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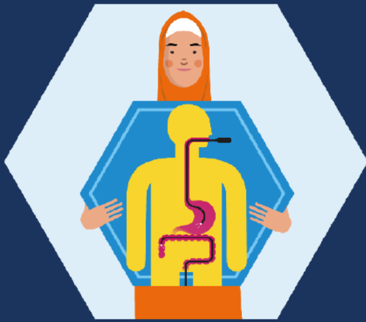

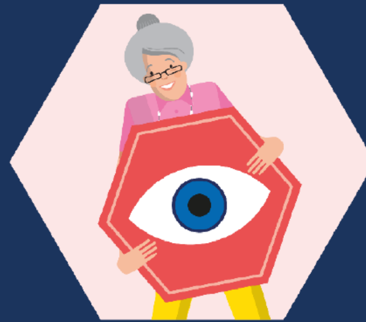

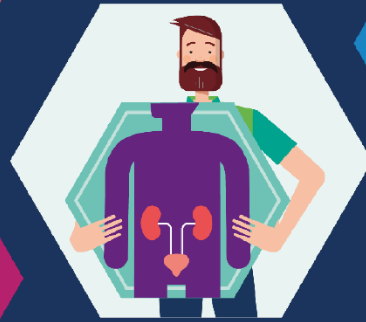

Cynllun Gwasanaethau Clinigol

Clinical Services Plan

Agenda – Day 1 (Part 1 of 2)

9.00	Welcome and Introductions	Dr Neil Wooding, Chair
9.05	Background and approach	Lee Davies, Executive Director of Strategy and Planning
9.10	Post Consultation Activities	Ben Rogers, Principal Programme Manager
9.15	Quality Assurance	Kathy Graham, HICO
9.25	Public Consultation Findings	Nichola Couceiro, Head of Engagement
9.35	Alternative Options	Ben Rogers, Principal Programme Manager
9.40	Quality Safety and Experience Committee	Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
9.50	Informing Plan	Yvette Pellegrotti, Principal Programme Manager
9.55	Conscientious Consideration	Yvette Pellegrotti, Principal Programme Manager
10.00	Presenting & Weighting the Evaluation Criteria	Alex Martin, Principal Programme Manager
10.15	**Break**	All
10.30	Order of review	Sarah Isaac, Clinical Lead Transformation Programme Office
10.35	Emergency General Surgery	Mr Andrew Deans, Consultant Colorectal Surgeon and Clinical Lead for General Surgery and Caroline Lewis, Service Delivery Manager
11.10	Critical Care	Dr Michael Martin, Clinical Director Theatres, Critical Care and Anaesthesia and Diane Knight, Service Delivery Manager
11.45	Stroke	Dr Senthil Kumar, Consultant Physician, Clinical Lead for Stroke and Bethan Andrews, Assistant General Manager

Agenda – Day 1 (Part 2 of 2)

12.20	**Lunch**	All
12.50	Ophthalmology	Marta Barreiro Martins, Senior Nurse Manager Ophthalmology and Victoria Coppack, Service Delivery Manager
13.20	Orthopaedics	Mr Ihab Abbasi, Associate Medical Director Planned and Specialist Care and Lianne Gregory, Service Delivery Manager
13.50	Dermatology	Mr Fred Schreuder, Consultant Plastic Surgeon and Ceri Wisdom, Service Delivery Manager
14.20	Urology	Mr Ngiaw Khoon Saw, Consultant Urologist and Clinical Director Planned Care & Specialist Service
14.50	**Break**	All
15.05	Endoscopy	Dr Faiz Ali, Consultant Gastroenterologist and Lead for Endoscopy and Sara Jones, Service Delivery Manager
15.35	Radiology	Dr Liaquat Khan, Clinical Director Radiology and Sarah Procter, Deputy Head of Radiology
16.05	Role of Acute Hospital Sites	Nichola Couceiro, Head of Engagement Alex Martin, Principal Programme Manager
16.50	**Meeting Close**	Dr Neil Wooding, Chair

Situation
Lee Davies, Executive Director of Strategy & Planning

In March 2023, Board approved the establishment of a programme approach to develop a **Clinical Services Plan** in response to service fragilities, 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.

The scope and impact of the Clinical Services Plan (CSP):

To provide a set of plans for the following key clinical services:

- Critical Care
- Emergency General Surgery
- Diagnostics (Endoscopy and Radiology)
- Planned care (Dermatology, Elective Orthopaedics, Ophthalmology and Urology)
- Stroke

Background & Approach

Lee Davies, Executive Director of Strategy & Planning

Service	Driver
Critical Care	Response to service fragility, in particular at Prince Philip Hospital (PPH)
Planned Care (Dermatology, Orthopaedics, Ophthalmology, and Urology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients
Emergency General Surgery	To respond to service fragility, particularly at Withybush Hospital (WGH), as referenced in the March 2023 operational update
Stroke	To meet standards and respond to service fragility
Diagnostics (Endoscopy and Radiology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients

- **Phase 1 – Issues Paper**
  Included a clinically led assessment of the nine service areas included within the Clinical Services Plan programme across all sites within the Health Board. This concluded with the Board endorsing the programme to move into Phase 2.
- **Phase 2 – Options Development Process**
  Options Development stage focused on the development of a series of deliverable options. This stage also brought in interdependencies such as Therapies, WAST, Trade Union representatives and Swansea Bay to name but a few.
- **Phase 3 – Public Consultation**
  To seek views on the service options, potential alternatives and understand impacts of proposed changes. Within this also consider the key themes on the role of the four main acute hospital sites.
- **Strategy Refresh & Programme Business Case addendum** Options development incorporated strategic alignment criteria, ensuring that proposals presented today address immediate issues whilst also considering the longer-term future.

Post Consultation Activities (Part 1 of 2)

Ben Rogers, Principal Programme Manager

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Product	Description
Quality Assurance	Quality assurance is the independent, impartial review of whether a consultation meets agreed standards at key stages, carried out by an external Quality Assurance (QA) Panel (HICO and the Centre for Consultation (CfC)).
Consultation Report	The consultation report summarises the findings from all consultation activity, including questionnaire responses, written submissions, social media comments, petitions, engagement events, focus groups, and alternative ideas, produced independently by Opinion Research Services (ORS).
Quality Safety and Experience Committee (QSEC)	QSEC have undertaken a structured deep-dive into the nine services included in the Clinical Services Plan programme, independently of the CSP options, to allow the Board to take assurance on quality, safety and patient experience, and where risks and mitigations require continued Board attention.
Informing Plan	The Informing Plan sets out what has changed since the Issues Paper was published, incorporates consultation findings including stakeholder reflections, and details the alternative options process.
Conscientious Consideration	Conscientious consideration means genuinely taking consultation feedback into account when finalising the decision and the process undertaken for this is set out in the Phase 3 Closing Report.

Post Consultation Activities (Part 2 of 2)

Ben Rogers, Principal Programme Manager

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Product	Description
Phase 3 Closing Report	Overview of Phase 3 of the CSP programme with links to a number of products (including output reports for the Alternative Options Hurdle Appraisal and Shortlist Options Scoring process) as well as the Board and Committee reporting timeline and submissions.
Programme Impact Assessments	Equality Impact Assessments (EqIAs) (including Welsh language) (48 total, 1 for each option) Health Impact Assessments (HIAs) (48 total, 1 for each option) Quality Impact Assessments (QIAs) (48 total, 1 for each option) Regional Impact Assessments (RIAs) (2 in total incorporating all consultation options and alternative options) Environmental and Sustainability Impact Assessments (ESIAs) (34 total, 1 for each of the consultation options, then a combined one per service for alternative options apart from Dermatology as there were no alternative options to assess).
Capital Assessment Summary and Development Assessment Forms (DAF)	Updated Capital Assessments for all options within the programme. The impact of these were assessed within SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis on the evaluation criteria, specifically 1.3 Impact on Internal Services. 48 in total within 1 summary document (48 separate DAFs also available).
CSP Programme Workforce and Finance Estimates	Indicative estimates of workforce requirements to deliver options in a phased delivery approach considering resource available at implementation. Workforce and Finance impacts were assessed within the evaluation criteria (2.2 Workforce sustainability and 2.3 Finance sustainability) using the SWOT analysis.

CENTRE FOR CONSULTATION

Quality Assurance

Kathy Graham HICO

hico

Stages of Consultation Quality Assurance Process based on the Centre for Consultation

Stage	Process	Considerations
1	Pre-Consultation – Building the foundations	Define the issue, purpose, stakeholders, legal duties, and evidence base.
2	Scoping and Governance	Set what's in/out of scope, decision routes, roles, and governance.
3	Consultation Information	Prepare clear, accessible, balanced materials and supporting documents.
4	Consultation Planning	Design methods, events, timelines, publicity, and outreach strategies.
5	Consultation Delivery	Run the consultation: events, surveys, engagement activities, and realtime issue handling.
6	Analysis and Reporting	Objectively analyse responses and produce an accurate, balanced report.
7	Feedback and Decision-Making	Apply conscientious consideration and communicate decisions and rationale.
8	Quality Assurance and Certification	Independent QA review of process quality; eligibility for Consultation Mark.

The Centre for Consultation is an independent best-practice organisation providing advice, support and quality assurance for public consultation and engagement processes; neither the Centre nor HICO provides legal advice.

CENTRE FOR CONSULTATION

Quality Assurance overview (Part 1 of 2)

Kathy Graham HICO

hico

Stage	Process	CSP Completion Date	Comment
1	Pre-Consultation – Building the foundations	18 March 2025	The QA Review Panel also notes that whilst there has been considerable public engagement undertaken during the options development process, the current proposals are complex to describe, in some ways significantly different to those created during the public engagement process. Whilst not essential, we would recommend that there is process of user testing of the consultation materials with a small sample of the public, to ensure there is clarity and understanding of the proposals to be offered as part of the consultation
2	Scoping and Governance	23 June 2025	Based on the activities and documentation reviewed to date, we (HICO/CfC) can confirm that: • Stage 2: Scoping, defining and Governance and • Stage 3: Consultation Material have been successfully completed
3	Consultation Information	23 June 2025	
4	Consultation Planning	5 August 2025	Consultation Planning continues to be successfully implemented. The consultation appears to be getting a wide reach and satisfactory levels of engagement with thorough monitoring and reporting activity by the Health Board

CENTRE FOR CONSULTATION

Quality Assurance overview (Part 2 of 2)

Kathy Graham HICO

hico

Stage	Process	CSP Completion Date	Comment
5	Consultation Delivery	29 August 2025	We (HICO/CfC) are content that there are no significant issues that would prevent closure of the consultation as planned on 31 August 2025
6	Analysis and Reporting	25 January 2026	As part of Stage 6, the QA Panel has reviewed the final consultation report and supporting material, including several iterations of the report as it developed. We (HICO/CfC) are content that the consultation report now meets these requirements
7	Feedback and Decision-Making	Pending	
8	Quality Assurance and Certification	Pending	

Consultation Report
Consultation findings – Cross cutting themes
Nichola Couceiro, Head of Engagement

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- **We heard that travel, transport and rural geography are major concerns for safety and fairness.** Long journeys, limited public transport and pressure on patient transfers make it harder for people, especially in rural areas, to access care when they need it, which can affect outcomes and widen inequalities.
- **We heard that workforce shortages are the biggest risk to whether services can work in practice.** We heard that changing services alone will not solve staffing problems, and that any proposals must be supported by realistic, funded and deliverable workforce plans.
- **We heard that services are closely connected and need to be looked at as a whole.** Some were concerned that changes in one service could have unintended impacts on others, and that decisions must consider the knock-on effects across hospital, diagnostic and community services.
- **We heard concerns about the condition of buildings and available infrastructure.** People felt that some proposals rely on buildings, space or investment that are not currently in place or guaranteed, which could limit what can realistically be delivered.
- **We heard that trust and confidence in the process are fragile.** Some expressed concern that the process felt complex and, at times, pre-decided, with not enough clarity about the difficult choices involved or what trade-offs were being made.
- **We heard that digital and virtual services should be built in as a core part of care, not added on.** Some said that virtual first approaches could reduce travel and improve access, but only if they are used consistently, safely and in ways that are inclusive.
- **We heard the importance of protecting equality, the Welsh language and rural communities.** Respondents told us that impacts often combine and build up, particularly for rural and disadvantaged groups, and that any actions to reduce these impacts must be clear, achievable and properly monitored rather than assumed.

Consultation Report – Alternative options

Ben Rogers, Principal Programme Manager

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The consultation put forward a series of options for each service; we also asked for alternative options and ideas that could be considered, but they would need to meet the same criteria that we used to develop the options we consulted on.

Alternative ideas received - there were 287 ideas received during the public consultation; following review of these ideas, removal of duplications and those outside of scope, we had 190 alternative ideas that were formally assessed against the hurdle criteria.

Shortlist scoring appraisal - Of the 190 alternative ideas considered, 22 were taken forward by the Options Development Group following hurdle criteria assessment. These 22 alternative ideas were then assessed against 16 evaluation criteria using a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis. The Options Development Group also scored the 26 options that had been presented during the consultation, alongside the new ideas generated by the public.

The alternative options were assessed based on the information that was provided during the consultation. Services did not modify the option description shared by the public, rather they provided a structure of how that could be delivered to allow the option to be appraised and scored.

Outputs - in considering the total number of options that were consulted on and the outcome of the alternative options process there are 48 options for consideration by Board today.

QSEC – Deep Dive Summary

Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience

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- **CSP neutrality, QSEC focus:** QSEC's review was strictly from a quality, safety and patient experience perspective and does not pre-judge the CSP outcomes.
- **Assurance is mixed:** In several specialties (Endoscopy, Urology, Orthopaedics, Ophthalmology, Radiology) QSEC received assurance that mitigations are working; Dermatology remains partial assurance given national workforce shortages and estate constraints.
- **Workforce is the critical dependency:** Consultant, SAS (Specialty, Associate Specialist and Specialist) doctors, CNS (Clinical Nurse Specialist), Therapies, and Sonography capacity are the recurrent risks underpinning fragility across services.
- **Operational recovery is real but fragile:** Recovery trajectories demonstrate impact; however, they rely on time-limited enablers (e.g., weekend activity rates) and sustained investment.
- **Interdependencies matter:** Diagnostics (Radiology), Theatres, on-call and inter-site transfers (EGS, Critical Care) significantly affect patient flow and outcomes; governance focus on SOP adherence and incident learning is essential.
- **Patient experience remains strong where access improves:** Services reporting high satisfaction also show robust validation, communication and follow-up processes; delays and correspondence backlogs (Dermatology) directly impact experience.
- **Targeted actions for 2026:** Prioritise hard-to-recruit roles, protect recovery capacity, and request specific governance follow-ups (Critical Care SOP assurance, EGS transfer learning, Stroke SSNAP recovery plan).

Informing Plan

Yvette Pellegrotti, Principal Programme Manager

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The findings from the stakeholder review align with the consultation findings, with the same recurring key issues:

- **Travel and transport were the most significant and consistent concern,** with strong feelings that current infrastructure cannot support longer journeys, particularly for rural, older, and deprived communities.
- **Centralisation of services generated widespread concern,** with fears that Ceredigion and Pembrokeshire would face disproportionate impacts compared to more central locations.
- **Stroke proposals** attracted the strongest opposition, especially concerns about timely access, 'golden hour' risks, family access during rehabilitation, and uncertainty over 'Treat and Transfer'.
- **Workforce fragility was repeatedly highlighted,** particularly in Therapies, Radiology, and specialist consultant roles, seen as critical risks for delivering any future model safely.
- **Service interdependencies** were consistently raised, with a request for clearer explanation of how proposals link Radiology, Therapies, Pathology, Primary/Community care, and acute pathways.
- **Equality concerns and suggested mitigations were consistent with the consultation findings,** reflecting the same issues around deprivation, Welsh language impacts, digital exclusion, transport barriers, and disproportionate effects on vulnerable groups.

Conscientious Consideration

Yvette Pellegrotti, Principal Programme Manager

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These findings summarise the key themes raised by Board members during the 13 January conscientious consideration session:

- **Changes in services since the Issues Paper was published were not viewed as significant,** and nothing that has happened has altered the need for change or the overall direction of travel; the case for change remains unchanged.
- **Care was needed to avoid unintentionally giving greater weight to responses from more populous areas,** recognising that consultation is not a popularity exercise and that rural perspectives may otherwise be overshadowed.
- **Service interdependencies require careful interpretation,** with reflections that an impact on a service does not automatically mean it could no longer be delivered, and that misunderstandings in the feedback need to be handled sensitively.
- **Expectations around clinical interdependencies require clarification to support decision-making,** including how different services rely on one another within proposed models.
- **Travel, access and the balance between proximity and quality remained complex,** with reflections that expectations differ for urgent and planned care, and that the Quality Impact Assessments (STEEEP) are important for understanding impacts and mitigations.
- **Decisions must balance community concerns with clinical, workforce, and financial realities,** recognising ongoing workforce pressures, the need to show alignment with wider strategy, and the requirement for financial responsibility even where finance is not the primary driver.
- **Representativeness required thoughtful consideration,** noting lower participation from children and young people and the need to reflect seldom-heard groups and insights from face-to-face engagement alongside survey data.
- **No single option will satisfy all stakeholders,** reinforcing the need for clear, sensitive communication about how decisions are made and the importance of maintaining focus on outcomes for patients.

Presenting the Evaluation Criteria

Alex Martin, Principal Programme Manager

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1. Safe

1.1 Number of patients likely to need transport between sites when unwell

1.2 Compliance/ attainment of standards

1.3 Impact on internal services (e.g. Accident & Emergency, Theatres, Paediatrics, Respiratory)

1.4 Impact on external services (e.g. Health boards, Welsh Ambulance Services Trust, Adult Critical Care Transfer Service)

2. Sustainable

2.1 Clinically sustainable – Patient demand to require service

2.2 Workforce sustainability – Substantive workforce available to meet solution in 2-4 years

2.3 Financial sustainability – Cost difference between current delivery and option

2.4 Reduction in waiting lists across diagnostics, treatments, and surgery

3. Accessible

3.1 Patient travel time to sites

3.2 Transfer travel time impact on options

3.3 Impact on local communities/ infrastructure when developing community sites

3.4 Impact on staff and patients needing to travel to access regional care pathways

4. Kind

4.1 Amount of activity taking place in a community setting

4.2 Impact on population health outcomes

4.3 Addressing barriers to care (telemedicine, transport enablers, patient support)

4.4 Addressing barriers to equality

Criteria Weighting Summary

Alex Martin, Principal Programme Manager

Purpose of Weighting

- Weighting ensured that scoring reflected what the Options Development Group considered most important and allows for greater differentiation between options. This was a clinically led process undertaken by the Wider Options Development Group, which also included patient and third sector representatives alongside other external partners, carried out during Phase 2 with the weightings reused during Phase 3.

Points Allocation Method

- Each member of the Options Development Group distributed 160 points across 16 criteria to emphasise priority areas and reduce others. For example, if they felt that they were all equally important, they could score each criterion 10 points each.

How the weighting is determined

- The final weighting shown on the next slide is the average weighting when the scores for each criterion are added together and divided by the people who took part in the scoring. The criteria scores for each option are multiplied by this weighting to emphasise options which best meet the highest weighted criteria, shown later as part of the service presentation.

Thematic Grouping of Criteria

- Criteria were grouped into ‘safe’, ‘sustainable’, ‘accessible’, and ‘kind’ categories in line with the design principles of our ‘A Healthier Mid and West Wales’ strategy. The criteria were also tested during Phase 2 to ensure they aligned with the principles of STEEEP which are part of the Duty of Quality: ‘Safe’, ‘Timely’, ‘Effective’, ‘Efficient’, ‘Equitable’ and ‘Person Centred’.

Weighting the Criteria

Alex Martin, Principal Programme Manager

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Introducing the options and scoring

Alex Martin, Principal Programme Manager

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- To support you with your discussions you will hear a presentation for each of the services, along with the issues that they are seeking to address.
- The presentation will cover the key issues that we believe each service needs to solve and why we believe this would matter to our staff and public; this sets out why we believe change is necessary.
- This will be followed by a summary of the options that we consulted on, the findings from the consultation where people shared their option preferences, as well as a summary of the engagement findings that Board should consider when reviewing the options. We have used bold text to show where the options change from how services are currently delivered.
- Following the consultation feedback, we provide a summary of the alternative options we received and detail on the scores for all options that met the hurdle criteria as assessed by the Options Development Group. Some options will show a 'letter/number' or 'number/number' where we have brought together options that were the same or similar, retaining the benefits of both. Again, we have used bold text to show where services are different from how they are currently delivered.
- The service representatives will then provide detail on the option(s) that are believed to best meet the evaluation criteria. This includes information on how long we believe it will take to deliver, what the benefits and risks of the options could mean for our staff and patients across the phases, and the wider dependencies that need to be considered.
- The presentation for each of the services will be concluded with a recommendation on which option(s) are best aligned to each of the phases (implementation, improvement and longer term where applicable).
- We have used an asterix (*) on the presentation slides to show that we would want to deliver the improvement phase within 2-4 years, but this would be subject to funding and may take longer than 4 years to fully deliver.
- Longer term is defined generally as being beyond 4 years, with no timeline to deliver. For some services, long term is defined as the development of the Programme Business Case as part of the 'A Healthier Mid and West Wales' strategy. This is called out for each service.

Options Overview - Service Commonality & Variance

Alex Martin, Principal Programme Manager

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Service	Current Service	Commonality	Option i	Option ii	Option iii	Option iv	Option v	Option vi	Option vii	Option viii	Option iv
Critical Care**	Level 3 ICU in GGH, WGH & BGH, Level 2 ICU with transfers (Temporary) at PPH	Level 3 ICU at GGH and BGH	Enhanced Care Unit at GGH, PPH and WGH	Level 3 ICU at WGH, Enhanced Care Unit at PPH	Level 3 ICU at WGH, Level 2 ICU with transfers at PPH	Level 3 ICU at WGH, Enhanced Care Unit at PPH. Supported with regional working.					
Dermatology	Medical Photography and Phototherapy at GGH, HB service (Temporary) at PPH, no service at WGH or BGH	Service at PPH only	AVH & CICC community delivery	SPH community delivery with community spokes through GP practices	Cross Hands paediatric clinics only, CICC and SPH community delivery with community spokes through GP practices	Cross Hands paediatric clinics only, CICC and SPH community delivery					
Emergency General Surgery	EGS service at GGH, WGH and BGH, no EGS service at PPH	EGS service at BGH	No service at PPH. EGS SDECs in WGH and GGH. WGH EGS operations transferred to GGH	No service at PPH. EGS SDECs in WGH and GGH. EGS operations alternate weekly between WGH and GGH	No service at PPH. EGS SDECs in BGH, WGH and GGH. WGH EGS operations transferred to GGH	EGS services at GGH, Rehabilitation in PPH and WGH.					
Endoscopy	HB service at GGH, PPH, WGH & BGH	Services at GGH, WGH, PPH and BGH	Additional procedure room at PPH. Bring together Urology & Respiratory Endoscopy at PPH	New community site for Bowel Screening Wales	Extended hours at PPH. Bring together Urology & Respiratory Endoscopy at PPH	New community site for Bowel Screening Wales with Bowel Screening also taking place at WGH.					
Ophthalmology	HB service at GGH and BGH, outpatient service at PPH and WGH	No longer using SPH or AICC for community, clinics remain in NRC and AVH	HB main service in GGH. WGH provides outpatients	HB main service in PPH, review community sites. Existing service remains at BGH, WGH provides outpatients	HB main service in GGH. Existing service remains at BGH, WGH provides outpatients	HB main service in GGH. WGH provides outpatients Extended hours across sites	HB main service in GGH. WGH provides outpatients. AVH provides eye injections and cataracts.	HB main service in GGH. WGH provides outpatients. AICC becomes an optometry hub.	HB main service in PPH, review community sites. Existing service remains at BGH, WGH provides outpatients, AICC provides diagnostics.	HB main service in GGH. WGH provides extended hours for outpatients	HB main service in PPH, review community sites. Existing service remains at BGH, WGH provides outpatients. Extended hours across sites
Orthopaedics	Local & regional inpatients at PPH, local inpatients at BGH, day case & outpatients at PPH, WGH & BGH. Outpatients in GGH (temporary changes)	Inpatients in BGH and PPH. Day cases at BGH, PPH. Day cases in WGH. Outpatients at BGH, GGH, PPH, WGH	Regional inpatients at PPH	Regional inpatients at PPH, extended hours for day cases at WGH	Inpatients at PPH with additional beds	Regional inpatients at PPH. Increased inpatients and day cases at BGH	Inpatients at WGH	Increased inpatients and day cases at BGH, extended hours for day cases at WGH, additional beds at PPH as part of regional working with SBUHB	Regional inpatients at PPH, extended hours for day cases at PPH	Regional inpatients at PPH with SBUHB and BGH for PTHB.	Regional inpatients and additional beds at PPH. Increased inpatients and day cases at BGH
Radiology*	HB service at GGH, PPH, WGH & BGH. X-ray only at TH, CICC, SPH, LH	X-ray services remain at CICC and TH	Planned diagnostics and planned interventional at (5days) BGH, PPH, WGH. Inpatient interventional at GGH only (5days) No X-ray service at LH or SPH,	7-day planned diagnostic and 5 day interventional at all sites. Cancer focus at PPH and WGH. New regional hub. No X-ray service at LH or SPH,	Interventional at GGH and BGH only (5days). Planned diagnostics at all sites (5days). No X-ray service at LH or SPH,	7-day planned diagnostics at all sites. Inpatient interventional 24/7 at GGH. Day case interventional at BGH, PPH, WGH (5days). No X-ray service at LH or SPH,	7-day planned diagnostic and 5 day interventional at all sites. Cancer focus at PPH and WGH. No X-ray service at LH or SPH,	7-day planned diagnostic and 5 day interventional at all sites. Cancer focus at PPH and WGH. Small diagnostic hub. No X-ray service at LH or SPH,	Planned diagnostics and planned interventional at (5days) BGH. Inpatient interventional at GGH only (5days) 7-day planned diagnostic and 5 day interventional with cancer focus at PPH and WGH. Regional Hub. No X-ray service at LH or SPH,	HB service as current across all sites with extended x-ray hours at CICC to match opening hours.	
Stroke	Stroke Unit at GGH, PPH, WGH and BGH	Reduction from 4 stroke units to 2 units and treat and transfer model.	PPH and WGH are 12hr Stroke Units	WGH offers Treat and Transfer & 12hr Stroke Unit, PPH is 24hr Stroke Unit	PPH and WGH are 12hr Stroke Units with stroke rehabilitation at BGH	BGH offers Treat and Transfer & 12hr Stroke Unit, GGH is 24hr Stroke Unit					
Urology	HB service at GGH and PPH, Outpatients and day case at WGH and BGH	Emergency pathway in GGH, outpatients and day cases in WGH and BGH, diagnostic hub in PPH. TWOC in community	Centralise diagnostic services to PPH, dependent on Endoscopy room requirements.	Centralise diagnostic services to PPH, dependent on Endoscopy room requirements. Outpatients and diagnostics in GGH							

Break

Order of Review

Sarah Isaac, Clinical Lead Transformation Programme Office

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To help present the options in a way that addresses the interdependencies, the services are not presented alphabetically.

