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University Health Board

# Urgent & Emergency Children and Young People's Services (Paediatrics) at Withybush and Glangwili Hospitals Consultation

## Summary feedback report

Opinion Research Services  
October 2023



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#### Opinion Research Services

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Any press release or publication of the findings of this report requires the advance approval of ORS. Such approval will only be refused on the grounds of inaccuracy or misrepresentation.

This study was conducted in accordance with ISO 20252:2019, ISO 9001:2015, and ISO 27001:2013.

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# Executive summary

## The consultation

### Background context

- 1.1 The current urgent and emergency children's services in the south of the Hywel Dda region were developed following a series of temporary changes made since 2016.
- 1.2 Until October 2014, a 24-hour paediatric inpatient unit was available at both Withybush and Glangwili Hospitals. Following a period of consultation, in 2014 it was decided that a 24/7 paediatric inpatient unit at Withybush Hospital was not viable due to clinical safety risks caused by a shortage of medical staff, despite recruitment efforts. A decision was made on 20 October 2014 to make the following permanent changes:
  - » At Withybush Hospital, the 24-hour inpatient service was removed and instead, a 12-hour Paediatric Ambulatory Care Unit (PACU) service was introduced. It was referred to as Puffin Ward. This new PACU model offered same day care to children and young people at the hospital. Children and young people were assessed, diagnosed, treated, and able to go home on the same day, without being admitted overnight.
  - » The PACU was open 12 hours a day (10am – 10pm), seven days a week. It had beds for emergency assessment, medical day treatments, day surgery, and ongoing investigations and monitoring.
  - » The PACU had its own dedicated team of paediatric doctors, including consultants, children's nurses, and other health care professionals. If any children and young people needed overnight admission, they were transferred to Glangwili Hospital using a Dedicated Ambulance Vehicle (DAV)<sup>1</sup>. During this time, children's services at Glangwili Hospital remained the same and continued with a 24-hour inpatient unit supporting those admitted for overnight or longer-term care on the ward.

### Temporary service change 1

- 1.3 Temporary service change 1, made in response to significant recruitment challenges, involved a reduction in the operating hours of the PACU at Withybush Hospital. From 5 December 2016, the operating hours changed from 10am – 10pm, to 10am – 6pm, seven days per week. Changes were also made to the staffing rotas (shifts/times our staff work) with a temporary merger of the paediatric overnight consultant on-call rotas for Withybush Hospital and Glangwili Hospital. This meant Hywel Dda University Health Board (HDdUHB) had one

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<sup>1</sup> A DAV supports the emergency/urgent transfer of women and children whose clinical care falls within the following categories: Maternity/Obstetric; Gynaecology; Paediatric; and Neonatal. Staffed by the Welsh Ambulance Service, it is a dedicated resource that is in place to support Pembrokeshire patients who will be travelling between Withybush Hospital and Glangwili Hospital, as well as to support paediatric emergencies and emergencies during childbirth.

consultant rota for the south of the health board based at Glangwili Hospital. Some of the Withybush consultants participated in the Glangwili on-call rota following the reduction in operating hours.

## Temporary service change 2

- 1.4 From 21 March 2020, the PACU at Withybush Hospital was temporarily closed because the COVID-19 pandemic meant that the health board had to change the way it worked. For the duration of the pandemic, the PACU was converted into additional Accident and Emergency capacity for adults and children. Families with children suffering minor injuries were still able to access care at Withybush Hospital via the Minor Injury Unit, but those children with more acute illness (illnesses needing assessment at the time of becoming unwell) were directed to Glangwili Hospital in Carmarthen.

## Temporary service change 3

- 1.5 On 30 September 2021, the Board agreed to continue with the temporary closure of the PACU at Withybush Hospital because of the Welsh Government's directive to all health boards to enhance and strengthen paediatric service provision as it expected a surge in Respiratory Syncytial Virus (RSV), a common virus that causes cold-like symptoms and can lead to children needing hospital care. The health board had already started to see an increased number of children with RSV both in the community (at GP surgeries and pharmacies) and in hospitals. Public Health Wales expected this situation to last until March 2022.

