

Appendix 2: Tregaron Summary Engagement Report

Background

The Ceredigion 2024/25 Annual Plan submission focused upon accelerating the Cylch Caron model of care by decommissioning the remaining in-patient beds in Tregaron Community Hospital. The decommissioning of the beds will enable staff to be released into the community supporting the Healthier Mid and West Wales priorities effectively supporting patients remain closer to home.

The beds in Tregaron Hospital have been reduced from 15 to 9 from November 2023, to mitigate the nurse staffing risk and to meet the safe staffing requirements. There are a considerable number of vacancies which have been ongoing for some time and may, in part, be related to the uncertainty of the Cylch Caron development. Added to this there are also occupational health requirements for a number of staff who are unable to be flexible in their working patterns.

This is replicated in the District Nursing service which is extremely fragile in the north of the county particularly around the Tregaron area. We continue to struggle to recruit to these services.

There is also a need to monitor the acuity of patients admitted into the hospital and anyone requiring controlled drugs would not be able to be accepted currently owing to the requirement for 2 Registered Nurses (RN) to check and administer controlled drugs in an inpatient area. There is ongoing training and competencies being undertaken for HCSW's to act as a second checker registered on the risk register 1692; now superseded with risk 1897 – Maintaining safe staffing in Tregaron Community Hospital. Only having one RN on site can be problematic as there is no cover should that one individual be unable to work due to sickness at short notice.

There is no designated therapy input into Tregaron Community Hospital with therapies covering acute and community sites with one team, if there is pressure in the acute sites their needs will take priority. Therefore, patients with rehabilitation requirements cannot be accepted.

The clinical oversight for the patients stepped up from the community is delivered through the Clinical Assistant model, this is a fragile model due to a number of reasons, long term sickness and an aging workforce. Those patients who are transferred from the acute setting remain under the care of their Secondary Care Consultant; over the years it has become more difficult to ensure that these patients receive regular reviews due to the competing demands on the Consultants time. However, there is currently a significant issue with the fragility of the medical cover within Tregaron Community Hospital.

The mortuary in Tregaron Community requires significant investment to ensure full compliance with standards following site visit of Mortuary Manager and the Human Tissue Act Designated Individual for region.

There are significant issues associated with the maintenance of the building, which has been ongoing for some time and highlighted through the risk register.

The Health Board has an aging population that is above the Welsh average for those aged over 65 years and of those who are aged over 85 years 75% have 2 or more long term conditions which requires increasingly more complex and longer-term care, particularly end of life care.

The proposal for a new model of care, which is part of the broader Cylch Caron project, will see the move from in-patient hospital care to people's own homes enabled through a different model of

support. This will align with the current provision in the South of Ceredigion by enabling the current in-patient nursing staff to be re-deployed to Community Nursing services.

An SBAR explaining the situation in Tregaron Community Hospital was taken to the Business Executive Group on the 3rd July 2024; recommending that the SBAR be taken to Board. A verbal update was given by the CEO to the Board on the 25th July 2024, following this we commenced our four week period of engagement.

Working with the Communications and Engagement teams, a four-week period of engagement was launched on 1st August and run until 29th August 2024

Engagement process

The four-week period of engagement launched on 1st August and run until 29th August 2024.

The Engagement and Communications teams devised a project plan for engagement with the public, please see appendix 2 part one.

Individuals were able to attend online and in-person events and able to share their views through the Health Board's Have Your Say portal.

The public were able to share their views through a number of methods (all bilingually):

- By survey (online and paper copies): via the 'Have Your Say' site, or through collection boxes at Tregaron Community Hospital (large print copies available)
- Drop-in event between 2pm -7pm on Wednesday 21st August at Tregaron Memorial Hall, SY25 6JL
- Online virtual event – 6pm, 22nd August
- Phone – to the Communication Hub
- By email – to the engagement team

Promotion was via a number of channels, please see appendix 2 part two for the share your views promotion.

Communications during the engagement process

Throughout the four week period, frequently asked questions were collated, responded to and published. Please see appendix 2 part three for the final copy of the published Frequently Asked Questions.

It was suggested at the initial stakeholder meeting that a video be created demonstrating how the model worked in South Ceredigion from both a patient and nursing perspective; also capturing the views of the Senior Lead Nurse and Clinical Assistant from Tregaron Community Hospital. The video was published on:

English: <https://youtu.be/vr1rnCx8ShM>

Welsh: <https://youtu.be/F8XnSwM1XBo>

Engagement events

Activity	No. participants
Stakeholder event - 01/08/24	5
Public drop-in event 21/08/24	38
Online virtual event 22/08/24	5
Survey's completed 01/08/24 – 29/08/24	155
Letters / emails / telephone calls	7
Total	210

Please see the following appendices for returns:

Appendix 2 part four – Stakeholder event minutes

Appendix 2 part five – Public drop in event

Appendix 2 part six – Virtual Online event questions posted

Appendix 2 part seven – Survey comments

Appendix 2 part eight – Letters / emails / telephone calls captured

Survey Questions

1. Have you or a member of your family been an inpatient in Tregaron Hospital? Yes / No
2. If yes, please tell us the year of your / their last inpatient stay, e.g. 2019
3. How would removing inpatient beds at Tregaron Hospital affect you?
4. Do you have any other comments or feedback that you would like to share with us?

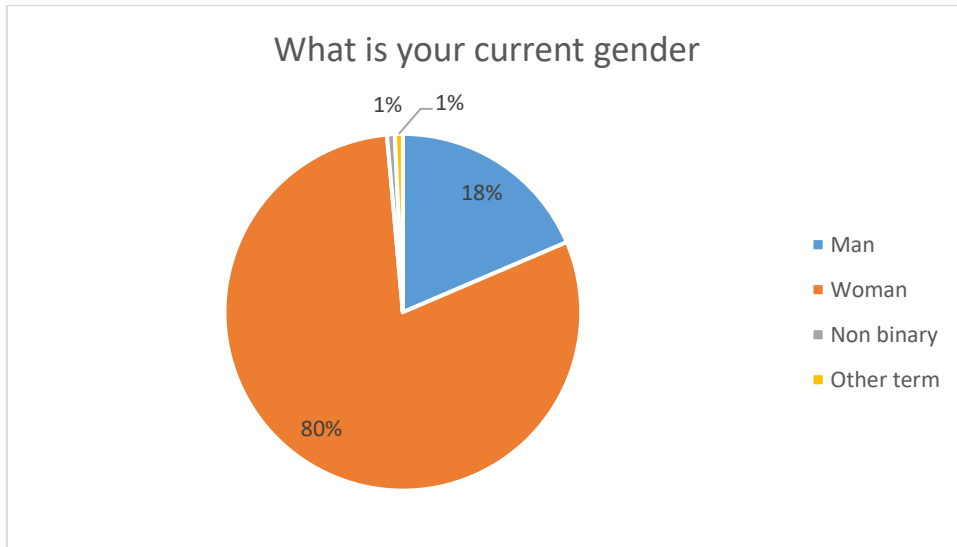
Questions 3 and 4 are open questions to encourage people to share their individual and personal perspectives.

Who fed back

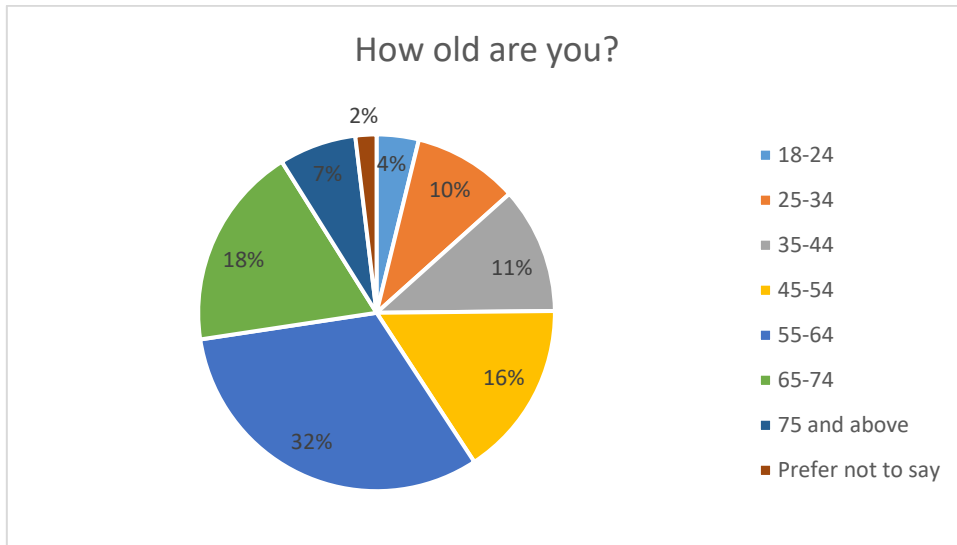
People who completed the survey (by post, online or through a collection box) were also asked to complete an equalities monitoring survey, which was optional. Of those who completed the equalities monitoring survey:

Please note, that not all participants completed the equality assessment information.

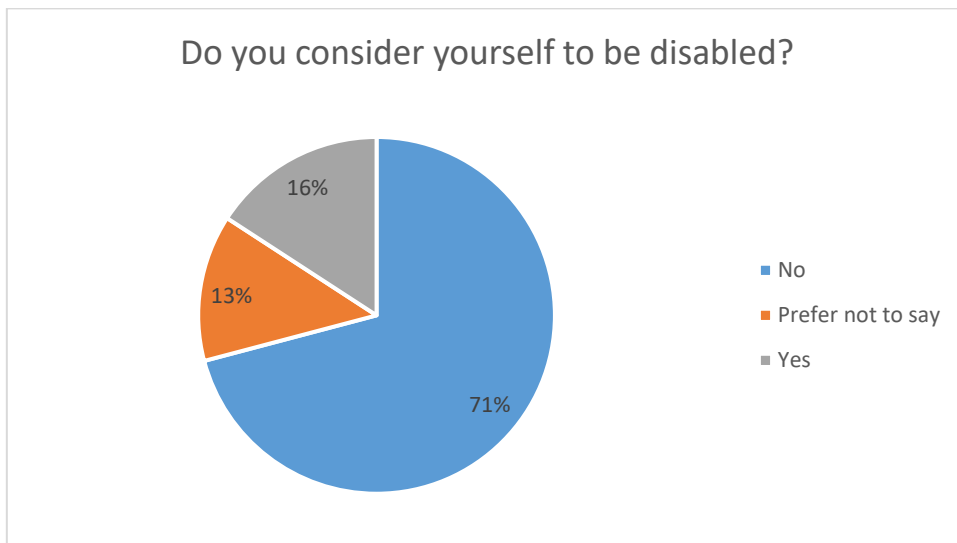
Sex



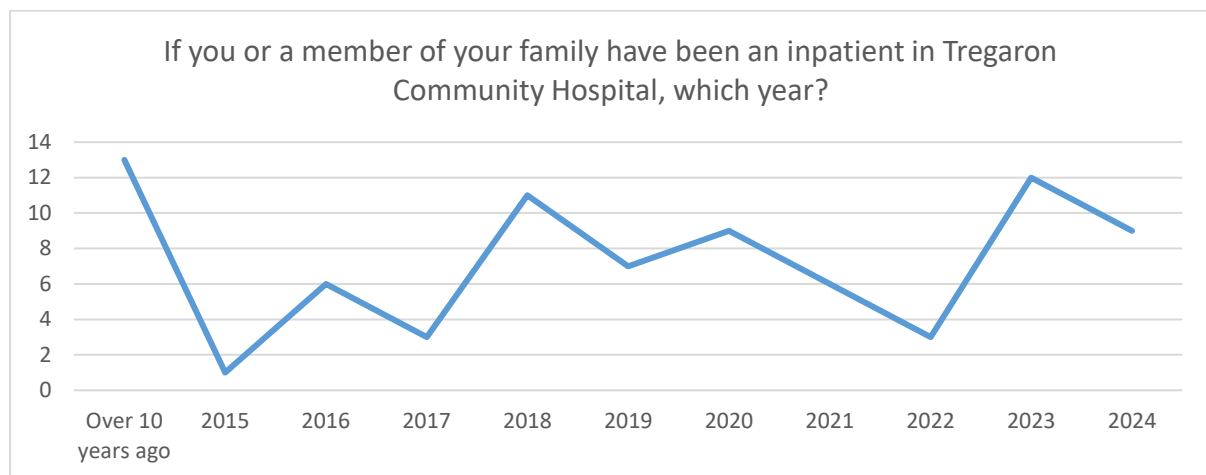
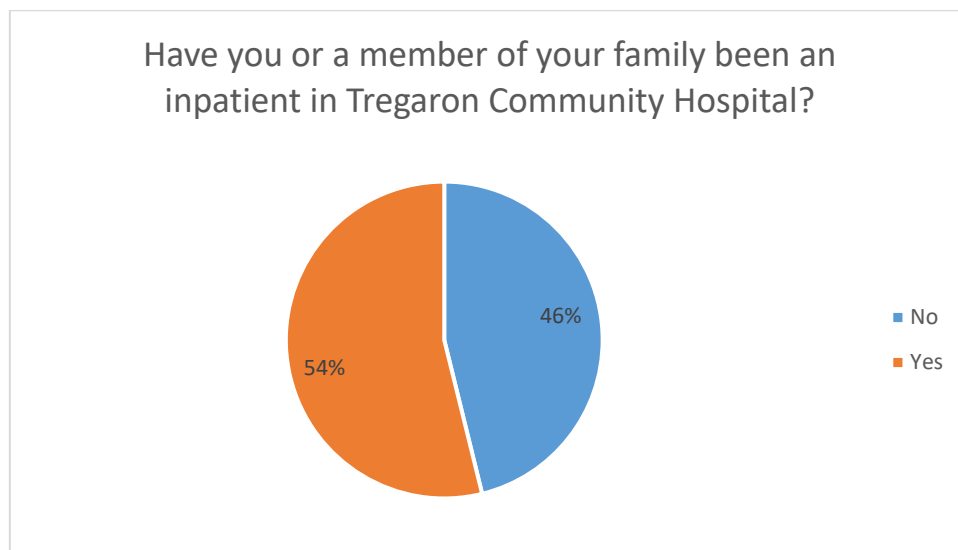
Age



Disability



Inpatient use of Tregaron Community Hospital



Of the 54% of responders who had either been an in-patient in Tregaron Community Hospital or who had a family member who had been an in-patient, only 30% of those responding had either been an inpatient or had a family member as an inpatient in Tregaron Community Hospital in the last five years.

Assessment process

All feedback received (from all channels) was collated in order to identify themes. The following themes were identified:

Theme	%
Reminisce	14%
Understanding the current situation	14%
Understanding the new model of working	10%
Flow from acute hospitals	8%
Residential / Nursing / EMI Care	8%
Domiciliary Care	7%
Cylch Caron	7%
Decision making process	6%
End of life and palliative care	4%
Tregaron community	4%
Transport and access to service	3%
Other themes	15%

Key issues raised from all the engagement

Reminisce

Many people shared stories of loved ones who had been cared for in Tregaron Community Hospital. In previous times, the hospital had been used as a place for convalescing as well as respite care. A genuine emotional attachment with the place was demonstrated through the stories together with a reluctance of change from the perceived provision.

Understanding the current situation

In the channels which enabled conversation, there were significant questions associated with understanding the current situation, for example how many nurses work on site, why had the Health Board not managed to recruit, what is the current usage of the beds.

Understanding the new model of working

The drop in event enabled people to ask questions around the proposed new model of working; a number of people suggested that the communication they had received focused upon the bed closures rather than the new model of working. On the whole, people were reassured that the bed closures did not mean a loss of capacity as the workforce would remain serving the local population.

Flow from acute hospitals

The term 'bed blocking' was used repeatedly. There was a perception that Tregaron Community Hospital could be used to enable flow from the acute hospitals.

Messages around ambulances queuing, patients being cared for in corridors as a result of 'bed blocking' were clearly articulated.

Residential / Nursing / EMI Care

Linking with the perception that Tregaron Community Hospital is being used as a convalescing facility and a facility for respite, there is a significant concern relating to the availability of residential, nursing and EMI facilities in Ceredigion and specifically close to Tregaron.

Domiciliary care

There is a general perception that there are limited packages of care available, especially in the rural areas and that the care available is not enough to support someone in their own home, specifically it is not 24 hours a day. Significant concerns associated with recruitment and retention within the domiciliary care market.

Cylch Caron

There is significant frustration over the progress of Cylch Caron, with a number of people asking if it will ever materialize. The community had been promised that the Tregaron Community Hospital beds would function until Cylch Caron was opened, there is a fear that by decommissioning the beds before Cylch Caron opens may dilute the local resource.

There was also a theme of the community not being kept up to date with process / decision making associated with Cylch Caron.

Decision making process

There was a frustration that this was not a consultation process, but rather an engagement process which is taking place at short notice. There was confusion that public money had been spent maintaining the building in the past few years, which had sent out mixed messages.

Reassurance was requested from key stakeholders to obtain their professional opinions.

End of life and palliative care

In the past, Tregaron Community Hospital had delivered palliative care. Concerns were raised in relation to where end of life and palliative care would be delivered, especially in the context of a lack of accessible residential / nursing facilities in the local area.

Tregaron Community

There is a genuine feeling of loss to the community, not just economically, but also the activity within the community. The issue was interlinked with the perceived lack of progress associated with Cylch Caron. A lack of social community day time facilities accessible to older people.

Transport and access to services

Transport to and from the Tregaron area can be challenging; there was mention of a loss of buses, poor weather etc. This is both in the context of people accessing services as well as staff being able to move around.

Appendix 2 part one Tregaron Engagement - Engagement and Communication project plan



Share your views on Tregaron Community Hospital Beds Communication and Engagement Plan

Background

Hywel Dda University Health Board is inviting people to share their views about the impact of removing the nine inpatient beds at Tregaron Community Hospital and replacing them with services for more people provided in the community in Ceredigion.

This period of public engagement builds on the conversations that the Health Board has held with our community since 2014 when the new model of care was shared as part of the Cylch Caron project.

From 1 August to 29 August 2024, people will be able to provide feedback about the changes and how these might affect them.

The proposal for a new model of care, which is part of the broader Cylch Caron project and in line with the Health Board's long-term vision for a healthier mid and west Wales, will see the move of inpatient care from the hospital to people's own homes. Enabled through a different model of support, this will see staff working in different ways, focused on keeping people well at home, and with more available to help people in the community.

The Health Board's aim is to provide a safer, more sustainable service across Ceredigion, while improving patient care and delivery. It will enhance community-based support, and will also help avoid people being in hospital beds and at risk of deteriorating when they are medically fit to be in their home environment. This will include the provision of palliative support at home and more responsive services to enable people to stay safely in their home.

As part of the Cylch Caron project, an integrated resource centre will be developed in partnership between Ceredigion County Council, the Health Board and the Welsh Government, bringing together a range of care, health and housing services for the future

in a central hub for Tregaron and its surrounding rural areas. While the Cylch Caron scheme is developed, the Health Board is considering its current model of care for inpatients at Tregaron Hospital.

Proposed approach for engagement activity

Engagement will need a broad approach to encompass the county of Ceredigion.