Acute services are discussed first, as most other services depend on where these are located. Planned care follows, as it relies on access to services such as theatres and site capacity. Diagnostic services conclude reflecting their close links with planned care and other dependent services

- Acute service (EGS, Critical Care, Stroke)
- Planned care (Ophthalmology, Orthopaedics, Dermatology, Urology)
- Diagnostics (Endoscopy, Radiology)
- Role of the main sites

The following slides provide a high-level summary of the findings from the Clinical Service Plan programme. They outline why change is necessary, the options developed by the Options Development Group in response to these issues, and the feedback received from the public and staff on these options. They also include the alternative options generated during the public consultation, the options that best support the case for change, and the key dependencies that must be considered.

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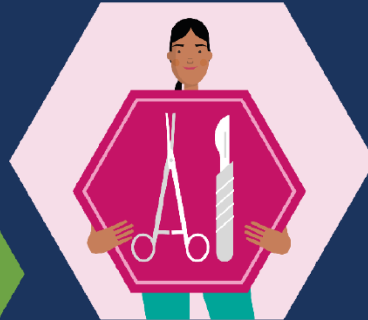
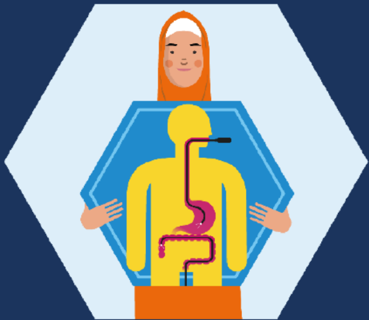
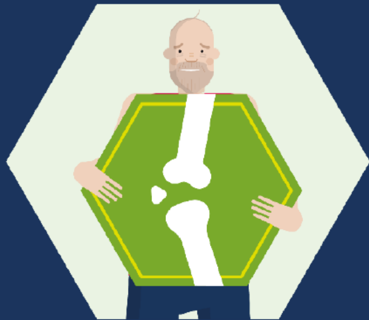
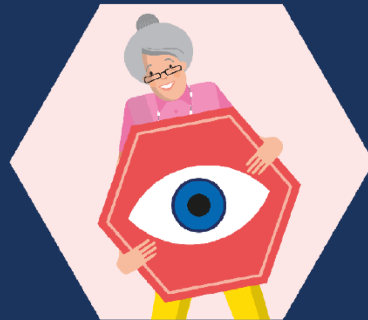
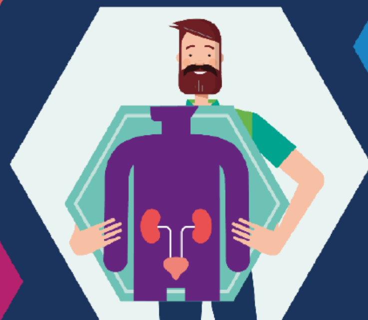







Emergency General Surgery

Emergency General Surgery

Why is change necessary?

Mr Andrew Deans and Caroline Lewis

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Despite the commitment and expertise of our teams, Emergency General Surgery services across Hywel Dda continue to experience significant challenges:

- Consultant recruitment has allowed previous temporary changes for Emergency General Surgery at Withybush Hospital to be reversed; however, concerns about sustainability remain, with workforce risks linked both to the current age profile of the consultant workforce and to ongoing recruitment difficulties.
- Surgical activity is low across current hospital sites, and low patient volumes make it increasingly difficult to sustain skills and competencies. This in turn affects the Health Board's ability to recruit and retain surgeons with the required skills. Rota gaps are frequently filled by locums, creating quality and sustainability risks and additional cost pressures.
- The Emergency General Surgery 'Getting It Right First Time' (GIRFT) national report across Wales recommends that 'NHS Wales should review the number of sites providing Emergency General Surgery in Wales with the aim of concentrating Emergency General Surgery services on fewer sites in order to ensure critical mass and equitable access to surgical expertise and supporting services such as interventional radiology.'

Why does this matter?

- Same Day Emergency Care (SDEC) models to treat people closer to home and reviewing how people access services to get to the right place, first time. Without a sustainable plan for the service, there may be a need for more urgent service changes. When these happen, they can increase anxiety for our staff and our patients due to uncertainty.
- Using agency and short-term locum staff can lead to patients experiencing a poorer level of care than we would expect to provide and they would expect to receive.
- Some patients will be expected to travel further for their care if they need emergency interventions, but evidence, such as GIRFT reviews, suggests that this will result in better patient outcomes.

Emergency General Surgery - *What options did the Options Development Group produce in response to these issues?*

Mr Andrew Deans and Caroline Lewis

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Full emergency general surgery service, including surgical operations	Full emergency general surgery service, including surgical operations	No emergency general surgery service	Full emergency general surgery service, including surgical operations
Option A	Full emergency general surgery service, including surgical operations	Full emergency general surgery service, including surgical operations. **Strengthen SDEC**	No emergency general surgery service	**No emergency general surgery operations taking place. Strengthen SDEC**
Option B	Full emergency general surgery service, including surgical operations	**Emergency general surgery operations taking place on alternate weeks. Strengthen SDEC**	No emergency general surgery service	**Emergency general surgery operations taking place on alternate weeks. Strengthen SDEC**

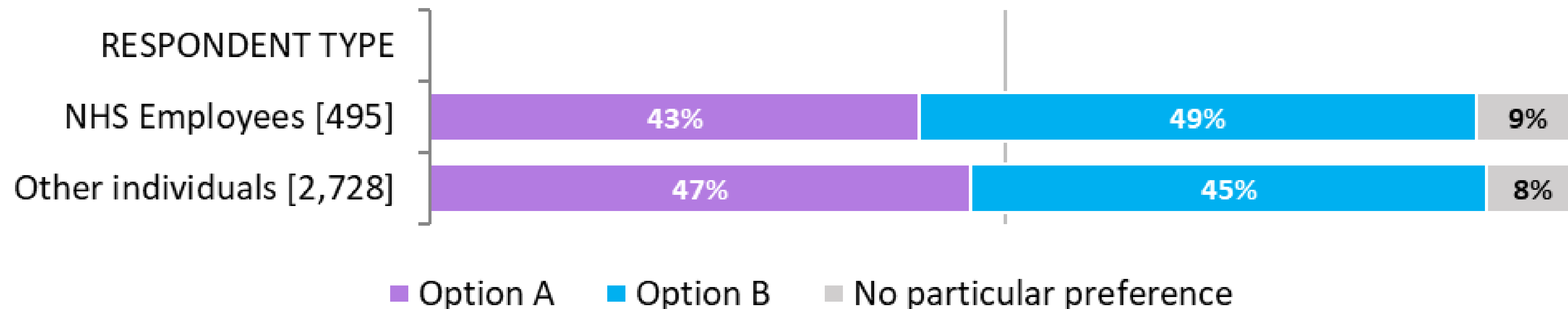
Emergency General Surgery

What did our public and staff say about these options?

Nichola Couceiro – Head of Engagement

- Of the 4,140 questionnaire responses received, 3,223 (78%) responded to the EGS option preference question.
- Option B was the preference of NHS employees, while Option A was the preference of others.

Which option for Emergency General Surgery services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes? By respondent type:



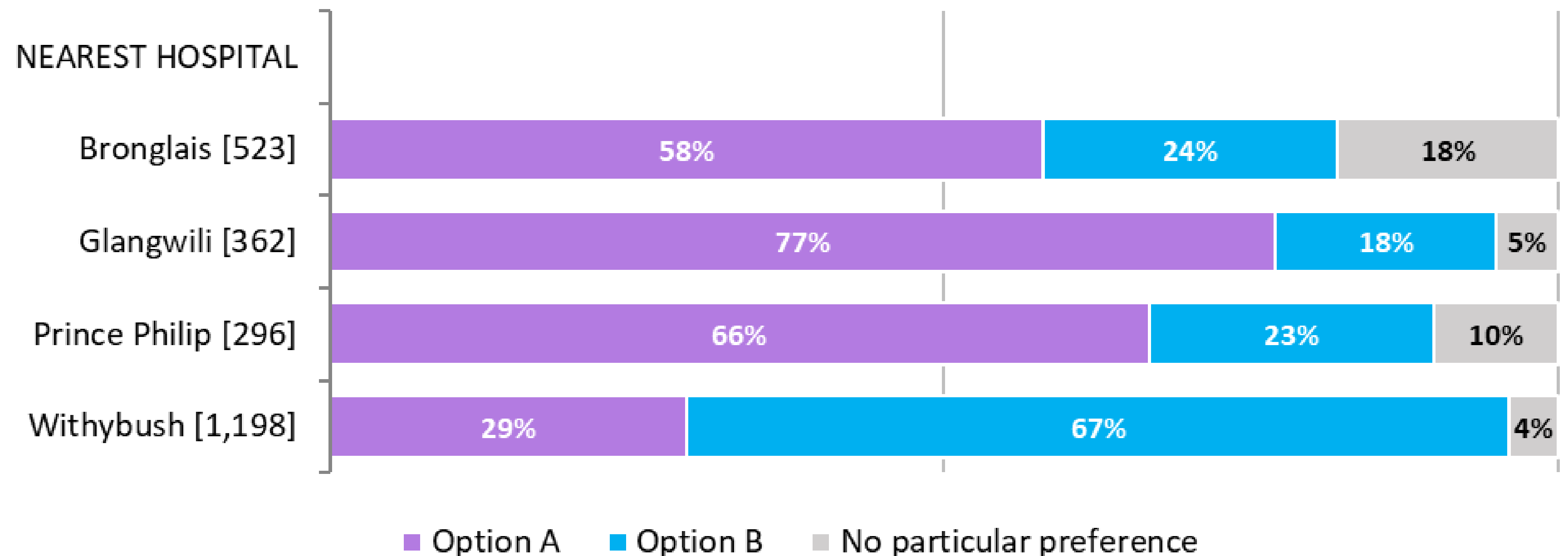
Emergency General Surgery

What did our public say about these options?

Nichola Couceiro – Head of Engagement

- Of the 2,728 individuals who responded to the Emergency General Surgery option preference question, postcode information was provided by 2,379 respondents.
- For people living closest to Bronglais, Glangwili and Prince Philip hospitals Option A was preferred over Option B.
- For people living closest to Withybush Hospital, Option B was preferred over Option A.

Which option for Emergency General Surgery services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes? By nearest hospital (individual respondents only, where postcodes were provided)



Emergency General Surgery
What did our public and staff say about these options?
Nichola Couceiro – Head of Engagement

What we heard during the consultation:

- **Travel time and distance -** respondents felt that increased travel time and distance could impact patient safety and outcomes, with particular concern in Pembrokeshire about timely access to emergency care if Emergency General Surgery is not retained locally at Withybush.
- **Transfer time -** significant concern about the safety and reliability of the transfer model, including whether same-day transfers can be guaranteed and whether patients could end up waiting in ambulances due to lack of beds on arrival.
- **Alternating service models -** were seen as confusing and potentially risky, especially in emergencies, with fears this could delay decision-making and treatment.
- **Staff shortages -** there was concern that uncertainty around future service models could further impact workforce challenges, with doubts about recruiting or retaining surgical staff at sites with intermittent or unclear future provision.
- **Accessibility -** limited confidence that mitigations alone would make changes safe, unless transfer capacity, senior decision-making, and bed availability are in place before implementation.
- **Erosion of services -** there was concern that if Emergency General Surgery was no longer provided at Withybush Hospital, that it would lead to other services going from the site such as Accident and Emergency.

Emergency General Surgery

What did our public and staff suggest as alternative options?

Mr Andrew Deans and Caroline Lewis

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

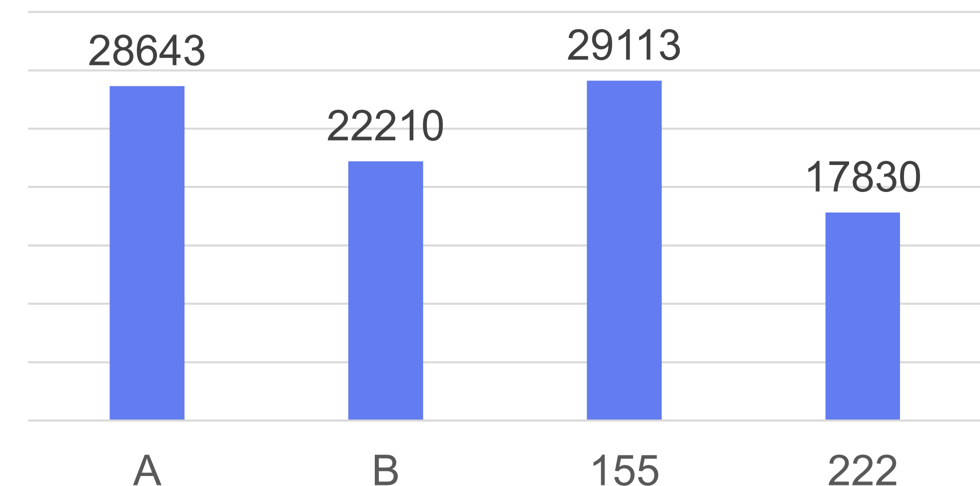
	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Full EGS service, including surgical operations	Full EGS service, including surgical operations	No emergency general surgery service	Full EGS service, including surgical operations
Option 155	Full EGS service, including surgical operations. **Strengthen SDEC**	Full EGS service, including surgical operations. **Strengthen SDEC**	No emergency general surgery service	**No EGS operations taking place. Strengthen SDEC**
Option 222	Full EGS service, including surgical operations	Full EGS service, including surgical operations	**Rehabilitation Unit**	**Rehabilitation Unit**

Emergency General Surgery

Which options best support the case for change?

Mr Andrew Deans and Caroline Lewis

- Within the clinically led options appraisal, Option 155 (a variant of Option A) scored highest.
- Option A was the second highest scoring option.
- By criteria grouping, Option A scored highest against Sustainable and Kind, while Option 155 scored highest against Safe and Accessible.



Breakdown of option score by criteria grouping

	Safe	Sustainable	Accessible	Kind
EGS Option A	6538	12814	4245	5046
EGS Option B	4783	9488	3787	4153
EGS Option 155	7139	12433	4503	5038
EGS Option 222	4084	7225	2940	3581

Emergency General Surgery
What are the key dependencies that we need to consider?
Mr Andrew Deans and Caroline Lewis

Phase	Outcome	Options that support solution	
IMPLEMENTATION (0-2 years)	Risk/ Issue resolution	Clinically sustainable rota meeting minimum standards improving workforce sustainability	**Option A**
IMPROVEMENT (2-4 years*)	Improving sustainability	Strengthening Surgical SDECs in Withybush, Glangwili and Bronglais	**Option 155**

Patients and Travel

- Within Options A and 155 we believe that **9 patients per week** on average may need an emergency intervention through the on-call rota. Therefore, there are likely transport commissioning impacts that will need to be assessed in detail if these options were selected
- The averaged figure of **9 per week** would likely be lower as result of direct pathways from GPs to Surgical SDECs, which is not able to be assessed at this stage
- In these options it is estimated that up to 39 patients per week would continue to access a Surgical SDEC at Withybush Hospital.

Interdependent services

- Emergency General Surgery supports very unwell patients who may arrive unexpectedly at an **Emergency Department**
- Emergency General Surgery supports **paediatric (children's) services** at Glangwili Hospital.

(Source: Information on this slide is summarised from the CSP Programme Documents, specifically within the Phase 3 Closing Report table in Appendix 1: Previously submitted Board papers)

Emergency General Surgery
Longer Term (Strategic Alignment)
Mr Andrew Deans and Caroline Lewis

Phase	Delivery	Options that support solution	
LONGER TERM	PBC Alignment	EGS delivered at two sites within Hywel Dda. Supported by repatriation and rehabilitation to Prince Philip and Withybush hospitals when patients no longer require acute care.	**Option 222**

Key Dependencies:

- Our long-term strategy **'A Healthier Mid and West Wales'** sets out how we will be able to provide services in the community and from our hospital sites.
- As part of these changes, we recognised that there would be fewer acute hospitals (where people go when very unwell), with one in the North (Bronglais) and a new Urgent and Planned Care Hospital in the South (as set out in our **Programme Business Case**).
- We believe that this would mean that **Withybush Hospital would support patients in their recovery** after accessing acute services in the Urgent and Planned Care Hospital.
- While the option supports our strategy, we believe that it would need to be **considered as part of our longer-term** planning and would be dependent on the Programme Business Case outcome.

(Source: Information on this slide is summarised from the CSP Programme Documents, specifically within the Phase 3 Closing Report table in Appendix 1: Previously submitted Board papers)

Emergency General Surgery

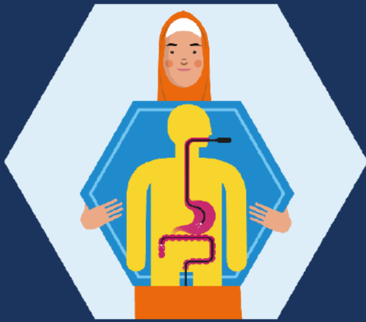
Options for consideration

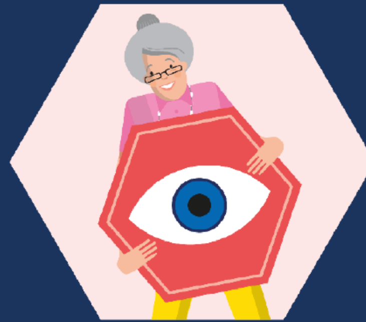
Ben Rogers, Principal Programme Manager

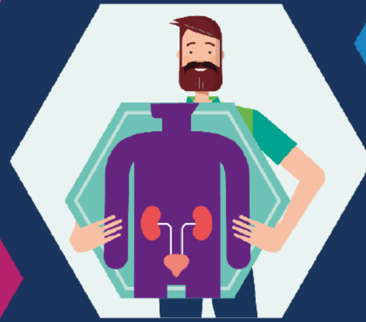
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Full EGS service, including surgical operations	Full EGS service, including surgical operations	No emergency general surgery service	Full EGS service, including surgical operations
Implementation (0-2 years) *Option A*	Full EGS service, including surgical operations	Full EGS service, including surgical operations. **Strengthen SDEC**	No emergency general surgery service	**No EGS operations taking place. Strengthen SDEC**
Improvement (2-4 years*) *Option 155*	Full EGS service, including surgical operations. **Strengthen SDEC**	Full EGS service, including surgical operations. **Strengthen SDEC**	No emergency general surgery service.	**No EGS operations taking place. Strengthen SDEC**
Longer term *Option 222*	Full EGS service, including surgical operations. **Strengthen SDEC**	EGS service, including surgical operations. **Strengthen SDEC**	**Rehabilitation unit**	**Rehabilitation unit**

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board







Critical Care

Critical Care

Why is change necessary?

Dr Michael Martin and Diane Knight

Despite the commitment and expertise of our teams, Critical Care services across Hywel Dda continue to face significant challenges:

- Prince Philip Hospital is operating a temporary service configuration because of workforce gaps. The medical workforce remains fragile, with reliance on agency staff and gaps in clinical leadership resulting in inconsistent working practices across units; high turnover continues to limit resilience
- The Health Board is unable to meet national Guidelines for the Provision of Intensive Care Services (GPICS), and a review in September 2025 highlighted the need for major improvements in rehabilitation services to improve patient outcomes, promoting patient recovery and wellbeing. (The GIRFT review for Critical Care (2021) also references growing evidence of a patient's reduced length of stay and increased mobility as a result of Critical Care unit rehabilitation services)
- The wider hospital network is heavily dependent on Critical Care capacity, with beds frequently full due to broader system pressures evidenced through either delayed discharges or direct to home discharges from a Critical Care ward, both of which reduce Critical Care capacity for our patients with the highest clinical needs. At Withybush Hospital, the Non-Invasive Ventilation (NIV) pathway is currently being delivered through Critical Care as a temporary measure.

Critical Care

Why is change necessary?

Dr Michael Martin and Diane Knight

Why does this matter?

- The temporary service changes impact our staff, particularly nursing staff who have skills working within Critical Care units. Identifying an option will support staff to understand what this will mean for their roles moving forward.
- Patients are not getting the level of care we would want them to have after they have used Critical Care services, and we need to improve how we provide rehabilitation for our patients.
- We need to address the challenges of a largely rural geography, while ensuring that we can provide the same level of care for our entire population. It is not sustainable to maintain the same level of care at all of our sites, so we need to explore how we can use our Critical Care workforce differently across our sites. This can be done by having the same ways of working and supporting staff, who wish to, work across different units to gain and retain skills and experience.
- The sickest patients who need Critical Care beds are not always able to access them if those who have recovered do not have another place to go to. This makes it harder to provide care for the patients with the greatest needs.

Critical Care - *What options did the Options Development Group produce in response to these issues?*
Dr Michael Martin and Diane Knight

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Intensive care unit	Intensive care unit	Intensive care unit (with transfer of sickest patients)	Intensive care unit
Option A	Intensive care unit	Intensive care unit **and enhanced care unit**	**Enhanced care unit**	**Enhanced care unit**
Option B	Intensive care unit	Intensive care unit	**Enhanced care unit**	Intensive care unit
Option C	Intensive care unit	Intensive care unit	Intensive care unit (with transfer of sickest patients)	Intensive care unit

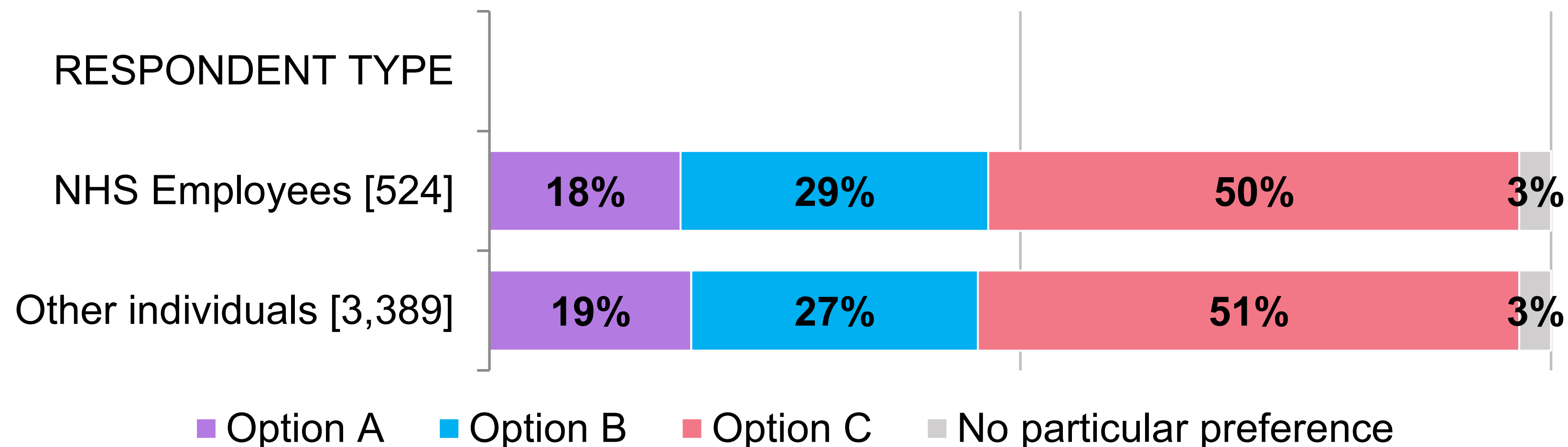
Critical Care

What did our public and staff say about these options?

Nichola Couceiro – Head of Engagement

- Of the 4,140 questionnaire responses received, 3,913 (95%) responded to the Critical Care option preference question.
- Option C was the preference, followed by Option B, then Option A.

Which option for Critical Care services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes? By respondent type:



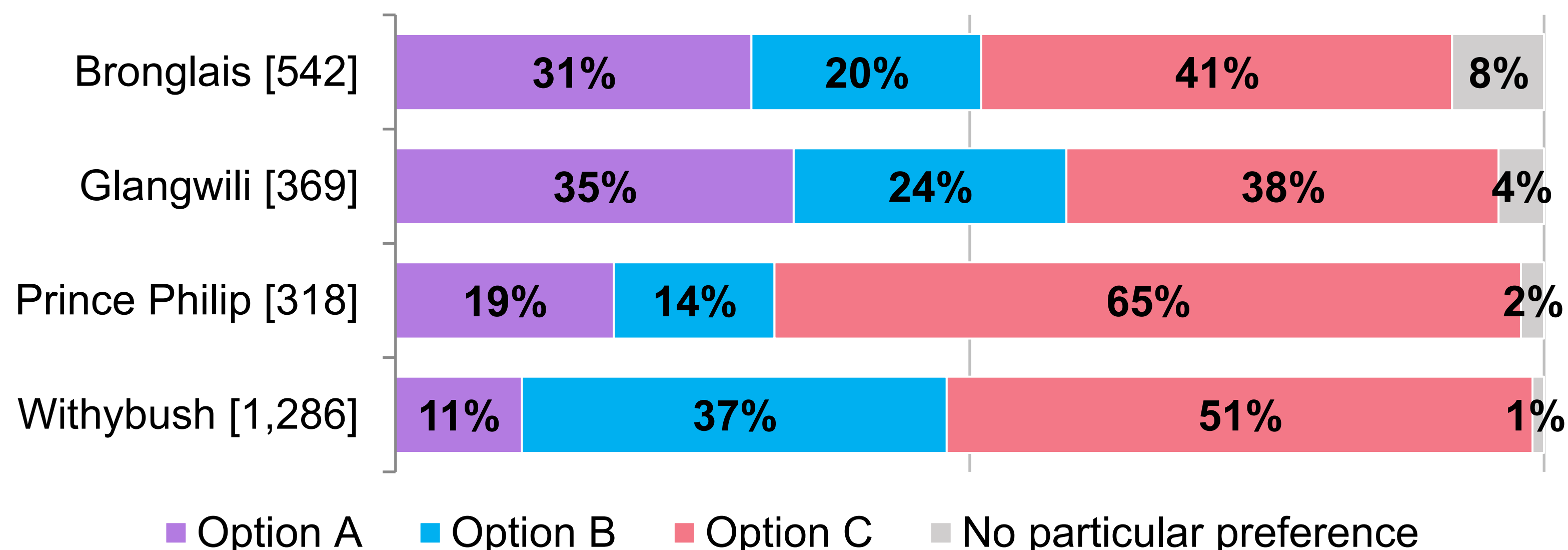
Critical Care

What did our public say about these options?

