CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	28 November 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Prince Philip Hospital (PPH) Minor Injury Unit (MIU) – Change to Opening Hours and the Development of an Options Appraisal for the Longer-term Sustainability of the Unit
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Sarah Perry, Interim County Director Carmarthenshire, General Manager PPH and Glangwili General Hospital (GGH)

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

As a result of quality and safety risks, in part relating to a lack of GP cover, the Board approved an urgent temporary change in the opening hours of the Minor Injuries Unit (MIU) in Prince Phillip Hospital (PPH) for a six-month period at the Public Board meeting in September 2024.

Following this decision, the urgent temporary change has been enacted from 1 November 2024 and the MIU is now open from 8am-8pm for a period of six-months.

This report provides the Board with an update on the process and mitigations put in place regarding the change to the opening hours, along with assurance on the work being undertaken to develop an appropriate service model for the unit in the longer-term. A high-level issues paper has been developed as phase one of this work, and is included as Appendix 1.

Cefndir / Background

A report including both a Quality Impact Assessment (QIA) and an Equality Impact Assessment (EqIA) was presented at the Public Board meeting in September 2024. The report provided detail on the rationale for a six-month change in the opening hours of the MIU in PPH and included the response to a Healthcare Inspectorate Wales (HIW) unannounced visit in June 2023 which cited a number of potential patient safety and quality issues.

Asesiad / Assessment

Implementation of the temporary change from 1 November 2024

Following the Board decision, an Operational Group chaired by the Interim County Director, Carmarthenshire has been meeting on a twice weekly basis to oversee the implementation of the changes in opening hours. The Group comprised a wide-range of stakeholders including clinical staff; GP out-of-hours; mental health; Organisational Development; Human Resources;

Communications and Engagement; as well as the Welsh Ambulance Services NHS Trust (WAST).

An updated standard operating procedure (SOP) has been developed, the purpose of which is to provide instructions and guidance for staff to improve efficiency, flow and compliance while delivering high quality care to adult and paediatric patients within a Minor Injury remit. This will help to alleviate pressure on local Emergency Units and improve access for people with minor illness or injury.

The aim of the SOP is to provide clarity and guidance to the staff working within the Minor Injuries Unit regarding the service. It takes into consideration the following:

- Admission criteria – the range of minor injuries and conditions appropriate for treatment in a practitioner/GP led MIU
- Roles and responsibilities of the MIU Team
- Support service pathways – ensure the most appropriate care for patients by utilising the correct pathways for support services
- Infrastructure – work in partnership with the broader hospital infrastructure
- Escalation processes – agree escalation process with regards to patient flow and care and transfer of patients that are not in the most appropriate environment
- Redirection processes

The scope of the SOP relates to the following staff groups who may be involved in the assessment and delivery of Care in the MIU:

- Registered nurses (RGNs)
- Healthcare Support Workers (HCSWs)
- General Practitioners (GPs)
- Allied Health Professionals
- Medical staffing
- Administrative staff
- Other members of the Multidisciplinary team

To support this work, significant effort has been made enabling engagement with both staff and the local population. To support staff, there have been a number of staff engagement sessions (both face-to-face and virtual) with circa 30 people attending the first two, as well as meetings with the Consultant body in PPH. To further support staff outside of these meetings, a generic email account has been set up so that staff are able to email with issues, queries and concerns regarding the changes. On-going support through the line-management structure will also continue. Further, efforts have continued to try to recruit to the medical workforce, with an advert for a Salaried General Practitioner recently closed on 17 November with 14 applications received; an update will be provided at the Board meeting.

To support the population of Llanelli, a multi-faceted approach has been undertaken, including the development of on-line resources; the arrangement of a patient leaflet drop; leaflets and posters in the MIU itself and within local GP surgeries, community pharmacies and other community venues such as county council ‘Hwbs’; radio advertising; online resources and information in alternative versions and common additional languages; new billboards and posters highlighting the changes. Further, we are providing information to local media outlets and are working proactively with all media, including broadcast radio and television news.

Direct communication has continued with a number of key stakeholders including Llais, Save Our Services Prince Philip Action Network (SOSPPAN), Llanelli Town Council and Llanelli

Rural Council, Swansea Bay University Health Board and political representatives. Further, a public drop-in event was held on 23 October 2024 at the Antioch Centre in Llanelli, with in the region of 119 people attending. The aim of the event was to provide the general population with an opportunity to learn more about why the temporary change is needed, how they can access care in different circumstances, and what the next steps will be for further engagement with our staff and community. A feedback report, summarising the feedback received and questions asked during the event is included as part of the appendix to this SBAR.

As part of the collation of evidence to assess the impact of the temporary overnight closure, a continuous engagement channel has been developed. The purpose of this channel is to provide the opportunity for those who wish to provide any thoughts or comments around the temporary closure. A channel on the Health Board's public engagement site, 'Dweud Eich Dweud / Have your Say', has been created for this purpose.
https://www.haveyoursay.hduhb.wales.nhs.uk/minor-injury-unit-prince-philip-hospital
https://www.dweudeichdweud.biphdd.cymru.nhs.uk/uned-man-anafiadau-ysbyty-tywysog-philip

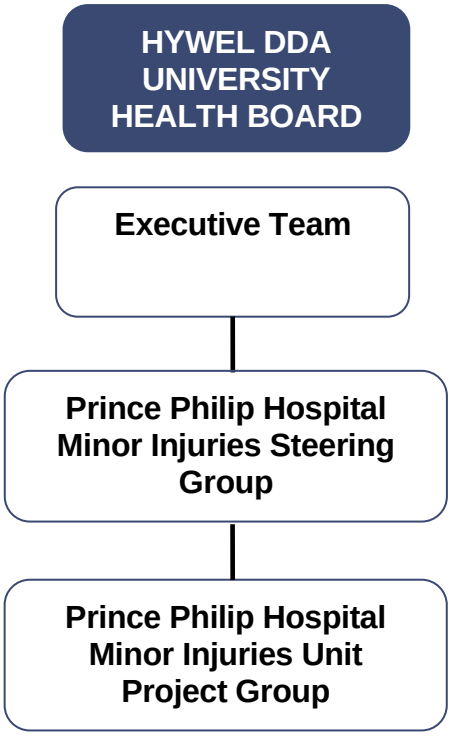
The learning from this process, along with the evaluation of the impact of the changes, will be critical in the development of the options to ensure the longer-term sustainability of the Unit.

The PPH MIU Steering Group, chaired by the Interim Executive Medical Director, signed-off the implementation of the temporary change in opening hours at a meeting on 30 October 2024. Subsequently, the Steering Group approved the closure of the Operational Group on the 18 November 2024, following the enactment of the revised opening hours.

Development of the options to ensure the longer-term sustainability of the Unit

As noted in the September 2024 Board report, work is being undertaken on potential longer-term options, which will include a period of engagement with patients and stakeholders.

To support this work, two groups have been set-up – a Steering Group, chaired by the Interim Executive Medical Director; and a Project Group, chaired by the PPH Hospital Director. Both of these Groups have held their initial meetings. The overarching Governance structure is:



The Steering Group, which has invited participation from both Llais and SOSPPAN, is intended to:

- Ensure a robust plan is in place and responsibilities are clear for the management of the temporary closure of the overnight service.
- Ensure a project plan is in place for the process to generate and recommend a range of options for the future service model.
- Ensure the governance arrangements are in place for the project management structure.
- Ensure the criteria are in place to inform an interim evaluation of the temporary service change. This will ensure appropriate data can be collected to inform the assessment of the service and the evaluation of options for the future service model.
- Ensure the temporary service model is reviewed and reported to the Steering Group in sufficient time to inform the review of future service options.
- Ensure significant project risks are reported to the Executive Team.
- Ensure appropriate stakeholder engagement in the service evaluation and in the process to generate options for the future service model.
- Be responsible for making key decisions on the process undertaken to deliver the project.
- Be responsible for making key decisions on the approach and level of engagement throughout the project.

The purpose of the Project Group is to:

- Deliver the case for the implementation of the service model for the MIU in PPH
    - Be responsible for maintaining the scope of the Project Group by setting inclusion and exclusion criteria for modelling purposes.
    - Inform the Executive Team of the modelling potential and limitations which could impact decision making.
    - Provide assurance to the Executive Team that decisions made by the Project Group are based on sufficiently accurate modelling.
    - Create additional project groups if required to seek focused assurance around the interpretation of service specific data.
    - Be responsible for making decisions on the inclusion or exclusion of data sets as part of the modelling activities.
    - Provide assurance that modelling data for engagement, appraisal, consultation, etc. is suitable to allow informed decisions to be made.
    - Use feedback loops to further develop the modelling following engagement, appraisal, consultation, etc.
    - Advise on the detailed model for the MIU in PPH and the financial and workforce implications of the new model.
    - Sufficient and suitable workforce model
    - To assess the revenue of the options and preferred solution
    - Establish a robust project timetable to allow the monitoring and reporting of project progress.
- Establish capital scheme governance arrangements in accordance with Health Board standards.
- Ensure the service model is consistent with the wider Urgent and Emergency Care model for the Health Board.

The overall methodology to be used to derive the options will be based upon the previously used acute paediatrics process, with the options being clinically generated; and then tested with a wider stakeholder group. The first phase of this work is the completion of an issues paper, which is included as an appendix.
Phase 2 of the process is options development and will include consideration of:

- What should be considered for a longer-term model (including what is in/out of scope)
- What is essential
- What needs improvement
- What can be learnt from the temporary change to opening hours
- Agree what 'hurdle' (defined criteria to outline the minimum level that must be met) and 'evaluation' criteria are needed for later stages of the appraisal process
- Consideration of risks and issues

To support the decision making for the options appraisal, baseline data analytics have already been sought and include:

Postcode district	Number and percentage of attendances by Health Board and month
Diagnosis	Number of attendances by Health Board and primary diagnosis
Patient group	Number of attendances by Health Board and patient group
Time in MIU	Number and percentage of attendances by Health Board and time in MIU (grouped by: 0-4; 4-8; 8-12; 12-24; 24-48; 48-72; over 72 hours)) this will support the measurement of key performance targets including 4 and 12 hour breaches
Major versus minor	Number and percentage of attendances by Health Board and major/minor split
Outcome	Number and percentage of attendances by Health Board and outcome
Arrivals	Number and percentage of attendances by Health Board and arrival hour

These metrics will continue to be assessed over the coming months to help shape the options appraisal. Further, monitoring of patient experience (via the online survey), complaints, and DATIX logs will also be incorporated into the evaluation framework; together with the impact on other services such as GP out of hours, Ambulance Services (including handover times), and A&E departments (in particular Glangwili and Morriston).

The robustness of the process to develop the options must be ensured as to mitigate against any risks against potential political, stakeholder or reputational issues; ensuring that there is appropriate time to consider the impact and issues arising from the temporary service change; and to ensure there is appropriate time to consider and evaluate the options.

To begin this process of the determination of the longer-term options, a clinically orientated workshop was held on 19 November 2024, to start to generate the longlist (of potential options).

Next steps

An outline of next steps up until the presentation of the short-list of options to the Board in March 2025 is as follows:

November 2024
- Workshop to develop the range of possible options including initial assessment of strengths and weaknesses
- Consider what 'hurdle' and 'evaluation' criteria and data are needed for later stages of appraisal process. Including what are deemed 'essential' for the model
- Begin evaluation of temporary change / continued assurance of the temporary model

December 2024 / January 2025

- To review the long list of Options against the hurdle criteria (endorsed by the Steering Group) and thereby propose the short list of options.
- To provide assurance report to the Quality, Safety and Experience Committee (QSEC) on any quality aspects of current temporary model
- To provide assurance to the Strategic Development and Operational Delivery Committee (SDODC) on progress with the development of options for the longer-term model and a further update to be provided at January 2025 Public Board

February 2025

- Appraise the options utilising a weighted scoring approach, stages include:
  - Confirm criteria
  - Weight the criteria
  - Score the options
- Undertake screening of shortlisted options through the Quality Impact Assessment (QIA) and Equality Impact Assessment (EqIA) processes
- Assurance to QSEC and SDODC

March 2025

- Present to Board the shortlisted options

Throughout this process, the Project Group and Steering Group will be meeting on a bi-weekly basis, to mitigate against slippage of the timeline.

Risks

Through the Steering Group, the following risks have been identified in delivering the short-listed options to Board in March 2025 for their consideration:

- Clinical, operational and stakeholder involvement is anticipated over the Christmas / peak winter pressures period
- Consideration of the Planning capacity / resources needed to deliver the options appraisal
- That the timeline is as rapid as possible to deliver the options for Board

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the implementation of the six-month overnight closure of the Prince Philip Hospital Minor Injuries Unit from 1 November 2024
- **NOTE** the approach on the development of the process to develop the longer-term options for the service model for the Prince Philip Hospital Minor Injuries Unit, including the governance structure and responsibilities
- **AGREE** that the Strategic Development and Operational Delivery Committee oversee the development of options for the longer-term model

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk reference: 1293 Risk Score 20
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 3 Transforming Urgent and Emergency Care programme 7 Primary and community strategic plan 10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Acuity - acuity refers to the severity of an illness or medical condition Majors - major' conditions are wide-ranging and include Stroke, MI, fractured femurs, surgical conditions such as appendicitis or bowel obstruction. Likewise, unwell children with conditions such as acute/surgical abdomen and women with pregnancy complications, some of which can be straightforward but often need urgent management and further investigations in Glangwili e.g. PV bleed in pregnancy which can present in MIU too.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Board decision for temporary closure – September 2024 Project Group meeting – 30 October 2024 Steering Group meetings – 23 and 30 October 2024; 18 November 2024

	Implementation Group meetings – bi-weekly meetings through October 2024; weekly meetings through November 2024 until 18 November 2024 (when the Group was stood down).

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal
Gweithlu: Workforce:	Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal
Risg: Risk:	Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal
Cyfreithiol: Legal:	Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal
Enw Da: Reputational:	Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal
Gyfrinachedd: Privacy:	Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal
Cydraddoldeb: Equality:	Quality Impact Assessment and Equality Impact Assessment undertaken as part of the development of this proposal

Prince Philip Hospital
Minor Injuries Unit
Issues Paper
November 2024
v1

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Section 1: Executive Summary

The Board of Hywel Dda University Health Board (HDdUHB) approved a temporary change to the opening hours of the Minor Injuries Unit (MIU) in Prince Phillip Hospital (PPH) for a six month period at the Public Board meeting in September 2024. The unit will now be open 8am – 8pm, seven days per week, rather than the previous 24 hours / day.

This change was proposed by the Carmarthenshire Unscheduled Care Management team due to a significant and continued lack of medical cover, leading to clinical concerns in relation to patient safety. Additionally, it has been shown that a significant number of people attending the Unit had a higher acuity than the Unit was intended to deliver a service for. The associated clinical risk of not having specialist services on site resulted in 999 transfers to the nearest Emergency Department leading to a delay in treatment. This position was reinforced by recommendations following a Health Inspectorate Wales (HIW) Inspection visit and further correspondence from HIW requesting reassurance on patient safety issues.

Following this decision, the reduced opening hours of the MIU has come into effect from the 1st November 2024.

Additionally work has commenced on potential longer-term options for the Unit which, it is anticipated, will include a period of engagement to consider these options with the public, staff and stakeholders. The process to be used to derive the options is expected to follow the methodology previously used for acute paediatrics with the options being clinically generated and then tested with a wider stakeholder group.

The process will include:

- What should be considered for a longer-term model (including what is out of scope)
- What is essential
- What needs improvement
- What can be learnt from the temporary change to the opening hours
- Agree what 'hurdle' (defined criteria to outline the minimum level that must be met) and 'evaluation' criteria are needed for later stages of the appraisal process

The robustness of the process to develop the options must be ensured as to mitigate against any risks against potential political, stakeholder or reputational issues; ensuring that there is appropriate time to consider the impact and issues arising from the temporary service change and to ensure there is appropriate time to consider and evaluate the options.

Contents

Section 2: Introduction and Background

Purpose of the issues paper

The issues paper sets out:

- The history of the MIU
- Analysis of the usage of the MIU including daytime (8am – 8pm) compared to overnight (8pm – 8am) and Health Board origin of the patient
- The factors challenging the MIU
- The approach to be taken to determining the longer-term options for the service delivery model for PPH MIU

Introduction of an MIU to Prince Philip Hospital

In 2015 a 'whole system' approach to redesign was undertaken at Prince Philip Hospital (PPH) which included the Accident and Emergency (A&E) and Clinical Decision Unit (CDU) along with community health and social care services. The purpose of the review was to improve treatment pathways through integrated community services while maintaining flow throughout the unscheduled care system.

The work was overseen at a programme board level, including stakeholders from the Community Health Council (CHC), Llanelli Rural Council and Save Our Services Prince Philip Action Network (SOSPPAN).

