

Building a healthier future after COVID-19: Summary of the feedback



Hywel Dda University Health Board undertook a six-week engagement exercise ('Building a healthier future after COVID-19') between May and June 2021.

The aim was to learn how the COVID-19 pandemic has affected your health and care, and access to it. We also wanted to understand the implications of these experiences in relation to our long-term health and care strategy, 'A Healthier Mid and West Wales: Our Future Generations Living Well'.

Additionally, we continue to develop plans for a new hospital in the south of the area, within the zone between and including the towns of St Clears (Carmarthenshire) and Narberth (Pembrokeshire). We invited people to nominate possible sites for the proposed hospital. We also asked people to give their top priorities when considering the location of the building.

This summary document outlines the feedback received in the questionnaire. The responses have been split into six themes:

- 1. The impact of the pandemic on our population**
- 2. The strategy**
- 3. The Social Model of Health and Wellbeing, and the wider determinants of health**
- 4. Hospital site nominations**
- 5. Key priorities for location of new hospital**
- 6. Understanding impacts**

If you would like a hard copy of this summary document, please email hyweldda.engagement@wales.nhs.uk or call 01554 899056. This number is not staffed, but messages will be recorded.

Alternative versions are also available, including audio, easy read, Arabic and Polish.

1 The impact of the pandemic on our population

People said they had difficulties accessing services, particularly some primary care services. Some people found the new methods of accessing services, such as online or by phone, challenging, while others said it was more convenient.

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

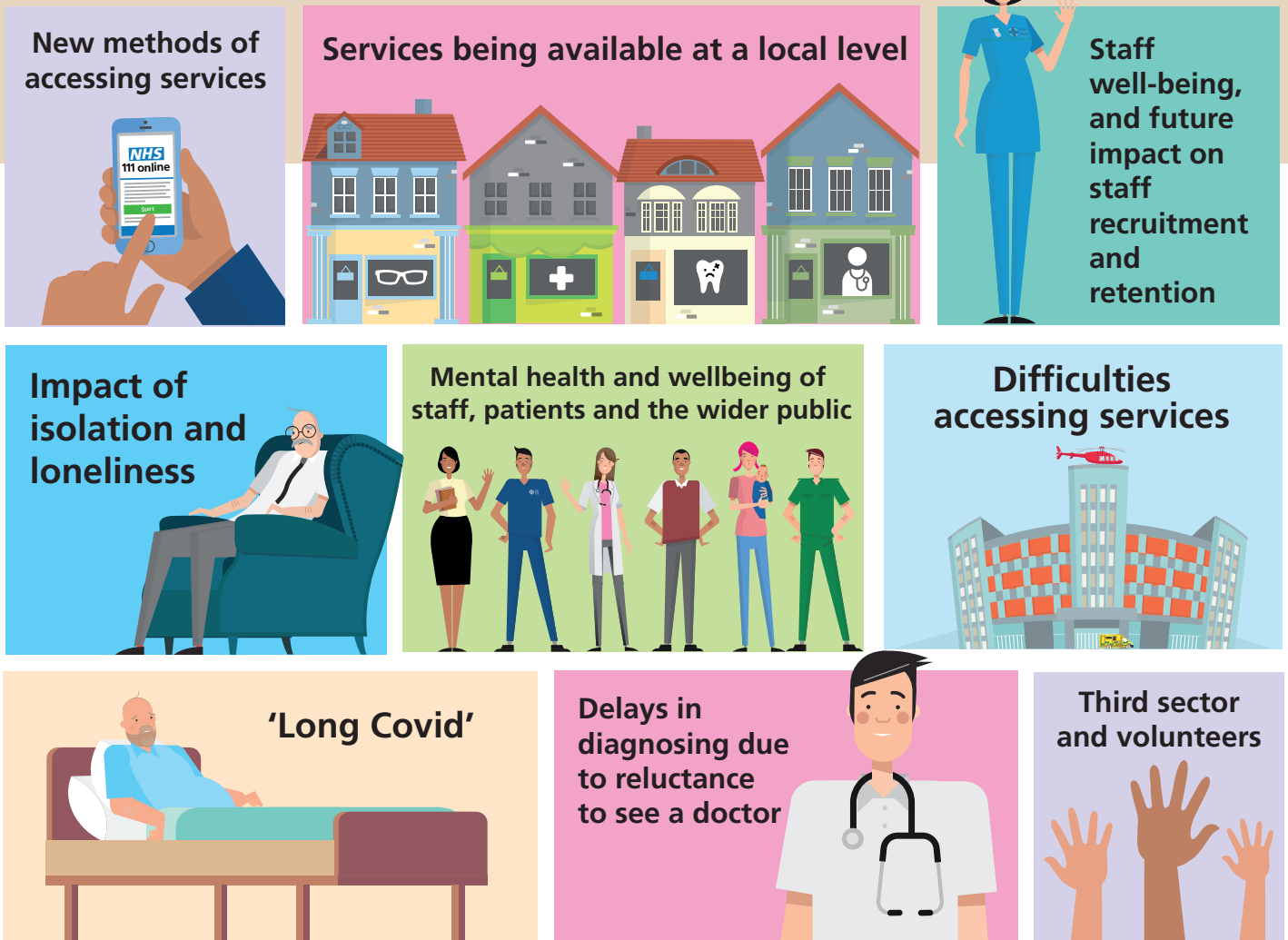
The impact of the pandemic on the mental health and wellbeing of staff, patients and the wider public of all ages became a recurrent theme throughout the questionnaire responses. Concerns ranged from the impact of isolation and loneliness exacerbated by lockdown, to the difficulty in accessing mental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

