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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

CLINICAL SERVICES PLAN (CSP) SPRINT 1

(25th and 26th April 2024)

SUMMARY REPORT

9th May 2024

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1 Executive summary

1.1 Introduction

Hywel Dda University Health Board is advancing its Clinical Services Plan to align with its overarching vision of "A Healthier Mid and West Wales." This strategic initiative aims to deliver services in the medium term while emphasising care closer to home and enhancing the sustainability of specialist services. The plan involves significant capital investment, with ongoing projects like the Cross Hands Integrated Care Centre and completed ones like the Cardigan Integrated Care Centre serving as examples.

A deliberative event in April 2024 brought together key stakeholders to review the case for change outlined in the Clinical Services Plan Issues Paper and begin scoping potential solutions. This next phase, Sprint 1 convened, clinicians, operational leads, and related support services to begin to develop options addressing service fragilities and unsustainability. The aim is to ensure care that is safe, sustainable, accessible, and kind, aligning with Welsh Government requirements for Targeted Intervention.

The objectives of the Clinical Services Plan include addressing fragilities in Critical Care, Emergency General Surgery, Planned Care (Ophthalmology, Dermatology, Urology, Orthopaedics), Diagnostics (Endoscopy, Radiology), and Stroke services. Sprint 1, part of a series of meetings spanning until July 2024, aimed to generate a set of options for consideration by the September 2024 Board meeting.

1.2 Methodology

The methodology employed in Sprint 1 aimed to achieve two primary objectives: the development of possible options for individual services and the creation of a long list of options for a programmatic approach.

Support services such as Capital Planning, Estates and Facilities, Learning and Development Team, Organisational Development, Digital and Informatics, Finance, Workforce, and Clinical Engineering were made available to provide specialised input during discussions.

Table discussions during Sprint 1 were facilitated by members of the Transformation Programme Office (TPO) and the Engagement Team, serving as scribes and facilitators. Various materials, including the agenda, Issues Paper Executive Summary, site maps, baseline service templates, and templates for capturing outputs, were provided to inform discussions.

Initial discussions focused on nine services: Critical Care, Emergency General Surgery, Stroke, Endoscopy, Radiology, Dermatology, Ophthalmology, Orthopaedics, and Urology. The aim was to develop outline scenarios for each service, with groups tasked to sense-

check information and develop three or four scenarios. Feedback on these scenarios was gathered.

Participants then formed groups to create delivery options for all services across the programme. They were guided by questions focusing on alignment with programme aims, addressing issues from the Issues Paper and deliberative session, and meeting Hurdle Criteria. Each group nominated a spokesperson to present their option, allowing for refinement based on feedback.

The process for applying Hurdle Criteria was discussed, with participants considering what constituted a majority decision for determining if an option met the criteria.

Evaluation Criteria were introduced requiring participants to provide feedback on themes such as Clinical Sustainability, Deliverability, Accessibility, Strategic Alignment, and Financial Sustainability. Additional themes from previous reviews were also considered, along with suggestions for potential new criteria.

1.3 Results

Three to four different options were developed for each of the services. Feedback was sought across different service options which ranged from maintaining the status quo to comprehensive centralisation. Concerns were raised regarding capacity, staffing, patient care, and financial implications and opportunities were identified for improved efficiency, quality of care, and workforce sustainability.

Five options were developed to address the Clinical Services Plan programme as a whole. In order to refine the options further and to assess these against the Hurdle Criteria a list of additional information and data requirements was collated. In addition, participants also noted the interdependencies and enablers in relation to each of the options.

2 Introduction

Hywel Dda University Health Board has entered into its next phase to develop its Clinical Services Plan. The Clinical Services Plan seeks to deliver services in the medium term in line with Hywel Dda's longer term vision "A Healthier Mid and West Wales".

Elements of the strategy will require significant capital investment, some of which is already taking place such as the Cross Hands Integrated Care Centre or have been delivered such as Cardigan Integrated Care Centre.

The Clinical Services Plan programme has an opportunity to look at how and where we provide services, in line with the strategy's goal to deliver care closer to home, while also seeking to make specialist services more sustainable.

A deliberative event on 9th April 2024 brought together clinicians, nursing and operational leads, service users and external stakeholders to review the case for change, examine the issues as described in the [Clinical Services Plan Issues Paper](#)¹ and begin to scope ideas to address the issues and challenges identified.

Sprint 1 followed on 25th and 26th April 2024. This was a clinically led process representing the nine clinical service areas. It was well attended with 77 participants on Day 1 and 72 participants on Day 2, including service and interdependent service representatives, all support services, Executives, and observers. In most areas where representatives were not able to attend a deputy supported the process. This was a clinically led process to begin to develop options which would meet the aim and objectives of the programme:

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.

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/>

This Sprint was the second of a series of in-person and virtual meetings with these activities spanning until July 2024 to prepare a set of options for the September 2024 Board meeting.

3 Methodology

The objectives of Sprint 1 were to develop:

- Possible options for individual services
- A long list of options for a programme approach.

James Severs, Executive Director of Therapies and Health Science opened the session setting out the context and overarching aim and objectives of the programme. tCI then introduced the specific objectives of Sprint 1:

- To develop all possible options for individual services
- To develop a long list of options for a programme approach.