Key elements of the model included:

- 999 and GP arranged patients to be taken directly into the redesigned Acute Medical Assessment Unit (AMAU). A resuscitation area created in the CDU along with a stroke/fast positive bed and a 6-chair ambulatory care area.
- Walk-in patients arriving at MIU triaged as appropriate to an Emergency Nurse Practitioner (ENP) or GP
- Patients needing a Comprehensive Geriatric Assessment directed to the multi-disciplinary team (TOCALS) to liaise with Clinicians to support diagnosis and care planning
- Patients needing mental health services having access to acute assessment within the department. All patients presenting having a rapid alcohol assessment through a modification to the Myrddin patient information system.
- Any patients not able to be treated within the hospital being referred according to existing patient pathways
- The GPs within the unit providing advice, support and investigations for GP colleagues working in primary care
- Patients presenting with minor illness directed back to primary care daytime or OOH with referral in place
- Co-location of community-based care providers, which includes the Acute Response Team (ART) and TOCALS within the department, to avoid admissions where appropriate through the provision of a range of options to support patient care outside the acute environment
- IT access to social care data to aid decision-making
- Strengthening links with Care Homes to reduce the risk of avoidable hospital admissions and re-admissions

- Enhanced communication links to support appropriate prescribing and access to drugs for end-of-life care

To support this model of working, a General Practitioner & Medical Practitioner/ Emergency Nurse Practitioner (GP/ENP) model was developed, covering a 24-hour period, 7 days per week, endorsed by the Minister for Health and Social Services with existing posts relocated to other sites or within the AMAU at PPH.

At the time of the proposals, there was a high amount of public concern raised and Assembly Members supported the Llanelli residents in their views. A Judicial Review was undertaken on the equality impact of the change and how the consultation process was carried out around the changes.

There were clear criteria put in place as to the conditions which the MIU would be able to treat which was communicated to the local population, Primary Care, WAST and the Police. The communication and engagement plan around the changes included columns in local press by clinical leads, a dedicated webpage on the Health Board website and a *Choose Well* programme in the Llanelli locality.

The communications were to ensure that the public and staff were confident in the changes, aware of the positives and how to access the right care when needed.

Whilst the model has now been in-place for many years, it has experienced several challenges which act as drivers for change. A review of services was undertaken in 2019, which, for example led to the decision to employ two full-time Advance Nurse Practitioners (ANP). There are potential opportunities to reduce the clinical risk and patient harm, while embedding learning from the wider Transforming Urgent and Emergency Care (TUEC) programme.

The key drivers for change which inform this options proposal are clinical / patient safety, workforce sustainability, the findings of a recent Healthcare Inspectorate Wales (HIW) unannounced inspection and learning from the TUEC Programme.

Key considerations on which the current work is based include:

- Data suggests that more patients and children have been attending the MIU for medical and surgical conditions outside of the scope of the MIU. This provides additional clinical risk as staff within the Unit are not trained or skilled to manage these patients.
- Since 2021 there have been occasions when it has not been possible to provide GP cover at the MIU, resulting in a ‘nurse-only’ service. On these occasions messages are shared via the corporate social media accounts, although it cannot be determined how effective this is. As noted in a subsequent section there are significant issues with the filling of the rota, and continued concerns over workforce sustainability.
- TUEC Programme Learning - there are opportunities to explore how learning from the wider TUEC programme can be embedded into the delivery of MIU services in PPH. Notably how ‘phone first’ models coupled with managed access from a streaming hub can support people to attend MIU at a more

appropriate time, or signpost to alternatives to avoid increasing demand on other unscheduled care services.
- Concerns raised by HIW who undertook an unannounced inspection between the 26th – 28th June 2023

With the MIU open 24 hours/day, self-presenting medical, surgical and orthopaedic trauma patients, who do not meet the criteria for the MIU will stay overnight and sometimes several days if there are no inpatient beds available. AMAU is often full with no timely ambulance transport to facilitate transfer to another hospital for onward management. This is especially the case for orthopaedic trauma and surgical patients. The clinical risk to these patients can be significant, especially cases such as fractured neck of femurs and bowel obstructions. Delays in transfer and treatment can impact morbidity and mortality in some cases.

The number of patients in MIU overnight does vary but has been up to 16 at its highest. MIU is not staffed for this level of patient care. In this situation, registered nurses, primarily agency nurses, are sought and an additional healthcare support worker (HCSW). It is not always possible to secure agency staff, leaving an ENP and triage nurse to care for these patients. This leads to increased waiting times for minor injury cases to see an ENP and delays to triage times which further increases clinical risk for both MIU and 'majors' patients. There is no overnight receptionist in MIU to alert the staff to a patient arriving. This risk has been on the Directorate Risk Register since November 2021 -Risk 1293, risk score 20.

A further specific risk is being drafted for fragility of GP/Medical cover in MIU, separate to the wider medical staffing risk already on the Risk Register. Additionally, the coverage of triage nurses due to sickness rates is causing concern and this has been highlighted as risk to be added to the register.

Concerns raised by Health Inspectorate Wales (HIW)

Concerns were raised by HIW who undertook an unannounced inspection between the 26th – 28th June 2023 and identified some key findings:

- HIW was not assured that all aspects of care were being delivered in a timely and effective manner within the Minor Injury Unit (MIU) to medical and surgical patients in 'surge' beds.
- The environment was not an appropriate environment for medical or surgical 'surge' patients who are admitted beyond the lengths of stay associated with an MIU.
- HIW could not be assured that there was sufficient and robust support for Emergency Nurse Practitioners at times when there is an unexpected lack of medical cover on the Unit, e.g., overnight. This creates a high-risk situation for nursing staff and patients due to the issues raised above. Consequently, levels of anxiety and stress among the ENPs has increased. This has been expressed in meetings with the Senior Management Team.

The intention for the MIU was not to have medical/surgical/T&O and mental health patients overnight in MIU. When the hospital is fully surged this has been

unachievable. Majors' patients continue to self-present, coupled with those from SDEC requiring admission, when the hospital is full, with ambulance patients waiting to be handed over. Consequently, the only option is to hold these patients in MIU (even if this means them 'lodging' overnight).

HIW Finding	Hywel Dda response
HIW was not assured that all aspects of care were being delivered in a timely and effective manner within the Minor Injury Unit (MIU) to medical and surgical patients in 'surge' beds.	• The plan was not to have medical and mental health patients overnight in MIU, however with the hospital fully surged this has been unachievable. • With major patients' self-presenting and those from SDEC requiring admission when the hospital is full and with ambulances waiting to be handed over, the only option is to hold these patients in MIU. • The clinical facilities and staffing are not appropriate to manage medical, surgical or Trauma & Orthopaedic (T&O) patients presenting to the Unit. Emergency Nurse Practitioners (ENP) are specialists in assessing and treating minor injuries. The GP & Medical workforce are skilled in treating general 'GP' ailments and minor injuries. • The regular need to 'hold' medical/surgical/T&O patients within the unit compromises the functioning of the unit as well as patient care for both majors and minors. ENPs are regularly 'pulled' to care for these patients, resulting in the 'minor injury' patients having to wait considerable time to be seen and treated.
The environment was not an appropriate environment for medical or surgical 'surge' patients who are admitted beyond the lengths of stay associated with an MIU.	• This is a consequence of the fact the unit does not function as an MIU. • The environment is designed and appropriate for an MIU to treat individuals with minor injury and/or ambulatory patients. • It is not designed to accommodate or treat 'majors' whether medical, surgical, T&O or mental health patients. It is not a safe or an appropriate environment to treat children with conditions other than minor injuries. • There are inadequate toilet and no shower facilities to manage surge medical/surgical/T&O patients 'held' in the unit (although latterly a shower has been put in but is is within the one patient toilet as a wet room). There is no space to enhance these facilities and as an MIU such facilities are not required. The current facilities are appropriate to manage Minor Injury patients.

HIW could not be assured that there was sufficient and robust support for Emergency Nurse Practitioners at times when there is an unexpected lack of medical cover on the Unit, e.g., overnight. This creates a high-risk situation for nursing staff and patients due to the issues raised above. Consequently, levels of anxiety and stress among the ENPs has increased. This has been expressed in meetings with the Senior Management Team.	• This is accepted, especially as there are frequent gaps with night GP cover, alongside major patients still self-presenting and via 111 and Police.
	• The Lead ENP is undertaking a scoping exercise regarding skill set and training needs of the ENP workforce. In addition, a review of other MIUs and SOPs across Wales is in progress. These have now been progressed - The following core competencies areas were identified for analysis
	  ○ Timely and accurate patient assessments (using All Wales audit tools for ENPs)
	  ○ Triage/prioritisation skills
	  ○ Differential diagnosis for complex undifferentiated cases
	  ○ Emergency procedures and clinical interventions
	  ○ Suturing
	  ○ Wound care/closure
	  ○ Manipulations of digits/wrist fractures/Shoulder dislocations
	  ○ Radiology interpretation
	  ○ IRMER practices (Ionising Radiation (Medical Exposure) Regulations (IR(ME)R))
	  ○ Assessing the child under 5yrs
	  ○ Administration of Patient Group Directions
	  ○ Safe prescribing (for Non-medical prescribers)
	• Triage nurses/bank nurses care for non MIU patients and the ENP defaults to a triage nurse

Activity

The current use of the MIU shows that for the period from April 2021 until the end of April 2024, nearly 25% of attendances would be classified as majors (conditions which aren't a Minor Injury and thus are beyond the scope of what should be presenting at an MIU). These 'major' conditions are wide-ranging and include Stroke, heart attacks, fractured femurs, surgical conditions such as appendicitis or bowel obstruction. Likewise, unwell children with conditions such as acute/surgical abdomen and women with pregnancy complications, some of which can be straightforward but often need urgent management and further investigations in Glangwili e.g. PV bleed in pregnancy which may present at the MIU.

If overnight figures are considered (8pm – 8am), in the period there were 18,059 overnight attendees of which 5762 were majors, equating to 32% of overnight activity (as compared to 25% of daytime activity).

Any patient with a mental health disorder is outside of the scope of MIU, although noting that Mental health was included as part of the MIU and Front of House back in 2015. However, the mental health service and provision has changed over the years.

Measure	Total Number
Total attendees	90,884 (excludes 540 not classified as major or minor)
New attendees	88,266
Re-attendees	3158
Majors	22,445
Minors	68,439
4-hour breaches	12,527
12-hour breaches	2538
4-hour major breaches	8150
12-hour major breaches	2437

As also shown above 4-hour major breaches account for 65% of all 4 hour breaches; and 12-hour major breaches account for 96% of all 12 hour breaches. Since the beginning of the year (January 2024) there have already been 3165 major attendees, which equates to an average of more than 26 per day. Further analysis of the reasons for 12-hour breaches in PPH show that waiting for a medical bed is by far the highest single factor, for example, since April 2023 it accounted for 707 (70%) instances, followed by specialist psychiatric review (105; 10%).

If the patient cannot go to Glangwili in their own transport, they will often wait several hours for a WAST ambulance. This increases the risk of the patient coming to harm as a result of being in an inappropriate location. This adds to the already strained department with Doctor's and Nurses caring for someone outside of their competencies.

The number of mental health patients attending the MIU has been consistently increasing over the years. As noted above, patients presenting with mental health considerations should not be attending the MIU. Data drawn from the same period shows that a considerable number of these types of presentations are attending the MIU and leading to inappropriate overnight stays on the Unit.

Where do patients come from to use the MIU?

Whilst the vast majority of patients that use the MIU are from Hywel Dda, a proportion do come from outside of Hywel Dda, in particular from Swansea Bay

Patient postcode	All attendances	Daytime attendances (8am – 8pm)	Overnight attendances (8am – 8pm)
Hywel Dda	83.7%	83.8%	83.3%
Swansea Bay	14.0%	14.0%	13.9%
All other	2.3%	2.2%	2.8%

Section 3: Current temporary change Temporary proposed model for six months from 1st November 2024

Operating model

The MIU has previously been open 24 hours per day, seven days per week. Due to staffing challenges, increased risk from 'major' activity (outside of MIU remit) and a HIW visit in June 2023 the decision was made for a temporary amendment of hours. The unit will now operate on a 12-hour basis from 8am to 8pm daily (as from 1st November 2024 with last patient booking in at 7.59pm). The unit is clinically led by the MIU Clinical Lead General Practitioner with oversight from the Clinical Director for PPH who are responsible for the clinical governance of the unit.

Day to day operational management responsibility is via the Acute and Emergency Medicine Directorate within PPH. The service is designed to diagnose and treat patients with minor injuries and conditions. Some patients attend who are assessed may be redirected to services that are more appropriate to meet their health needs e.g. General Practitioner, GP Out of Hours service, 111 Option 2 (in event of Mental Health crisis), SDEC, Acute Medical Admission Unit, the Emergency Department at GGH or advised to self-care.

Admission criteria

The Unit is open daily for 12 hours (8am to 8pm with last patient booking at 7.59pm) and operates a no appointment walk in service. The MIU will accept patients who present in person, are brought in by a friend or relative or by ambulance/police with a minor injury/ illness.

The MIU will undertake assessment and treatment for minor illnesses and injuries. It is run by Emergency Nurse Practitioners, Advanced Clinical Practitioners and enhanced role General Practitioners. They are supported by other members of the multi-disciplinary team which include TOCALS, ART, Alcohol liaison nurse, Blood Borne virus nurse and the acute medical team. In the event of a patient attending with Mental Health requirements, signposting to 111 Option 2 will be undertaken.

Minor Injury Conditions that can be treated at the unit include: -

- Sprains, strains, limb fractures
- Finger, toe and shoulder dislocations
- Wounds cuts and bruises and wound closure and treatment of wound infection
- Minor burns and scalds
- Minor head injury not on anticoagulants
- Minor facial injuries
- Insect, human and animal bites
- Minor eye injury (non-penetrating injury)
- Needle stick injuries
- Chemical eye injury
- Mild allergic reactions
- Minor Injury to back and neck.

- Minor illnesses-e.g. earache and sore throat.
- Removal of foreign bodies, eyes ears nose and skin
- Neck injuries with no pins and needles in arms that are mobile
- Cellulitis and other skin infections
- Rib injuries with no haemoptysis (coughing up blood) or chest infection
- Epistaxis (nosebleed), if not on anticoagulants

Conditions that should not attend the unit include: -

- Head Injuries with loss of consciousness, reduced Glasgow Coma Score (GCS) or on anticoagulants
- Surgical issues e.g., abdominal pain
- Paediatric emergencies
- Gynaecological conditions e.g., Per Vaginal (PV) bleed
- Pregnancy related illness
- Major trauma
- Ingested foreign bodies
- Overdose
- Urological problems
- Repeat prescriptions
- Mental health crisis
- Alcohol intoxication

Additional conditions: -

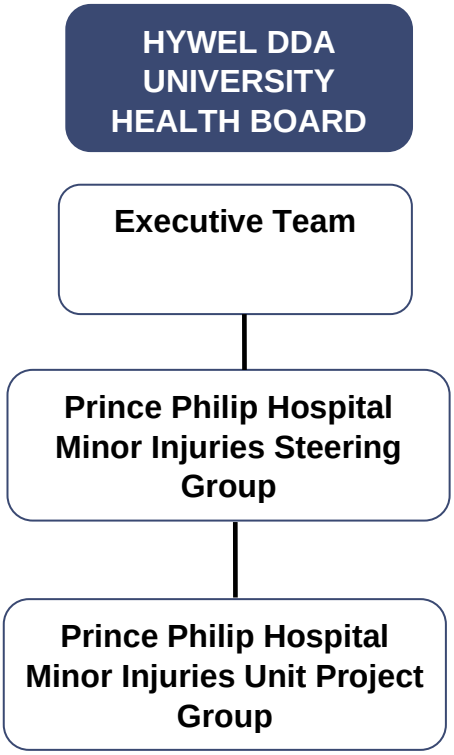
- If patients attend with other clinical conditions they will be initially seen (and managed if appropriate) prior to being transferred or redirected in a safe and appropriate manner, as per speciality clinical pathways and redirection guidance (as per the re-direction protocols).

Full details are contained within the updated SOP which has been revised to take account of the temporary change, including a series of re-direction protocols:

- Abdominal pain
- Back pain
- Gynae/pregnancy
- Chest pain
- Shortness of breath
- Stroke/TIA
- Paediatric patients
- Head injuries
- Mental health
- Constipation
- Rectal bleeding
- Repeat prescriptions
- Dental pain/swelling

Section 4: Determination of longer term option

Governance of the work



The purposes of the three main Groups in relation to the MIU work are intended to be as follows:

Group	Purpose

Steering Group (full terms of reference in Annex 1)	• The purpose of the Steering Group is to make decisions on behalf of the Executive Team on the process to deliver the PPH MIU project and to shape the scope of clinical and public engagement.
	• The Steering Group will:
	  ○ Provide leadership for the PPH MIU Project Group and set the project objectives.
	  ○ Receive assurance from the PPH MIU Project Group on the delivery of workshops, the level of clinical and public engagement, and delivery of recommendations.
	  ○ Provide assurance directly to the Executive Team via the Steering Group Chair on progress, risks and issues relating to the PPH MIU project.

Project Group (full terms of reference in Annex 2)	• The purpose of the Project Group is to develop and deliver an options appraisal for the Board, with regards to the longer-term clinical model for the MIU in PPH that will deliver a safe, sustainable service which meets the needs of the population of Llanelli, and the health and care quality standards.
	• The Project Group will:
	  ○ Undertake an assessment of the impacts of the interim changes to the PPH MIU service to produce a paper outlining all the changes, impacts and issues to date.
	  ○ Undertake a clinically led appraisal of the options for the service following a six-month overnight closure of the Unit.
	  ○ Following discussion with Llais, make a recommendation to the Board on whether engagement and/or consultation on the future service is needed following the options appraisal
	• Following approval by the Board, the Project Group will oversee the implementation of the preferred longer-term option for the clinical model for the MIU in PPH.