Many felt the pandemic highlighted the importance of more services being available at a local level, such as in the community.

Community support delivered by the third sector and volunteers was mentioned positively by some people, with the hope that these initiatives could be sustained.

There was praise and acknowledgement of the hard work of staff who are doing their best under difficult circumstances. However, people expressed concerns about staff well-being, and future impact on staff recruitment and retention.

Reference was also made to 'long covid', which describes the effects of COVID-19 that continue for weeks or months beyond the initial illness, and how it impacts individuals, along with the services required to support patients.





2 The strategy

A Healthier Mid and West Wales: Our Future Generations Living Well is our long-term health and care strategy. This section gave people the opportunity to reflect on that strategy.

Feedback revealed many people did not feel the health board had listened to those consulted or had ignored concerns about access to services and the proposed location of the new hospital, or opposition to the new hospital in general.

Some people 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 people felt they did not have enough detail to give an informed response to the question.

Many people commented favourably on the plan for increased integration of services, and improved partnership working between health, social care and the third sector, particularly 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 an appreciation for volunteer-led community support initiatives that have increased during the pandemic.

Prevention and early intervention were 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.

3 The Social Model of Health and Well-being and the wider determinants of health

When commenting on how they felt their health and well-being could be supported in their communities, some people focused on education and the need for self-management and self-care of conditions. Many said community activities and support groups were important.

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.

Comments were made about the importance of healthy eating and access to good advice about nutrition, as well as affordable fresh food. People said it was important to embed good, healthy habits in children through education to help prevent health problems in later life. Many people noted the impact of poverty on people's ability to maintain a healthy lifestyle and access services. This inequality of access included some health services, such as ear syringing, podiatry, and physiotherapy, which are available privately at a cost. This means people on low incomes are not always able to access the treatment.

There is a recognition of the importance of different organisations across health, social care and third sector, working together for the benefit of people.



4

Hospital site nominations

This section asked for nominations for a site for the new hospital based on the following four criteria:

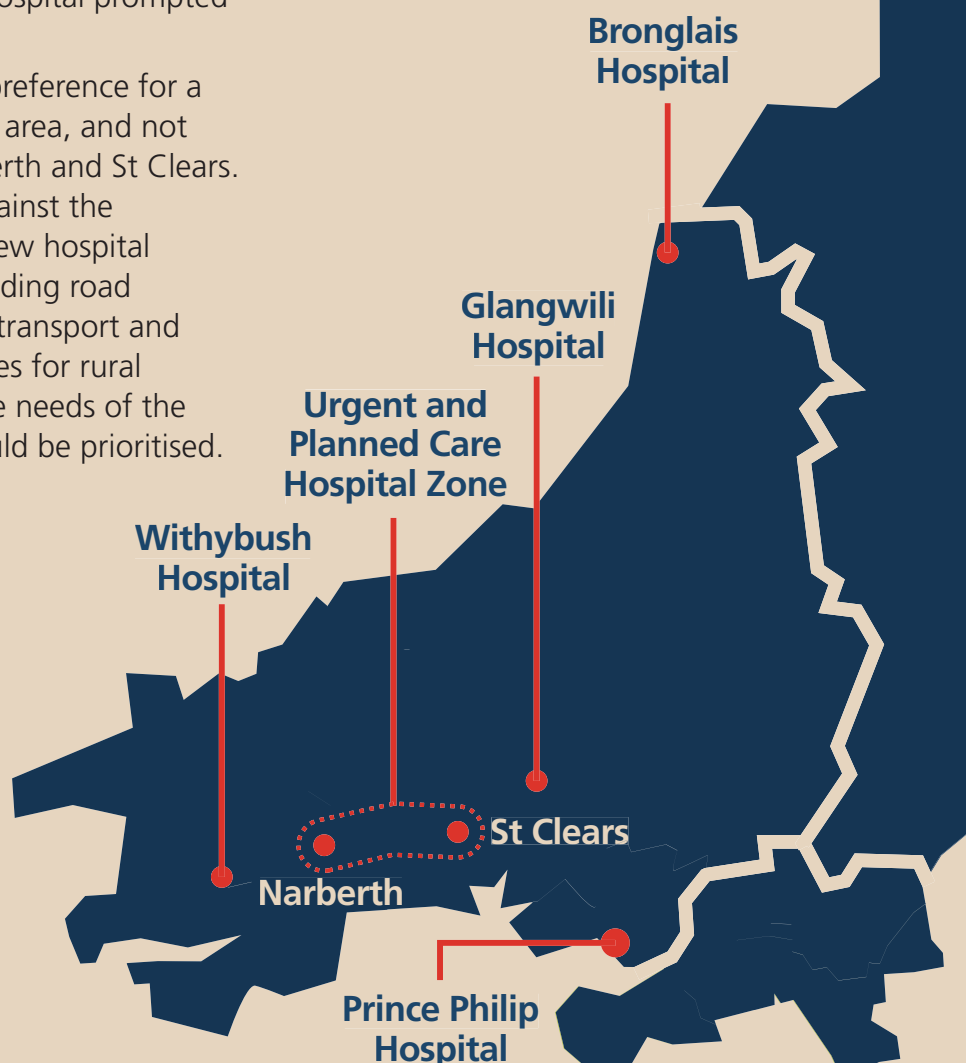
- **Located within the zone between and including St Clears in Carmarthenshire and Narberth in Pembrokeshire.**
- **A minimum of 35 acres of reasonably developable land.**
- **Have realistic prospects of obtaining planning permission for a new hospital.**
- **There should be appropriate transport infrastructure for a major hospital site.**

The health board's request for site nominations for the new hospital prompted some detailed responses.

Many people expressed a preference for a hospital in their immediate area, and not in the zone between Narberth and St Clears. Many of the arguments against the proposed location of the new hospital centred around issues including road infrastructure, poor public transport and the distance and travel times for rural populations. Others felt the needs of the more populated areas should be prioritised.

The number of people responding from Carmarthenshire and Pembrokeshire was evenly split. 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 Hospital in Swansea was only a short distance from them. Several Pembrokeshire people felt it was unfair that Carmarthenshire might end up with three hospitals.

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



5 Key priorities for location of new hospital

This section focused 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 the health board should consider when determining the best location for the new hospital once a suitable list of site nominations was presented.

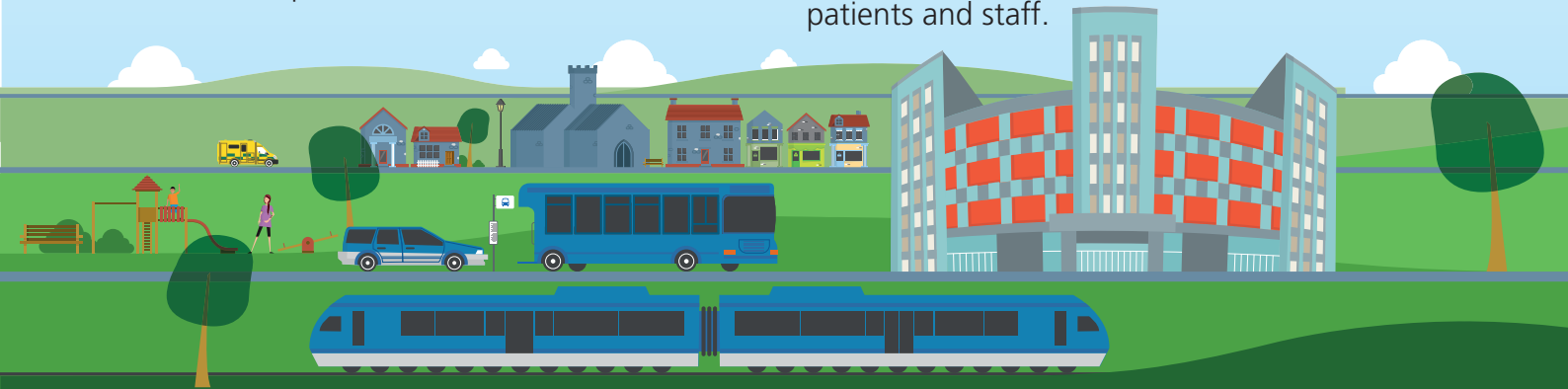
People were concerned about the distance to the hospital, how people would get there in a timely way, and said there was a need for improved public transport links and road networks.

