Hywel Dda University Health Board
Clinical Services Plan Programme

Deliberative Session 9th April 2024
Report

Table of Contents

Executive Summary *3*

Introduction 3

Methodology 3

Discussion Output 4

Understanding of the Overarching Case for Change 4

Service-Specific Considerations 4

Issues of Importance to Address Across the Nine Service Areas 5

Additional Comments and Concerns 5

Opportunities Emerging 5

Idea Creation and Development 5

Introduction *7*

Methodology *9*

Outputs of the Discussions on the Issues *12*

Understanding of the Overarching Case for Change 12

Do the issues seem right for Critical Care, Emergency General Surgery and Stroke? 12

Do the issues seem right for Endoscopy; Radiology; Dermatology? 13

Do the issues seem right for Ophthalmology; Orthopaedics; Urology? 14

What are the missing issues? 15

Critical Care 15

Emergency General Surgery 15

Stroke 15

Endoscopy 16

Radiology 16

Dermatology 16

Ophthalmology 16

Orthopaedics 17

Urology 17

What is really important to address across the nine service areas? 17

Additional comments and concerns 18

Opportunities Emerging 19

Ideas Creation and Development 21

Conclusion *31*

Next Steps 31

Appendix *32*

Park it Board Comments 32

Executive Summary

Introduction

Hywel Dda University Health Board has entered into its next phase to develop its Clinical Services Plan. On 9th April 2024 it hosted a deliberative event inviting 82 staff, service users and external stakeholders to review its case for change, assess for missing issues, explore hurdle criteria and to begin to scope ideas to address the many and significant challenges identified.

A clinically led assessment of the service areas included within the Clinical Services Plan programme has been completed. Please take the time to read the conclusions section of the Issues Paper (link to the Issues Paper[1]) to gain a complete understanding of the key findings. The next phase of the programme considers these findings, but working with all the services together, rather than individually. Please note that tabletop discussions did not include representatives of all services on each table. This means that the tabletop discussions may have focused on one service more than another, depending on stakeholders' knowledge and interest. When reading this report, please also note that it is not always clear which specific services the comments or ideas relate to.

This report captures group reflections by grouped domain in regard to the Issues Paper. We request anyone reading this report should do so balanced, as a minimum, with the conclusions captured and the executive summary of the Issues Paper.

Methodology

82 participants came together in a structured workshop. They listened to presentations on each of the nine service areas, grouped into three service areas at a time and had the opportunity to discuss potential missing issues and important aspects to be addressed. The service areas discussed were:

- Discussion one: Critical Care, Emergency General Surgery, and Stroke
- Discussion two: Endoscopy, Radiology, and Dermatology
- Discussion three: Ophthalmology, Orthopaedics, and Urology

The flow of conversations discussed multiple services at the same time. This was done to maximise time on the day. As such the conversations reflected may not represent the detail of the Issues Paper.

Participants then worked together in groups to begin to scope ideas to address the challenges set out in the Issues Paper. Using online surveys made available on the day via QR codes participants were able to give views on interdependencies as well as the potential hurdle criteria.

[1] https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/board-agenda-and-papers-28-march-2024/item-4-3-clinical-services-plan-issues-paper-pdf/

Discussion Output

Understanding of the Overarching Case for Change

The discussions explored the challenges and considerations involved in the case for change within the health board. Participants acknowledged the unsustainability of running multiple units and the delicate balance between local accessibility and service quality. Staffing emerged as a critical issue, with concerns about shortages, particularly at the consultant level, and the impact on service delivery. Centralisation was debated, highlighting potential benefits in efficiency and resource optimisation, but also concerns about patient access and transitions between services. The complexity of the clinical landscape was acknowledged, emphasising the interdependencies between different services and the importance of sustainability, quality, and patient safety.

Service-Specific Considerations

Critical Care, Emergency General Surgery, and Stroke

- Staffing shortages, especially at the consultant level, pose significant challenges to service delivery.
- Concerns about the lack of 7-day Stroke services and inadequate anaesthetic support for Intensive Therapy Unit (ITU) were raised.
- Centralisation was debated, with potential benefits in efficiency but concerns about patient access.
- Comprehensive Stroke services accessible seven days a week are essential.
- Collaboration between Critical Care, Emergency General Surgery, and Stroke services with allied health professionals and community care is crucial.
- Importance of establishing a regional Stroke service and enhancing collaboration between services.
- Maintaining service continuity across Critical Care, theatres, and Emergency General Surgery is vital.
- Exploring reduced care level units to enhance service sustainability is recommended.

Endoscopy, Radiology, and Dermatology

- Recruitment challenges, geographical constraints, and equipment deficiencies were identified as primary concerns.
- Centralisation was proposed to streamline services and optimise resources.
- Comprehensive pathway management, workforce development, and equitable service provision are needed.
- Investment in state-of-the-art equipment and training opportunities is crucial.

Ophthalmology, Orthopaedics, and Urology

- Recruitment and retention challenges, capacity constraints, and service centralisation were highlighted.
- Geographical constraints and service fragmentation were identified as barriers to effective care delivery.
- Investment in infrastructure, equipment, and workforce development is necessary.

- Patient-centred care and equitable access to high-quality services are paramount.

Issues of Importance to Address Across the Nine Service Areas

- Prioritising workforce development and enhancing collaboration between hospital sites.
- Improving infrastructure and resource allocation to optimise service delivery.
- Enhancing referral pathways and demand management to reduce wait times.
- Expanding the scope of practice for healthcare professionals to alleviate workload pressures.
- Addressing recruitment barriers promptly through transparent and efficient processes.

Additional Comments and Concerns

Emergency Medical Transport and Community Hospital Beds
- Challenges in meeting emergency medical transport targets due to extended delays and resource limitations.
- Need to maximise existing infrastructure in community hospitals and bridge the gap between health and social care.

Service-Specific Considerations
- Addressing staffing shortages and facilitating early discharge through rehabilitation.
- Integration of care of the elderly services across hospital sites and leveraging physician expertise.
- Leveraging resources through collaboration and addressing equity concerns.

Opportunities Emerging

- Success stories and data analysis to inform future needs and services planning.
- Centralisation of services and workforce optimisation to enhance efficiency.
- Collaboration and resource sharing to address capacity issues.
- Redefining care delivery and workforce roles to maximise efficiency and patient care.

Idea Creation and Development

Fourteen ideas were created with several common themes emerging:
1. Technology Integration: Many ideas emphasise leveraging technology to enhance patient care, whether through remote consultations, telemedicine, AI booking systems, or digital infrastructure. Technology is seen as a tool to improve access, efficiency, and patient experience.
2. Patient-Centred Care: The focus on patient empowerment, choice, and engagement is evident across multiple ideas. Initiatives include providing pre-consultation materials, transparency in decision-making, and tailoring services to patient needs and preferences.