## Consultation scope

- 1.6 The consultation reported here was intended to gather people's views on how HDdUHB provides urgent and emergency children and young people's (paediatric) services for people who live in, or visit, areas that are serviced by Withybush Hospital and Glangwili Hospital until the establishment of the proposed new urgent and planned care hospital in the area. A new urgent and planned care hospital is part of the Health Board's strategy to be able to provide more care in community settings, by having a sustainable hospital network fit for future generations.
- 1.7 The development of the new hospital network, including the proposed new urgent and planned care hospital, is subject to Welsh Government funding that is not yet confirmed, and if successful, would take several years to achieve. The changes to urgent and emergency children and young people's (paediatric) services are not dependent upon Welsh Government funding in the same way, and HDdUHB will introduce the changes after the Board has made a decision about these services later this year.
- 1.8 The following services were not part of this consultation: Children's hospital services (paediatric) at Prince Philip Hospital (minor injuries provision) and Bronglais Hospital (24-hour inpatient unit); and children and young people's planned care and paediatric services within the community across the HDdUHB area.

## Consultation options

- 1.9 The Health Board has undertaken a great deal of work to identify options for the provision of care for children and young people, using a methodical appraisal process, involving a mixed group of stakeholders. This work has resulted in the three options that are now part of this consultation, which are outlined below. HDdUHB does not have a preferred option.

### Option 1 (previously Option C)

- 1.10 This option builds on what is currently being provided. The PACU model would remain at Glangwili Hospital, but with no PACU at Withybush Hospital. Having no PACU at Withybush Hospital means a child with an acute illness (an illness needing assessment) requiring admission (an overnight stay) would be treated at the 24-hour inpatient unit at Glangwili Hospital. Booked outpatient appointments (for children not needing immediate assessment, an overnight stay, or for those without longer term conditions) would be available at Withybush Hospital between 9am - 5pm, Monday to Friday. This is in addition to a Rapid Access Clinic, a service that would enable children and young people who have been referred by a GP/emergency department (A&E) for non-emergency care, to be seen by a paediatrician at Withybush Hospital within 72 hours.

### Option 2 (previously Option B)

- 1.11 This option builds on what existed following the 2016 temporary change, when the opening hours of PACU at Withybush Hospital were reduced to eight hours a day, seven days a week.
- 1.12 The PACU at Withybush Hospital would reopen 10am – 6pm, Monday to Friday. It would be staffed 10am – 8pm, but no referrals would be received from GPs/primary care services after 6pm. Booked outpatient appointments (for children not needing immediate assessment, an overnight stay, or for those without longer term conditions) would be available at Withybush Hospital between 9am - 5pm, Monday to Friday, but the level of activity is likely to be restricted due to the space required to deliver the PACU. This is in addition to a Rapid Access Clinic, a service that would enable children and young people who have been referred by a GP/emergency department (A&E) for non-emergency care, to be seen by a paediatrician at Withybush Hospital within 72 hours.

### Option 3 (previously Option B2)

- 1.13 Option 3 is the same as Option 2 but with some extras:
- » The provision of some non-emergency treatments such as radiology, and day care for those, for example, returning for medication or dressing change.
  - » The emergency department (A&E) at Glangwili Hospital would offer an enhanced service and give children and young people an improved experience on arrival, for example, via a dedicated waiting area.
  - » Emergency department (A&E) staff at Withybush and Glangwili hospitals would receive additional training to treat children and young people in cases where a review by a consultant paediatrician is not immediately required.
  - » Additional training would be provided to paediatric staff (based in the PACU) at Glangwili Hospital to manage emergency department (A&E) activity differently. This could include improving the initial assessment for children and young people on arrival at accident and emergency, improving the experience for emergency cases, and ensuring they are dealt with appropriately.

- 1.14 The Health Board does not have a preferred option, and in this consultation people were asked for their feedback on:
- » How suitable each of the three options are in delivering urgent and emergency children and young people's services at Withybush and Glangwili Hospitals between now and the establishment of the proposed new hospital network.
  - » The positive and negative impacts associated with each of the three options.
  - » Anything else they felt HDdUHB needs to consider.