The purpose of this engagement exercise is to:

- To **raise awareness** of the engagement and provide opportunities for feedback on the issue
- **Provide opportunities** for our patients and stakeholders to give their views
- **Inform** those within the catchment area of Tregaron Hospital using the most appropriate methods
- **Identify** appropriate engagement and communication **tools and methods** to effectively participate

Engagement and Communication methods employed and rationale

Method	Rationale
Engagement period	The engagement activity period for this work will be led by the Health Board and will take place over a four-week period from 1-29 August 2024.
Broad Approach	<p>Awareness of the focused engagement and opportunity to share views through the following methods:</p> <p>The following activities will be undertaken:</p> <ul style="list-style-type: none"> - A questionnaire available online and in hard copy - Pages on the Health Board's online engagement platforms, Have your Say and Dweud eich Dweud, offering background information, questionnaire and frequently asked questions

- A public engagement drop-in event for stakeholders to be held at the Memorial Hall, Tregaron, on Wednesday 21 August 2024, between 2pm and 7pm
- An online meeting for stakeholders on Thursday 22 August at 6pm
- Information will be circulated to key stakeholders
- Information made available on the Health Board website
- Information will be shared with the media

People can share their views in the following ways:

- In person at the public engagement drop-in event on 21 August 2024
- Online meeting on 22 August 2024
- By questionnaire to FREEPOST HYWEL DDA HEALTH BOARD
- By telephone - directed to the Communications Hub 0300 303 8322
- By email to Hyweldda.Engagement@wales.nhs.uk
- In writing to the above FREEPOST address
- Online: responding to a survey hosted on the Health Board's Have Your Say / Dweud eich Dweud sites
- Feedback to Llais which will be shared with the Health Board (anonymised)

Activity Log

Communicating and Engagement Plan pre-engagement				
Date	Event / Activity	Staff / resourcing required	Comments	Achieved by
	Draft focused communications and engagement plan, sign-off internally	Engagement and Communications Teams		
	Share draft focused communications and engagement plan with Llais			
	Set up Have Your Say/Dweud eich Dweud pages	Both English and Welsh versions of the questionnaire	Engagement team	Both pages launched on 1 August 2024
22 Jul 2024	Press release issued to local media and uploaded to website newpage	Communications Team		
Jul 2024	Posters, briefing document developed and shared with relevant service/county leads	Communications		
25 Jul 2024	Board meeting		Tregaron engagement discussed and approved	

Week 1: Thursday 1 – 4 August 2024			
Date	Event / Activity	Comments	Achieved (RAG) By (Team)
01.08.24	Information emailed to key stakeholders	Engagement Team	

01.08.24	Press release issued to local media	Communications Team	
01.08.24	Social media issued on Facebook and X/Twitter	Communications Team	
01.08.24	Staff bulletin issued via Sharepoint and Hywel Dda Today global email	Communications Team	

Week 2: Thursday 5 – 11 August 2024

Date	Event / Activity	Comments	Achieved (RAG) By (Team)
09.08.24	Social media issued on Facebook and X/Twitter	Communications Team	
09.08.24	Team Brief (July issue) (internal) uploaded onto Sharepoint and shared with staff via Viva Engage	Communications Team	

Week 3: Thursday 12 – 18 August 2024

Date	Event / Activity	Comments	Achieved (RAG) By (Team)
13.08.24	Frequently asked questions (bilingual) published on Have Your Say website	Communications/Engagement Teams	
16.08.24	Social media issued on Facebook and X/Twitter	Communications Team	

Week 4: Thursday 19 – 25 August 2024

Date	Event / Activity	Comments	Achieved (RAG) By (Team)
20.08.24	Promotional video shared publicly via Have Your Say website and on social media (Facebook and X/Twitter)	Communications Team	
21.08.24	Social media issued on Facebook and X/Twitter	Communications Team	
21.08.24 2pm-7pm	Public drop-in event Memorial Hall, Tregaron		
22.08.24 6pm	Online public meeting		

Week 4: Thursday 26 – 29 August 2024

Date	Event / Activity	Comments	Achieved (RAG) By (Team)
27.08.24	Social media issued on Facebook and X/Twitter	Communications Team	
28.08.24	Frequently asked questions (bilingual) published on Have Your Say website	Communications/Engagement Teams	
29.08.24	Social media issued on Facebook and X/Twitter	Communications Team	

Engagement period closes on Thursday 29 August 2024

Post-engagement / Next steps			
Date	Event / Activity	Comments	Achieved (RAG) By (Team)
	Ceredigion County Team to develop report from all feedback received		Ceredigion County Team
26.09.24	Health Board Meeting		

Appendix 2 part two Tregaron Engagement Share your views promotion

Share your views on Tregaron Community Hospital beds / Dweud eich dweud am welyau yn Ysbyty Cymunedol Tregaron

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn gwahodd pobl i rannu eu barn am effaith cael gwared ar y naw gwely claf mewnol yn Ysbyty Cymunedol Tregaron a darparu gwasanaethau yn eu lle ar gyfer mwy o bobl yn y gymuned yng Ngheredigion.

Mae'r cyfnod hwn o ymgysylltu â'r cyhoedd yn adeiladu ar y sgysiau y mae'r Bwrdd Iechyd wedi'u cynnal gyda'n cymuned ers 2014 pan rannwyd y model gofal newydd fel rhan o brosiect Cylch Caron.

Rhwng 1 Awst a 29 Awst 2024, gallwch roi adborth am y newidiadau a sut y gallai'r rhain effeithio arnoch.

Bydd y cynnig ar gyfer model gofal newydd, sy'n rhan o brosiect ehangach Cylch Caron ac yn unol â gweledigaeth hirdymor y Bwrdd Iechyd ar gyfer canolbarth a gorllewin Cymru iachach, yn gweld symud gofal cleifion mewnol o'r ysbyty i gartrefi pobl. Wedi'i alluogi trwy fodel cymorth gwahanol, bydd staff yn gweithio mewn gwahanol ffyrdd, yn canolbwyntio ar gadw pobl yn iach gartref, a gyda mwy ohonynt ar gael i helpu pobl yn y gymuned.

Nod y Bwrdd Iechyd yw darparu gwasanaeth mwy diogel a chynaliadwy ar draws Ceredigion, tra'n gwella'r gofal a'r ddarpariaeth i gleifion. Bydd yn gwella cymorth yn y gymuned a bydd hefyd yn helpu rhag rhoi pobl mewn gwelyau ysbyty ac mewn perygl o ddirywio pan fyddant yn feddygol ffit i fod adref. Bydd hyn yn cynnwys darparu cymorth lliniarol yn y cartref a gwasanaethau mwy ymatebol i alluogi pobl i aros adref a hynny'n ddiogel.

Fel rhan o brosiect Cylch Caron, bydd canolfan adnoddau integredig yn cael ei datblygu mewn partneriaeth rhwng Cyngor Sir Ceredigion, y Bwrdd Iechyd a Llywodraeth Cymru, gan ddwyn ynghyd ystod o wasanaethau gofal, iechyd a thai ar gyfer y dyfodol mewn canolfan ganolog ar gyfer Tregaron a'r ardaloedd gwledig cyfagos. Wrth i'r gwaith o ddatblygu cynllun Cylch Caron fynd rhagddo, mae'r Bwrdd Iechyd yn ystyried ei fodel gofal presennol ar gyfer cleifion mewnol yn Ysbyty Tregaron.

Dywedodd Peter Skitt, Cyfarwyddwr Sirol Ceredigion, Bwrdd Iechyd Prifysgol Hywel Dda: "Er gwaethaf ymdrechion parhaus i recriwtio i swyddi, mae lefel bresennol ein staff yn Ysbyty Tregaron yn annigonol, ac mae ein rotâu staffio yn fregus. Mae staff wedi lleisio pa mor heriol yw cefnogi cleifion mewnol drwy ein model gofal presennol yn Ysbyty Tregaron.

Trwy newid y model gofal fel y mae'n cael ei ddarparu ar hyn o bryd, rhagwelir y bydd yr un staff yn gallu gofalu am hyd at ddeugain o gleifion yn eu cartrefi eu hunain.

"Er mwyn mynd i'r afael â'r materion hyn, rydym yn cynnig symud ein staff o fod yn yr ysbyty i fod yn y gymuned. Byddai hyn yn golygu disodli'r naw gwely sydd yn Ysbyty Tregaron ar hyn o bryd gyda gwasanaethau a ddarperir yn y gymuned, gan ein galluogi i gefnogi mwy o gleifion yn eu cartrefi a darparu ein model gofal cymunedol yn gynt."

"Mae cleifion wedi rhannu'n gyson y byddai'n well ganddyn nhw fod gartref, neu'n agosach at adref, ac mae hyn yn tueddu i gefnogi eu hadferiad. Bydd gwneud y newid hwn yn golygu y gallwn ofalu am fwy o bobl a'u cefnogi, mewn ffordd sy'n briodol i'w hanghenion, ac o fewn eu cymuned leol.

"Mae Ysbyty Tregaron wedi bod yn rhan o'n cymuned leol ers blynnyddoedd lawer. Wrth i ni ddatblygu gweledigaeth ehangach Cylch Caron, bydd Ysbyty Tregaron yn parhau i fod yn ganolfan ar gyfer ein staff cymunedol ac yn gyfleuster ar gyfer gwasanaethau cleifion allanol."

Gallwch rannu eich barn rhwng 1 Awst a 29 Awst 2024 yn y ffyrdd canlynol:

- **Digwyddiad galw heibio** – unrhyw bryd rhwng 2pm a 7pm ddydd Mercher 21 Awst 2024 yn Neuadd Goffa Tregaron, Y Sgwâr, Tregaron, Ceredigion SY25 6JL
- **Digwyddiad rhithiol ar-lein** (dros Zoom) - 22 Awst 2024 am 6pm (manyllion ar gael ar ein gwefan Dweud Eich Dweud isod)
- **Gwefan Dweud Eich Dweud** sydd i'w gweld yma [Dweud eich Dweud BIP Hywel Dda \(cymru.nhs.uk\)](https://www.dweud-eich-dweud-bip-hywel-dda.cymru.nhs.uk)
- **Rhif ffôn:** 0300 303 8322 (a dewis opsiwn 5 am ymholiadau cyffredinol)
- **Ebost:** hywelleda.engagement@wales.nhs.uk

Bydd adborth o'r ymgysylltu yn cael ei ystyried gan y Bwrdd Iechyd yn ei gyfarfod ym mis Medi 2024 ochr yn ochr â gwybodaeth bwysig arall, megis gofynion ansawdd a diogelwch, heriau staffio, a goblygiadau ariannol ac adnoddau cyn penderfynu ar y camau nesaf.

DIWEDD

Hywel Dda University Health Board is inviting people to share their views about the impact of removing the nine inpatient beds at Tregaron Community Hospital and replacing them with services for more people provided in the community in Ceredigion.

This period of public engagement builds on the conversations that the Health Board has held with our community since 2014 when the new model of care was shared as part of the Cylch Caron project.

From 1 August to 29 August 2024, people will be able to provide feedback about the changes and how these might affect them.

The proposal for a new model of care, which is part of the broader Cylch Caron project and in line with the Health Board's long term vision for a healthier mid and west Wales, will see the move of inpatient care from the hospital to people's own homes. Enabled through a different model of support, this will see staff working in different ways, focused on keeping people well at home, and with more available to help people in the community.

The Health Board's aim is to provide a safer, more sustainable service across Ceredigion, while improving patient care and delivery. It will enhance community based support and will also help avoid people being in hospital beds and at risk of deteriorating when they are medically fit to be in their home environment. This will include the provision of palliative support at home and more responsive services to enable people to stay safely in their home.

As part of the Cylch Caron project, an integrated resource centre will be developed in partnership between Ceredigion County Council, the Health Board and the Welsh Government, bringing together a range of care, health and housing services for the future in a central hub for Tregaron and its surrounding rural areas. While the Cylch Caron scheme is developed, the Health Board is considering its current model of care for inpatients at Tregaron Hospital.

Peter Skitt, County Director for Ceredigion, Hywel Dda University Health Board said: "Despite continued efforts to recruit to positions, our current level of staff at Tregaron Hospital is insufficient, and our staffing rotas are fragile. Staff have voiced how challenging it is to support inpatients through our current model of care at Tregaron Hospital.

It is anticipated that by changing the model of care as it is currently provided, the same staff will be able to look after up to forty patients in their own homes.

“To address these issues, we propose moving our staff from being hospital based to being community based. This would mean replacing the nine beds currently at Tregaron Hospital with services provided in the community, enabling us to support more patients in their homes and deliver our community care model quicker.”

“Patients have consistently shared that they would prefer to be at home, or closer to home, and this tends to support their recovery. Making this change will mean we can care for and support more people, in a way that is appropriate to their needs, and within their local community.

“Tregaron Hospital has been a part of our local community for a number of years. While we develop the broader Cylch Caron vision, Tregaron Hospital will continue to provide a base for our community staff and a facility for outpatient services.”

People can share their views between 1 August and 29 August 2024 in the following ways:

- **Drop-in event** – anytime between 2pm and 7pm on Wednesday 21 August 2024 at Tregaron Memorial Hall, The Square, Tregaron, Ceredigion, SY25 6JL
- **Online virtual event** (via Zoom) - 22 August 2024 at 6pm (details available on our Have Your Say website below)
- **Have Your Say** website which can be found here <https://www.haveyoursay.hduhb.wales.nhs.uk/>
- **Telephone:** 0300 303 8322 (Choose option 5 for general enquiries)
- **Email:** hyweldda.engagement@wales.nhs.uk

Feedback from the engagement will be considered by the Health Board at its meeting in September 2024 alongside other important information, such as quality and safety requirements, staffing challenges, and financial and resource implications before making decision about the next steps.

ENDS

FACEBOOK ENGLISH

During August, we're engaging with people in Tregaron and its surrounding areas about replacing the inpatient beds in Tregaron Community Hospital with services in the local community.

From 1 August to 29 August 2024, people will be able to provide feedback about the changes and how these might affect them.

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Enabled through a different model of support, this will see staff working in different ways, focused on keeping people well at home, and with more available to help people in the community. It is anticipated that by changing the model of care as it is currently provided, the same staff will be able to look after up to forty patients in their own homes.

This period of public engagement builds on the conversations that the Health Board has held with our community since 2014 when the new model of care was shared as part of the Cylch Caron project.

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- **Email:** hyweldda.engagement@wales.nhs.uk

Read the full press release here: xxx

FACEBOOK CYMRAEG:

Yn ystod mis Awst, rydyn ni'n ymgysylltu â phobl yn Nhregaron a'r ardaloedd cyfagos ynglŷn â gosod gwasanaethau yn y gymuned leol yn lle'r gwelyau cleifion mewnol yn Ysbyty Cymunedol Tregaron.

Rhwng 1 Awst a 29 Awst 2024, bydd pobl yn gallu rhoi adborth am y newidiadau a sut effaith y gallant eu cael arnynt.

Bydd y cynnig ar gyfer model gofal newydd, sy'n rhan o brosiect ehangach Cylch Caron ac yn unol â gweledigaeth hirdymor y Bwrdd Iechyd ar gyfer canolbarth a gorllewin Cymru iachach, yn gweld symud gofal cleifion mewnol o'r ysbyty i gartrefi pobl.

Wedi'i alluogi trwy fodel cymorth gwahanol, bydd hyn yn gweld staff yn gweithio mewn gwahanol ffyrdd, yn canolbwyntio ar gadw pobl yn iach gartref, a gyda mwy ohonynt ar gael i helpu pobl yn y gymuned. Trwy newid y model gofal fel y mae'n cael ei ddarparu ar

hyn o bryd, rhagwelir y bydd yr un staff yn gallu gofalu am hyd at ddeugain o gleifion yn eu cartrefi eu hunain.

Mae'r cyfnod hwn o ymgysylltu â'r cyhoedd yn adeiladu ar y sgysiau y mae'r Bwrdd Iechyd wedi'u cynnal gyda'n cymuned ers 2014 pan rannwyd y model gofal newydd fel rhan o brosiect Cylch Caron.

Sut i ddweud eich dweud:

- **Digwyddiadau galw heibio** – unrhyw bryd rhwng 2pm a 7pm ddydd Mercher 21 Awst 2024 yn Neuadd Goffa Tregaron, Y Sgwâr, Tregaron, Ceredigion SY25 6JL
- **Digwyddiad rhithiol ar-lein** (dros Zoom) - 22 Awst 2024 am 6pm (manyllion ar gael ar wefan Dweud eich Dweud isod)
- **Gwefan Dweud eich Dweud** sydd i'w gweld yma
www.dweudeichdweud.biphdd.cymru.nhs.uk/
- **Rhif ffôn:** 0300 303 8322 (a dewis opsiwn 5 am ymholiadau cyffredinol)
- **Ebost:** hyweldda.engagement@wales.nhs.uk

Darllenwch y datganiad llawn i'r wasg yma: **xxx**

TWITTER/X ENGLISH:

We're engaging with people in #Tregaron and its surrounding areas about replacing the inpatient beds in Tregaron Community Hospital with services in the local community. From 1-29 August 2024, people will be able to provide feedback about the changes and how these might affect them.

For more information about the proposal and how you can share your views, visit:
www.haveyoursay.hduhb.wales.nhs.uk/

Full press release: **xxx**

TWITTER/X CYMRAEG:

Rydyn ni'n ymgysylltu â phobl #Tregaron a'r ardaloedd cyfagos ynglŷn â gosod gwasanaethau yn y gymuned leol yn lle'r gwelyau cleifion mewnol yn Ysbyty Cymunedol Tregaron. Rhwng 1 a 29 Awst 2024, gallwch roi adborth am y newidiadau a sut y gallant effeithio arnoch.

I weld mwy o wybodaeth am y cynnig a sut y gallwch rannu eich barn, ewch i:
www.dweudeichdweud.biphdd.cymru.nhs.uk/

Y datganiad llawn i'r wasg: **xxx**

Appendix 2 part three Tregaron Engagement Frequently Asked Questions

Engaging on Tregaron Community Hospital Beds Frequently Asked Questions - 8 August 2024 (updated 28 August) Summary



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

We want to work with our staff, patients and their families, and our broader community, to hear and understand your views about the impact of removing the inpatient beds at Tregaron Community Hospital and replacing them with services provided in the community.

A period of engagement is taking place from 1 August to 29 August 2024. People will be able to attend online and in-person events and be able to share their views through the Health Board's 'Have Your Say' portal.

This period of public engagement builds on the conversations that the Health Board has held with our community since 2014 when the new model of care was shared as part of the Cylch Caron project.

1. Is Tregaron Community Hospital closing?

Tregaron Community Hospital will continue to provide a base for our community staff and a facility for outpatient services for the foreseeable future.

This engagement period is specifically about removing the inpatient beds at the hospital and replacing them with care and support within the community and people's homes. It is about providing better care in a different way that is not dependent on beds in a hospital building.

2. Why is the Health Board looking to close the inpatient beds in Tregaron Community Hospital?

We need to change from having inpatient beds in Tregaron Community Hospital now because there are significant pressures facing our staff based at the hospital and it is no longer viable to continue with the current approach. We also need to act before the winter months when we may be forced to close the beds without notice due to staffing pressures. Our proposal gives us time to safely map out the new model of care before winter, when we know our system and staff are under greater pressure.

The issue isn't only about the nurse staffing levels, it is also about the access to the wider multi-disciplinary team. By providing care in people's homes, we can support more people and work with them so that they may maintain independence for as long as possible.

We want to do the right thing for our patients and our staff who care for them. This isn't always by providing care in a hospital bed. People can be cared for in different settings appropriate to their needs and within their community, which we know can help with quicker recovery and improve people's overall well-being.

This new model is developed based on clinical advice and is in line with the Health Board's long-term vision for a healthier mid and west Wales.

We want to improve the health and well-being of our communities, providing high quality patient care through more joined-up support and care as close to people's homes as possible.

Currently the nine inpatient beds are often used for patients who do not require a stay in hospital, but are awaiting a service, this could be assessment for care or arrangements for care to be provided elsewhere. Regularly these inpatients live more than ten miles away from the hospital.

Replacing the nine beds at Tregaron Community Hospital with services provided in the community would enable us to support more patients in their homes and deliver our community care model in North Ceredigion more quickly.

We want to increase the opportunity for people in Ceredigion to be able to stay well for longer, with the support of enhanced staffing in their own homes. This would be achieved by releasing the staff from Tregaron Community Hospital to work in the community.

The decision to make any change will be made by the Health Board at its meeting on 26 September 2024. If we are to make the change and close the nine beds, we need to be able to do this as soon as possible.

3. Is this just about staffing problems?

There are significant pressures facing our staff based at Tregaron Community Hospital and it is no longer viable to continue with the current approach.

We have very skilled nurses in Tregaron Community Hospital, but despite continued efforts to recruit to positions over many years, the current staffing level is insufficient and our staffing rotas are fragile. Our staff have voiced how challenging it is to support inpatients through our current model of care at Tregaron Community Hospital. We need to make this change before the winter months which we know add even more significant pressure to the system.

In addition, we know that extended hospital stays can be detrimental to a patient's health with a potential consequence of lack of opportunity to retain personal independence. There is also a risk of hospital acquired infections. Both of these risks are reduced when a person is being cared for in their own home.

Should our recommendation for change be approved by the Health Board in September, staff would be supported through a redeployment process. This change will enable us to look after up to 40 people in the community compared to staffing 9 patients in a hospital bed.

4. What does this mean for patients in the hospital now?

If the Board decides in September to make the change and close the nine beds, further inpatient admissions to Tregaron Community Hospital will cease from that point. Inpatients at that time will follow the normal discharge pathway, enabling a

phased reduction in beds and preventing patients from being transferred to other hospital sites.