3. Workforce Development and Training: Ideas highlight the importance of training, upskilling, and retaining healthcare professionals to meet evolving patient needs. Strategies include incentive schemes, career advancement opportunities, and collaboration with external partners for training initiatives.
4. Streamlining Service Delivery: Many ideas advocate for consolidating services, centralising resources, and establishing specialised hubs or centres to optimise care delivery. This includes pathway centres, diagnostic hubs, and regional service hubs to improve efficiency and accessibility.
5. Collaboration and Integration: Collaboration among healthcare stakeholders, including local authorities, universities, and external partners, is a recurring theme. Ideas stress the importance of inter-organisational coordination, alignment of training programmes, and partnership with other health boards or regions.
6. Accessibility and Equity: Addressing barriers to access, including travel challenges, rural healthcare disparities, and transport issues, is a common concern. Ideas aim to improve equity by centralising services, providing virtual care options, and considering patient transport solutions.
7. Data-Driven Decision Making: Ideas emphasise the use of data analysis and planning to inform service configuration, resource allocation, and capacity planning. Data-driven approaches are seen as essential for future-proofing healthcare delivery models and addressing patient needs effectively.

Overall, these themes reflect a desire for a holistic approach to addressing the issues presented for the Clinical Services Plan, focusing on leveraging technology, enhancing patient-centred care, developing the workforce, streamlining services, fostering collaboration, ensuring accessibility, and using data effectively to drive decision-making.

Introduction

A Clinical Services Plan Issues Paper has been developed for the following service areas which are delivered across Hywel Dda from hospitals and community sites:

- Critical Care
- Emergency General Surgery
- Stroke
- Endoscopy
- Radiology
- Dermatology
- Orthopaedics
- Ophthalmology
- Urology

A clinically led assessment of the service areas included within the Clinical Services Plan programme has been completed which has contributed to the **Issues Paper**[2]. The Issues Paper also contains details on the early engagement activities that have taken place, the processes and methodologies used, as well as the data.

The Issues Paper was presented to the Health Board's Public Board meeting on 28 March 2024, this marked the end of Phase 1 of the programme. The next step (Phase 2) will be to review the issues and develop a set of options for how Hywel Dda can support and improve these services over the coming years in the medium term. This work is part of Hywel Dda's Annual Plan, the aim and objectives to be delivered within the year, was also presented to Public Board and are:

- **Aim:** Develop a series of options for delivery of the Clinical Services Plan programme in response to service fragilities or unsustainability based on the principles of care that is safe, sustainable, accessible, and kind. The development of a Clinical Services Plan is also an action within the Targeted Intervention requirements of Welsh Government

- **Objectives:**
    - Respond to Critical Care service fragility
    - Respond to Emergency General Surgery service fragility
    - Sustainably improve access and reduce waiting times for patients for Planned Care (Ophthalmology, Dermatology, Urology, and Orthopaedics) and Diagnostics (Endoscopy and Radiology)
    - Improve standards and respond to service fragility within the Stroke service

[2] https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/board-agenda-and-papers-28-march-2024/item-4-3-clinical-services-plan-issues-paper-pdf/

Phase 2 commenced on 9th April 2024 with a deliberative session with a group of stakeholders to review the Issues Paper, explore hurdle criteria and scope potential ideas. The session was facilitated by The Consultation Institute (tCI).

This session is the first in a series of in-person and virtual workshops with these activities spanning until July 2024 to prepare a set of options for the September 2024 Board.

Methodology

Internal and external stakeholders were invited to participate. This included seeking interest from service users and using a random number generator to allocate places from a long list of applicants, ensuring a geographical spread to represent across the seven cluster areas. There were up to 14 places secured for service users. Those invited were asked to commit to attend all the sessions across Phase 2.

Given the number of service areas and complexity of interdependencies the following information was provided in advance, to provide participants with the opportunity to familiarise themselves with the Clinical Services Plan Programme and form some views:

- Link to the Issues Paper[3].
- Slide deck containing a summary of the key findings from the Issues Paper
- Interdependencies matrix

Participants were notified in advance and reminded on the day that Primary Care and Community Services chapter of the Issues Paper was out of scope for this session. It will become a separate piece of work focussing on the development of a Primary Care and Community Services Strategy. The Clinical Services Plan Phase 2 work will have primary care colleagues in the room as they are considered critical to these conversations.

Clinical, nursing and operational leads of the nine service areas were informed that there is an expectation they would represent their service or area across the Health Board to develop progressive conversation during the day and achieve outcomes.

In total there were 82 people in attendance. These comprised of:

- 2 x Health Board Executives
- 2 x NHS Wales Executive Representatives
- 59 x Clinical/Nursing/Operational staff (inc. Support Services and External Agencies)
- 7 x Service User Representatives
- 2 x tCI facilitators
- 12 x Transformation Programme Office/Engagement colleagues to record the discussions

Upon arrival participants were encouraged to take a seat at a table avoiding colleagues from the same service area to ensure diversity at each of the tabletop discussion groups. Tables seated 8 individuals which included one scribe to whose role was to take notes rather than participate in discussions.

The objectives of this Deliberative session were to:

- Review Issues Paper for gaps

[3] https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/board-agenda-and-papers-28-march-2024/item-4-3-clinical-services-plan-issues-paper-pdf/

- Understand interdependencies with other clinical or support services
- Scope potential ideas to address the challenges / issues
- Sense check the draft hurdle criteria

An overview of **the Issues** was provided by Lee Davies, Executive Director of Strategy and Planning. This was followed by presentations of the service areas in blocks of three.:

- Critical Care presented by Diane Knight, Service Delivery Manager
- Emergency General Surgery presented by Caroline Lewis, Service Delivery Manager
- Stroke, presented by Bethan Andrews, Service Delivery Manager

Participants were then invited, after each block of three, to consider and discuss a number of key questions to assess the issues presented:

- What is the overarching case for change?
- Do the issues seem right – yes/no, why?
- Are there any missing issues?
- What is really important to address?

After a 25 minute discussion the next set of service areas were presented:

- Endoscopy presented by Sara Edwards, Service Delivery Manager
- Radiology presented by Sarah Procter, Deputy Head of Radiology
- Dermatology presented by Colette Poole, Service Manager Dermatology

Followed by tabletop discussions, considering the same questions as the previously. Then the final set of service areas were presented:

- Ophthalmology presented by Victoria Coppack, Service Delivery Manager
- Orthopaedics presented by Lydia Davies, Service Delivery Manager
- Urology presented by Lisa O'Malley, Macmillan Clinical Nurse Specialist and Wendy Jones, Specialist Nurse

In this final round of group deliberation, as well as considering the same questions as previously the groups were given some extra time to consider the additional question:

- What opportunities are emerging?

Interdependencies identified to date were presented by Ben Rogers, Principal Programme Manager. The list of those services that have been selected to form part of the options development were given to the group with the process of how these were selected explained. The group were then asked to complete a feedback survey to identify any service they felt may have been missed that may be critical to the process.

A total of 43 responses were received and feedback from these will be reported back to the Clinical Reference Group to inform their decision on representation at future phase 2 events.

The afternoon session focused on **Idea Creation and Development**. Participants were asked to move tables to work with different people to ensure shared learning and cross

fertilisation of ideas. They were asked to develop at least one idea to address the challenges discussed in the morning session. After 30 minutes of development work, participants moved to the neighbouring table to critique and add value to that table's idea. They moved one more time, meaning each idea was reviewed and assessed by peers twice.