- 1.15 Consultees<sup>2</sup> were informed that their views, as well as other evidence and considerations, could influence future decisions about the provision of services, and that a dedicated Health Board meeting will take place later in 2023 to consider this feedback (as well as other information and evidence) to choose a preferred option. In that meeting, Board members will consider all they have heard leading up to, and during, this consultation, including the three Equality and Quality Impact Assessments(EQIAs) and any new information that may come to light.

## The consultation process

- 1.16 The 12-week public consultation period began on 26 May 2023 and ended on 24 August 2023, during which time members of the public, service users, HDdUHB staff members, organisations, and other stakeholders were invited to give feedback on the three options and anything else they felt the Health Board should consider in relation to services for children and young people. Opinion Research Services (ORS) was appointed to advise on and independently manage some aspects of the consultation programme, as outlined below.
- 1.17 Throughout the consultation, stakeholders were provided with paper documentation and/or signposted by direct email or communication activities, such as press releases, press, radio and social media advertising, to the dedicated consultation website. A range of bilingual information and resources was available, including the full consultation document, an Easy Read version, a child-friendly document, a BSL video, and audio version. There were also additional documents available, including the equality impact assessments (EQIAs).
- 1.18 The number of documents sent to stakeholders were: 1284 copies of the main document and questionnaire.; and 1093 copies of the child-friendly document and questionnaire.
- 1.19 Additional distribution of documents was undertaken at the following Health Board sites:
- » Withybush Hospital - Outpatients, MIU/A&E, Library, Patient Support.
  - » Glangwili Hospital - Outpatients, MIU, A&E, Library, Main Entrance Reception Area, Cilgerran Ward.
  - » Tenby Hospital.
  - » South Pembrokeshire Hospital.
  - » Llandovery and Amman Valley Hospitals.
  - » Aberaeron Integrated Care Centre.

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<sup>2</sup> We have used the term consultees in this summary to incorporate those responding across multiple consultation methods. In the chapters that follow, those responding to the consultation questionnaire are 'respondents', those attending the HDdUHB-run events are 'attendees', and those participating in the ORS-run focus groups and interviews are 'participants'.



» Cardigan Integrated Care Centre.

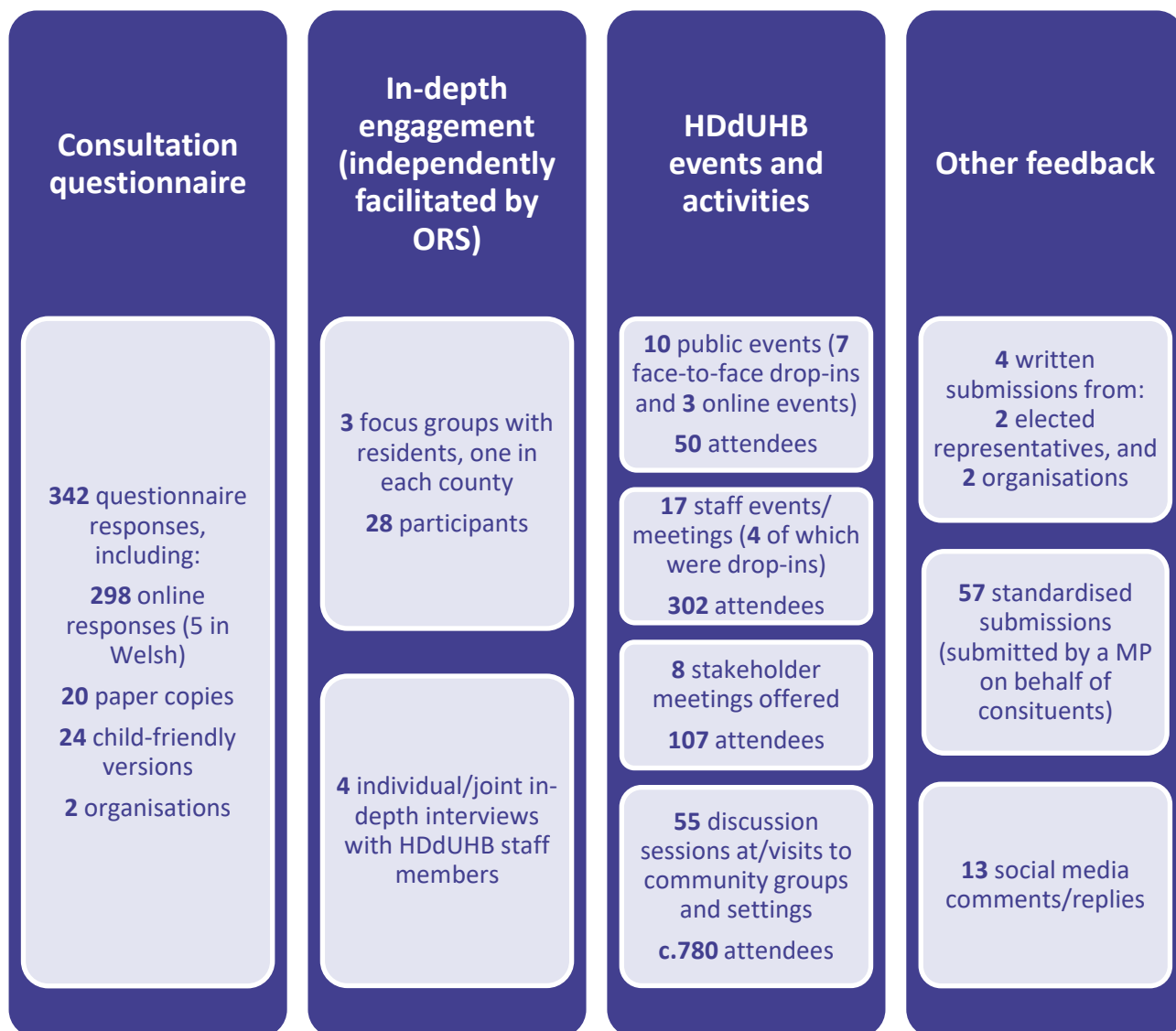
1.20 The total number of documents sent to the Health Board sites (figures not included in the stakeholder distribution above) were: 350 copies of the main document and questionnaire; 70 Easy Read documents and 35 Easy Read questionnaires; and 14 posters with a display unit. Posters were also sent to GP practices and local libraries as part of the wider distribution. In addition, 517 emails were sent to promote the two additional public drop-in events added following the mid-point review.