Patients who are admitted to Tregaron Community Hospital often do not require hospital care but are awaiting assessment or arrangements to be put in place for support elsewhere. The replacement model is focused upon supporting people closer to home and will be aligned with what has already been achieved in south Ceredigion.

5. How would you ensure safe discharge from hospital if these beds are closed?

We are responsible for the safe discharge of our patients from hospital. We always ensure that the appropriate services are in place before they leave hospital. By bringing in this model of care and working with our partners in a more joined-up way, we can prevent people being admitted to hospital unnecessarily in the first place.

We are currently reviewing our acute hospital discharge processes, as we believe that the conversations about discharge arrangements need to start much earlier in the process with our patients, their relatives and carers.

6. Is there enough social care capacity to support this?

We work closely with our local authority colleagues on a daily basis to plan and facilitate patient discharge. We also liaise with our acute hospitals, other healthcare professionals such as occupational therapists and physiotherapists, patient families/carers, the joint equipment store and Porth Gofal. Together, we can focus on the best way to meet the patient's individual needs and address any complex issues, ensuring everything is in place before the patient is discharged.

The more people we have available to deliver and support care, the easier it is and the more difference we can make.

7. What about care for patients who require palliative and end-of-life care?

Many people make the decision that their preferred place of care and preferred place of death is their own home, surrounded by familiar faces and environments. Making this change will mean we can provide more people with the care and support more appropriate to their needs, and within their local community. This would include palliative and end-of-life care support at home and responsive services to enable people to remain safely in their home.

We operate a palliative care nursing service in Ceredigion seven days a week to support people beyond the normal working hours and GPs also have direct access to this service to support their patients.

The Health Board already works with Severn Hospice and Marie Curie to enable a hospice at home service, providing hands-on care to patients and support to their carers. The proposed changes will provide additional nursing provision when the nine beds are closed.

As with the model in elsewhere in Ceredigion, the Health Board commissions beds in nursing homes for individuals whose preferred place of care and death or who

cannot be cared for in their own homes. This can be for a number of reasons, including end-of-life care where home it is not appropriate or is not the preferred place of care and preferred place of death for a patient. Patients who use these services are supported with a dedicated community team, as well as the community teams who work with the homes to ensure that patients are appropriately cared for.

8. What about patients who require care but do not have the support of their family or carers?

Nursing care is available to housebound patients through district nursing support. The Health Board and Ceredigion County Council work closely together to ensure that people are safely supported when their needs are mixed across health and social care. There are joint schemes with Ceredigion County Council for the use of residential care beds for short term periods to enable timely assessment for long term needs.

9. Is the care across the community provided 24 hours a day?

Yes, should care be needed overnight this would be accessed through the current out of hours support. The district nursing service is available from 8am – 8pm seven days a week. If a person requires services between 8pm and 8am, the out of hours GP service is available and works alongside 24 hours access to community nursing support.

These services also work alongside the Welsh Ambulance Service NHS Trust (WAST) to appropriately identify patients who may be safely cared for at home rather than transported to hospital. All of the above enables patients who do require acute services to have access to provision.

Releasing staff from Tregaron Community Hospital inpatient services will enable additional provision in North Ceredigion to support these services.

10. What happens if someone living in a rural area alone needs help overnight?

The person would be assessed, and the appropriate care will be deployed to them. This could be an ambulance, or an on-call doctor or the nursing team.

11. What is the impact on GPs and primary care services?

This model of care will be an additional resource that GPs can call on to support their patients and will enable primary care to function in a better way. For example, GPs in south Ceredigion work with the outreach service in Cardigan when patients require visits at home and care plans are developed with the primary care team to prevent hospital admissions. We want to bring this outreach service to north Ceredigion too.

Currently, we employ GPs to provide medical cover for the nine inpatient beds in Tregaron Community Hospital, however, most people in those beds don't require GP input. The local GPs are supportive of this proposal because of the benefits in terms of prevention and supporting them to keep people in their community.

GPs have direct access to our palliative care nursing service in Ceredigion which operates seven days a week, which helps to reduce the number of GP out of hours calls and visits.

12. Have you done enough to try and recruit more staff?

An ongoing recruitment campaign has been running for some time. This has included advertisements on Facebook and NHS jobs.

13. How can you staff increased community services if you can't attract staff to Tregaron Hospital?

Recruitment into community posts has not been as challenging as recruiting into Tregaron Hospital.

This proposed change is about moving the workforce out into the community to provide an improved and more robust service for our patients.

We have recently made significant changes within our community nursing service in Ceredigion, which includes running the service from 8am to 8pm, with a night service to cater for out of hours and urgent calls. The model is working well in south Ceredigion and has given us the opportunity to upskill staff who were previously based in the former Cardigan Community Hospital. They can now provide more intensive treatment plans for patients in the community, such as intravenous infusions. They also work alongside other services, such as the Welsh Ambulance Service, GPs, and therapies staff to prevent hospital admissions in the first place and to wrap care around that patient and enable them to have that treatment at home rather than in an acute hospital bed.

We want to extend this model of care to north Ceredigion too, so people can receive the same service across the whole county.

14. If the Health Board were to recruit more staff in the next year, could the hospital beds in Tregaron re-open?

No. The vision has always been staff could provide better care in the community to a greater number of patients. The Health Board is committed to delivering Cylch Caron that will see the move of care from hospital-based care to care closer to home and ensuring equity of access to services across Ceredigion.

15. What will this mean for staff based at Tregaron Hospital?

The new model of care will strengthen the existing community nursing service, offering opportunities for staff growth and development, enabling them to gain new, enhanced skills while improving health outcomes for patients.

Should our recommendation for change be approved by the Health Board in September, staff would be supported through a redeployment process. No staff will be made redundant. Currently, staff are being offered one-to-one discussions with senior managers, workforce support and union representatives to look at opportunities and individual preferences.

16. Will fuel costs increase with more nurses travelling around the community?

It won't cost more overall as the costs normally associated with a hospital admission would shift into providing the community service instead.

17. Will this care across the community still be possible if roads are too icy or blocked due to snow during the winter months?

Yes. The Health Board works to support its staff in reaching rural locations during winter time. This is also the case when staff need to travel from home to their place of work e.g. transporting staff to hospitals during snow or icy weather.

It is also acknowledged that the community often work with the statutory providers during these periods; often supporting safe transportation of staff or enabling people to come closer to service centres.

18. Is this just about saving money?

No. This is about doing the right thing for our patients and staff and using our stretched resources in the most effective way while maintaining high quality care. It's about using our workforce in a different way to provide better care for more people.

Should our recommendation for change be approved by the Health Board in September, existing staff based at Tregaron Community Hospital will be redeployed within the community, enabling us to look after up to 40 people in the community, compared to staffing nine patients in a hospital bed.

19. What about the impact on the local economy?

For the foreseeable future Tregaron Community Hospital will continue to provide outpatient appointments and be a base for staff who will continue to access the local services in and around Tregaron.

20. When will this change happen?

As the current position is not viable, we want to bring in this change as soon as possible to enable us to provide high quality care and treatment appropriate to patients' needs in the local community.

Feedback from the engagement will be presented to the September 2024 meeting of the Health Board. The Board will then consider these views and other important information such as quality and safety requirements, staffing challenges, and financial and resource implications before making decision about the next steps. We will communicate to the public the outcome of the Board's discussion.

21. What will this mean for the local community going forward?

Our long-term vision is for a Healthier Mid and West Wales. We want to improve the health and well-being of our communities, providing high quality patient care through more joined-up support and care as close to people's homes as possible.

This vision includes the development of the Cylch Caron model of care in Tregaron. This will provide more community nursing and enhanced care in people's homes in north Ceredigion. This will also include an integrated resource centre developed in partnership between Ceredigion County Council, the Health Board and the Welsh Government.

The centre will offer many opportunities and benefits for people in the area. It will bring together a range of services in a central hub for Tregaron and its surrounding

rural areas. Our aim is to create an innovative rural model of community-based care to meet care, health and housing need in the area, which is fit for today and sustainable for tomorrow.

22. Why is this change being enacted before delivery of Cylch Caron?

Cylch Caron will take at least another three to five years to be ready. The fragility of the current staffing rotas in Tregaron Community Hospital means we need to make planned change ahead of the winter months.

23. Will Cylch Caron development actually happen?

Ceredigion County Council and Hywel Dda University Health Board remain fully committed to the delivery of an Integrated Resource Centre in Tregaron.

On 17 July 2024, Ceredigion County Council invited tenders for a design and build contract to work with the Council and the Health Board to deliver a new fully integrated health, social care and housing centre, Cylch Caron in Tregaron.

The tender will be developed with the aim of delivering best value for money and modern health, social care and extra-care facilities for current and future generations. It is expected that the successful partner will provide a design and build contract during 2025.

24. Will Cylch Caron still include the step-up and step-down beds?

Yes. In the meantime, should step-up and step-down beds be required this will be provided by commissioning beds in other locations across the Health Board.

25. What will happen to the hospital buildings?

The current arrangement is that once Cylch Caron is built, the hospital will be sold.

26. Is the Cylch Caron development dependent on Welsh Government funding?

Partly. However, the majority will require private investment that is outlined in the tender process for a housing developer.

27. Why is this not a formal consultation rather than just a period of engagement?

This period of public engagement builds on the conversations that the Health Board has held with our community since 2014 when the new model of care was shared as part of the Cylch Caron project.

No decision has been made as yet. We wanted to hear your views on how these changes might affect you first. The feedback from the engagement process will be presented to the September meeting of the Board. They will then consider these views and other important information such as quality and safety requirements, staffing challenges, and financial and resource implications before making a decision about the next steps.

28. Why are you engaging during August and only for four weeks?

We are engaging to understand the potential impact of the change on our communities. The decision to make any change will be made by the Health Board at its meeting on 26 September 2024. If we are to make the change and close the nine beds, we need to be able to do this as soon as possible.

29. How can I share my views?

People can share their views between 1 August and 29 August 2024 in the following ways:

- **Drop-in event** – anytime between 2pm and 7pm on Wednesday 21 August 2024 at Tregaron Memorial Hall, The Square, Tregaron, Ceredigion, SY25 6JL
- **Online virtual event** (via Zoom) – Thursday 22 August 2024 at 6pm (details available on our Have Your Say website below)
- **Have Your Say website** which can be found here <https://www.haveyoursay.hduhb.wales.nhs.uk/>
- **Email** - hyweldda.engagement@wales.nhs.uk
- **Telephone** - 0300 303 8322 (choose option 5 for general enquiries)

30. What next?

Feedback from the engagement will be presented to the September 2024 meeting of the Health Board.

The Board will then consider these views and other important information such as quality and safety requirements, staffing challenges, and financial and resource implications before making a decision about the next steps.

We will keep the public informed of developments following the outcome of the Board's discussion.

Minutes of Tregaron Stakeholder Board 1st August 2024 Bwlchgwynt Chapel Vestry

In Attendance:

Peter Skitt, County Director, Hywel Dda University Health Board
Tracey Evans, Head of Community Nursing (Ceredigion), Hywel Dda University Health Board
Jan Knill, Hywel Dda University Health Board
Emma Whiteley, Hywel Dda University Health Board
Dr Sion James, Tregaron Surgery
Councillor Catherine Hughes, Cyngor Tref Ceredigion
Ifan Davies, Ceredigion County Council
Rhodri Evans, Ceredigion County Council
Eirwen Hughes, Lledrod Community Council
Alwena Hughes-Moakes, Hywel Dda University Health Board
Hazel Lloyd-Lubran, CAVO

ITEMS		ACTION
1	Apologies	
1.1	Apologies for not being able to attend the meeting were received from the following: <ul style="list-style-type: none">• Annwen Cleaton• Mike Lewis	
2	Declarations of Interest	
	There were no declarations of interest.	
3	Introductions	
	Peter Skitt welcomed everyone to the meeting. It had been some time since the last Stakeholder Board Meeting, it was appreciated that this meeting had been called at short notice. The is being held on behalf of the Hywel Dda University Health Board to provide an update on the 'potential closure of the hospital beds in Tregaron Hospital', the meeting was not a full stakeholder meeting as the matter is specific to Hywel Dda Health Board rather than the wider Cylch Caron partnership.	

ITEMS		ACTION
4	<p>Update</p> <ul style="list-style-type: none"> • The consultation of the proposed closure of the beds currently in Tregaron Hospital commences today and finishes on the 29th August 2024. There are opportunities for the public to share their views in the following ways: <ul style="list-style-type: none"> - Drop-in event between 2.00pm – 7 .pm on Wednesday 21st August 2024 at Tregaron Memorial Hall. - Online virtual event – 22nd August 2024 at 6.00pm - Have your say website – www.haveyoursay.hduhb.wales.nhs.uk - Via phone 0300 303 8322 (option 5) - Email: hyweldda.engagement@wales.nhs.uk • Why take out the beds <ul style="list-style-type: none"> - It is proving difficult to staff Tregaron Community Hospital, and there have been many occasions where staff have had to work additional shifts to main a safe working environment. - The staffing situation is unsustainable leading to a choice of either manage the closure of the beds or wait for staffing levels to be under too much strain and subsequently close the beds with little/no notice. - A minimum staffing level is required at the hospital to comply with certain standards, this includes a minimum of 3 members of staff (24 hours a day 7 days a week) in case of emergency evacuation; 2 registered professionals to administer controlled drugs etc. In order to manage risks, the criteria for admissions has become tighter and more restrictive. Whilst there are three members of staff on the rota for each night shift, the only contingency should a member of staff become unwell is to contact other members of staff to ask them to work an additional shift or draw in out of hours community staff which affects the whole of the county. - SJ highlighted that out of the 9 patient beds in the hospital regularly 8 out the 9 patients using the beds do not need to be in a hospital. - JK added that this is confirmed in the monthly Census figures returned to Welsh Government • Tregaron Staffing <ul style="list-style-type: none"> - There will be no loss of jobs and all staff will have the opportunity to be re-located to work in the community this will enable additional service provision closer to home. - The plan is that the community service will be clinically led. - The new model will offer the opportunity for members of the staff to be upskilled and join existing teams. 	

ITEMS		ACTION
	<p>Experience from the South of the county has led to some nurses being trained as Advanced Nurse Practitioners who worked alongside the Welsh Ambulance Service to identify patients whose needs would be better met by an urgent care outreach service. There good examples of vulnerable patients having appropriate services coming to them rather than being transported to hospital.</p> <ul style="list-style-type: none"> - Emma Whiteley is in the process of meeting with each member of nursing staff. <ul style="list-style-type: none"> • Patients <ul style="list-style-type: none"> - All community teams work together: <ul style="list-style-type: none"> ○ District Nurse ○ Palliative Care Teams to provide the best care to the patients. ○ Welsh Ambulance Service ○ GP (out of hours / in hours) - There are occasions when palliative patients don't want to 'end of life care' at home, the health board are able to commission beds (interim bed) in care homes when the patient requires 24hr nurse monitoring and when patient needs can be met - The senior nurse will work with the families to find the most appropriate care to the patient needs. - 'Wrap around' services are interim in order to either assess for longer term needs or support whilst other provision is sought, releasing the staff from Tregaron Community Hospital will allow this to function in North Ceredigion - The duty of care will continue as long as nursing care is required. - The aim is to keep the patient at home if safe to do so, therefore releasing capacity in hospitals for those who require hospital services. - It is estimated the releasing the staff from Tregaron Community Hospital will enable 40 patients to be cared for in their own home rather than 9 in the hospital - 24-hour nursing care will be available if required as there are various teams available. The district nurses now work from 8.00am – 8.00pm service, seven days a week. A palliative care team are a 7 day service, Shrop Doc is available. as well as the Out of hours GPs working alongside the out of hours nursing service - If required for palliative patients, Hospice@Home may support the patient and their carers in the patient's home. 	

ITEMS		ACTION
	<ul style="list-style-type: none"> - The model is proven in South Ceredigion and was enabled as a result of decommissioning the beds at Cardigan Community Hospital - The GP practice only has one GP, and the new model would be an asset to surgery. - EW explained that the provision of service in the South of the County was far more responsive than that in the North, but this had only been achieved by decommissioning the beds in Cardigan Community Hospital and releasing those staff to support the community provision. The decommissioning of the beds in Tregaron will enable the same thing to happen in the North. • Tregaron Hospital Building <ul style="list-style-type: none"> - The building will remain open as a base for community staff and outpatient clinics will remain in the hospital. - The Mortuary does not meet the latest standards and so will need to be closed asap, a plan for this is being developed. • Cylch Caron <ul style="list-style-type: none"> - The Cylch Caron proposal was never going to be a 24-hour service - The tendering process has commenced and is currently seeking potential partners to express their interest. - A Cylch Caron stake holder group will need to be held as it has been some time since the previous meeting was held. 	
	<ul style="list-style-type: none"> • Engagement Process <ul style="list-style-type: none"> - Members of the group expressed their dissatisfaction as to the approach to the engagement, i.e. short notice during August as well as being un-clear as to the purpose of the engagement. Usually options would be presented. PS explained that the engagement process was asking the question “how will the proposed change affect you?” the responses will subsequently inform the paper which will be going to HDUHB Board in September 2024 - Need to educate the public about the ‘New Model of Care’. - It was felt the recent press release provided a negative message, suggesting that this was a financially driven decision. Positive communications need to be shared, issues which need to be covered: <ul style="list-style-type: none"> - 	

ITEMS		ACTION
	<ul style="list-style-type: none"> ○ What will happen in Tregaron Hospital? ○ Public need to be kept informed of the progress and updates. ○ Staff perspective ○ League of Friends need to be involved. ○ What is Tregaron going to gain from the removal of the beds. <ul style="list-style-type: none"> - There was discussion around slides which may be created to support the on-line engagement meeting and that it may be helpful to share these in advance to ensure consistent messaging. - It was suggested that could a video presentation be done to provide an insight of how the new model of care has worked positively in other areas 	

Appendix 2 part five Tregaron Engagement Public drop in event

Drop in event 21st August 2024

Attendees

A total of 38 members of the public joined us at the event

Organisation represented	Number of people
Catalyst for Care	1
CAVO	1
Cyngor Dre Tregaron	4
GCC Credu	1
Llais	1
New Medical Hall	1
Welsh Government Senedd Member	1
Unpaid carers	2
Tregaron Community Hospital Staff	2
Not associated with an organisation	24
	38

Health Board attendees included:

Director of Primary Care, Community and Long Term Care

County Director (Ceredigion)

Deputy Medical Director and Clinical Assistant for Tregaron Community Hospital

General Manager Community and Primary Care (Ceredigion)

Head of Nursing (Ceredigion Community)

Clinical Lead Nurses – x 4 (Palliative and Community Nursing Services)

Planning Co-ordinator (Ceredigion Community)

County Administration Support

Engagement team

Communications team

The following has not been edited, therefore grammar and spelling as per original submission.

Questions / comments captured from the event
Why do you only have 9 beds?
How many more staff needed to keep open at 9 beds?
Where will the patients go?
If you cant get the staff to staff hospital beds , where are you going to get staff for the community?
The service will not be 24 hour care.

What is the Alternative? Not knowing what that is, is worrying.
IS Cylch Caron going to happen?
Worried that we wont have a surgery in Tregaron in the next 5 years. Building is not fit for purpose.
Promised Cylch Caron for 15 years and still nothing.
Wasted £1m on the land
Feel hard done by.
Where are the carers coming from?
The problem is going to be getting staff
Which clinics are going to carry on?
What happens to the building? Will leave the village as a ghost town
Lots of money pumped into the hospital.
If there were enough staff would the hospital stay open.
It is a done deal then?
It's sad that the reason for closure is the lack of staff.
They are talking about closing the hospital, so is the outpatients staying open?
So there are nine beds closing, that's nine patients. What concerns me is its closing beds, I think there used to be 24 or is it 26 beds. My mother was there (Tregaron) there was 30. It's important in a small village, some people here have never been out of the village. It's a worry. Bronglais has shut many beds.
So there will be no community Hospital open in Ceredigion at all?
They haven't got the beds, they need extra nursing care in Bronglais.
Are there some rehab beds in Aberystwyth? How many rehab beds are there in Aberystwyth?
This is an issue for the aging population. What is going to happen to our aging population!
How many care of the elderly beds do you have at Hywel Dda?
What is Cylch Caron? Is it sheltered housing? That is not the same as community hospital beds.
At Tregaron now, what is the capacity ratio, patient to staff?
I am a retired nurse and I worked in Bronglais and Glangwilli. From the GP point of view, are they happy for (Tregaron) to be closed?
Haven't they been talking about Cylch Caron for over ten years? How come now it has the go-ahead, but before it didn't? Things will cost more now. It will cost more to do it.
Did Tregaron have an X-ray machine? So it could have been an MIU.
GPs used to cover the MIUs, GPs have been reducing their workload since COVID.
I don't think we have a full time GP in Tregaron.
Are you surprised we can't recruit and retain health care workers , doctors and nurses! The worse thing they ever did for nursing was make it a degree. There are a lot of really good nurses out there without degrees, who can't work. You are losing a whole spectrum of women who want to be a nurse, but can't because they don't want to do a degree.
I have 2 nephews who are doctors, and they found it terrible working in the NHS.
I am still really concerned about the care of the elderly in the village.
What will happen to the elderly in hospital now? My friend had a chest infection, had to have intravenous antibiotics, and had come back to Tregaron as they couldn't go home. There is enough bed blocking in Bronglais, surely Tregaron helped that.
There are 9 less beds again.
Ceredigion only has 2 nursing homes, that is a concern. So what happens to any patients who really can't be nursed at home? My sister in law was looking the other side of Llanelli for a nursing bed, and she died in Tregaron.
Old Tregaron Hospital Building, it's a listed building. What will happen to it?