Hurdle criteria were presented to the group by Mark Henwood, Interim Medical Director. The process involved in defining the current draft hurdle criteria was clarified and each criterion was explained.

The group were then asked to complete a feedback survey asking the following questions:

- To what extent do you agree/disagree with the hurdle criteria?
- Do you feel there is anything missing from these criteria?
- We are keen to ensure everyone understands the process we are following. Are there any areas you think would benefit from being explained further?

A total of 52 responses were received. Results will be fed back to our executive team to inform their thinking ahead of signing off the hurdle criteria.

All tabletop discussions were self-facilitating. The scribe had been issued with a template for note taking. tCI facilitators were on hand to address process issues and support any of the discussions where necessary.

Outputs of the Discussions on the Issues

Understanding of the Overarching Case for Change

Across the 10 discussion groups, there was exploration of the challenges and considerations involved in the case for change. Participants recognised the unsustainable nature of running multiple units and the complex balance between local accessibility and service quality.

Staffing emerged as a critical issue, with concerns about shortages, particularly at the consultant level, and the impact of high-frequency rotas on recruitment and service delivery. There were also concerns about the lack of 7-day services for Stroke patients and inadequate anaesthetic support for Intensive Therapy Unit (ITU).

The debate around centralisation highlighted potential benefits in terms of efficiency, resource optimisation and patient safety, but participants also voiced concerns about its impact on patient access and the need for careful planning to ensure seamless transitions between services.

There was acknowledgment of the complexity of the clinical landscape, with discussions touching on the interdependencies between different services and the importance of sustainability, quality, and patient safety in service transformation efforts.

Overall, the discussions reflected a comprehensive understanding of the challenges facing the nine service areas, with a focus on addressing staffing issues, optimising resource allocation, and balancing local needs with broader service quality considerations.

Discussions then focussed on groups of three specific services at a time. It should be noted that not all three services within the report have the same issues. They are grouped by this nature to reflect the order and structure of the presentations and discussions during the day.

Do the issues seem right for Critical Care, Emergency General Surgery and Stroke?

The discussions highlighted several challenges facing Critical Care, Emergency General Surgery (EGS), and Stroke services, with a particular emphasis on recruitment and retention issues, geographical disparities, resource allocation, and service sustainability. Participants expressed agreement with the identified issues, indicating their relevance and urgency for each service area.

Recruitment and retention emerged as primary concerns across all three specialties, with particular difficulties noted in attracting staff to remote areas such as Ceredigion and Pembrokeshire. The absence of trainees and inadequate training facilities were cited as barriers to workforce development, exacerbating staffing shortages and impacting service sustainability.

Geographical disparities in service provision and patient outcomes were acknowledged, with concerns raised about equity in access and quality of care across different hospital sites.

Participants highlighted variations in emergency care delivery and emphasised the need for standardised protocols and consistent service levels across all locations to ensure equitable patient experiences.

Resource constraints, including limited bed spaces, inadequate storage and office facilities, and equipment shortages, were identified as significant impediments to service delivery. Critical Care units faced challenges related to equipment maintenance and the lack of rehabilitation services for Stroke patients, highlighting the need for infrastructure investment and resource optimisation.

The discussion reflected the importance of adopting a comprehensive approach to address these challenges, including prioritising workforce development, enhancing collaboration between hospital sites, and leveraging data-driven insights to inform resource allocation decisions. Participants emphasised the need for strategic initiatives such as growing talent internally, optimising rota structures, and centralising certain services to improve efficiency and sustainability.

Do the issues seem right for Endoscopy; Radiology; Dermatology?

The discussion addressed the challenges and potential solutions within Endoscopy, Radiology, and Dermatology services, highlighting recruitment, geographical constraints, and equipment deficiencies as primary concerns. Participants emphasised the need for comprehensive pathway management, workforce development, and equitable service provision across the Health Board.

Recruitment emerged as the foremost issue, exacerbated by a national shortage of nurses and a lack of specific training opportunities, particularly in Endoscopy. Geographical constraints presented significant challenges, necessitating compromise in service delivery methods and emphasising the importance of holistic pathway management to optimise patient journeys.

Equipment deficiencies, including outdated technology and inadequate maintenance, were identified as barriers to efficient service delivery, particularly in Endoscopy and Radiology. Participants stressed the need for investment in state-of-the-art equipment to enhance diagnostic capabilities and streamline patient care pathways.

The discussion also highlighted disparities in service provision across different sites within the Health Board, with concerns raised about access to specialist care and inadequate facilities for certain procedures, notably in Dermatology. Participants suggested centralising services to dedicated units to improve efficiency, training opportunities, and patient experience.

Training and workforce development were recurring themes, with participants advocating for a "Grow Your Own" approach to cultivate local talent and address staffing shortages. Collaboration with universities and increased investment in research were proposed as strategies to attract and retain skilled professionals.

Overall, participants agreed that the identified issues were pertinent and called for proactive measures to address recruitment challenges, improve infrastructure, and optimise service delivery to meet growing demand effectively. They emphasised the importance of equitable access to high-quality care and the need for innovative solutions to navigate the complex landscape of healthcare delivery in the region.

Do the issues seem right for Ophthalmology; Orthopaedics; Urology?

The discussion revolved around the significant challenges facing Ophthalmology, Orthopaedics, and Urology services, with a particular focus on recruitment, capacity constraints, and service centralisation. Participants highlighted the need for innovative solutions to address these issues effectively while emphasising the importance of patient-centred care and workforce development.

Recruitment and retention emerged as critical concerns across Ophthalmology and Urology all three specialties, exacerbated by a national shortage of skilled professionals and limited training opportunities. Ophthalmology faced challenges in training due to the lack of national courses and struggles to release staff for education. Orthopaedics emphasised the need for more protected beds and specialised staff, particularly in trauma and orthopaedic care. Urology highlighted issues with junior staff turnover and increased demands on services due to evolving standards.

Geographical constraints and service fragmentation were identified as barriers to effective care delivery, with participants advocating for centralisation to streamline services and optimise resources. However, concerns were raised about the impact on interdependent services and patient access, particularly in emergency situations.

Participants stressed the importance of investing in infrastructure, equipment, and workforce development to enhance service capacity and quality of care. They called for collaborative approaches to address staffing shortages, succession planning, and training needs, including the implementation of innovative models such as surgical nurse practitioner roles and apprenticeship programmes.

Despite the challenges, participants acknowledged opportunities for improvement, including the potential benefits of centralisation in optimising resource allocation and improving patient outcomes. They underscored the importance of patient-centred care and equitable access to high-quality services, advocating for strategic investment and collaborative initiatives to address the evolving needs of the population effectively.

Overall, while the issues facing Ophthalmology, Orthopaedics, and Urology services are complex and multifaceted, participants expressed a collective commitment to finding sustainable solutions to ensure the delivery of safe, efficient, and patient-centred care.

What are the missing issues?

The participants were asked to consider if there are issues missing from the Issues Paper. The outputs below reflect the discussions, some of which mention issues already captured in the Issues Paper perhaps reflecting the importance placed upon some of these challenges.