1.21 Documents were also sent, as requested, to Preseli Pembrokeshire Member of Parliament, Stephen Crabb's office, following a request by him, which included 120 copies of the main document and questionnaire; 50 Easy Read documents; 20 Easy Read questionnaires; and one poster. The offer to share copies of the consultation documents was also extended to other Members of the Senedd and Members of Parliament

1.22 Residents, staff, and other stakeholders were invited to provide feedback through a wide range of methods, including all of the following:

- » A consultation questionnaire which was available online (hosted by ORS) and via paper copies that were circulated widely and available on request.
- » Engagement activities undertaken by HDdUHB, including:
  - Online and face-to-face public drop-in events
  - Staff drop-in events and meetings
  - Meetings with statutory and non-statutory stakeholders/partners
  - Attendance at/visits to existing community groups and settings
- » Independently facilitated in-depth engagement designed and conducted by ORS (described below).
- » Written and email submissions.
- » Social media.

1.23 The consultation response from the different research strands is summarised in the figure below.



1.24 This summary report brings together the feedback received through each of the different feedback channels above and concisely reviews the full range of views received, bringing together the common themes that have emerged. The accompanying full report covers public, professional and stakeholder opinions and feelings in considerable detail to achieve a more comprehensive understanding. This can at times be repetitive given that similar issues emerged across the different methods – but it is important that an accurate reflection of all the feedback received is available.

1.25 With this in mind, ORS strongly recommends that this summary and the full report be read together. It is the journey, as well as the destination, that will matter to those wishing to understand stakeholders' views, assumptions, arguments, and conclusions around the site options. We trust that both this executive summary and full report will be helpful to all concerned.

## The nature of public consultation

1.26 Public consultation promotes accountability and assists decision making; public bodies give an account of their plans or proposals and listen to feedback. Consultation has, therefore, been described as a dialogue, based on a genuine and purposeful exchange of views.

- 1.27 It should be noted, however, that consultations are not referenda or 'votes' in which the loudest voices or the greatest numbers automatically determine the outcome. The feedback received often reflects widely varied and sometimes polarised views, and it is important to report these concerns and contrary views robustly, in order for decision-makers to be able to conscientiously take into account the issues raised.

