<p><i>Additionally transport always remains a concern for many people. People’s access to transport may have changed during the pandemic and they may have less options if they are required to travel further for care.</i></p> <p>(Hywel Dda Community Health Council)</p>
Distance	<p><i>Travel to services causes difficulty when people need to miss work/school</i></p> <p>(Mid Wales Public and patient Forum)</p>

### Effects of poverty or reduced income on wellbeing or access to services

Sub Theme	Main Issues and Example Comments
Finances	<p><i>People will have challenges accessing care if they have financial issues, particularly if they live in a rural area. Reduced income may affect the availability of childcare, transport choices or ability to take time off work for appointments, particularly if these are further away.</i></p> <p>(Hywel Dda Community Health Council)</p>

## Developing a new hospital – site and criteria

### Suggested sites within four criteria

Sub Theme	Main Issues and Example Comments
	No sites suggested by these organisations

### Most important things UHB should consider in deciding which site best for our communities?

Sub Theme	Main Issues and Example Comments
Transport	<p><i>People were worried that transport infrastructure was not currently sufficient to support the logistical challenges of many people accessing a new hospital west of Carmarthen.</i></p> <p><i>Recommendation 5 [of the CHC's response to the Transforming Clinical Services consultation]:</i></p> <p><i>“We expect the Health Board to make a clear commitment to placing transport at the heart of its strategic plans with a willingness to innovate, a clear understanding of need, and appropriate funding to meet those needs. Transport providers including third sector providers need to be closely involved with planning.</i></p> <p>(Hywel Dda Community Health Council)</p>
Distance	<p><i>As BGH is hospital for Mid Wales not much feedback on this. Some comments that if there will be a need for travel for more specialised services then access from Mid Wales will need to be as easy as possible A travel time from Tywyn to the site for example – is it fair to expect that of patients??</i></p> <p>(Mid Wales Public and Patient Forum)</p>



## Other issues

Sub Theme	Main Issues and Example Comments
Engagement and communication	<p><i>The Health Board must continually engage and communicate with people, listen to people and share information. The Health Board must also keep people informed about what it is doing in terms of its recovery plan.</i></p> <p>(Hywel Dda Community Health Council)</p> <p><i>Many people who completed the survey were frustrated by lack of communication. People did not know what was happening with their appointments and this made them feel worried. People do not want to burden the NHS but want to make sure that they are not forgotten. The CHC understands that the Health Board has been taking steps to actively communicate with people who are waiting for care.</i></p> <p>(Hywel Dda Community Health Council)</p> <p><i>The importance of human interaction has also been highlighted. People need to be able to talk and meet with NHS staff as appropriate. Covid measures can make staff seem more remote. The HB has much information about how to make contact on the website but for some reason many people do not know about or feel comfortable to use these numbers. Perhaps a one stop helpline with signposting would be worth considering.</i></p> <p>(Mid Wales Public and Patient Forum)</p>

## Feedback from the office of the Dyfed-Powys Police and Crime Commissioner

The Office of the Police Crime Commissioner for Dyfed-Powys Police was sent a copy of the *Building a healthier future after COVID-19* discussion document and questionnaire.

They sent a link to their report, [Response to the Coronavirus \(COVID-19\) Pandemic, May 2020](https://www.dyfedpowys-pcc.org.uk/media/9445/2020-05-pcp-report-on-opcc-response-to-covid-19.pdf). Go to <https://www.dyfedpowys-pcc.org.uk/media/9445/2020-05-pcp-report-on-opcc-response-to-covid-19.pdf> to read the report.

In addition they sent a response to the following question:

### Most important things UHB should consider in deciding which site best for our communities?

Sub Theme	Main Issues and Example Comments
Prioritise community services	Ensuring services close to communities are prioritised
Link with emergency services	Ensuring health provision links with other emergency services' needs and demands
Mental health provision	That the new facility enables greater provision of mental health care beds and crisis care
Continued use of existing hospitals	Ensuring current hospitals and facilities continue to be used within any new arrangements
Shared facilities	That sustainability and collaboration / shared facilities are considered where possible

## Feedback from Save Our Services Prince Philip Action Network (SOSPPAN)

Representatives from the Health Board attended a meeting at the invitation of campaign group SOSPPAN, Lee Waters, MS for Llanelli, and Nia Griffiths, MP for Llanelli, on 8 June 2021.