Cylch Caron, when that is built, will (Tregaron) be standing empty then?
North Road Hospital closed, how many beds was that?
Aberaeron Hospital, has that been made into flats?
EMI patients, is the nearest Carmarthen or Haverfordwest?
Close beds, close beds, close beds, gosh there is a certain theme here. It's a hospital, lets close beds.
This is a pen-pushing exercise and the decision has already been made.
What are our children's children going to do . It is frightening, nobody is going to want to go into care. Student nurses don't want to get their hands dirty.
Tregaron gives people time and unblocks a bed at Bronglais. I know it is only 9 beds NOW there used to be more, all the beds they keep shutting, what is going to happen to these patients?
Nursing home beds are full, I know this from personal experience.
Who is going to staff this community care? It won't be 24 hour care, so it won't be the same service as Tregaron has now.
The person I know that died 3 weeks ago, they died needing 24 hour nursing care, she was in Tregaron. Cylch Caron is not a 24 hour service, which people are getting in Tregaron right now. What about the people that need nursing care now?
There are patients in Bronglais and GGH who are waiting for residential beds, what are you going to do, shut Bronglais as well?
It is the whole care perspective, it should be local care, the patient should have the choice, but the patient is not having any choice. It is care that nurses are supposed to be providing.
If you look back historically, they (Hywel Dda) have chipped away at beds, it was 30, now we are only closing 9 beds, but it wasn't 9 beds, it was 30!
North Road was a care of the elderly hospital, now it has gone. Historically it seems to be close, close and close.
Does the ART (Acute Response Team) still work?
They used to have a JCB Joint Community Beds, that service is no longer available.
How does (the council) feel about shutting Tregaron Hospital.
Recruiting carers at the moment is really hard. Nobody wants to work in social care, and there is a reason for it.
A lot of people at the end of 6 weeks care, still need a package of care, after 6 weeks of help at home.
There is a council care home in Ceredigion and they lost 5 members of staff, and do the council give a monkeys about it! That is just in 1 home, 5 members of staff. [REDACTED] [REDACTED] Now it is mostly agency workers in there, so imagine what that is costing Ceredigion council. [REDACTED] [REDACTED]
I feel very strongly about this. My mum broke her feet in a car accident and came back to Tregaron hospital from Abergavenny. She came home (to Tregaron hospital) quickly. It was great, she had the community around her.
Lots of people from the village found it really good. To be in the hospital (Abergavenny / Bronglais) people will lose the community. Coming to visit has helped her a lot.
Some people can't have care at home. And they haven't got Cylch Caron yet. It that has been done; it wouldn't have been such a big issue.
I could not have my mum at home due to having a young family. It's a while ago. It's about 10 years since the accident. But I think the benefit of having a community hospital, especially for end-of-life care is important.
I have taken things in for the neighbours, it has a family feel. Faces would light up, and I feel we will lose that.

Going into (Bronglais) hospital you are taking people out of their community. We don't have many nursing homes here.

We need that interim, and Tregaron is a really good place. Nursing homes are so far out of the community. I feel we are missing something.

We are losing lot of services, banking, busses, village school, we seem to be losing a lot in this area. This is another nail in the coffin. Another nail of taking the nursing staff from us that the community needs.

They need to get things done, to have a strategy in place and things need to change. It's been years since we were promised Cylch Caron, so why hasn't it been done yet?

It is frustrating for us as a community (Cylch Caron not happening). We have been promised and promised and nothing is being done. We are getting very frustrated because nothing is being done.

That's where I am coming from, we were promised that and if I knew it was happening that would be ok.

I know if I need help, I can get it on the phone. We fought to get mum from Abergavenny to Tregaron, which worked. And I'm glad. Staff there are fantastic.

What I am bothered about is we are losing something that should have been put across, the services should have been there.

It's quite a shock when you hear it's going to close and when things have not been put in place. We need as much help here as you need in Aberystwyth or Aberaeron.

I am still weary of the fact. I know the staff are doing a fantastic job. I am still worried that everyone will need to go out of the county.

This is what hasn't been explained correctly. Hasn't filtered out and needs to be known that nursing team are being trained. If it has been filtered out like that that the nursing staff would be highly trained, that would have been a better way to put it across into media.

This didn't come across. I wasn't aware they would be highly skilled.

I came to give my opinion and to find out more. And now I know more. Thank you.

Closing of Tregaron will be loss to the community

Who will be doing the care in the community?

Spoken to the district nurses and they are worried

Wards more efficient at managing patients when patients spread out in a rural location

Patients discharged too quickly from hospital and having no community facility and ending up in a residential home for rehab.

Do you envisage district nurses visiting patients on a daily basis

Patients coming out of hospital without home care

Can the same equipment used for hospital physio be used in the persons home.

We need to trust that the change is going to be better rather than worse

Basically, can see why the proposal is to close beds, but not considering the wishes of the local community.

I have knowledge of working within the NHS, Nevil Hall Hospital, Dental Dept, and went on to train dental nurses, also worked in Tregaron Hospital with [REDACTED], and the hospital was a great place to work

Have not taken in the considering of the community, there are patients who are discharged from BGH who are not ready, because of bed blocking.

I was NoK for a elderly lady who lived down the road, and had many conversations, she was transferred to [REDACTED] from BGH to [REDACTED], which was like a prison, no tv, no chair, and no company for a short period of time .

[REDACTED] Tregaron could have been a option but not offered, but could have been a stepping stone, There were no bed in between patient being discharged

from BGH, admitted to [REDACTED] and home, she couldn't understand the process and required safety. Stayed at home for 9 weeks, I was on call as her NoK. Patients need support at home.

There had been 29 beds there in the past.

Can see what you are suggesting re nursing services.

Patients being discharged from BGH wasn't able to cope being at home, and feel unsafe as not receiving nursing care from nurses.

What interim care homes are available.

[REDACTED]

Give me job and I will do your job, as I would do it.

The new proposed care service will be second rate not 24 hours

Mother received care provision.

I feel strongly, I can see what you are saying, people need to be seen / heard.

Why don't people want to work in Tregaron Hospital, is it the management, I worked there when [REDACTED] was sister and it was a great place to work.

Where are patients going to go into nursing homes, as many homes have been closed.

Some are further from their homes, which family members are unable to visit due to the distance.

The council have recently purchased Hafan Y Waun, patients have been admitted to and not Tregaron.

How many interim beds are currently available.

Can I go back to last week, why were 4 patients taken to Tregaron from BGH.

Where will the nurses be based

Will the nurses be involved in preventing patients being admitted to hospital.

Will the nurses be able to see all patients who require support at home.

There is a problem with the community, but there is a place for patients ie care at home / nurses.

Beds in the community treated as a 'virtual wards'.

Issue of staffing in the hospital, is it going to work in the community.

It takes a higher risk level, potential more interaction with families.

What is the current status of the 'Cylch Caron'. What is in the tender, there appears to be a lot more than 15 years ago.

Its important to have discussions with the communities regarding Cylch Caron.

Is there a timescale with the planning application.

Feel partly responsible to see people in a position that require care.

Safety was an issue with a patients who has been discharged from Hospital - who is safe from 10.00pm – 7.00am with out care.

Impact on the community – with the current bed blocking

Will is work out in the community – if patients are discharged to the community – is there care available.

There were 29 beds in the hospital previously.


Patients need to be well enough to be discharged form BGH.

Are vacancies advertised, staffing is generally a problem

Shame Cylch Caron hasn't happened.

Locally Tregaron has been a excellent hospital for families and has been part of the community.

Things change all the time

How many nurses are there in the hospital – are they qualified to work in community.
Hospital will be missed within the community.
When will the beds close in the hospital, will it be before Christmas 2024
Is the finance available for cylch caron, will it be in the same location, as the old primary school is available. Many facilities have gone, schools, swimming pool etc.
Volunteers at the kite centre are dwindling where I volunteer so aware of the issues of staffing, Its important to 'have your to say' to express thoughts
When my mother was End of Life, the carers worked hard, and the care was excellent.
In previous years families were expected to look after family members being discharged from hospital. This isn't the case anymore as many family members have moved away.
Having my husband received surgery in BGH the care he received was first class.
The GP practice in Tregaron is excellent (first class service) and speak highly of them.
Many people talk down on BGH, but I have no complaints.
How many staff are in Tregaron Hospital – What is the staff ratio to beds.
I don't like the idea of losing beds, can't understand why beds in Bryntirion cant be opens – currently empty beds upstairs
Clearly Bryntirion is no longer fir for purpose
Cylch Caron is out to tender
Hospital and Bryntirion have been used for EoL care.
Bryntirion was used as a day centre which allowed people to attend to have lunch, showers, catch up. Community Nurses used to visits the day centres to provides assistance ie podiatry server, assist with showers. Many patents who would visit the centres would also come for respite care, as they already knew the staff and other patients/clients. Days centres are a loss to the communities and community nurses were stopped.
With no care homes beds available within the area, to provide EoL care worries me.
Limited employment in Tregaron, feel reassured that staff are being kept
In regard to EoL care, why don't the Council and NHS join forces and create a Hospice for people requiring the care.
The local press is not helping with the news headlines bulldozing if Bodlondeb, and closing for Tregerddan Residential home.
Need to create a day centre and a hospice for EoL care,
Community spirit is required.
Very upset with closure of beds in Tregaron hospital, Bryntirion and Hafan Y Waun
Need space to train staff

Agency staff have been employed previously, why not now
Admin was not good in the hospital.
Jobs not being advertised.
Cylch Caron – A waste of time
Why not spend the money to improve /maintain the hospital and not the Cylch Caron – you wont get the hoist into the proposed flats. Cylch Caron has been going on for years 'why cant it be stopped'.
Local staff worked in the hospitals.
Why not use the new part of the hospital for education centre to train staff. Why wont nurses to travel to Tregaron Hospital for training.

There are no carers locally, required care for relative years ago, the one carers would come and do the job and travel 18 miles to the next patient
BGH is currently full, therefore why cant the 30 beds in Tregaron be used
Worried about myself, whats going to happen to me
The proposed plan isn't going to work, as costs to much,
Shortage of DN's
Need of EoL care in the community
Families need to 'step up to the mark' and care for family members on discharge from hospital.
Make Tregaron Hospital EoL care. Husband had to wait 6 hours to receive EoL medication, disgusting.
I feel strongly about the closure of beds
Upset of the possibility of Bryntirion closing
GP surgery should move to the hospital site
People receive such good care in the hospital and that's why I'm worried about it. The thing people want is someone to show them some interest. I'm going to miss the place.
Is there a way for people to learn/train instead? *referring to training nurses in the hospital*
People in the hospital just need to be shown care, we can't get carers now as it is. We need care nearer to us.
I understand what you're saying but I will never agree with this.
That's the ideal situation *when discussing training nurses to be able to serve the community better*
Where are you getting the staff to do the work? It's not working at the moment so where are you getting the nurses from? Everyone is short staffed.
Patients will be on their own for 20 hours a day *when discussing care/treatment at home*
It's a bit worrying that it will take 3-5 years *Cylch Caron* , what happens to us while we're in that limbo between taking away 9 beds and Cylch Caron?
What are your next steps after this engagement period? What do you want from the feedback?
Why can't we benefit from something like training nurses in Bronglais?
Will things like the leg clinic come to Tregaron after 5 years with Cylch Caron?
Will there be clinical rooms in Cylch Caron?
Why do the people in Tregaron have to travel? Why can't people travel to Tregaron?
You should be able to have an element of care a certain distance from your home.
With the situation as it stands, why does a hospital this close need to close?
I would rather be in a bed in Tregaron than a corridor in Bronglais.
My concern is that closing Tregaron is low hanging fruit and the easy option. Getting support from yourselves is very difficult.
You're not closing a facility and replacing it with a like.
There is no support for people who need to travel for clinics.
Is anything going to be centralised in Tregaron?
You may have got the communications on this all wrong as the clear message was that Tregaron hospital was being closed, no mention of increasing services in the community. It's just paper and words, you need to be speaking to people. Unfortunately it's been lost in communication.
The beds were being cut after the agency nurses stopped coming, why not pay nurses here more to draw them to stay in the area?
What happens to all the other staff like kitchen staff?
The comms doesn't explain what services will be available in the community.
You need to be accountable to the figures and display those in the comms.

When you tell me you're removing 9 beds, I don't know what services are left in the hospital?

Why is it that there are patients from afar in Tregaron hospital? Are they being imported?

Is it an issue of under-staffing? I don't know how you can't find the staff. It doesn't seem to be related in any way to 'we are getting rid of these beds in Tregaron' other than people will have a different job role.

Everything you say is about leaving the area not coming into the area at the expense of Tregaron patients

This sounds like you're making it easier for the nurses not the patients.

You're saying you're just not going to be treating people in the hospital instead of treating the people who need it and sending those patients who don't need it home.

You keep saying community nursing will be better but I struggle to see a clear link between that and closing the hospital beds.

What you're telling me is that Tregaron isn't allowed a hospital.

You're calling it a 'new model of care' when what you mean is 'you don't deserve a hospital.'

It doesn't change the fact that it's good for people in the community to have a place to go to to receive care.

There are patients in Tregaron who seem to be doing well even though you say that's not needed but according to you most of those patients are from elsewhere so they'll be sent back home and become another nursing services problem.

I still can't see how nurses driving between patients in rural Ceredigion can see more patients than in the hospital. It's not a reason to close the hospital, it's a reason to find more nurses.

To say to someone that they will receive care 10 miles from here would be soul destroying for some people. 10 miles from Tregaron is very far away.

Having nursing in a community hospital is still better than people not being able to come home.

I can't be convinced that one nurse is better placed driving 20 minutes between patients instead of treating 8 patients in one place.

Its vital for the people around here

Fantastic care there – my mother needed care 24 hours a day

If you close 9 beds – you're washing your hands and passing it on to social care

Tregaron should be a nursing home

Is there a GP in Tregaron Hospital?

GP services not as it used to be

If you don't build on the Cylch Caron land – will the owner get it back after 10 years?

There are rumours about closing Bryn Tirion

I was told that you're going to build a big hospital in Cross Hands? What's the future of BGH

Why are you doing this? Are you short of money?

When my mother was ill at home, we had bad weather and no one could go and see her

What do your board members say about this?

I want to convince you to keep it open

We'd like to keep it open because we've seen the benefits of it

Carers coming in 2/3 times a day isn't enough

Lots of people can't stay at home because they have no one to care for them

It makes total sense

I'm not convinced that Cylch Caron will happen – but I hope it does

Even if diggers are in today – it will take years to build

I'm here to convey your theory to the people of Tregaron who aren't on social media

What happens to the staff?

Any redundancies?

Will the hospital building be closing?
Closing Tregaron hospital but patients stuck in Ambulances outside hospitals – e.g Bronglais
Thanks for hosting today
The Carers system doesn't work. I was two years without carers for my husband. Carers are fantastic, but no carers available.
How are you going to put people back in the community – when there's no care available now?
There aren't any care packages available
It doesn't make sense – bed blocking in BGH but closing Tregaron
I phoned 46 care homes to try and care for my husband whilst I was away.
I had to pay privately for someone from Birmingham to care for my husband
I can't complain about what I get, but its because I'm vocal
People don't know how to access services
We feel that we are hidden carers – 45p per hour
Lucky that we've got a good PA
If I go into hospital, who supports the carer?
The system works in desperate need – but it shouldn't come to that
Bedblocking in BGH and closing Tregaron doesn't make sense
I couldn't find someone to look after my husband so that I could go and see my dying father
If the model is to work – carers are crucial
I feel strongly about keeping it open
If care in the community works – how come people are in hospital?
What's changed? How come staffing is an issue?
The district nurses are superb
It used to be a good hospital – nurses had a range of experiences
It was such a good place to die
There used to be people there who had no family at home to care for them
I don't feel that this is getting anywhere
It depends if people have got family
Once something has gone – it's hard to get it back
Pity to loose something that was so good. There's gotta be some other way
Bronglais isn't the same as Tregaron Hospital
Q to Dr Sion – Do you think it's a good idea?
Are you closing to save financially?
Both my mother and father have been there
I work there as a porter and it's a special place
You build a relationship with patients – they are scared to go home
Is there anyone after 8pm at night
What about palliative care?
They have spent a lot of money on the hospital over the past 2/3 years
No care facilities in Ceredigion – they have to pay privately although they've lived in Ceredigion all they're lives
My father was on a corridor in BGH for a week although there were beds in Tregaron. They failed him for a week and he died there weeks later.
When I started working there, there were 18 beds and agency nurses
You're wasting beds in BGH
There's no social care in the area
You've got all the equipment in hospital, will she be given the equipment in her house?

What happens after ¾ weeks if they haven't recovered?
There were 7 patients there today – went down to 3 last week
Is there anything else you can do in the next six months to make it work?
Are the jobs advertised as community work?
Cylch Caron won't happen
Waste of money doing all of the maintenance work
Shower units during covid weren't plumbed in
People think that because you're spending all this money that they must be keeping it open
Not everyone can pay privately
What are they going to do with the building?
There aren't enough GPs in Tregaron
The care that they receive is great – patients don't want to leave
Is it true that BGH patients are going to Hafan y Waun?
It's a Hospital for the whole of Ceredigion not just Tregaron
This model won't give patients the service that people want
Patients are scared. No-one to help them at 2am
How are you going to find care homes if Tregaron Hospital can't?
Staff are non the wiser about what's happening
Its such a lovely place. I love working there. That's what I talk about to my wife when we have supper
I've seen patients crying going from there
There's enough staff there, and bosses
Patients interact all day. If they were at home they wouldn't get that. It's a shame
It might work in the south of the county but it might not work in North Ceredigion.
They still need care after you've done your job
There's no help available
Social Services should be here today
What is the model for care in the community and how can we help?
How can we get involved?
Communication is key – wards need to refer to our services
This is an incredibly bad and stupid idea.
My husband died just over a year ago of lade diagnosed cancer.
Offered a move from Bronglais (Meurig Ward) to TCH. But later retracted as the 'dying room' in Tregaron was occupied.
They get mad if you don't die within your 3 weeks – I've seen it.
This is a waste of resources.
More staff would come to Tregaron if pay was better
TCH serves a massive need in local community
Moving care into own homes is ludicrous as time and money will be wasted with all the travelling
All your explanations and your examples of the services available elsewhere have nothing to do with closing TCH
Plus, I'm pretty sure that 90% of these advantages that you're on about can be provided by our local GP.
Like in other places, people in Tregaron area need specific level of care.
Like in other places, people in Tregaron area should die gracefully
Right now - and in the future with these changes – they don't die the right death

We have a service that we are about to be deprived of
If staffing is the problem, then it is not a problem that can't be overcome
Taxing staff about as you do now sounds much less of a problem and a waste than what you're suggesting with all the nurses travelling around providing care
So you're talking about giving it up because you don't know what to do to fix the problem. You don't have an answer or a plan to overcome the present problems. Rather than this being 'best for the patients'
What I'm hearing is an admission that this has nothing to do with patient care and that this isn't even a good idea.
You're not giving me any information to the contrary
Everything you're saying to me is that you don't want to try rather than your proposal is better
Who's in charge of TCH now?
I have many examples personally of how TCH has successfully helped individuals to return home after much needed care or stay
I don't care about the south, I care about Tregaron. All I care about here today is Tregaron
Most of this community doesn't think that your model is very good. What's there now is not good enough, but your proposals are worse. It's ridiculous
There are patients from here that are stuck dying in Bronglais because there's no one at home to care for them. – TCH is the dignified answer
Why not run this hospital better with Advanced Nurse Practitioners rather than having them travelling?
This shouldn't be just about 'happy nurses' but also about patient care.
All you're telling me is that you have a lousy hospital that you can't run properly.
But if this is not what you're saying then your explanations and reasons can only point to one thing – you DON'T WANT to provide at TCH
Are you shutting the hospital?
I think community care is a very good idea – but not for everyone.
[REDACTED]
I've asked for help and it's getting worse
For 8 years I had no respite. Until now – but it was too much of a shock for him. He went off on one and I was needed. A more gradual approach would have worked. Like a day care centre. If healthcare is to be provided in own homes, with family/friends or social services providing non-medical care needs, we really do need a day care centre – it would provide respite, social contact with others – for patient and carers, also help with things like bathing
About 10 or 11 years ago, my dad came for a visit. He became quite unwell while here and he had the most fantastic assessment in TCH. My husband should have had this same assessment in TCH, but it's not available anymore. You keep moving the goal posts. What you're doing is not fair – changing things here and there and everywhere
You need to understand the strain and pressure on us – I am not a nurse, I have no medical training at all. But here I am doing it. My grandson has no knowledge of physio – but here he is doing it with his grandfather – it's him or no-one.
If you can't recruit, then there's something wrong with your recruitment. What you need to do is lighten the load for your nurses. Show this in your recruitment and the nurses will come.
Using the call centre is diabolical – it took me at least 30 minutes just to try and get a phone number from them. I sent a complaint, and the answer that I got was that "it's working wonderfully" and basically that I was unlucky when I called. I ask you, how is it that I'm unlucky each and every time I call? I dread using it!
Your current model is not working, and I really can't see how your new model will be any better

I'm not having a go at you personally, but at your institution

I have a lot to say about the district nurses as well, but I really have to leave

What people want is care and dignity

Improving future events

Make sure that someone at the top of the health board in attendance and not hide behind hard working nurses.