Section 5: Methodology

This section explains the scope and context for the issues paper and how we identified stakeholders and the early engagement needed.

The methodology will replicate, where appropriate / possible, a previously accepted model as undertaken by the Acute Paediatrics service review.

Scope of the Work / A Project Initiation Document

Whilst the scope of the work is defined in as much as the Board decision in September 2024 was for a temporary change to the opening hours of the PPH MIU for a period of six-months, work is required to be undertaken to assess the options for the longer-term model. Further definition of the scope is currently being undertaken.

The scope of the work will be defined within the Project Initiation Document to be developed through the Project Group and signed-off by the Steering Group.

Stakeholder mapping

There are a number of organisations that involved as part of delivering care that are impacted by the temporary change / need to be considered as part of the longer-term options.

Work has begun to map both internal and external stakeholders who need to be involved during the process, as well as determining how other stakeholders are kept updated and informed if not actively participating in the process.

Methodology / next steps

An outline of next steps up until the presentation of the short-list of options to the Board in March 2025 is as follows:

November 2024

- Workshop to develop the range of possible options including initial assessment of strengths and weaknesses
- Consider what 'hurdle' and 'evaluation' criteria and data are needed for later stages of appraisal process. Including what are deemed 'essential' for the model
- Begin evaluation of temporary change / continued assurance of the temporary model

December 2024 / January 2025

- To review the long list of Options against the hurdle criteria (endorsed by the Steering Group) and thereby propose the short list of options.
- To provide assurance report to the Quality, Safety and Experience Committee (QSEC) on any quality aspects of current temporary model
- To provide assurance to the Strategic Development and Operational Delivery Committee (SDODC) on progress with the development of options for the longer-term model and a further update to be provided at January 2025 Public Board

February 2025

- Appraise the options utilising a weighted scoring approach, stages include:
    - Confirm criteria
    - Weight the criteria
    - Score the options
- Undertake screening of shortlisted options through the Quality Impact Assessment (QIA) and a Equality Impact Assessment (EqIA) processes
- Assurance to QSEC and SDODC

March 2025

- Present to Board the shortlisted options

Throughout this process, the Project Group and Steering Group will be meeting on a bi-weekly basis, to mitigate against slippage of the timeline.

Information to be taken into consideration

To support the decision making for the options appraisal, baseline data analytics have already been sought and include:

	Metric
Postcode district	Number and percentage of attendances by Health Board and month
Diagnosis	Number of attendances by Health Board and primary diagnosis
Patient group	Number of attendances by Health Board and patient group
Time in MIU	Number and percentage of attendances by Health Board and time in MIU (grouped by: 0-4; 4-8; 8-12; 12-24; 24-48; 48-72; over 72 hours)
Major versus Minor	Number and percentage of attendances by Health Board and major/minor split
Outcome	Number and percentage of attendances by Health Board and outcome
Arrivals	Number and percentage of attendances by Health Board and arrival hour

These metrics will continue to be assessed over the coming months to help shape the options appraisal. Further, monitoring of patient experience (via the online survey), complaints, and DATIX logs will also be incorporated into the evaluation framework; as will impact on other services such as GP out of hours, Ambulance Services and emergency departments (in particular Glangwili and Morriston).

Ensuring Quality and Equality

A Quality Impact Assessment (QIA) has been undertaken and approved by the Health Board's QIA panel supporting the temporary service change. The rationale for this decision was based on:

- Medical cover overnight is extremely poor and there is no expectation that this will improve
- The inability to recruit substantive medical staff and the impact ad hoc medical cover is continuing to have on patient safety concerns
- The impact on the ENP staff due to the ad hoc medical cover
- Recognition that the nature of conditions that could be treated in an MIU could be managed through the proposed daytime opening times
- Recognition of the need to agree clear patient pathways
- The QIA did not identify any negative quality impacts associated with the proposed change
- The QIA did not identify any significant negative impacts that could not be addressed as part of the communication about the proposed changes
- The deteriorating Ambulance and 12 hour waits in PPH

- The service has proposed that an overnight closure for six months would allow for a programme of work and engagement to repurpose the MIU model at PPH to meet the needs of the population

The Equality Impact Assessment (EqIA) was also approved.

Understanding patient and staff experience

Healthcare Inspectorate Wales (HIW) made an unannounced inspection visit to the Minor Injuries Unit (MIU) in Prince Philip Hospital (PPH) in June 2023. An action plan was developed in response to the HIW recommendations following this visit.

Since this review, work has continued to review the current 24/7 model for the MIU in PPH, reflecting a number of key factors, including increasing challenges to maintaining the medical staffing within the MIU, along with recent recommendations from the HIW inspection which required an urgent review of the service to address patient and clinical safety recommendations.

HIW received a letter from staff, which had previously been sent to the Nursing and Midwifery Council (NMC) in June 2023, expressing concerns regarding the clinical safety of the unit. HIW wrote to the Health Board requesting assurance on the matters raised. In response to the review, the Carmarthenshire Unscheduled Care Management team commenced consideration of both short-term options to ensure the appropriate use of the unit and medium-term with respect to its operating model (and options moving forward).

The current position is exacerbated by the deteriorating ability to find suitably qualified doctors to cover the rota, meaning that on numerous occasions the MIU has become an Emergency Nurse Practitioner (ENP) led unit only. This lack of cover is exemplified that in the five-month period between February 2024 and July 2024, there were 42 uncovered slots, with only 3 of them pertaining to a morning (am) slot (23 were overnight slots and 16 were pm slots, which include cover after 8pm). The impact of this on the workforce is high levels of stress, anxiety and the inability to do the job they are employed to do, plus increased risk to those patients presenting to the MIU without a suitably qualified doctor in MIU. This is often the result of the acuity of the patients presenting, which despite their clinical skill is outside of their scope of practice.

The effect of the current model is demonstrating itself in a number of ways. Prior to the temporary change, over the preceding six months, the average sickness level has been 22%. This is not a short-term phenomenon; since the beginning of 2023, the average figure has been 17%. A significant proportion (up to 50%) of this is attributable to stress-related conditions.

Whilst the vast majority of patients have had a positive experience – currently at 86.1% for June 2024 (as captured via the patient experience team), there were a significant number who felt that their experience was poor or very poor (currently at 3.2% for June 2024 but has been as high as 12.5% for August 2023). The criticism often centred on waiting times, but a number did cite that a doctor was not available to treat them, that they were held overnight whilst waiting for a bed or that it was

indicated that having been referred to the MIU, that they should have attended other facilities due to the nature of their presentation.

There was also evidence that patients were self-presenting with ‘major’ conditions, such as head injuries, severe bleeding, abdominal pain and stomas. A number of formal concerns have also been raised regarding the MIU and have generally centred on the lack of availability of doctors, having been referred/self-presentedwith problems that the MIU is not designed for.

In May 2024, further correspondence from HIW was received, requesting assurance on a number of patient safety issues following further concerns raised by staff.

Patient feedback drop in event

Members of the local community in Llanelli were invited to attend a drop-in event to learn more about forthcoming temporary changes to the opening hours of the Minor Injury Unit at Prince Philip Hospital.

People could drop-in to the event, at the Antioch Centre, any time between 2pm and 7pm on Wednesday 23 October 2024 to learn more about why the temporary change is needed, how to access care in different circumstances, and what the next steps will be for further engagement with the community.

The event was attended by 119 people and their queries and comments from conversations with health board staff were recorded by notetakers. Attendees also shared comments on event evaluation forms.

In addition to the drop-in events, members of the Executive Team and PPH and MIU senior staff have also met with the local political representatives and SOSPPAN leaders to share information about the need for the service change. This included two local council meetings on 22 October where members of the Board and PPH staff met with Llanelli Rural and Llanelli Town councils to share information and hear feedback.

Patient Survey

As part of the collation of evidence to assess the impact of the temporary overnight closure a continuous engagement channel has been developed. The purpose of this channel is to provide the opportunity for those who wish to provide any thoughts or comments around the temporary closure. A channel on the Health Board’s public engagement site, 'Dweud Eich Dweud / Have your Say', has been created for this purpose.

https://www.haveyoursay.hduhb.wales.nhs.uk/minor-injury-unit-prince-philip-hospital
https://www.dweudeichdweud.biphdd.cymru.nhs.uk/uned-man-anafiadau-ysbyty-tywysog-philip

The questions covered are as follows:

- Please let us know the first 5 characters of your postcode, e.g. SA14 8

- Have you or a member of your family attended the Minor Injury Unit at Prince Philip Hospital?
    - Yes
    - No
- If yes, when did you / your family last use the service? e.g. March 2022
- What time of day did you / your family use the service?
    - 8am – 8pm
    - 8pm – 8am
- Before attending the Minor Injury Unit, did you/your family:
    - Contact your GP
    - Telephone 111
    - Telephone 999
    - None of the above
- Do you understand what treatments are offered from a Minor Injury Unit?
    - Yes
    - No
    - Unsure
- How would you get advice if you had a minor injury and didn't know what service would help?
    - Phone NHS Wales 111
    - Check NHS Wales 111 Symptom Checker online
    - Call 999
    - Check with my usual GP
    - Speak to a pharmacist
    - Visit the Hywel University Health Board website
    - Ask friends/family
    - None of the above
    - Other (please explain)
- How will the temporary overnight closure of the Minor Injury Unit at Prince Philip Hospital affect you?
- Do you have any other comments or feedback that you would like to share with us?

Alongside this online resources have been provided:
https://hduhb.nhs.wales/news/prince-philip-hospital-minor-injury-unit/
Ysbyty Tywysog Philip - Uned Mân Anafiadau - Bwrdd Iechyd Prifysgol Hywel Dda

Section 6: Options development and appraisal

Draft process

Further to the temporary overnight closure of the MIU, the Health Board will undertake a clinically led appraisal of the options for the longer-term model for the MIU in PPH. The scope of the clinically led appraisal of the options will be set by the Steering Group and will form a key element of the Project Initiation Document.

The process will include:

- What should be considered for a longer-term model (including what is in/out of scope)
- What is essential
- What needs improvement
- What can be learnt from the temporary overnight closure
- Agree what 'hurdle' (defined criteria to outline the minimum level that must be met) and 'evaluation' criteria are needed for later stages of the appraisal process
- Consideration of risks and issues

The appropriate representation on the Groups delivering this process are critical.

Draft project objectives

- Develop a series of options for delivery of the Minor Injuries Service at Prince Philip Hospital, based on the principle that the service should be safe, sustainable, accessible, and kind and responding in particular to the fragility and clinical risks of the service.
- This will include lessons learnt from the temporary change to opening hours and the interim service model introduced from the 1st November 2024.
- Options must be consistent with HDdUHB's Targeted Intervention requirements established by Welsh Government.

Draft hurdle criteria

These are the hurdle criteria that were previously developed by the Clinical Reference Group, reviewed and amended by the Executive Team and endorsed for use for HDdUHB's Clinical Services Plan process. The purpose of the hurdle criteria was to set a minimum standard that a draft option had to achieve to be considered further. The sub points within the hurdle criteria have been amended slightly to reflect the needs of this project.

Introducing the hurdle criteria at this stage is only intended to help any understanding of the appraisal process and is not intended to constrain or limit the options generated in the initial longlisting process.

- Clinically sustainable – is the potential option clinically sustainable?
    - Does it allow progress towards delivering quality standards?
    - Does it consider any co-dependencies?
    - Will workforce be available to deliver it?
- Deliverable – can this potential option be implemented?

  - Will it be clinically deliverable within the required timescale (6 – 12 months)?
- Accessible – is the potential option accessible?
  - Does the option provide access within the required timescale?
  - Will it support a reduction in waiting times?
  - Does it support equity of access?
- Strategically aligned – is the potential option a strategic fit?
  - Does the option support the strategic direction or at least not contradict it?
- Financially sustainable – is the preferred option ensure financially sustainable?
  - Does the option support the effective use of financial resources?

Risks

Through the Steering Group the following risks have been identified in delivering the short-listed options to Board in March 2025 for their consideration:

- Clinical, operational and stakeholder involvement is anticipated over the Christmas / peak winter pressures period
- Consideration of the Planning capacity / resources needed to deliver the options appraisal
- That the timeline is as rapid as possible to deliver the options for Board.

Section 7: Conclusion and Next Steps

The Board resolved that an interim service model be put in place from 1 November 2024 for a period of six-months pending an appraisal of suitable sustainable service options. The process to be used to derive the options follows the previously used acute paediatrics process with the options being clinically generated and then tested with a wider stakeholder group. The process will include:

- What should be considered for a longer-term model (including what is out of scope)
- What is essential
- What needs improvement
- What can be learnt from the temporary change to the opening hours
- Agree what 'hurdle' (defined criteria to outline the minimum level that must be met) and 'evaluation' criteria are needed for later stages of the appraisal process
- Consideration of risks and issues

The robustness of the process to develop the options must be ensured as to mitigate against any risks against potential political, stakeholder or reputational issues; ensuring that there is appropriate time to consider the impact and issues arising from the temporary service change; and to ensure there is appropriate time to consider and evaluate the options.

Glossary of Terms

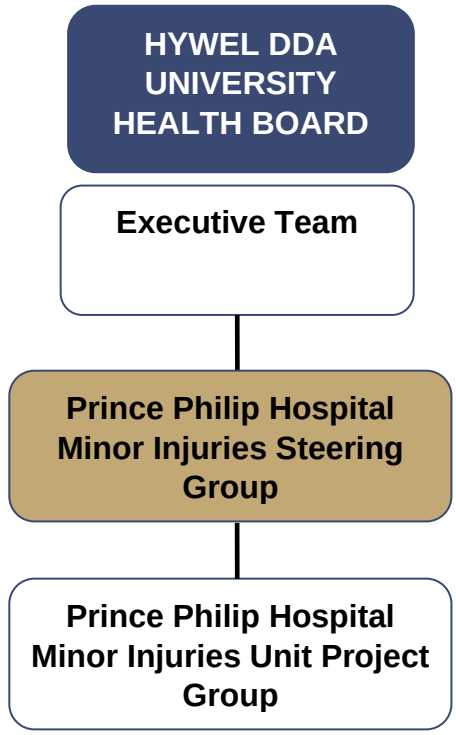
Term	Definition
Acute Services	Acute services provide medical and surgical treatment mainly within a hospital environment or Minor Injuries Unit. These typically include elective surgery (those procedures planned in advance) and non-elective or urgent intervention
Appraisal Group	A group established with inclusive and representative public participation to work alongside the multidisciplinary service representatives to undertake an assessment
Appraise the Options	Undertake an assessment of the available options
Community Health Council / Llais	The Community Health Councils (CHCs) were the independent watchdog of the National Health Service (NHS) within Wales. The CHC encouraged and supported people to have a voice in the design and delivery of NHS services. The CHCs were disbanded in 2023 and replaced by Llais
Complaint	A “complaint means any expression of dissatisfaction”. (Welsh Government 2011)
Concern	A “concern means any complaint; notification of an incident or, save in respect of concerns notified in respect of primary care providers or independent providers, a claim for compensation” (Welsh Government 2011)
Confirm Criteria	Agree using a consensus approach what the criteria should be
Consensus	A mutually acceptable agreement that integrates the interests of all concerned parties. A number of dialogue methods seek to arrange consensus views by stimulating stakeholder discussions and focusing on area of agreement General or widespread agreement. Tends to be used to describe an outcome that 'everyone can live with', as well as unequivocal agreement. A win/win solution
Daytime	In the context of this work this constitutes 8am – 8pm
Deliberative Group	A group established with inclusive and representative public participation to work alongside the multidisciplinary service representatives to discuss and consider information, data and views
Evaluation Criteria	The standards by which accomplishments of technical and operational effectiveness or suitability characteristics may be assessed
Hurdle Criteria	Defined criteria to outline the minimum level that must be met
Long List of Options	A complete list of options gathered as an output from the knowledge, data, material or insights compiled
Minor Injuries Unit (as currently defined for Prince Philip Hospital)	The Minor Injury Unit provides a multi-functional care setting to treat unexpected and urgent minor injuries and/or minor illnesses by ensuring patients are seen by the most appropriate clinician to meet their care needs.
Overnight / night-time	In the context of this work this constitutes 8pm – 8am

Term	Definition
Project Group	The purpose of the Project Group is to develop and deliver an options appraisal for the Board, with regards to the longer-term clinical model for the MIU in PPH that will deliver a safe, sustainable service which meets the needs of the population of Llanelli, and the health and care quality standards.
Project Initiation Document	The PID defines the project scope and identifies how the project will achieve its objectives. It puts the project on a solid foundation, a baseline that provides a place from which the project manager and project board can assess progress. The PID is a living document which is updated and revised as necessary throughout the project
Score the Options	Score each option against the weighted criteria and add these scores up to give an overall score for each option
Short List of Options	A short list of options compiled utilising a consensus approach and hurdle criteria
Standard Operating Procedure	The Standard operating Policy (SOP) has been written to provide instructions and guidance for staff to improve efficiency, flow and compliance while delivering high quality care to adult and paediatric patients within a Minor Injury remit. This will help to alleviate the unprecedented pressure on local Emergency Units and improve access for people with minor illness or injury.
Steering Group	The purpose of the Steering Group is to make decisions on behalf of the Executive Team on the process to deliver the PPH MIU project and to shape the scope of clinical and public engagement.
Temporary service change	A change made to meet service needs for a temporary period
Weight the Criteria	If the criteria are of unequal importance, agree using a consensus approach a weighting to the relative importance of the criteria
Working Group	A small group established with inclusive and representative public participation to work alongside the multidisciplinary service representatives to consider information, data and views

Annex Documents

Annex 1: Terms of Reference Steering Group
Annex 2: Terms of Reference Project Group
Annex 3: Communications Feedback – early engagement from drop-in event on 23rd October 2024

Annex 1



TERMS OF REFERENCE

Prince Philip Hospital Minor Injuries Unit Steering Group

Version	Issued to:	Date	Comments
V.1	**Prince Philip Hospital Minor Injuries Unit Steering Group**	21/10/24	Initial Draft for review and comments
V.2	**Prince Philip Hospital Minor Injuries Unit Steering Group**		Revised following review at meeting 23/10/24

1. Constitution

1.1 The Prince Philip Hospital (PPH) Minor Injuries Unit (MIU) Steering Group (the Steering Group) has been established as a group of the Executive Team and constituted from October 2024.