The format of the meeting was a question and answer session. The following comments are taken from the meeting feedback submitted by SOSPPAN.

### Understanding impacts

#### Suitable and accessible services for all (no disadvantage or discrimination)

Sub Theme	Main Issues and Example Comments
Transport	<i>Access to the New Hospital for emergencies - for people living in Llanelli, going to the proposed location of the New Hospital will be a long drive when in an emergency situation. The vast majority of people will travel by car however there will be a substantial amount of people who need hospital services who do not have access to or will not be able to use their cars during their illness. This is exacerbated when someone is infirm or has mobility issues.... people without a car will struggle as public transport is extremely limited and not up to the job.</i>

### Developing a new hospital – site and criteria

#### Most important things UHB should consider in deciding which site best for our communities?

Sub Theme	Main Issues and Example Comments
Transport sub-group	<i>It is ... proposed by SOSPPAN that a Logistics Task Group made up of Patient Groups and Hywel Dda is set up to look at this area with the aim to create easy access to and from all our Hospitals so that questions like:</i> <ul style="list-style-type: none"> <li><i>“What are the proposals for visiting the New Hospital?”</i></li> <li><i>“If someone is discharged from the New Hospital with new transport will Hywel Dda ensure they get home?”</i></li> <li><i>“Will there be a regular Rail Service from Llanelli through Carmarthen to Whitland?”</i></li> </ul> <i>can be answered with certainty</i>
Communication on how and where to access which service	<i>Given that service provision will undoubtedly change with the New Hospital build and with the advent of new technology, it is becoming more and more key to understand where people can access services outside the established pathways within the system. Although there are links on the Hywel Dda website it is not necessarily that easy to understand which level of service is needed for Primary, Secondary or Tertiary Services or where it is provided.</i>
Roadmap of future services	<i>[We need] a roadmap of what services can we expect in the future? The following are a starting point so that we can start to inform the public of what to expect:</i> <ol style="list-style-type: none"> <li><i>1. Will online GP Consultation continue?</i></li> <li><i>2. Will this expand to enable Consultants to examine patients?</i></li> <li><i>3. Will this be extended to 3 way consultation with the above?</i></li> <li><i>4. Will patients staying in hospital be able to communicate via IPAD / Phone with</i></li> </ol>

	<p><i>their loved ones?</i></p> <p><i>5. Will Pharmacies be linked online for minor consultations?</i></p> <p><i>6. Rather than bringing people into hospital could they be monitored from their homes through the use of technology?</i></p> <p><i>7. Could people in Care Homes be monitored in the same way as in point 6?</i></p>
Transition plan	<i>SOSPAN has asked for a Transition Plan for not only the New Hospital but the changes to Service Provision that effect the people of Llanelli and Prince Philip Hospital and the timescales and progress of these changes to be discussed at our regular 3 monthly meetings.</i>
Keep public on board	<i>It will be essential that we keep the public on board during these changes and work together to provide the exemplary Health Care that we have come to rely on, in whatever form it is to be delivered and ensure that it can be accessed for everyone seamlessly</i>
Timescale	<i>Estimated time of the New Hospital Build</i>

## Other Issues

Sub Theme	Main Issues and Example Comments
Services at Prince Philip	<i>How do the new proposed changes affect Prince Phillip Hospital?</i>
WAST policy	<p><i>What are the links going to be with WAST for decision making re the nearest A&amp;E?</i></p> <p><i>Are we still looking at working with ABMU [Swansea Bay University Health Board] for Llanelli emergencies?</i></p>
Morrison	<i>Added to that pressure, some people when taking their friend or family to an A&amp;E will also use the service [Morrison].</i>
Use of technology to reduce travel and aid easier diagnosis	<p><i>[We need] a roadmap of what services can we expect in the future? The following are a starting point so that we can start to inform the public of what to expect:</i></p> <p><i>1. Will online GP Consultation continue?</i></p> <p><i>2. Will this expand to enable Consultants to examine patients?</i></p> <p><i>3. Will this be extended to 3 way consultation with the above?</i></p> <p><i>4. Will patients staying in hospital be able to communicate via IPAD / Phone with their loved ones?</i></p> <p><i>5. Will Pharmacies be linked online for minor consultations?</i></p> <p><i>6. Rather than bringing people into hospital could they be monitored from their homes through the use of technology?</i></p> <p><i>7. Could people in Care Homes be monitored in the same way as in point 6?</i></p>