Nichola Couceiro – Head of Engagement

- Of the 3,389 individuals who responded to the Critical Care option preference question, postcode information was provided by 2,515 respondents.
- Option C was the preference.
- For people living closest to Bronglais, Glangwili and Prince Philip hospitals, Option A was then preferred over Option B.
- For people living closest to Withybush Hospital, Option B was then preferred over Option A.

Which option for Critical Care services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes? By nearest hospital (individual respondents only, where postcodes were provided)



Critical Care
What did our public and staff say about these options?
Nichola Couceiro – Head of Engagement

What we heard during the consultation:

- **Patient transfers and travel times -** strong concerns were raised about the safety of patient transfers and travel times, particularly in rural areas, with questions about whether critically ill patients can be moved safely over long distances.
- **Adult Critical Care Transfer Service (ACCTS) -** there was uncertainty about the role and capacity of the Adult Critical Care Transfer Service with Health Board staff wanting clarity on whether current and future capacity would be sufficient to support the proposed options.
- **Staff shortages -** there were worries about the sustainability of staffing models, including whether options are realistic given existing workforce pressures and the ability to recruit and retain specialist staff.
- **Staff interdependencies -** it was raised that there is clear need to consider Allied Health Professional (AHP) capacity, with Health Board staff highlighting that Critical Care models rely on wider multidisciplinary teams, not just medical and nursing staff.
- **Service interdependencies -** concerns about interdependencies with other services were also raised, particularly Stroke, Emergency General Surgery, Orthopaedics and Emergency Departments, and the risk that changes in Critical Care could destabilise these pathways.
- **Accessibility -** limited confidence that mitigations alone would address risks, unless transfer arrangements, workforce capacity and system-wide impacts are fully worked through and in place before implementation.

Critical Care

What did our public and staff suggest as alternative options?

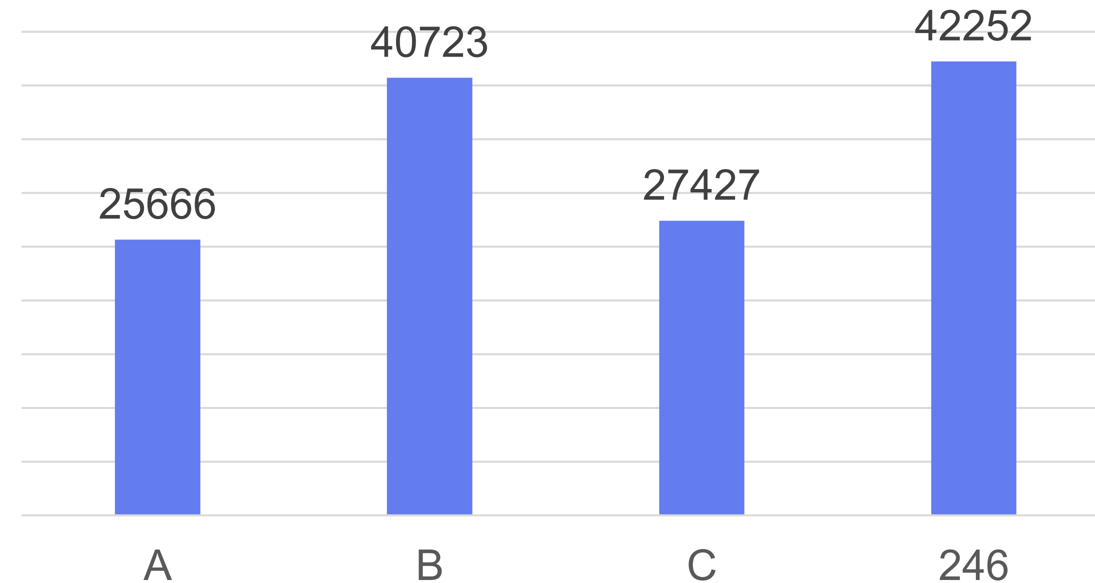
Dr Michael Martin and Diane Knight

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Intensive care unit	Intensive care unit	Intensive care unit (with transfer of sickest patients)	Intensive care unit
Option 246	Intensive care unit **Health Board wide**	Intensive care unit **Health Board wide**	**Enhanced care unit Health Board wide**	Intensive care unit **Health Board wide**

(‘Health Board wide’ text has been added to reduce confusion of the original option text for ‘working regionally’ which related to Critical Care services across Hywel Dda working together more closely to support each other)

Critical Care
Which options best support the case for change?
Dr Michael Martin and Diane Knight

- Within the clinically led options appraisal, Option 246 (a variant of Option B) scored highest.
- Closely second was Option B, with little difference between Option C and Option A.
- By criteria grouping, Option 246 scored highest overall against three domains; Option B scored the same as Option 246 for Accessible.



Breakdown of option score by criteria grouping

	Safe	Sustainable	Accessible	Kind
Critical Care Option A	6007	11152	4208	4299
Critical Care Option B	9717	16883	6745	7378
Critical Care Option C	6879	10149	5288	5110
Critical Care Option 246	10311	17444	6745	7751

Critical Care

What are the key dependencies that we need to consider?

Dr Michael Martin and Diane Knight

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Phase	Outcome	Options that support solution	
IMPLEMENTATION (0-2 years)	Risk / Issue resolution	Enhanced Care Unit developed at the Prince Philip ICU site	**Option 246**
IMPROVEMENT (2-4 years*)	Sustainability	Technology (ICCA licences), Rural GPICS (Bronglais)	

Patient Transfers

- It is estimated that approximately **4 patients** may be impacted each week at the Prince Philip site in Option 246, with transfer requests delivered through the **Adult Critical Care Transfer Service** to Glangwili Hospital.

Interdependent services

- Critical Care supports very unwell patients who may arrive unexpectedly at an **Emergency Department**
- Critical Care supports patients after **planned care** who may have complications following a procedure. In most circumstances this care can be provided by an Enhanced Care Unit with the support of Consultant Anaesthetists as described within the Workforce estimate for Option 246
- Changes to Critical Care can have an impact on the **function and role of a hospital** site, and the type of procedures that an elective service may be able to deliver. If patients have lower or fewer needs (less complex) this reduces the need for Critical Care support.

(Source: Information on this slide is summarised from the CSP Programme Documents, specifically within the Phase 3 Closing Report table in Appendix 1: Previously submitted Board papers)

Critical Care
Longer Term (Strategic Alignment)
Dr Michael Martin and Diane Knight

Phase	Delivery	Options that support solution	
LONGER TERM	PBC Alignment	Critical Care delivered at two sites within Hywel Dda. Supported by repatriation and rehabilitation locally as clinically required.	**Option A**

Key Dependencies:

- Our long-term strategy **'A Healthier Mid and West Wales'** sets out how we will be able to provide services in the community and from our hospital sites.
- As part of these changes, we recognised that there would be fewer acute hospitals (where people go when very unwell), with one in the North (Bronglais) and a new Urgent and Planned Care Hospital in the South (as set out in our **Programme Business Case**).
- We believe that this would mean that **Withybush Hospital would support patients in their recovery** after accessing acute services in the Urgent and Planned Care Hospital.
- While the option supports our strategy, we believe that it would need to be **considered as part of our longer-term** planning.

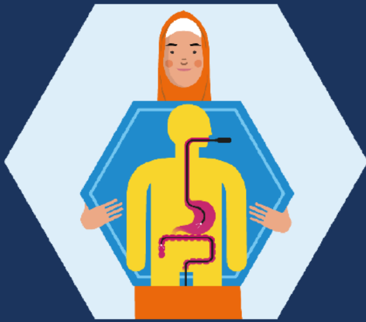
(Source: Information on this slide is summarised from the CSP Programme Documents, specifically within the Phase 3 Closing Report table in Appendix 1: Previously submitted Board papers)

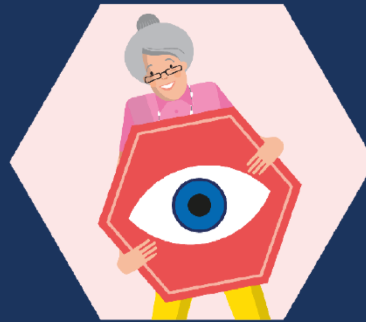
Critical Care – Options for consideration
Ben Rogers, Principal Programme Manager

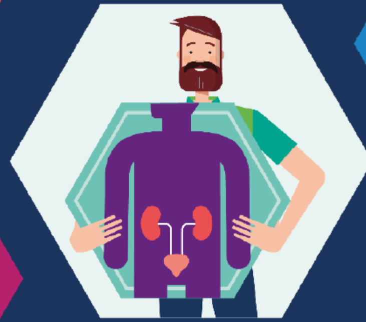
Bwrdd Iechyd Prifysgol Hywel Dda
University Health Board

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Intensive care unit	Intensive care unit	Intensive care unit (with transfer of sickest patients)	Intensive care unit
Implementation (0-2 years) ***Option 246***	Intensive care unit Health Board wide	Intensive care unit Health Board wide	Enhanced care unit Health Board wide	Intensive care unit Health Board wide
Improvement (2-4 years*) ***Option 246***	Intensive care unit Health Board wide	Intensive care unit Health Board wide	Enhanced care unit Health Board wide	Intensive care unit Health Board wide

Longer term ***Option A***	Intensive care unit Health Board wide	Intensive care unit and enhanced care unit Health Board wide	Enhanced care unit Health Board wide	Enhanced care unit Health Board wide







Stroke

Stroke

Why is change necessary?

Dr Senthil Kumar and Bethan Andrews

- There is strong evidence that the reconfiguration of Stroke services can save lives, improve recovery and benefit long-term disability and quality of life (Stroke Association)
- Currently, despite the commitment and expertise of our Stroke teams, none of the four units in Hywel Dda can meet the recommended standards for Stroke services. This includes:
  - None of the units meet the recommended staffing levels for Stroke care
  - Our population does not have access to a specialised hyper-acute stroke unit (HASU)
  - There is no seven-day consultant cover, clinical nurse specialist or therapy services within Stroke services
  - There is a lack of resilience, which means an over-reliance on individuals and a risk of service collapse
- There is a growing inequality in Stroke care across the UK; where Stroke services have been reconfigured standards have improved and there is evidence that this has reduced mortality, improved the timeliness of care and reduced the time spent in hospital
- As a result, the Hywel Dda Stroke service, assessed against Sentinel Stroke National Audit Programme (SSNAP) data shows clinical and organisational positions declining.

Why does this matter?

- The evidence suggests that this means our population are not getting the best possible outcomes following a stroke, which means avoidable deaths and disability
- Although our staff work incredibly hard to provide the best care that they can, the nearest hospital for patients may not be able to support a patient throughout their whole care and treatment.

Stroke - *What options did the Options Development Group produce in response to these issues?*
Dr Senthil Kumar and Bethan Andrews

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Stroke Unit	Stroke Unit	Stroke Unit	Stroke Unit
Option A	**Treat and Transfer**	**Treat and Transfer**	**Stroke Unit (specialist cover 12-hours a day)**	**Stroke Unit (specialist cover 12-hours a day)**
Option B	**Treat and Transfer**	**Treat and Transfer**	**Stroke Unit (specialist cover 24-hours a day)**	**Treat and Transfer and Stroke Unit (specialist cover 12-hours a day)**

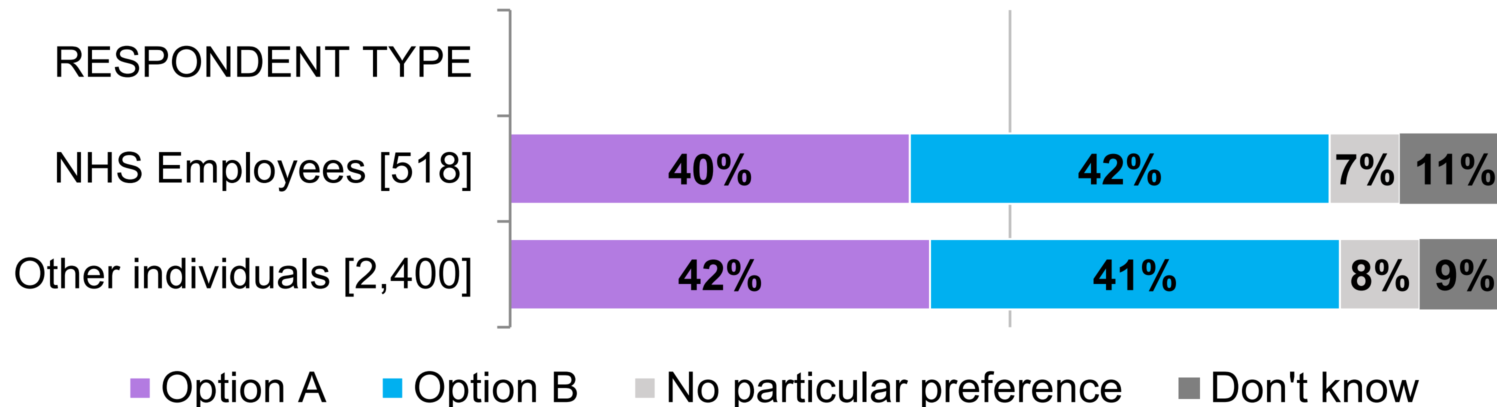
Stroke

What did our public and staff say about these options?

Nichola Couceiro, Head of Engagement

- Of the 4,140 questionnaire responses received, 2,918 (70%) responded to the Stroke option preference question.
- Option B was the preference of NHS employees, while Option A was the preference of others, although important to note the difference was very little.

Which option for Stroke services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes? By respondent type:



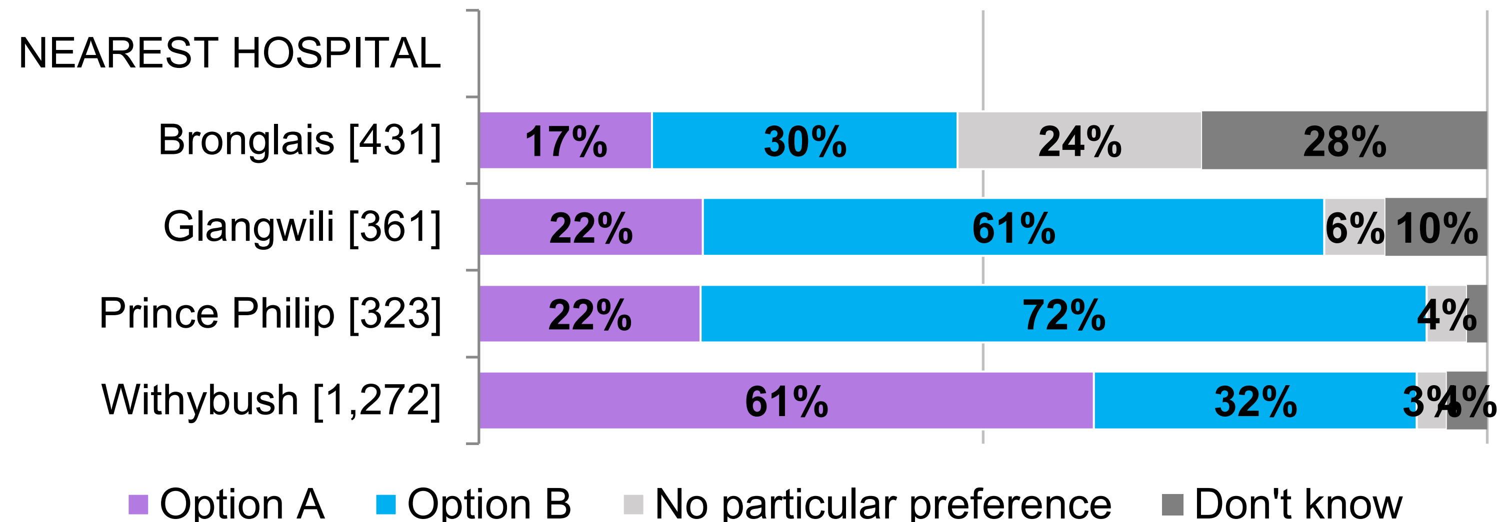
Stroke

What did our public say about these options?

Nichola Couceiro, Head of Engagement

- Of the 2,400 individuals who responded to the Stroke option preference question, postcode information was provided by 2,387 respondents.
- For people living closest to Bronglais, Glangwili and Prince Philip hospitals, Option B was preferred over Option A.
- It is important to note that over 50% of the respondents living closest to Bronglais did not select a preference. Through engagement we were told this was because they did not agree with either option.
- For people living closest to Withybush Hospital, Option A was preferred over Option B.

Which option for Stroke services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility and outcomes? By nearest hospital (individual respondents only, where postcodes were provided)



Stroke
What did our public and staff say about these options?
Nichola Couceiro, Head of Engagement

What we heard during the consultation:

- **Retaining services locally -** very strong views about retaining local Stroke services, particularly in mid and west Wales, with the petition of over 17,000 signatures to retain services at Bronglais, highlighting the depth and strength of feeling.
- **Views varied significantly by location -** people closest to Prince Philip were more supportive of the options; people closest to Bronglais and Glangwili were more likely to oppose them and felt services should remain locally; people closest to Withybush emphasised the need for 24-hour services.
- **Travel times and access under treat and transfer models -** was raised as a real concern especially travelling to Llanelli and doubts about whether the Welsh Ambulance Service could meet increased demand safely. Concerns were also raised by the public about the safety of treat and transfer models.
- **Accessibility for families and visitors -** there were lots of concerns raised about the impact on patients' families and visitors, particularly where public transport is poor or non-existent, making regular visiting and support difficult over long distances.
- **Deliverability and resourcing -** questions were raised by respondents including whether reducing administrative or management roles could help offset the clinical workforce needed to expand Stroke services.
- **Public confusion -** there were many queries linked to how the treat and transfer would work in practice and what a 12-hour specialist model actually means, alongside transport-related confusion.

Stroke

What did our public and staff suggest as alternative options?

Dr Senthil Kumar and Bethan Andrews

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

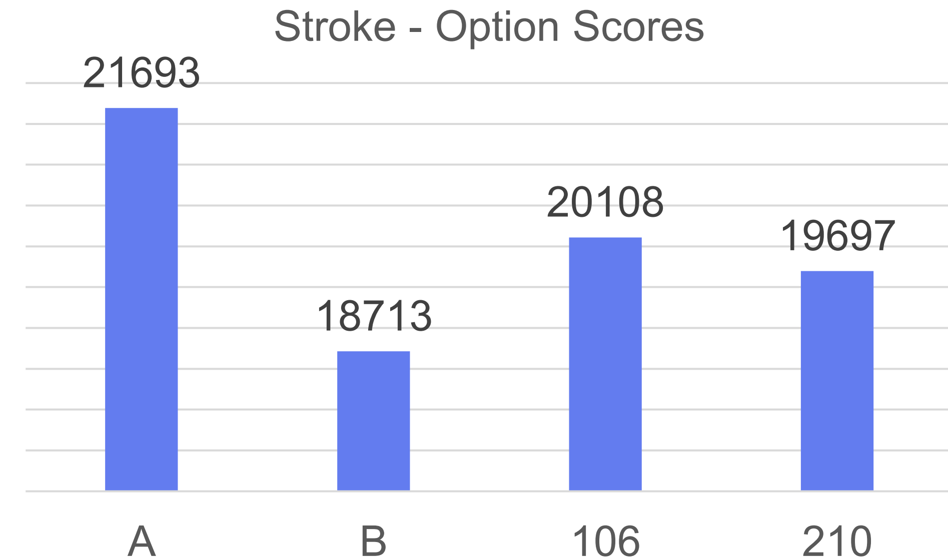
	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Stroke Unit	Stroke Unit	Stroke Unit	Stroke Unit
Option 106	**Treat and Transfer Stroke rehabilitation unit**	**Treat and Transfer**	**Stroke Unit (specialist cover 12-hours a day)**	**Stroke Unit (specialist cover 12-hours a day)**
Option 210	**Treat and Transfer and Stroke Unit (specialist cover 12-hours a day)**	**Stroke Unit (specialist cover 24-hours a day) Then Create regional Stroke centre in Morriston Hospital Treat and Transfer**	**Treat and Transfer**	**Treat and Transfer**

Stroke

Which options best support the case for change?

Dr Senthil Kumar and Bethan Andrews

- Within the clinically led options appraisal, Option A scored highest.
- Closely second were Option 106 (a variant of Option A) and Option 210 (a variant of Option B) with limited difference between them.
- By criteria grouping, Option A scored highest overall against three domains; Option 106 scored highest against Accessible.



Breakdown of option score by criteria grouping

	Safe	Sustainable	Accessible	Kind
Stroke Option A	5474	9020	3038	4161
Stroke Option B	4973	7655	2630	3455
Stroke Option 106	5045	8169	3339	3555
Stroke Option 210	4714	7917	3298	3767

Stroke

What options may best fit the needs of the population?

Dr Senthil Kumar and Bethan Andrews

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Phase	Outcome	Delivery, benefits and risks	
IMPLEMENTATION (0-2 years) | IMPROVEMENT (2-4 years*) | LONGER TERM	Two Stroke units with 12 hours specialist stroke support	**Delivery** • The option is assessed to be deliverable within 4 years. **Benefits** • May improve compliance with standards compared to now. • Supports recruitment through better training opportunities from fewer units. • Enables early supported discharge to manage demand. **Risks** • Lack of a Stroke specialist at Glangwili Hospital, the busiest A&E. • May need to move therapies and recruit therapists to fill workforce requirements. • Not aligned with longer term strategy, would need to be redeveloped in the future.	**Option A**
	Two Stroke units with 12 hours specialist stroke support One Stroke rehabilitation unit	**Delivery** • The option is delivered within the longer term (when considering the full uplift of AHP requirements. **Benefits** • Bringing services together will strengthen training and recruitment while early supported discharge helps reduce pressure from rising demand. **Risks** • A three-unit model may be unsustainable given current workforce capacity when compared to delivering a one- or two-site model. • This option does not sustain the current service model and is only marginally different, raising questions about whether it would meaningfully improve the service, including from an AHP perspective. • There is no Stroke specialist available at Glangwili Hospital, the busiest A&E.	**Option 106**

Stroke

What options may best fit the needs of the population?

Dr Senthil Kumar and Bethan Andrews

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Phase	Outcome	Delivery, benefits and risks	
IMPLEMENTATION (0-2 years) | IMPROVEMENT (2-4 years*) | LONGER TERM	One Stroke unit with 24 hours specialist stroke support. One Stroke unit with 12 hours specialist stroke support	**Delivery** • This option would be phased in delivery, taking between 2-10 years to implement. • Would be delivered by gradually bringing services together. **Benefits** • Bringing services together strengthens the quality and timeliness of care. • Provides dedicated therapy space at Bronglais Hospital and more efficient use of resources. • Better alignment with the National Stroke programme. **Risks** • Increased diagnostic demand at Glangwili Hospital. • Staff may be reluctant to relocate. • Bronglais Hospital would remain clinically unsustainable, affecting skill development and not resolving workforce challenges.	**Option 210**

Stroke

What are the key dependencies that we need to consider?

Dr Senthil Kumar and Bethan Andrews

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Patient transfers

- In Options A, 106 and 210 an average of **8 patients per week** could be impacted by these options.
- In Option A this could impact an average of **3 patients per week** attending Bronglais and **5 patients per week** attending Glangwili.
- In Option 210 this would impact an estimated average of **4 patients per week** currently attending Withybush and Prince Philip.
- In the merged option of 106/ 210 an average of **11 patients per week** could be impacted by these options.

Interdependent services

- Draft national standards identify linkages between Stroke unit location and **Emergency Departments** (or **Acute Medical Assessment Unit** in the case of Prince Philip Hospital).
- **Allied Health Professionals**, such as therapists and dieticians, are essential to support the entire Stroke pathway.

Regional/ national working

- While a solution is required for local delivery of Stroke care, there is a need to work towards the regional/ national model of Stroke care delivery. This means working with the **National Stroke programme** to support the development of the Comprehensive Regional Stroke Centres.