It was explained that support services were available to join the conversations to add specified input and knowledge. These services were:

- Capital Planning
- Estates and Facilities
- Learning and Development Team
- Organisational Development
- Digital and Informatics
- Finance
- Workforce
- Clinical Engineering

Sprint 1 table discussions were supported by members of the Transformation Programme Office (TPO) and the Engagement Team in roles of scribes and facilitators. There were various materials on the tables to inform discussions as well as templates to capture the outputs. These included:

- The Agenda
- Issues Paper Executive Summary
- Site Maps Pack
- Baseline Service Template
- Baseline Equality Impact Assessments
- Hurdle Criteria
- Risk Appetite Statements
- Templates to Support the Methodology
- Option Development Group attendees list

Before discussions commenced, Yvette Pellegrotti, member of the TPO, presented participants with the outputs of the deliberative session and feedback on these outputs following the wider check and challenge engagement sessions with the Health Professionals

Forum, Medical Leadership Forum and a number of internal stakeholders identified through the stakeholder mapping process.

The Hurdle Criteria were presented to participants, with an explanation of how these had been adapted following feedback at the deliberative session. Participants were requested to consider these Hurdle Criteria alongside the strategic alignment to 'A Healthier Mid and West Wales' as design principles when developing their options.

Service specific option development discussions were facilitated to then allow input to a wider programme option development deliberation.

3.1 Service Options

The conversations in the morning of the 25th of April 2024 were conducted in small tabletop discussions with service representatives focusing on the nine services within the scope of the exercise:

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

The purpose of these discussions at the start of the Sprint 1 sessions (25th and 26th April 2024) was to develop outline scenarios at a service level to inform thinking when taking a broader programme level consideration of clinical services.

The groups' first task was to sense check the information provided for their service, they were then tasked to develop three or four outline scenarios for the future operation of the service.

On completion of the latter task a representative or representatives of the group then presented their scenarios to the whole room, taking account of the following:

- Must have attribute(s)
- Rationale
- Benefits/Opportunities
- Risks

The wider group was then asked to provide feedback for each service's scenarios using a short online survey which asked participants to provide an individual response to the following four questions:

- Please rank the options presented.
- What additional risks are there?
- What additional benefits are there?
- What would you do differently?

3.2 Programme Options

Participants were invited to join one of four tables encouraging a mix and ensuring diversity of services on each table so that there was as wide a representation as possible of service representatives on each table.

They were set with the task of creating one delivery option for all services across the programme. In developing the options participants were reminded of the aim and objectives of the programme and the Hurdle Criteria. They were encouraged to act with permission, challenge one another and negotiate to develop the best configuration of services as possible doing what they could with the existing resources. They were assured of the fact that these are the initial stages of the process, with check and challenge, Sprint 2, shortlisting and SWOT analysis as well as shortlist scoring and Board consideration and decision making to follow.

The table discussions were guided by the following questions:

- Does the option meet the programme aim and objectives?
- Does it address the learning from the Issues Paper and Deliberative session?
- Does it meet the Hurdle Criteria?
- What information do you need from services not at your table?

The tables were asked to nominate a spokesperson to present the option to the room. This provided the opportunity to receive feedback from the other participants so there could be further refinement of the option before submission to the Health Board via the TPO team member.

In addition to the multidisciplinary group work, members of the TPO worked using the service options presented in the initial session to develop a fifth option which was a "go hard/challenge" theoretical option, seeking information from clinical and interdependent services as required.

3.3 Applying Hurdle Criteria

Alex Martin, member of the TPO, explained that the Hurdle Criteria are now set. tCI facilitated a plenary discussion to determine how the 'rules of engagement' for how the Hurdle Criteria should be applied. This was based on the premise that the majority of the room would be required to make the decision if an option meets a Hurdle Criteria or not. The participants were asked to consider what should constitute that majority.

3.4 Evaluation Criteria

Alex Martin, member of the TPO, presented the concept of Evaluation Criteria. Participants were asked to complete a survey to:

1. Test whether any of the Hurdle Criteria themes should be used again as Evaluation Criteria:
 - Clinically Sustainable
 - Deliverable
 - Accessible
 - Strategically Aligned
 - Financially Sustainable
2. Test whether additional themes used for the Urgent and Emergency Paediatric Service Review, should be used as Evaluation Criteria:
 - Clinical Viability
 - Workforce Viability
 - Safe Inter-hospital Transport System
 - Facilities/ Interior Suitability
 - Impacts on interdependent services
 - Impacts on people
3. Whether any additional themes or potential criteria should be considered.

4 Summary of Results²

4.1 Service Options

4.1.1 Critical Care Options

- **Option 1:** Estates remains the same; workforce remains the same; Prince Philip current temporary arrangement becomes permanent
- **Option 2:** Bronglais and Glangwili provide a full Intensive Care Unit (ICU) offer; Withybush and Prince Philip provide Level 3 Transfer Bed; L2 offer; and L1 Enhanced Care offer.
- **Option 3:** North / South (L1 Enhance Care offer); Bronglais and Glangwili full ICU offer; Withybush and Prince Philip L1 only Enhanced Care offer.
- **Option 4:**
 - **4a** Centralisation - Stabilise and transfer L3 to Glangwili. All other units L2 all units, L1 all units.
 - **4b** Centralisation - All Critical Care beds are centralised to Glangwili. All other units L1 Enhanced care with a Stabilise and Transfer Option

Summary of Feedback on the Four Options

Additional Risks:

- Status Quo is preferred by some, while others argue it's unsustainable.
- Concerns about patient flow, transport, and patients being stuck in the Emergency Department.
- Staffing and workforce issues, including retention and skill degradation.
- Risks of centralisation, including geographical limitations and recruitment challenges.
- Capacity issues, potential overwhelm with increasing demand, and disparities between regions.
- Impact on other inpatient services and patient transfers affected by weather and specialist availability.

Additional Benefits:

- Opportunities for staff training and skill maintenance.
- Centralisation could improve staffing management, recruitment, and retention.