Critical Care

- There is a need for a dedicated Stroke service to provide monitoring, as currently, Critical Care beds are being used in some sites, highlighting the necessity for dedicated Stroke specific facilities.
- Integrating community rehabilitation services into the Critical Care pathway can help streamline patient flow and improve outcomes by facilitating transition from acute care to rehabilitation.
- Ensuring better cohesion between social care services and the health board is crucial for effective discharge planning and supporting patients' transition from hospital to community care settings.
- Insufficient capacity in physiotherapy and occupational therapy within the health board affects the ability to provide timely and comprehensive rehabilitation services to Critical Care patients, necessitating increased resources and support.
- Geographical differences in the level of emergency care provided by different hospitals within the health board raise concerns about equitable access to high-quality care and the need for standardised care protocols across sites.
- The need to leverage population outcome data and ensure equity in access and quality of care across different hospital sites to address disparities and improve patient experiences.
- Challenges related to pharmacy services, such as differences in pharmacy practice between health boards, underscore the importance of standardising medication protocols and enhancing collaboration between healthcare providers.
- Difficulty in accessing appropriate beds for Critical Care patients and ensuring adequate social care support for discharge highlight the need for improved bed management strategies and enhanced coordination with social care services.

Emergency General Surgery

- Fragile rotas due to recruitment issues and lack of consultants pose challenges to maintaining sustainable Emergency General Surgery services across multiple sites, indicating the need for robust staffing strategies.

Stroke

- The importance of evaluating the quality outcomes of Stroke services and ensuring access to data that supports evidence-based decision-making and service improvement initiatives.
- The lack of specialist Stroke doctors available during out-of-hours periods at certain hospitals poses a challenge to providing consistent and specialised care for Stroke patients, indicating the need for enhanced staffing strategies.

- Difficulty in obtaining evidence on issues such as rota delivery and recruitment highlights the complexity of quantifying staffing challenges and the need for comprehensive workforce planning strategies.
- The need for collaboration with the Welsh Ambulance Service Trust (WAST), to optimise patient transport and reduce pressure on hospital resources.

Endoscopy

- Unlike Radiology, Endoscopy lacks the same level of national support, particularly in terms of upgrading and replacing existing technology. There's a need for a more comprehensive approach that considers the effectiveness of the current model and addresses training and role development issues.
- The introduction of lung cancer screening nationally is expected to drive up demand for both Radiology and Endoscopy services. This highlights the importance of anticipating and preparing for increased workload.
- Participants expressed concerns about the availability of training opportunities and the need to widen course availability to develop roles within the Endoscopy field.
- Disparities in access to diagnostics were noted, with examples highlighting differences in booking processes between regions.
- Issues related to the quality and detail of Radiology reports were discussed, with some reports lacking the expected level of detail.
- Capacity constraints, particularly in reporting, were identified as a significant challenge. Long waiting times for assessments pose a barrier to timely diagnosis and treatment, necessitating solutions to improve efficiency and reduce waiting times.

Radiology

- The impact of front door emergency attendance on Radiology services was highlighted, indicating increased demand and pressure on resources.
- Prolonged inpatient stays contribute to the workload and demand for Radiology services. Strategies to reduce inpatient stays can help alleviate pressure on Radiology resources and improve patient flow.
- Repetitive Strain Injury (RSI) among sonography staff due to repetitive hand motions during ultrasounds was identified as a health concern affecting staff retention and recruitment.
- Ensuring sufficient patient numbers to attract and sustain clinicians was discussed, with concerns about clinicians becoming deskilled if they do not see a diverse range of cases.

Dermatology

- There is a lack of a formal pathway for how Swansea Bay can support sustainable development within Hywel Dda staff in Dermatology. Establishing clear pathways and collaboration frameworks can facilitate effective support and development.

Ophthalmology

- Long distances to access eye injections, especially for patients unable to drive, stress the importance of maximising efficiency in service delivery. Improving local offerings or coordinating amalgamated journeys can alleviate transportation barriers and enhance accessibility for patients.

- Nurses are often required to travel to administer injections, leading to staff retention issues.
- Gaps in communication between healthcare providers and patients, particularly regarding waiting times and options for private care, hinder informed decision-making.

Orthopaedics

- Lengthy diagnosis processes in Orthopaedics hamper patient progress and contribute to inefficiencies in care delivery. Rapid diagnostic access and improved communication pathways are crucial to expedite diagnosis and streamline patient pathways.
- Limited theatre capacity and the necessity for rehabilitation and physiotherapy support highlight challenges in orthopaedic care delivery.
- Leveraging digital technologies for appointment access, patient feedback, and remote rehabilitation interventions presents opportunities to enhance service delivery efficiency and patient engagement. Empowering patients to self-manage and providing support for those with digital literacy challenges can further improve access to care.

Urology

- Managing the balance between acute and elective demand while navigating financial constraints is a significant challenge.
- Real estate constraints hinder the efficient delivery of outpatient clinics, leading to underutilisation of staff and resources. Lack of storage and room space further exacerbates this issue, highlighting the need for better facility planning and management.

What is really important to address across the nine service areas?

Centralisation and Service Accessibility

- Establishing comprehensive Stroke services accessible seven days a week.
- Ensuring collaboration between Critical Care, Emergency General Surgery, and Stroke services with allied health professionals and community care.
- Maintaining service continuity across Critical Care, theatres, and Emergency General Surgery to prevent disruptions.
- Exploring reduced care level units to enhance service sustainability.
- Strategically planning service delivery to acknowledge clinical limitations and communicate effectively with the population about the rationale behind service centralisation.

Attractiveness of Generalist Posts

- Addressing workforce challenges by enhancing the attractiveness of generalist roles through targeted training and career development opportunities.

Training and Workforce Development

- Increasing capacity through training programmes and local training initiatives to retain talent and meet service delivery demands.
- Diversifying skills and roles within healthcare teams to optimise service delivery.

Recruitment Challenges and Strategies
- Ensuring the quality of service to attract qualified professionals.
- Addressing recruitment barriers promptly through transparent and efficient recruitment processes.
- Exploring alternative recruitment models to retain healthcare professionals within the system.

Technology and Infrastructure Needs
- Investing in digital systems and modernised estates to improve patient care and support multidisciplinary collaboration.
- Ensuring optimal utilisation of available equipment to maximise efficiency and productivity.

Service Delivery and Accessibility
- Evaluating site distribution and facility offerings to align with patient needs and reduce travel burdens.
- Enhancing referral pathways and demand management to optimise service utilisation and reduce wait times.

Scope Expansion and Role Diversification
- Expanding the scope of practice for healthcare professionals to alleviate workload pressures and enhance service efficiency.

Additional comments and concerns

Challenges in Emergency Medical Transport
- Extended delays in A&E departments impacting emergency medical transport targets, exacerbated by insufficient vehicles and resources.
- Suggestion for implementing shuttle bus services between hospitals to reduce reliance on ambulances and streamline transportation.
- Emphasis on collaborative problem-solving among stakeholders to tackle healthcare challenges effectively.

Community Hospital Beds and Integration with Social Care
- Concerns about underutilisation of beds in community hospitals and the need to maximise existing infrastructure to address bed shortages.
- Acknowledgement of the persistent gap between health and social care, with efforts needed to foster greater collaboration for enhanced patient care.