People also wanted to see plenty of free parking for both staff, patients and visitors.

The importance of attracting and retaining staff, including affordable housing and transport, was noted.

The cost of building a new hospital was raised. People asked where the funding would come from, what were the financial implications for the health board, and whether it would be more cost effective to invest in existing sites and buildings, instead of building a new hospital.

From an environmental impact perspective, people said the hospital should not be built on greenfield sites or areas at risk of flooding. The hospital should be sustainable for the future, use green technologies and include green spaces for patients and staff.



6 Understanding impacts

The health board asked for information on equalities and socio-economic impact.

There were responses about how people of protected characteristics experienced services, and observations made by people who do not have a protected characteristic, and that they may have witnessed inequality, or believe that there is potential inequality.

There were some recurring themes in their responses around rurality, difficulties accessing transport, poverty, and mental health.

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

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.

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

Meanwhile, suggestions to better support those on low incomes included subsidised or reimbursed travel costs, more community-based services so people did not have to travel so far, and the option of non-emergency patient transport.

There is inequality of access to services for people on low incomes as some health services, such as ear syringing, podiatry, and physiotherapy, are available privately at a cost.

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

What we want you to know...

- The health board has not purchased or yet identified a preferred site in the agreed zone for the new hospital.
- A new hospital is essential for urgent and planned care in the south of the Hywel Dda area and will provide trauma care and be the main emergency department for the south of our area.
- The health board has no plans or intention to close either Glangwili or Withybush hospitals. We will engage further on how these hospitals could work alongside the proposed new hospital.
- Bronglais Hospital will build its reputation as an excellent rural provider of acute and planned care, and will continue to provide urgent, emergency and planned care services.
- Prince Philip Hospital will provide a GP-led minor injuries unit as well as acute adult medical care with diagnostic support, including consultant-led overnight inpatient beds for patients.
- The health board is committed to a programme of decarbonisation, therefore, every decision we make, before and during the development of a new hospital, will consider the impact on the environment.
- Transport plans in support of the new hospital will be influenced by key developments in transport strategy locally.

Number Crunch

2438

number of visits to the online engagement platform - Have Your Say (Eng) and Dweud Eich Dweud (Welsh)

271

number of people who completed the questionnaire



Thank you

Hywel Dda University Health Board would like to thank all those who supported and responded to the engagement exercise. The feedback has been insightful and informative and will play a major role in helping shape future services. This in turn will allow us to deliver on our long-term commitment for a healthier mid and west Wales. This engagement exercise was part of an ongoing process. Over the coming months and years, we will engage with the public, stakeholders and partners on a wide variety of issues, such as service models. People will have their chance to give their views and opinions.

If you wish to receive updates on developments, please join our involvement and engagement scheme Siarad Iechyd/Talking Health: <https://re-url.uk/WQB6>, or request an application form by writing to **"FREEPOST HYWEL DDA HEALTH BOARD"**. You will not need a stamp.

Adeiladu dyfodol iachach ar ôl COVID-19: Crynodeb o'r adborth



Cynhaliodd Bwrdd Iechyd Prifysgol Hywel Dda ymarfer ymgysylltu chwe wythnos ('Adeiladu dyfodol iachach ar ôl COVID-19') rhwng Mai a Mehefin 2021.

Y nod oedd dysgu sut mae pandemig COVID-19 wedi effeithio ar eich iechyd a'ch gofal, a'ch mynediad iddo. Roeddem hefyd eisiau deall goblygiadau'r profiadau hyn mewn perthynas â'n strategaeth iechyd a gofal tymor hir, 'Canolbarth a Gorllewin Cymru Iachach: Cenedlaethau'r Dyfodol yn Byw yn Dda'.