2. Purpose

- The purpose of the Steering Group is to make decisions on behalf of the Executive Team on the process to deliver the PPH MIU project and to shape the scope of clinical and public engagement.

- The Steering Group will:

2..1 Provide leadership for the PPH MIU Project Group and set the project objectives.
2..2 Receive assurance from the PPH MIU Project Group on the delivery of workshops, the level of clinical and public engagement, and delivery of recommendations.
2..3 Provide assurance directly to the Executive Team via the Steering Group Chair on progress, risks and issues relating to the PPH MIU project.

3. Responsibilities

3.1 The Steering Group will:

3.1.1 Seek assurance that a robust plan, with clear responsibilities, is in place for the safe temporary overnight closure of the PPH MIU including a clinically agreed service model.
3.1.2 Seek assurance that plans are in place for continuous review to ensure necessary operational changes are enacted for the safe operational functioning of the service model.
3.1.3 Seek assurance that a plan is in place for an interim 'lessons learnt' review to inform the development of options for the future service model.
3.1.4 Seek assurance that a project plan is in place for the development of a range of clinical service options, that have been assessed for impacts, to be recommended to the Board.
3.1.5 Ensure that all key stakeholders are involved in the service evaluation and the process to develop clinical options to be recommended to the Board.
3.1.6 Ensure that clinical appraisals and models developed are sufficiently accurate to allow recommendations and decisions to be made in relation to the options appraisal and consultation process.
3.1.7 Seek assurance that there are project plans in place to deliver objectively based clinical recommendations, and sufficiently considers quality.
3.1.8 Seek assurance that there is sufficient public and clinical engagement and leadership in all project activities.
3.1.9 Seek assurance that there is sufficient public and clinical engagement and leadership in the development of any recommendation(s).
3.1.10 Ensure robust governance arrangements are in place for the project management structure.

3.1.11 Ensure criteria is in place to inform an interim evaluation of the temporary service change. This will ensure appropriate data can be collected to inform the assessment of the service and the evaluation of options for the future service model.

3.1.12 Ensure that a review of the temporary service model is undertaken and provided to the Steering Group in sufficient time to inform the review of future service options.

4. Membership

4.1 The membership of the Steering Group shall comprise:

Assistant Head of Workforce
Chief Operating Officer
Director of Communications and Engagement
Executive Director of Nursing, Quality and Patient Experience (Vice Chair)
Executive Director of Strategy and Planning
Executive Director of Allied Health Professions and Health Sciences
Executive Medical Director (Chair)
Head of Planning
Llais representation (In-attendance)
Llanelli GP cluster lead
PPH & GGH Interim Head of Nursing
PPH General Manager
PPH Hospital Director and Chair of the PPH MIU Project Group
Senior Finance Business Partner
SOSPPAN representation (In-attendance)
Staff side-representation (In-attendance)
Welsh Ambulance Services University NHS Trust representation (In-attendance)

4.2 The membership of the Steering Group will be reviewed on a six monthly basis.

5. Quorum and Attendance

5.1 A quorum shall consist of no less than a third of the total membership and must include as a minimum the Chair or Vice Chair of the Steering Group.

5.2 Any senior manager of the Health Board may be invited to attend by the Steering Group where it is felt appropriate to do so.

5.3 The Steering Group may also co-opt additional independent external ‘experts’ from outside the organisation to provide specialist skills, including specialist legal advice.

5.4 Should any Member be unavailable to attend, they may nominate a deputy to attend in their place.

5.5 The Steering Group may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of particularly contentious issues.

6. Agenda and Papers

6.1 The agenda will be based around the Steering Group work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Steering Group members. Standing items will include:

- Minutes and Table of Actions
- Review of Project Plan, Actions Log and exception reporting of timeline activities
- Review of Risks and Issues
- Any other business

6.2 The agenda and papers for meetings will be distributed no later than three (3) working days in advance of the meeting.

6.3 The draft minutes and table of actions will be circulated to members within three (3) working days to check the accuracy.

6.4 Members must forward amendments to the Steering Group Secretary within three (3) working days. The Secretariat will then forward the final version to the Chair for approval.

7. Frequency of Meetings

7.1 The Steering Group will meet fortnightly and shall agree a quarterly schedule of meetings in advance. Additional meetings will be arranged as determined by the Chair of the Group.

7.2 The Chair of the Steering Group, in discussion with the Steering Group Secretary shall determine the time and the place of meetings of the Steering Group and procedures of such meetings.

8. Accountability, Responsibility and Authority

8.1 The Steering Group is directly accountable to the Executive Team for its performance in exercising the functions set out in these terms of reference.

8.2 The Steering Group shall embed the University Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

8.3 The requirements for the conduct of business as set out in the University Health Board's Standing Orders are equally applicable to the operation of the Steering Group.

9. Reporting

9.1 The Steering Group, may, subject to the approval of the Executive Team, establish Sub-Groups to carry out on its behalf specific aspects of the Steering Group's business. The Steering Group will receive an update following each meeting providing an update on business undertaken on its behalf, from the below:

9.1.1 PPH MIU Project Group.

9.2 The Steering Group's Chair will:

9.2.1 Report to the Executive Team on the Steering Group's activities.

9.2.2 Bring to the Executive Team's specific attention any significant matter under consideration by the Steering Group.

9.2.3 Ensure appropriate escalation arrangements are in place to alert the Executive Team of any urgent/critical matters.

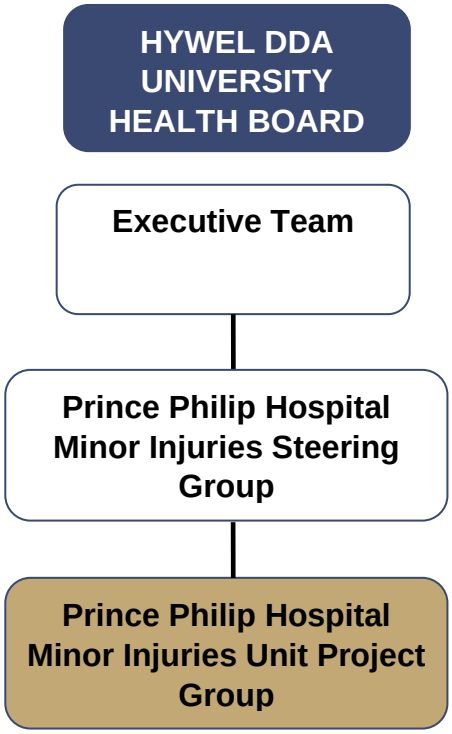
10. Secretarial Support

10.1 The Steering Group Secretary shall be determined by the Steering Group Lead/ Chair.

11. Review Date

11.1 These terms of reference and operating arrangements shall be reviewed on at least a six monthly basis by the Steering Group, or when a substantial change to activity occurs.

Annex 2



TERMS OF REFERENCE

PRINCE PHILIP HOSPITAL MINOR INJURIES PROJECT GROUP

Version	Issued to:	Date	Comments
V.1	**Prince Philip Hospital Minor Injuries Unit Steering Group**	21/10/24	Initial Draft for review and comments to the Steering Group
V.2	**Prince Philip Hospital Minor Injuries Unit Project Group**		Revised following review at Steering Group meeting 23/10/24

1. Constitution

1.2 The Prince Philip Hospital (PPH) Minor Injuries Unit (MIU) Project Group (the Project Group) has been established as a group of PPH MIU Steering Group and constituted from October 2024.

2. Purpose

- The purpose of the Project Group is to develop and deliver an options appraisal for the Board, with regards to the longer-term clinical model for the MIU in PPH that will deliver a safe, sustainable service which meets the needs of the population of Llanelli, and the health and care quality standards.

- The Project Group will:
  - 2..1 Undertake an assessment of the impacts of the interim changes to the PPH MIU service to produce a paper outlining all the changes, impacts and issues to date.
  - 2..2 Undertake a clinically led appraisal of the options for the service following a six-month overnight closure of the Unit.
  - 2..3 Following discussion with Llais, make a recommendation to the Board on whether engagement and/or consultation on the future service is needed following the options appraisal

- Following approval by the Board, the Project Group will oversee the implementation of the preferred longer-term option for the clinical model for the MIU in PPH.

3. Responsibilities

3.2 The Project Group will:

3.2.1 Develop and maintain a project plan to provide assurance to the Steering Group on the activities which will be carried out during the process.

3.2.2 Develop an operational implementation plan to support the preferred option.

3.2.3 Facilitate workshops, with sufficient stakeholder representation, for clinical staff to provide an objective view on the issues paper.

3.2.4 Ensure that there is sufficient stakeholder representation outside of workshop to provide assurance that a wide range of views have been considered.

3.2.5 Ensure that there is sufficiently accurate data, based on clinical considerations and planning assumptions, within workshops to deliver a robust assessment/report.

3.2.6 Ensure that impacts and risks are assessed throughout the project and a QIA (Quality Impact Assessment) and EQIA (Equality Impact Assessment) are undertaken for each option to inform and support decision-making.

3.2.7 The Project Group will, in respect of developing and delivering an options appraisal with regards to the longer-term clinical model for the MIU in PPH:

3.2.7.1 Be responsible for maintaining the scope of the Project Group by setting inclusion and exclusion criteria for modelling purposes

3.2.7.2 Inform the Steering Group of the modelling potential and limitations which could impact decision making

3.2.7.3 Provide assurance to the Steering Group that decisions made by the Project Group are based on sufficiently accurate modelling

3.2.7.4 Create additional project groups if required to seek focused assurance around the interpretation of service specific data

3.2.7.5 Be responsible for making decisions on the inclusion or exclusion of data sets as part of the modelling activities and reporting these to the Steering Group

3.2.7.6 Provide assurance to the Steering Group that modelling data for engagement, appraisal, consultation, etc. is suitable to allow informed decisions to be made

3.2.7.7 Use feedback loops to further develop the modelling following engagement, appraisal, consultation, etc.

3.2.7.8 Advise on the detailed model for the MIU in PPH and the financial and workforce implications of the new model.

3.2.7.9 Advise on a sufficient and suitable workforce model.

3.2.7.10 Assess the revenue implications of the options and preferred solution.

3.2.7.11 Establish a robust project timetable to allow the monitoring and reporting of project progress.

3.2.7.12 Ensure the service model is consistent with the wider Urgent and Emergency Care model for the Health Board.

3.2.8 Establish capital scheme governance arrangements in accordance with Health Board standards.

4. Membership

4.1 The membership of the Group shall comprise:

2Ts Cluster Lead
Amman Gwendraeth Cluster Lead
Assistant Director of Communications
Assistant Director Primary Care
Data analyst
General Manager for PPH (Vice Chair)
Head of Planning
Head of Workforce
Llais representation (In-attendance)
Llanelli GP Cluster Lead
Mental Health Representation
MIU Clinical Lead
PPH consultant representative
PPH Hospital Director (Chair)
PPH & GGH Interim Head of Nursing
PPH Lead Nurse ENP
Scheduled Care representation
Senior Finance Business Partner
Service Delivery Manager and Clinical Lead GP OOHs
SOSPPAN representation (In-attendance)
Staff side-representation
Therapies representation
Welsh Ambulance Services University NHS Trust representation

4.2 The membership of the Group will be reviewed on a six monthly basis.

5. Quorum and Attendance

5.1 A quorum shall consist of no less than a third of the total membership and must include as a minimum the Chair or Vice Chair of the Project Group.

5.2 Any senior manager of the Health Board may be invited to attend by the Project Group where it is felt appropriate to do so.

5.3 The Project Group may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills, including specialist legal advice.

5.4 Should any Member be unavailable to attend, they may nominate a deputy to attend in their place.

5.5 The Project Group may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of particularly contentious issues.

6. Agenda and Papers

6.1 The agenda will be based around the Project Group work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Group members. Standing items shall include:

- Review of Actions and Decision Log
- Exception reporting of timeline and project plan
- Exception reporting of risks and issues
- PPH MIU Steering Group Reporting
- Any Other Business (AOB)

6.2 The agenda and papers for meetings will be distributed no later than three (3) working days in advance of the meeting.

6.3 The draft minutes and/or table of actions will be circulated to members within within three (3) working days to check the accuracy.

6.4 Members must forward amendments to the Project Group Secretary within within three (3) working days. The Secretariat will then forward the final version to the Chair for approval.

7. Frequency of Meetings

7.3 The Project Group will meet fortnightly, scheduled to enable timely reporting into the PPH MIU Steering Group and shall agree a quarterly schedule of meetings in advance. Additional meetings will be arranged as determined by the Chair of the Project Group.

7.4 The Chair of the Project Group, in discussion with the Project Group Secretary shall determine the time and the place of meetings of the Project Group and procedures of such meetings.

8. Accountability, Responsibility and Authority

8.4 The Project Group is directly accountable to the PPH MIU Steering Group for its performance in exercising the functions set out in these terms of reference.

8.5 The Project Group shall embed the University Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

8.6 The requirements for the conduct of business as set out in the University Health Board's Standing Orders are equally applicable to the operation of the Project Group.

9. Reporting

9.3 The Project Group, may, subject to the approval of the PPH MIU Steering Group, establish Sub-Groups to carry out on its behalf specific aspects of the Project Group's business. The Project Group will receive an update following each meeting providing an update on business undertaken on its behalf, from the below:

9.3.1 PPH MIU Operational Group.

9.4 The Group's Chair will:

9.4.1 Report to the PPH MIU Steering Group on the Project Group's activities.

9.4.2 Bring to the PPH MIU Steering Group specific attention any significant matter under consideration by the Project Group.

9.4.3 Ensure appropriate escalation arrangements are in place to alert the PPH MIU Steering Group of any urgent/critical matters.

9.4.4 Report progress on the PPH MIU Project to the Operational Planning, Governance and Performance Group.

10. Secretarial Support

10.1 The Project Group Secretary shall be determined by the Project Group Lead/ Chair.

11. Review Date

11.1 These terms of reference and operating arrangements shall be reviewed on at least a six monthly basis by the Project Group.

Feedback from the Public Drop in Event:
Temporary Overnight Closure of Prince Philip Hospital, Minor Injury Unit at the Antioch Centre, Llanelli 2pm to 7pm, 23 October 2024

Members of the local community in Llanelli were invited to attend a drop-in event to learn more about forthcoming temporary changes to the opening hours of the Minor Injury Unit at Prince Philip Hospital.

People could drop-in to the event, at the Antioch Centre, any time between 2pm and 7pm on Wednesday 23 October 2024 to learn more about why the temporary change is needed, how to access care in different circumstances, and what the next steps will be for further engagement with the community.

The event was attended by 119 people and their queries and comments from conversations with health board staff were recorded by notetakers. Attendees also shared comments on event evaluation forms.

The feedback from conversations and event evaluation forms have been collated and broadly themed and grouped below.

MIU – temporary overnight closure

- What footfall at MIU did you have prior to closure between 8pm and 8am?

- Thought the unit was closing (MIU)
- Very disappointed in the decision to close Prince Philip minor injuries
- It's not a downgrading / closing down. It's a system that is not working?
- Why close an existing service which has already been downgraded from an A&E
- What is the problem? Why can't it be open over night?
- Closing it in the worst month – winter
- I was disappointed that the MIU is being closed overnight
- I didn't realise you were going to close Prince Philip MIU altogether at night – that's not good, it's sad
- Who decided that we're going to close MIU from 8pm to 8am for a population of 120,000?