(Source: Information on this slide is summarised from the CSP Programme Documents, specifically within the Phase 3 Closing Report table in Appendix 1: Previously submitted Board papers)

Stroke - Options for consideration

Ben Rogers, Principal Programme Manager

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Stroke Unit	Stroke Unit	Stroke Unit	Stroke Unit
Option A	Treat and Transfer	Treat and Transfer	Stroke Unit (specialist cover 12-hours a day)	Stroke Unit (specialist cover 12-hours a day)
Option 210	Treat and Transfer and Stroke Unit (specialist cover 12-hours a day)	Stroke Unit (specialist cover 24-hours a day) **Then** Create regional Stroke centre in Morriston Hospital Treat and Transfer	Treat and Transfer	Treat and Transfer

Stroke

Further considerations

Lee Davies, Executive Director of Strategy & Planning

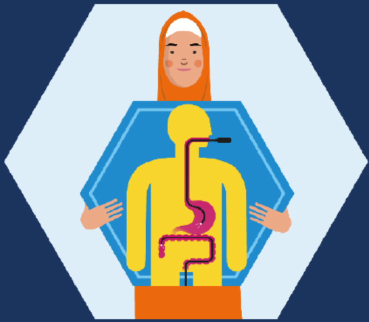
GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

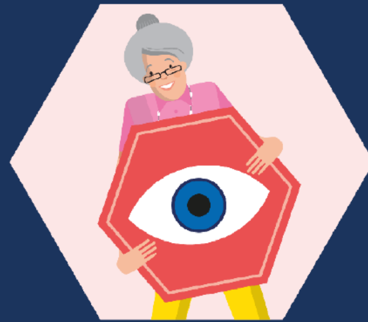
	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Stroke Unit	Stroke Unit	Stroke Unit	Stroke Unit
Merged Option 106/ 210	Treat and Transfer Stroke rehabilitation unit	Stroke Unit (specialist cover 24-hours a day) Working regionally as part of the National Stroke programme in the longer term	Treat and Transfer	Treat and Transfer

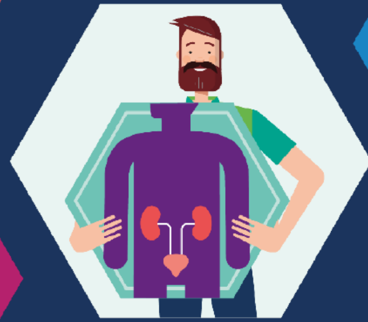
Phase	Outcome	Delivery, benefits and risks	
IMPLEMENTATION (0-2 years) | IMPROVEMENT (2-4 years*) | LONGER TERM (4 years+)	A Stroke unit with 24 hours specialist stroke support and stroke rehabilitation. Separate Stroke rehabilitation unit.	**Delivery** • This option would be phased in delivery, taking between 2-10 years to implement. • Would be delivered by gradually bringing services together. **Benefits** • Bringing services together strengthens the quality and timeliness of care and will improve standards. • Provides dedicated therapy space at Bronglais Hospital and more efficient use of resources. • Better alignment with the National Stroke programme. **Risks** • Has not been through the same process as other alternative options, so assessments are based on other option assessments, and not this merged option. • Accessibility for patients impact is likely higher than the two individual options and would need to be better understood to support final decision making. • Option presents greater diagnostic demand at Glangwili Hospital than other options. • Staff may be reluctant to relocate where this is identified as being a requirement of the change.	**Option 106/ 210**

Lunch

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board







Ophthalmology

Ophthalmology
Why is change necessary?
Marta Barreiro Martins and Victoria Coppack

Despite the commitment and expertise of our teams, Ophthalmology services across Hywel Dda continue to face significant challenges:

- Significant workforce pressures remain in Ophthalmology, with national consultant shortages affecting follow-up capacity, delivery of standards, and the ability to sustain services across sites. Ongoing staff shortages and retention difficulties continue to create capacity challenges, with rota gaps frequently filled by agency staff, increasing costs.
- Capacity remains a key concern, with high demand, overbooked clinics, and waiting lists continuing to present significant challenges for the service.
- The 'Getting It Right First Time' (GIRFT) national programme recommendations include strengthened regional working, improved clinical leadership, development of multidisciplinary teams, and a reduction in both the number of outpatient locations and the number of visits patients need.

Why does this matter?

- Without making changes to our services, people are at risk of irreversible sight loss.
- We need to ensure that patients who need regular eye injections can get them in a timely way, and those who are waiting for operations don't wait longer than they need to.
- To provide the best care possible, we need to make sure that we have the staff in place with the right skills and experience. Currently our staff work across multiple sites without the ability to share learning and information to support their development and encourage them to remain working with us.

Ophthalmology - ***What options did the Options Development Group produce in response to these issues?***
Marta Barreiro Martins and Victoria Coppack

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Day cases and inpatients	Diagnostics, day cases, inpatients, outpatients and emergency eye care	Diagnostics, outpatients and inpatients	Diagnostics, outpatients and inpatients	• AVH day cases • Diagnostics and outpatient service in CICC, NREC and AICC
Option A	**No service**	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	**No service**	Diagnostics and outpatients	• **AVH day cases (cataract) but not outpatients (eye injections)** • Diagnostics and outpatient service in CICC and NREC
Option B	Day cases and inpatients	**No service**	Main service including diagnostics, **day cases,** inpatients, outpatients and **emergency eye care**	Diagnostics and outpatients	• **AVH diagnostics, outpatients (eye injections) but not day cases (cataracts)** • Diagnostics and outpatient service in CICC, NREC and **Pembrokeshire (site to be confirmed)**
Option C	Day cases and inpatients	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	**No service**	Diagnostics and outpatients	• **AVH diagnostics, outpatients (eye injections) but not day cases (cataracts)** • Diagnostics and outpatient service in CICC and NREC

AVH – Amman Valley Hospital, AICC – Aberaeron Integrated Care Centre, CICC – Cardigan Integrated Care Centre, NREC – North Road Eye Clinic, Aberystwyth

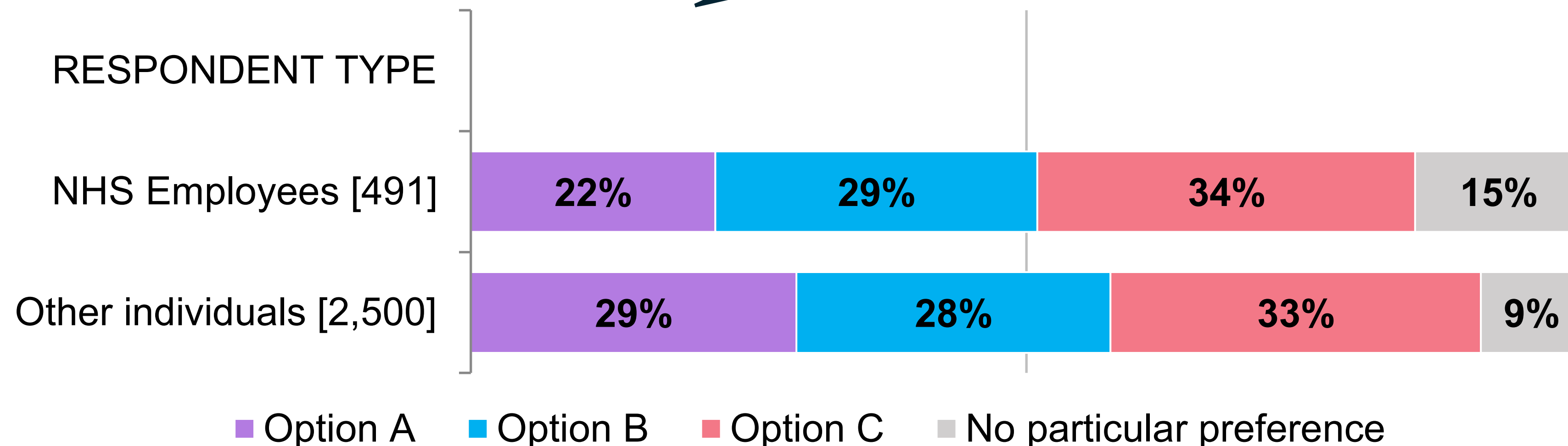
Ophthalmology

What did our public and staff say about these options?

Nichola Couceiro - Head of Engagement

- Of the 4,140 questionnaire responses received, 2,991 (72%) responded to the Ophthalmology option preference question.
- For NHS Employees, Option C was the preference, then Option B then Option A.
- For other respondents, Option C was the preference, then Option A then Option B.

Which option for Ophthalmology services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes? By respondent type:



Ophthalmology

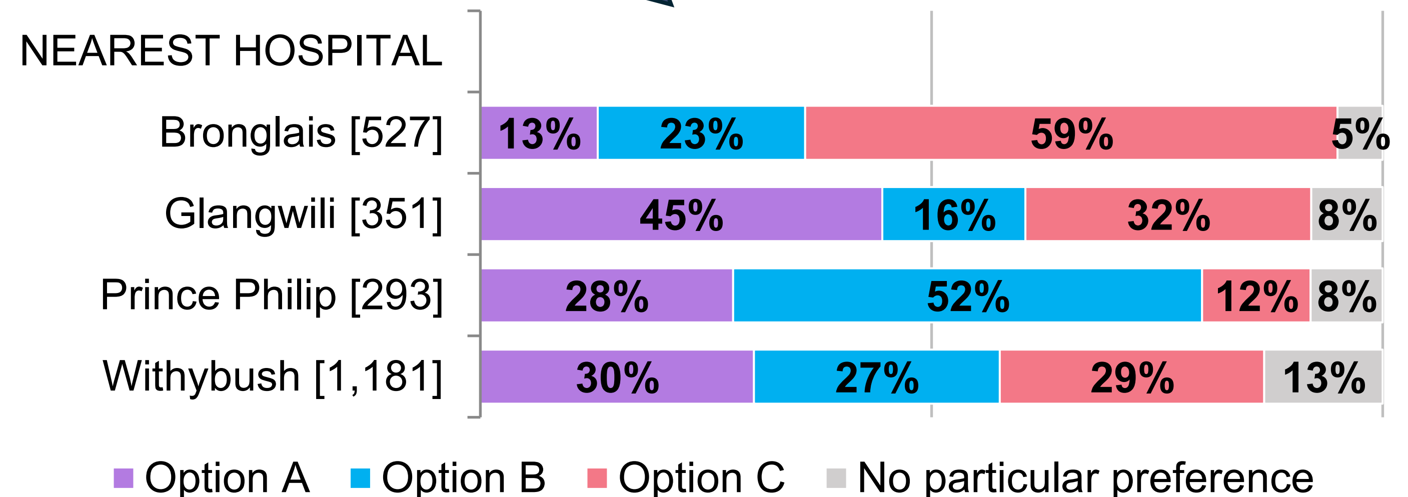
What did our public say about these options?

Nichola Couceiro - Head of Engagement

Of the 2,500 individuals who responded to the Ophthalmology option preference question, postcode information was provided by 2,352 respondents.

- For people living closest to Bronglais Hospital, Option C was preferred over Option B, then Option A.
- For people living closest to Glangwili and Withybush hospitals, Option A was preferred over Option C, then Option B.
- For people living closest to Prince Philip Hospital, Option B was preferred over Option A, then Option C.

Which option for Ophthalmology services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes? By nearest hospital (individual respondents only, where postcodes were provided)



Ophthalmology

What did our public and staff say about these options?

Nichola Couceiro - Head of Engagement

What we heard during the consultation:

- **Travel distance and times -** concerns were raised about increases to travel times and distances particularly for people living in rural areas and older patients, with worries about the impact on access, attendance and outcomes.
- **Suggestions to mitigate travel impacts -** including subsidised transport, organised minibuses or alternative transport arrangements, especially for those unable to drive.
- **Extended hours -** there were mixed views on extended hours with some support in principle but also concerns that public transport would not support later appointments and that night-time travel would not be suitable for all patients.
- **Feasibility of staffing extended hours -** some doubted whether there was workforce capacity to extend working hours beyond what they are currently and questioned whether this could be delivered safely and sustainably.
- **Community clinics -** there were mixed views on using community clinics which were valued by some for reducing travel impacts. Others raised concerns about capacity, consistency, facilities and sustainability without sufficient workforce and investment.
- **Bringing together on a single site -** some saw the potential benefits for service quality and efficiency by having the service at one site, but there were also strong concerns about where services would be located and the travel and transport impacts for the patients needing to travel further to access the site.

Ophthalmology

What did our public and staff suggest as alternative options?

Marta Barreiro Martins and Victoria Coppack

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Day cases and inpatients	Diagnostics, day cases, inpatients, outpatients and emergency eye care	Diagnostics, outpatients and inpatients	Diagnostics, outpatients and inpatients	• AVH day cases • Diagnostics and outpatient service in CICC, NREC and AICC
Option 95	**No service**	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care **Extended hours**	**No service**	Diagnostics and outpatients **Extended hours**	• AVH day cases (cataract) **but not outpatients (eye injections)** • Diagnostics and outpatient service in CICC and NREC • **Extended hours**
Option 99	**No service**	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	**No service**	Diagnostics and outpatients	• AVH day cases (cataract) **and outpatients (eye injections)** • Diagnostics and outpatient service in CICC and NREC
Option 167	**No service**	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	**No service**	Diagnostics and outpatients	• AVH day cases (cataract) **but not outpatients (eye injections)** • Diagnostics and outpatient service in CICC and NREC, **optometry hub in AICC**

AVH – Amman Valley Hospital, AICC – Aberaeron Integrated Care Centre, CICC – Cardigan Integrated Care Centre, NREC – North Road Eye Clinic, Aberystwyth

Ophthalmology

What did our public and staff suggest as alternative options?

Marta Barreiro Martins and Victoria Coppack

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Day cases and inpatients	Diagnostics, day cases, inpatients, outpatients and emergency eye care	Diagnostics, outpatients and inpatients	Diagnostics, outpatients and inpatients	• AVH day cases • Diagnostics and outpatient service in CICC, NREC and AICC
Option 173	Day cases and inpatients	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	**No service**	Diagnostics and outpatients	• **AVH diagnostics, outpatients (eye injections) but not day cases (cataracts)** • **Diagnostics in AICC,** CICC and NREC and outpatient service in CICC and NREC
Option 227	**No service**	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	**No service**	Diagnostics and outpatients **Extended hours**	• AVH day cases (cataract) **but not outpatients (eye injections)** • Diagnostics and outpatient service in CICC and NREC
Option 263	Day cases and inpatients **Extended hours**	**No service**	Main service including diagnostics, **day cases,** inpatients, outpatients and **emergency eye care** **Extended hours**	Diagnostics and outpatients **Extended hours**	• **AVH diagnostics, outpatients (eye injections) but not day cases (cataracts)** • Diagnostics and outpatient service in CICC, NREC and **Pembrokeshire (site to be confirmed).** • **Extended hours**

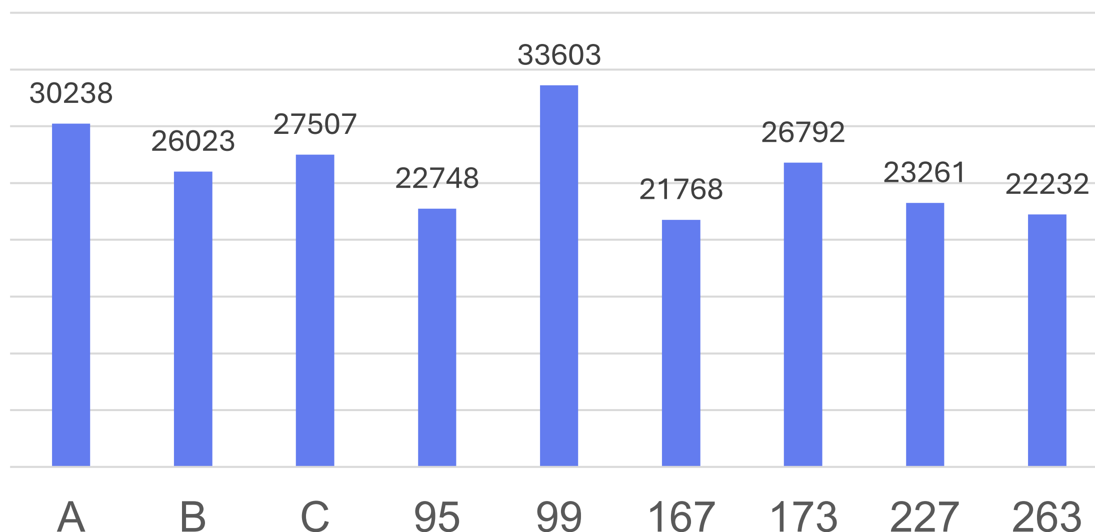
AVH – Amman Valley Hospital, AICC – Aberaeron Integrated Care Centre, CICC – Cardigan Integrated Care Centre, NREC – North Road Eye Clinic, Aberystwyth

Ophthalmology

Which options best support the case for change?

Marta Barreiro Martins and Victoria Coppack

- Within the clinically led options appraisal, Option 99 (a variant of Option A) scored highest.
- Second were Option A followed by Option C.
- By criteria grouping, Option 99 scored highest overall against the four domains.



Breakdown of option score by criteria grouping

	Safe	Sustainable	Accessible	Kind
Option A	7220	13509	4446	5063
Option B	6136	11510	3928	4449
Option C	6908	11714	4315	4571
Option 95	6236	8928	3751	3832
Option 99	7926	14605	5304	5769
Option 167	5630	8336	3717	4084
Option 173	6820	10922	4283	4766
Option 227	6244	9003	3857	4156
Option 263	5477	9252	3407	4097

Ophthalmology

What options may best fit the needs of the population?

Marta Barreiro Martins and Victoria Coppack

Phase	Outcome	Delivery, benefits and risks	
IMPLEMENTATION (0-2 years) | IMPROVEMENT (2-4 years*) | LONGER TERM	No longer providing inpatients at Bronglais Hospital	**Delivery** • The option is assessed to be deliverable within 4 years. **Benefits** • Allows the Ophthalmology workforce to be brought together, supporting staff development, recruitment and retention. • Provides additional capacity for Orthopaedics at Bronglais Hospital to meet British Orthopaedic Association (BOA) standards. • The same number of staff can treat more people, helping to reduce waiting times. **Risks** • Patients may have to travel further for inpatient procedures. • May impact commissioning arrangements with regional partners.	**Option 99**
	Retaining inpatients at Bronglais Hospital	**Delivery** • The option is assessed to be deliverable within 4 years. **Benefits** • May reduce travel time for some patients. • Supports regional working for northwest Powys and south Gwynedd patients. • Potential to allow staff development training and additional theatre access to support patients, but dependent on consultant workforce to deliver inpatient services. **Risks** • Low numbers of patients needing inpatient services make it difficult to recruit and retain staff to provide this service. • Maintaining services across multiple sites doesn't support the service sustainability issues.	**Option 173**

Ophthalmology

What are the key dependencies that we need to consider?

Marta Barreiro Martins and Victoria Coppack

Patients and Travel

- It is estimated that an average of **113 activities per week** could be impacted by movement from the Prince Philip site, whilst for Bronglais in Option 99, an average of **11 activities per week** are estimated to be potentially impacted by the option.

Interdependent services

- **Orthopaedics** services in Bronglais Hospital do not currently meet British Orthopaedic Association (BOA) standards as they do not have access to dedicated theatres. Option D for Orthopaedics suggests that if Ophthalmology inpatient activity was delivered from another location, there is potential to increase elective Orthopaedics activity at the site and meet these standards.
- **Paediatrics/ Obstetrics** (Services that support children, pregnancy and childbirth) in Glangwili and supporting the newborn baby checks on site create a Glangwili Hospital dependency for the service.
- Glangwili Hospital is currently the **Emergency Eye Care pathway** for Hywel Dda.

Regional/ national working

- The **regional eye care programme** with Swansea Bay University Health Board is progressing with increased activity at the **Amman Valley Hospital site**. This direction of travel is likely to continue.

(Source: Information on this slide is summarised from the CSP Programme Documents, specifically within the Phase 3 Closing Report table in Appendix 1: Previously submitted Board papers)

Ophthalmology – Options for consideration

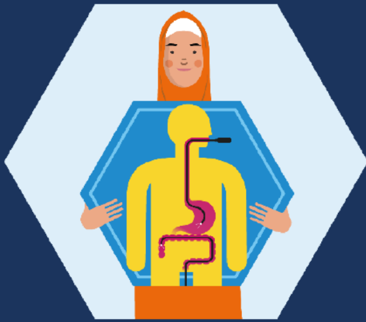
Ben Rogers, Principal Programme Manager

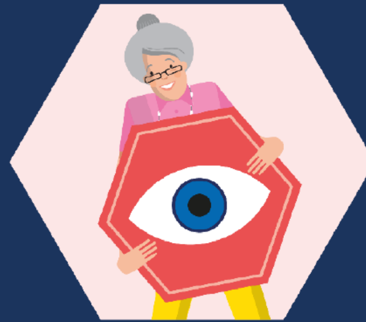
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

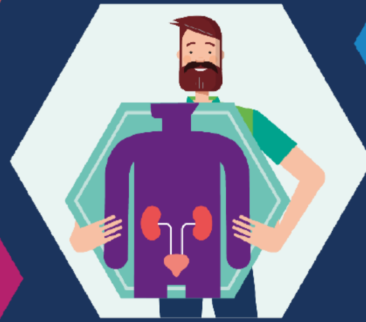
	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Day cases and inpatients	Diagnostics, day cases, inpatients, outpatients and emergency eye care	Diagnostics, outpatients and inpatients	Diagnostics, outpatients and inpatients	• AVH day cases • Diagnostics and outpatient service in CICC, NREC and AICC
Option 99	No service	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	No service	Diagnostics and outpatients	• AVH day cases (cataract) and outpatients (eye injections) • Diagnostics and outpatient service in CICC and NREC

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Day cases and inpatients	Diagnostics, day cases, inpatients, outpatients and emergency eye care	Diagnostics, outpatients and inpatients	Diagnostics, outpatients and inpatients	• AVH day cases • Diagnostics and outpatient service in CICC, NREC and AICC
Option 173	Day cases and inpatients	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	No service	Diagnostics and outpatients	• AVH day cases (cataract) and outpatients (eye injections) • Diagnostics in AICC, CICC and NREC and outpatient service in CICC and NREC

AVH – Amman Valley Hospital, AICC – Aberaeron Integrated Care Centre, CICC – Cardigan Integrated Care Centre, NREC – North Road Eye Clinic, Aberystwyth







Orthopaedics

Orthopaedics

Why is change necessary?

Mr Ihab Abbasi and Lianne Gregory

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Despite progress in reducing waiting times over the last two years, Orthopaedic services across Hywel Dda continue to face significant challenges:

- Available theatre capacity does not meet demand, with inpatient Orthopaedic surgery delivered only at Prince Philip Hospital and Bronglais Hospital. Ongoing theatre availability issues reduce the number of sites that inpatient surgery can be provided from.
- The introduction of the British Orthopaedic Association (BOA) standards issued post COVID-19, determined that Prince Philip Hospital was the only site in Hywel Dda that met certain criteria within the Health Board.
- The workforce remains fragile, with shortages across medical, anaesthetics and therapy teams. Recruitment challenges, particularly in anaesthetics, and difficulty appointing additional consultants continues to limit capacity and overall service resilience. High medical agency costs and additional hours remain significant financial pressures, but these are likely the result of where Orthopaedics staff also support the Trauma pathways.
- Insourcing (the Health Board subcontracting medical services or procedures) has provided additional elective joint-replacement capacity, helping reduce waiting times from four years to two years over the last two years, but this is not financially sustainable.

Why does this matter?

- The length of time that patients could be asked to wait for an operation is longer than we would like it to be. While we have support services in place to help patients remain well while they wait, our public told us during the consultation that they are experiencing pain and limitations on their day-to-day life.
- By bringing services together, we can make permanent the reductions in waiting list times and work on reducing these further so people do not have to wait longer to be seen than they should need to.

Orthopaedics - *What options did the Options Development Group produce in response to these issues?*

Mr Ihab Abbasi and Lianne Gregory

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases	Outpatients and day cases
Option A	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases **including regional working**	Outpatients and **increased** day cases
Option B	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases **including regional working**	Outpatients and **increased** day cases and **extended hours**
Option C	Outpatients, inpatients and day cases	Outpatients	Local outpatients, inpatients and day cases and **additional beds**	Outpatients and **increased** day cases
Option D	Outpatients, **increased** inpatients and day cases	Outpatients	Outpatients, inpatients and day cases **including regional working**	Outpatients and **increased** day cases

Orthopaedics

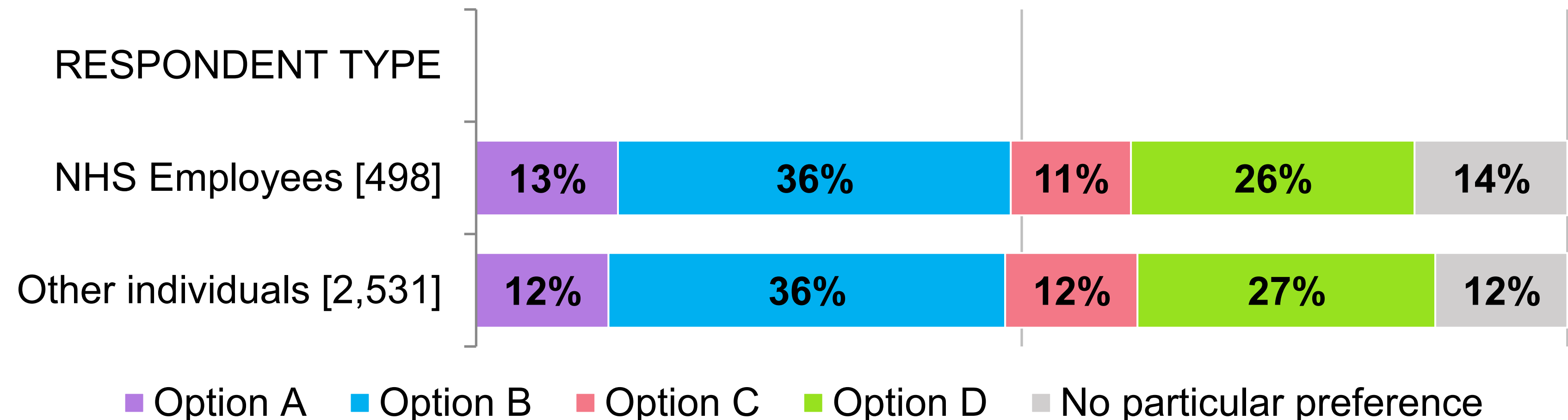
What did our public and staff say about these options?

Nichola Couceiro, Head of Engagement

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

- Of the 4,140 questionnaire responses received, 3,029 (73%) responded to the Orthopaedics option preference question.
- For NHS Employees and Other individuals, Option B was the preference followed by Option D.
- For NHS Employees, Option A was preferred over Option C, while for other respondents there was no difference between Options A and C.