## Summary of views from consultation feedback

### Views on the three options

#### Option 1: expanded outpatient services at Withybush Hospital

- 1.28 Almost two-fifths (38%) of those responding to the main questionnaire thought that Option 1 was either a fairly or very good choice for delivering paediatric services at Withybush Hospital. Just under a fifth (19%) thought it was neither a good nor poor choice, and over two-fifths (43%) thought it was a fairly or very poor choice.
- 1.29 Views among questionnaire respondents varied by geography: those who provided postcodes and live nearest to hospitals other than Withybush were more positive about Option 1, with under half (47%) rating this option as a good choice compared to under a third (31%) of those living nearest to Withybush Hospital. Conversely, just over half (51%) of respondents living nearest to Withybush Hospital thought Option 1 was a poor choice, compared to just under a third (32%) of those living nearest to other hospitals.
- 1.30 Over half (53% - 10 respondents) of the 19 respondents who answered this question on the child-friendly questionnaire thought that Option 1 was either great or good. One-in-twenty (5% - 1 respondent) thought Option 1 was okay and just over two-fifths (42% - 8 respondents) thought it was either poor or bad.
- 1.31 In the open text comments and across the other consultation methods, although Option 1 was the least favoured overall, there was some positivity. Consultees recognised that it is the cheapest and least complex of the three options, and is likely to be the quickest to implement. It was also said to be the least confusing model for service users.
- 1.32 Some staff consultees preferred Option 1 as the most feasible staffing-wise, highlighting that it largely reflects the current model, which is working well and mitigates the challenges that led to the temporary service changes. On a related note, in its submission, the Carmarthen Residents Action Group (CRAiG Sir Gâr) feels that this option mitigates against the issue that *"the further medical facilities are moved from the population centre and the M4 corridor the lower the patient footfall and the more difficult to obtain medical staff and fill rotas"*.
- 1.33 As for objections and concerns, many considered Option 1 to be too limited in its service provision not only for Pembrokeshire and some Ceredigion residents, but also the summertime tourist population. Despite this, comments were made along the lines of *"it's better than what we have now"*.

#### Option 2: A Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday)

- 1.34 Over two-fifths (43%) of those responding to the main questionnaire thought that Option 2 was either a fairly or very good choice for delivering paediatric services at Withybush Hospital. Over a fifth (22%) thought it was neither a good nor poor choice, and just over a third (35%) thought it was a fairly or very poor choice.

- 1.35 Again, respondents' views vary by geography: those who provided postcodes and live nearest to hospitals other than Withybush were more positive about Option 2, with over half (56%) rating this option as a good choice compared to over two-fifths (43%) of those living nearest to Withybush Hospital. Conversely, almost a third (32%) of respondents living nearest to Withybush Hospital thought Option 2 was a poor choice, compared to just over a fifth (21%) of those living nearest to other hospitals.
- 1.36 Two-thirds (67% - 14 respondents) of the 21 respondents who answered this question on the child-friendly questionnaire thought that Option 2 was either great or good. Just under a fifth (19% - 4 respondents) thought it was okay, and around one-in-seven (14% - 3 respondents) thought it was either poor or bad.
- 1.37 The key positive aspect of Option 2 was thought to be the return of a PACU to Withybush Hospital, which would enhance service provision and improve access to diagnostics and treatment for many families within Pembrokeshire and some areas of Ceredigion. The potential to reduce pressure on Glangwili Hospital was also cited as a positive.
- 1.38 The main concerns relating to Option 2 were around resourcing a PACU, and the potential fragility of a service split across two sites. Also, while the return of a PACU service was generally supported, there was criticism of its proposed operating hours and the lack of evening/weekend cover.
- 1.39 There was significant positivity around the proposed increase in outpatient appointments and provision of Rapid Access Clinics at Withybush Hospital. In this context, there was some confusion among questionnaire respondents as to why reinstating a PACU would impact on the space available for outpatient and rapid access appointments given their assumption that the former would be located on the former 'Puffin Ward', while the latter are undertaken in (apparently unsuitable) portacabins outside the hospital. Indeed, having sufficient space to accommodate both was considered essential. This is a point that applies equally to Option 3.