² in presenting a summary of results in this way, some of the details / meaning discussed during the day may have been lost

- Concentration of expertise and potential for more robust staffing models.
- Improved quality of care and sustainability.
- Option 1 seen as providing the best access to timely care and recruitment.

Different Approaches for Consideration:

- Preferences for maintaining the status quo or making incremental changes.
- Consideration of interdependencies with medical and emergency medicine services.
- Suggestions for improving transfer services and long-term planning.
- Support for options 2 or 3, with some proposing alternative approaches.
- Calls for further information and clarity before making decisions.

4.1.2 Emergency General Surgery

- **Option 1:** Maintain current service
- **Option 2:** Move services from Withybush to Glangwilli
- **Option 3:** Hybrid Model (keep emergency front door at Withybush, leave Bronglais as is)
- **Option 4:** Collaboration with Swansea Bay

Summary of Feedback on the Four Options

Additional Risks:

- Concerns about capacity issues, particularly the impact on other services and the potential overwhelming of certain hospitals.
- Staffing issues, including recruitment challenges and negative impacts on other specialties.
- Perceptions around the lack of boldness in some options and the risk of not addressing long-term sustainability.
- Travel and transport concerns, including patient travel, WAST resource implications, and timely transfers.
- Patient care considerations, including potential delays in care, unclear pathways, and risks to viability and recruitment in certain hospitals.
- Other general concerns such as infrastructure, logistical risks, and the distribution of resources.

Additional Benefits:

- Some respondents saw benefits in concentrating level 3 services on the most affected sites to increase sustainability and aid recruitment.

- Protecting emergency departments and surgical wards in certain hospitals, focusing on sending emergencies out of hours and ensuring patients recover in their preferred locality.
- Suggestions for improved transport options for staff and patients between sites to facilitate rotations and access.

Different Approaches for Consideration:

- Calls for boldness in decision-making and swift implementation of chosen options.
- Emphasis on focusing on emergency departments, protecting key services, and considering interdependencies with other services.
- Suggestions for transforming recruitment processes, investing in recruitment areas, and ensuring fair distribution of resources.
- Calls for the establishment of retrieval services within the health board and the importance of communication and coordination.

4.1.3 Stroke

- **Option 1:** Acute Stroke service delivered at one site for Hywel Dda
- **Option 2:** Acute Stroke service delivered at two sites for Hywel Dda (East & West)
- **Option 3:** Acute Stroke service delivered at three sites for Hywel Dda (Carmarthenshire, Pembrokeshire & Ceredigion)
- **Option 4:** Four site option with Comprehensive Regional Stroke Centre in Morriston Hospital

Summary of Feedback on the Four Options

Additional Risks:

- Concerns about capacity issues and the ability to provide a 7-day service, particularly with maintaining four sites.
- Travel and transport challenges, including ambulance delays and increased distances for some patients.
- Staffing and workforce issues, including acceptance of changes and unclear pathways.
- Uncertainty about the sustainability of the status quo and the ability to achieve 7-day services with certain options.

Additional Benefits:

- Benefits of a single-site stroke service include streamlined and specialised care, higher quality care, and better staffing opportunities.
- Acknowledgment of the unsustainability of the status quo and potential benefits of a more centralised approach.
- Potential for robust, highly skilled teams and opportunities for expansion of nurse-led services.

Different Approaches for Consideration:

- Suggestions for regional or national approaches, including a north/south split or consideration of a single unit for Carmarthenshire.
- Calls for transparency in identifying specific hospital sites and bold decision-making to avoid maintaining the status quo.
- Emphasis on considering interdependencies, expanding stroke teams, and ensuring support services are included in plans.

4.1.4 Endoscopy

- **Option 1:** 4 endoscopy units, Bronglais, Prince Philip, Withybush, Glangwili, Maximise capacity
- **Option 2:** Increase the number of theatres per sites, Bronglais 1 – 2; Prince Philip – 3 room new unit; Glangwili 2-3
- **Option 3:** Centralisation – three sites across Wales

Summary of Feedback of the Three Options

Additional Risks:

- Concerns about significant financial investment required for all options.
- Challenges related to training and recruitment, particularly with increasing capacity.
- Travel and transport risks for patients, especially with centralised models.
- Capacity issues, including space constraints in certain hospitals and potential loss of capacity during transitions.

Additional Benefits

- Benefits of maintaining services across all sites, including streamlined processes, increased access, and reduced backlog.
- Option 2 seen as future-proofing the service, maximising capacity, and addressing backlogs.
- Opportunities for expansion of endoscopy and bronchoscopy services to enhance care and diagnostics.

Different Approaches for Consideration:

- Suggestions for alternative service proposals, such as centralising certain procedures or focusing on reducing demand.
- Calls for a bold approach to change, including consideration of centralising care to a single site.
- Proposals for different configurations, such as having diagnostic units split between east and west or differentiating between types and complexity of endoscopy services.
- Some respondents expressed uncertainty and a need for more information before making decisions.

4.1.5 Radiology

- **Option 1:** Centralised Outpatients – use existing estate
- **Option 2:** Centralised Outpatients – use of mobile
- **Option 3:** Grow your own

Summary of Feedback on the Three Options

Additional Risks:

- Concerns about the need for a national change and agreement, particularly with education-focused options.
- Financial considerations, including the cost of mobile units and increased finance needed for implementation.
- Potential challenges related to new demands and pathways, such as managing patient expectations and workforce training.
- Staffing issues, including concerns about workforce reluctance to move or go mobile, staffing shortages, and the impact on emergency services.