Not at all, very good.

By having direct answers to the people's direct questions.

Publish the report and then have any meeting

Get local councillors here to respond

staff needs to know the answers and not cover up and not give correct answers. Not the best answers were given.

Digon hapus

Tell the health board anything that is important to you

Sad loss of a community resource. Patients need more than just nursing and medical care.

Care in the community needs to be assured.

Tregaron hospital should stay open. The health board should get rid of the top people who get all the money in wages, and concentrate on helping desperate people of Tregaron.

Importance of safety of vulnerable people between hospitals and their homes / care homes.

this local hospital has been a complete lifeline not only to the locality but to all of Ceredigion residents.

Tregaron Hospital

Tregaron hospital needs to be kept open, there is not enough staff to cover therefore on for community nursing.

Day services, Connected care community hub - care homes Cylch Caron.

Gofidio yn fawr an gau yr ysbyty, a'r effailt ar y gymuned a chleifion.

Appendix 2 part six Tregaron Engagement Virtual Online event

22nd August 2024

The following has not been edited, therefore grammar and spelling as per original submission:

Questions raised
what are the staffing problems?
how can you support more in the community rather than hospital?
can primary care cope with this imposed on them? gp's are struggling and threatening strikes how will this affect those requiring care at home?
what about funding for this?
I haven't heard any reference to social care yet
back to costs, more nuses more petrol, what about funding for the gp's
Some people worry about leaving hospital and going home whilst they are still recovering, sometimes when they live alone and feel fragile. If Tregaron beds were closed, how would safe hospital discharge be put in place?
I'm glad that you have a good relationship with the county Council but if they are fully subscribed with regards to care provision, doesn't this model grind to a halt
putting the cart before the horse with no integrated center running they are up and running in the other areas

Appendix 2 part seven Tregaron Engagement Survey

Survey 1st to 29th August 2024

Survey responses

A total of 155 surveys were returned to the Health Board

The following has not been edited, therefore grammar and spelling as per original submission.

Comments / Feedback
Take local presence further away from local population
It will impact the strain on bed blocking even more if we continue to close small community hospitals
Poor transport links to Aberystwyth and Carmarthen make it difficult to get to a hospital
It provides a valuable service to the community and closing the hospital would be a great shame. The hospital provides excellent care and understanding for patients and their families alike.
This is a positive idea for the community
It's already impossible to get an ambulance in mid-Wales, because they're queueing at the hospitals. The hospitals don't have enough beds, because they can't discharge patients to community hospitals. I recently had to call 999 for an ambulance for a stroke victim -- the 5 hour estimate for an ambulance arrival is well outside the golden hour of treatment time to prevent serious side effects of a stroke. Other patients are also seriously affected by the lack of beds. Not all patients can be adequately looked after in their own homes, specialist medical equipment and care is not as good in ambulatory care, as well as other issues with home care. Adding travel time to staff (who will need to get from house to house), as well as the cost of the additional travel, seems madness when it's already been shown that house calls for GP's are inefficient.
Personally it wouldn't
Changing Tregaron hospital from inpatients will mean more patients staying at major hospitals due to no middle care between hospital and home. Having staff care for patients in their own home is not enough to stop patients going into a&e and won't provide enough care for discharged patients resulting in either a failed discharge or not being discharged at all. This will not help the overloaded hospitals with bed space.
Deeply concerned for the lack of palliative care in the area which keeps families together during end of life treatment. The hospital needs using to its maximum potential to help ease bronglais.
The loss of beds at Tregaron hospital would be a great loss for older members of our family. The loss of other amenities such as the physiotherapy has affected my mother in law already.
It would mean that friends and loved ones would lose a valuable resource in the community
My Aunt simply could not have been able to leave her bed in Bronglais if Tregaron hospital wasn't there. She was not fit enough to go straight home, but not unwell enough to warrant a bed at Bronglais. It took weeks to arrange care at home and this will not have changed in the last few months. The Health Board is simply not equipped to provide sufficient, easily accessible care at home. At the current time at least.
Friends who are employees losing jobs, community losing out on a service, hywel dda losing out on rehabilitation beds
Managed decline is a bad thing. Enforced bed rest for risk of falls is a bad thing. Being sent to [REDACTED] for end of life care is a bad thing. Changing use would be better if recovery and empowerment and patient choice and core strength building and skills building and all round Rehab was the change of use
The staff were kind, careful, thorough and it was a community where the Welsh language was in daily use. The alternative would be what?
My job role is currently in Tregaron Hospital.

Not only would it affect me it will affect BGH. As there are no beds there. Pt in corridors for days in A&E. there should be 20 beds in Tregaron. Not None

Please reconsider this hospital is vital for Tregaron and surrounding rural areas.

Removing a valuable service in the community for families

Would have been stuck in the corridor at Bronglais for longer!

Loved ones will receive minimal care at home instead which is worrying. Home care is shockingly bad so expecting someone on palliative care to cope at home is unfair. My grandmother suffered many falls at home due to the illness she had. We wouldn't have coped as a family with that hospital

It affects everyone in the community negatively

There is a need for patients to be discharged from general hospitals to still receive care before being fit and well enough to go home.

No access to palliative care. Not everyone wants to be or can be at home equally they don't want to be on a busy acute ward

I worked as a healthcare support worker at Tregaron Hospital from [REDACTED]. There was always a really high standard of care that was to be expected by all who found themselves as an inpatient. It has been vital for Ceredigion to have a community hospital in Tregaron over the years.

My mother had a lengthy stay at Tregaron hospital, she had broken her ankle after a fall and needed quite a bit of rehabilitation, she was transferred from Bronglais and thanks to the physios and hard work from the nurses she finally got walking again after not being able to stand 2 months earlier. I highly doubt that this would be the case if she would be cared from home like this new proposal is suggesting.

I work at Tregaron Community Hospital.

Lack of choice and service for the elderly of Ceredigion.

My Daughter was in Bronglais, could not be released home as her property was not suitable. Ended up having to move in with me and my wife because there was no palliative care beds available. We did this so a bed could be freed up within Bronglais.

The hospital is vital for members of the community. My aunt had her leg amputated and, had it not been for tregaron hospital, she would have felt even more isolated during her recovery if she had to stay in Morryston hospital which is a few hours away from family and friends.

As I used to work in A&E Aberystwyth, the knock on affect when no beds available

My dad was an inpatient last year and he received superb care which wasn't available at Bronglais. He returned home afterwards in a far better physical and mental state than if he was discharged directly from Bronglais.

Elderly relatives would not be able to get the treatment or care they need close to their rural homes

my grandmother is currently there. she has been in and out of hospital with a range of issues in the last month or so, being essentially chucked out of bronglais for being 'mobile enough' to go home. this was not the case. no care plan was put in place and she was left to suffer at home without the sufficient care her needs warranted. she is now in tregaron and getting the care she needs. closing it and sending her home will have a negative impact on her health. patients having this round the clock care, in a hospital setting, is vital for their recovery. it may be nicer to be at home, but for some people, it's what they need.

I am elderly where on earth am i going if i needed nursing?

Elderly relatives that may need this service for recuperation once out of bronglais hospital as a stepping stone before returning home.

This is an important community resource, especially for the elderly and those who live alone. We need more facilities like this not less.

It would have a negative impact on the care provided for older patients and patients requiring palliative care as the infrastructure needed to care for very dependent people at home in Ceredigion, or Pemba and Carmarthen, just doesn't exist currently

It's not how it would affect me but how it would affect the whole hospital infrastructure in the locality ...we are always being told about bed blocking by patients who are medically nearly well but need a care package - surely these places are a perfect half way house. Why is it that those working in the health environment can't see how necessary these places are.

The palliative suite at Tregaron gave my wife immeasurable comfort (where possible) in the last days of her life. Removing inpatient beds would be another nail in Tregaron's coffin. It's a dying town, no banks, a failed Eisteddfod (financially), most of the stores are closed most of the time. The hospital is the only constant we have left.

It provides an excellent service for patients needing inter-rim care to get them independent for discharge home when they no longer need an acute hospital bed.

My mother was transferred to Tregaron for end of life care and she and us as a family were treated with dignity and respect in a comforting environment which we sadly did not have in Bronglais hospital.

As a part of the local community it is disappointed to know that family members will not be able to be cared for within their local community.

As an individual working in social care, I have seen the positive impact that a period of enablement at Tregaron hospital can do prior to discharge home. It would be a shame to lose this.

It affects the whole community, based on what I've seen the NHS is at breaking point and lack of beds is not the answer, home care when people live alone due to their circumstances, it seems we don't care about the elderly in Ceredigion, we consistently shut everything to save money it's not the answer, it's a disgrace

My mother was there after an operation in Bronglais it was a great asset until she was strong enough that I could bring her home

Maybe not personally but to the public in general will have a massive impact

My relative moved from Bronwyn Hospital to this small cottage hospital. They are unable to be at home until they have rehabilitated, but not sick enough to be at Aberystwyth Hospital. The staff are friendly and encouraging, pastoral support is brilliant. My relative has felt cared for and supported on their recovery to living back in the community.

Less community beds as stepping stone from hospital, local residents would have to go to further hospitals

Not directly

From being a part of the team in Tregaron community hospital I believe that although it may not be suitable for rehabilitation due to the lack of services such as physios coming in once a week, it would be very well suited for respite care and/or end of life care. It is perfectly suited for end of life patients especially with the surrounding scenery and the level of holistic care the staff provides.

It is a vital resource for this rural community. Closure would mean that family and friends would have to travel to visit loved ones. My guess is that patients would end up in Aberystwyth given that all the other units (ie, Aberaeron & Cardigan) have closed. It is no secret that the bus links to and from Tregaron to anywhere are dire.

I deal with elderly people in community who have regularly had to stay in hospital unnecessarily whilst awaiting care plan to be put in place

For temporary help after a fall etc. After eye surgery etc or post operation (to leave beds free for main hospitals). Respite care for carers

. There are an endless list of reasons that short or medium stay would support patients and carers. Similar should be built on old Cardigan Hospital site. Some double rooms included would mean a carer/partner/spouse could support patient and possibly reduce need for paid staff. Much cheaper to employ staff here than try to get outside carers clocking up miles and doing less caring. Those stuck at home get only minutes of time that is of little value perhaps only 10 or 20 minutes in 24 hours. Better actual care in a 'care home' situation than those not being monitored. Better for patients with the stimulation of conversations/games/singing/music etc keeps the patients happier=get better sooner=less suffering=better food=slows decline, better outcomes all round. YOU KNOW IT MAKES SENSE or does the Council lack common sense, lack empathy, lack care for their fellow beings? Would they

rather than the older community, who built this country, paid their taxes, cared for others etc, just quietly die off?

DONT FORGET.....YOU WILL BE OLD SOON.....IT COMES MORE QUICKLY THAN YOU THINK.....HOW WOULD YOU WANT TO BE CARED FOR.....OR NEGLECTED???

Because it is important as part of the community care .

Increased waiting lists in main hospitals due to bed blocking

The fact that there will no longer be a local community hospital for my family and friends who cannot be cared for at home is really quite worrying as they would have to move out of county which is not acceptable

It wouldn't, BUT it would impact my community.

This would mean that those who I know who are elderly and frail who are not ready for discharge from hospital and able to be in the community will likely be stuck in acute hospitals such as Bronglais which is a lot further from home making it less likely that their friends and family will come to meet them.

Without Tregaron hospital my nanna would not have had the care she deserved. She hated Bronglais and it was only Tregaron hospital she felt at home. Staff were amazing and so attentive - completely different to Bronglais staff who had no patience with her whatsoever. If we didn't have Tregaron hospital my nanna would have been in so much distress.

It would not affect me but it would affect the community as all services are gradually and sneakily being closed or diverted to DGH which are over capacity and people are just numbers in the system. Health managers do not care about people as their publicity likes everyone to think but about pleasing the government with stats. Many more people are going to have a less dignified death/care process due to changes.

Not at all .

Tregaron hospital has been of great benefit to a lot of families during very difficult times, including our family. Back in 2014 my father was taken to BGH A & E very ill. [REDACTED] This was the first he knew and us. He spent a few weeks at BGH and during this time my mother was admitted urgently to Morrision hospital [REDACTED] She was operated on and spent 2 weeks at Morrision and transferred back to BGH. [REDACTED]. Eventually mother was discharged and sent home to recuperate, but the time had come to transfer my father to another place for palliative care, and Tregaron was the only option, as we wouldn't have been able to cope with him at home as he needed changing every hour and that was impossible with my mother recuperating. He was transferred to Tregaron for palliative care and the care he had there and also us as a family was exemption. He passed away on the [REDACTED] after spending 3 weeks of excellent care at Tregaron. Not only they care for the patients they also cared for the family as well, something that you would not get everywhere. The morning he passed away the nurse was with me all the time and made sure I was OK as well as taking care of him.

It's not every family that can take a family member home especially for palliative care like the position we were in and it should be kept open if only for this. There are no hospices in the area and people need a special place to spend their last few weeks / days on earth

- I am a nurse who works in A&E Tregaron supports discharges for patients that are awaiting packages of care in the community so patients that are medically fit for discharge are not blocking hospital beds

[REDACTED], my father had been a patient there over the years, by father in law more recently, he had a couple of admissions one after an operation in [REDACTED] and his last visit he had been in Bronglais for a week in a corridor, we were lucky enough to get him back to Tregaron Hospital, his care was fantastic and when he died at the hospital the staff were amazing and helped us deal with the sudden grief which we felt!

[REDACTED]

This is a community hospital which is vital for a population , with lack of beds in Bronglais and patient having been cared for in corridors this facility should be used giving patients privacy and confidentiality, it would also be useful to free up beds with those waiting for home care and homes or awaiting discharge, physio and rehabilitation for patients young and old , that can manage some tasks and regain independence not needing a substantial amount of staffing, It needs good leadership staff that want to stride forward for patients independence, The hospital does have a decent size car park making it better for parking if visiting or attending appointments ,think forward and look after the community it could be a excellent place of opportunity for staff and patients. GOOD Leadership and management are the way forward. Community matters.

I am a member of staff in Bronglais. One of the biggest issues we have is social admissions. We are struggling to treat acutely ill patients due to the number of patients who can not be safely discharged home even when they are medically fit. Even with carers four times a day, these patients are unsafe on their own . It is also extremely isolated in the rural areas and when there is snow or flooding it's impossible to safely reach some individuals

It would not really

If I need a hospital bed locally, where would I go ??...maybe a " step down " facility bed ..

I will have to travel further for work. But also I know that the locals really love the hospital.

My job, further to travel, loss of community support, colleagues and locals.

It would impact my job, as well as my training

My elderly neighbour has needed to use step down care, as there was no space at Tregaron at the time she had to be looked after further away making it difficult for her family to visit. Removing the beds makes this the norm. Patient flow has affect my personal care in Bronglais EUCC, as patients have been in the corridor my "minor" fractures have been turned away to the GP, then slowly followed up taking months for an x-ray and meaning I couldn't straighten my leg & couldn't work. This experience has eroded my trust in Bronglais I have avoided going in after cycling accidents resulting in 6 months of chest pain.

N/A

A relative of mine, who sadly passed away a few weeks ago, was at Tregaron hospital while waiting for a place in a residential care home, The severity of her condition and the amount of care she needed meant she would not have been able to be looked after in her own home so I am concerned about others who might be in the same position where care in the community while waiting for a residential home place to become available just wouldn't be a suitable or safe option.

Tregaron hospital is vital for the community. The people in there need constant care not a quick visit from a care worker. What happens to these people between the short visit that the care worker is there. Do you think they only need help during this short time.The closing of Tregaron Hospital will affect everyone in Ceredigion. There are already patients in Bronglais hospital who are bed blocking as there is nowhere for them to go. The closing of Tregaron hospital will mean more bed blocking and will affect everyone in Ceredigion awaiting admission for surgical procedures. These waiting lists will grow. This closure will reduce the quality of care for the very vulnerable people in the community.

Lack of 24 hr care available when needed most by vulnerable people who cannot be supported with 'pop in' services, loss of 24 hour support added to when other facilities /residential and nursing have also been closed in Ceredigion.

It will not affect me personally but will affect others. Home care suffers from staff shortages as much (if not more so) than inpatient care. Patients will never receive the same level of care outside a hospital.

As a professional and a local resident, my feeling is that the estate in Tregaron is outdated and in disrepair. 9 community beds for the local North Ceredigion population is not a high number, especially as there is no specialist inpatient palliative service (not everyone can be palliated at home at the end of life).

There is a need for specialist stroke inpatient rehab, unless long lengths of stay on the stroke ward in

Bronglais are acceptable (I think they are not), which would then mirror the service available in Gwynedd and Powys.

There is a need for GP accessible step up beds and hospital accessed step down beds for those people who for whatever reason can't be supported at home immediately,

There needs to be close work with social care, long-term care, safeguarding and mental capacity assessor colleagues to ensure that the best and most efficient use of those beds is made, in other words that someone isn't put there because they have a [REDACTED] which has been going on for 5 years, that people aren't housed there as a convenient long-term placement for friends and family to access, that social care planning stalls or ceases because the person is in a place of safety.

The focus of professionals involved in any future unit needs to be on the patient / client rather than the process with the assumption that most people would chose to be in their own homes (the least restrictive option when considering their best interests) and that this becomes the default position. Best interests thinking for patients/clients rather than interminable best interests meetings, which go around in circles, don't achieve their stated objective (a decision) and decide on a period of further assessment (which could be undertaken in that persons home often in a less risk-averse system).

Personally it would not affect me.

We have to be realistic.

I don't think it would negatively affect me.

Many friends and neighbours have used this facility and it would mean I was unable to visit them

Removes bridging beds from acute setting to reablement/rehab prior to discharge home with a POC or to discharge to a placement.

It is an essential to provide support for people who need to be discharged from Bronglais Hospital to get care before they are ready to go home

Tregaron Hospital is an important site to free up essential beds in Bronglais Hospital. Ceredigion council are closing care home in the north Ceredigion, so Tregaron Hospital is essential

Personally it would not affect me as I don't live in the area anymore, but the hospital has been a major part of Tregaron with caring for every patients needs. Also remember when it had a minors department which was handy as you didn't have to attend Bronglais A&E and take up space up there.

It affects everyone. There would be more bed blocking in hospital

If there wasn't a hospital here when my parents needed the care I would have had to travel to Aberystwyth or even further to visit.