## Bandi Appeal

Bandi Appeal is a registered charity which has close links with Hywel Dda University Health Board. Its 'mission is to provide an up to date, state-of-the-art children's centre at Glangwili Hospital, for children/young people, aged 0-18 plus, with emotional, learning, physical disabilities and medical conditions'.

The charity submitted responses via the online questionnaire.

## Healthier Mid and West Wales strategy

### What else do we need to take into account since published 2018

Sub Theme	Main Issues and Example Comments
Services for children with complex needs	<i>A great service for our children of special needs and families in an environment that is well designed, fit for purpose, accessible to all for all therapy, nursing and support and to be used by the community 24/7.. as our adults receive for their differing needs</i>

## Understanding impacts

### Suitable and accessible services for all (no disadvantage or discrimination)

Sub Theme	Main Issues and Example Comments
Adults' needs prioritised	<i>it appears that adult needs have always taken preference for newer, up to date facilities.. as they shout louder.. and it appears the child's/family's voice are just grateful to be seen in whatever the environment's condition as the service they receive from the professionals is excellent</i>
Bespoke services children and families	<i>Please consider our children and families with special needs so that they receive state of the art services that have joined up thinking-working in partnership with the Bandi Appeal to enable this to happen (1.08 million already raised from local communities)</i>

## Developing a new hospital – site and criteria

### Suggested sites within four criteria

Sub Theme	Main Issues and Example Comments
Location	<i>The location seems appropriate</i>

## Most important things UHB should consider in deciding which site best for our communities?

Sub Theme	Main Issues and Example Comments
Transport	<i>Accessible by transport links - St Clears hopes to have a railway station in the near future</i>  <i>Adequate accessible road infrastructure and transport links for staff and patients and adequate parking</i>
Emergency response	<i>Air ambulance access</i>  <i>To enable saving lives within safe journey distances for access to emergency vehicles</i>

Staff and volunteers	<i>Adequate multi-disciplinary staffing levels with links to the local and wider community for much needed volunteers</i>
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## Other Issues

Sub Theme	Main Issues and Example Comments
Integrate services with local fitness organisations	<i>A joined up approach with our local fitness organisations - in a safe environment that is client friendly with a relaxed atmosphere (whatever the age) accessible by transport links - St Clears hopes to have a railway station in the near future; where car parking is available - (without appointments all happening on certain days)/alternative virtual appointments/home visits when safe) - keeping people independent and relaxed in a non-clinical style environment - enabling positive good health</i>



## Section 5: Social media responses

The Health Board used free (organic) promotion on its Facebook and Twitter pages, as well as paid-for social media advertising to promote the engagement exercise on Facebook and Instagram. Whilst people 'liked' and 'shared' Twitter activities, no direct responses on the themes were raised on this platform. However, the Facebook activity did attract a number of responses, themes and example comments from which are detailed below. The majority of comments received on social media were negative about the future transformation plans, although there was some support for a new hospital.