Additional Benefits:

- Potential for better patient throughput and care closer to home, especially with centralised diagnostic services.
- Option 3 seen as excellent for retention of staff and recruitment of local individuals, potentially leading to improved morale and reduced overtime costs.
- Sustainable service models and improved accessibility to outpatient investigations, reducing unnecessary hospital attendance.

Different Approaches for Consideration:

- Suggestions for alternative service configurations, such as diagnostic hubs on multiple sites or splitting planned and unscheduled care.
- Proposals to expand staffing establishment, consider apprenticeship options, and ensure access to interventional radiology services.
- Calls for bravery in decision-making and a need for more information on implementation and resource requirements.

4.1.6 Dermatology

- **Option 1:** Consolidated Unit (in east area) with satellite sites
- **Option 2:** More Planned Day Surgery Unit sessions in Prince Philip
- **Option 3:** Non Urgent Suspected Cancer treatments in Primary Care Scheme

Summary of Feedback on the Three Options

Additional Risks:

- Concerns about travel and transport, particularly for distant patients if the unit is located in the East.
- Capacity issues, including whether there would be enough capacity to meet increasing demand and potential impact on other services in outpatient departments and day theatres.
- Staffing challenges, such as the lack of substantive consultants and recruitment difficulties.
- Financial considerations, ensuring that the option meets financial requirements.
- Concerns over links to primary care and the uptake of specialised roles by GPs.

Additional Benefits:

- Potential for local provision and care closer to home, reducing waiting times, and increasing access to local services.
- Opportunities for robust staffing and progression, particularly if all services are centralised in one specialist centre.
- Increased capacity and expertise if services are consolidated.

Different Approaches for Consideration:

- Suggestions for alternative recruitment approaches, such as ensuring student nurse placements and raising awareness of specialist roles.
- Considering alternative approaches to clinical pathways and referral criteria, potentially pushing low-level cases to community or primary care.

- Calls for bravery in decision-making and exploring options beyond what's already being undertaken.

4.1.7 Ophthalmology

- **Option 1:** Do nothing
- **Option 2:** Reduction in sites from 9 - 6
- **Option 3:** Regionalisation

Summary of Feedback on the Three Options

Additional Risks:

- Concerns about the unsustainability of the current status quo.
- Financial implications, including costs related to staffing and equipment.
- Challenges related to travel and transport for patients, especially considering the demographic served.
- Workforce issues persist regardless of the option chosen, and regionalisation may pose challenges for true emergency cases.

Additional Benefits:

- Option 2 is seen as an improvement over the current situation, providing better regional coverage and potentially addressing workflow and workforce issues.
- Potential to improve recruitment, retention, and reduce waiting times.

Different Approaches for Consideration

- Suggestions to involve all stakeholders in developing solutions and working closely with clinicians to ensure clinically-led changes.
- Emphasis on long-term sustainability, with some uncertainty about the feasibility and cost-effectiveness of Option 3.

4.1.8 Orthopaedics

- **Option 1:**
 - Returning to Pre-Covid Theatre Capacity – reconfigured elective options;
 - Prince Philip Main Theatres – 20 out of 20 Sessions available; IP/Arthroplasty Centre of Excellence;
 - Prince Philip Day Surgery Unit (new post COVID facility) 7 out of 10 sessions available;
 - Withybush Main Theatre – 7 out of 11 sessions available; Withybush Day Surgery Unit – 4.75 out of 4.75 sessions available;

- Bronglais – 5 out of 5 sessions available: Supplemented with regional working; Cohorting Arthroplasty at Prince Philip & Bronglais – Boost Staffing, skill mix and ADV's
- **Option 2:** Building on Option 1 with 7 Day Working
- **Option 3:** As Option 2 with Withybush Inpatient & DC extended

Summary of Feedback on the Three Options

Additional Risks:

- Concerns about staff recruitment, retention, and skill mix, particularly with the implementation of 7-day working.
- Considerations regarding patient and staff travel implications.
- Risks related to operational capacity and management, including planned care waits and the need to fully utilise existing facilities.

Additional Benefits:

- Option 3 meets strategic objectives by bringing care closer to home and improving the utilisation of existing hospital sites.
- Increased activity at Prince Philip Hospital (PPH) and improved utilisation and development of staff skills were highlighted as potential benefits.

Different Approaches for Consideration:

- Suggestions include providing specialist sites for specific expertise, such as creating dedicated trauma lists at certain locations.
- Emphasis on including emergency work and the need for bolder changes beyond the presented options, such as centralisation and shared service delivery.

4.1.9 Urology

- **Option 1:** Creating a diagnostic hub in PPH but retain the split between PPH and Glangwili for emergency and scheduled care. Move Trail Without Catheter (TWOC) to community hubs using Primary Care and BABAS workforce
- **Option 2:** Relocate all TWOC service in to the community, in people's homes and/or from ICC – current and proposed. Removal of service demand from acute sites, frees additional capacity in acute clinics and bed use.

- **Option 3:** Relocate all vasectomy services to the Carmarthen Hub using newly skilled staff.

Summary of Feedback on the Three Options

Additional Risks:

- Concerns about space availability, particularly in terms of planned care bed availability and potential issues with splitting elective and emergency workloads.
- Travel and transport issues for patients, especially those from distant areas, and the need for assurance regarding oversight and support when moving TWOC services to the community.
- Interdependencies with radiology and diagnostics, with potential misalignment of objectives.

Additional Benefits:


- Concentration of services on fewer sites to concentrate limited staff resources and meet/improve targets.
- The potential for increased planned care and providing care closer to home, particularly regarding TWOC services in the community.

Different Approaches for Consideration:

- Suggestions include establishing diagnostic hubs for certain procedures to address geographical challenges and increasing urology work at specific sites.
- Emphasis on maintaining elective and emergency pathways and ensuring clarity on issues before making decisions.