As i work for the hospital it would have impacted on my staff causing staff shortages. I live locally and have worked here for [REDACTED] moving from here will be really hard for me to contend with and [REDACTED]

Not much Tregaron is already under funded and run down.

It wouldn't directly affect me, but it is an oversight to assume that all people can receive the kind of care that is provided in a "cottage hospital" environment, in their own home. Ceredigion has a significant quantity of very old housing stock, with inaccessible bathrooms/kitchens/lack of parking for carers - it will not be possible to discharge people from an acute ward to their own home with enablement team support in a timely manner. This will therefore worsen the issues in the district general hospital with medically fit people stuck on wards, preventing flow of patients from a&e, and subsequently worsening a&e waiting times/ambulance availability.

The local community is doubtful at best that the Cylch Caron project will ever come about, given how many times it has been promised and never delivered. It is also a service that should be delivered as well as, not instead of, inpatient care at Tregaron hospital - with the best will in the world, we have another decade of increasingly aging population, and no matter how good new healthcare initiatives are, they will not prevent people from becoming elderly and frail and requiring longer stays in hospital. Tregaron Hospital could be a fantastic resource if it was refurbished, properly staffed/supported, and the number of beds increased - eg for orthopaedic patients requiring rehab but who are medically well.

Where are people like my sister in law go if it closes? She was so well looked after and died happy and comfortable

It Is an essential part to the rehabilitation of the elderly to return home or move to a care home

Being that there are no longer convalescing homes in Ceredigion anymore. This is the only one left. Have elderly mother in Ceredigion.

It wouldn't affect me directly, but patients will be missing out on top quality care in a wonderful environment.

It would not be there for my Future if I need it

Future care of community particularly patients being discharged from bronlais hospital

Patient would have to stay at Bronlais longer or move further afield

Where would people go that need more care than a few visits

It wouldn't effect me but a lot of people go there from hospital and would effect them

It will put even more pressure on Bronlais hospital. It's convenient and patients receive the best care possible in tregaron. Parking is much easier than in aberystwyth

It affects the whole community, beds are desperately needed in the area. Tregaron Hospital always has been a good hospital until the last [REDACTED] when new management took over.

Tregaron hospital has been used to bridge the gap when someone still needs care and can't be treated at home but no longer needs to be on say a surgical ward. If these beds are no longer available people will have to stay in Bronlais longer tying up beds there. It would be impractical to try and give the same support at home as someone would need to be there 24hrs a day.

Doesn't at the moment

Where else is palliative care in Ceredigion?

These beds have been reduced from 29 to 7 beds over the years. You say you can't recruit staff but I have not seen one single advert in the media over the years.

The A&E department is frequently working to capacity due to the lack of beds in the hospital. Ambulances are stacked up outside of the department on a regular basis meaning that there are no ambulances available to respond to emergency calls. Tregaron hospital has always been used to rehabilitate patients who do not necessarily need to be in Bronlais but needed just a bit more support before going home. The lack of social care provision in addition adds to the future impact on services in the hospital.

It may not affect me this week but could in the next year or 2 if my relatives who previously needed the care will need care again.

Loss of a vital facility that provides an important service at a point of need. Provides care at a rural location, providing security in the knowledge that patients are close to home in a familiar environment with the ability to receive visitors from family and the wider community. Having to travel to further destinations often adds stress to the patient and family and the local link and familiarity between carer and

It wouldn't

My relative was in the palliative suite in Tregaron for his final days of life. Without the wonderful work from all of the staff including the support, ensuring dignity and respect for my relative and all the family at this difficult time- I don't know where else my relative could have gone.

Very bad idea

There are not enough hospital beds in other hospitals. Also further to travel.

Worry about future care in my home that is not suitable for adaptation should imneed

I have been very unwell recently and in future may need respite care. Tregaron would be ideal as it is local and friends and family could easily visit me

It would reduce the holistic care that is provided by a small hospital where staff have the opportunity to know the whole person they are caring for. In larger hospitals, care is targeted which often responds to the symptoms and not the cause.

Direct experience of care at Tregaron was that the underlying reasons for admission were addressed which reduced the need for future admissions. This was directly as a result of the experience and knowledge of the staff at Tregaron, knowing how to collect and observe behaviour and needs. marshal and present the information in the appropriate format for the clinicians in Bronglais to aid diagnosis and the correct care. Based on my experience of care in the home - short visits, different staff, different delivery objectives - the holistic approach to care will be lost and the individual nursing staff's ability to lead and take responsibility to organise further intervention will be diminished as they will no longer have that overview of an individual patients needs and behaviours over a period of time.

While being at home is the desire of most individuals and their families, the practicalities of that is very challenging. Facilities in private homes are often not appropriate, steps in and out of the house, steps and stairs within the house limit mobility. Rooms too small for all the necessary equipment, lack of appropriate downstairs facilities. There is very little dignity in eating, sleeping, living, toileting and bathing in the same room. A recent example is our inability to bring a recliner chair into the house because the outside door frame was too narrow.

The model you suggest will inevitably add strain and pressure on families. As an un-paid carer for the past 15 years who works full time, has had to relocate over 100 miles and buy a property suitable for an elderly person I know first hand the toll that has had on my finances, my wellbeing and personal life. I'm fortunate to have an understanding employer and am able to work from home; most people are not in the same situation. Without the opportunity offered by community hospitals such as Tregaron many patients recovery will be slower and quite possibly less successful. They will not have the constant security, support and encouragement that a hospital ward provides in their own home. Their independence and mobility may well not recover to the same level and isolation increase.

Tregaron hospital currently offers dignified end of life care. How will the same level of continuous care be provided in private home over a period of days/weeks?

The model you suggest will result in less care beds in Ceredigion - this may increase in the long term but we've been waiting more than 10 years for Cylch Caron already so few of us hold out any hope of seeing any improvement in the short to medium term. The loss of care beds in local communities is a significant concern along with the erosion of services.

From experience of receiving care in a rural home I know how often caring staff have failed to arrive because of bad weather - floods, fallen trees, ice and snow. Fortunately we have had suitable transport to ferry carers back and for from main roads or through floods etc to ensure continuity of care. Not everyone has access to that type of transport or has a family member available to step in. With changing weather patterns individuals could be left isolated in homes for days.

While you suggest that you will be able to provide nursing care for 40 patients in the community. Is there enough capacity in the domiciliary care service to provide the social care that may be needed alongside nursing care? Have you tested the robustness of the whole system? Again I have first hand experience of when care providers withdraw their whole care package overnight without warning because of staffing issues. How will you cope with such a situation over a wide rural area?

The ability to be looked after in a "convalescent" style environment in Tregaron has benefitted many elderly friends I have known over the years. It is an invaluable stepping stone to being rehabilitated and ready to return home safely.

Block beds in local hospital bronglais which is already full & nowhere for elderly vulnerable patients to go when they are not ready to be go home, but well enough to be discharged

It would mean my grandfather would be blocking a bed in Bronglais hospital. Additionally it would mean longer round trips to the hospital for visiting which would be more harmful to the environment.

It would result in bed blocking at Bronglais.

It will affect any patient and family that needs its services. There is already bed blocking in our Hospitals as you have removed capacity for patients to be discharged into community hospitals so that they can still have 24/7 care so that they can become stronger to be able to go home. Care in the home for patients who are weak or recovering will not be enough!

She would have had to stay in hospital

I am aware of how important Tregaron Hospital beds are for patients (I have known 4 in the past 6 yrs) moving out of Bronglais but not quite well enough to go home.

Increased carer burden. My relative being there gave me some period of respite. There is not enough respite provision as it is. Family carers are already bearing a huge burden with detrimental effects on their own physical and mental health. Care at home plans just don't address this. Also for patients who have no family members living with them there is the issue of loneliness in between visits by nursing and care staff. There's a real risk of less mobilisation as they feel afraid to get up in case they fall or lack of motivation to move. This can result in loss of muscle mass and pressure sores and poor mental health consequences. Those with safeguarding issues in the home setting are also at risk.

It concerns me as I feel it would put additional pressure on families due to the lack of effective social care and ongoing issues with social care. My mother in law was in Tregaron hospital for 6 weeks whilst waiting for a social care package until her family arranged care at home themselves. What would happen to people in a similar situation under the proposed scheme? Another relative received palliative care in Tregaron, how can that be done at home without family?

Close if my family member was in the hospital again. Other hospitals aren't as caring.

The impact would be terrible on the community at large in time his area.

It offers an important local service, it can act as a stepping stone for patients who are not quite ready to be at home but can recuperate whilst freeing up beds at Bronglais, thus stopping the bed blocking.

Too many beds been closed already. When my mother was in Tregaron Hospital there were 30 beds opened - just don't understand the thinking.

It affects the quality of care for local people who require rehabilitation post hospital care. It removes people further from their families. Historically too many beds have been shut already.

not answered

It may have a knock-on affect for Bronglais Hospital in terms of being able to move patients off the Bronglais wards to beds in Tregaron. In that sense the removal of the Tregaron beds would affect all local people awaiting elective treatments at Bronglais.

Not directly presently but I feel Tregaron cannot afford such an important facility both for patients and employed in the community.

Friends and neighbours in the community who may need recuperative care or time to set up care packages will need a bed in Bronglais/ Glangwili before returning home. This will bed block in Bronglais/Glangwili. Patients awaiting operations/procedures will then have to wait for a bed to be freed. This has happened time and time again in our community.

Medically it will not affect me at present.

The closure of the hospital is viewed as a loss to the greater community as people are not aware of the fully pressure on the care sector and how this has a negative impact on the NHS - pressures on ambulances and bed blocking.

Another tier of care being removed from the community. Care closer to home isolates people. If patients are waiting in hospital for care packages because of a shortage of available help then this will add to the burden. Who will provide social care for them in their homes for the long term. I have been told of two people who needed hospital beds to provide end of life care because they could not be looked after in their own homes and were placed in Tregaron. Where will patients like these go in

the future. County council are proposing closing another residential care home in Ceredigion and alongside the fragility in the private sector , social care , is in crisis. Not a time to get rid of more beds.

It may affect me in future

Supporting Bronglais overflow to Tregaron hospital would be beneficial for the patients and family

As I personally get older, I'd like to think that there was a community hospital closer to home than Aberystwyth or Carmarthen.

Inpatient beds are vital in the community for palliative care close to the patient's home and family if they or their family do not want them to die at home. For patients to be spoken to in Welsh, the majority of people's native language in this area helps support the patient and the care they receive. There are Welsh speakers in Tregaron hospital (patients and staff) .

Removing beds from Tregaron will not solve the problem of patients who require a stepping stone to home due to their frailty and therefore longer recovery times. More patients would be 'stuck' in acute hospital beds putting more pressure on the acute site (BGH)

My family would not be able to access the 24-hour care offered at Tregaron hospital; it would be impossible to replicate this care within the home/community.

Removing beds at Tregaron will have a detrimental effect on the community as a whole. It is an excellent place for the elderly to recover their health and strength before going home. Also, closing the hospital will block beds at Bronglais. There is not enough care available in the community, despite what is claimed. WE as a family have personal experience of this deficit in the last few years.

Having removal of these beds will have a negative impact on the community. A number of family members and neighbors have had stays at Tregaron where they were either unable to care for themselves at home. Or because of end of life care. In a rural community Tregaron hospital has the ability to offer a lot with the greatest care being offered for rehabilitation and end of life.

It would be a resource for my parents as they get elderly, which without it could cause considerable stress and mean they wouldn't get the local care they require. They also wouldn't be guaranteed Welsh medium care if they go elsewhere.

Having a local hospital for visiting etc is important.

It would mean all older adults requiring a higher level of care line up in A&E and die

Hopefully it won't affect me but please read below.

It would remove choice for care.

With ambulances queuing outside Bronglais hospital for many hours hence unable to respond to further 999 calls I am very aware that in an acute life threatening emergency the lives of my family would be at greater risk as likely to have a lengthier wait for an ambulance.

It would mean that any member of my family needing emergency care is likely to wait longer to be seen and admitted as an inpatient bed is more likely to be occupied by someone who does not need acute care but is not suitable to be looked after in their own home.

It would also mean that if they were terminally ill they would not only not have the option of being cared for in a hospice but now not have the option of being looked after near home in their final days.

I could not get my mother into Tregaron Hospital or Tregaron Care Hospital and looked after her for 7 years on my own and then I had to pay for a private care assistant and then finally in the last 2 years I managed to get Direct Payments to allow me 6 hours a week to get out. I was offered one visit in the morning to help my mother and that was all. No guarantee of time they would get her up etc so what was the point? I did it myself. Couldn't bear the thought of her waiting for someone to come as she was living with me anyway. [REDACTED]

[REDACTED] I took her to the hospital they wanted me to take her home with the promise of care at home. I didn't believe them so refused to take her. She was "ILL [REDACTED] morphine and died in 2 days. There were no beds on any ward in the hospital. Where is the dignity and help for old people now?

I think it's unbelievable it's even an option as these beds help prevent bed blocking at Bronglais as well as providing essential care to those who aren't able to return home

It's a lovely hospital with all wards on ground floor level and it's situated not far of all of mid wales patients to be used !

This person was told that they were unable to go home as they wouldn't be able to cope on their own so how can someone popping in once in a while provide the same care as a hospital (they can't) so ditch this silly idea and spend the money on staff and actually provide the proper care that old people deserve and we are paying for with our taxes .

Ideal discharge/rehabilitayoon facility post discharge from Bringlais, and to release pressure on bronglais hospital beds

We need to reopen smaller hospitals for care of people who are stuck in Bronglais not needing to be there but not ready to go home and for respite cases

What will become of the building and would properties in the surrounding area be considered as to its future???

Having worked in Howell Dda as a nurse and spending time at Tregaron Hospital. Both working in the hospital and as the [REDACTED] attending weekly discharge meetings, li know how important this facility is within the community. If it can be shaped to allow safe discharge to own home with all the support required, to allow reduction in delayed discharges from Bronglais etc, if could improve invaluable to the Tregaron community (which has a high percentage of older people living there) and to general admission to the general hospital.

I spent a large part of my working life trying to prevent people coming into hospital in the first place and staying safe at home. This is the way we should be moving forward.

Bring in more staff. Agency staff are used in health care all the time, why aren't they being used in Tregaron hospital?

The hospital is fantastic for people who need rehabilitation when discharged from bronglais but need longer to recover. I remember when the hospital was used at full capacity and the excellent care t served the community.

Yes, firstly I find you launching a consultation during August as ridiculous, and holding the in-person and online event should happen at the beginning of the consultation period, not close to the end. This would allow people to make informed choices and provide informed feedback. Going ahead with the consultation in August gives the impression that Hywel Dda do not respect the views of the residents and therefore they feel it is not a fair consultation, with the outcome already decided.

In principle, I agree with the proposal to move care in to the community, but I do not believe that Tregaron Hospital should be closed until Cylch Caron is up and running.

Cylch Caron should have been delivered years ago. It is a good project, but closing Tregaron hospital before it has been eatablished will detrimental effect on the quality of care for the community and for the wider population who invest time caring for vulnerable patients.

Tregaron is such a rural community area that Tregaron hospital could benefit from an outpatient service being held there eg minor injuries dept,leg clinics & catheter clinics for non housebound patients,a hub for many other services eg heart failire,respiratory,chiropody.A day care service for palliative patients giving carers a well deserved break

Where is the Rehab Unit for Ceredigion? Every other county, every other hospital, every other nursing home, offers Rehab by way of strength building, skills recovery, and planned return home. Every hospital except Bronglais builds up patients to full fitness where potential is identified. Every other hospital offers stroke care which maximises recovery and offers ongoing Headway support with physio for the rest of their lives. Every other ambulance service carries inflatable mats to raise people from falls and get them back into their own bed, wheelchair or onto their feet. Locking people up due to perceived risk of falls is a terrifying prospect for any older person who cannot access fitness classes, multi gym equipment and knee strengthening apparatus. Every other hospital except Bronglais offers standards of recovery which are considered pie in the sky by our decision makers.

The buildings could be adapted to one bedroom flats, with your own front door, no intrusion, with technology connectivity, heat sensor oversight to respond to falls, disability adaptations, and easy access into the community in the village centre. Independent living for the local population of older people, especially for Welsh first language people, would be lovely. Include a fitness suite, with professional trainer for structured recovery of mobility and balance, communal gardens where local people could tend their own garden plots and vegetable patches, lifts and ramps for mobility scooters and ease of access. Freedom of choice and support

With my taxpayer hat on. Tregaron is not viable in it's current format. Going forward with adequate funding it would make a marvellous palliative care/EOL facility much needed in Ceredigion.

Cari in the community at the most it would be three calls a day no calls overnight. How are those patients if they live alone? Going to be coping overnight?

Having elderly parents live in Tregaron and having relatives as patients at the hospital, this is a very worrying thought!

Tregaron Hospital is an excellent facility for care in the community. Patients are encouraged to recover their confidence in a safe environment before returning to their homes and independent living.

Easily accessible parking for friends and family.

Very reassuring for families to know relatives are in the care of people from the community who very often also know the patients well.

Yes do not remove the beds. Care in the community does not work and neglects people

There is no inpatient hospice in Ceredigion. This is an opportunity to explore this.

Families may well say they will care for individuals at home, but sometimes this becomes a scary thing and individuals land up in A&E dying behind curtains or on busy wards. Not the environment to spend your last days or hours

Equally expecting families to provide the care can result in family fractures. Not everyone wants their child providing personal care.

If it was run as a hospice there wouldn't be a staffing problem.

Concern about future job location stops people wanting to work there.

Tregaron hospital provided a safe haven for Ceredigion people to be treated after illnesses, and a peaceful environment when end of life care was needed. The level of care was always top of our priorities. Not everyone is able to look after their elderly loved ones at home, so what will happen to those who fall into that category- surely they will be taking up much needed beds in other general hospitals. It has a positive outcome for those being able to be nursed at home but not all can manage this. I feel it is very shortsighted of those making the decision to close the hospital and feel it will be regretted in time.

I feel that Tregaron hospital is an ideal space and location for convalescence and rehabilitation of patients. In cases such as my mothers where she had no major medical issues but just needed time and support from physios and nursing staff i feel that Tregaron hospital can play a vital part in getting people home and living more independently.

To close this hospital will have a massive impact on care in the community. This hospital is so vital for people who need the next step before being discharged home but do not need an acute hospital bed. You say palliative care could be provided in the community but that is not what a high percentage of patients want. We have had many patients who request to come to Tregaron to spend their last days, as the care is second to none, we not only support the patient but the family as well. Where else would these patients end up? You state staffing is an issue when in fact the last recruitment notice for Tregaron was nearly 12 months ago!! Once you close this hospital there will be no going back and once again our elderly in the community will suffer.

Both my grandparents and my mother have been nursed in this hospital with exceptional care. Why close a facility which could be utilised far more. Closing this will not give any better care in the community and will only add to bed blocking. How will nurses and carers get around patients in the community when the weather is bad and let's face it we live in Wales.

Hywel Dda need more palliative care beds outside of the 4 major hospitals. This is one of the main reasons that there are no available beds within the NHS, thus causing back logs within the system. I recently spent 44 hours in Glangwili A&E, and was horrified on how run down the service is and how nobody from Hywel Dda is listening to the ground troops on the front line. I also spent 14 hours at Bronglais A&E. And i was told the same srtory from both hospitals, we need more palliative care beds and staff to relieve the pressure on A&E and the wards.

The staff working in Tregaron are part of the community and closing the hospital would be a massive loss. Only someone who does not live in the area would make the ridiculous suggestion of closing the hospital.

More and more patients will contiune to suffer, stuck in Ambulance out side A&E who cannot be offloaded, patients in corridors, patients in wards who are bed blocking as no where to move them. Aberaeron should have been kept open aswell!!!

I think all efforts should be made to improve recruitment to allow the continuation of all existing inpatients numbers. Card at home just isn't the same for some patients.

I had many friends nursing there, it was always praised for its nursing care. All staff were wonderful cleaners,cooks home from home.

This is the only facility in Ceredigion which can help reduce the bed blocking in our hospitals. All similar places have been closed, demolished such as Aberaeron hospital. I am a Nurse and know how much the hospitals have many inpatients that need to be discharged but not well enough to be looked after at home. It would be another tragedy for Ceredigion if Tregaron hospital will close. Unfortunately the health board have probably made this decision already and this is just a paper exercise.