- I was pleased to learn that the services in MIU Llanelli aren't necessarily becoming as closed off. I was previously under the impression of

- The people have said don't close the MIU, will the members of the board reconsider now and say we've made a mistake?
- Is this a done deal to close the A&E? For what reason? (in response to why emergency patients shouldn't attend MIU)
- Times have been extended before for services why are there now being reductions in opening times?
- At the end of the day it is letting the area down going from 24 hours to 12 hours. The basics of medicine is to save life
- 24 hour services. Already been resources taken from A&E

- Very important that the unit is not closed for 12 hours over night
- MIU 24 cover should be restored as soon as possible
- Keep Llanelli MIU open
- Keep the MIU open

- What is the rationale behind the cut off of 8pm-8am?
- This is a clinical decision, purely clinical?
- Why have they chosen Prince Philip?
- Aware of rationale as listened to the Town Council Meeting
- Why are you doing this now and not 6 months ago?
- It was unsafe a month ago, it was unsafe 18 months ago
- This is another downgrade. What security do we have in the next 6 months?
- Future of MIU? If you had been able to sort problems by now, you would have
- What will be reviewed during the next 6 months?
- Are you going to change your decision?

- So you're saying there not enough doctors?
- If you can't get staff now how can you get opened after consultation
- Is this because it short of staff (MIU). Nobody will work nights – is that the reason?

- I'm fearful after 8pm at night
- What do you define as 'at night', from when to when?
- What if you get ill in the night?
- But you could go up to the hospital in the evening but with the changes you won't be able to

- Staff are terrified of doors closing at 8pm

- There were 6000 patients at night in MIU last year. Where do they go now?
- Where are people supposed to go outside of the normal operating hours?
- If someone turns up at 8.30pm, will they see a doctor?
- Opening hours – 8am-8pm – what if people fall ill outside of these times? People don't put a time on falling ill. It's really not moral to let people struggle
- If people are in reception, what will happen?
- So you're saying that after 8pm you can't walk into the MIU – you are literally closing the doors on patients. Isn't this dangerous? Where do people go?
- Is there a cut off time, so say if someone came in at 5pm to the MIU, if you had too many people, would you say no, and signpost them to Glangwilli?
- If someone walks into the MIU at 7.59pm, will they still be seen? I think you will get staffing issues with this, as staff will have to stay late, and then they won't want to work for you and will be leaving.
- Also, what will happen at closing time, (at the MIU), will staff stay on if 20 people are still in the waiting room?
- If staff are finishing at 8pm, if you turn up at 7.55pm will you still be seen?
- What's the closure position, is it 8pm no more patients, or if there are a lot of patients, will it be closed earlier?
- Are the doors actually going to be closed from 8pm? How is there a danger to patients, surely it is more dangerous for patients to not be seen?
- If you arrive at MIU at 6pm and you're still waiting at 8pm – what happens to that person?
- 80% go for minor injuries we thought that after 10pm in the evening we would be ignored

- At 8pm when MIU closes – where will the patients in those beds at MIU – where will they go?

- If MIU closes at 8pm we will have nothing in Llanelli
- Where are people supposed to go overnight?

- Opening 8am-8pm, do you think people will wait until the morning or converge on Glangwili and Morriston?
- If it's closed in the night, won't there be a lot of people there in the morning waiting?
- Are we going to have the situation where we don't have a doctor in the afternoon? Will that happen in the 8-8 period?

- Isn't it dangerous for a patient not to be treated at MIU because it's closed?
- What are the risks of keeping MIU open?
- I understand the issue of safety, but it's not safe for people to not have the MIU here

- When Prince Philip is shut overnight, Morriston is shut like it was the other day and Glangwili is inundated – where are we meant to go?

- 1st November – you're closing MIU for good not just 6 months
- Is this all inevitable?
- You are going to do what you want to do

- In 2 years' time, are we going to have another meeting like this about closure of MIU like we did when A&E closed

- Surely the MIU, if you can't get GPs, it's better to keep it open with nurse practitioners. You need to tell people it's only for minor injuries – sometimes it's an honesty thing, I know in 6 months' time it will happen (close) again.

- There should be somebody present 24/7 so that in an emergency patients can be seen

- Is this model affected by Bank Holidays?

- Are there enough patients for having an up to midnight service? So is there flexibility with the GPs as well as service need?

- Is an out of hours rota that could be shared possible, like 3 hours each?

- Forget all the red tape, go back to basics, and start building it back
- I don't think the public is convinced
- What's going to happen in the next six months that hasn't already been tried?

- There is a perceived risk to life
- This closure could cost lives
- It's a life threatening thing to do
- How many people die on route to Hospital?
- Major deaths are going to happen
- People will die
- People are going to die and it's making the people of Llanelli very anxious and angry
- Fears lives are going to be lost. Fears if you wait until morning, you'll be dead
- How many will be dead before getting to Glangwili? It is a matter of life of death
- Will this change lead to deaths?
- Can you predict more death by closing the MIU?
- It will be interesting to see the first death
- Who is going to take accountability when people die? Hywel Dda have a duty of care for the people of Llanelli
- Who is going to take accountability for the impending deaths!?

- Where is the duty of care for the people of Llanelli? People are going to die we need to reinstate A&E at Prince Philip
- The Health Board is putting everybody at risk

MIU - Recruitment

- People don't want to come to West Wales lots of staff working in Swansea
- Difficult to get young doctors to work in Wales. Hard sell
- Make Llanelli more attractive to work. There is nothing here

- Why hasn't recruitment been done before
- Who is in charge of recruitment and why has nothing been done about recruitment yet and why are there issues with recruitment?
- If the problem has not been alleviated, what will happen in 6 months' time. Why was recruitment not done sooner?
- Why haven't Hywel Dda looked for more staff and re-opened A&E

- Is recruitment the issue?
- Why aren't we able to recruit doctors?
- Are you looking for clinical people to reopen?
- The advertising hasn't taken place about this, I know Llanelli needs that service, people need the service, I don't think it's enough for you to say we can't get the doctors

- Has recruitment been just word of mouth? I'm not surprised by the state of the MIU. How are you going to recruit fully qualified staff?
- Where has the Health Board looked to recruit, locally, within Wales, within the UK and Internationally? How far are you looking for staff?

- Is it just GPs we are struggling with recruiting, or nurses too? Is it literally just the GP aspect of recruitment that is the struggle?

- What about other doctors other than GPs, can we use them instead?

- Why didn't they recruit 18 months ago?
- For 3 years you have not advertised for a doctor. They haven't made much of an effort
- Where are you going to get the staff in 6 months?
- You can get doctors for the next 6 months

- Why is it so difficult to get doctors to work overnight?
- Why don't they want to work nights?
- How can you attract more doctors to work overnight?
- Why are you showing doctors around and employing them if they don't want to work nights?
- What's the excuse? Lack of doctors? How many are missing?

- I am sure there must be doctors around who want to work nights

- Are you offering enough money to get these doctors in at night? Maybe you need to look at how much you pay them to work night

- Is there a way of working with trainee doctors to get them to work in the unit?

- Can retired doctors come and work in the MIU?
- What about retired doctors?

- Is it because they weren't given a contract? (Doctors)
- Why haven't you sought GP's from across the UK – why are there challenges?
- Is it due to funding? If not why aren't GPs taking up the jobs if they get paid?
- Why can't you recruit doctors instead of GPs?
- How many days a week are you struggling to find a GP?
- Where do you go to recruit GPs?
- Why is there a shortage of GPs?
- How many GPs do you need to make it work?
- One doctor from every surgery to cover a night shift
- Can you bring in GPs from another county?
- Can we change the [MIU GP] role? What's putting them off?

- Can't you get more nurses?
- Questions over recruitment. Where have HDd looked for nurses? How far have you been searching?
- I appreciate that even recruiting nurses is hard
- Is it that nurses in Scotland and England get paid more money than in Wales?

- Not needing agency very impressive
- Good news agency is stopping
- Are you saying there are no locums. Aren't there banks of locums?
- How about nurses- aren't there enough in bank?
- How can we get around bank nurses' situation?
- Quoted example of a nurse who was refused a job at Prince Philip so went to an agency and sent to Bristol
- Nurses rather work bank and get paid much more than being Hywel Dda staff

- How can they get doctors in different hospitals?
- Why haven't Glangwili or Morriston got this problem?
- You've got doctors in Carmarthen and Swansea – why not Llanelli?
- I knew doctors who came from Cardiff to work in Llanelli
- There was no problem recruiting nurses for the A&E (Prince Philip)

- Start looking for staff for A&E
- Please recruit doctors as we are desperate for cover

- There are clearly issues with retention, what are you doing to resolve them?
- Once qualified, do staff move on?
- Why are staff trained by our health board and not retained?
- The way to strengthen our hospital was to train and retain staff

- I don't believe you can't get doctors to work. No doctor would want to work for a second class hospital

- The public need regular updates as to the progress of the recruitment

- What is the recruitment situation at WAST? – Is this problematic for the HB?

- There was never a problem in Carmarthen (discussing doctor cover)
-
- Who is in charge of recruitment?

- Are staff supportive of this closure? Temp closure
- Staff are angry about what is being said in meetings

MIU – What will happen after 6 months?

- I am asking for guarantees about the future

- That level of clinical risk isn't going to drop off after November 1?
- You can make it work for 6 months
- 6 months – guarantee that things will be back to normal? Look at it on a weekly monthly basis
- Can we assume that in the future, you will reintroduce 24hrs MIU cover?
- Llanelli to have a 24 hour MIU needed for a Town this size
- They've been looking at this for 8 years. How come do you think you're able to solve this in 6 months?
- Access to the hospital is wanted for all hours. In 6 months' time will the MIU go back to how it is currently run?
- What's going to be different in 6 months' time and why are we not managing things better?
- What are you going to do within the next 6 months?
- What will happen in 6 months that will mean you can you reopen?
- Reinstate MIU to ensure patients' safety

- So you're saying the desired intent is for the MIU to stay open. I'm encouraged to hear you say this
- How do you know if you are going to re-open it in 6 months? How do you know at the end of 6 months that you are going to get doctors?
- So, the 6 months period, what will happen after this?
- Can you put it in writing that it will be back open in 6 months?

- If the problem has not been alleviated, what will happen in 6 months' time. Why was recruitment not done sooner?
- What will happen in the future? You can get all the data you need in 6 months, but if you can't get the staff it won't matter
- If GPs aren't going to work nights now, they aren't going to work them in 6 months' time
- I saw on the BBC today that there is a problem employing doctors (for the MIU). What makes you think that you can solve the problem in the next 6 months? What happens after the 6 months, will it roll on for another 6 months until you can find anyone?

- Why 6 months temporary?

- What would prevent the MIU from closing?
- If there was reassurance that it won't close as a GP led service during the day as well, then that would be something.

- The MIU is being closed overnight for 6 months – is this going to be permanent
- Is this 6-month trial a way of getting rid of the service altogether?
- Feel like you've already decided that it's shutting
- I can see MIU being closed completely
- I know in 6 months' time it will happen (close) again
- What guarantees can you give it won't close in 6 months' time?
- It ain't going to open again I can assure you
- 6 month review feels like a pointless exercise. If you ask me the decision has already been made
- You're not closing it down for 6 months, it's closed for good and gone, you've made your decision

- What happens after 6 months? Are you going to have another meeting to say it is closing again?
- Will the MIU close? You could change your mind in 6 months' time!
- People are thinking now as its shutting, it may not re-open in 6 months' time
- Nobody believes that you are going to re-open in six months
- The fear is that once it's [MIU] gone, it's gone

- It just makes me so anxious about this because this happened before (A&E) and it wasn't changed after 6 months

- Is making it a nurse-led an option after 6 months?

- I know these decisions are difficult
- That the MIU continues as a doctor led facility if possible for 24 hours if not the certainly as a doctor led facility during the day. It must as a minimum be kept open 24 hours even as a nurse led facility

- When things change, and they promise things are coming back, they never do. I'm not blaming you, it's the government. They build houses and they don't consider infrastructure, and it's very difficult for you (Hywel Dda), but people are going to die. What we are concerned about is the growing population, travelling long distances, this is not conducive to the living standards of today. Lots of people don't drive. How do we shift this government into realising that they are putting in place what we require to sustain us. Money is being wasted on a lot of things and government makes those decisions. How can we influence the government in having second thoughts in how they can save lives. It should be Hywel Dda's responsibility to decide (how money is spent) on appropriate healthcare

MIU – general comments

- Common sense it needs to be in Llanelli

- Access to services is vital

- Are we going to lose MIU completely?
- I want someone to be there overnight. There is no plan

- It's not safe – Nurse led would be better than nothing
- Shouldn't an MIU be nurse led unit?
- You could have nurse-led, better option
- Can we have a nurse led service in Prince Philip instead?
- Nurse practitioners are better than nobody at all
- If you had Advanced Emergency Nurse Practitioners would that solve the problem?
- Paramedic practitioner – could they do more of that in Prince Philip?
- Agrees that this is a huge responsibility to put on the nurses when the wrong patients are brought into MIU. This responsibility turns into a bag of risk when the GP is not there as a medical lead

- Why does it have to be a GP [in the MIU] – can't it be staffed by doctors with A&E experience?
- Haven't you got enough doctors to cover?
- Weren't the GPs aware that they would have to work 24 hours? Wasn't it a condition of the job?
- Some people want to see a doctor, rather than a nurse

- I was in Prince Philip last Friday – 2 people came in who shouldn't have been there. This should have been 999 but he would have had to wait 4+ hours
- Do agree that some people waste time. What are they doing about drunks and those who are high? You have to have a reason to be there. People are still wating to be seen at 7pm at the MIU
- We get angry when we go in and people are taking the mick (discussing people who do not need to be at MIU)
- The whole system – people will always abuse it
- People are coming into the MIU queuing for something ridiculous
- It's a lot of the public's fault as well

- What will happen to medical patients that have been admitted during the day, will it be staffed as a holding area all night? Where will the patients go if the hospital is full? What happens if it is gridlocked in the hospital
- But doesn't that tell you what we need that people are presenting with those conditions (regarding people going to MIU with acute conditions)

- Can you imagine if I hadn't taken him to Llanelli that night he would have gone
- If you have a heart attack you're not going to phone 111 you just take yourself to the hospital. When you're in that situation you don't think about policy. It's all closing at the end of the month well done!
- I had a major vertigo attack and was in Prince Philip for 3 days. If that was another patient, where would I take that person? Also, we are on the phone a long time with 111 and these other services
- What happens if "little Johnny" turns up with blood pouring out of his head?
- What happens if at 10pm I chop the top of my finger off? Accidents happens all the time
- Lives were saved because it was local. A guy last week said " They saved my life. I would not be here if I was sent to Glangwili

- If I was having a suspected heart attack at least staff in MIU would help
- I'd rather a GP save him in MIU
- I would have anyone take me to MIU
- The assumption is no matter what your condition – there is someone in Prince Philip that can help.
- I knew if I was on site someone could see me

- In 2012 when the decision was made to close the A&E, we were told the MIU service would be 24 hrs!
- People of Llanelli think it's an A&E. Lived here all my life, seen a huge change in service since the 80's
- MIU has been bastardised
- This is not living up to what we should be given for our health
- The service we need here is more than an MIU

- We still need those facilities. It's really worrying
- I need that comfort / reassurance that the services are there

- You keep saying MIU is unsafe but Glangwili is dangerous

- Do you gather details about why people go to MIU, and the type of injury they have?
- Have you reviewed activity? What are the concerns raised?
- What percentage of visits to MIU are there between 8am and 8pm that could have waited until the next day?
- What is the demand currently from 8pm-8am?

- Do you get regular attenders [in MIU]?

- We need that MIU open overnight, I will do whatever I can to keep it open
- Not being able to access 24-hour care is my main concern

- The concern is that we lose the Dr led MIU altogether and that would be a tragedy for the community

- I have concerns regarding Monday mornings at MIU
- What time would the minor injuries be open in the morning?

- How do the others [MIUs] in Wales manage?
- Are there MIUs in the rest of the county?
- Apart from Glangwili, all the other MIUs are part time? Do you just want to pull MIU Prince Philip into the same bracket as the others?

- Minor injuries not treated in Prince Philip – sent to Morriston
- People who need MIU are being taken to Glangwili and that's a strain on them
- The services you are offering won't be able to cope with additional demand. I've been told Glangwili and Morriston haven't even agreed to this
- People don't realise A&E has issues, this message has been missed, and it needs to get out there, you don't use a minor injuries unit as an A&E. The A&E is being misused by people who have minor injuries

- When I took my husband there they were fantastic
- The treatment when you get there is wonderful
- Positive – son went to MIU Sunday dealt with and job done. But what if that had happened in the middle of the night?
- I appreciate the staff working in the unit, and other members of the public do

- How can a doctor diagnose you over the phone?
- If people are presenting with minors can they be triaged so that you treat the right people?
- Improve triage system and advantages?