4.3 Programme Options

4.3.1 Draft Option 1

Draft Option One					
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Service	Bronglais	Glangwili	Prince Philip	Withybush	Community Sites
Dermatology	Withdraw services	Withdraw services	Centralise all acute services to Prince Philip Hospital with additional space	Withdraw services	Provide services at Aberaeron Integrated Care Centre and Amman Valley Hospital only
Emergency General Surgery (EGS)	As per current configuration – 24 hour service	24 Hour cover provided for Glangwili, Prince Philip and Withybush Hospitals	Current configuration - No activity at site	No service out of hours, patients transferred to Glangwili Hospital	Current configuration - No activity at community sites
Stroke	Treat and transfer to appropriate Acute Stroke unit	Treat and transfer to appropriate Acute Stroke Unit	Acute Stroke Unit	Acute Stroke Unit	Current configuration - No activity at community sites

Draft Option One

Service	Bronglais	Glangwili	Prince Philip	Withybush	Community Sites
Endoscopy	Maximise session capacity	Maximise session capacity	Maximise session capacity Explore opportunity for Prince Philip Hospital to provide respiratory and urology diagnostics.	Maximise session capacity	Current configuration - No activity at community sites
Ophthalmology	Remove theatre function. Outpatient services to remain.	Surgery is in Day Surgery Unit. Include Cataract and Intravitreal injection (IVT) services. Emergency eyecare to take place in Outpatients	As per current configuration – outpatient services	Undertake Intravitreal injection (IVT) services only.	Reduce community footprint to just Cardigan Integrated Care Centre for diagnostics, North Road (Aberystwyth) for IVT and Outpatients. Withdraw service from South Pembrokeshire Hospital. Maintain existing services in other community sites
Orthopaedics	Elective Inpatient and Day case services only	No elective services, trauma only	Regional working services with Swansea Bay. Inpatient and Day Case Complex elective services inc Arthroplasty	High volume, low complexity Day Case Orthopaedic services	Current configuration - No activity at community sites

Draft Option One

Service	Bronglais	Glangwili	Prince Philip	Withybush	Community Sites
Radiology	Elective and emergency services	Emergency services only	Elective and emergency services	Elective and emergency services. Nuclear medicine	X-Ray services in Cardigan Integrated Care Centre and Tenby Hospital Only
Urology	Continue current Outpatient service only	Emergency Urology only	Urology diagnostics, elective and cancer services only	As per current configuration – outpatient and day case	Aberaeron Integrated Care Centre, Cross Hands and South Pembrokeshire Hospital undertake Trial Without Catheter services Carmarthen Hwb undertake vasectomy
Critical Care	Critical Care up to Level 3. Critical Care outreach team and dedicated transfer	Critical Care up to Level 3	Current configuration - Up to Level 2, stabilise and transfer to Level 3 site	Up to Critical Care Level 2, stabilise and transfer to Level 3 site. Critical Care outreach team and dedicated transfer	Current configuration - No activity at community sites

What information do we need?

- Emergency Department impact in Withybush
- Unscheduled Care sites configuration
- Comprehensive list of all SLA and commissioning arrangements for Bronglais and Orthopaedics with Swansea Bay
- Understand the x-ray usage in South Pembs and Llandoverly Community Hospitals
- Understand demand of L3 Critical Care beds at Bronglais and Withybush Hospitals
- Detailed capacity modelling around Urology and Bronchoscopy through endoscopy units at Prince Philip and Glangwili


What are the interdependencies?

- GI Bleed rota must to be covered for Endoscopy
- Pre-Assessment services in Outpatients must be available for Ophthalmology

What are the Enablers?

- Dermatology requires a minimum of two minor operation treatment rooms
- Dedicated transport for EGS transfer from Withybush, from L2 Critical Care sites and Treat and Transfer Stroke sites
- Clear repatriation pathways for EGS patients from Glangwili back to Pembrokeshire and Stroke patients from Bronglais
- Clear patient catchment areas to support Stroke and Critical Care services in Bronglais
- Ophthalmology needs a suitable Day Surgery Unit in Glangwili and appropriate space for theatre services
- Estate space in Prince Philip
- Critical Care outreach in Bronglais and Prince Philip to maintain L3

4.3.2 Draft Option 2

Draft Option Two					
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Service	Bronglais	Glangwili	Prince Philip	Withybush	Community Sites
Dermatology	No Dermatology service	No Dermatology service	Withdraw services from Prince Philip	No Dermatology service	Non acute minor surgery unit in Carmarthenshire
Emergency General Surgery (EGS)	As per current configuration – 24 hour service	As current and absorb Withybush EGS activity. Amalgamate Consultant On Call rota, supported with surgical Same Day Emergency Care (SDEC) & 20 bed surgical unit	Current configuration - No activity at site	No EGS Service	Current configuration – no activity at community sites
Stroke	Treat and transfer to Stroke unit Stroke rehab	Stroke acute unit	Initial assessment Stroke rehab	Initial assessment Stroke rehab	Current configuration – no activity at community sites

