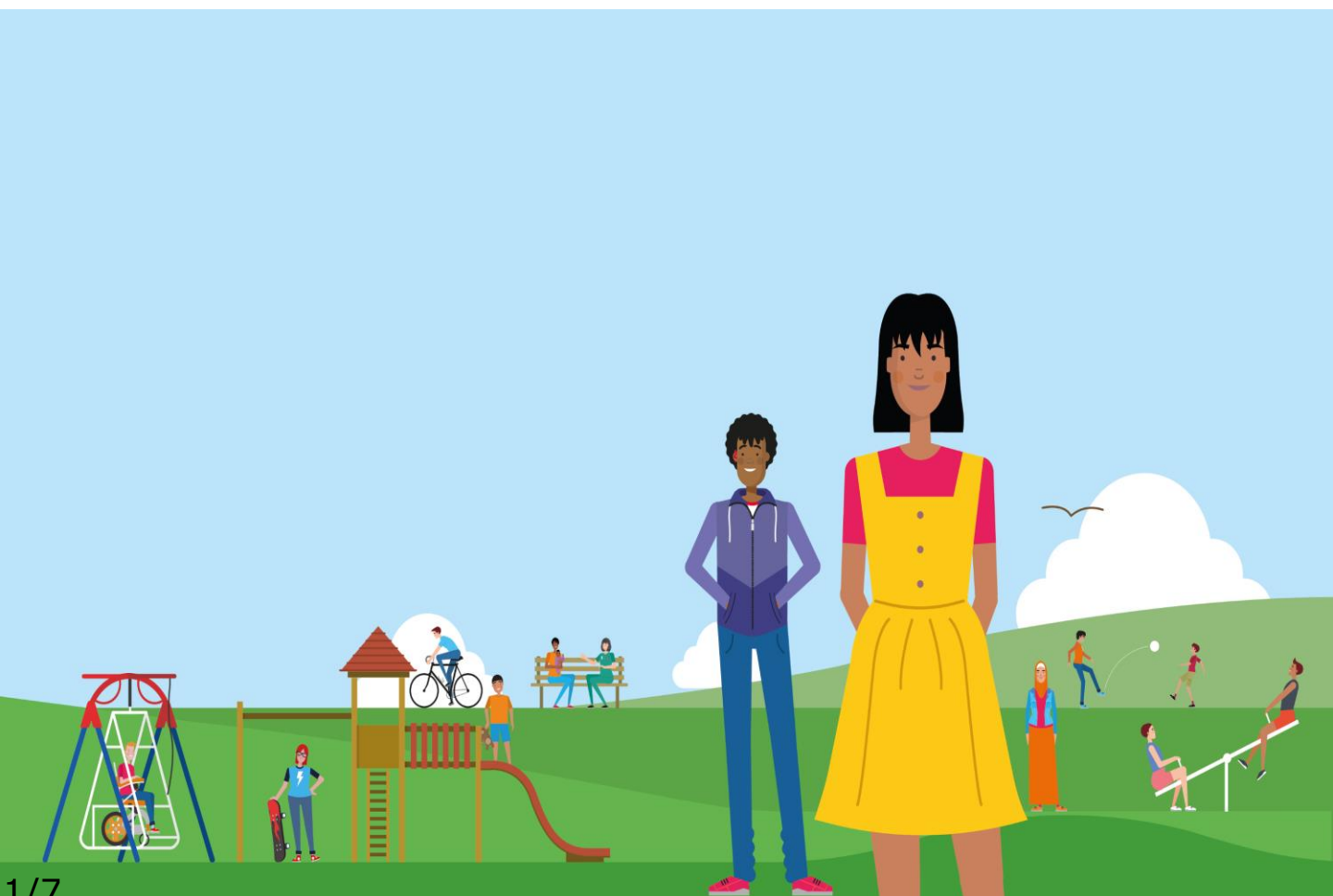


Appendix 4

Review of Alternative suggestions



Background

The final report on the consultation, produced by Opinion Research Services (ORS)* identified alternative suggestions to the three options that were developed for how we think urgent and emergency children and young people's (Paediatric) services at Withybush and Glangwili hospitals can be provided in the future.

How we reviewed the alternative suggestions

These alternative suggestions have been reviewed by a mixed group of stakeholders including parents and guardians and staff that developed the original three options (details can be found in Appendix 1). Details of the four-part process we used to shape our options, which resulted in the three options that were developed for the consultation, are outlined within the consultation document.

The stakeholder group met on 12th October 2023 and reviewed the list of alternative suggestions contained within the final consultation report, to understand if these were suggestions that the Board should consider when choosing the best option for the future of urgent and emergency children and young people's services at Withybush and Glangwili hospitals. These suggestions have been evaluated/considered against the scope of the consultation and the criteria used for the development of the original options.