Yn ogystal, rydym yn parhau i ddatblygu cynlluniau ar gyfer ysbyty newydd yn ne'r ardal, o fewn y parth rhwng a gan gynnwys trefi Sanclêr (Sir Gaerfyrddin) a Arberth (Sir Benfro). Gwnaethom wahodd pobl i enwebu safleoedd posibl ar gyfer yr ysbyty arfaethedig. Gwnaethom hefyd ofyn i bobl roi eu prif flaenoriaethau wrth ystyried lleoliad yr adeilad.

Mae'r ddogfen gryno hon yn amlinellu'r adborth a dderbyniwyd yn yr holiadur. Rhannwyd yr ymatebion yn chwe thema:

- 1. Effaith y pandemig ar ein poblogaeth**
- 2. Y strategaeth**
- 3. Model Cymdeithasol Iechyd a Llesiant, a phenderfynyddion iechyd ehangach**
- 4. Enwebiadau ar gyfer safleoedd ysbytai**
- 5. Blaenoriaethau allweddol ar gyfer lleoli ysbyty newydd**
- 6. Deall effeithiau**

Os hoffech gael copi caled o'r ddogfen gryno hon, e-bostiwch hyweldda.engagement@wales.nhs.uk neu ffoniwch 01554 899056. Nid yw'r rhif ffôn hon wedi'i staffio, ond bydd negeseuon yn cael eu recordio. Mae fersiynau amgen ar gael hefyd, gan gynnwys sain, hawdd eu darllen, Arabeg a Phwyleg.

1 Effaith y pandemig ar ein poblogaeth

Dyweddodd pobl eu bod yn cael anhawster cael gafael ar wasanaethau, yn enwedig rhai gwasanaethau gofal sylfaenol. Roedd rhai pobl o'r farn bod y dulliau newydd o gyrchu gwasanaethau, fel ar-lein neu dros y ffôn, yn heriol, tra dywedodd eraill ei fod yn fwy cyfleus.

Roedd nifer sylweddol o bobl yn poeni am effaith y pandemig ar restrau aros ac oedi wrth wneud diagnosis o rai cyflyrau oherwydd yr anallu neu'r amharodrwydd i weld meddyg.

Daeth effaith y pandemig ar iechyd meddwl a llesiant staff, cleifion a'r cyhoedd o bob oed yn yn thema gyson trwy gydol ymatebion yr holiadur. Roedd y pryderon yn amrywio o effaith arwahanrwydd ac unigrwydd a waethygydd gan y cyfnod clo, i'r anhawster wrth gyrchu gwasanaethau a chefnogaeth iechyd meddwl.


Roedd llawer yn teimlo bod y pandemig yn tynnu sylw at bwysigrwydd bod mwy o wasanaethau ar gael ar lefel leol, fel yn y gymuned.

Soniodd rhai pobl yn gadarnhaol am gefnogaeth gymunedol a ddarperir gan y trydydd sector a gwirfoddolwyr, gyda'r gobaith y gellid cynnal y mentrau hyn.

Cafwyd canmoliaeth a chydabyddiaeth o waith caled staff sy'n gwneud eu gorau o dan amgylchiadau anodd. Fodd bynnag, mynegodd pobl bryderon ynghylch llesiant staff, a'r effaith yn y dyfodol ar recriwtio a chadw staff.

Cyfeiriwyd hefyd at 'covid hir', sy'n disgrifio effeithiau COVID-19 sy'n parhau am wythnosau neu fisoedd y tu hwnt i'r salwch cychwynnol, a sut mae'n effeithio ar unigolion, ynghyd â'r gwasanaethau sy'n ofynnol i gefnogi cleifion.

Dulliau newydd o gyrchu gwasanaethau



Gwasanaethau ar gael yn lleol




Lles staff, ac effaith yn y dyfodol ar recriwtio a chadw staff



Effaith ynysu ac unigrwydd



Iechyd meddwl a lles staff, cleifion a'r cyhoedd ehangach



Anawsterau cyrchu gwasanaethau



'Covid Hir'



Oedi wrth wneud diagnosis oherwydd amharodrwydd i weld meddyg



Trydydd sector a gwirfoddolwyr





2 Y Strategaeth

'Canolbarth a Gorllewin Cymru Iachach: Cenedlaethau'r Dyfodol yn Byw yn Dda' yw ein strategaeth iechyd a gofal tymor hir. Rhoddodd yr adran hon gyfle i bobl fyfyrto ar y strategaeth honno.