Draft Option Two

Service	Bronglais	Glangwili	Prince Philip	Withybush	Community Sites
Endoscopy	Joint Advisory Group (JAG) accredited services/ Emergency	Gastro Endoscopy – JAG/Emergency, taking x3 sessions from Urology	Not JAG accredited, Urology to take some Endoscopy and Bronchoscopy focus in Hub	JAG /Emergency	Current configuration – no activity at community sites
Ophthalmology	As per current configuration – day case and inpatient services	Emergency Outpatient clinic & theatre (use space in Accident & Emergency). To consider surgical Same Day Emergency Care (SDEC) support	Emergency & non-emergency Hub Consider Swansea Bay collaboration	As per current Configuration – outpatient services only	Move to a single site in Carmarthenshire and a single site in Pembrokeshire, tbc. North Road Clinic - Non-emergency (other community sites for anything remaining) Cardigan - Current configuration
Orthopaedics	Elective and Emergency – x5 bed inpatient and Day Case	No elective, trauma only	Elective Inpatient and Day Cases – demountable unit. Possibly to include regional	Elective services and extend day capacity (23:59 model), high volume / low complexity Day	As per current configuration - no Inpatient or Day Case activity at community sites, limited outpatient clinics at some sites

Draft Option Two

Service	Bronglais	Glangwili	Prince Philip	Withybush	Community Sites
Radiology	Interventional Expand to 7- day service	Interventional, Expand to 7- day service	Interventional, Expand to 7- day service	Interventional Expand to 7 day service	Imaging in outpatient sessions in a Medical Administration HUB / Regional Diagnostic Centre. Community X-ray – Tenby Hospital & Cardigan Integrated Care Centre
Urology	Diagnostics (due to Powys population)	No elective - Emergency pathway only. Move electives to Prince Philip & free up 2 procedure rooms	Create diagnostic hub – take some endoscopy focus	Outpatients and day case only	All Trial Without Catheter (TWOC) – Elizabeth Williams Clinic (Llanelli) / Carmarthen Hub) Vasectomy (remove from Urology and place with sexual health team
Critical Care	Critical Care up to Level 3	Critical Care up to Level 3	Current configuration - Up to Level 2, stabilise and transfer to Level 3 site	Up to Critical Care Level 2, stabilise and transfer to Level 3 site	Current configuration – no activity at community sites

What information do we need?

- Understanding required on what surgical SDEC could support EGS with
- Impact of winter pressures on Orthopaedics
- Interventional radiology activity per site
- Stroke patient categories to assess transfer needs (NIVs)
- Understanding of demand on Bronglais from Powys/Gwynedd

What are the interdependencies?


- EGS/Critical Care link with different levels and surgical element of EGS
- The role of Powys and Betsi for stroke
- Swansea Bay collaboration within Ophthalmology
- Estates, IT/Tech, Workforce and WAST

What are the Enablers?

- Transport – cost of transfer service (including hospital transport, ambulance, air ambulance WAST)
- Additional staff for Orthopaedics
- Workforce – training/recruitment
- Stroke physicians hard to recruit
- Increase in Hywel Dda specific vehicles for Stroke services
- Support for trauma – required around once a week when on call
- Speciality doctors need to live 30 mins from hospital
- Training required for Ophthalmology
- Theatre needs microscope
- Need more room for Ophthalmology
- Training program directors

- Minor surgery units are multi use
- More sustainable workforce/plan
- More sustainable workforce / plan
- Excellent & efficient recruitment process
- Electronic patient record
- Transfer service
- Refurb procedure rooms to become fit for work

4.3.3 Draft Option 3

Draft Option Three					
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Service	Bronglais	Glangwili	Prince Philip	Withybush	Community Sites
Dermatology	No Dermatology service	No Dermatology service	Consolidate in Prince Philip or East of Health Board	No Dermatology service	Centralise to one location in East of HB
Emergency General Surgery	As per current configuration – 24 hour service	Emergency General Surgery includes Out of Hours patients from Withybush Hospital	Current configuration – no activity at site	Emergency General Surgery during daytime hours only. Out of hours on call provided at Glangwili Hospital	Current configuration – no activity at community sites
Stroke	Treat and transfer to Stroke Unit. Rehab beds	Treat and transfer to Stroke Unit	Acute Stroke Unit. Rehab beds	Acute Stroke Unit. Rehab beds	Current configuration – no activity at community sites

Draft Option Three



Service	Bronglais	Glangwili	Prince Philip	Withybush	Community Sites
Endoscopy	Joint Advisory Group (JAG) accredited services and diagnostics	JAG accredited Services and Diagnostics Emergencies and Gastro interventions	Endoscopy - urology and respiratory (no JAG)	Endoscopy – JAG accredited services and diagnostics	Current configuration – no activity at community sites
Ophthalmology	Elective Day Case & Inpatient only	No Ophthalmology service	Centralise in 1 main centre (Prince Philip suggested as do not need Critical Care or Day Surgery Unit Prince Philip)	Age Related Macular Degeneration Services(AMD) only	North Road (Aberystwyth), Cardigan ICC and Amman Valley remain as they are. Remove services from Aberaeron ICC and South Pembs Hospital
Orthopaedics	Inpatient and Day Case Elective Orthopaedics	No elective services, trauma only	Become an Orthopaedics centre of excellence. Carry out Complex elective services inc Arthroplasty as Inpatients and Day Cases	High volume, low complexity orthopaedic services (day cases)	Current configuration – no Inpatient or Day Case activity at community sites, limited outpatients at some sites

Draft Option Three

Service	Bronglais	Glangwili	Prince Philip	Withybush	Community Sites
Radiology	Interventional, expand to 7-day service Interventional in Bronglais	Interventional, expand to 7-day service Interventional in Bronglais	Expand to 7-day service	Expand to 7-day service	Remove services from Llandovery and South Pembrokeshire hospital X-Ray services in Tenby and Cardigan
Urology	Withdraw service	Emergency Urology only	Elective Urology and centralise diagnostics	Withdraw service	As per current configuration – no activity at community sites
Critical Care	Critical Care up to Level 3 (Become a rural trauma centre)	Critical Care up to Level 3	Make permanent current configuration, Level 2 and transfer Level 3 to Glangwili	Critical Care up to Level 3	Current configuration – no activity at community sites

What information do we need?