*Hywel Dda University Health Board has appointed Opinion Research Services (ORS), an independent social research company, to analyse, advise on, and independently manage, certain aspects of this consultation programme

Board should consider the following alternative suggestions:

1. Many consultees questioned why additional ‘extras’ offered under Option 3 cannot also be offered under Option 1

Response: As part of the options development process a mixed group of stakeholders developed three options for how the service could be provided in the future, each option contained a range of additional features (a full breakdown of the options and the process undertaken is outlined within the consultation document). The following table outlines additional ‘extras’ which could be considered under Option 1 (should Option 1 be the preferred)

Additional ‘extras’ offered under Option 3	Feasibility of adding components to Option 1
Provision of some non-emergency treatment such as radiology; and day care such as returning for medication or dressing change	The potential ‘extras’ would be limited due to the absence of PACU and would be subject to a clinical risk assessment once the preferred option has been identified
Enhanced service at Glangwili Hospital emergency department (A&E), giving children and young people an improved experience on arrival (e.g., via a dedicated waiting area)	YES - this could be considered under Option 1
Additional training for emergency department (A&E) staff at both hospitals to treat children and young people when a review by a consultant paediatrician is not immediately needed	YES - this could be considered under Option 1
Additional training for paediatric (PACU) staff at Glangwili Hospital to manage emergency department (A&E) activity for children and young people differently (for example, improving initial treatment, improving the experience for emergency cases, and ensuring they are dealt with appropriately)	YES - this could be considered under Option 1

2. An enhanced service and additional training for paediatric (PACU) staff at Glangwili and Wthybush hospitals

Response: Option 3 does include additional training for paediatric (PACU) staff at Glangwili Hospital; equivalent training would be considered for (PACU) staff at Wthybush Hospital, should this be the preferred option. How the service is delivered would be explored by the service as part of the development of the implementation plan



Alternative suggestions which Board should not consider because they are out of scope or do not meet the original criteria:

1. Many consultees questioned 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

Response: Emergency care (accident and emergency) for children and young people (under 16 years old) remains at Glangwili Hospital therefore, if PACU is reinstated in Withybush Hospital, the staff would not support the emergency presentations, as Glangwili Hospital would remain the emergency pathway in all options

2. 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

Response: Following a period of consultation in 2014, it was decided that having 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 Health Board decision was made on 20 October 2014 to remove the 24hour inpatient services permanently and a PACU was introduced

3. 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

Response: Activity data around attendance was reviewed as part of the options development process by the mixed group of stakeholders responsible for developing the options, this informed the proposal for a Monday to Friday 10am – 6pm service (the service would be staffed 10am – 8pm, but no referrals would be received after 6pm)

4. 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”

Response: Children and young people’s planned care and services within the community for paediatric care across Hywel Dda University Health Board area are not part of this consultation. Our long-term ambition for a proposed new urgent and planned care hospital, and our broader integrated health and care network remains as set out in our strategy for a ‘Healthier Mid and West Wales: Our Future Generations Living Well’



5. Another staff member suggested the creation of a women's and children's centre of excellence at Glangwili Hospital

Response: The scope of the consultation is limited to urgent and emergency children and young people's services at Withybush and Glangwili hospitals. Our long-term ambition for a proposed new urgent and planned care hospital, and our broader integrated health and care network remains as set out in our strategy for a 'Healthier Mid and West Wales: Our Future Generations Living Well'

6. 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)

Response: Once the preferred service option is identified, the implementation plan which will be developed by the service would set out the process pathways and Welsh Ambulance Services NHST as a key stakeholder would be involved in this process

7. 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"

Response: Emergency care for children and young people remains at Glangwili Hospital in all three options, if the preferred option includes PACU in Withybush Hospital, a workforce action plan which will be developed by the service will identify the most appropriate staffing model

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

Response: If the preferred option is the reintroduction of PACU at Withybush Hospital, capacity for booked outpatient appointments and rapid access clinic appointments is likely to be reduced due to the space required to deliver the PACU

9. A PACU at Withybush Hospital between 10am and 6pm, Monday to Sunday

Response: Activity data around attendance was reviewed as part of the options development process by the mixed group of stakeholders responsible for developing the options, this informed the proposal for a Monday to Friday 10am – 6pm service (the service would be staffed 10am – 8pm, but no referrals would be received after 6pm).



10. A minimum of two DAVs to support emergency/urgent transfer

Response: Activity data for the existing DAV does not indicate sufficient demand to warrant an additional dedicated vehicle, however should more than one emergency/urgent transfer be required at the same time, an alternative vehicle would be considered in line with existing ambulance service protocols

11. 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

Response: The scope of the consultation is limited to urgent and emergency children and young people's services at Withybush and Glangwili hospitals. The clinical opinion of the mixed group of stakeholders reviewing the alternative suggestions indicates that video triage is not efficient or effective in terms of deliverability for urgent and emergency care. The Health Board's future strategic vision for investment in digital services for the next five years (2020 – 2025), in order to meet the priorities outlined within our Health & Care Strategy is set out within [Our Digital Response](#)

12. 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

Response: Any changes made as a result of this consultation would remain in place until the establishment of the proposed new urgent and planned care hospital in the area and our broader integrated health and care network is established as part of our strategy for a 'Healthier Mid and West Wales: Our Future Generations Living Well'. The delivery of the chosen option would be subject to an implementation plan developed by the service and communications plan that ensures consistent messaging to enable service users have a clear understanding of the services available at Withybush, and when and how to access each element.



Mixed Group of Stakeholders that undertook the review of the Alternative Suggestions 12 October 2023 - Attendees:

- Parent / carer representative
- Consultant Paediatrician
- Consultant Paediatrician (Clinical Lead)
- Locum Consultant General Anaesthetist
- Service Delivery Manager for Theatres DSU/PAC (Critical Care Anaesthetics)
- Children's Community Lead Nurse, Community Paediatric Services
- Project Manager, Workforce
- Service Delivery Manager – Neonatal and Paediatric Services
- Communications Director
- Medicines Management Clinical Lead, Transformation Programme Office
- Head of Transformation Programme Office
- Principal Project Manager, TPO
- Senior Project Manager, TPO
- Senior Diversity and Inclusion Officer
- Finance Business Partner
- Engagement Manager