- I've had limited engagement with MIU but I think the nurses are amazing so thank you. Nobody wants them to be targeted
- Your nurses are amazing when I've presented even if I shouldn't have presented they were amazing
- Why don't nurses feel safe? (referring to the BBC coverage) there are doctors in the hospital if something goes wrong?
- Why can't we move staff from Glangwilli to Prince Philip? The Carmarthen area is smaller than the Llanelli area
- We've had feedback that morale is low
- Why are there doctors in Glangwili and not in Prince Philip?
- Doctors from Glangwili should cover Prince Philip
- Can you train staff and upskill them as casualty and trauma trained?
- A Morriston A&E consultant said he would have gone to do shifts in Prince Philip had he been asked? MIU General comments

MIU - strength of feeling

- It's restored my faith in Llanelli people to see them fight. I'm passionate we have lost so much in this town

- We are annoyed and disappointed and fearful

- It's so worrying
- The thought of going to Morriston or Glangwili is worrying
- People are fearful
- I'm so upset
- Concerns that West Wales General Hospital [Glangwili] will never close and unfair to Llanelli residents

- It's going to be "we survived the winter so we'll carry-on"
- We seem to be getting worse not better
- Everything seems more difficult

- I think as a resident of Llanelli, and I haven't used this service much, but it is an outrage. I live close to the hospital, I have spoken with Nia Griffiths. A doctor responded to her and said 'I can come and work there now
- I don't know who to believe about all this but I do believe Nia! [Nia Griffiths]
- We are having 30 new Senedd members, I think that money should go to the hospital

- Nobody takes any notice of what we say

- Experiences within A&E and MIU have been bad, and I don't want to travel to Swansea. I don't feel that this is a temporary measure, and I feel let down

- I understand the issues [the Health Board faces], but I'm very unhappy about this change

- You just want to close Prince Philip – I don't trust the HB
- We have no confidence in Hywel Dda UHB
- The local people feel the health board have made the decision so tough to local people. Local people don't trust the HB
- We were promised when we lost our A&E that MIU would be 24/7. We feel betrayed
- Disagree completely with this decision. The people of Llanelli deserve so much more. No faith in Hywel Dda

- It would be better off if we moved to Swansea
- The people of Llanelli have been left down

- Lots of social areas in Llanelli have been robbed all along
- You are walking all over the people of Llanelli

- People are going to die and it's making the people of Llanelli very anxious and angry
- Llanelli is always second best
- Llanelli is always at the bottom of the pile
- Llanelli is at the bottom of the pile
- It's not fair on Llanelli people

- You can see that we are desperate, can't you?

NHS 111 Service

- Phoned 111 last week – I was 97th in the queue – spent 3 hrs on the phone
- You have to wait sometimes 3 hours for NHS 111 calls to be answered
- Also, we are on the phone a long time with 111 and these other services
- You can wait up to 2 hrs for a call back from 111 – not good enough

- The wait for a call back from 111 is hours
- I've phoned 111 and waited for callbacks

- 111 capacity is awful – impossible to speak to people there

- Are there statistics about rates and times of callbacks

- I used 111 and they were good, but I have concerns regarding the future of services and the long waiting times

- I have had experience of using 111 and it is not fit for purpose I was sent to the wrong place
- 111 not fit for purpose
- 111 – don't find it of any use at all. It feels like somebody just reading from a manual
- 111 not fit for purpose
- I have had a poor experience with 111 I can find the same information on google. They were dismissive of my problems

- My father was told when he called 111, where is your nearest hospital, Prince Philip, so he was told to go there, and I told him this was wrong, there is no A&E in Prince Philip, so we had an argument!
- If someone calls 111 and told to go to hospital, where should they go?

- 111 – well I have to take your word for it. I won't know until I try it

- It has a knock-on effect on 111

- People of an older generation are used to going to physically see a doctor, 111 isn't what they're used to, so is difficult for them.

- Had used 111 service and had worked well for him

- Good that you are working closely with 111 and 999 and also Mental Health Services

A&E Services

- Too much pressure on A&E
- I would love some answers today. If people are presenting at A&E with problems which are more than A&E goes to show that we need more than minors

- Has anybody looked at reopening A&E? (Prince Philip)
- Why can't the A&E be re-opened?
- Is there a chance that it could be upgraded again? (A&E)
- Why not put it back to A&E as it was?
- Will MIU ever go back to being an A&E
- Llanelli – MIU not working very well – need an A&E back
- We need an A&E back not a Minor Injury Unit, people travelling to Glangwili and back is mindboggling
- Return a full A&E service to Prince Philip
- We need A&E reinstated

- I was disappointed that the A&E closed
- When A&E closed the population of Llanelli was less than what it is now, why are the services being downgraded further?

- When A&E closed, I disagreed. This is another downgrading

- I think you need to open an A&E. Llanelli needs it
- I would like to see a 24-hour A&E in Llanelli
- A&E is desperately needed

- They should never have taken the A&E away
- They should never have taken the A&E away
- We have been downgraded and we have no A&E here

- Is there an A&E in Prince Philip?

- You should have an A&E in every hospital (in response to comment about medicine being so specialised & you can't deliver highly specialised care everywhere)

- Why is it no longer an A&E – the people in Llanelli know it as an A&E and will keep turning up
- People don't realise A&E has issues, this message has been missed, and it needs to get out there, you don't use a minor injuries unit as an A&E. The A&E is being misused by people who have minor injuries.
- Is there inappropriate use of A&E, MIU due to the problems with accessing and getting hold of GP's?

- How many doctors are on call in Glangwili A&E and why does it take so long to see a doctor in A&E?

- With a larger population than Carmarthen, why do they have an A&E, and we don't? I have had experience with waiting for an ambulance and was told not to move but after 12 hours there was no ambulance. They sent out a taxi to get me, but I was told not to move but I got in the taxi to go to Glangwili A&E. When I arrived despite being told that they were waiting for me I still had to wait to have scans and tests done and there was not a bed available for me. There were other people waiting in cars because there was no room in the waiting area for them.
- People are still having heart attacks and issues if A&E worked before why can't it work again?

- £100k spent on consultation over closing A&E but it was a foregone conclusion – waste of money

- Was it ever a functioning A&E?

- Glangwili doesn't work as an A&E

Acute Medical Assessment Unit (AMAU)

- Can we go to AMAU without an ambulance?
- Can you still go to the AMAU at Prince Philip? If someone has a stroke or a heart attack, how do they get into the AMAU?

- So really the systems for admission to AMAU with 111 or 999 is better going forward than it has been? What about the out of hours service? Is that the same as you were taking about?

- That's reassuring (about getting referral to AMAU)
- Everybody is scared of being left with nothing. But you're telling me if we fit the criteria for AMAU we go to Prince Philip? Why Prince Philip?

- How do you get to access AMAU? I was 4 days in an ambulatory chair, I would have gone to AMAU but it wasn't even thought of. There are pot holes in the system that could be filled.

- Will you be seen by a doctor if you are having a stroke and attend the AMAU?

- What is the difference between a AMAU and an MIU – How is the process different?

- Why can't the doctors in AMAU cover the MIU?
- If you have staff at AMAU, why can't you use them at MIU
- Can doctors in AMAU act in a supervisory role to oversee the nurses in MIU?

- What is the difference between an AMAU and an A&E?
- If you can't get an ambulance, can you be driven to an AMAU by a neighbour?

- AMAU – How is it going to produce extra space and staff? I worked in Prince Philip as an agency nurse but when I applied for a substantive post I was rejected and told that I was not good enough. How can I work as an agency nurse but not in a substantive role?

- Will SDEC be affected, or will it be the same? And still referral from AMAU to SDEC?

- AMAU has become a bit of an A&E

- AMAU is already stretched
- AMAU staff are already stretched, will this stretch them further?
- AMAU is full. How are you going to magically produce extra beds and extra staff. To me it does not sound realistic
- Capacity of AMAU is questionable – Lack of access and people sleeping in chairs. Inappropriate sharing of cubicles.
- People who go to MIU will clog up the AMAU unit. Glangwili we know is overstretched, We have already relinquished the A&E at Prince Philip. Board need to look at this, I wrote to them, and it says 'we will not revisit this'. If enough people are saying what I am saying then it needs to be revisited. It doesn't matter what it will cost, it will save other hospitals money. It's no good saying after the event 'they went to the wrong hospital'. Nothing you will say will change my mind.

- Is there any way of extending AMAU as it's so busy? It needs to be able to accommodate the population need here

- The concern is that you (HB) will take the AMAU away – then Prince Philip will be an appointment only hospital.

- We also need reassurance that if you can't get someone to AMAU in a car, that help is on its way quickly

Ageing Population - Older / Vulnerable Population

- There are more pensioners around. We are not to be getting rid of. We are not a nuisance
- People know about the ageing community for the past 60 years
- The population is vast and ageing population heading into the coldest months of the year this is ridiculous. It's scary
- The problem is when you live longer you get multiple conditions

- There is fear that when you get older that there isn't the service available locally and we will die
- It's not just "we don't want this to happen" it's a real fear especially in the older generation
- What are us older people meant to do?
- I find myself worrying about the future as an older person
- As usual it will be the most vulnerable that will be most affected
- What is going to happen to us older people after 8pm?
- Are these changes going to affect older people more than younger ones due to the fact older people tend to require medical care more than others?

Llanelli - Population

- Llanelli largest population
- Llanelli such a big town and we haven't got a decent hospital doesn't make sense
- This is atrocious, a town like Llanelli should have an A&E 50,000 population
- Llanelli is the largest town in Carmarthenshire so we need all those services. Yeah it does feel like that (in response to taking services away)
- Llanelli is the largest town in the county with a large population. There is no provision for the town
- It stands to reason that people in an area with a larger population want services in their area
- Why is Llanelli (Prince Philip) always nothing and we have the biggest no of residents than Carmarthen (Glangwili Hospital)
- How can that hospital with 120,000 people and then a hospital 16,000 patients and services get taken away from Llanelli
- It comes down to one thing, population. We have 120,000 people compared to 16,000
- Why are the people of Llanelli, a town of 40,000 people, being treated like second class citizens?
- Remember that Llanelli is the largest/ most densely populated town in Carmarthenshire. The level of support to Llanelli is not reflected in the Health Care provided. My concern are for family whose health will be in jeopardy due to lack of health care provision
- Llanelli has the largest number of patients, my wife raised £90,000 for charity, for Ward 3 in Prince Philip, as she had asthma regularly. She was very concerned about Prince Philip.
- Why do you always go for Prince Philip when Llanelli is the most populous area in Carmarthenshire? It always seems that we are the target
- Has the fact that Llanelli has the largest population been considered – services seem to be taken away from Llanelli all the time and moved to Carmarthen instead!
- I understand that Llanelli isn't a regional centre – but when you live in a place with a sizeable population which is also an area of social deprivation, and you lose your A&E and all these things
- Llanelli is a big town – bigger than Carmarthen – yet everything is centred there
- Llanelli is the largest town in the Hywel Dda area and Hywel Dda HB is leaving us all without care.
- Llanelli is a big town – we need services here
- Prince Philip is not appropriate for a town of the size of Llanelli
- Services seem Glangwili centred, Llanelli has a population of over 40,000 bigger than Carmarthenshire why is it being downgraded.
- This area is double the population of Carmarthen, yet you are closing the MIU
- It's a shame it's happening, Llanelli is the largest town in Carmarthenshire, half of the population of the county
- Closure of the MIU overnight – I see it as a drop of services in Prince Philip when there's such a dense population in Llanelli

- Another 200 houses to be built in Dafen, how will Prince Philip cope with that? Infrastructure is a big thing, it's like putting too many people on a ship

- People in Llanelli are feeling hard done by. The MIU is excellent
- The whole town is being abandoned
- As a population we feel let down by this decision
- As a population we feel very let down by this situation
- I am incensed about it, the population is here, what's the excuse? Lack of doctors? How many are missing?

- I don't think it's a safe move for Llanelli

GP Services

- Years ago doctors would visit you. You don't know who you see in the surgery Dr Who?
- You need to be able to see the same person e.g. GP
- Another problem is accessing your GP. You can't talk to a GP
- Can you not get GPs to see more patients in the daytime and more appointments?
- Some surgeries have an evening walk in, why can't we have this in other surgeries, so we don't have to wait on the phone for 15 minutes, you could book an appointment at a walk-in and then wait a few hours to go in when it's your turn
- Need to see patients instead of over the phone

- MIU flat out because GPs are referring people there
- GPs are over referring – pass the buck

- So, the GP out of hours service will be manned, will that change?
- We used to be able to access a GP overnight. Can we still access that? (GP Out of Hours)

- I saw on the BBC today that there is a problem employing doctors (for the MIU). What makes you think that you can solve the problem in the next 6 months?

- People go to MIU as they can't get an appointment with their GP
- GPs are inundated so people end up going to MIU
- If we can't see a GP after 6pm, the next port of call is the hospital. What should I do?

- GPs are no longer working full time. How are you going to get around it?
- Lots of our GPs working part time but that is not going to change in 6 months

- Why are GPs finishing in droves? They are turning locum. Money talks
- You're trying to fill in for the lack of GPs

- Do you think doctors are retiring much earlier now because of constraints on how much they can put in their pensions. So it's the government not the medical profession that is at fault. Another 200 houses to be built in Dafen, how will Prince Philip cope with that? Infrastructure is a big thing, it's like putting too many people on a ship

- GPs are part of the problem as well as the solution

- There is no problem with other doctors working nights in other hospitals
- If GPs are refusing, is there a potential for shift work from hospital doctors?

- If GPs aren't going to work nights now, they aren't going to work them in 6 months' time.
- Are these GPs in Prince Philip in their own surgeries during the day, and then they work nights?
- Can you put in GPs' contracts that they work 2/3 nights maybe?
- Do you think then there should be a change of culture and GPs being expected to work nights and weekends?

- I thought as a doctor you sign the Hippocratic Oath, and you have to look after your patients

- There seems to be a reluctance of GPs to send their patients to Prince Philip, even though it has a good stroke unit, instead they are sent to Glangwili. There have been people with strokes stuck waiting in cars to be seen in Glangwili.
- I called my GP, as I was in Llanelli walking my dog and my back went. I called my GP, he said they don't see people with bad backs in GP [surgeries] and the doctor told me to go to Prince Philip. I sat there for 6 hours. That is where I was signposted to, but I was annoyed I had been sent there. The GP surgery told me on that morning, if you don't want to go to minor injuries Prince Philip, go to Glangwili. GPs surgeries are under pressure but there is no easy answer

- There are nurses in surgeries to see minor injuries

Transport / Travel

- No transport
- Transport concerns
- Transport is a concern
- What happens to people with no transport?
- How do they get to Glangwili?
- Transport to Glangwili is an issue
- Limited transport options is also an issue. These sort of services and ambulances not working is making the changes you're suggesting very unlikely to work
- No public transport at night, I have a guide dog. Why should we pay more for transport due to these changes? Are reimbursements available?
- If anything happens in the middle of the night how do we get to Glangwili? We would wait 17 hours for an ambulance
- Concern for people from Llanelli who can't get to Carmarthen because they don't have access to transport
- Glangwili is 20 miles away and with transport issues how can I get to Glangwili?

- How can we get to Glangwili, will I get an ambulance?

- We are lucky we have a car not taxis in the night and they wouldn't take you

- If you are having a heart attack are you going to phone a taxi?
- They can't get taxis normally so are you sorting transport by November 1st?
- Is there a bus service for people who can't drive?

- What if there are no family members to take you to the hospital?

- I had cancer, which was being dealt with in Swansea, however, I had complications and had to go to Prince Philip as I did not have transport to go to Glangwili. Is there any further support being given with transport?
- If I need to get to Glangwili I cannot drive and there are poor transport links, to get a taxi it will cost me around £90-£100, I am on a state pension and that is half of my money gone for the week. What can you do about this?

- Transport – if we are ill, do we have to wait for an ambulance? Can't afford to take a taxi from Llanelli to Carmarthen – too expensive for pensioners

- I have issues of not having a car and will be unable to get to Glangwili. There are issues with transport so that I can get to the nearest open MIU and A&E.

- People in panic will drive to the nearest place

- Ridiculous having to travel to other sites for treatment – what if you can't travel?
- The thought of travelling all the way to Carmarthen it's the thought of that not being there in Llanelli that panics me
- It's a heck of a journey from Llanelli to Glangwili
- How are we expected to get to Glangwili?
- We are getting older we have heart conditions my husband was having a heart attack and I took him to Llanelli from my point of view I couldn't have driven to Morriston or Glangwili. How long would an ambulance take?
- It's a trek for people from Llanelli to go to Carmarthen
- Glangwili is 30 mins away and the new hospital will be at least 45 mins away. It will be hard to get son [who has autism and associated health issues] there safely.
- Llanelli people are worried about the distance/transport problems from Llanelli to Glangwili. No buses to Carmarthen after 6ish pm. If MIU closes at 8pm we will have nothing in Llanelli.
- Some people can't get to Swansea or Carmarthen so they go to the MIU in Llanelli
- What will happen to Glangwili when new hospital opens? Further travel again for the people of Llanelli

- Rather than asking patients to travel to Glangwili, why don't you ask a doctor to jump in a car and drive to Prince Philip
- Why can't staff travel from Glangwili to Prince Philip

- How can people get to Glangwili safely – pressure on 999 already
- How is the health board going to make it safer for patients travelling 20-30 miles down the road? Individual has no faith in ringing 999 – so depends on Prince Philip

- Many people won't be able to travel to receive care

- Ex husband drove himself in thinking he had a heart attack but it was much worse -ended up in Glangwili

- It's easier if you live nearer to Prince Philip to go there for treatment rather than spend money travelling further to receive treatment.
- There should be a fleet of taxis or cars available to take people to the different hospital sites
- I'm a taxi driver and it's £50 one way to Carmarthen
- If something were to happen and someone had to go to Carmarthen it would be £100 out of their pocket
- Can I pass on to my friends and my OAP Group that if they are unwell, they can ring a taxi and the NHS/WAST will cover the cost?