- Theatre capacity at hospital sites
- Transfer capacity, what are the workforce needs?
- Stroke data of patient numbers within each catchment area
- Seasonal impact of increased population in areas of HB during summer months at all Acute sites.
- Paediatrics – numbers attending at different hospital sites.
- Footprint necessary and cost of change of use

What are the interdependencies?



- Fragility of anaesthetics rota at Withybush
- WAST transfers are time dependent
- For Stroke:
 - Radiology
 - WAST
 - Therapies
 - Emergency Therapies (7 days)
 - WAST transfers
 - Emergency Medical Retrieval and Transfer services transfers time dependent (Thrombectomy)
- Understand the scope of regional Orthopaedics work
- Primary care and Trial without catheter (TWOC) for Urology
- ACCT and Emergency Medical Retrieval and Transfer services transfers time dependent for Critical Care
- Hospital Sterilisation and Decontamination Unit
- Consider impact on Radiology service

What are the Enablers?

- Single Dermatology space in community location in the East of the health board footprint
- Ensure surgical beds are ringfenced across sites for EGS and Stroke
- Social services/Rehab for Stroke

- DSU Centre for Orthopaedics, Ophthalmology, and Urology
- Ringfenced beds for interventional Radiology
- Radiology recovery beds at Glangwili
- Increasing staff in Radiology
- 7 day working in Radiology
- Discharge ward
- Capital funding for repurposing works

4.3.4 Draft Option 4

Draft Option Four  					
Service	Bronglais	Glangwili	Prince Philip	Withybush	Community Sites
Dermatology	No service	No Service	Consolidate in Prince Philip or East of Health Board	No Service	Look at using Cross Hands to be used as a central hub
Emergency General Surgery (EGS)	As per current configuration – 24 hour service	Consolidate service from Withybush Hospital	Current configuration – no activity at site	Stabilise and transfer to Glangwili Hospital	Current configuration – no activity at community sites
Stroke	Treat and transfer to Stroke Unit	Treat and transfer to Stroke Unit	Acute Stroke Unit	Acute Stroke Unit	Rehab at community hospitals

Draft Option Four

Service	Bronglais	Glangwili	Prince Philip	Withybush	Community Sites
Endoscopy	As per current Configuration. JAG accredited, Maximise GI provision.	Elective services – Inpatient, Day Case and Outpatient. JAG accredited.	Centralise Urology and Bronchoscopy diagnostics to site. JAG accreditation not required.	As per current Configuration. JAG accredited, Maximise GI provision.	Current configuration – no activity at community sites.
Ophthalmology	As per current configuration – day case and inpatient services	Withdraw services from site	Centralise to site	Retain Age related Macular Degeneration services only	Remove services from Aberaeron Integrated Care Centre and South Pembrokeshire Hospital. Expand Amman Valley Hospital to include high flow. North Road Clinic and Cardigan Integrated Care Centre remain as they are
Orthopaedics	Bronglais Hospital – 5 out of 5 ultra clean theatre sessions available for Inpatients and Day cases	No elective services, trauma only as current configuration	Main theatres and Day Surgery Unit at full capacity. Increase to 7 day. Complex elective Inpatient and Day Case services inc Arthroplasty	Main Theatres and Day Surgery Unit at full day case capacity	Current configuration – no Inpatient or Day Case activity at community sites, limited outpatients at some sites

Draft Option Four

Service	Bronglais	Glangwili	Prince Philip	Withybush	Community Sites
Radiology	Interventional, expand to 7-day service	Interventional and complex interventional, expand to 7-day service	Interventional, expand to 7-day service	Interventional, expand to 7-day service	Remove service from South Pembs and Llandovery Hospitals X-ray only in Tenby Hospitals
Urology	As per current Configuration – Outpatient and day case only	Emergency Urology provision only	Urology diagnostics and elective services only	As per current Configuration – Outpatient and day case only	Video consultation and Trial Without Catheter (TWOC) from: Cardigan, Aberaeron, Crosshands and Fishguard Integrated Care Centres TWOC and video consultations TWOC services only from: Crosshands, Fishguard Integrated Care Centres and Llandovery and South Pembs Hospitals
Critical Care	Up to Critical Care Level 2, stabilise and transfer to Level 3 site	Critical Care Centre of excellence, up to Level 3	Current configuration - Up to Level 2, stabilise and transfer to Level 3 site	Up to Critical Care Level 2, stabilise and transfer to Level 3 site	Follow up and rehabilitation service in community settings

What information do we need?

- Estates – need to understand the work needed to move to a non-acute site
- How many Dermatology patients use patient transport service
- Surgical conversion to theatre on sites
- Workforce mapping
- Rate of Thrombectomies and Thrombolysis at Bronglais and other sites to understand potential transfer needs
- Demand analysis to be carried out for EGS Stroke, Ophthalmology Endoscopy (inc Gastro and Respiratory), Urology and Critical Care (L2 and L3 beds)
- Need to understand the demand and case mix for radiology at Llandovery, Withybush and Glangwili
- Infection rates analysis at sites as to understand whether they meet BOA standards
- Delayed pathways of care and Direct to Discharge Analysis
- Cost of ECU establishment per bed

What are the interdependencies?


- Therapies/OT and 24/7 medical wrap around support to deliver BOA standard for Orthopaedics
- CT services needs to stay in Withybush to support Stroke services
- General Medicine increase/introduction of Enhanced Care Unit
- Emergency Department representatives from each site affected by the proposal to change (Withybush and Bronglais)
- Pathology services

What are the enablers?