Which option for Orthopaedic services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes? By respondent type:

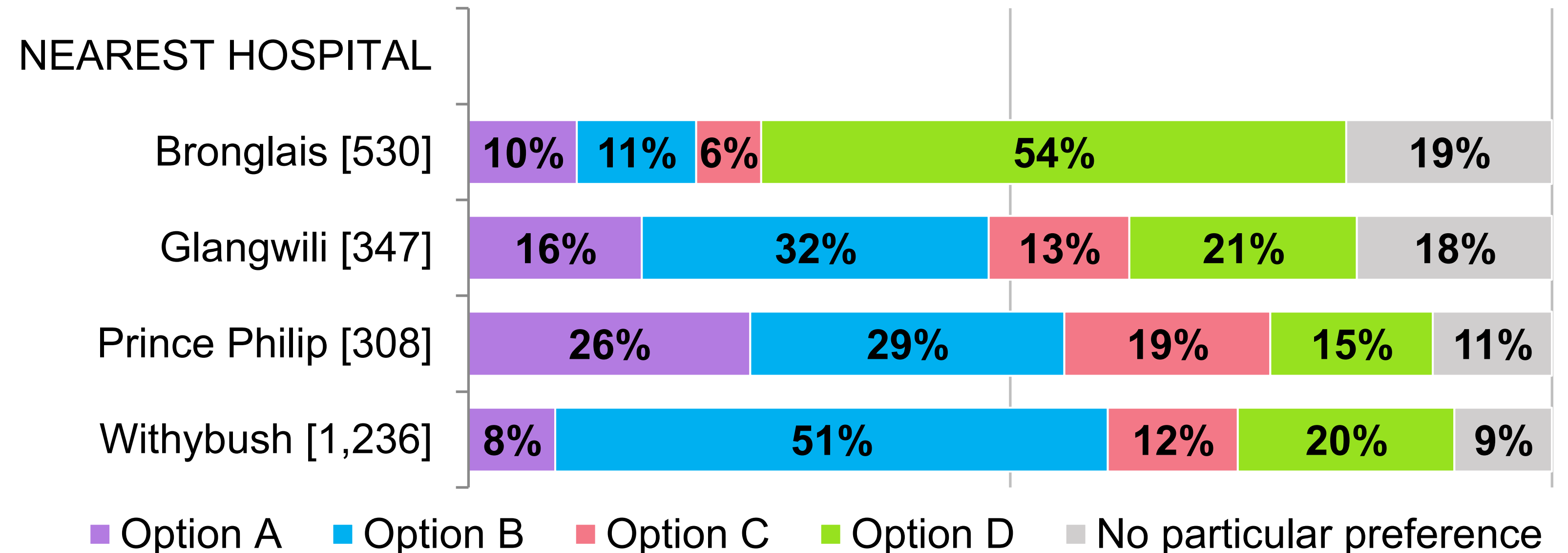


Orthopaedics

What did our public say about these options?

Nichola Couceiro, Head of Engagement

- Of the 2,531 individuals who responded to the Orthopaedics option preference question, postcode information was provided by 2,421 respondents.
- There was no consensus between nearest hospital site and ranking of preference between options.
- The preferred option for people living near Bronglais Hospital was Option D, while for those living closest to Glangwili, Prince Philip and Withybush hospitals it was Option B.



Orthopaedics
What did our public and staff say about these options?
Nichola Couceiro, Head of Engagement

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

What we heard during the consultation:

- **Reducing waiting times -** some recognition from responses that bringing Orthopaedic surgery together could reduce waiting times, with some acceptance that this may require travelling further for operations.
- **Access for older people and those in rural areas -** there was strong concern raised for both older people and those in rural areas around accessing the service, particularly for surgery, inpatient stays, follow-up appointments and rehabilitation, where travel may be difficult or impractical.
- **Regional working -** there were mixed views on regional working across responses, with some seeing benefits in increasing capacity and speed of access, but others worried Hywel Dda patients could wait longer or be disadvantaged within larger regional waiting lists.
- **Local services -** the importance of having local services after the surgery was raised, including diagnostics, outpatient appointments, rehabilitation and follow-up and the importance of these being delivered as close to home as possible.
- **Future direction -** there were also mixed views on what the future of the service should look like, with some wanting services to remain as they are (with improvements), and others calling for inpatient surgery to be available across more sites to reduce travel and inequity.
- **Specialisation of hospital sites -** concerns were shared that in order to provide more Orthopaedic activity at Bronglais, Ophthalmology activity would need to be reduced to allow access to theatres. It was felt that the people of mid Wales should not have to choose between access to one service or the other, and that both should be available.

Orthopaedics

What did our public and staff suggest as alternative options?

Mr Ihab Abbasi and Lianne Gregory

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases	Outpatients and day cases
Option 52/ 113	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases	**Inpatients** and day cases
Option 129	Outpatients, **increased** inpatients and day cases	Outpatients	Outpatients, inpatients, and day cases and **additional beds** including **regional** working	Outpatients and **increased** day cases and **extended hours**
Option 178	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases including **regional** working and **extended hours**	Outpatients and day cases

Orthopaedics

What did our public and staff suggest as alternative options?

Mr Ihab Abbasi and Lianne Gregory

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases	Outpatients and day cases
Option 179	Outpatients, inpatients and day cases including **regional** working with Powys THB	Outpatients	Outpatients, inpatients and day cases including **regional** working with Swansea Bay UHB	Outpatients and **increased** day cases
Option 268	Outpatients, **increased** inpatients and day cases	Outpatients	Outpatients, inpatients, and day cases and **additional beds** including **regional** working	Outpatients and **increased** day cases

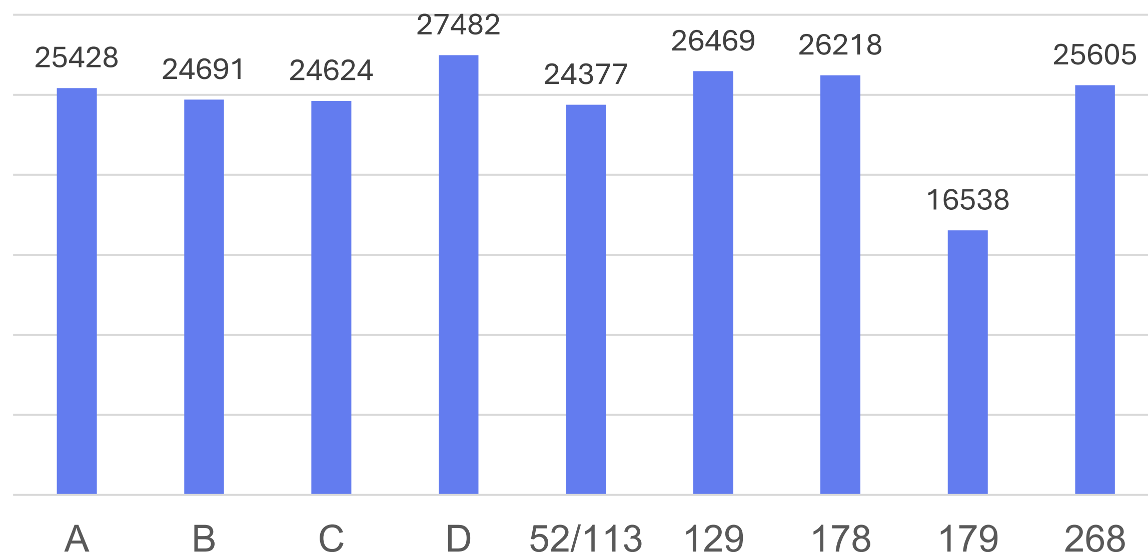
Orthopaedics

Which options best support the case for change?

Mr Ihab Abbasi and Lianne Gregory

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

- Within the clinically led options appraisal, Option D scored highest.
- Closely second were Option 129 (a variant of Option D) and Option 178 (a variant of Option C) with limited difference between the overall scores.
- By criteria grouping, Option D scored highest overall against three domains; Option 129 scored highest against Accessible.



Breakdown of option score by criteria grouping

	Safe	Sustainable	Accessible	Kind
Option A	6388	10728	3654	4658
Option B	6305	10079	3590	4717
Option C	6140	10304	3628	4551
Option D	6879	11510	4023	5070
Option 52/113	5836	9735	3964	4843
Option 129	6660	10749	4101	4959
Option 178	6572	10806	3974	4866
Option 179	4001	6130	3100	3306
Option 268	6528	10653	3821	4602

Orthopaedics

What options may best fit the needs of the population?

Mr Ihab Abbasi and Lianne Gregory

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<table>
<tr><th>Phase</th><th>Outcome</th><th colspan="2">Options that support solution</th></tr>
<tr><td rowspan="2">IMPLEMENTATION (0-2 years) | IMPROVEMENT (2-4 years*) | LONGER TERM</td><td>Increased inpatient activity at Bronglais

Increased day case activity at Withybush</td><td>Delivery
• The option is assessed to be deliverable within 4 years.
Benefits
• Could allow Bronglais Hospital to meet British Orthopaedic Association (BOA) standards, this is by having a dedicated ward, theatres and staff.
• Possible to recruit staff to support regional working and patients from neighbouring areas.
Risks
• Regional working requires support from workforce across two health boards.
• For Bronglais other parts of the hospital may try to place patients in this dedicated ward when under extreme pressure.</td><td>Option D</td></tr>
<tr><td>Increased activity provided from Prince Philip Hospital</td><td>Delivery
• The option is assessed to be deliverable within 4 years.
Benefits
• Recruitment into roles at Prince Philip has been positive historically, so this is likely to be sustainable.
• Allows Bronglais Hospital to retain an inpatient Ophthalmology service.
Risks
• Will support patients being seen within 2 years but is unlikely to reduce the waiting list and may not support higher number of patients needing treatment.
• Withybush Hospital staff will need to travel to Prince Philip Hospital to deliver inpatient treatment, which means fewer patients can be seen due to travel time between sites.</td><td>Option 178</td></tr>
</table>

Orthopaedics

What are the key dependencies that we need to consider?

Mr Ihab Abbasi and Lianne Gregory

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Patients and Travel

- Regional working may have an impact on patient movement, which is not able to be defined at this time. There are no other assessed patient movements against the options in comparison to the current state within the current assessments.

Interdependent services

- **Critical Care** at Prince Philip and specifically agreeing the support that could be available to support more complex procedures on the site within both Option D and Option 178.
- **Ophthalmology** theatre usage in Bronglais as a result of decisions made in relation to Ophthalmology inpatient activity at the site. Option D relates to the consolidation of the theatre list here to support an increase in elective inpatient activity at Bronglais, which would also allow them to meet the British Orthopaedic Association (BOA) standards by having a dedicated ward and theatre space.

Regional/ national working

- Regional Orthopaedics Programme is working towards delivering Single Patient Tracking lists and Triage to support a reduction in waiting times for the longest waiters.

(Source: Information on this slide is summarised from the CSP Programme Documents, specifically within the Phase 3 Closing Report table in Appendix 1: Previously submitted Board papers)

Orthopaedics – Options for consideration

Ben Rogers, Principal Programme Manager

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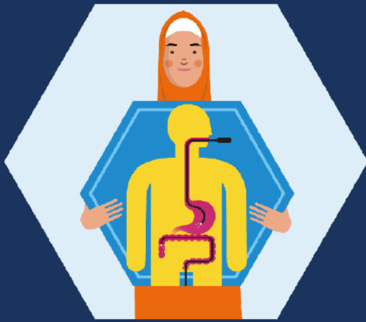
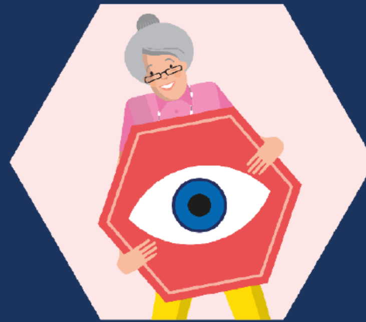
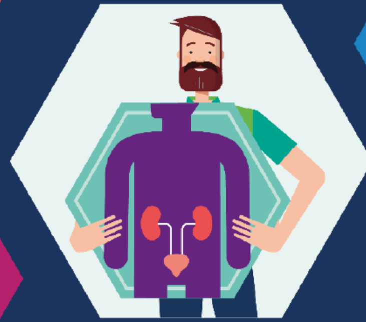
	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases	Outpatients and day cases
Option D	Outpatients, increased inpatients and day cases	Outpatients	Outpatients, inpatients and day cases including regional working	Outpatients and increased day cases

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases	Outpatients and day cases
Option 178	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases including regional working and extended hours	Outpatients and day cases

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board







Dermatology

Dermatology

Why is change necessary?

Mr Fred Schreuder and Ceri Wisdom

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Despite the commitment and expertise of our teams, Dermatology services across Hywel Dda continue to face significant challenges:

- Longstanding difficulties recruiting substantive consultants, reflecting a nationally recognised workforce pressure. In the absence of a substantive consultant dermatologist, it continues to affect retention and clinical supervision for wider roles.
- Standard Dermatology clinics are not being delivered due to workforce and infrastructure restraints such as delivery of patch testing and 'see and treat' clinics.
- Facilities challenges remain, including limited estate capacity at Prince Philip Hospital to deliver sufficient consultations and minor operations.
- Growing demand on the urgent suspected cancer (USC) pathway, which has significantly impacted general Dermatology pathways and reduced capacity.
- Phototherapy treatment remains suspended at this time due to continuing infrastructure issues.
- Paediatric clinics operating in an adult outpatient environment at Prince Philip Hospital, with limited rooms preventing nurse-led clinics and relying solely on medical staff, further constraining locum consultant capacity.

Why does this matter?

- We believe that having the service spread out across multiple sites reduces the likelihood of attracting consultants to work for us. By bringing the service together, we may be able to recruit consultants to an environment where they can develop their specialty and support others to provide greater care.
- The lack of suitable estates prevents us from providing the care we would want to provide; having dedicated space would allow us to provide all of the services we would want to offer, as well as support those who may have cancer and need urgent diagnostics and treatment.

Dermatology - *What options did the Options Development Group produce in response to these issues?*

Mr Fred Schreuder and Ceri Wisdom

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	No service	Outpatient clinic once per week, medical photography, (phototherapy not running currently)	Outpatient clinics and minor operations	No service currently due to RAAC issues	Some nurse-led outpatient clinics at Cardigan Integrated Care Centre (CICC) (including minor operations) and South Pembrokeshire Hospital (SPH)
Option A	No service	**No service**	**Consolidated service**	**No service**	• Keep provision at CICC • **Some nurse-led outpatient clinics at Amman Valley Hospital (AVH)** • **No community provision in Pembrokeshire**
Option B	No service	**No service**	**Consolidated service**	**No service**	• Keep provision at SPH • **Some minor operations in GP practices** • **No community provision in Ceredigion**
Option C	No service	**No service**	**Consolidated service**	**No service**	• Keep provision at CICC and SPH • **Some nurse-led paediatric clinics at Cross Hands Health Centre** • **Some minor operations in GP practices**
Option D	No service	**No service**	**Consolidated service**	**No service**	• Keep provision at CICC and SPH • **Some nurse-led paediatric clinics at Cross Hands Health Centre**

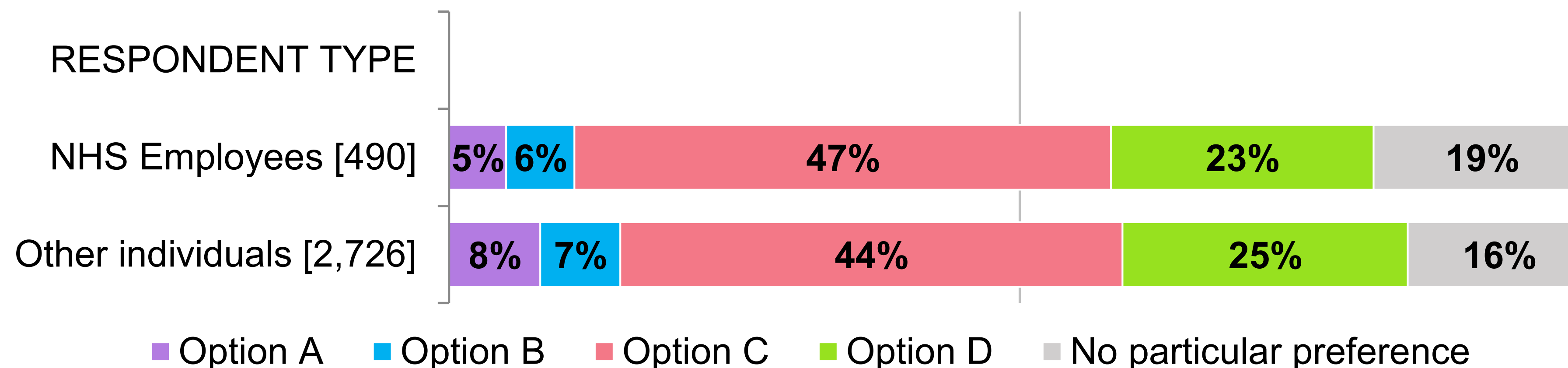
Dermatology

What did our public and staff say about these options?

Nichola Couceiro, Head of Engagement

- Of the 4,140 questionnaire responses received, 3,216 (78%) responded to the Dermatology option preference question.
- For NHS Employees and Other individuals, Option C was the overall preference, followed by Option D.

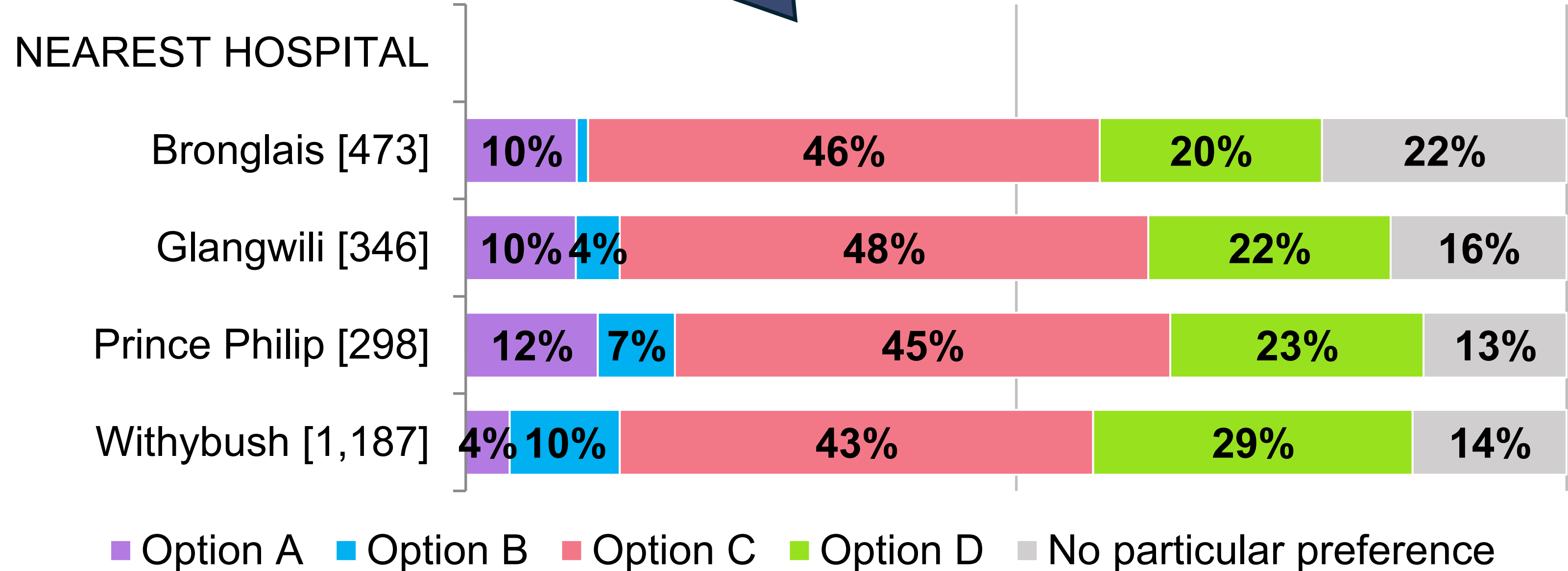
Which option for Dermatology services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes? By respondent type:



Dermatology
What did our public say about these options?
Nichola Couceiro, Head of Engagement

- Of the 2,726 individuals who responded to the Dermatology option preference question, postcode information was provided by 2,304 respondents.
- Option C was the preference followed by Option D for all postcode areas.
- For people living closest to Bronglais, Glangwili and Prince Philip hospitals Option A was then preferred over Option B. For people living closest to Withybush Hospital, Option B was then preferred over Option A.

Which option for Dermatology services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes? By nearest hospital (individual respondents only, where postcodes were provided)



Dermatology

What did our public and staff say about these options?

Nichola Couceiro, Head of Engagement

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

What we heard during the consultation:

- **Reducing waiting lists** - strong agreement that change is needed to reduce long waiting times, with widespread recognition that current access and delays are not acceptable.
- **Phototherapy at Prince Philip Hospital** - concerns were raised that moving phototherapy to Prince Philip Hospital would be inaccessible to some communities, particularly where they felt that treatment could be provided at other sites closer to patients.
- **Travel and transport issues** - there were significant worries about increased travel and challenges around transport issues, especially for short, frequent appointments, with calls for better transport solutions, including site-to-site support.
- **Digital and virtual solutions** - there was support for greater use of technology and virtual tools to reduce unnecessary travel, where clinically appropriate. This was seen to improve access and efficiency.
- **Staff challenges** - respondents recognised workforce challenges across Dermatology but raised concerns that removing Dermatology from sites could reduce broader medical knowledge, skills and experience within local teams.
- **GP based provision** - this was seen as a positive step and a way to overcome barriers to access; however, people were concerned about whether this would be feasible as they felt that GP practices are already under considerable strain.

Dermatology

What did our public and staff suggest as alternative options?

Mr Fred Schreuder and Ceri Wisdom

- There were 24 alternative ideas received for Dermatology.
- No alternative ideas for Dermatology passed the hurdle criteria appraisal.
- Therefore, only the four options consulted on were scored during the Shortlist Options Scoring session.

Dermatology

Which options best support the case for change?

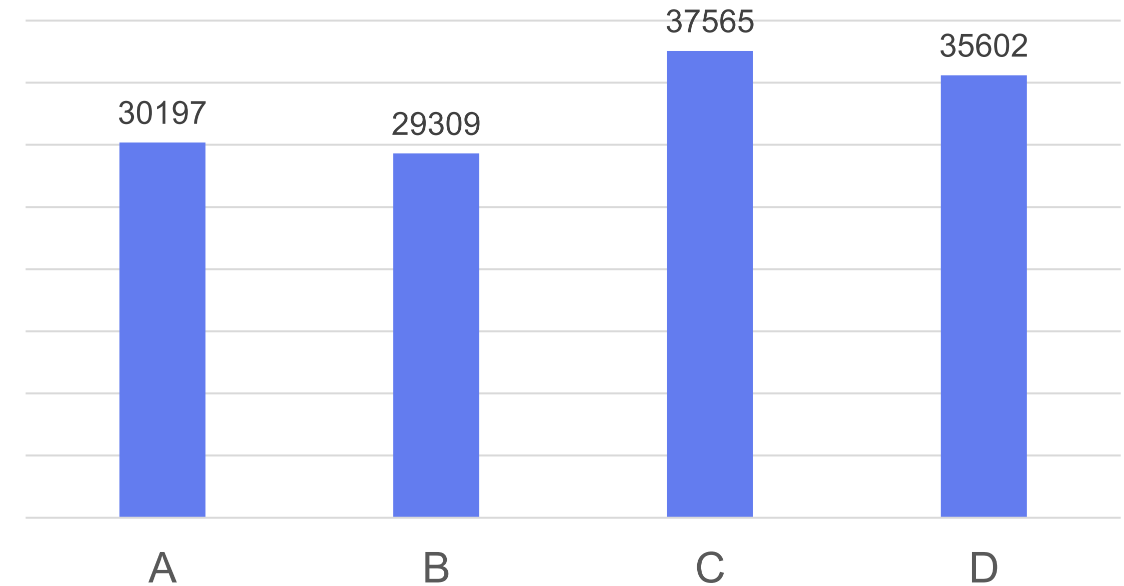
Mr Fred Schreuder and Ceri Wisdom

At the clinically led option appraisal of the four shortlisted options, Option C and Option D were scored highest overall.

By criteria grouping, Option C scored highest overall against all four domains; Option D scored second highest across all domains.

By individual criteria, Option D scored higher than Option C under the following criteria:

- Financial sustainability – Cost difference between current delivery and option
- Impact on local communities/ infrastructure when developing community sites



Breakdown of option score by criteria grouping

	Safe	Sustainable	Accessible	Kind
Dermatology Option A	7695	12430	4734	5338
Dermatology Option B	7314	12204	4551	5241
Dermatology Option C	8764	15548	6190	7063
Dermatology Option D	8307	14842	5879	6574

Dermatology

What options may best fit the needs of the population?

Mr Fred Schreuder and Ceri Wisdom

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Phase	Outcome	Options that support solution	
IMPLEMENTATION (0-2 years) | IMPROVEMENT (2-4 years*) | LONGER TERM	Makes permanent service changes made in response to COVID-19 Expands GP minor surgery Reconfiguration of service at Prince Philip site	**Delivery** • The option is assessed to be deliverable in 4 years. **Benefits** • Potential to see more patients by having additional treatment rooms. • Opportunity to reinstate 'See and Treat' clinics as capacity, facilities, and workforce capacity improve. • Supports the service with a dedicated Medical Photographer at Prince Philip Hospital. • Bringing the service together at an acute site could improve staff retention and potential to recruit substantive consultant roles to the service. **Risks** • All Dermatology options are dependent on the availability of space at Prince Philip Hospital to meet the service demand, such as consultation and treatment rooms. • We do not have the substantive consultant(s) currently and there is a national shortage of consultant dermatologists. • Paediatric (children's) clinics at Cross Hands Health Centre would be dependent on the successful development of that site.	**Option C**

Dermatology
What are the key dependencies that we need to consider?
Mr Fred Schreuder and Ceri Wisdom

Patients and Travel

- Option C would see an increase in activity at Prince Philip Hospital from an estimated average of **170 to 224 activities per week**, reducing the activity at both Glangwili and Withybush hospitals.

Interdependencies

- The option requires physical changes to be made at **Prince Philip Hospital**. This would be necessary to create a dedicated space at the site for the Dermatology service.
- **Cross Hands Health Centre for paediatric clinics -** while the option identifies that providing paediatric clinics away from an acute hospital site would be a positive benefit for children and their families, this would be subject to the successful development of the site to allow this service to be delivered there, so it may take longer than 2-4 years to implement this part of the option.