- I can't drive, my husband works an hour away. I called an ambulance and had to leave the door unlocked in case I collapsed
- When people can't drive how are they meant to get to hospital?

- I need to use many specialist services and they are all over the place. It's very difficult

- What we are concerned about is the growing population, travelling long distances, this is not conducive to the living standards of today. Lots of people don't drive

- Worried about access to A&E over 18 miles away

Ambulance Service

- Are ambulances prioritising emergency?
- Ambulance waits are a worry
- I waited 8 hours for an Ambulance
- 11 hours wait for ambulance to then be told at Prince Philip – "She's too bad, go to Glangwili."
- Waiting times for ambulances are too long
- Waiting for hours to be seen – the system is messed up. Friends and families have been stuck in ambulances overnight and for hours

- Need to have a different route to get patients off ambulances rather than ambulances sitting outside the hospital holding patients.
- There are lots of ambulances still stuck outside hospitals
- Wasn't the original problem the ambulances waiting to offload?

- Will there be extra workload on the ambulance service? People will say: 'Forget that, I will call an ambulance.'
- I took my husband to MIU with chest pain myself as it was quicker than the ambulance

- Time is critical for a lot of people and every second counts, an ambulance came from Birmingham because services were stretched. Is this a normal occurrence?
- Ring 999 – can't get an ambulance – that's why people are presenting incorrectly at Prince Philip

- It's a pragmatic approach, I appreciate that, how do the ambulance trust feel about it?

- What is the recruitment situation at WAST? – Is this problematic for the HB?

Prince Philip Hospital – general comments

- Services are getting stripped
- They shouldn't have done what they did years ago (downgrading)
- Prince Philip does a fantastic job but always downgraded. Worry that it is always downgraded. The hospital shouldn't be downgraded. Ridiculous for the size of the Town. Not proportionate
- Llanelli [Prince Philip] is better designed in terms of infection control but it's been downgraded and downgraded. There is no investment
- Will the hospital be further downgraded or closed in 2 years' time?
- I can't believe how different it is now. We used to have these services we had doctors
- I want to know why Llanelli? You close one bit – the rest will follow
- We used to have all services at Prince Philip
- Hollowed out – Prince Philip
- Prince Philip has been hollowed out for many years
- No facilities at Prince Philip Hospital
- Don't close or remove any more services
- We can't lose any services from Llanelli it's too far to travel to Carmarthen as seriously ill/hurt people

- Llanelli needs more not less
- Everyone was so excited about Prince Philip being built but things keep being taken away

- Our hospital was the last to be built and always the first to close

- Feel like it's a glorified nursing home
- It's being turned into a cottage hospital

- What else are you going to put in Prince Philip?

- Keep services in Llanelli to reduce risk to health

- Why have a hospital if you can't care for people?

- Breast unit is amazing
- Your staff are amazing
- Prince Philip has the best staff in Wales. Caring, lovely, bilingual. Such wonderful staff
- Prince Philip is our comfort blanket and you're taking it away.

- Why aren't specialist doctors based in Llanelli?
- Security for doctors – is there in Prince Philip?

- Don't tell me that people can't be diagnosed in their own hometown

- Prince Philip is a medical hospital, you could still walk in with a child. Also, on the flip side, people in a panic situation, if someone lives in Dafen they could go to (Prince Philip) hospital in a panic, even if it's the wrong hospital, just so you can see a doctor
- We haven't had paeds there for years – tried getting an autistic child to Glangwili
- If you have a child in pain, parents will go to the nearest hospital (e.g. Prince Philip).
- Parents with children will want to get them to the hospital
- At Prince Philip you don't have the consultants to call in that could support nurse practitioners, but Prince Philip hasn't got a paediatric unit. People come when they are in a panic, they will go there (Prince Philip) anyway.
- What happens if you have a heart attack, do you still do emergency treatment at Prince Philip?
- So, you still treat heart attacks in Prince Philip, we can still go? It's so important. If I went by car to Prince Philip as no ambulance was available, would they still take me?
- So, there is no point in going down there by car if you have a heart attack, but will they still take emergencies, like in my case, I had a heart attack.
- My sister had a suspected UTI which turned out to be sepsis. She was taken to Prince Philip, they took her in, she went to Prince Philip not to Glangwili and she was saved. If this 8-8 closure had been in action then she would have been dead.
- What data is there of people presenting with a serious condition at Prince Philip? – e.g. Stroke/Heart attack – how has that been used to inform this decision?
- What's going to happen to ophthalmology? It's not just not the MIU that is going across the boards

- There's no security at Prince Philip

Glangwili Hospital

- Glangwili is not fit for purpose. Why do we have to go there?

- Closing MIU overnight will only add to the pressure at Glangwili
- Glangwili has been over run for years
- All over Facebook that Glangwili is full
- Glangwili is always full
- Glangwili is inundated
- Glangwili is overwhelmed this is not going to help us at all. This is a disaster
- Glangwili we know is overstretched
- Glangwili can't cope with extra numbers
- Glangwili is stretched to its limit. If I have an injury on the farm and want to go to Llanelli, I won't be able to. I'll have to go to Carmarthen
- There are a lot of people living in Llanelli – Glangwili can't cope now let alone once the MIU closed
- Everyone will be going to Glangwili
- How is the extra pressure going to affect Carmarthen?
- I am a farmer and like other farmers I need access to 24hr care. Glangwili is already stretched and with no MIU in Prince Philip after 8pm I will have to go to Glangwili which will make me put more pressure on Glangwili
- Minor injuries not 9-5. Incidents occur all hours. Especially in farming backgrounds. Keeping MIU open would relief pressure off A&E system needs to change
- I can't see that they'll be able to cope (discussing Morriston and Glangwili)

- You keep saying MIU is unsafe but Glangwili is dangerous
- Glangwili is not safe either
- Glangwili is not safe because of the number of people who go there

- Concern of directing people to Glangwili when they could just go to Prince Philip
- If we are under a consultant in Prince Philip, why are we being sent up to Glangwili?
- If you can see the people in Llanelli in Prince Philip that would be better. My neighbour needs to go to hospital, they go to Morriston, it's a warzone, so they go to Glangwili, another warzone. My father-in-law sat for hours (in Glangwili) with no communication from the A&E department. In the end they told him to go home and speak to a doctor tomorrow
- Somebody that I know called 999 and was sent to Glangwili instead of Prince Philip for a suspected stroke when Prince Philip was closer, was this right? It feels that HDdUHB are purposely sending patients to Glangwili instead of Prince Philip

- There seems to be a mindset that Glangwili is a priority over other hospitals. Why is it that, every time cuts or savings need to be made, it is Prince Philip and not Glangwili?
- There were plans in place for phases why is everything going to Carmarthen? The whole system is broken
- You're trying to funnel everything into Glangwili, which at the moment is a busy ambulance car park. Soon you'll have a blockage
- Carmarthen gets everything
- Everything is going to Glangwili – nothing comes to Prince Philip
- Lots centralised to Glangwili
- Why are all those services taken down to Carmarthen?
- Everything feels Carmarthen based
- Why does everything go to Glangwili?

- What worries me is getting people stable before the journey to Glangwili

- Do you think Glangwili and Morriston will be able to provide SAFE services with this overnight closure?
- People won't go to Morriston – they will go to Glangwili

- Any plans to increase the staff levels in Glangwilli?
-
- Can the minor injuries in Glangwili stay open for 24hrs to take the pressure off Prince Philip?

- How will Prince Philip overnight closure affect A&E in Glangwili?

- I've been told Glangwili and Morriston haven't even agreed to this
- How do managers in Glangwili & Morriston A&E feel about the extra capacity that will be put on them?

- I come from the other side of Carmarthen, what effect will this have on Glangwili? How will you make sure it can cope with the additional demand from Prince Philip?
- It will affect us in Carmarthenshire, Glangwili should not be neglected. More attention should be given to Glangwili, not sign off on a new hospital, it's in cloud cuckoo land! The consultations was a waste of money on the new hospital, as where it was going to be located was a foregone conclusion

- The problems in Glangwili are bigger than staffing issues

- The MIU in Glangwili works well
- Why have you an A&E; MIU and OOH in Glangwili?
-
- What will happen to Glangwili when new hospital opens? Further travel again for the people of Llanelli

- Praise for Glangwili and staff who saved his father's life

- I have experience appalling service at Glangwili A&E – my concern is the pressure on staff and how that relates to patients

- Gentleman recounted his experience of having cancer and having to wait in a wheelchair in Glangwili for hours. People being asked to sit in their cars until called
- You have to wait 17/18 hrs at Glangwili before even being triaged – not good enough.
- My mother was taken to MIU with a broken hip and waited 18 hours to go to Glangwili
- [At Glangwili] an 83-year-old man was recently sleeping in an ambulance trolley overnight and then moved to a chair for the day – disgusting treatment.
- I was in A&E at Glangwili at 4am when a drug addict arrived with a knife. There was no security in sight and all this happened in front of a three-year-old boy.
- Waited 17 hours in Glangwili before being diagnosed with sepsis – husband was extremely poorly – disgusting treatment

Morriston Hospital

- Has there been an agreement with Morriston?
- Concerns about Morriston hospital – what has been discussed between SBUHB and HDdUHB – impact of MIU temporary closure on Morriston – has that been assessed
- I've been told Glangwili and Morriston haven't even agreed to this

- Is Swansea Bay on board with people going to Morriston?
- People will naturally go to Morriston
- Are Swansea Bay ready for more patients?

- Morriston is overwhelmed this is not going to help us at all. This is a disaster
- You can forget about Morriston it's overloaded
- If we're relying on Swansea Bay services the last time I was in Morriston the wait was 17 hours
- 14 hour wait after a heart attack, my son at Morriston
- If there are a lot of people going down to MIU, will this be double the amount of people and strain on resources pressure can already be seen in MGH.
- I can't see that they'll be able to cope (discussing Morriston and Glangwili)

- Are we relying on Swansea to back us up and take the excess number of patients for us? What impact with it have on neighbouring health boards?

- Talking about A&E, has it got to be Glangwili? Can we go to Morriston? Can they turn us away as we are Carmarthenshire?
- If there's a problem, can we use Morriston?

- Why can't you do more procedures within the health board instead of sending them to Morriston?
- Is there a charge if a Hywel Dda patient is treated in Swansea Bay?

- People won't go to Morriston – they will go to Glangwili. Carmarthen gets everything

- Do you think Glangwili and Morriston will be able to provide SAFE services with this overnight closure?

Waiting Times – Glangwili and Morriston Hospitals

- Glangwili and Morriston already busy. GPs are no longer working full time. How are you going to get around it?
- Will there be increased waiting times at Glangwili or Morriston Hospital?
- MIU closed here move queues to Glangwili and Swansea

- People are sitting in A&E for hours
- My mother was taken to MIU with a broken hip and waited 18 hours to go to Glangwili

- There are already issues with waiting times in MIU, will these be worse with overnight closure?

- Are there also going to be patients from BGH and WGH also going to Glangwili - will this affect treatments and waiting times? What is the effect on quality of care?

- There are further issues with referral timescales and procedure wait times

- There are people spending hours on a stretcher or in an ambulance as there are no beds available

Drop in Event

- Are you planning on holding events like this in the future?
- Will there be further engagement events?

- Need another event like this so people can be educated – but need to advertise wider than just social media
- Need another event like this so people can be educated

- Admire you coming down to talk. Brave to face the public. All we want is the best
- I am glad you have come to speak
- I really appreciate your time. I understand it's a really difficult time
- Grateful for the honest answers provided by the Doctors at my table

- I will pass this useful information on to my friends who haven't come here today
- Everything on the internet has been very negative, but the information I've had here today has been very informative and positive and reassuring

- I only knew about this event on Facebook
- When has all this been in the local paper? People don't know about it – people don't know about today; people don't know about the changes
- Today hasn't been in the newspaper – not everyone is on Facebook

- Do you need consultants here today?
- How much is this costing today?

- Could you have a stall at event?

- What is the point of this drop in event? It seems like a PR tactic
- Coming here tonight is a waste of time
- Speak the truth!!

- I have no family around me but you have reassured me that I won't be left without care overnight.

- People want hard copies of feedback/reports from drop ins. Don't want digital copies
- Do these notes and questions go back out to the public? WIll there be feedback from this session available?

Engagement with the public

- This should have taken place months ago
- Better consultation and communication before hitting the crisis point
- The consultation and engagement to the public has come too late
- The conversation (to close MIU overnight) should have happened before decision was made
- Such a major decision as closing overnight - there should have been more consultation
- Why was there no public consultation regarding the Prince Philip MIU – why were the public not involved?
- Why was there no consultation about the temporary closure? It has closed at the hardest time with winter coming
- No consultation was given to the local community to the people of Llanelli after losing they're A&E
- The fact that Hywel Dda didn't engage with the community before taking the decision has been the cause of much angst. To take decision and then engage is what upsets them. And this feeling is understandable
- Consultation was needed
- With MIU – no consultation about closing overnight – just gone ahead and closed it
- The trust has gone because there has been no consultation

- It could have been kept open for 6 months during a consultation
- It's wrong no consultation was done. Where can I find out who was there when the decision was made?
- The decision was made with no consultation
- This is a done deal anyway, it's going to happen whatever we do
- It is disgusting that the decision has already been made
- The decision has already been made

- How will you get this information to the public? Will there be a questionnaire?
- It is important that the public are aware of the issues and are informed if anything that they can do to help to alleviate the situation
- Knowledge can prevent negative response to the situation

- Why don't service users get a say on how services are spread around the county?

- League of Friends – we've been waiting for the HB to come and talk to us about this for some time, and no one has taken up the offer!

- As a patient I do not feel that I am being listened to
- The HB listening isn't enough anymore – Llanelli is always second best
- Is the drop-in a box-ticking exercise?

- Is there the possibility for patients to sign up for focus groups? I think people feel left out as they don't understand. What if there was a focus group like this one? (pointing around the hall), at least then you would have more input than a short meeting. It needs to be more patient led.

- I believe you when you say Prince Philip won't close down – but what would it take to make you change your minds about closing MIU overnight? Petitions? Stories in media? Protest? Or are you going to dig your heels in. If so, you will lose credibility. You should listen to the people – the fight has only just begun

Communications including social media

- Need to use social media better yourself – you are getting swamped
- You can get a message out to people in minutes these days if open or closed

- Communication is critical
- Communication is the key here
- Lack of communication with local area

- Nobody understands how you're trying to modernise it, you need to get comms out there
- General recommendations given to people who can drive

- Are you putting plans in place or are you just telling people things are difficult with the MIU closure overnight?
- People don't realise A&E has issues, this message has been missed, and it needs to get out there, you don't use a minor injuries unit as an A&E. The A&E is being misused by people who have minor injuries.
- How did you inform the public of the changes when you closed A&E?

- I feel like we need to do more about our own care, it's doing something proactive, there should be more promotion of these services that help with that, like the waiting list support service.

- How do you tell people what's going on – not everyone is on Facebook
- How will you get this message out? – Not everyone is on Facebook
- How will we be kept informed about what's happening during the next 6 months? Not everyone is on social media
- Need another event like this so people can be educated – but need to advertise wider than just social media

- Can you advertise what services are available so people are aware? That's good (in regard to advertising /comms plan leaflets going to homes)

SOSPPAN

- SOSPPAN don't paint a good image of relationships with the health board
- The SOSPPAN petition that is going around, will this change anything? Will it influence anything?
- We (SOSPPAN) have heard from GPs that would take on shifts at Prince Philip – 6hr sifts not 12 hr shifts. The health board haven't done this. [Individual gave a list of 5 surgeries which were noted].
- SOSPPAN are disappointed that the health board don't go to them when they have a problem. Their network is big and your (HB) problem is that you haven't reached out to your stakeholders.
- Please, Please, Please ... consult with the stakeholders and SOSPPAN before making future major decisions

Awareness / Accessing Information

- You need to inform people of the types of injury you can help with
- Need information about how to access the right service with a list of symptoms, in GP practices and pharmacies
- Size of this makes it difficult. Educating the public. Are you involving school nurses educating the younger generation? Grassroots - long term benefits: Welsh national curriculum, Practicalities, How to use health services, TV programmes – Doctor/Nurses, Leaders of the future

- How can the elderly keep informed, they are often not digital users?

- We are left not knowing where to present. These lists are useful to some, very confusing to others
- Perhaps you need a campaign to show the public what specialities are available at each site

- Is it a case of the public don't have the know of what needs to be presented to MIU? If so why not?

- So, you're telling me you need 6 months to educate the public not to go there?