### Option 3 - A Paediatric Ambulatory Care Unit from 10am – 6pm with limited outpatient services (Monday to Friday) and provision of some non-emergency treatments such as radiology and day care

- 1.40 Around two-thirds (66%) of those responding to the main questionnaire thought that Option 3 was a fairly or very good choice for delivering paediatric services at Withybush Hospital. Under a fifth (17%) thought it was neither a good nor poor choice, and the same proportion (17%) thought it was a fairly or very poor choice.
- 1.41 Again, respondents' views vary by geography, albeit to a slightly lesser extent than for the previous options. Those who provided postcodes and live nearest to hospitals other than Withybush were more positive about Option 3, with almost four-fifths (79%) rating this option as a good choice for delivering paediatric services at Withybush Hospital compared to almost seven-in-ten (69%) of those living nearest to Withybush Hospital. Conversely, around one-in-six respondents (16%) living nearest to Withybush Hospital thought Option 3 was a poor choice, compared to just over a twentieth (6%) of those living nearest to other hospitals.
- 1.42 The vast majority (90% - 18 respondents) of the 20 respondents who answered this question on the child-friendly questionnaire thought that Option 3 was either great or good. A tenth (10% - 2 respondents) thought it was okay. No respondents thought that Option 3 was either poor or bad.
- 1.43 Option 3 was most favoured across the other consultation methods. The key positive aspect of this option was once again the return of a PACU to Withybush Hospital, but there was also widespread support for the proposed 'extras', particularly the additional staff training, the enhanced service within the Glangwili Hospital

emergency department (A&E), and the prospect of having some non-emergency treatment available at Withybush.

- 1.44 In terms of staff training, focus group participants were pleased that this would offer opportunities for existing staff to upskill, potentially improving retention. There was also hope that this would negate the need for paediatric input in many cases, thus streamlining processes and reducing waiting times.
- 1.45 Although the staff members working there were praised, consultees across all consultation methods highlighted the inappropriateness of the A&E environment at Glangwili for children and young people, who must currently wait in the same area as adults (who were frequently described as being 'drunk', 'sick', and/or 'covered in blood'). As such, the prospect of a separate waiting area for children and young people was strongly supported. It should also be noted that the Glangwili PACU area was also described as somewhat 'dilapidated', with a lack of appropriate clinical space. Any improvements HDdUHB intends to make to this would also be welcomed.
- 1.46 The main concerns relating to Option 3 were again the same as Option 2: the deliverability of a PACU, the potential fragility of a service split across two sites, and the lack of evening/weekend cover at Withybush. In relation to service fragility, staff consultees stressed that if a PACU is to return to Withybush Hospital, it must be consistently available and not liable to unexpected closure.
- 1.47 Finally in relation to Option 3, consultees across all consultation methods questioned why these additional 'extras' cannot also be offered under Option 1 (it was recognised that adding them to Option 2 effectively produces Option 3). Staff consultees also asked why additional training for PACU staff at Glangwili Hospital to manage A&E activity for children and young people differently could not also be provided to Withybush PACU staff.

## General questions and comments relating to the options

### Rapid Access Clinics and outpatients provision

- 1.48 The proposed Rapid Access Clinics and provision of outpatient services were praised in terms of improved access for residents and taking at least some pressure off Glangwili. However, public consultees asked many questions around how they would work in practice, particularly in terms of criteria and access.

### Staffing and resources

- 1.49 There was considerable concern among all consultee types about how all three of the options, but Options 2 and 3 in particular, would be staffed given the current recruitment and retention challenges within paediatric services. Potential solutions were proposed by some staff consultees, such as increasing the use of allied health professionals and physician associates; reaching out to universities that train paediatric nurses; and promoting clinical fellowships.

### The importance of signposting

- 1.50 Consultees across all consultation strands commented on the potential confusion that might arise through having a 'part-time' PACU service at Withybush, not only for residents, but also for tourists, who are unlikely to have any understanding of local care pathways.
- 1.51 This led some to reiterate their support for Option 1 in terms of providing parents and guardians with clarity about where they should take their child in an urgent or emergency situation. In the event that one of Options

2 or 3 is taken forward, clear pathways and proper signposting will, it was felt, be needed to ensure parents and caregivers know what they can access where and when. If this is not provided, there was worry that people would default to presenting at Glangwili, leading to increased pressure on services there.