### COVID-19

#### Experience of services during the pandemic

Sub Theme	Main Issues and Example Comments
Importance of local hospitals and services	<i>I am sure there are arguments for a total new built but hope you have learned from Covid! Keep Withybush!!!! And OK it won't do all tertiary care</i>  <i>What services are you offering to residents of the Amman Valley. Already we are being required to get to Llanelli or Carmarthen for vaccinations. Not good enough</i>
Primary care	<i>Since the pandemic doctors surgeries have been a nightmare to get appointments</i>
Virtual appointments	<i>you can't diagnose someone over the phone</i>

### Healthier Mid and West Wales strategy

#### What else do we need to take into account since published 2018

Sub Theme	Main Issues and Example Comments
Service decline	<i>What's the point of building a new hospital when the existing ones have no services in them! I've been waiting 7 years for therapy after being violently raped and all I get is "supportive" leaflets, which are quite often patronising, out of date, and simply wrong.</i>
Improve existing hospitals	<i>Improve the facilities and capacity of the existing hospitals - PLEASE!</i>  <i>Or rather than waste millions building a new hospital that is miles away from most places, upgrade what we've got now. Spend the money upgrading the current hospitals rather than spend millions building a new one that most people disapprove of.</i>  <i>Let's not make problems. Use the funding to upgrade the local hospitals we do already have.</i>

Don't close Withybush	<p><i>We want withybush just upgrade</i></p> <p><i>The population is increasing as more and more people move here. Fishguard alone has three new estates in the last ten years. Whithybush is not that old and a new hospital will be astronomically expensive...Whithybush is a great little hospital and must be kept to serve the community of Pembrokeshire.</i></p> <p><i>We need Withybush with all the refineries around us. God help us if you close withybush and we have a major accident again.</i></p> <p><i>Don't close Withybush . Expand it and build a multi storey car park</i></p> <p><i>what wrong with Withybush upgrade it and save money</i></p>
Don't close Glangwili	<p><i>Keep Glangwili open! If they move further away we will have one heck of a long drive from where we live in Llanybydder and we are not youngsters!</i></p> <p><i>No need for a new hospital site! Don't touch Glangwili Hospital!!!</i></p> <p><i>It's already an hours drive for me to Glangwili and any further would be ridiculous. Glangwili is an excellent hospital....leave it alone!!!!</i></p>
Reinstate services at Princip Philip	<p><i>Llanelli has the largest population, and the hospital services should be reinstated and extended.</i></p> <p><i>We in Llanelli don't want to go to a new hospital miles away we have a perfectly suitable hospital on our doorstep that needs all our services brought back as we have the bigger population,</i></p>
Support for new hospital in south of area	<p><i>Personally I'm looking forward to a new hospital that will be in addition to, and not instead of the existing ones. If I was seriously ill I'd prefer to have access to a state of the art facility staffed by the best in their field, even if it is a little further away. In 21st century health care it is unrealistic to expect to have all services at all sites, and that isn't just about money, its as much about attracting the best staff to provide the required specialist care.</i></p> <p><i>The hospital {Withybush} is borderline beyond repairable we need space and the ability to have more services instead of referring, I love withybush but the truth is it's just not a big enough building anymore and it's old dated on constant need of repair which in turn is reducing beds because of having to close wards off to upgrade things</i></p> <p><i>Try travelling to {Swansea} from Pembrokeshire!! Withybush and to some extent don't have the facilities and /expertise and specialities of Swansea plus it's hard to attract consultants, specialists etc this far west. One is needed this side {west}</i></p>

Provision at integrated hubs/centres etc	<i>When the trusts merged they promised full satellite clinics at all sites - someone somewhere should hold them accountable for these lies. I know people who only agreed to the merge for this reason, given Ceredigion wasn't in severe financial trouble like the other three trusts were and, we actually had far more clinics then than now.</i>
A&E timely access	<i>think about the populations you have and the ideal hour time to get patients to A&amp;E</i>
Engagement exercise	<p><i>And no I'm not registering to give my point of view - the consultations are supposed to be 100% confidential.</i></p> <p><i>The survey is not accessible It precludes the very service users you should be hearing from</i></p> <p><i>This survey is not user friendly! Please make it easier to use</i></p> <p><i>Do not seem to be able to read it or access it as a visually impaired person with a screen reader</i></p> <p><i>Yet more lip service to 'service user engagement'...lost the will to live trying to navigate the process of even registering...prohibitive and inaccessible...get real, Hywel Dda!</i></p> <p><i>Why ??? are you asking for input from Pembrokeshire people, we gave you our concerns and wishes along with a 40,000 + signatures a trip to Cardiff, where no one had the decency or curtesy to come out and meet the representatives of Save Withybush group.I suppose by putting this link up your covering your own backs, as you know your decisions have already been made</i></p> <p><i>Public consultations in Pembrokeshire, regardless of if it's the local authority or the health board are simply a box ticking exercise. They *think* they're giving us a say in what happens, which isn't true. They've made their minds up already on exactly what is going to happen. But by running these public engagement farces they're actually enraging the public and making most people feel completely disenfranchised.</i></p>