(Source: Information on this slide is summarised from the CSP Programme Documents, specifically within the Phase 3 Closing Report table in Appendix 1: Previously submitted Board papers)

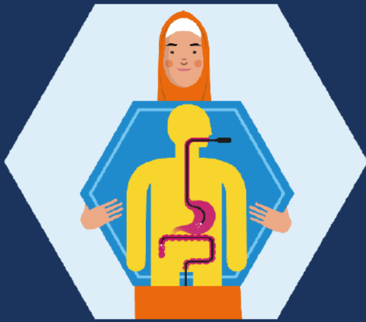
Dermatology – Option for consideration

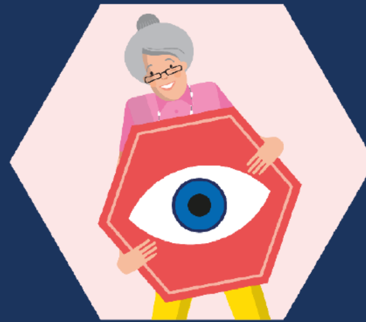
Ben Rogers, Principal Programme Manager

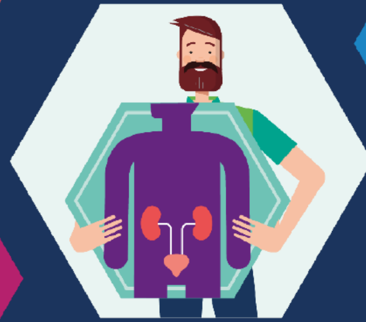
GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	No service	Outpatient clinic once per week, medical photography, (photo-therapy not running currently)	Outpatient clinics and minor operations	No service currently due to RAAC issues	Some nurse-led outpatient clinics at Cardigan Integrated Care Centre (CICC) (including minor operations) and South Pembrokeshire Hospital (SPH)
Implementation (0-2 years) and Improvement (2-4 years*) ***Option C***	No service	No service	Consolidated service	No service	• Keep provision at CICC and SPH • Some nurse-led paediatric clinics at Cross Hands Health Centre • Some minor operations in GP practices







Urology

Urology
Why is change necessary?
Mr Ngiaw Khoon Saw

Despite the commitment and expertise of our teams, Urology services across Hywel Dda continue to face significant challenges:

- There is a lack of a dedicated Urology ward and clinical rooms. This has led to a de-skilled workforce and some patients recovering on a ward and being cared for by general ward staff, rather than specialist Urology staff.
- The Urology ‘Getting It Right First Time’ (GIRFT) national specialty report recommends increasing ‘the provision of Urological Investigations Units, providing a dedicated resource for urological outpatient care.’
- Providing inpatient Urology services at Prince Philip Hospital is a temporary change that remains in place as a legacy of COVID-19. The operating model prior to the temporary change was for both emergency and elective surgery to take place in Glangwili Hospital and Prince Philip Hospital.
- Outsourced MRI and biopsy capacity has been required to support improvements to the prostate pathway.
- Although there are no vacancies in the workforce, staffing levels are insufficient to meet rising demand. There are gaps in specialist consultant cover due to the growing demand, as a result the service faces financial pressures relying on locum staff beyond its budget in an attempt to meet this demand.

Urology
Why does this matter?
Mr Ngiaw Khoon Saw

Why does this matter?

- Access to timely diagnostic procedures is essential for early cancer diagnosis and treatment with improved patient outcomes with earlier identification.
- There are currently delays between testing and diagnoses as services are provided from multiple sites, which can cause anxiety for patients while waiting.
- Separating out treatment for people who may have cancer allows people to be seen and treated faster, while still providing routine Urology care at other sites as the service currently does.

Urology - *What options did the Options Development Group produce in response to these issues?*
Mr Ngiaw Khoon Saw

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Outpatients, day case surgery and diagnostic procedures (inc. limited urgent suspected cancer)	Emergency, outpatients, day cases, inpatients and diagnostic procedures (inc. urgent suspected cancer)	Outpatients, day cases, inpatients and diagnostic procedures (inc. urgent suspected cancer)	Outpatients, day cases and diagnostic procedures (inc. urgent suspected cancer)
Option A (The consultation option)	Outpatients, day cases and diagnostic procedures	**Emergency only**	Outpatients, day cases, inpatients and **centralised diagnostic hub*** (inc. urgent suspected cancer)	Outpatients, day cases and diagnostic procedures

(*The option proposes the development of a Urological Investigations Unit at Prince Philip Hospital)

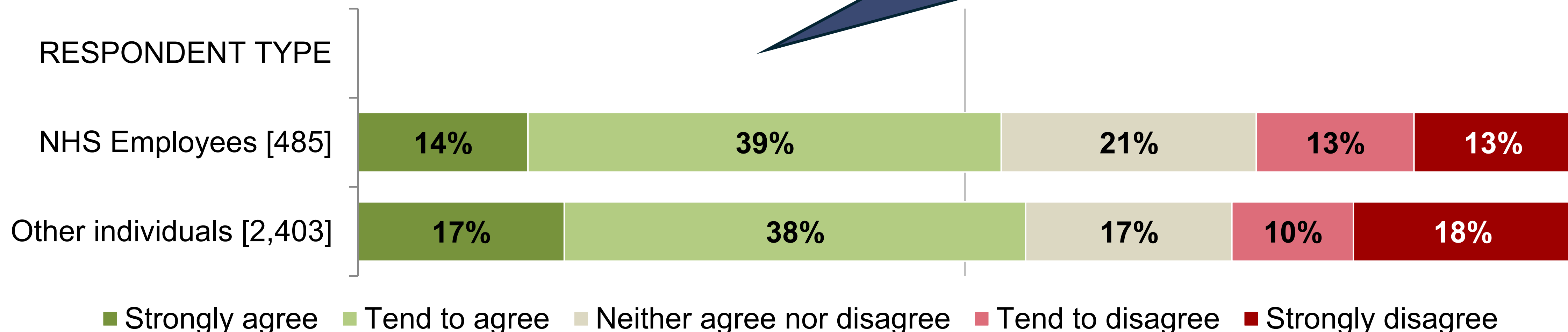
Urology

What did our public and staff say about these options?

Nichola Couceiro, Head of Engagement

- Of the 4,140 questionnaire responses received, 2,888 (70%) responded to the Urology question. As there was only a single option people were asked to what extent they agreed with it.

- There were similarities with both groups tending to 'agree' or 'strongly agree' making up over 50% of responses, while 'disagree' or 'strongly disagree' made up under 30% of responses, with around 20% neither agreeing nor disagreeing with the proposal.



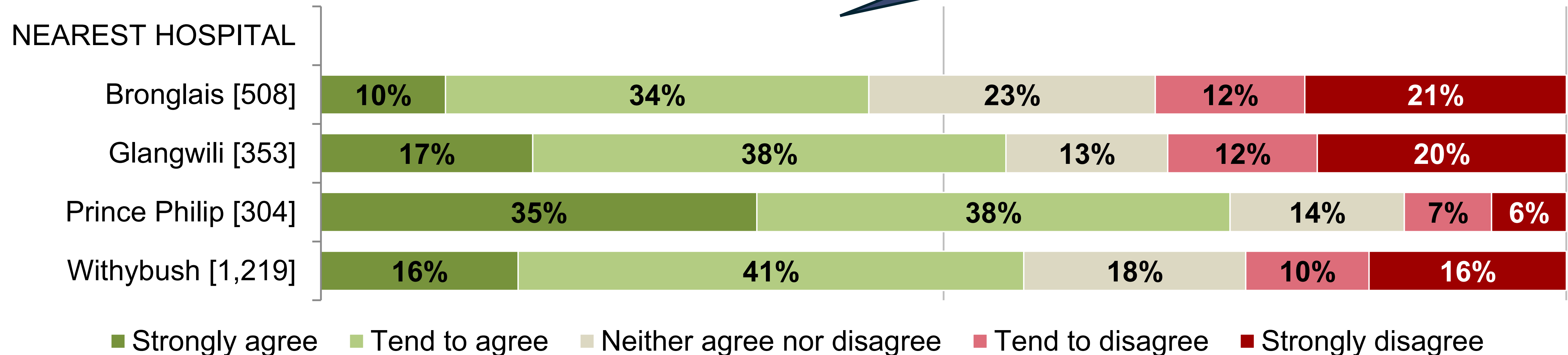
Urology

What did our public say about these options?

Nichola Couceiro, Head of Engagement

- Of the 2,403 individuals who responded to the Urology question, postcode information was provided by 2,384 respondents.
- For those living closest to Bronglais and Glangwili hospitals, more people indicated 'disagree' or 'strongly disagree' to the option.
- For those living closest to Prince Philip and Withybush hospitals, more people indicated 'agree' or 'strongly agree' to the option.

To what extent do you agree or disagree with the proposal for Urology services? By nearest hospital (individual respondents only, where postcodes were provided)



Urology

What did our public and staff say about these options?

Nichola Couceiro, Head of Engagement

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

What we heard during the consultation:

- **Reducing long waiting lists** - there was a strong focus in the responses on reducing long waiting lists, with some people supportive of change where it could speed up diagnosis and treatment, particularly for urgent suspected cancer.
- **Centralising urgent suspected cancer diagnostics** - we heard mixed feelings on centralising urgent suspected cancer diagnostics: some noting the benefits if it delivers faster, more coordinated care; others raised concerns about increased travel and reduced access.
- **Wider travel and transport impacts** - there was significant concern linked to travel and transport especially for older people, rural communities and patients needing multiple or urgent appointments. Some mentioned specifically the potential impact on patient dignity given the nature of urological conditions.
- **Proposed travel mitigations** - in their responses the public proposed suggestions to mitigate these travel and transport impacts, including greater use of community locations for screening and diagnostics, and mobile diagnostic vehicles.
- **Interdependencies** - concerns were raised by some that certain interdependencies may not have been fully considered, with questions about whether Urology services would be safe and viable on sites without Critical Care or other surgical specialties.

Urology

What did our public and staff suggest as alternative options?

Mr Ngiaw Khoon Saw

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Outpatients, day case surgery and diagnostic procedures (inc. limited urgent suspected cancer)	Emergency, outpatients, day cases, inpatients and diagnostic procedures (inc. urgent suspected cancer)	Outpatients, day cases, inpatients and diagnostic procedures (inc. urgent suspected cancer)	Outpatients, day cases and diagnostic procedures (inc. urgent suspected cancer)
Option 194 / 197	Outpatients, day cases and diagnostic procedures	Emergency care, outpatients and diagnostics	Outpatients, day cases, inpatients and **centralised diagnostic hub*** (inc. urgent suspected cancer)	Outpatients, day cases and diagnostic procedures

(*The option proposes the development of a Urological Investigations Unit at Prince Philip Hospital)

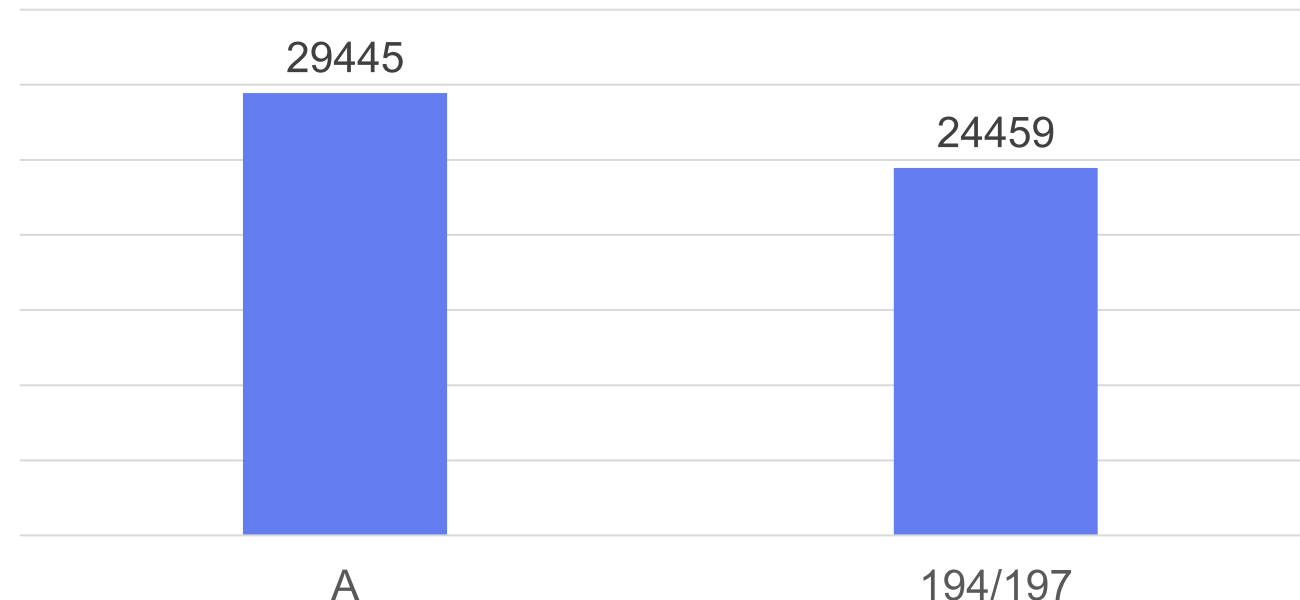
Urology

Which options best support the case for change?

Mr Ngiaw Khoon Saw

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

- Within the clinically led options appraisal of the two shortlisted options, the proposed option (Option A) as presented in the consultation scored highest overall.
- By criteria grouping, the proposed option scored highest overall against all four domains.
- By individual criteria, the proposed option scored highest across all criteria.



Breakdown of option score by criteria grouping:

	Safe	Sustainable	Accessible	Kind
Urology Option A	6902	12888	4587	5068
Urology Option 194/197	5688	10313	4130	4328

Urology

What options may best fit the needs of the population?

Mr Ngiaw Khoon Saw

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Phase	Outcome	Options that support solution	
IMPLEMENTATION (0-2 years) | IMPROVEMENT (2-4 years*) | LONGER TERM	Urological Investigations Unit at Prince Philip Hospital (focus on bladder cancer and prostate cancer)	**Delivery:** • The option is assessed to be deliverable within 2-4 years. **Benefits:** • Allows the urgent suspected cancer activities to be brought together to form a Urological Investigations Unit, allowing people to get tests and results faster. • Supports waiting list reduction through separating the different activities, managing routine Urology support locally. • Supports Urology to have a dedicated space at Prince Philip Hospital to support its patients and develop the workforce. **Risks** • Dependent on the Endoscopy option chosen, there could be additional workforce impacts for Urology who share staff with the service.	**Option A**

Urology

What are the key dependencies that we need to consider?

Mr Ngiaw Khoon Saw

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Patients and Travel

- Option A estimates that an averaged **178 activities** per week would move from Glangwili to Prince Philip, estimating an averaged increase of activity at Prince Philip Hospital to **267 activities per week**. Information is based on the data gathered within the Issues Paper and considered within the programme's 'Patient and Travel Insights' document.
- There will also be an impact on the **Non-Emergency Patient Transport Service** (NEPTS) with the bringing together of the urgent suspected cancer pathway at Prince Philip Hospital.

Interdependencies

- Some **Endoscopy** options would require additional resource to support Urology during the 'improvement' phase as the two services would no longer be able to share the same workforce for some activities.
- Urology is dependent on **Endoscopy** as they provide the diagnostic support that would be required to deliver a Urological Investigations Unit.
- Emergency pathway to remain at Glangwili Hospital to support **Emergency Department** pathways.
- The option would require estates and capital developments at **Prince Philip Hospital** to support configuration at the site.

(Source: Information on this slide is summarised from the CSP Programme Documents, specifically within the Phase 3 Closing Report table in Appendix 1: Previously submitted Board papers)

Urology – Option for consideration

Ben Rogers, Principal Programme Manager

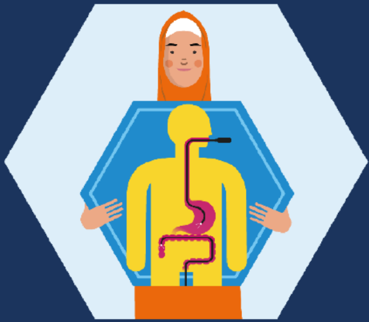
GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

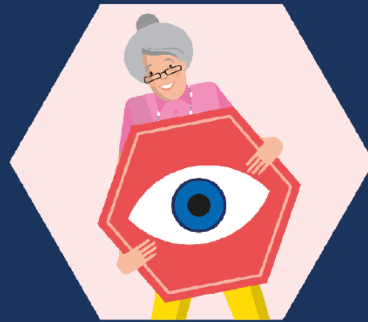
	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Outpatients, day case surgery and diagnostic procedures (inc. limited urgent suspected cancer)	Emergency, outpatients, day cases, inpatients and diagnostic procedures (inc. urgent suspected cancer)	Outpatients, day cases, inpatients and diagnostic procedures (inc. urgent suspected cancer)	Outpatients, day cases and diagnostic procedures (inc. urgent suspected cancer)
Implementation and Improvement phases *Option A*	Outpatients, day cases and diagnostic procedures	Emergency only	Outpatients, day cases, inpatients and **centralised diagnostic hub*** (inc. urgent suspected cancer)	Outpatients, day cases and diagnostic procedures

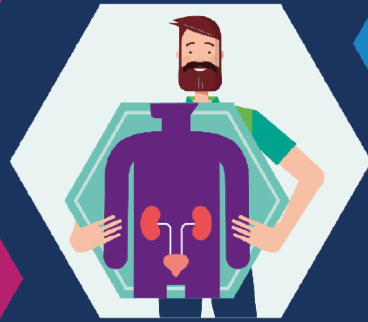
(*The option proposes the development of a Urological Investigations Unit at Prince Philip Hospital)

Break

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board







Endoscopy

Endoscopy

Why is change necessary?

Dr Faiz Ali and Sara Jones

Despite the commitment and expertise of our teams, Endoscopy services across Hywel Dda continue to face significant challenges:

- Demand for elective gastrointestinal (GI) endoscopy is projected to rise by 5% year on year, compounded by a growing demand for inpatient/ emergency GI endoscopy. This requires a growth in baseline capacity (from a workforce and infrastructure perspective) to avoid the generation of waiting list backlogs.
- There is a risk to the maintenance of Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation and the delivery of ministerial waiting time standards, if the service fails to continue to uplift capacity in line with growing future demand.
- The provision of suitably trained and skilled workforce remains a challenge. Investment in alternative workforce models such as clinical endoscopists (that can be trained locally) is critical to succession planning and maintenance of future service delivery.
- Key cost pressures include higher consumable costs from increased and more complex activity, onboarding costs for new staff (including clinical endoscopists), and the use of agency and locum staffing.
- Backlogs in follow-up endoscopy tests (surveillance) and ongoing Bowel Screening Wales performance challenges continue to present significant risks for the service.
- The supply, provision, and maintenance of endoscopy equipment (across three specialties) presents a challenge to service delivery.

Endoscopy

Why is change necessary?

Dr Faiz Ali and Sara Jones

Why does this matter?

- Endoscopy supports key diagnostic procedures across multiple pathways. With the increased focus on services such as surveillance (monitoring) and bowel screening, demand is expected to continually grow. Patient access to routine monitoring is important for early identification of conditions and will support improved patient outcomes.
- Not prioritising growth in demand for Endoscopy services will see pathway delays in clinical reviews and monitoring of specific conditions which will ultimately equate to poorer patient outcomes.
- Limited Health Board discretionary funding is not sufficient to support replacement of old, ageing, out-of-contract and fragile endoscopy equipment leading to equipment failures and high costs for loan equipment.

Endoscopy - *What options did the Options Development Group produce in response to these issues?*
Dr Faiz Ali and Sara Jones

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Bowel screening / gastro-intestinal / urology	Bowel screening / gastro-intestinal / respiratory / urology	Bowel screening / gastro-intestinal / respiratory / urology	Bowel screening / gastro-intestinal	No service
Option A	Bowel screening / gastro-intestinal	Bowel screening / gastro-intestinal	Bowel screening/ gastro-intestinal **Bring together respiratory and urology procedures** **Additional procedure room**	Bowel screening / gastro-intestinal	No service
Option B	Gastro-intestinal / urology	Gastro-intestinal / respiratory / urology	Gastro-intestinal / respiratory / urology	Gastro-intestinal	**New site for bowel screening**
Option C	Bowel screening / gastro-intestinal	Bowel screening **Increased gastro-intestinal**	Bowel screening / gastro-intestinal **Bring together respiratory and urology procedures** **Extended hours**	Bowel screening / Gastro-intestinal	No service

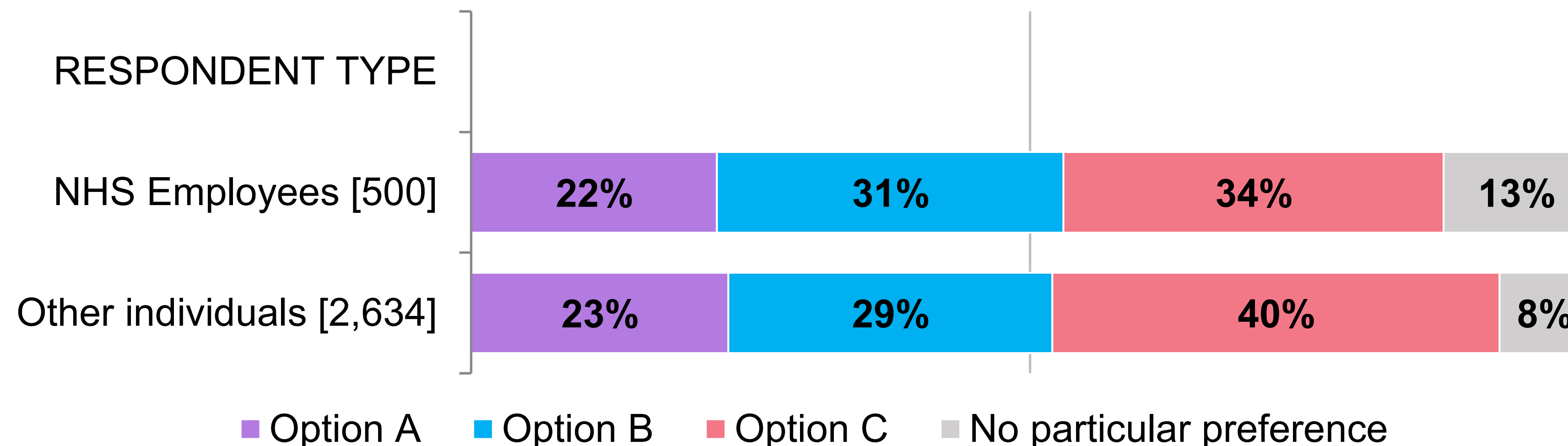
Endoscopy

What did our public and staff say about these options?

Nichola Couceiro, Head of Engagement

- Of the 4,140 questionnaire responses received, 3,134 (76%) responded to the Endoscopy option preference question.
- For NHS Employees and Other individuals, Option C was the overall preference, followed by Option B, then Option A.

Which option for Endoscopy services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes? By respondent type:



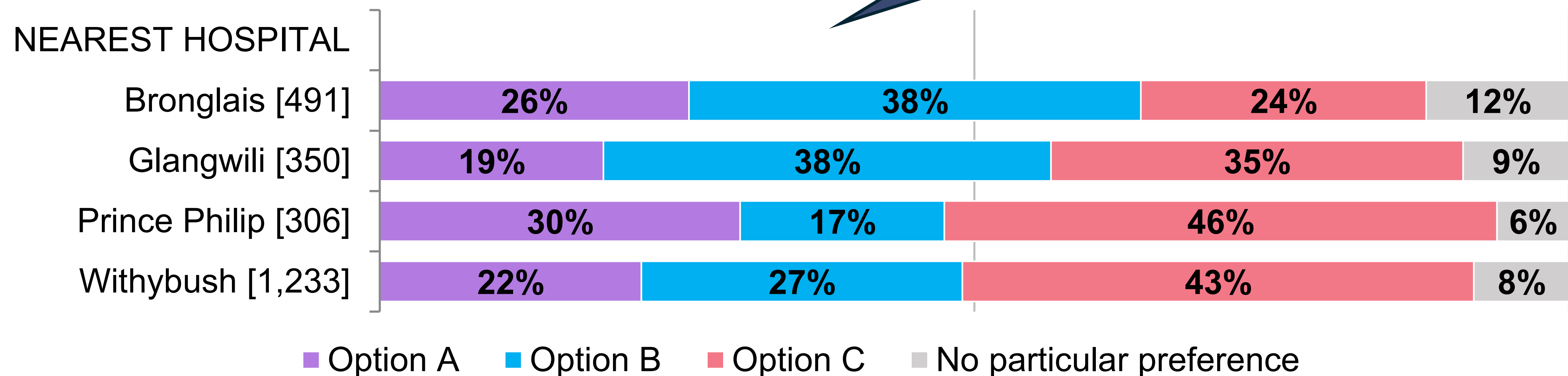
Endoscopy

What did our public say about these options?

Nichola Couceiro, Head of Engagement

- Of the 2,634 individuals who responded to the Endoscopy option preference question, postcode information was provided by 2,380 respondents.
- For people living closest to Bronglais Hospital, Option B was preferred, then Option A, then Option C. For people living closest to Glangwili Hospital, Option B was preferred, then Option C, then Option A.
- For people living closest to Prince Philip Hospital, Option C was preferred, then Option A, then Option B. For people living closest to Withybush Hospital, Option C was preferred, then Option B, then Option A.

Which option for Endoscopy services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes? By nearest hospital (individual respondents only, where postcodes were provided)



Endoscopy

What did our public and staff say about these options?

Nichola Couceiro, Head of Engagement

What we heard during the consultation:

- **Travel time and distance -** there were strong concerns raised about travel times and distance, in particular due to patient discomfort before and after procedures, and the impact this could have on dignity, safety and patient attendance.
- **Patient dignity -** was raised more specifically as a concern in its own right, linked to Endoscopy, including access to appropriate facilities (e.g. toilets, recovery space and privacy) especially where longer travel is required.
- **Benefits of bringing together services -** there was recognition by some that bringing services together could improve efficiency and quality, provided access is maintained for people living remotely and travel impacts are addressed.
- **Extended and out of hours appointments -** there were mixed views on extended and out of hours appointments, with some supporting it as a way to increase capacity, but others raised concerns about staffing feasibility and lack of public transport outside normal hours, for instance lack of transport on weekends, specifically Sundays.
- **Diagnostic and bowel screening hubs -** some mentioned that the uncertainty about the location of diagnostic and bowel screening hubs made it challenging for them to respond, with requests for clearer information to understand travel impacts and enable more informed feedback.