Datgelodd adborth nad oedd llawer o bobl yn teimlo bod y bwrdd iechyd wedi gwrandao ar y rhai yr ymgynghorwyd â nhw neu wedi anwybyddu pryderon ynghylch mynediad at wasanaethau a lleoliad arfaethedig yr ysbyty newydd, neu'r gwrthwynebiad i'r ysbyty newydd yn gyffredinol.

Mynegodd rhai pobl rwystredigaeth ynghylch y diffyg manylder yn y strategaeth, yn enwedig o ran pa wasanaethau fyddai'n cael eu darparu mewn ysbytai presennol ac yn yr un newydd. Teimlai ychydig o bobl nad oedd ganddynt ddigon o fanylion i roi ymateb gwybodus i'r cwestiwn.

Gwnaeth llawer o bobl sylwadau ffafriol ar y cynllun ar gyfer integreiddio gwasanaethau yn fwy, a gwell gwaith partneriaeth rhwng iechyd, gofal cymdeithasol a'r trydydd sector, yn enwedig y bwriad i ddatblygu canolfannau gofal integredig neu 'hybiau'.

Roedd yn ymddangos bod positifrwydd cyffredinol tuag at fwy o wasanaethau a ddarperir yn y gymuned, yn agosach at ble mae pobl yn byw, yn ogystal â gwerthfawrogiad am fentrau cymorth cymunedol dan arweiniad gwirfoddolwyr sydd wedi cynyddu yn ystod y pandemig.

Nodwyd atal ac ymyrraeth gynnar fel blaenoriaeth i'r bwrdd iechyd, yn enwedig o ran rhaglenni addysg, bwyta'n iach ac ymarfer corff.

Mae pryder am wasanaethau iechyd meddwl presennol ac yn y dyfodol a chefnogaeth ehangach i'w gweld hefyd yn yr adran hon.

3 Model Cymdeithasol Iechyd a Lles

a phenderfynyddion iechyd ehangach

Wrth wneud sylwadau ar sut roeddent yn teimlo y gallai eu hiechyd a'u llesiant gael eu cefnogi yn eu cymunedau, canolbwyntiodd rhai pobl ar addysg a'r angen am hunanreolaeth a hunanofal cyflyrau. Dywedodd llawer fod gweithgareddau cymunedol a grwpiau cymorth yn bwysig.

Soniodd ychydig o bobl am ragnodi cymdeithasol fel ffordd o gael gafael ar gymorth anfeddygol. Roedd mynediad i fannau gwyrdd ar gyfer ymarfer corff a buddion iechyd meddwl hefyd yn ymddangos.

Gwnaed sylwadau am bwysigrwydd bwyta'n iach a mynediad at gyngor da am faeth, yn ogystal â bwyd ffres fforddiadwy. Dywedodd pobl ei bod yn bwysig ymgorffori arferion da, iach mewn plant trwy addysg i helpu i atal problemau iechyd yn diweddarach mewn bywyd.

Nododd llawer o bobl effaith tlodi ar allu pobl i gynnal ffordd iach o fyw a chael mynediad at wasanaethau. Roedd yr anghydraddoldeb mynediad hwn yn cynnwys rhai gwasanaethau iechyd, megis chwistrellu clustiau, podiatreg a ffisiotherapi, sydd ar gael yn breifat am gost. Mae hyn yn golygu nad yw pobl ar incwm isel bob amser yn gallu cyrchu'r driniaeth.

Cydnabyddir pwysigrwydd gwahanol sefydliadau ar draws iechyd, gofal cymdeithasol a'r trydydd sector, gan weithio gyda'i gilydd er budd pobl.



4

Enwebiadau ar gyfer safleoedd ysbytai

Gofynnodd yr adran hon am enwebiadau ar gyfer safle ar gyfer yr ysbyty newydd yn seiliedig ar y pedwar maen prawf canlynol:

- **Wedi'i leoli o fewn y parth rhwng ac yn cynnwys Sanclêr yn Sir Gaerfyrddin a Arberth yn Sir Benfro.**
- **O leiaf 35 erw o dir y gellir ei ddatblygu'n rhesymol.**
- **Bod â rhagolygon realistig o gael caniatâd cynllunio ar gyfer ysbyty newydd.**
- **Dylai fod seilwaith trafndiaeth priodol ar gyfer prif safle ysbyty.**

Fe wnaeth cais y bwrdd iechyd am enwebiadau safle ar gyfer yr ysbyty newydd ysgogi rhai ymatebion manwl.