More resources are needed to maintain this 'cottage' hospital. It must be more cost effective to have 9 patients in one place rather than have 9 carers travelling to 9 different places; there are other good reasons to have this facility, e.g. potentially releasing 9 beds in the General hospital and providing a 'halfway' house for convalescence. When one has been in hospital for more than a few days it can be daunting to return home with perhaps a medication regime or strength to regain and no company to help and encourage, especially at night. More staff not less, and support for these selfless individuals is needed, not closure of these wonderful small places which have supported the community for so long.

The Health Trust has to be in a position to demonstrate to people that the community care network is as comprehensive and robust as to be able to provide all the support people require in a timely manner without over reliance upon families or friends. Otherwise, closing nursing beds in Tregaron is just adding to the current care crisis in Wales . Are the nurses at Tregaron happy to be. relocated to the community, have they any choice in the matter? Where are you going to place them because the patients don't all live in Tregaron? Does this mean that there will be x-number of nurses new to the district all based in Tregaron? Is this change to work ing conditions negotiable or is it Hobson's choice.? It's import to have a well motivated staff for not just the patient's benefit but for recruitment and retention of staff.

Is the Trust planning to implement these changes before the alternative care is up and running? If the Trust relying or even thinking that Cylch Caron is going to be ready anytime soon having been through as many partners as Peter Stringfellow.

I understand that Hywel Dda are many millions of £s up the Swanee but they must realise: firstly, any closure of Nursing Beds in Tregaron Hospital must be undertaken against the back drop of a service which demonstrably sufficient resources to meet the care needs of those affected by the change and not just the patients but of the unpaid carers too.

Secondly, the Trust should be cognisant of the fact that that care in the Lampeter area is a localised issue whereas Tregaron Hospital is a county wide resource.

Drop in clinics for this that and the otherGP care for patients.....so much these small ' hospitals' could be

Remove a few 'higher power' individuals and use their inflated salaries to fund the hospital.

In [REDACTED] I did a care of the elderly placement in Tregaron. They provided an excellent rehabilitation service for around 30 patients with consultants from Bronglais Hospital doing ward rounds twice a week and supported by local Gp service. It worked well but sadly the Health board have wound the service down placing more pressure on Bronglais Hospital where patients are treated in corridors.

How can you say that you are removing the inpatient service by caring for people in their own homes when you have obliterated the ART service and put an unrealistic workload on the district nurses who are struggling to recruit. If this hospital and its patients were in Cardigan then it would be fine because you have numerous [REDACTED] barely seeing any patients. The district nurses in Tregaron are amazing but are understaffed and responsible for the most vast patch in Ceredigion. Cylch Caron is not fit for purpose. There is not a single resident in Bryntirion who is capable of living in sheltered accommodation without 24 hour care. Bryntirion has already lost 4 beds meaning that with Tregaron closed only 9 people from the community can receive 24 hour care. How does this meet with your community care targets?

The decision is a disgrace

It's all well and good getting people home if you can get carers ?and you to have also people to care at on top of like family or neighbours but not everyone is that lucky ,if my mother hadn't been able to go to Tregaron after leaving hospital she would have had to go in a home as I wouldn't have been able to care for her until she was strong enough thank you Tregaron hospital

I'd like to know what facilities the general public is going to benefit from having these beds removed?

Where can people like my relative get the support they need if the community hospital s go..My father in law had a similar fall and used the community hospital in North Devon until he was rehabilitated and is now back home.

It is a ridiculous plan to cut costs at the cost of dignity and care of patients. We are developing a 3rd world medical system (I've worked in one!!!!)

I believe care in the community is better for the patient and their family, but only when adequately funded and efficiently run. Sometimes this is not the case. Patients frequently want to be cared for at home but to do this there needs to be enough community nurses etc to manage the workload so that people are not left in pain or unsupported in challenging times.

Consideration to have the hospital specialising in end of life care or being a hospice.

If you can't find staff to run the hospital, how are you going to find staff to work in the community? My understanding is that there is only one Outpatients room so not a lot of scope to run clinics.

Yes ineffective use of resources as when Aberaeron cottage hospital was demolished these places are vitality important to the community also feel carers who appear to be picking up the slack should be paid a much fairer realistic wage

Read the above again. And again. And again.

Ridiculous to even be considered. More beds are neededNOT LESS

Home care is failing due to lack of staffing and cruel pay...staff who have to use their own vehicles to work and who are paid a pittance. Bed blocking is rife as no packages available and care homes full...closing yet another valuable place of care would be a disgrace

Yes, the health board are not looking at the whole matter seriously nor correctly. Tregaron Hospital is a must have and needed throughout Ceredigion as the last Ceredigion Community Hospital standing And, what on earth do the questions on the next page have to do with Tregaron Hospital?

How about moving the GP surgery there to utilise space as their current building is not fit for purpose. That would free up the money from the current GP property rental and costs, and put money into the hospital site.

Should not be shutting community beds until there is a clear support structure in the community as per the long term view where health and social care are effectively able to work together which is not the case currently.

I think it's ridiculous closing Tregaron hospital, it's the ideal place for patients to go who are waiting to go home. The fact you've started to use one of the care homes to do this is silly! There aren't enough care homes as it is and taking extra rooms in a care home where people need those beds doesn't make sense. Tregaron hospital is warm and welcoming unlike a lot of other hospitals. The fact it's in a rural town is very appealing to lots of patients. It also means some patients are able to be closer to home which means visiting is easier for family members. Closing Tregaron hospital down as a hospital would be a mistake. You should be making the most of the buildings you have. Always saying there isn't enough beds, then utilise Tregaron hospital for this purpose.

slippery slope to closing services as they did with Tywyn hospital in Meirionnydd

The building is in need of repurposing.

Please please don't close this hospital. Think again before any decision is made

NO

Yes, my mother-in-law was kept at home for as long as we could with the use of carers! She has dementia! Your idea of keeping people at home is a nice thought but not practical in reality! We had carers for her 3 times a day, but what happened in between these visits was dirty nappies, soaking wet beds, shouting in the nights not allowing her husband to sleep! Where is the help at those occasions!!! Also when I was doing [REDACTED] at the hospital recently she was telling me she had asked to go to a home as during the day she had extra care but nothing at night, what would change if you close the hospital?

Taking away these vital services destroys the community. Save these services, and show the way forward

We need more cottage hospitals, not less of them. More step-down beds, nursing homes, residential homes. It's not always feasible to care for patients in the community. This will have dire consequences

It is important that there are community services available to support our rural community. If it means we will have community-based services that can look after us then I am all for it. The building is a dive

How are patients going to be cared for in the community during winter. Tregaron Hospital has locals that can walk to the hospital. Not every patient wants to die at home. Have you asked the locals what they would like.

I think removing Tregaron puts more pressure on Bronglais and will result in EUCC being at over capacity. I work as [REDACTED] and know of many patients whom have used Tregaron for rehab whom would have been in Bronglais for months. Despite working in the hospital, I don't trust going there when the EUCC is at over capacity, opening Hafan y Waun helped, and this is the exact opposite decision. When it opened I could see half of EUCC's corridor for the first time in years. Corridor nursing in A&E shouldn't be the norm, seeing a direct link between Hafan y Waun opening up and an improvement in patient dignity in EUCC made me very emotional, I think the health board needs to give job security for Tregaron for 5 years to reassure staff and stop staffing problems and understand care in Bronglais is linked with nursing homes and cottage hospitals being open

Patients in a hospital setting have care around the clock and the company of others which is important if they live on their own. I realise many people might prefer to be cared for at home but unfortunately this can't always be the safest option. Care in the community cannot provide the same level of care as a hospital where there are always staff on hand.

Do not be so short-sighted. Keeping Tregaron hospital is a vital part of the care of the very vulnerable people in Ceredigion.

I work for the Health Board, and am familiar with the challenges, both in terms of staffing, and the challenges and consequences posed by having many people in hospital, who are medically fit. I have heard about the impact this has upon staff, and patients, and patient flow, and the knock-on effect of availability of ambulances into the community. I absolutely feel that we need to be offering more services in the community, and therefore in principle feel that closing Tregaron would be in keeping with this. However; the concern would be around the way this is implemented, to ensure that there is enough provision of services in the community to care for people in this way. I have heard of the challenges already felt in terms of availability of domiciliary care, and so the availability of care in the

community will need to be strengthened significantly, to bolster and support discharges from both BGH and Tregaron. I wonder whether models such as the ICMDT based in Carmarthenshire, and Porth Preseli based in WGH would support the development of community services in Ceredigion? For example the Delta workers in Carmarthenshire can assist with bridging care post discharge. Also; I think we need to be reducing admissions, especially of frail populations, and wrapping around care in communities, and also into care homes so that people are not having to go into hospital in the first places. Therefore, I believe it would be crucial to ensure a two pronged approach to preventing admissions, and also supporting discharges, to really bolster that community care approach.

The proposed new site for a care centre is through the centre of a town with small, narrow streets. This will lead to an increase in traffic and greater congestion. Building a new centre on the current site would be far more suitable as it avoids the town centre.

Furthermore, Tregaron already has a number of run down and dilapidated old local authority buildings to which the hospital will be added. It will be far better to use one of the old sites rather than building on open land.

I am assuming communities do not like changes. In this world we live in we have to be realistic in what we are gaining from this closure and what we are losing, bearing in mind the overall costs. Nurse recruitment and retention is problematic and Tregaron being a very rural area I would imagine this is an issue we the public are not aware of. The Local GP practice, is there a accessible doctor cover 24/7? Would the cost and staffing be better utilised in the community? Together with Local Authority and Health working together is this the model of the future for a rural area like Tregaron. We must be open minded and realistic in this changing world and with financial restraints and uncertainty. I have no concern regarding the care my relative received but I was very aware of the limited staff covering the wards who gave their all and fantastic care.

Tregaron Hospital is lovely but clearly sadly not viable. The real problem is lack of social care in the home - this is what most people in Tregaron Hospital are waiting for. I hope that staff and resources can be used to enable people to leave hospital and go home. Palliative care beds for those not able to die at home should be available in the area - could Bodlondeb provide this end of life care together with district nurses?

The team at TCH work well to ensure person centred care to all the pts in their care and it would be a shame to lose the inpatient beds, it is a shame that the ward has been closing the beds slowly over the last few years, from 21 beds to 9 and then further to 4 beds

I am [REDACTED] and my husband nearly [REDACTED], we are very scared about where we could end up receiving institution care close to our home & family in Aberystwyth

At [REDACTED] years old, it's very worrying about the lack of care for the elderly in the Aberystwyth Area

It would be a huge loss to Tregaron and the surrounding areas if the hospital was to close.

Where has this senseless thought come from??? We need Tregaron as it is to ease the horrendous pressures at hospitals

Keep this place open for the benefit of the community and the elderly

As long as the place get turned in to something useful for younger people i don't care

What about the nurses from India, I'm sure they would be happy working there, it's so friendly there

I have found this service to be invaluable to rehabilitation for the elderly residents in the care home I work in

It's about time GP's started getting back to normal and started seeing patients. This would ease A&E. Start a survey on Hywel Dda Dr's surgeries. Not many score highly!

Been disabled and living on my own I may.

In the future need this facility

Lack of recruitment could be down to management!

Should be increasing the beds not decreasing them

Mum lived on her own without Tregaron she could not be left on her own. She needed somewhere like Tregaron. She went there straight from Bronglais Will you be able to give 24hr care when needed.

I don't think so. Both my sister work full time and both our husbands don't work. This is why it's needed.

Where are the patients going to go if Tregaron is closed taking a bed in the hospitals

Staffing is probably an issue because you keep saying that the hospital is going to close. Who wants to go through an interview process if there is a high probability of the workplace closing. There are so many bedblocking patients in Bronglais and surely filling the beds in Tregaron will lessen the pressure there too. Surely it doesn't make sense to close the hospital before the new centre is up and running? The millions that has been spent on the new centre which hasn't progressed at all in years is sickening when that money could have been spent on regenerating the current hospital. Staff moral is probably really low just as it is across the whole of the NHS! Which is why recruiting has been an issue. I'm sure if more effort was made to make staff feel secure then recruiting would be far easier

I think Tregaron hospital would be perfectly suited to Palliative care. There's a small number of staff, ensuring that patients and families alike get to know everyone quickly. It's quiet, without all the normal hospital hustle and bustle patients are more relaxed. There are individual rooms with tranquil views just right for end of life care

We need local hospitals within the community

Yes. You say that you are going to build a new hub in Tregaron. It was supposed to be built about 5 years ago. Then the plug was pulled even though there was money to build it. You put the money elsewhere after it was scrapped. Where the hell is the money coming from now. I was in Bronglais on [REDACTED] after an RTA. I was given superb service but the staff looked really tired and ambulances were coming in frequently and there were no beds available for their patients. They were 2 nurses short because they were off sick. Other nurses were rushed off their feet and looked tired. You seem to have money for bank nurses from other areas, why not pay them a decent wage for what they do. The NHS is broken

Aneurin Bevan must be turning in his grave. Shame on you Hywel Dda Board.

I understand at the staff meeting in the hospital, the question around why active recruitment had not been taken by the health board to staff the hospital. [REDACTED] stated that the health board had been recruiting stating that when they advertise for a job, they do not advertise for nurses for specific areas, but ask staff at interview where they would like to work and nobody had expressed an interest in working in Tregaron hospital. That statement was a lie. If you look at the Hywel dda jobs page all jobs are advertised for a specific area. The trade unions that attended that meeting were obviously not working for the benefit of their members but to facilitate the closure of the hospital by supporting the managers present saying they were unable to sleep at night due to the staffing shortages. There have been no jobs advertised as vacant when staff have left and the health board must think the public are stupid to try and suggest that they have been unable to recruit. They state that the hospital again will not close in September is again deceiving the public as they will no doubt find some excuse early next year to suggest that there is no demand for outpatient facilities at the hospital. As for the new Cylch Caron project, that will never materialise as I understand that the new idea is to seek tenders from companies to build the new centre and then lease it back to the health board. I do not think in the current climate that there will be any tenders for such a ludicrous suggestion. The people in the health board need to remember that they will probably be in need of the hospital services for themselves before I will, so it is their interest to ensure that our local services are not depleted and everything centralised as was the plan at the onset of the creation of Hywel dda health board. Shame on you all to think that the public are that stupid to not see the bigger picture and I suggest that you are very careful who you send to represent the health board at your public consultations when you have senior managers lying to people about how your recruitment processes work. I think everyone knows that any consultation process is just a paper exercise and I have no doubt that Tregaron will close its doors permanently before Christmas. It is no wonder that the health service is in the state that it is in when you spend money equipping a hospital with a high security access system no more than six months before announcing the closure of the facility. Shame on you all

Removing beds from Cardigan hospital has severely impacted palliative options available to those of us in South Ceredigion/North Pembrokeshire. My father needed [REDACTED] palliative care in Withybush as nowhere else could accommodate his needs. We could not cope at home. My mother's [REDACTED] is worse as she travelled daily 30 miles each way to be with dad. Facilities closer to home would lessen the burden that we have been to the NHS

The lack of maintenance to the building over many years combined with a continuous drip feed locally over risk of closing has resulted in its steady decline, we all know that any building needs regular maintenance. There used to be a range of facilities available here from pre-natal, chiropody, vaccinations to name but a few. I even remember bringing one of my children in for stitches with a trained nurse in the small injuries unit. The policy to advertise jobs on a national level rather than on a local level has not helped with the ability to recruit and everything combined feels as if the Health Board has purposely engineered a fait accompli here. There is far more that could have been done here to ensure the continued success of this much needed cottage hospital rather than disassemble bit by bit.

A family member who is currently in Bronglais was offered a bed here as a stepping stone before eventually returning home - this all happened during the week that the announcement to close was made - and hey ho the proposed move fizzled out. The loss of all facilities in our rural areas cannot be allowed to continue. Those of us who choose to live in rural areas should not be penalised for doing so. The proposed scheme for Cylch Caron needs to be up and running before closing the existing hospital. My personal feeling is that the cost of providing the proposed Cylch Caron project has now quadrupled and that monies available should be invested in the existing hospital to provide medical care and sheltered housing facilities for our local people.

Safe staffing means safe care.

With Ceredigion lacking services such as a hospice- and the resources in the community already being spread so thin over such a vast geographical area -how can you ensure that there will be enough staff to cover the community when this was an issue to cover Tregaron hospital. I'm all for patients being cared for in their own homes but how will it be ensured that there is enough support for patients/ service users to access in a timely manner.

Can't understand why you are removing all beds in Tregaron, surely increasing beds would help the over flowing hospitals.

Do not close

There has been an axe hanging over Tregaron Hospital for many years. Please Leave the arrangements as they are and find a way to make it work for the community. It is a community asset.

although it would be lovely to be able to keep hospitals like this open, it is no longer viable or appropriate.

patients would be much better cared for in the community, closer to their families.

cost savings are necessary and would contribute to the development and or improvement of existing community resources.

closing cardigan hospital was a success.

it fits in with the Welsh Government policies.

I work for an older person's charity. Already receive 100s of calls from vulnerable/unwell people who have no one to look after them in the community. Social services already over stretched & waiting lists for home carers

There is no information online on what this new model of care would look like. Also, I cannot see how you can provide 24 hour care as is provided by the inpatient system by having nurses in the community. What happens when I care is required at 3am etc.

I don't believe that Staff shortages are the reason for closing the beds. It's cost cutting again without regard for the overall efficiency of the service.

This is purely a cost saving exercise which will end up costing more money, lives and cause more stress and worry for patients and families.

Just that it makes no sense.

Tregaron hospital beds are able to free-up beds at Bronglais.

Having this local facility is reassuring for families and hospital patients in this part of Ceredigion

I'm concerned about the overnight care provision as outlined in the proposal. For example, my relative in Tregaron was a diabetic and needed staff to occasionally quickly address hypoglycemia, proposed overnight provision would not be able to provide fast enough treatment.

My father in law received I V treatment at home rather than have hospital admission which was overall a relief for the family, but calls were in the middle of the night meaning it was disruptive. Overall a positive experience, but with more capacity needed.

Tregaron Community Hospital is such a lovely place and gives the best care. The staff are so lovely.

Please do not close the hospital.

A new nursing academy/university course was started in Aberystwyth recently and surely the area should benefit from this in the near future.

I was an unpaid carer for both of my parents right up to the end of [REDACTED] which I did for a total of 15 years whilst holding down a job and bringing up a young family.

I am very concerned about this proposal for a number of reasons. 1. The large geographical area which care staff will have to travel in order to visit patients in their homes. 2. The difficulty in recruiting care assistants to support the NHS staff required.

From my own personal past experience of caring for my mother (who has [REDACTED] and is now in [REDACTED]). The main reason she is in [REDACTED] Care Home is because my husband and I found it virtually impossible in the end to get the support of a Personal Assistant needed to keep her at home. We had great difficulty finding anyone willing and/or able to do this work - mainly for two reasons. The first is that there are so few people living in the mid-Wales area who are available for 'casual' care work - we have a proportionately larger number of retired people in the area - and those of working age are looking for more secure work. Secondly, the work is so poorly paid that very few people are willing to do this kind of caring work for such low pay. Your scheme will only work if you can guarantee the level of support needed!

I feel Cylch Caron is just a dream & will not actually come to fruition which will lead directly to the loss of the GP surgery in Tregaron.

Patients may wish to return home but if they are not able to live independently then there is already a lack of care available in the community. If, as you say, there is a problem with staffing levels in Tregaron hospital then this does not bode well for the transfer of such staff into the community. Nursing staff in Tregaron may not choose to work in the local community or further afield resulting in more staff being lost to the care system. Furthermore the closure of Tregaron hospital prior to the building of the new Cylch Caron health centre in Tregaron will leave a significant gap in the caring system. When will the Cylch Caron Centre be built and up and running? This had been promised many years ago but nothing came of it. This should be built before the closure of Tregaron. As for services in the hospital continuing after the beds are lost, - I'm unsure as to what other services are available!

Whilst there is significant coverage on the importance of people being cared for in their own home and people wanting to be cared for in their own. What about the small group of people that do not want to or who can't be cared for in their own home as they have insufficient family support or their needs are too great. Granted for longer term patient's care home placements will be explored. But what about the end of life people? What about the younger patient's who do not want to pass away at home because of the distress it will cause to their families and they are too young for care homes. Is there any consideration to exploring hospice care locally or have a dedicated palliative care suite in Bronglais hospital, so that people can have a dignified passing.