Endoscopy

What did our public and staff suggest as alternative options?

Dr Faiz Ali and Sara Jones

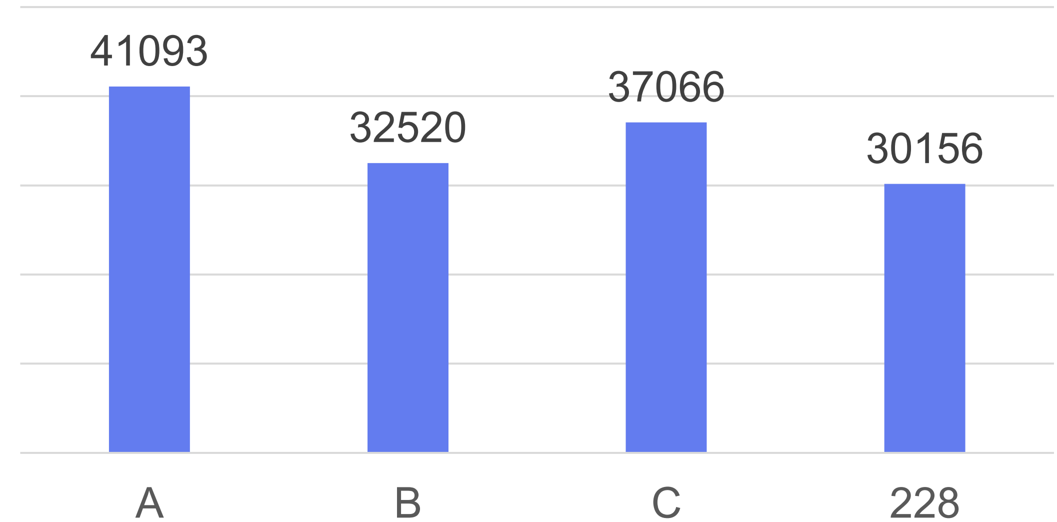
	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Bowel screening / gastro-intestinal / urology	Bowel screening / gastro-intestinal / respiratory / urology	Bowel screening / gastro-intestinal / respiratory / urology	Bowel screening / gastro-intestinal	No service
Option 228	Gastro-intestinal / urology	Gastro-intestinal / respiratory / urology	Gastro-intestinal / respiratory / urology	Bowel screening / gastro-intestinal	**New site for bowel screening**

Endoscopy

Which options best support the case for change?

Dr Faiz Ali and Sara Jones

- At the clinically led option appraisal of the four shortlisted options, Option A and Option C were scored highest overall.
- By criteria grouping, Option A scored highest overall against all four domains; Option C scored second highest across all domains.
- By individual criteria, Option A scored higher than Option C across all criteria.
- Option B scored the same as Option C for compliance/ attainment of standards, and higher than Option C for amount of activity taking place in a community setting.



Breakdown of option score by criteria grouping

	Safe	Sustainable	Accessible	Kind
Endoscopy Option A	10231	17345	6513	7005
Endoscopy Option B	7567	13311	5391	6251
Endoscopy Option C	8799	15490	6125	6652
Endoscopy Option 228	6871	12445	5171	5668

Endoscopy

What options may best fit the needs of the population?

Dr Faiz Ali and Sara Jones

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Phase	Outcome	Options that support solution	
IMPLEMENTATION | IMPROVEMENT (0-4 years*)	Additional procedure room at Prince Philip Hospital	**Delivery** • The option is assessed to be deliverable within 4 years. **Benefits** • Service will be able to grow to meet the expected demand. • Will be able to make improvements on patient waiting times. **Risks** • Additional funding will be required to cover gaps in existing workforce as well as future service growth. • Capital funding will also be required to develop an additional procedure room.	**Option A**
LONGER TERM	Community Diagnostic Hub for Bowel Screening Wales activity	**Delivery** • The option is assessed to be deliverable in the longer term (more than 4 years). **Benefits** • Bringing specialty services together (Endoscopy and Urology) may make services more attractive to recruit into and support increased opportunities for training. **Risks** • Workforce projections have been known to indicate a gap in workforce capacity. • 2 to 4 years needed for staff training (post recruitment) to scale up the workforce. • Additional capital funding required to develop and build a hub.	**Option B**

Endoscopy
What are the key dependencies that we need to consider?
Dr Faiz Ali and Sara Jones

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

- **Demand and Capacity Modelling & Future Proofing –** Continual demand and capacity modelling is required to ensure timely delivery of procedures (within ministerial targets) considering demand growth projections year on year.
- **Population Growth –** The future expansion of the Bowel Screening Wales programme will increase demand for screening colonoscopy procedures.
- **Quality, Safety and Accreditation –** JAG accreditation defines the key standards Endoscopy services must meet to define a high quality, safe and effective Endoscopy service.
- **Workforce availability and skill mix –** Adequate numbers of trained endoscopy nurses, assistants and decontamination staff, and consultant and non-medical endoscopists is key to future service delivery.
- **Physical Estate and Infrastructure** – To ensure sustainable service delivery, consideration for infrastructure expansion and increased equipment availability is critical.
- **Interdependencies** – Endoscopy diagnostics are key to delivery of multiple cancer and routine patient pathways, including lower and upper gastrointestinal pathways, urology and respiratory pathways. There are key interdependencies with Urology, respiratory (due to the delivery of diagnostics within Endoscopy suites) and with sterile services (due to the sterilisation of endoscope equipment). Emergency Endoscopy procedures will remain on sites as they currently are, with changes only being considered in the planned diagnostic procedures.
- **Patients and Travel –** The options seek to increase activity either across sites or at a specific location. Further assessment on the impacts of travel will be assessed dependent on which option is selected.
- **Regional/ National working** – Opportunities to mobilise a regional service with neighbouring health boards may strengthen workforce supply.

Endoscopy – Options for consideration

Ben Rogers, Principal Programme Manager

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Bowel screening / gastro-intestinal / urology	Bowel screening / gastro-intestinal / respiratory / urology	Bowel screening / gastro-intestinal / respiratory / urology	Bowel screening / gastro-intestinal	No service
Implementation and Improvement phases (0-4* years) *Option A*	Bowel screening / gastro-intestinal	Bowel screening / gastro-intestinal	Bowel screening/ gastro-intestinal Bring together respiratory and urology procedures Additional procedure room	Bowel screening / gastro-intestinal	No service

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Bowel screening / gastro-intestinal / urology	Bowel screening / gastro-intestinal / respiratory / urology	Bowel screening / gastro-intestinal / respiratory / urology	Bowel screening / gastro-intestinal	No service
Longer Term (4+ years) *Option B*	Gastro-intestinal	Gastro-intestinal	Gastro-intestinal Bring together respiratory and urology procedures	Gastro-intestinal	New site for bowel screening

The option(s) phasing will not affect access to emergency Endoscopy pathways which support Emergency Departments/ Acute Medical Assessment Unit, etc.

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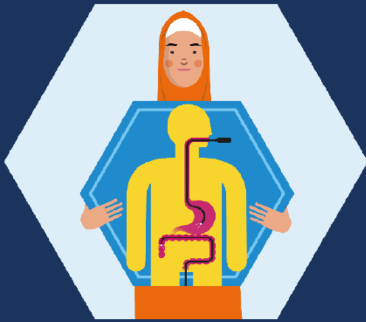
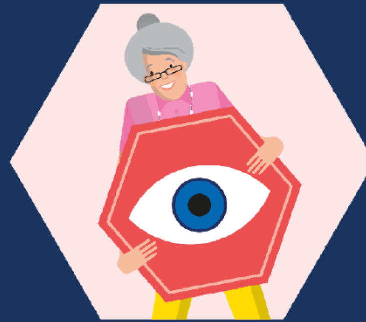
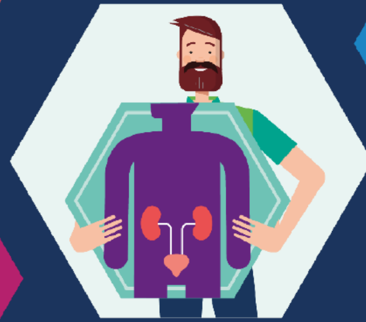






Radiology

Radiology
Why is change necessary?
Dr Liaquat Khan and Sarah Procter

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Despite the commitment and expertise of our teams, Radiology services across Hywel Dda continue to face significant challenges:

- Activity levels have increased by 37%, between 2019 and 2023, driven in part by pathway changes and newly introduced services. To manage staffing shortfalls, the service has relied on agency, short-term locum staff and outsourced scan reporting.
- The workforce has not grown in line with rising demand, creating a barrier to delivering 24/7 services despite equipment being available in many areas. Some additional recruitment has taken place during 2025/26 to respond to these challenges.
- Corporate risks continue to be recorded around staffing and equipment, including workforce shortages and recruitment difficulties across Radiology. In 2025/26, several retirements and ongoing recruitment challenges have significantly increased the risk to ultrasound services, escalating this risk to 'extreme'.
- Investment is required in radiology equipment upgrades and new purchases to maintain service capability.

Why does this matter?

- Using agency and short-term locum staff can lead to patients experiencing a poorer level of care than we would expect to provide and they would expect to receive.
- Without staff permanently in post, it makes it difficult to support training and development of staff into roles, reducing our ability to recruit and retain staff.
- When equipment fails, this can lead to appointment cancellations, increasing patient anxiety.

Radiology - *What options did the Options Development Group produce in response to these issues?*

Dr Liaquat Khan and Sarah Procter

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	X-ray services at CICC, LH, SPH, TH
Option A	Planned diagnostic / day case interventional services (Mon-Fri, daytime)	Inpatient interventional services (Mon-Fri, daytime)	Planned diagnostic / day case interventional (Mon-Fri, daytime)	Planned diagnostic / day case interventional (Mon-Fri, daytime)	X-ray services at CICC and TH
Option B	Planned diagnostic services **(7 days, daytime)** Inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic services **(7 days, daytime)** Inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic services **(7 days, daytime)** Inpatient and day case interventional services (Mon-Fri, daytime) **Cancer focus**	Planned diagnostic services **(7 days, daytime)** Inpatient and day case interventional services (Mon-Fri, daytime) **Cancer focus**	X-ray services at CICC and TH **New regional hub for planned diagnostic radiology (site TBC)**
Option C	Planned diagnostic services (Mon-Fri, daytime) Inpatient and day case interventional (Mon-Fri, daytime)	Planned diagnostic services (Mon-Fri, daytime) Inpatient and day case interventional (Mon-Fri, daytime)	Planned diagnostic services (Mon-Fri, daytime)	Planned diagnostic services (Mon-Fri, daytime)	X-ray services at CICC and TH
Option D	Planned diagnostic services **(7 days, daytime)** Day case interventional services (Mon-Fri, daytime)	Planned diagnostic services **(7 days, daytime)** Inpatient interventional services (24/7)	Planned diagnostic services **(7 days, daytime)** Day case interventional services (Mon-Fri, daytime)	Planned diagnostic services **(7 days, daytime)** Day case interventional services (Mon-Fri, daytime)	X-ray services at CICC and TH

(CICC – Cardigan Integrated Care Centre, LH - Llandovery Hospital, SPH - South Pembrokeshire Hospital, TH - Tenby Hospital)

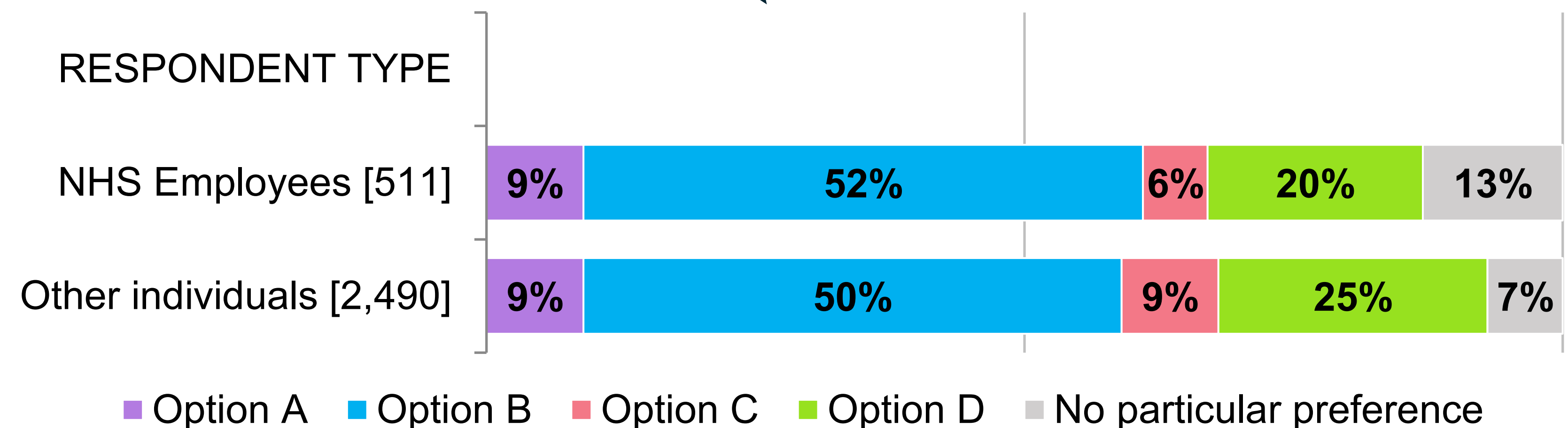
Radiology

What did our public and staff say about these options?

Nichola Couceiro, Head of Engagement

- Of the 4,140 questionnaire responses received, 3,001 (72%) responded to the Radiology option preference question.
- For NHS Employees and Other individuals, Option B was preferred, followed by Option D.
- For NHS Employees this was followed by Option A then Option C, for Other individuals there was no difference between Option A and Option C.

Which option for Radiology services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes? By respondent type:



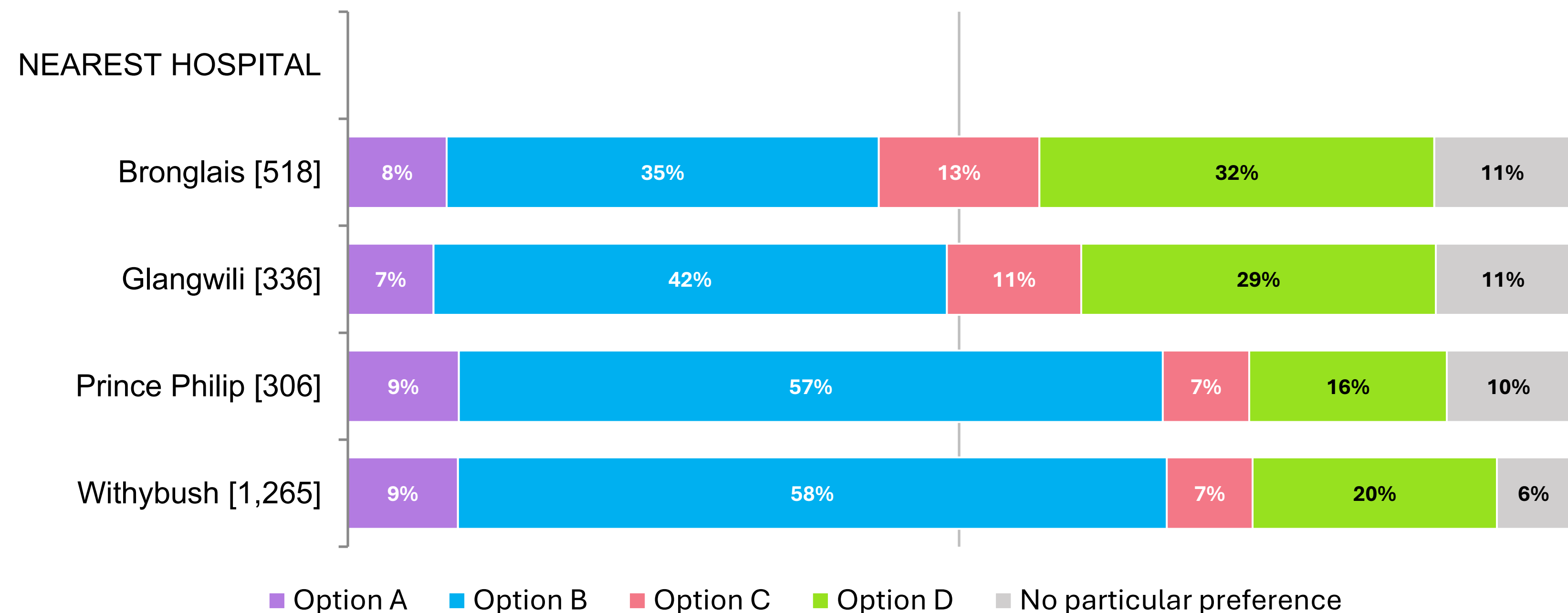
Radiology

What did our public say about these options?

Nichola Couceiro, Head of Engagement

- Of the 2,490 individuals who responded to the Endoscopy option preference question, postcode information was provided by 2,425 respondents.
- For people living closest to Bronglais and Glangwili hospitals, Option B was preferred, then Option D, then Option C, then Option A.
- For people living closest to Prince Philip and Withybush hospitals, Option B was preferred, then Option D, then Option A, then Option C.

Which option for Radiology services do you believe best meets the Clinical Services Plan objectives, considering patient care, accessibility, and outcomes? By nearest hospital (individual respondents only, where postcodes were provided)



Radiology
What did our public and staff say about these options?
Nichola Couceiro, Head of Engagement

What we heard during the consultation:

- **Llandovery Hospital -** there were strong concerns raised about the removal of the service from Llandovery Hospital in all the consulted options. Some responses mentioned the knock-on impact to the local Minor Injury Unit (temporarily closed since COVID-19) with a desire from many living locally to retain the current provision.
- **Confusion about planned versus emergency access -** some people raised that it was unclear about what diagnostic services would still be available locally and when, leading to anxiety about where to go in urgent or emergency situations.
- **Retention of the status quo -** there was clear preference from some to keep the service the same, especially continued access to planned diagnostics at Glangwili and Llandovery hospitals, and interventional radiology at Bronglais and Withybush hospitals was also mentioned.
- **Staffing assumptions -** there were strong challenges raised by current staff working in the Radiology service, that the suggestion within the consultation documentation that radiographers prefer 12-hour shift patterns did not reflect the reality of the workforce, and could affect recruitment and retention.
- **Improving access and capacity -** there was general support for change by some, if it actually results in improved access for patients. However, there were repeated concerns that proposals relying on extended hours, or services being brought together across fewer sites, must be realistic about staffing, transport and deliverability.

Radiology

What did our public and staff suggest as alternative options?

Dr Liaquat Khan and Sarah Procter

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	X-ray services at CICC, LH, SPH, TH
Option 24	Planned diagnostic services **(7 days, daytime)** Inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic services **(7 days, daytime)** Inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic services **(7 days, daytime)** Inpatient and day case interventional services (Mon-Fri, daytime) **Cancer focus**	Planned diagnostic services **(7 days, daytime)** Inpatient and day case interventional services (Mon-Fri, daytime) **Cancer focus**	X-ray services at CICC and TH
Option 25	Planned diagnostic services **(7 days, daytime)** Inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic services **(7 days, daytime)** Inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic services **(7 days, daytime)** Inpatient and day case interventional services (Mon-Fri, daytime) **Cancer focus**	Planned diagnostic services **(7 days, daytime)** Inpatient and day case interventional services (Mon-Fri, daytime) **Cancer focus**	X-ray services at CICC and TH **Smaller regional hub for planned diagnostic radiology (site TBC)**

Radiology

What did our public and staff suggest as alternative options?

Dr Liaquat Khan and Sarah Procter

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

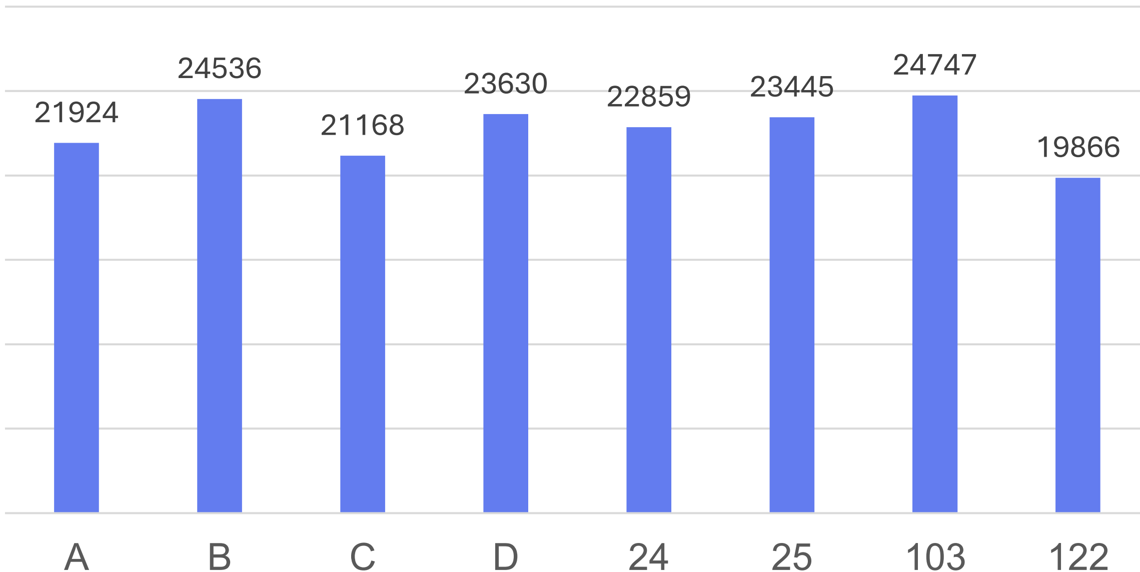
	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	X-ray services at CICC, LH, SPH, TH
Option 103	Planned diagnostic / day case interventional services (Mon-Fri, daytime)	Inpatient interventional services	Planned diagnostic services **(7 days, daytime)** day case interventional services (Mon-Fri, daytime) **Cancer focus**	Planned diagnostic services **(7 days, daytime)** day case interventional services (Mon-Fri, daytime) **Cancer focus**	X-ray services at CICC and TH **New regional hub for planned diagnostic radiology (site TBC)**
Option 122	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	X-ray services at LH, SPH, TH **CICC – 7 days and extended hours**

Radiology

Which options best support the case for change?

Dr Liaquat Khan and Sarah Procter

- Within the clinically led options appraisal of the eight shortlisted options, Option 103 (a variant of Option A and B brought together) scored highest overall, followed by Option B.
- By criteria grouping, Option 103 scored highest against three domains, while Option B scored highest against Sustainable.



Breakdown of option score by criteria grouping

	Safe	Sustainable	Accessible	Kind
Radiology Option A	5575	9269	3264	3815
Radiology Option B	6154	10276	3740	4366
Radiology Option C	5358	8887	3162	3761
Radiology Option D	6066	10006	3500	4058
Radiology Option 24	5916	9192	3594	4157
Radiology Option 25	6111	9481	3649	4204
Radiology Option 103	6266	10210	3847	4423
Radiology Option 122	4490	8030	3375	3972

Radiology

What options may best fit the needs of the population?

Dr Liaquat Khan and Sarah Procter

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Phase	Outcome	Options that support solution	
IMPLEMENTATION (0-2 years) | IMPROVEMENT (2-4 years*)	Development of service before hub is implemented	**Delivery:** • The option is assessed to be deliverable within 2 to 4 years. **Benefits:** • Improves scanning capability and strengthens reporting capacity. It also expands diagnostic capacity across sites, reducing cancer pathway delays. • Supports workforce sustainability through more attractive interventional service configuration and opportunities to develop staff internally. **Risks:** • Potential increase of inpatient transfers between sites to access interventional care. • Workforce challenges persist, with interventional recruitment remaining difficult and additional posts required.	**Option 103**
LONGER TERM (4+ Years)	Implementation of Radiology hub	**Delivery:** • The option is assessed to be deliverable in the longer term (more than 4 years). **Benefits:** • Planned diagnostic hub with equipment and colocation of Radiology services could improve recruitment and retention of staff. • A sustainable diagnostic hub could improve patient waiting times as part of their pathway of care. **Risks:** • Capital availability would be required to develop a hub with the necessary equipment.	**Option 103**

Radiology
What are the key dependencies that we need to consider?
Dr Liaquat Khan and Sarah Procter

Patients and Travel

- The removal of X-ray services at **Llandovery Hospital** would impact an average of **27 patient activities per week,** while **2 activities per year** were recorded in the same period at **South Pembrokeshire Hospital**, which may require further travel to other sites within the Health Board.

Interdependencies

- **Emergency Radiology** procedures will remain on sites as they currently are, with changes only being considered in the planned diagnostic or inpatient interventional procedures.
- The X-ray machines in Llandovery and South Pembrokeshire hospitals will need to be replaced with **digital technology** in order to be used after July 2026.

Regional/ National working

- **Regional diagnostic programme** seeks to consider how diagnostic services can be further optimised in the medium to longer term.

(Source: Information on this slide is summarised from the CSP Programme Documents, specifically within the Phase 3 Closing Report table in Appendix 1: Previously submitted Board papers)

Radiology – Option for consideration

Ben Rogers, Principal Programme Manager

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	X-ray services at CICC, LH, SPH, TH
Implementation and improvement ***Option 103***	Planned diagnostic / day case interventional services (Mon-Fri, daytime)	Inpatient interventional services	Planned diagnostic services (7 days, daytime) Day case interventional services (Mon-Fri, daytime) Cancer focus	Planned diagnostic services (7 days, daytime) Day case interventional services (Mon-Fri, daytime) Cancer focus	X-ray services at CICC and TH
Longer term (4+ years) ***Option 103***	Planned diagnostic / day case interventional services (Mon-Fri, daytime)	Inpatient interventional services	Planned diagnostic services (7 days, daytime) Day case interventional services (Mon-Fri, daytime) Cancer focus	Planned diagnostic services (7 days, daytime) Day case interventional services (Mon-Fri, daytime) Cancer focus	X-ray services at CICC and TH New regional hub for planned diagnostic radiology (site TBC)

The option phasing will not affect access to emergency Radiology pathways which support Emergency Departments/ Acute Medical Assessment Unit, etc.