Service-Specific Considerations
- Importance of establishing a regional Stroke service.
- Optimising medicines management to improve care outcomes.
- Identified needs in Critical Care include appointing an overall clinical lead and standardising processes.

- Significance of addressing staffing shortages in Emergency General Surgery and facilitating early discharge through rehabilitation.
- Recognition of the shortage of physiotherapists and occupational therapists impacting patient care.
- Integration of care of the elderly services across hospital sites and leveraging physician expertise to support patient care.

Regional Collaboration and Employment Opportunities

- Leveraging resources and expertise available through collaboration with Swansea Bay to enhance service provision.
- Concerns about equity in the hub and spoke model, particularly regarding accessibility and distribution of services.

Resource Allocation and Equipment Funding

- Discussion on allocating funds for new equipment to align with patient demand and workforce capacity for optimal service delivery.

Addressing Pathway Delays and Distance Travel

- Need to address front door and diagnostic pathway issues to improve service efficiency and patient outcomes.
- Balancing care proximity and specialist expertise to achieve the right balance in service planning and delivery.

Minimising Hospital Transfers and A&E Overcrowding

- Initiatives to reduce hospital transfers and A&E overcrowding through increased patient awareness and developing solutions to expedite patient flow.

Primary Care Role and Financial Considerations

- Strengthening primary care pathways and interventions to enhance early intervention and reduce burden on secondary care services.
- Importance of understanding financial resources and leveraging funding to support service improvement initiatives.

Opportunities Emerging

Innovative Service Models and Data-Driven Solutions

- Success Stories and Data Analysis: Participants highlighted successful initiatives, such as collaborative teams comprising advanced paramedics, physiotherapists, and GPs, which aim to reduce hospital admissions by triaging and redirecting non-urgent cases. Data analysis conducted on these initiatives demonstrates significant reductions in admissions, showcasing the efficacy of data-driven approaches in optimising healthcare delivery and resource utilisation.
- Future Needs and Services Planning: Discussions centred on the importance of considering future healthcare needs, particularly in light of demographic shifts such as an ageing population. Participants emphasised the need for forward-thinking strategies

to anticipate evolving diagnostic technologies and treatment modalities, highlighting the imperative of embracing digitalisation and leveraging emerging technologies to enhance patient care and outcomes.

Centralisation of Services and Workforce Optimisation

- Dedicated Vehicles and Centralisation: Opportunities arise from centralising services and establishing dedicated vehicles to support patient transfers between facilities. Centralisation not only addresses workforce challenges but also enables the development of specialised services and enhances overall service delivery by consolidating expertise and resources.
- Patient Acceptance of Centralisation: Participants noted that patients have adapted to centralised care models, particularly due to changes implemented during the COVID-19 pandemic. This acceptance may evidence the potential for further centralisation initiatives to streamline service delivery, improve access to specialised care, and optimise patient outcomes.
- Centralisation of Urology services may disproportionately affect patients from certain regions, highlighting the need for equitable access to specialised care.

Collaboration and Resource Sharing

- Inter-Health Board Collaboration: Participants explored opportunities for workload balancing and collaboration between health boards, suggesting models where certain health boards specialise in specific services while others focus on outpatient and diagnostic work. This collaborative approach could enhance service efficiency, address capacity issues, and promote knowledge exchange and skill development.
- Utilising Support Services: Leveraging support services such as the Waiting List Support service to offload administrative tasks from clinical staff allows for greater focus on core clinical activities. This approach optimises resource allocation, enhances operational efficiency, and improves patient experience by streamlining administrative processes.

Redefining Care Delivery and Workforce Roles

- Changing Care Delivery Narrative: Participants advocated for a shift in the narrative surrounding care delivery, emphasising the consolidation of high specialty services while ensuring high-volume services are accessible across the health board footprint. This approach balances centralisation with proximity to home, maximising service accessibility and effectiveness.
- Expanding Non-Doctor Specialist Roles: Exploring the expanded roles of advanced nurse practitioners (ANPs) and advanced clinical practitioners (ACPs) presents opportunities to optimise workforce utilisation and address staffing shortages. While initial investment in training and supervision may be required, the long-term benefits include improved service capacity, efficiency, and patient care.

Turning public resistance into an opportunity for communication and education

- The public's vocal stance on retaining local services presents an opportunity for the health board to engage in transparent communication. Explaining that travelling short distances can lead to better care may ease resistance. Discussing local services' limitations can raise awareness about sustainable healthcare systems. This presents an

opportunity for proactive addressing of concerns, fostering understanding, and building trust through transparent communication and awareness raising, incorporating attendees' viewpoints, such as a service user who expressed willingness to travel within the health board area for quality care.

Ideas Creation and Development

Please note: the afternoon session had nine table discussions (there were no discussions at tables 3, 10 or 11).

Table 1

Idea 1
Leverage technology to enhance patient care by creating accessible hubs equipped with IT facilities and promoting remote consultations.

1. Technology-Facilitated Hubs: Establish hubs where patients can access IT facilities for remote consultations and support. These hubs serve as centralised locations where patients can consult with healthcare professionals virtually, eliminating the need for travel to distant hospitals.
2. Remote Consultations: Implement remote follow-up clinics for specialties such as Urology and respiratory care. Utilise video consultations to connect patients with consultants, allowing for efficient follow-up care without the need for in-person visits.
3. Support Personnel: Deploy support personnel, such as family liaison officers or healthcare support workers, to assist patients during remote consultations. These individuals can help with basic observations and ensure a seamless virtual care experience.
4. Telephone Triage: Utilise telephone triage for initial patient assessments, allowing GPs to conduct assessments remotely. Explore options for the use of email, enabling patients to send photos for assessment and diagnosis.
5. Video Consultations: Integrate video consultations into routine care, particularly for specialties like TIA clinics where visual assessments are crucial. Offer patients the option of video consultations to save travel time and enhance convenience.
6. Patient Choice: Emphasise patient choice in consultation methods, allowing individuals to opt for in-person or virtual appointments based on their preferences. Provide flexibility to accommodate different patient needs and preferences.
7. Integrated Clinical IT System: Advocate for the implementation of an integrated clinical IT system to streamline virtual consultations and ensure seamless communication between healthcare providers. Work towards establishing a unified IT infrastructure to support virtual care delivery effectively.

Idea 2
Enhancing patient information and access to healthcare services through various channels and technologies while promoting transparency, communication, and patient empowerment.