Mynegodd llawer o bobl eu bod yn ffafrio ysbyty yn eu hardal uniongyrchol, ac nid yn y parth rhwng Srberth a Sanclêr. Roedd llawer o'r dadleuon yn erbyn lleoliad arfaethedig yr ysbyty newydd yn ymwneud â materion gan gynnwys seilwaith ffyrdd, trafndiaeth gyhoeddus wael a'r pellter a'r amseroedd teithio ar gyfer poblogaethau gwledig. Teimlai eraill y dylid blaenoriaethu anghenion yr ardaloedd mwy poblog.

Rhannwyd nifer y bobl a ymatebodd o Sir Gaerfyrddin a Sir Benfro yn gyfartal. Adlewyrchwyd hyn yn y sylwadau yn erbyn i'r ysbyty gael ei leoli ymhellach i'r dwyrain neu'r gorllewin yn dibynnu ar ble roedd yr ymatebydd yn byw. Gofynnodd rhai o drigolion Llanelli pam y dylent ystyried teithio ymhellach i'r gorllewin, pan nad oedd Ysbyty Treforys yn Abertawe ond ychydig bellter oddi wrthynt. Teimlai nifer o bobl Sir Benfro ei bod yn annheg y gallai Sir Gaerfyrddin gael tri ysbyty yn y pen draw.

Er bod llai o gyfranogwyr o Ceredigion neu ganolbarth Cymru, roedd cryfder teimlad tebyg yn eu hymatebion am y pellter.



5 Blaenoriaethau Allweddol ar gyfer lleoli ysbyty newydd

Roedd yr adran hon yn canolbwyntio ar ymatebion pobl i'r hyn sy'n bwysig iddyn nhw ar gyfer safle ysbyty, a'r hyn maen nhw'n teimlo y dylid ei ystyried.

Gofynnodd yr holiadur i bobl beth oedd y pum peth pwysicaf y dylai'r bwrdd iechyd eu hystyried wrth bennu'r lleoliad gorau ar gyfer yr ysbyty newydd ar ôl cyflwyno rhestr addas o enwebiadau safle.

Roedd pobl yn poeni am y pellter i'r ysbyty, sut y byddai pobl yn cyrraedd yno mewn modd amserol, a dywedwyd bod angen gwell cysylltiadau trafniadaeth gyhoeddus a rhwydweithiau ffyrdd.

Roedd pobl hefyd eisiau gweld digon o le parcio am ddim i staff, cleifion ac ymwelwyr.

Nodwyd pwysigrwydd denu a chadw staff, gan gynnwys tai fforddiadwy a thrafnidiaeth.

Codwyd cost adeiladu ysbyty newydd. Gofynnodd pobl o ble y byddai'r cyllid yn dod, beth oedd y goblygiadau ariannol i'r bwrdd iechyd, ac a fyddai'n fwy cost-effeithiol buddsoddi mewn safleoedd ac adeiladau presennol, yn lle adeiladu ysbyty newydd.

O safbwynt effaith amgylcheddol, dywedodd pobl na ddylid adeiladu'r ysbyty ar safleoedd gwyrdd nac ardaloedd sydd mewn perygl o lifogydd. Dylai'r ysbyty fod yn gynaliadwy ar gyfer y dyfodol, defnyddio technolegau gwyrdd a chynnwys mannau gwyrdd ar gyfer cleifion a staff.



6 Deal effeithiau

Gofynnodd y bwrdd iechyd am wybodaeth am gydraddoldebau ac effaith economaidd-gymdeithasol.

Cafwyd ymatebion ynghylch sut y profodd pobl o nodweddion gwarchodedig wasanaethau, ac arsylwadau a wnaed gan bobl nad oes ganddynt nodwedd warchodedig, ac y gallent fod wedi bod yn dyst i anghydraddoldeb, neu'n credu bod anghydraddoldeb posibl.

Roedd rhai themâu cylchol yn eu hymatebion yn ymwneud â gwledigrwydd, anawsterau wrth gyrchu trafniadaeth, tlodi ac iechyd meddwl.

Codwyd ystyriaethau ymarferol hefyd, megis safleoedd meddygol nad oeddent yn hygyrch i gadeiriau olwyn, neu wybodaeth mewn fformatau anhygyrch.

Roedd mater ymgynhoriadau rhithwir yn amlwg iawn yma gyda llawer o bobl h n yn mynegi ffafriaeth am sgysiau wyneb yn wyneb yn hytrach na sgysiau ar-lein neu dros y ffôn.

I'r gwrthwyneb, mynegodd ymatebwyr eraill eu bod yn ffafrio'r fformat digidol gan ei fod yn golygu peidio â gorfod teithio am apwyntiadau.