## Understanding impacts

### Suitable and accessible services for all (no disadvantage or discrimination)

Sub Theme	Main Issues and Example Comments
Disability	<i>Ensure access to services at your current hospitals, and whilst you're at it make sure all sites are fully accessible. I'm really struggling with my mental health and been told that as I'm medically unable to access the team in Ceredigion I must travel to South Wales, in a private taxi. I'm not even able to get into a car due an injury that I was refused any help for. What's worse is you were given money (almost £250,000) to make this building and team fully accessible and then made the building even more inaccessible .</i>
Discrimination	<i>I don't have the ability physically nor the money to pay for taxis to South Wales when others, just because they aren't physically disabled get seen in county! If you've money to build a new hospital you have the money to offer fair services to people living in all three counties not expect someone in severe pain to pay for a private taxi, plus accommodation because their illness means they cannot travel, not even in an ambulance, to clinics in South Wales because supposedly there's no need for local ones - there is need, just staff are too lazy to travel to provide clinics at all sites.</i>
Age – Elderly	<i>And what about elderly care and rehab!!!!</i>
Distance	<p><i>Why does it have to be so far away from the eastern part of the county? We already have to travel 26 miles to Glangwili, this would put more strain on the elderly. You already have Withybush down there, upgrade it! Not everyone has access to a vehicle and takes hour and a half on the bus each way now.</i></p> <p><i>Ive no transport, live in Aberystwyth, bare minimum services here. Eye problems are only in South Wales now, orthopaedics mostly closed down and cost hundreds of pounds to get to, theres no free transport; I need urgent treatment for a nurological problem and could only get an appointment first thing on a Sunday morning in Llanelli. I can't even get into a car, and certainly cannot afford a taxi that far - was told to get the bus (can't manage that either) and pay for accommodation for two nights, and this wouldn't be a one off. Mental health crisis I was told to get a taxi to Cardiff. *They need to ensure fair services, like they promised over all hospitals, when the trusts merged.</i></p> <p><i>* yes I know that was just a con to get everyone to agree</i></p> <p><i>And what about the villages in the Upper Amman Valley it already takes 3 buses to get to Llanelli hospital, I just can not contemplate the journey further west, and there will be many other people in my situation !!</i></p>

	<p><i>Please do NOT build a 'super hospital' that will be too far away from the vast majority of those living within the Hywel Dda area you describe.</i></p> <p><i>It's not about what area is central for the majority of the population it's about what is central for everyone. The South is not an easy location to get to for the people of North, West and East Pembrokeshire. Any deaths caused because of this, will be your responsibility and on your consciences.</i></p>
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### Effects of poverty or reduced income on wellbeing or access to services

Sub Theme	Main Issues and Example Comments
Poverty	<p><i>I don't have the ability physically nor the money to pay for taxis to South Wales</i></p> <p><i>Pembrokeshire is a deprived area and a significant number of people can not drive and can not afford to travel as far as cross hands, where the hospital will eventually go. We pay the same as people in Carmarthen yet so any people will loose access to services because of this change.</i></p>

### Developing a new hospital – site and criteria

#### Suggested sites within four criteria

Sub Theme	Main Issues and Example Comments
Site suggestions	<p><i>The ideal area for the new Hospital is the Showground. There is already a road infrastructure in place to the property.</i></p> <p><i>You can only pick a site in the zone that Hywel Dda recommend. In other words we don't have a choice we must do as we are told. What about West and North Pembrokeshire?</i></p> <p><i>Templeton Aerodrome</i></p> <p><i>We need the hospital Haverfordwest.</i></p> <p><i>Better option would be Cross Hands area with access to M4.</i></p>
Other (related to site)	<p><i>Land has already been purchased in Whitland – so I am told</i></p>