1. Pre-Consultation Materials: Provide patients with information in advance to empower them with knowledge about their condition and treatment options. This approach facilitates informed discussions during consultations, improving patient engagement and decision-making.
2. Effective Communication: Allocate sufficient time for effective communication during consultations to address patient concerns and settle anxiety.
3. Access to Health Records: Advocate for patient access to their own health records to promote transparency and encourage patient involvement in their care. Clinicians should strive to write patient-friendly letters containing relevant information and links to additional resources.
4. Technology Integration: Leverage technology to enhance patient access to healthcare services, such as remote consultations, virtual hubs, and online access to test results. Ensure that technology solutions are user-friendly and accessible to patients of all backgrounds.
5. Community Information Hubs: Collaborate with local authorities to establish information hubs in communities, providing resources on health-related topics like mindfulness, stress management, and bereavement support. This initiative promotes holistic community care and social prescribing.
6. Optimising Healthcare Navigation: Set public expectations on the appropriate pathways for accessing healthcare services, including alternatives to traditional GP visits such as pharmacies and opticians. Public awareness campaigns and targeted advertising can help guide patients to the most suitable care providers.
7. Improving Service Consistency: Address inconsistencies in service availability, particularly in pharmacies, by ensuring that essential services are consistently accessible across different locations. Utilise technology and staffing strategies to maintain service continuity and minimise disruptions.
8. Empowering Patients Through Technology: Encourage the adoption of digital healthcare tools like the NHS app to empower patients with online access to prescriptions, appointments, and health records. Ensure that healthcare providers fully utilise available technology to enhance patient access and convenience.
9. Transparency and Decision-Making: Foster transparency in healthcare decision-making, balancing the need for quality care with practical considerations such as travel distance. The Health Board should make informed decisions and communicate openly with the public to address concerns and ensure accountability.
10. Clinician Training and Support: Provide clinicians with training and support to effectively communicate with patients and adapt to evolving healthcare practices. Encourage a patient-centred approach and facilitate peer support among healthcare professionals to enhance patient care quality and satisfaction.

Idea 3

This idea encompasses several key aspects related to travel, recruitment, and operational targets in healthcare delivery.

- Travel Accessibility and Equity:
    - Addressing the challenges of patient transport, particularly for individuals with protected characteristics, limited mobility, or those living in rural areas.

- Understanding the significant impact travel barriers can have on patients' decisions regarding treatment, including factors such as pet care responsibilities or seasonal commitments.

- Recruitment Strategies
  - Exploring the reasons behind the shortage of healthcare consultants, including issues of flexibility in work arrangements and poor mobile reception in rural areas.
  - Advocating for stronger support from corporate HR departments to facilitate recruitment efforts and streamline job advertisement processes.
- Addressing Dated Equipment
  - Considering innovative solutions such as mobile clinics or vans to deliver services to remote or underserved areas.
- Inter-Organisational Coordination:
  - Recognising the need for better alignment and coordination between primary care, acute care, and local authorities to improve patient flow, bed availability, and discharge processes.
- Operational Targets and Outsourcing
  - Acknowledging the challenges posed by Welsh Government targets and the necessity of outsourcing operations to meet these targets.
  - Highlighting concerns about the quality of outsourced operations and the potential impact on patient outcomes, emphasising the importance of maintaining high standards of care.

Table 2

Idea 4
Developing Hywel Dda University Health Board as a centre of excellence in a specific area of specialisation, addressing various aspects such as workforce development, education, patient-centric care, and collaboration with external partners.

1. Focus on Specialisation: Select one area of specialisation unique to HDUHB and establish it as a centre of excellence, leveraging patient needs and available resources.
2. Access to Education: Ensure access to quality education and training opportunities for staff, recognising and overcoming barriers to collaboration with NHS England for training and education initiatives.
3. Workforce Development: Implement a rotation system that exposes staff to larger hospitals and diverse experiences, aiming to build expertise at higher staffing levels and cascade knowledge downwards.
4. Funding Accessibility: Address funding constraints as a primary barrier to staff growth and development, exploring options such as establishing the Bank Staff as an NHS agency, potentially operating as a not-for-profit organisation or seeking alternative funding sources.
5. Competitive Market Awareness: Recognise the competitive landscape in healthcare and focus on workforce development rather than solely on infrastructure expansion, aligning with the original focus of the Transforming Clinical Services (TCS) initiative.

6. Incentive Schemes: Explore incentive schemes, including mentorship training, to attract and retain talent, ensuring backfill resources are available to support staff in accessing training and maintaining work-life balance.
7. Patient-Centric Approach: Emphasise the importance of patient-centric care and ensure that the focus on workforce development aligns with patient needs and outcomes.
8. Collaboration and Cross-Disciplinary Learning: Promote cross-pollination between disciplines and engage with academic deaneries to drive change and improvement in education and training offerings.
9. Transport Strategy: Develop a transport strategy to facilitate staff mobility and access to training and education opportunities.
10. Job Evaluation and Placement: Ensure that job evaluation processes accurately match staff skills with job roles and placements to optimise workforce effectiveness and service delivery.

Table 4

Idea 5
This idea focused on enhancing staffing, recruitment, and retention strategies to cultivate a skilled workforce capable of meeting evolving patient needs and driving service excellence. Collaboration with external partners, particularly Health Education Wales and Swansea Bay, is vital for maximising training opportunities and talent development.

1. Upskilling and Attraction: Prioritise the development of non-medical practitioners through comprehensive training programmes. Create opportunities for career advancement and attract new talent by offering flexibility in working arrangements and remote options.
2. Training Experience: Ensure that training experiences are rewarding to retain staff. Offer innovative programmes in collaboration with Swansea Bay and explore joint appointments to provide diverse learning opportunities.
3. Diagnostic Strategy: Develop a joint diagnostic strategy with Swansea Bay to address capacity issues and optimise service delivery. Consider establishing regional centres and county diagnostic hubs in out-of-town sites to decentralise acute diagnostics and enhance accessibility.
4. Expertise Building: Focus on building expertise at higher staffing levels and disseminating knowledge downward to foster sustainable growth.
5. Workforce Development: Refocus efforts on workforce development rather than infrastructure expansion. Implement incentive schemes and mentorship training to address work-life balance concerns and attract top talent.
6. Collaboration and Innovation: Streamline the rotation system and reduce administrative hurdles. Foster collaboration with academic deaneries, government bodies, and education centres to improve training offerings and drive change. Whole Wales on call service, centralising out of hours and elective scans.

Table 5

Idea 6

The idea centres on establishing diagnostic hubs to streamline elective diagnostic services, alleviating pressure on hospitals and enhancing patient and staff experience. The hubs would centralise services such as Endoscopy, Radiology, and interventional procedures, optimising resource utilisation and promoting skill development among staff.

1. Scope and Services: The hub would offer a range of elective diagnostic services, including Endoscopy, Radiology, Angio, DEXA, Echocardiography, and Cardiology, with the potential to include other specialties like Ophthalmology, Urology, and Dermatology.
2. Accessibility and Equity: Direct referral pathways from primary care would improve access for patients, ensuring equitable access to high-quality diagnostic services. Additionally, the hub's centralised location would mitigate travel burdens for patients.
3. Operational Model: The hub would operate as a scheduled facility, eliminating the need for overnight stays. Staffing arrangements would involve rotational and visiting staff, optimising resource utilisation and ensuring flexibility in workforce management.
4. Technological Integration: Leveraging AI booking systems and telemedicine platforms would enhance efficiency and patient experience, facilitating direct referral pathways and reducing unnecessary visits to hospitals.
5. Collaboration and Training: Collaboration with universities and research institutions would foster innovation and serve as a high-tech training centre, attracting and retaining skilled workforce.