- Dedicated room/theatre space that includes expanded procedure list at any potential new or relocated site/service. Infrastructure required is implemented

- Patient transport needed for any centralised service
- GPwSIs is finance dependent adding to the 3 GP surgeries that provide enhanced Dermatology service
- EGS medical rota and whether this would support a 1 in 12 rota
- Foundation F1/F2 possible reallocation of speciality at the Withybush site to support other services
- Surgical Same Day Emergency Care and Current Surgical Assessment Unit in place
- Repatriation pathways for EGS, Stroke
- Patient pathway for Stroke services aligned to regional CRSC for treat and transfer

4.3.5 Draft Option 5

Draft Option Five					
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Service	Bronglais	Glangwili	Prince Philip	Withybush	Community Sites
Dermatology	Remove from acute sites and provide from community sites and GP practices	Remove from acute sites and provide from community sites and GP practices	Remove from acute sites and provide from community sites and GP practices	Remove from acute sites and provide from community sites and GP practices	Potential location in Carmarthenshire required for consolidation of service at one site
Emergency General Surgery (EGS)	Current EGS activity	Maintain current EGS activity plus activity from Withybush Hospital	Current configuration – no activity at site	No EGS activity at Withybush	Current configuration – no activity at community sites
Stroke 2 sites, down to 1 by year 4	Acute Stroke Unit	Acute Stroke Unit. To become main site by Year 4	Treat and transfer to Stroke Unit	Treat and transfer to Stroke Unit	Current configuration – no activity at community sites

Draft Option Five

Service	Bronglais	Glangwili	Prince Philip	Withybush	Community Sites
Endoscopy	Regional Diagnostic Hub for scheduled activity, emergency activity only to remain at acute sites	Regional Diagnostic Hub for scheduled activity, emergency activity only to remain at acute sites	Regional Diagnostic Hub for scheduled activity, emergency activity only to remain at acute sites	Regional Diagnostic Hub for scheduled activity, emergency activity only to remain at acute sites	Potential regional Diagnostics hub
Ophthalmology	No activity – Transferred to Prince Philip Hospital	No activity – Transferred to Prince Philip Hospital	Specialist hub	Diagnostics and injections only – all other activity to move to Prince Philip Hospital	Withdraw from Aberaeron Integrated Care Centre and spread activity between North Road Clinic (Outpatients, laser, injections) and Cardigan Integrated Care Centre (diagnostics). Injections and potential cataract pathway at Amman Valley Hospital. Activity moved from South Pems. Hospital to Withybush and Prince Philip Hospital
Orthopaedics	Low volume, high complexity surgical procedures	No planned care	Low volume, high complexity surgical procedures	High volume, low complexity surgical procedures	Current configuration – no activity at community sites

Draft Option Five



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Service	Bronglais	Glangwili	Prince Philip	Withybush	Community Sites
Radiology	Regional Diagnostic Hub for scheduled activity, emergency activity only to remain at acute sites	Regional Diagnostic Hub for scheduled activity, emergency activity only to remain at acute sites	Regional Diagnostic Hub for scheduled activity, emergency activity only to remain at acute sites	Regional Diagnostic Hub for scheduled activity, emergency activity only to remain at acute sites	Potential regional Diagnostics hub
Urology	Outpatient clinics only	Emergency pathway only	Specialist hub - Planned care procedures, Outpatient clinics	Outpatient clinics only	Trial Without Catheter (TWOC) and video consultations
Critical Care	Critical Care up to Level 3	Critical Care up to Level 3	Up to Critical Care Level 2, stabilise and transfer to Glangwili	Up to Critical Care Level 2, stabilise and transfer to Glangwili	Current configuration – no activity at community sites

What information do we need?

- Critical Care:
 - Workforce data
 - DTOC numbers
 - Transfer service
 - Level 3 demand at Prince Philip and Withybush
- Orthopaedics regional work

What are the interdependencies?

- Critical Care:
 - Site capacity
 - WAST timely patient transfers
 - ACCTS
 - General Medicine
- Stroke:
 - Critical Care
 - Rehab/AHP
 - Radiology
 - Emergency Department
- Endoscopy – impact of respiratory services
- Dermatology:
 - Regional Plans
 - Primary Care for tele-derm & community deliver
- EGS – when repatriating back to Withybush are they classed as surgical or medical? Impact is the training requirement for staffing level
- Orthopaedics – is it practical to make Bronglais compliant
- Urology in Prince Philip – is there enough theatre space unless using the DSU?

What are the enablers?

- Diagnostics – funding for a regional diagnostics hub (Welsh Government)
- Dermatology – how can we maximise? Innovation or digital transformation team, all funded
- Could innovative programme fund modernisation of Radiology equipment?
- Ophthalmology discretionary capital for estates change at Amman Valley Hospital

4.4 Apply Hurdle Criteria

The room agreed that when assessing the options against the Hurdle Criteria, the approach for it to pass or fail should be based on the majority view of the professional expert opinion.

It was agreed that this majority should be two-thirds of those in the room, with the additional condition, that two-thirds of any specifically impacted service representatives should also agree with the majority decision.

5 Next Steps

The next steps in this work are:

- Check and Challenge virtual meeting on the 17th May 2024 with those service users and some additional representatives who were in attendance at the Deliberative session. They will be presented with the long list of options and asked for feedback. This meeting will also provide the opportunity to share the draft Evaluation Criteria.
- Option refinement with the representatives that were in attendance at Sprint 1 in consideration of additional available data (afternoon 17th May 2024)
- Sprint 2 on 23rd & 24th May 2024 where participants will:
 - Review/consider additional data.
 - Tweak options if required.
 - Long list scoring.

The process will be underpinned by continuous engagement.