## Most important things UHB should consider in deciding which site best for our communities?

Sub Theme	Main Issues and Example Comments
Road infrastructure / traffic	<p><i>What's needed is efficient, accessible satellite triage facilities and easily available transfer to centre of local excellence if necessary. But the roads are poor, traffic is heavy, varying from cars to HGVs, agricultural vehicles etcetc. + in popular holiday areas, population triples.</i></p> <p><i>Hywel Dda Health Board could you please answer how to propose to deal with additional traffic with this move and what will happen when there is an accident on the road from Carmarthen to St Clears which closes the road for several hours? How will ambulances needing to get to the new hospital in a hurry get there? Anyone living in Carmarthen knows how quickly it turns to gridlock on bank holidays or when there is an accident on that strip of road....worries me that if I needed emergency medical care it might take a long time to get there in heavy traffic. I live in Carmarthen...anyone living further afield like in Llanelli will have a n even longer wait. Dread to think of the consequences this will cause in the future!</i></p> <p><i>Between St Clears to Narbeth? That's dicing with death particularly in summer months when the roads are carnage because of holiday makers and locals travelling for days out.</i></p>
Transport	<p><i>The area being looked at is definitely silly as there are no public transport to those areas not every person has or can drive a car then I think about the parking</i></p> <p><i>The public transport links for patients and Staff must be a priority. There are existing bus services botg from Tenby and North Pembro to Narberth whereas St. Clears or Whitland are inaccessible currently.</i></p> <p><i>There really is no need to make a 'super hospital' in an area that struggles with transport links.</i></p>
Recruitment	<p><i>Whitland but only one problem is the roads and they not going get the consultants. Also where they going to get all NHS staff from to look after patients. The health board have not thought this though. It bad enough now they can't get enough nurse. The only way to get nurses in to Wales is are Welsh nurses to be at same wages as Scotland. England nurses would relocate here.</i></p>
Technology	<p><i>There are major problems with IT infrastructure (and the board refusing to pay a decent wage for IT staff) across the three counties and as technology rapidly advances assuming things like 5g (most of Ceredigion has 2g access) less and less will be possible</i></p> <p><i>The focus now should be on ensuring the infrastructure, both digital and physical, supports this new model of health care.</i></p>



Environment	<i>We are suppose to be taking care of our environment how can a hospital be rebuilt every 40 years? The waste is shocking!</i>
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### Other issues

Sub Theme	Main Issues and Example Comments
Politically driven	<p><i>Upgrade Withybush hospital! Guess there's still no chance of that. New health minister Eluned Morgan has already said she approves of a new build and a downgrading of Withybush even 'tho she has family in St. Davids and a holiday home here, and it will badly affect our area the most.</i></p> <p><i>A new 'super hospital' bang slap in middle of Simon Hart's (Tory) constituency - sucking energy (&amp; £££) from existing facilities in the area, like Withybush, etc? When there are already credible major acute centres of excellence within transport (including air/helicopter) distance? Like Morriston (within Labour-held Wales?) Sounds like a Tory Sec of State for Wales "consolidating" his political position..... Detailed feasibility &amp; impact studies needed first</i></p>

## Section 6: Next steps

All of the feedback provided is invaluable to the shaping, strengthening and planning of future services. The feedback will be used and shared to ensure that what people have said really matters.

The feedback is already being put to use to develop the equality impact and equality health impact assessments around the programme business case to ensure that any designs include the issues faced and raised by those who took part in the engagement can influence decisions made, and mitigations put in place to reduce or remove those impacts wherever possible in the future.

The report will also be circulated with relevant service areas, groups and committees so that what people have said can have the greatest amount of impact, and work is being done on how to make that as effective as possible.

The report will be shared back out to those who asked to remain involved in the engagement, as this is not a single standalone piece of work, but part of continuous engagement.

Where services have used the feedback, the Health Board intends to develop an outcome report, telling those who have contributed how the Health Board have listened to their comments, thoughts, feelings and experiences, and made best use of these valued contributions.