What is the plan for the charitable funds that is earmarked for Tregaron hospital? This should be placed back into the provision of resources in the Tregaron area and not placed into the central pot. The monies were collected and donated for services within Tregaron and should remain in Tregaron.

Can the website please be updated. When applying for a job the website notes that Ceredigion has 3 community hospitals - Aberaeron, Cardigan and Tregaron. Aberaeron hospital closed in the region of 24 years ago as a community hospital, with Cardigan approximately 10 years ago to inpatient care. Whilst both sites remained open for many years after this, they were not functioning as community hospitals in the pure sense of providing care and support to inpatients.

I understand that GP practices are complaining about the additional services they are being asked to provide and how their funding is not sufficient to continue. If they strike as they have indicated then how will care closer to home be affected?

If the closure of Y Banwy ward in Bronglais Hospital went ahead as first planned to facilitate the new chemo ward what would have happened during covid? What would have happened to patients if Hafan Y Waun was full when you needed to refurbish a ward in Bronglais? If you and the council continue to close beds what are the contingency plans for emergency situations?

People want to stay as much as possible in Ceredigion as this is their home. If a patient requires to use Bronglais but be bed blocking then use Tregaron hospital, whilst care in the community can be sourced for the individual who is rehabilitating or waiting to go into a care home. The generation that requires our support now already been through so much in their life time with just the last 4 yrs, covid, canceling day services, to be pushed out of hospital with no socialisation

Closing these cottage hospitals has a negative impact on older relatives that cannot visit their nearest and dearest at the larger hospitals, because the public transport has been taken away.

There is no hospice in Ceredigion. Tregaron hospital is in a perfect position to be a hospice with the original building providing sister resources. Not everyone wants to die at home and if they live on their own and there are no family members to move in with them then this is not possible.

Many of the inpatients at the hospital come from very rural and remote areas. Due to geographical challenges and a lack of resources/capacity, it will not be practically possible to offer adequate ongoing care for these patients.

The elderly are sent home from hospital without adequate care being available. There are not enough carers available for home care. Surely this is obvious to those in charge of the systems, so where is the sense in closing Tregaron and putting more strain on care in the community.

Having all beds (24 potentially) open for patients means Bronglais especially if not Glangwili and other hospitals could move patients that need medical care to Tregaron where they can receive rehabilitation/physio only or palliative care. The idea that nurses will visit homes is a ridiculous idea - family members who were cared for at Tregaron until it was safer for them to be at home improved significantly at Tregaron. It will be a waste of resources for nurses to go to homes as it means less care for patients - in a rural community such as Tregaron it will not be possible to ensure care for everyone all year as many carers can't reach homes in extreme weather. Same will be said for nurses too. The hospital is going to be more accessible and safer for both patients and staff.

This as well is detrimental mentally for patients as they will have a visit for an hour rather than more coming and going and company in the hospital - this aids recovery. In terms of palliative care - this will be better provided at Tregaron and can mean beds available at Bronglais can be opened up. It saddens me that this idea is even on the table - Tregaron hospital has so much to offer, this will not be able to be provided if run as nurses visiting. It's a different and less effective way of nursing. In addition - I'm confused that this is even on the cards when NHS staff say people are blocking beds in hospitals as there isn't enough beds - Tregaron at full capacity could help this issue. Whilst I had elderly relatives a visit to Tregaron was a regular occurrence - due to their passing this isn't happening now. I always hoped that Tregaron will be there for my parents, and myself if needed in old age as it provides excellent care and aids recovery as well as provided dignified end of life care for relatives and family friends - the new scheme would not give the same service.

The end of life care my dadcu received in [REDACTED] was second to none and gave him the end of life respect he deserved and he is not the only one. Without being there he wouldn't have had his family around as much as family lived near by. If these rural resources keep being cut there will be

employed staff were classified as 'Generic Care Assistants' so that they could be asked to work within the 'hub' or to go out into the community. [REDACTED] staff, irrespective of their role, were trained as 'Dementia Friends' and nearly [REDACTED] care staff either had, or were working towards QCF level 2 or 3. ([REDACTED] one of the highest number of QCF level 3 care workers in the county). [REDACTED] assisted Ysgol Henry Richards with providing pupils undertaking Social Care Diplomas to come to the centre to engage and learn, also providing them with dementia friends training. We recognised that young people need to be encouraged into the sector and to show them that you can make a career out of Social Care if you want it. The interaction with young people highly benefitted our service users too.

All of the collective benefits of Bryntirion and Tregaron Hospital, along with the GP Practice and Pharmacy were absolutely transferable to Cylch Caron. The multiple services and continuity which have made Tregaron so unique are being stripped away, and once gone, we all know they will never return. The Health Board have always said that Tregaron Hospital will remain until Cylch Caron comes but over the years they've been steadily withdrawing. Apparently, staffing is an issue. This is not surprising as folk want to work in a thriving worthwhile environment providing care that makes a difference, not somewhere where they feel under threat of closure year after year. Local people want to remain in their local communities where they can feel safe and secure with a GP undertaking ward rounds who knows them as a person not just another patient. Being moved miles away when you already feel vulnerable gives the impression that you're worthless. It is absolutely essential that Tregaron Hospital stays, in fact, it should be fully utilised to work at its maximum potential hand in hand with other local services.

Sorry about the essay! It's difficult to convey the important working relationship between Bryntirion, Tregaron Hospital and the GP Practice which benefited many local people. Looking after 'high needs' residents in safe environments absolutely depends on the trust and respect held between professionals who are then able to safely risk assess situations and make rules and regulations more 'elastic'! Perhaps it's time for the 'big wigs' to step aside and let those on the 'front line' demonstrate the true meaning of collaborative working, after all they know their communities best.

Thank you so much for taking the time to read this. Please keep Tregaron Hospital open!

Not every sick person wants or is suitable for care at home.

In an area which is geographically large but with limited road networks it is not feasible to provide the level of care required to the numbers of people requiring it due to the distances and moreover travelling times involved.

While there undoubtedly needs to be provision of nursing care in patients' homes those previously looked after at Tregaron aren't typically candidates for this. It is a far better use of resources to continue to have patients in an inpatient setting.

The staff at Tregaron are unlikely to want to work in the community and will likely be lost from the NHS altogether.

Difficulties recruiting and retaining staff reflect on the management of the unit which is at fault rather than the model of care.

If Tregaron was invested in and the staff upskilled and valued it would prove how invaluable it is to the community and the potential for it to relieve pressure on Bronglais.

How can you possibly think that the care at home would be better than somebody being on call most of the time at a hospital. There is an unpaid carers group on Facebook and you should join to see how carers are coping at home with no help. Elderly people don't eat regularly and forget but worse than that carers are finding their loved ones with soiled underwear and neglect because they have been left to their own devices to try and get to the toilet. The lady I had told me she has found a couple of her people dead in their own home. They had nobody there. Why can't you spend the money that you are going to put in to refurbishing for whatever service it is you think you can provide the community with and just employ caring staff at Tregaron Hospital? I guess as usual it's a case of having more staff sat behind a desk, justifying their job, ticking boxes to say they've offered things, when in reality it would be cheaper to get in care assistants or extra professional staff at the hospital instead. It amazes

me how you actually think this is a good thing. Leave the hospital as it is even without enough staff it is better than people just being left in their homes with no social contact. It's so very sad.

Surely it's more cost effective to keep these beds than move patients over the border at the expense of tax payers as well as alleviating some of the pressure on Bronglais

This person would have probably (if Sent home) would have fallen and most likely been found dead but you obviously don't care about that and I believe this is the intention of ccc to get rid of the burden of the old , prove me wrong.

Tregaron community hospital has had an integral part to play in the rehabilitation of patients following illness, and thus allowing them to return to their homes in the community, not blocking hospital or residential care beds. Tregaron hospital is such an important facility, it should not close until the Cylch Caron Project is up and running

No beds in the hospital for family and neighbors who will become ill in the future, No jobs can put a strain on family and friends.

If beds were to be removed at Tregaron hospital in the near future where will a member of my family go to receive care before going home? There is no care in the community in the Tregaron area except for the community hospital. There are no care workers in this community as the workers are not paid enough to go for this type of jobs. If there is insufficient care in the Tregaron area, to match the lack of care in the Aberaeron and Cardigan area, there will be increasing pressure on Ysbyty Bronglais, which is already under stress, where are the patients going to go? Not all patients can rely on a family to take care of them.

To begin with, the wording of your question is designed to elicit a response similar to "it won't affect me" as not everyone who completes this survey is currently being cared for in hospital. Many who complete the survey will be in good health at the moment, and lucky not to need care in hospital, at the moment, and for many years to come. Despite this, the removal of the internal beds will affect the local community in its breadth. Inevitably, if the beds are removed, there will be additional stress on Bronglais hospital's healthcare provision. This has been a problem for years already following the disposal of care in the Lampeter, Aberaeron and Cardigan areas. The county is facing a crisis where there will be no community hospital. As a result, Bronglais beds will be used by the same patients for longer periods, because there is no community care in hospitals available for them. This will then affect Bronglais' ability to provide effective care, and it is almost inevitable that waiting lists will continue to increase. Care at home is a laudable theory, but there are higher risks of not having the right equipment and medicines available when going from one home to another, compared to care in a hospital where the necessary equipment is already there .

It wouldn't directly affect me at the moment but getting rid of the hospital beds would mean that people who need further care can't leave other hospitals, such as Bronglais, and that will exacerbate the existing bed shortage problems which are already bad enough.

Nowhere to go when well enough to leave hospital but not well enough to live independently at home straight away. The hospital is a safe place to recover, receive nursing care, and an opportunity to regain self-confidence after being in hospital for a long period.

It is not possible to look after patients at home, there is a reason why people go to hospital. In many houses there is no toilet/bathroom downstairs, how are people supposed to go to the toilet when they can't go up stairs? What about at night when they want help or assistance this will put more stress on hospitals because they will go back into hospital by having an accident or other illness. Have you ever tried making a cup of tea when you are on crutches for example??!! it is impossible for someone young to do this let alone for the elderly! There are not enough jobs in the area as it is so there will be a 'knock on effect' for those who will lose their jobs. A high percentage of those who live in Ceredigion are over 65, and this means that most of them will need hospital, through illness and things like falls and broken bones. Depression also happens to those who live alone, especially if they are unable to leave their home due to illness.

"Who will look after you when you are old or sick or frail? Hopefully there will be care available for people like you who make decisions that will affect the whole community for years to come. The purpose of creating the NHS by Aneurin Bevan was to give comprehensive and equal care to all individuals in the population and you are taking that right away from us. If you want to cut services then you should look at getting rid of the administrators that are at the highest level, there is no need for them. Core services should not be cut."

The core idea of the NHS was to provide healthcare to everyone across society, regardless of income, age or geographical location. Communities in rural Wales are punished again and again, and it is unbelievable to think that Bronglais hospital will be the only hospital in Ceredigion, especially considering the wide area in mid Wales that is served by Bronglais only. It is hard not to come to the conclusion that trying to save money is the only "reason" given for this decision. The provision of healthcare is the core service of the NHS, and this is the last place where cuts should be made. The idea of Cylch Caron was sold with the promise that the hospital would not close until the new provision was already running. It is inexcusable that the health board breaks their promise to the local community, undermining any faith people have in the health board and their ability to stick to promises and respect the community they serve.

The idea that the patients who are in Tregaron can now be cared for in their homes is completely nonsensical as many of them cannot live at home even with outside help. This happened to a relative of mine and thankfully Tregaron hospital is able to care and assess further after leaving Bronglais and before going to a care home.

"From experience - I know of an elderly patient in his [REDACTED] having to spend the night in the back of an ambulance near Bronglais A&E [REDACTED] because the A&E wards and the rest of the hospital's wards were full.

Also, my Uncle who suffered a major stroke had to wait months for a care plan before leaving Bronglais hospital [REDACTED] Tregaron hospital would be a good location to provide respite care to stroke patients and others while they wait to get stronger or wait for their homes to be adapted. This then frees up beds for new patients to the main hospital. Hywel Dda Health Board needs to recruit better in order to ensure the current service. Better use should be made and the Tregaron Hospital site modified for the benefit of the sick people of the county."

Appendix 2 part Eight Tregaron Engagement Letters / emails / telephone calls captured

The following has not been edited, therefore grammar and spelling as per original submission.

Member of the public 1st August 2024

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] was an Inpatient in Tregaron Hospital for about 2 weeks before she died of Advanced Cancer [REDACTED]

[REDACTED]

[REDACTED] received optimal Home Palliative Care at her home in [REDACTED] in the weeks before her admission to Tregaron Hospital from the District Nurses,

Hywel Dda Acute Response Team and Llanilar General Practice .

However despite every possible community care effort , it was not possible to control

[REDACTED] unbearable abdominal pain at homeEVEN WITH TWO SIMULTANEOUS MORPHINE INFUSIONS

It was so distressing to witness [REDACTED] pain before admissionI can't imagine what she suffered

Lack of Inpatient Care at Tregaron Hospital would cruelly condemn many patients and their loved ones caring for them to unimaginable suffering

Especially as there would be no alternative facility in the Aberystwyth area

The inpatient care that [REDACTED] received at Tregaron Hospital was superb ..

Her pain was relieved , she was in a quiet room and was cared for in every way with compassion and dignity

I know of 2 other friends in [REDACTED] currently , both with advanced Cancer who will likely require care in Tregaron Hospital in the coming weeks .

There are any more similar patients with end of life illness , some of whom live alone , who need such Inpatient Care at Tregaron Hospital

[REDACTED] , has been a Resident in [REDACTED] Residential Home , [REDACTED] , [REDACTED]

She is very happy and well looked after there

However [REDACTED] , has [REDACTED] Macular Degeneration and advanced Heart Disease ,

██████████ may also require Inpatient Care in Tregaron Hospital in the future

Although only ██████████ myself, who know what my future holds ?

**Bronglais Hospital, which I know from the excellent care my late ██████████
██████████, is overwhelmed with patients requiring Acute Inpatient Care**

It is not the place to deliver the quiet peaceful Inpatient End of Life Care that Tregaron Hospital provides

PLEASE DO NOT CLOSE IT"

LLAIS 2nd August 2024

The loss of beds at Tregaron Hospital is such an enormous concern for the residents of Ceredigion that more serious concern and decision making is not only needed but expected.

The Cylch Caron project since the year 2014 has not been accepted by the majority of residents especially in North Ceredigion which is evident by not one single brick having been laid to date. Let us be honest as beautiful as the Tregaron area is it is considered 'out in the bush' by most residents living outside the area.

With the ridiculous loss of both nursing and care residential homes in Ceredigion and the outrageous charge (if nursing care not involved) for residents involving life savings plus the value of their homes etc. being taken into account as cost for residence then it is not surprising that our elderly & infirm wish to stay at home even if desperate for residential care.

Our domiciliary care workers are already 'run off their feet' and there is difficulty in attracting new carers. Believing that the loss of beds in Tregaron will provide more domiciliary care workers is just a 'pipe dream'.

If LLAIS are serious about this number one concern for Ceredigion then you will call a public meeting in the highest populated area of Aberystwyth (& elsewhere if needed).

I write this as I believe, the longest serving voluntary member of H.D. Community Health Council now Llais. We really do need to be seen doing something constructive for our elderly & infirm. I am frequently being approached by public members re care of our elderly which seems to be one of their most concerning problems.

Kind regards

██████████.

MP 13th August 2024

Annwyl ██████████,

First of all, how are you? I hope this finds you well, and having enjoyed some of the recent fine weather. It is a shame the rain has returned with such vengeance today!

Thank you for arranging the briefing call a few weeks ago regarding the consultation that has been launched on the future of Tregaron Hospital. The hospital and staff are very much valued by the local community, and I am grateful that they will have an opportunity to share their views before a final decision is made.

A few members of the community have contacted me to raise specific concerns regarding the health board's approach to recruiting new staff for Tregaron Hospital, which I would be grateful if you were willing to raise with Prof Kloer and his colleagues.

The concerns relate to the fact that many nursing staff were unaware of opportunities to work at Tregaron Hospital due to the way the positions were advertised. I am told that the positions have been advertised in the past as part of other roles that are combined with other services, and that in February 2023 staff were informed that a retiring member of the team would not be replaced, and that subsequently another nurse who wished to return on a part term basis was denied the opportunity to do so. Indeed, I am told that current nursing staff were all of the understanding that no recruitment was to be undertaken at Tregaron for the past 18 months or so.

There is also a concern that the roles at Tregaron Hospital are not well understood when they were advertised, as they fall under community nursing which is more commonly understood with outpatient and district nursing. The fear that has been conveyed to me that these factors have combined to undermine the effectiveness of recruitment efforts in recent years, and that if addressed, more nursing staff would wish to apply.

I would be most grateful for the Health Board's view on the above, and in particular whether it is able to consider these factors as part of the recent consultation. In addition, I would also be grateful for clarification on whether or not agency nurses have been tasked with shifts at Tregaron Hospital in the past year.

Please forgive me for troubling you with these concerns. I would be most grateful for any assistance Prof Kloer and the team can offer.

With very best wishes,

██████████

Member of the public 21st August 2024

Problem 1 : Health and social services are supposed to be collaborating closely with one another but from the content of this video you could be forgiven if it conjures up a picture of the chiefs of both the Trust and the County Council standing back to back howling the same mantra "We are doing the best we can".

Problem 2 :instead of suggesting that closing the inpatient side of Tregaron Hospital, which frees up nurses to work on the district, if they choose, will cure all the ills of the shortage of community care in mid Ceredigion is a bit optimistic. The current favoured method of delivering care in the community is via community hubs. This seems to be working well so far in Cardigan and Aberaeron where the hubs have been up and running for a while. However, the initial plans for Tregaron's hub, Cylch Caron, were drawn up so long ago they were written on parchment.

Joking aside, however, the need for care beds to meet increasing demand from an older population, lack of community care and the lack of a ready alternative points towards the need to raise a big red flag at the thought of closing Tregaron Hospital to inpatients at this time.

██████████

Aberystwyth Town Council 21st August 2024

Good Morning,

We hope you are well.

Further to receiving your letter requesting our views on proposed closure of nine beds at Tregaron Community Hospital, we write to express our disagreement with this proposed closure. The hospital is not only an essential part of Tregaron's community but also important in the wider context of health services across Ceredigion and mid-West Wales. The community hospital plays an important role in alleviating pressure on not only Bronglais General Hospital in Aberystwyth, but also Glangwili General Hospital in Carmarthen and Prince Philip Hospital in Llanelli. Any reduction in capacity or service provision in Tregaron Community Hospital will have a knock-on effect to the health board as a whole and consequently other communities, including Aberystwyth.

[REDACTED]

Tregaron Town Council 21st August 2024

We as a Town Council wish to declare our disappointment and anger at Hywel Dda University Health Board's threat to close Tregaron Hospital.

The whole community is aware of the good work that goes on and that has happened here over the years.

When the last threat came to close the Hospital back in 2005, there was a promise from the Welsh Government that it would not close until there were other facilities here. People living in a rural county deserve the same service as any other part of the country.

As a Council, we ask the Board to reconsider and to not hold a consultation in August. To do this during a holiday period is ridiculous and irresponsible, it shows a lack of respect for the patients, staff and the wider community.

[REDACTED]

Cadeirydd Cyngor Tref Tregaron Chair

Member of the public 27th August 2024

From [REDACTED] Aberystwyth

Although not resident in the immediate area, [REDACTED] through a long career in the hill areas of Ceredigion, is only too well aware of the problems places like Tregaron face, We have watched with alarm the ageing of the communities and particularly the demise of Tregaron hospital

Thus we read with increasing concern the proposals set out in your document and felt that it was overflowing with modern jargon which read well but at the end of the day meant nothing ----A vibrant cottage hospital and community health hub is going to be vital as the community continues to age and the care needs of its residents increases

Not one of us knows what the future hold for us but in our case----[REDACTED] ---after a very active 15 years of retirement ---[REDACTED] ---had need of a visit to Bronglais in April 2022 which was disastrous with him then being struck down badly with norovirus .

[REDACTED].

[REDACTED]

[REDACTED]

[REDACTED]

Our carers are wonderful and more like very good friends we cannot praise enough , BUT what is important for you is to know that the carers are struggling to provide with holidays etc putting them under great pressure

Your document for Tregaron reads well but will the resources be there to deliver the goods ??

Tregaron needs both its community hospital and also increasing care provision in peoples' homes

BUT our carers tell us that many of the people they are looking after in their homes are very unhappy with life and need more support than they are able to provide

Yours sincerely,

████████████████████