However, the proposal also presents challenges, including:

1. Cost: Establishing and maintaining the hub would require significant financial investment.
2. Logistics and Infrastructure: Addressing issues such as transportation, accommodation for staff, and appropriate infrastructure would be essential for the hub's viability.
3. Staff Transition and Workforce Management: Transitioning staff roles and managing workforce dynamics would require careful planning to minimise disruption to urgent care pathways.
4. Location and Viability: Choosing an optimal location and ensuring sufficient patient and staff recruitment would be crucial for the hub's success.

Despite these challenges, the diagnostic hub presents an opportunity to enhance diagnostic services, improve patient outcomes, and optimise resource utilisation within the healthcare system.

Table 6

Idea 7
The idea involves a reconfiguration of the sites so there are two emergency sites with Accident and Emergency (A&E), two inpatient with day surgery elective sites and walk-in centres. The configuration will centralise highly specialised services and move care closer to home. The specific aspects of the model would establish a coordinated approach to training and healthcare service delivery, with a focus on meeting the needs of the service and aligning with career pathways.

1. Training Coordination: The Health Education and Improvement Wales (HEIW) plays a central role in coordinating and delivering learning opportunities tailored to the training needs of healthcare professionals. This involves ensuring that infrastructure supports training delivery and promotes local workforce development.
2. Skill Growth and Supervision: Emphasise skill growth among healthcare teams under the supervision of a single consultant. Utilise job skill review and planning to identify training needs and facilitate continuous professional development.
3. Patient-Centred Care: Bring critical masses of patients together to improve competencies and enhance clinical leadership across primary care services. Support longer stays in the community and minimise unnecessary referrals by centralising highly specialised services while moving care closer to home.
4. Diagnostic and Emergency Centres: Establish diagnostic and Radiology centres with centralised training facilities, while ensuring that some diagnostics are available at all sites for patient convenience. Develop emergency sites with A&E services, inpatient/day surgery facilities, and walk-in centres, centralising highly specialised services to improve accessibility.
5. Telemedicine and Technology: Support local hubs and walk-in centres with technology to deliver telemedicine services, enabling care to be provided closer to home. Implement phone-first systems to ensure patients are directed to the appropriate location for timely care.
6. Infrastructure Planning: Consider the road infrastructure and patient transport services needed to support centralisation efforts and ensure accessibility to healthcare services.
7. Stroke Services: Ensure that Stroke services are available seven days a week across multiple sites, with diagnostics available where needed to meet time-dependent treatment targets.
8. Collaboration and Integration: Foster collaboration between training centres, universities, and other training providers to ensure alignment of training programmes and maximise opportunities for workforce development. Develop strategies to retain experienced healthcare professionals, including options for retirement returners to deliver training.

Table 7

Idea 8
This idea revolves around two main pillars: Training and Consolidation of Services, with a focus on creating sustainable healthcare delivery models.

Training:

- Establish a structured Deanery framework to provide comprehensive training across various healthcare professions, ensuring support and funding for ongoing education.
- Introduce initiatives like "Golden Hello" incentives to attract and retain talent, coupled with local training programmes to encourage professionals to stay closer to home.
- Foster a multi-disciplinary approach to Continuous Professional Development (CPD) and equitable access to learning opportunities.
- Consider innovative models such as providing CPD days and budgets as part of employment contracts, drawing inspiration from successful practices like the Australian model.

- Explore the potential of dedicated learning centres like Pentre Awel to facilitate ongoing training and skill development.

Consolidation of Services:
- Develop training programmes tailored to specific needs in Wales, such as Endoscopy, Ophthalmology, and Radiography, to ensure a skilled workforce aligned with service requirements.
- Rationalise healthcare facilities and estates to optimise resource utilisation while accommodating high-volume procedures like Endoscopy at multiple locations and consolidating specialised services where necessary.
- Establish two consolidated service hubs, one in the North and one in the South of the Health Board area, with agreed elective service provision on each site.
- Embrace digitisation to enhance efficiency and streamline access to services, including a review of access criteria to maximise capacity and address demand effectively.
- Prioritise services based on their impact and conduct a health board-wide assessment to identify areas for improvement, focusing on initiatives with the greatest potential for positive change.

Table 8

Idea 9
The idea focuses on transforming the patient journey by establishing pathway centres that consolidate various services and streamline care delivery.

1. Pathway Centres: Establish centres that specialise in certain services, such as diagnostics, outpatient care, and minor operations, all in one location. This simplifies the patient experience, as they only need to visit one site for multiple aspects of their care.
2. Specialisation and Training: Specialise certain services in specific hospitals, mostly for elective procedures, to enhance training opportunities and create more stable rotas. This ensures that patients see the right healthcare provider in the appropriate setting.
3. Virtual Consultations: Utilise technology to facilitate virtual consultations with consultants from different parts of the world, improving access to specialised care remotely.
4. Engagement with Stakeholders: Involve nursing schools, politicians, and all relevant stakeholders in discussions about shaping the future workforce and healthcare delivery models.
5.Promotion of Virtual Care: Increase awareness and promotion of virtual consultations and app-based care to reduce the number of unnecessary appointments and enhance convenience for patients.
6. Generalisation of Skills: Emphasise the benefits of practicing in a rural landscape to encourage doctors to maintain general skills alongside specialisation.
7. Digital Infrastructure: Ensure access to IT infrastructure in both clinical and home settings, leveraging existing technologies that already integrate well with each other to avoid building new systems.
8. Safe Staffing and Funding: Establish safe staffing levels based on national standards and ensure adequate funding to meet these requirements before implementing any staff training initiatives.

9. Pathway Cohesion: Develop dedicated suites within pathway centres to provide comprehensive care in one location, integrating third-sector organisations wherever possible.
10. Mapping Patient Pathways: Map out patient pathways comprehensively, involving all relevant stakeholders, including GPs and various healthcare services, to identify opportunities for centralisation and optimisation of care delivery.
11. Collaborative Approach: Recognise that changes to services cannot happen in isolation and require collaboration among all stakeholders involved in the healthcare ecosystem.

Idea 10
Services within Primary Care – e.g., rooms that Ophthalmology can use.

Idea 11
Establish a circular pathway model, with primary care forming the outer rim and central hubs acting as focal points for various services.

1. Circular Pathway Model: Design a pathway model where primary care serves as the outer rim, with different points of entry into centralised hubs resembling spokes into a hub. Each spoke represents a different interdependency, such as radiography or specialist consultations.
2. Central Hubs: Create central hubs for services based on patient pathways, consolidating resources and expertise to streamline care delivery. These hubs would serve as focal points where patients can access a range of services in one location.
3. Reduced Service Locations or Patient Transport: Aim to reduce the number of service locations by centralising services in hub locations. Alternatively, ensure robust patient transport systems, potentially including arrangements for accommodation like hotels, to facilitate access to centralised services. Patient transport should align with service times to optimise efficiency.
4. Specialist Services: Establish clear communication channels to inform patients about the availability of specialist services in different hospitals. This ensures patients are aware of where to access the care they need.
5. Patient Communication: Prioritise communication with patients throughout their healthcare journey, ensuring they are informed and involved in decision-making processes. Clear communication enhances patient understanding and engagement, leading to better outcomes.