Yn y cyfamser, roedd awgrymiadau i gefnogir rhai ar incwm isel yn well yn cynnwys costau teithio â chymhorthdal neu ad-daliad, mwy o wasanaethau yn y gymuned fel nad oedd yn rhaid i bobl deithio hyd yn hyn, a'r opsiwn o gludiant cleifion nad yw'n argyfwng.

Mae anghydraddoldeb mynediad i wasanaethau i bobl ar incwm isel gan fod rhai gwasanaethau iechyd, fel chwistrellu clust, podiatreg a ffisiotherapi, ar gael yn breifat am gost.

Mae Bwrdd Iechyd Prifysgol Hywel Dda wedi ymrwymo i ymgysylltu'n barhaus. Mae hyn yn golygu y byddwn yn parhau i siarad â staff, cleifion, eu teuluoedd, a'r cyhoedd yn ehangach. Byddwn yn ystyried eich profiadau a'ch safbwyntiau, p'un a dynt yn gadarnhaol neu'n negyddol, wrth gynllunio gwasanaethau.

Rydym am i chi wybod...

- Nid yw'r bwrdd iechyd wedi prynu nac wedi nodi safle a ffeirir yn y parth y cytunwyd arno ar gyfer yr ysbyty newydd.
- Mae ysbyty newydd yn hanfodol ar gyfer gofal brys wedi'i gynllunio yn ne ardal Hywel Dda a bydd yn darparu gofal trawma a bydd y brif adran achosion brys ar gyfer de ein hardal.
- Nid oes gan y bwrdd iechyd unrhyw gynlluniau na bwriad i gau naill ai ysbytai Glangwili na Llwynhelyg. Byddwn yn ymgysylltu ymhellach ar sut y gallai'r ysbytai hyn weithio ochr yn ochr â'r ysbyty newydd arfaethedig.
- Bydd Ysbyty Bronglais yn adeiladu ei enw da fel darparwr gwledig rhagorol gofal aciwt ac wedi'i gynllunio, a bydd yn parhau i ddarparu gwasanaethau gofal brys ac wedi'u cynllunio.
- Bydd Ysbyty Tywysog Philip yn darparu cymorth diagnostig i uned mân anafiadau dan arweiniad meddygon teulu yn ogystal â gofal meddygol oedolion aciwt, gan gynnwys gwelyau cleifion mewnol dros nos dan arweiniad ymgynghorydd i gleifion.
- Mae'r bwrdd iechyd wedi ymrwymo i raglen o ddatgarboneiddio, felly, bydd pob penderfyniad a wnawn, cyn ac yn ystod datblygiad ysbyty newydd, yn ystyried yr effaith ar yr amgylchedd.
- Bydd datblygiadau allweddol yn y strategaeth drafnidiaeth yn lleol yn dylanwadu ar gynlluniau trafnidiaeth i gefnogi'r ysbyty newydd.

Niferoedd

2438

nifer yr ymweliadau
â'r plattform
ymgysylltu ar-lein -
Have Your Say
(Saesneg)
a Dweud Eich Dweud
(Cymraeg)

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nifer y bobl a
lenwodd yr holiadur



Diolch

Hoffai Bwrdd Iechyd Prifysgol Hywel Dda ddiolch i bawb a gefnogodd ac a ymatebodd i'r ymarfer ymgysylltu. Mae'r adborth wedi bod yn graff ac yn addysgiadol a bydd yn chwarae rhan fawr wrth helpu i lunio gwasanaethau yn y dyfodol. Bydd hyn yn ei dro yn caniatáu inni gyflawni ein hymrwymiad tymor hir ar gyfer canolbarth a gorllewin Cymru iachach. Roedd yr ymarfer ymgysylltu hwn yn rhan o broses barhaus. Dros y misoedd a'r blynyddoedd nesaf, byddwn yn ymgysylltu â'r cyhoedd, rhanddeiliaid a phartneriaid ar amrywiaeth eang o faterion, megis modelau gwasanaeth. Bydd pobl yn cael cyfle i roi eu barn.

Os ydych am dderbyn diweddariadau ar ddatblygiadau, ymunwch â'n cynllun cynnwys ac ymgysylltu Siarad Iechyd / Talking Health: <https://re-url.uk/WQB6>, neu ofyn am ffurflen gais trwy ysgrifennu at **"FREEPOST HYWEL DDA HEALTH BOARD"**. Ni fydd angen stamp arnoch.