- It's about a lack of understanding. The A&E signage caused confusion.
- We need to educate people
- Joe public doesn't understand (comms)

- What is considered a minor injury?
- It's what defines a minor injuries unit. You will have a list of criteria that this is what you come here for and nothing else, but people get scared and come anyway, especially in the night
- Differences between MIU and A&E not fully known by the public
- Don't know the different between A&E, AMAU, MIU

- It’s frustrating for residents because people don’t know what an MIU really treats
- The MIU unit and the acute unit, are they the same? Do they work together? When it was an A&E is all the equipment still there?
- So what kind of conditions do you treat in an MIU? I think it’s a grey area at the moment
- What is considered a minor ailment? If my daughter's child is injured, driving to Glangwili is harder with a child screaming in the car. Why can't she just go to Prince Philip instead?
- We could be helped by a list of symptoms/signposts in local pharmacies/dentists etc
- There is an Out of Hours service with the GP what is the difference between that and 111?
- Concerns raised regarding what to do in an emergency

- Explain to me please why it’s not nurse led as an MIU should be
- Why is it that many MIU’s in Wales nurse led?
- What is the HB doing to educate people about what an MIU is and what these changes mean?

- What is going to happen to us older people after 8pm? Prince Philip has historically been the ‘go to point’ for people for many years. It’s about knowing where to go to receive the best treatment

- Your idea is fine and could work well, but you need the community on board. They need to understand and be able to present correctly. Clearly people don’t understand. It’s very complex

- If we can’t see a doctor after 6pm then we go to Prince Philip but after 8pm where can I go?
- What will happen if a patient turns up after 8pm, will they be seen? - If I am taken ill and ring 111 and they advise me to go to Hospital, where do I go?
- If you are shutting this service overnight you need to get out into the community. I think the community deserves it

- If you could get out into the community because I would go to my pharmacist for a lot of these (referring to what MIU treats)
- You need to go into the community (to spread the word about accessing correct services)
- If you could get out into the community and tell people what the service is would that relieve pressure on MIU and attract doctors?

- What about children? They would need to go to Glangwili
- People are not following the protocol i.e. very sick children

- If there was somebody on the other end of a phone to reassure maybe people wouldn’t panic and end up in the wrong place

- If people need to self-diagnose will they go to the right place, contact the right people?
- Emergency contacts if needed

- Patients cannot choose what time they fall ill; how can they be seen?
- If you have a real emergency you still go to MIU
- When they see a sign they’re going to go there (hospital sign)
- If I have chest pain where would I go?

- People need to be taught about healthy lifestyles, from early school age

- I feel like we need to do more about our own care, it's doing something proactive, there should be more promotion of these services that help with that, like the waiting list support service.

Finance

- You made a statement that money isn't a problem but you are £60 million in deficit
- HB needs to look at itself and see where it is spending money
- Money is a problem and people are living longer

- All of the money - what's gone into Glangwili compared to Llanelli
- Why is it if money has to be saved and cutbacks made, it is always Llanelli? Why can't services be brought to Prince Philip

- How will the agency situation effect the Health Board financially?

- Wastages? Savings could be made if looked at properly. Eluned Morgan should take a look at what is being done
- There is a lot of waste (money)
- Why don't you make better use of money?
- The health board is too big and needs to use money more wisely

- We need to invest in everything
- We need to put more money into our hospitals
- Investment should have gone into Llanelli

- Isn't anyone available to work the budget?
- Everybody has budgets and we need to look at those budgets and take some money from somewhere else to pay for this (MIU opening 24hrs)
- So it's not for financial savings?
- Is the MIU issue about money? Where would the money be best spent?
- Bearing the economic situation in mind, do you feel as if this is a finance driven decision?
- Is it a financial thing, this closure, is this why it is happening?
- Funding was not the issue you said. How is the money saving made going to help in other places?
- We lost A&E 12 years ago and now we're losing MIU overnight. Why? Is debt the main reason?

- There has to be an executive decision (from the top) to stop putting money in private initiatives and start putting money back in the NHS as we know it

- Last event I asked questions about finance, previously your biggest cost was admin, management consultancy, rather than people delivering services.

- Hundreds of thousands of pounds were used for public engagement for Prince Philip A&E when the decision was even made. Was this a good use of funds ?

- Business wise it is cheaper to not have a GP who is working overnight, is that why it is happening?

- Doctor in Glangwili said they weren't willing to spend more money looking what else was wrong – Prince Philip wouldn't have happened.

- The Senedd funds the NHS in Wales is there more money available?
- Financial pressure from WG is making the situation worse

- Funding is received from Welsh Government, Llanelli would be better served moving to SBUHB, but this would be worse for the rest of the population within HDdUHB as most of the funding comes from the large population in Llanelli. Why should we get reduced services when Llanelli contributes the most to the budget?

- Other HBs pay more – that's why there is a shortage of staff.
- Investment in Primary care, new hospital, digital tech – where is it coming from?

Health Board Management

- How do Hywel Dda justify closure?
- This decision has been brought about by management
- HB should take stock before making decisions

- Hywel Dda has a duty of care
- Somewhere along the line someone needs to be held accountable

- The HB has downgraded services in Llanelli
- Are Board adamant about running down Prince Philip? Are they consciously doing this?
- We're in this position because of the decisions the Health Board has made
- We are missing out in this town with every decision that Hywel Dda makes
- The Government is on about increasing capacity in hospitals, yet you're going against that
- The main problem that we can see is the board wanting to cut services - in 6/12 months will there be further problems/issues?
- I'm not reassured as the Board has done this before and has already made its decision. I appreciate everything you do but I feel let down. I can't justify your decisions to myself
- Fixed view, Health Board going to change their view
- Reinstate MIU to ensure patients safety. Wrong decisions Hywel Dda!
- Stop lining your pockets and give us what we want
- Hywel Dda people look after each other rather than the other population

- Too many management
- It's top heavy with management
- When you walk into Prince Philip you see loads of management with clipboards – too many managers, not enough nurses
- There are far too many chiefs and not enough workers

- How do managers in Glangwili & Morriston A&E feel about the extra capacity that will be put on them?

- Board needs to be completely reviewed
- The board should be run by doctors and consultants and people that are on the ground
- Sack the Board and use Doctors not Executive to run - keep out politicians
- Change executives at the top. Either they do their job or go elsewhere. Need dedication to the public, not make money
- Executives earning a lot of money. That is greedy it's not right. Money should fall down. Need more surgeons not executives. Executives can be replaced. It's top heavy

- Board need to look at this, I wrote to them, and it says 'we will not revisit this'. If enough people are saying what I am saying then it needs to be revisited. It doesn't matter what it will cost, it will save other hospitals money. It's no good saying after

the event ‘they went to the wrong hospital’. Nothing you will say will change my mind.

- HDdUHB needs an audit, it is not working at its full efficiency. There are problems with the structure. Will the board consider what we are saying and accept that changes need to be done?
- What’s being done to resolve the problems?
- Reorganise everything and get it working properly

- Do you think we should have matrons back in the wards? Less management. What matron said went. There are good nurses and not so good nurses.
- The situation is getting worse. In the old days a matron and nurses ran the ward – it was so much better.

- Why does the health sector work Monday-Friday?

Proposed New Hospital

- Timescale of 5-7 years for new Hywel Dda flagship hospital. We need a new hospital
- Super hospital – not in our lifetime

- Are you still building that new hospital?
- The new hospital is still on the cards, where will it be? And how will it affect Prince Philip?
- Where are we at with the new hospital?

- What would a new hospital fix?
- The consultation was a waste of money on the new hospital, as where it was going to be located was a foregone conclusion
- You need to get rid of the idea of a new hospital
- We don't need a new billion pound hospital in Whitland. Spend the money where the population centre is Llanelli (main population centre), Carmarthen and Haverfordwest

- Why was it decided to take super hospital to Whitland? Who is going to staff super hospital? Doctors won’t want to work there. They want infrastructure, entertainment for them and their families
- Will there be new roads if there is a new hospital built in St Clears?

- The big fear is when the new hospital opens
- Concern about new super hospital – fears about future of Prince Philip

- My worry is that when the new hospital is built, we’ll lose all departments like cardiac and stroke facilities in Prince Phillip Hospital and Prince Phillip Hospital will become a respite unit or old people’s home

- Instead of spending money on building the new hospital, why don’t we use the money to develop Prince Philip?
- Prince Philip is the most modern hospital out of the 4 main sites. Why is a new one being built? Why do you not expand on Prince Philip?

- More attention should be given to Glangwili, not sign off on a new hospital, it’s in cloud cuckoo land!

- Super hospital is not going to happen. Carms County council is skint – won't spend on roads. The train station isn't going to happen. Anybody injured in Llanelli, won't be able to make it to Whitland
- When the new hospital is built in Whitland there will be nothing between Llanelli and Whitland
- With the new hospital, why are you looking at Whitland when it's sparsely populated, when the bigger population is in Llanelli and Carmarthenshire. It's a long way for a pensioner to drive from Prince Philip
- Are they building a new hospital, the Whitland Hospital? I won't be able to travel to Whitland to go to A&E, it would be closer and easier to go to MGH.
- Losing Glangwili as an A&E for the new hospital is a major concern for not just Llanelli but other areas. Living in a rural area is a concern for me but by moving everything further away it is even harder to access care.
- Questions about new super hospital in Whitland – concern about losing Glangwili A&E. If this moves to Whitland, will be even further away

- Is this (closure) tying into the long term plans for the new hospital project? I can see in 2 years' time when the bricks are laid, change will come, is this an issue that's being considered?

Services - Other

- ART [Acute Response Team] is fab
- DDAS [Dyfed Drug and Alcohol Service] – What's happening there? Opinion it's a good idea but not in North Dock. 300 people came here to the public meeting no one from Hywel Dda. The overall opinion is that it's a potentially dangerous decision, being next to play area, play clubs and schools. There have been violent confrontations with potential service users in the area
- I am an ambassador in Pentre Awel. Why not take DDAS [Dyfed Drug and Alcohol Service] there? Security in place, bus routes. It's a community initiative
- My wife thinks there might be some integration between Prince Philip and Pentre Awel
- What is happening with the new doctor's surgery in Cross Hands, as it is on its last legs?

- Ok about the extra protection put in place (around stroke) for him the care would not change with this change
- What will happen in case of a stroke?
- I had a stroke, and it was a serious event. My wife took me [to hospital], will she be able to go to MIU in the future?
- What will happen to potential stroke patients?

- I get great service for my pulmonary issues. Patient know best the use of it I can't commend it enough its brilliant

- Also pain management programmes are brilliant, patient support services, they are brilliant.

- Complications developed after I had surgery, and I had to be transported to Glangwili where there were no beds available for me. If there is no capacity at Glangwili at the moment and there are extra patients attending what effect is this going to have?

- We don't see the same physician every time, and half the time it's a physician associate

- Will SDEC be affected, or will it be the same? And still referral from AMAU to SDEC?

- Do you feel that over the years social services has been run down? Difficult to discharge patients

- Community pharmacies – more pressure on them. Lots of wastage in the system from out-of-date medication thrown in bins as people get repeat prescriptions when not needed

- Taken bloods out of town. People can't get there. People don't know these things. Needs to be advertised more about phlebotomy
- Why have services been changed and moved around such as phlebotomy. Why do we now have to go to Dafen instead of going to Prince Philip?
- Complaints about haematology centre being moved to Dafen

- Husband waited 8 weeks for results for MRI
- CT/MRI delay in results by the time they get results might be too late

- Why did my brother wait 12 hours for an ambulance when he had a stroke, time is critical, and it was delayed?

- I have had experience with waiting for an ambulance and was told not to move but after 12 hours there was no ambulance. They sent out a taxi to get me, but I was told not to move but I got in the taxi to go to Glangwili A&E. When I arrived despite being told that they were waiting for me I still had to wait to have scans and tests done and there was not a bed available for me. There were other people waiting in cars because there was no room in the waiting area for them.

Mental Health

- My husband was in the middle of the road. (accident) I feel like talking over and over again will help. Mental Health support can help. I take antidepressants. It keeps you level-headed. The choir also helps
- Mental Health - what services are available?
- A friend of ours is concerned with accessing mental health services, where would she go?
- But there wouldn't be face to face (NHS 111 option 2) Is that something you were looking at going to speak to the council taxi licensing (in terms of contracts taxi drivers)
- Individual had a general question about Mental Health beds in Prince Philip. There was general concern about how people would access those beds if there was no MIU.
- What is the plan with Mental Health at Prince Philip? Would the situation of closing MIU overnight be detrimental to Mental Health patients and a negative impact on 111 press 2 service?

Staff

- I think it's fabulous I really do (talking about grow your own)
- Is it possible to invest in the people, doctors? Surely we should be helping with university fees

- There are issues with staff treatment and with staff moving to work for agencies instead of with HDdUHB for better pay and working environment
- The problem I have with the whole situation in this country – lack of nurses and doctors for 15 years. Working conditions and pay are massive problems

- Staff who work night shifts will now lose wages
- The pay is rubbish and staff are under too much pressure, no wonder they up and leave once they're trained up. It's a mess
- Treatment of staff seems to be an issue. Many have resigned and gone to agency. Way staff are treated – very little flexibility
- I think you will get staffing issues with this, as staff will have to stay late, and then they won't want to work for you and will be leaving

- When qualified why not stipulate that they cannot leave the NHS until after a period of time?

- What's the difference between medical doctors and GPs?

- Praise for NHS in general

Training

- Training what are you doing
- It's awful doctors aren't training
- Is it still a training hospital?
- Why are staff trained by our health board and not retained?
- The way to strengthen our hospital was to train and retain staff

Technology

- I like e-consult
- I like e-consult, it's really good, if it's not an acute problem, you know somebody is going to contact you
- Electronic – written notes not the same as digital notes
- Can we have an online triage system like Australia?
- Where does Hywel Dda sit in terms of AI?
- How can others access information if they are not digitally savvy and engage with HDdUHB?
- I am not interested in always having to look at my phone for information, I won't be looking at my phone for (hospital) information.
- Staff need to be trained up with IT and need to correlate with other sections, parties

General Comments / Queries

- It is since COVID that people don't want to work
- COVID has gone, we can't keep blaming COVID

- If I was a druggie I'd get everything
- Too many drugs no sympathy for them

- Allergic to drugs but was given it. Went into shock went suicidal. If my wife had gone to work that day I wouldn't be here

- Too many people depending on our health board

- We have got industries in this area – Scarlets etc

- We need to restructure totally
- I'm trying to understand the broader picture
- We need to make sure it works for the people here

- I agree with you about going to the right place
- When people are very ill in Llanelli they need to go somewhere else

- Where does it all (Prince Philip) fit in with broader Health Board Strategy? – Aware of the problems in Ceredigion – Aberystwyth and Tregaron
- Concern if it was a business or industry you'd see problems months off. But here we are left with nothing

- Any work been done to look at impact on other hospitals locally? Are they increasing their manpower as a result?
- What research has been done to analyse the patients coming through the doors from 2023 onwards?
- Are there statistics available for 111 waiting times – it is very stressful waiting to be called back or being on hold. Sometimes the questions asked on 111 do not seem applicable at times

- A lot of money has been wasted over the years.
- There is a lot of medication waste (e.g. when an inpatient, they give you new medication as you can't use your own medication from home or the GP)

- Have you let down staff?

- What is the view of Welsh Government?

- It's evident how far behind we are (than England)
- How is it so different here in Wales compared to England? Is the paygrade the same in England and Wales?

- £3.3 million on 20mph could have been spent on the NHS

- Council needs to make Llanelli more attractive in order to attract GPs and other nursing staff to the area

- It's a disgrace that this country is paying train drivers £70K and doctors are barely getting by and leaving in droves. It's just not attractive anymore

- You're saying to each other as doctors, nurses etc. that you'll get your family members in while ignoring the public

- Interesting no walk-in service available in Cardiff

- Look at what went well years ago

- When it works it works

- Veterans NHS needs to share /publicised. He got dropped from the service because he didn't respond to email/letter

- We are not doctors and we are being told to wait until the next day but it might be serious and we don't know

- You need to get rid of the blasé attitude of the consultants – dismissing people who have illnesses/problems

- Why isn't all the care and health better joined up? Health needs to be structured to be more preventative
- Services keep getting reduced – how can you justify this?

How about a model that's more integrated?
- Will there be health hubs developing?
- Why don't we have one health board to cover the whole of Wales?
- Hywel Dda are appealing the North Dock Health and Wellbeing Centre decision

- There is something seriously wrong. We are flesh and blood – we need doctors. The whole structure is wrong
- System is messed up – people are stuck in ambulances – can Glangwili cope with patients from Llanelli?

- There is no right or wrong, it's not the health board's fault, it's outside issues affecting it
-
- Community impact assessments – do we do them? Concerns with drug and alcohol especially.

- There are a lot of immigrants coming in taking up our services

- Ease of medical care when required

- Anxiety that help will not be available quickly enough in a real emergency

- I worry about people who don't have someone else with them to help

- I have never had bad care

- I'm really not happy with my care at the moment. There's just one failing after another

- I went through 8 hours of surgery and there was one pillow available for me in recovery

- I am from Park Howard so go to Prince Philip. I can get unconscious quite quickly (diabetes) I don't have a lifeline. I am careful what I eat

- I'm apprehensive. I have neurological issue

- Focusing on one place isn't good

- Why weren't we prioritised 10-15 years ago?

- There is a "bulge" for the next 20 years

- How many times have we waited?

- People are missing the point

- Have you consulted with the Police about Criminals – so they'd take police from Llanelli to Carmarthen out of service

- Going to affect health and safety of local businesses
- I'm a local county councillor representing a ward in Llanelli and some of my constituents have been involved in the protest outside the hospital

- Are you Head of Strategy? What you had to say online about passion for local area