Table 9

Idea 12
The idea revolves around establishing a dedicated service configuration to future-proof healthcare delivery.

1. Data-Driven Planning: Utilise effective data analysis to inform service configuration and capacity planning, ensuring resources are allocated optimally to meet future demands.
2. Mapping and Improvement: Map the existing healthcare landscape to identify areas for improvement and streamline service delivery. This involves revisiting the roles of staff within

services, emphasising upskilling and reducing reliance on medical professionals for certain tasks.
3. Governance and Resource Utilisation: Establish clear governance structures and resource allocation mechanisms to tap into community hubs effectively. This involves reconsidering the distribution of services and consolidating consultants where feasible to enhance efficiency.
4. Safety Standards and Compliance: Prioritise safety standards by improving current practices and ensuring compliance with service standards. This requires a shift from being solely driven by performance metrics to also focusing on safety standards.
5. Service Remit and Realism: Define the remit of services, such as Dermatology prioritising skin cancer while considering the broader impact on other areas like psoriasis and acne. Maintain openness and honesty with patients and the public about realistic expectations regarding service delivery.
6. Addressing Bed Capacity and Frailty: Address bed capacity issues, including bed-blocking, by closely collaborating with social care to develop care packages. Emphasise the importance of frailty services at the front door to prevent future demand escalation and avoid over-medicalisation of frailty.
7. Volunteer Support and Frailty Units: Explore the role of volunteers in supporting medically optimised patients in frailty units, acknowledging the potential high dependency of these patients. Recognise the need for a balanced approach between treatment at the front door and adequate bed capacity for all patients.

Idea 13
Develop a joint diagnostic strategy with Swansea Bay.

1.Regional Diagnostic Centre: Establish a regional diagnostic centre to serve both the West Wales and Swansea Bay regions. This centre would centralise diagnostic services, leveraging resources and expertise to improve efficiency and effectiveness.
2. County Diagnostic Hubs: Create county diagnostic hubs in cluster/locality areas, particularly in out-of-town sites. These hubs would serve as satellite centres to the regional diagnostic centre, providing access to essential diagnostic services closer to communities.
3. Capacity Optimisation: Implement a long-term plan to shift acute diagnostics from acute sites to county diagnostic hubs.
4. Infrastructure and Workforce: Address the infrastructure and workforce challenges in West Wales by leveraging existing infrastructure while strategically allocating resources to support diagnostic services in county hubs.
5. Collaborative Planning: Collaborate closely with stakeholders from both West Wales and Swansea Bay to develop and implement the joint diagnostic strategy. This includes healthcare professionals, administrators, policymakers, and community representatives.

Table 12

Idea 14
Establish a patient-centred interface that prioritises quality, safety, and accessibility while optimising service provision across multiple locations.

1. Patient-Centred Care: Emphasise patient needs and preferences in service delivery, ensuring that decisions are made with the patient's best interests in mind. Manage patient expectations by providing transparent information about available services and their limitations.
2. Safety and Accessibility: Ensure patient safety throughout the care journey, including safe transportation to and from treatment facilities. Holistic support, including assistance with transportation and accommodation, should be provided to facilitate access, especially for patients needing to travel to more remote hospitals.
3. Communication and Transparency: Establish clear and transparent communication channels to provide patients with timely and relevant information about their care. Utilise digital solutions to enhance accessibility and user-friendliness of information.
4. Interdependencies and Collaboration: Recognise the interdependencies between different healthcare services and facilities. Collaborate with other health boards to leverage resources and expertise, avoiding the need to provide every service in every location.
5. Primary Care Integration: Integrate with primary care strategies to ensure seamless coordination and continuity of care. Conduct pre-assessments in collaboration with primary care providers to assess patient needs and determine appropriate care pathways.
6. Population-Centric Approach: Understand the demographic and healthcare needs of the population served to tailor service provision accordingly. Consider age-related appropriate care and ensure services are distributed based on population needs.
7. Patient Choice and Service Availability: Provide patients with information about waiting times and service availability across different sites. Enable patients to make informed choices about their care, balancing expertise in treatment with considerations of travel distance.

Conclusion

This deliberative session marked a pivotal moment in the development of Hywel Dda University Health Board's Clinical Services Plan. With the participation of 82 stakeholders, including staff, service users, and external partners, the event provided a platform for robust discussions, idea generation, and consensus-building to address the multifaceted challenges facing the health board.

Through structured workshops and presentations, participants delved into the overarching case for change, understanding the complexities of running multiple units and the delicate balance between local accessibility and service quality. Staffing emerged as a critical issue, alongside concerns about centralisation's potential benefits and challenges. Service-specific considerations highlighted recruitment challenges, geographical constraints, and the need for investment in infrastructure, equipment, and workforce development across various specialties.

The discussions yielded fourteen innovative ideas, each emphasising common themes such as technology integration, patient-centred care, workforce development, streamlining service delivery, collaboration, accessibility, equity, and data-driven decision-making. These themes underscored a holistic approach to addressing the health board's challenges, focusing on leveraging technology, empowering patients, developing the workforce, fostering collaboration, and ensuring equitable access to care.

Next Steps

The next steps in this important work are:

- Ideas will be shaped into a long list by the Options Development Group (Clinical Group) (25th and 26th April)
- Check and Challenge virtual meeting on the 17th May (by all those in attendance at the deliberative event on 9th April 2024)
    - Long list options
    - Sense check desirable criteria
    - Agree scoring methodology

Appendix

Park it Board Comments

- Need cohesion between Social Café and Health Board
- WAST waiting times
- Get services mobile to the patient. Dermatology to the patients.
- Do community rehab services have enough capacity?
- When is Nuffield report planned to be published?
- Emergency Department environment
- Primary Care default secondary care without assessment on occasion.
- Welsh Government (WG) - Social Care within NHS
- Hospital Capacity. There is a desperate need to manage delayed discharge – Social Care!
- There is a clear need to organise training across the Health Board to support services. Should there be a more focused approach on training, organising and supporting the Health Boards?
- Some patients will not travel for health care. Some patients don't have the ability to travel. Not an option for some.
- Understand primary and community care is out of scope but difficult to discuss pathways without it.
- The need for community hospitals to manage bed flow to stop the beds being filled.
- How does social care fit in the bed flow?
- How many options are there beyond centralising for fragile services?
- Public expectation of service availability on each site. How do you manage change which reduces/removes services?
- Where is Emergency medicine (A&E) in this process/plan? It is an extremely fragile service.
- GPs with special interest can support focussed care through skill mix service.
- Investing in technology is key, need the IT infrastructure to support virtual consultations, virtual MDTs that would allow specialist input from other sites or organisations.
- Service rep & others disappointed that primary care & community has been kept out of this session. The link into these services begin with going to a GP most of the time.
- Training + development – workforce strategy, scope of nurse endoscopist as career development opportunity and sustain service.
- Workforce development. Radiographer expansion of role and training opportunities to develop these roles to do more.
- Focussed financial investment – equipment and facilities. Phased to match when it can be used. No unutilised equipment + facilities.
- What are the opportunities to bring other services into the clinical plan?