- 1.52 Consultees also alleged some confusion among healthcare professionals about where children and young people should be treated, and that GPs and the 111 service tend to automatically refer children and young people to Glangwili when they could have been assessed and treated at Withybush. This, it was said, would also need to be addressed in future. Indeed, there was a strong sense that primary care services will be integral to the success of whichever option is chosen, and they will need good knowledge of what exactly is available where.

### The availability of the Dedicated Ambulance Vehicle (DAV)

- 1.53 The Dedicated Ambulance Vehicle (DAV) was generally considered an important and positive resource, but questions were asked about its availability, whether one will be sufficient to cater for future need, whether it is a 'ringfenced' resource (i.e., not used for general use when not required), and the paediatric expertise of the paramedics operating it. Staff consultees also felt that informing the public about the service is important in offering some reassurance.

### Access to primary care

- 1.54 The difficulty involved in accessing GP appointments was noted across all consultation methods. It was suggested that this might lead patients and their families to go straight to A&E rather than seeking a GP referral to a Withybush PACU or the proposed Rapid Access Clinics.

## Other considerations

### Travel and access

- 1.55 While recognising that all three options return some level of service to Withybush Hospital, many consultees remained concerned about the ease with which families from Pembrokeshire, especially west Pembrokeshire, can access Glangwili when needed. Distance was said to be compounded by the area's poor road infrastructure, frequent roadworks and accidents, and poor public transport links.
- 1.56 Another key issue for some stakeholders was that of children and young people being discharged from hospital with no means of getting home, sometimes in the early hours of the morning. Guarding against this in future was considered essential.

### Children and young-person specific services

- 1.57 The young people taking part in the consultation were also asked what they felt was important to enable any time spent in hospital to be easier for them.
- 1.58 Many participants felt that the most important thing for young people was being able to trust the staff looking after them and having good awareness of the treatment they need. This, it was felt, can be achieved through good communication from friendly and approachable staff, who recognise the importance of speaking to and engaging with the young person themselves, and not just their parents/guardians. In particular, it was agreed that trainee paediatricians should be skilled in communicating with children and young people and also trained in safeguarding issues.

- 1.59 The provision of age-appropriate activities and resources for outpatients and inpatients was considered essential. These included electronic devices and televisions with a range of channels/programmes that would appeal to various age groups; books and magazines; toys for younger patients; and food/snacks via vending machines or fast-food outlets. Furthermore, the importance of a welcoming hospital environment was highlighted by many.
- 1.60 Other requests were more comfortable hospital beds; more appropriate facilities for parents who have to stay overnight; young people-friendly menus on inpatient wards; and prioritisation of children and young people in A&E to reduce waiting times for them and their parents. Specifically, it was recommended that HDDUHB should invest in play therapists for children with disabilities.

## Alternative suggestions

- 1.61 As reported above, many consultees questioned why the additional 'extras' offered under Option 3 cannot also be offered under Option 1. They also sought to understand why additional training for PACU staff at Glangwili Hospital to manage A&E activity for children and young people differently could not also be provided to Withybush PACU staff.
- 1.62 The other most common alternative suggestion across the consultation methods was to return full 24/7 paediatric services to Withybush hospital, though there was also recognition that this is not feasible given the aforementioned staffing and resource challenges.
- 1.63 In light of concerns about out-of-hours provision at Withybush Hospital, some consultees suggested amending the proposed PACU hours in Options 2 and 3 to, say, 9am – 10pm. One questionnaire respondent felt that a Wednesday to Sunday service would be preferable to one available Monday to Friday.
- 1.64 In terms of mitigating against staffing issues, one questionnaire respondent (a staff member working in paediatric services suggested that *"Outpatient and community services could be expanded at WGH with bigger and better designed premises to provide an integrated Paediatric Community Hub"*.
- 1.65 Another staff member suggested the creation of a women's and children's centre of excellence at Glangwili Hospital.
- 1.66 A paramedic respondent felt that paediatric services could adopt the same day emergency care (SDEC) model, which *"currently works really well with the paramedic team at the moment"* (Haverfordwest).
- 1.67 Another suggestion made by a resident focus group participant was to have *"different levels of qualified personnel"* within a PACU: *"For example, a nurse walking around A&E as a sort of triage looking at cuts and bruises and that sort of thing ... Someone walking round doing customer care offering coffee and teas. ... A pharmacist that can understand what is wrong and see what medication they're already on. Rather than having to get extra doctors in all the time, people would benefit from more people on the front line ... Even taking blood pressure, you're sitting in the waiting room for an hour and a half to go through the magic doors to have your blood pressure taken"*.
- 1.68 Stephen Crabb MP submitted 57 'standardised submissions'<sup>3</sup> from constituents asking for the following amendments to the options:

- » Unrestricted Rapid Access Clinics and booked outpatient appointments at Withybush Hospital when appropriate.

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<sup>3</sup> 'Standardised submissions' are standardised letters that are signed and submitted by multiple people.



- » A PACU at Withybush Hospital between 10am and 6pm, Monday to Sunday.
- » An enhanced service and additional training for paediatric (PACU) staff at Glangwili and Withybush Hospitals.
- » A minimum of two DAVs to support emergency/urgent transfer.

1.69 Though not so much an alternative suggestion as a consideration, a few questionnaire respondents and focus groups participants suggested a greater focus on digital healthcare opportunities within children and young people's services: video triage for example.

1.70 Finally, a few participants at two of the resident focus groups suggested a phased implementation. Despite Option 1 having the least support, a couple of participants felt it would be a good 'starting point' due to its similarity to current services and potentially easier and cheaper implementation. If it proves successful, HDdUHB could then work towards implementing Option 3. Others disagreed, preferring HDdUHB to start with Option 3 and scale back if necessary.

## Views on the consultation process

1.71 Several staff and public attendees said they had found the drop-in event or meeting they attended helpful in terms of clarification and aiding their understanding of the three options. Furthermore, the breadth, inclusivity, and genuineness of the consultation process was praised in a few written submissions, including that provided by Llais<sup>4</sup>.

1.72 Others though felt they had not been well advertised, promoted, or attended (the latter point around attendance was also made by Llais); and some consultees at the public drop-in sessions were sceptical that they would be listened to, and their views taken into account. In particular, Pembrokeshire residents raised what they saw as the inherent unfairness of the county's treatment by HDdUHB.

1.73 There was also some concern about the accessibility of the consultation documentation, especially with respect to the complexity of the proposals. The child-friendly consultation document was, however, praised for its clarity and accessibility. Indeed, HDdUHB was widely praised for its efforts in engaging with children and young people throughout the consultation period.

## Equalities issues

1.74 Most concerns around equalities impacts centred on travel and access, focusing on the ease with which patients are able to travel to access paediatric care at Glangwili Hospital.

1.75 Several groups were highlighted as being particularly vulnerable to these impacts, including:

- » Single parents, especially those with no support network.
- » Parents, especially single parents, with other children to care for.
- » Families on lower incomes and/or without access to private transport.

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<sup>4</sup> On 1<sup>st</sup> April 2023, the Community Health Councils transitioned over to form a new Citizens Voice Body for Health and Social Care in Wales, called 'Llais'. Llais is an independent body established to give the people of Wales a voice in the planning and delivery of their health and social care services. It has a different role and remit to the Community Health Councils.



- » Children and young people with additional/complex needs (like neurodivergence and learning disabilities) and their families.
- » Children and young people with longer term conditions requiring repeat appointments.
- » Families living in rural isolation.
- » Families living in west Pembrokeshire, and some parts of Ceredigion.

<sup>1.76</sup> Ultimately, while it was widely acknowledged that the need to travel to Glangwili from Pembrokeshire would be mitigated by the return of some services to Withybush, many parents/caregivers anticipated that they may have to do so at certain times and in the event of certain illnesses and injuries. Moreover, visitors were also said to be incredibly important for children and young people during a hospital stay, and there was concern that having inpatient paediatrics only at Glangwili impacts the ability of family members and others (especially those living in west Pembrokeshire) to visit to visit their loved ones, potentially to the detriment of their recovery.