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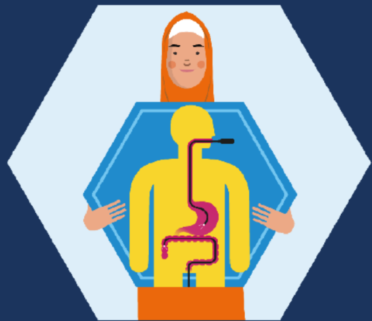
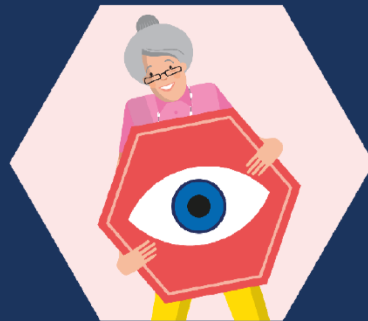
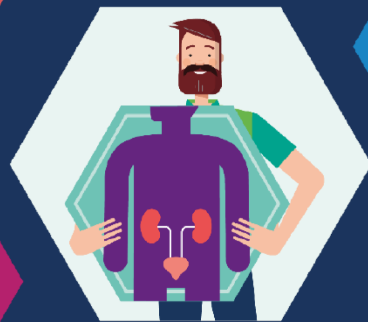
Hywel Dda
University Health Board







Future roles of our hospital sites

Future roles of hospital sites -
Why did we ask this question?
Alex Martin, Principal Programme Manager

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The long-term role of hospital sites was set out in our strategy 'A Healthier Mid and West Wales'.

During the options development process, we recognised that changes to the nine clinical services may impact on how services and the type of care we provide is organised across our four main hospital sites in the intervening period.

The 'future roles of hospital sites' is a finding from the options development process, not something that guided the options development, and describes what each of our hospitals could look like if changes to each of the nine services were all carried out together.

It was felt that a question on the future roles of the hospital sites should be included within the consultation, as the options taken together could change how each of our hospitals work, and it was important to understand to what extent the public agreed with this.

Why does this matter?

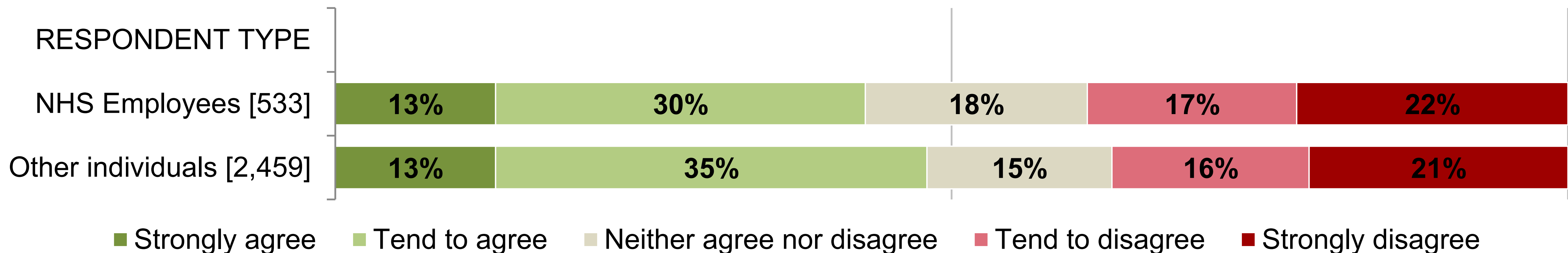
- When we looked at what all these changes could mean for each hospital site, we concluded that this could change the roles of our hospital sites.
- By understanding the future roles of our hospital sites, it will support us in how we plan and arrange our services in the future, until our strategy 'A Healthier Mid and West Wales' is fully implemented.
- This clarifies the roles each of our hospitals play as part of a wider hospital network for Hywel Dda, each contributing a key part of the services we provide to our whole population.

Future roles of hospital sites - Consultation questionnaire responses

Nichola Couceiro – Head of Engagement

- Of the 4,140 questionnaire responses received, 3,074 (74%) responded to the future roles of hospital sites question asking to what extent they agreed with what their roles could be.
- For clarity, 82 respondents selected the 'don't know' option. These responses are not shown on the chart, in line with standard charting practice, as they do not affect the balance of responses.
- Of these 47 were NHS Employees and 35 were Other individuals. This makes the total Other individual responses 2,494.
- There were similarities with both groups tending to 'agree' or 'strongly agree' making up over 40% of responses, while 'disagree' or 'strongly disagree' made up under 40% of responses, with fewer than 20% neither agreeing nor disagreeing.

To what extent do you agree or disagree with the roles of the hospital sites described, to support making services safer and sustainable for the future? By respondent type:

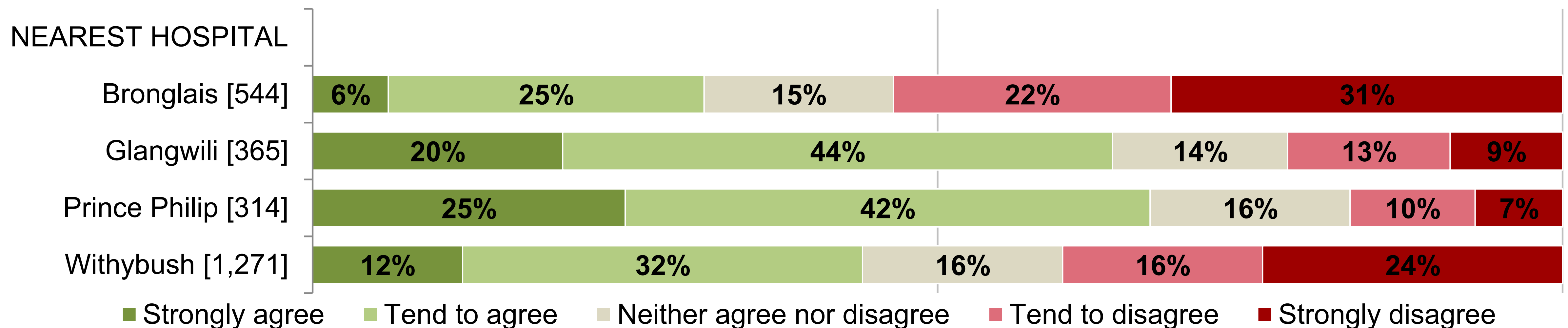


Future roles of hospital sites - Consultation questionnaire responses

Nichola Couceiro – Head of Engagement

- Of the 2,494 individuals who responded to this question, all provided postcode information.
- For those living closest to Bronglais and Withybush hospitals, more people indicated 'disagree' or 'strongly disagree' to the future role of the hospital summaries.
- For those living closest to Glangwili and Prince Philip hospitals, more people indicated 'agree' or 'strongly agree' to the future role of the hospital summaries.

To what extent do you agree or disagree with the roles of the hospital sites described, to support making services safer and sustainable for the future? By nearest hospital (individual respondents only)



Future roles of hospital sites – Engagement feedback

Nichola Couceiro, Head of Engagement

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What we heard during the consultation:

- **New Urgent and Planned Care Hospital** - there were frequent references to the proposed new Urgent and Planned Care Hospital despite it being out of scope of this consultation; views were mixed, with some wanting it to progress and many believing it will not happen, leading to scepticism about planning assumptions.
- **Travel, transport and transfers** - responses to this question continued to raise strong concerns, particularly from people living closest to Bronglais and Withybush, who felt further bringing together of services not at those hospital sites could increase the number of unsafe transfers and reduce local access.
- **Condition and suitability of the existing estate** - there were significant worries about the current state of our buildings, especially at Glangwili, with concerns that buildings are poor quality and not well suited to hosting more acute services.
- **Car parking and site access** - some responses raised their concern and anxiety about car parking and accessing acute hospital sites. Some doubted that current parking capacity and local infrastructure could cope if more services and longer stays are concentrated on fewer sites.
- **Cumulative impact of changes could further reduce the role of some hospitals** - serious concerns were raised by some respondents, particularly those closest to Bronglais and Withybush that more services moving away from their local hospital site would further change their future role. It was also mentioned that this would also place unsustainable pressure on other sites.

Future roles of hospital sites – Issues alignment

Alex Martin – Principal Programme Manager

- A **networked approach** to delivering acute, planned and diagnostic services is broadly supported in doing something to make services more sustainable, but this needs to be balanced with the needs of our communities and clinical teams.
- Robust **CPD approaches** are needed to maintain skills on sites where specialisms are no longer present.
- Periodical **outreach clinics and digital first** approaches are largely supported in delivering services where there is a long distance to travel.
- **Transport and transfer arrangements are essential** if services are to be brought together to fewer sites.
- Strong alignment to our **long-term clinical strategy**, however it is assumed that there would be no changes to emergency care access as currently provided.

Bronglais Hospital	Glangwili Hospital	Prince Philip Hospital	Withybush Hospital
Providing services as it currently does, though some specialities, or parts of pathways, may be provided from different Hywel Dda sites.	Providing more acute and emergency care, with some planned care moved to other sites, either by service or health condition.	Providing more planned care, particularly across a wider region, where services are delivered in partnership with Swansea Bay University Health Board.	Providing more planned care, particularly within the Hywel Dda area, with initial access to acute care remaining on site, but transfers to Glangwili Hospital for patients with the highest needs.

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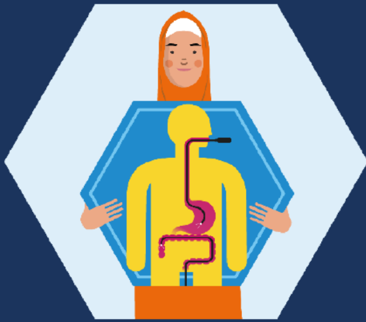

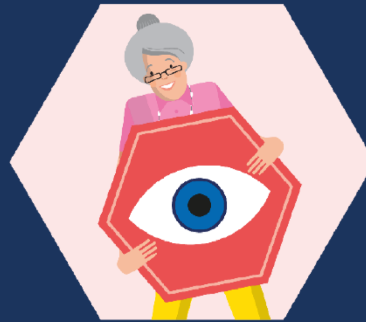

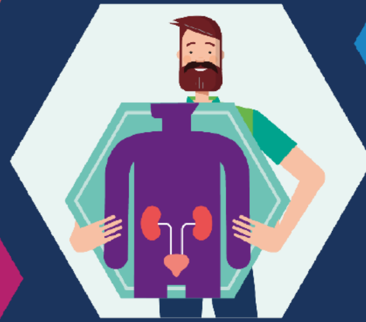

Cynllun Gwasanaethau Clinigol

Clinical Services Plan

Agenda – Day 2

9.00	**Welcome**	Dr Neil Wooding, Chair
9.05	Post Consultation Activities	Ben Rogers, Principal Programme Manager
9.10	Decision Making Phases	Ben Rogers, Principal Programme Manager
9.15	Decision Making Outcomes	Alex Martin, Principal Programme Manager
9.20	Summary of Key Considerations	Sarah Isaac, Clinical Lead Transformation Programme Office
9.25	Acute Decision Making	Dr Neil Wooding, Chair
10.20	**Break**	
10.35	Summary of Key Considerations	Sarah Isaac, Clinical Lead Transformation Programme Office
10.40	Planned Care Decision Making	Dr Neil Wooding, Chair
11.50	Summary of Key Considerations	Sarah Isaac, Clinical Lead Transformation Programme Office
11.55	Diagnostics Decision Making	Dr Neil Wooding, Chair
12.35	Role of Acute Hospital Sites Decision Making	Lee Davies, Executive Director of Strategy and Planning
13.00	**Next Steps**	Lee Davies, Executive Director of Strategy and Planning

Post Consultation Activities (Part 1 of 2)

Ben Rogers, Principal Programme Manager

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Product	Description
Quality Assurance	Quality assurance is the independent, impartial review of whether a consultation meets agreed standards at key stages, carried out by an external Quality Assurance (QA) Panel (HICO and the Centre for Consultation (CfC)).
Consultation Report	The consultation report summarises the findings from all consultation activity, including questionnaire responses, written submissions, social media comments, petitions, engagement events, focus groups, and alternative ideas, produced independently by Opinion Research Services (ORS).
Quality Safety and Experience Committee (QSEC)	QSEC have undertaken a structured deep-dive into the nine services included in the Clinical Services Plan programme, independently of the CSP options, to allow the Board to take assurance on quality, safety and patient experience, and where risks and mitigations require continued Board attention.
Informing Plan	The Informing Plan sets out what has changed since the Issues Paper was published, incorporates consultation findings including stakeholder reflections, and details the alternative options process.
Conscientious Consideration	Conscientious consideration means genuinely taking consultation feedback into account when finalising the decision and the process undertaken for this is set out in the Phase 3 Closing Report.

Post Consultation Activities (Part 2 of 2)

Ben Rogers, Principal Programme Manager

Product	Description
Phase 3 Closing Report	Overview of Phase 3 of the CSP programme with links to a number of products (including output reports for the Alternative Options Hurdle Appraisal and Shortlist Options Scoring process) as well as the Board and Committee reporting timeline and submissions.
Programme Impact Assessments	Equality Impact Assessments (EqIAs) (including Welsh language) (48 total, 1 for each option) Health Impact Assessments (HIAs) (48 total, 1 for each option) Quality Impact Assessments (QIAs) (48 total, 1 for each option) Regional Impact Assessments (RIAs) (2 in total incorporating all consultation options and alternative options) Environmental and Sustainability Impact Assessments (ESIAs) (34 total, 1 for each of the consultation options, then a combined one per service for alternative options apart from Dermatology as there were no alternative options to assess).
Capital Assessment Summary and Development Assessment Forms (DAF)	Updated Capital Assessments for all options within the programme. The impact of these were assessed within SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis on the evaluation criteria, specifically 1.3 Impact on Internal Services. 48 in total within 1 summary document (48 separate DAFs also available).
CSP Programme Workforce and Finance Estimates	Indicative estimates of workforce requirements to deliver options in a phased delivery approach considering resource available at implementation. Workforce and Finance impacts were assessed within the evaluation criteria (2.2 Workforce sustainability and 2.3 Finance sustainability) using the SWOT analysis.

CSP Decision Making Phases

Ben Rogers, Principal Programme Manager

Implementation

Improves current issues or plans to

Makes permanent previous temporary service changes

0-2 years

May align with Annual Planning cycles

Improvement

Mandates a medium-term change

Improves standards but may not meet them

2-4 years

May require capital developments, new funding to be identified/ applied for

Longer term

Aligned to AHMWW strategy or not against it

4+ Years

Service transformed to end state

May require capital developments (5 case), new funding to be identified / applied for

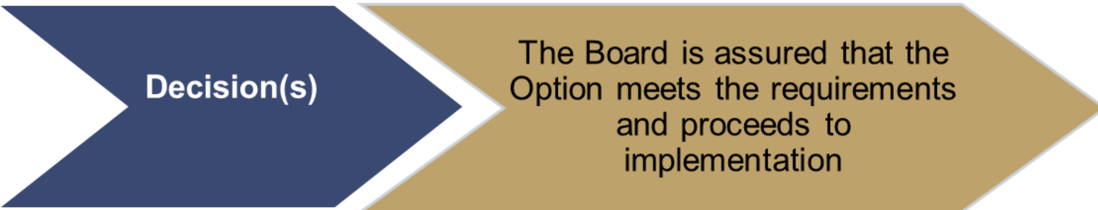
Potential CSP Decision outcomes:

1. Pre Provisional Decision
2. Provisional Decision
3. Final Decision

Key Dependencies (Transport, internal, external and Quality Impacts)

Decision Making Outcomes
Alex Martin, Principal Programme Manager

Board have sufficient information for decision(s) in February Board.



Provisional decision(s) made in February Board, additional information brought to future Board session(s).

Pre provisional decision(s) made in February Board, additional engagement runs from July Board with approval, decision(s) made at future Board session(s).

Examples of decision(s)

Example: An option could be delivered with a high amount of certainty and limited dependency as stated in consultation.

Example: Board may prefer an option, but want additional information on access impacts, detailed workforce assessments, etc. before approval.

Example: Board may prefer an option but may need to carry out additional engagement if the option contains new information that was not tested with the public during the consultation.

CSP Decision Making Outcomes Rationale

Alex Martin, *Principal Programme Manager*

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Stage	Board position	Next step
Pre Provisional Decisions	The Board may want to test other configurations or a merged configuration of multiple options	Test against Evaluation Criteria (ODG & Service) Formal Programme Estimates Programme Impact Assessments
Provisional Decisions	The Board may provisionally support an option but want the full programme detailed assessments on a preferred option before making a final decision	Implementation Project Plan initialises Programme Estimates are reviewed to become detailed programme assessments Programme Impact Assessments are reviewed
Additional engagement	The Board requires additional engagement on option(s) which were not considered by public to understand impacts and mitigations	Short engagement period on provisional options to support final decision making
Decisions	The Board is assured that the option meets the requirements and proceeds to implementation	Implementation Project Plan commences delivery to end state

Annual Plan 2027 - 28

Acute service configuration – Summary of key considerations

Sarah Isaac, Clinical Lead Transformation Programme Office

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Transport and transfer of patients

- Is there capacity in Welsh Ambulance Services Trust and other partners to provide?
- Will it be quick and timely, not affecting patient outcomes?

Transport and travel for patient visitors

- How will patient visitors be supported to travel long distances without good public transport?
- How will financial barriers to transport and travel be addressed?

Welsh language impact

- Will patients and their visitors be supported through the language of their choice if services are brought together?

Regional working

- How do the options support wider regional working?
- How will impacts on patients from neighbouring health boards be mitigated?

Emergency General Surgery (EGS) – Options for consideration

Dr Neil Wooding, Chair

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Full EGS service, including surgical operations	Full EGS service, including surgical operations	No emergency general surgery service	Full EGS service, including surgical operations
Implementation (0-2 years) *Option A*	Full EGS service, including surgical operations	Full EGS service, including surgical operations. Strengthen SDEC	No emergency general surgery service	No EGS operations taking place. Strengthen SDEC
Improvement (2-4 years*) *Option 155*	Full EGS service, including surgical operations. Strengthen SDEC	Full EGS service, including surgical operations. Strengthen SDEC	No emergency general surgery service	No EGS operations taking place. Strengthen SDEC
Longer term (Aligned to PBC) *Option 222*	Full EGS service, including surgical operations. Strengthen SDEC	EGS service, including surgical operations. Strengthen SDEC	Rehabilitation unit	Rehabilitation unit

Critical Care – Options for consideration

Dr Neil Wooding, Chair

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Intensive care unit	Intensive care unit	Intensive care unit (with transfer of sickest patients)	Intensive care unit
Implementation (0-2 years) ***Option 246***	Intensive care unit Health Board wide	Intensive care unit Health Board wide	Enhanced care unit Health Board wide	Intensive care unit Health Board wide
Improvement (2-4 years*) ***Option 246***	Intensive care unit Health Board wide	Intensive care unit Health Board wide	Enhanced care unit Health Board wide	Intensive care unit Health Board wide

Longer term (Aligned to PBC) ***Option A***	Intensive care unit Health Board wide	Intensive care unit and enhanced care unit Health Board wide	Enhanced care unit Health Board wide	Enhanced care unit Health Board wide

Stroke – Options for consideration
Dr Neil Wooding, Chair

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Stroke Unit	Stroke Unit	Stroke Unit	Stroke Unit
Option A	Treat and Transfer	Treat and Transfer	Stroke Unit (specialist cover 12-hours a day)	Stroke Unit (specialist cover 12-hours a day)
Option 210	Treat and Transfer and Stroke Unit (specialist cover 12-hours a day)	Stroke Unit (specialist cover 24-hours a day) **Then** Create regional stroke centre in Morriston Hospital Treat and Transfer	Treat and Transfer	Treat and Transfer
Merged Option 106/ 210	Treat and Transfer Stroke rehabilitation unit	Stroke Unit (specialist cover 24-hours a day) Working regionally as part of the National Stroke Programme in the longer term	Treat and Transfer	Treat and Transfer

Break

Planned Care service configuration – Summary of key considerations

Sarah Isaac, Clinical Lead Transformation Programme Office

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Travel and Transport

- How will people travel further for planned care, particularly for short and frequent appointments, where public transport may not be available and existing transport arrangements are not sufficient?

Regional working

- If people travel further as part of regional working, to support them to be treated sooner, will we be able to provide routine outpatients activity locally?
- Could we promise that regional working would mean that Hywel Dda patients are treated no less favourably than patients from a host health board?

Value of extended hours

- How would appointments in extended hours to treat patients outside working/ education hours be made to provide the most value?
- How will patients with a lack of public transport outside normal working hours, or reluctance or inability to drive at night, be supported to access appointments within daylight/ daytime hours?

Ophthalmology – Options for consideration

Dr Neil Wooding, Chair

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Day cases and inpatients	Diagnostics, day cases, inpatients, outpatients and emergency eye care	Diagnostics, outpatients and inpatients	Diagnostics, outpatients and inpatients	• AVH day cases • Diagnostics and outpatient service in CICC, NREC and AICC
Option 99	No service	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	No service	Diagnostics and outpatients	• AVH day cases (cataract) and outpatients (eye injections) • Diagnostics and outpatient service in CICC and NREC

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Day cases and inpatients	Diagnostics, day cases, inpatients, outpatients and emergency eye care	Diagnostics, outpatients and inpatients	Diagnostics, outpatients and inpatients	• AVH day cases • Diagnostics and outpatient service in CICC, NREC and AICC
Option 173	Day cases and inpatients	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	No service	Diagnostics and outpatients	• AVH day cases (cataract) and outpatients (eye injections) • Diagnostics in AICC, CICC and NREC and outpatient service in CICC and NREC

Orthopaedics – Options for consideration

Dr Neil Wooding, Chair

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases	Outpatients and day cases
Option D	Outpatients, increased inpatients and day cases	Outpatients	Outpatients, inpatients and day cases including regional working	Outpatients and increased day case

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases	Outpatients and day cases
Option 178	Outpatients, inpatients and day cases	Outpatients	Outpatients, inpatients and day cases including regional working and extended hours	Outpatients and day cases

Dermatology – Option for consideration

Dr Neil Wooding, Chair

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	No service	Outpatient clinic once per week, medical photography, (photo-therapy not running currently)	Outpatient clinics and minor operations	No service currently due to RAAC issues	Some nurse-led outpatient clinics at Cardigan Integrated Care Centre (CICC) (including minor operations) and South Pembrokeshire Hospital (SPH)
Implementation (0-2 years) and Improvement (2-4 years*) ***Option C***	No service	No service	Consolidated service	No service	• Keep provision at CICC and SPH • Some nurse-led paediatric clinics at Cross Hands Health Centre • Some minor operations in GP practices

Urology – Option for consideration

Dr Neil Wooding, Chair

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Bronglais	Glangwili	Prince Philip	Withybush
Current service	Outpatients, day case surgery and diagnostic procedures (inc. limited urgent suspected cancer)	Emergency, outpatients, day cases, inpatients and diagnostic procedures (inc. urgent suspected cancer)	Outpatients, day cases, inpatients and diagnostic procedures (inc. urgent suspected cancer)	Outpatients, day cases and diagnostic procedures (inc. urgent suspected cancer)
Implementation and Improvement phases *Option A*	Outpatients, day cases and diagnostic procedures	Emergency only	Outpatients, day cases, inpatients and **centralised diagnostic hub*** (inc. urgent suspected cancer)	Outpatients, day cases and diagnostic procedures

(*The option proposes the development of a Urological Investigations Unit at Prince Philip Hospital)

Diagnostic service configuration – Summary of key considerations

Sarah Isaac, Clinical Lead Transformation Programme Office

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Accessibility

- Services being available locally are seen as positive, but only if the service is open at the time patients need it; how will the balance between accessing a location and the operating hours of a service be managed?
- If people have to travel further for Endoscopy procedures, will there be adequate facilities (toilets, changing, etc.) for them when they arrive?

Travel and transport

- How will people travel further for diagnostics, particularly for short or multiple appointments, where public transport may not be available and existing transport arrangements are not sufficient?

Development of hubs

- If hubs are developed, how will this alter access for patients, particularly if they are regionally aligned and based in the southeast of the Health Board area?

Endoscopy – Options for consideration
Dr Neil Wooding, Chair

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Bowel screening / gastro-intestinal / urology	Bowel screening / gastro-intestinal / respiratory / urology	Bowel screening / gastro-intestinal / respiratory / urology	Bowel screening / gastro-intestinal	No service
Implementation and Improvement phases (0-4* years) *Option A*	Bowel screening / gastro-intestinal	Bowel screening / gastro-intestinal	Bowel screening/ gastro-intestinal Bring together respiratory and urology procedures Additional procedure room	Bowel screening / gastro-intestinal	No service

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Bowel screening / gastro-intestinal / urology	Bowel screening / gastro-intestinal / respiratory / urology	Bowel screening / gastro-intestinal / respiratory / urology	Bowel screening / gastro-intestinal	No service
Longer Term (4+ years) *Option B*	Gastro-intestinal	Gastro-intestinal	Gastro-intestinal Bring together respiratory and urology procedures	Gastro-intestinal	New site for bowel screening

The option(s) phasing will not affect access to emergency Endoscopy pathways which support Emergency Departments/ Acute Medical Assessment Unit, etc.

Radiology – Option for consideration

Dr Neil Wooding, Chair

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	Planned diagnostic / inpatient and day case interventional services (Mon-Fri, daytime)	X-ray services at CICC, LH, SPH, TH
Implementation and improvement *Option 103*	Planned diagnostic / day case interventional services (Mon-Fri, daytime)	Inpatient interventional services	Planned diagnostic services (7 days, daytime) Day case interventional services (Mon-Fri, daytime) Cancer focus	Planned diagnostic services (7 days, daytime) Day case interventional services (Mon-Fri, daytime) Cancer focus	X-ray services at CICC and TH
Longer term (4+ years) *Option 103*	Planned diagnostic / day case interventional services (Mon-Fri, daytime)	Inpatient interventional services	Planned diagnostic services (7 days, daytime) Day case interventional services (Mon-Fri, daytime) Cancer focus	Planned diagnostic services (7 days, daytime) Day case interventional services (Mon-Fri, daytime) Cancer focus	X-ray services at CICC and TH New regional hub for planned diagnostic radiology (site TBC)

The option phasing will not affect access to emergency Radiology pathways which support Emergency Departments/ Acute Medical Assessment Unit, etc.

Future roles of hospital sites – Issues alignment

Lee Davies, Executive Director of Strategy & Planning

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

- A **networked approach** to delivering acute, planned and diagnostic services is broadly supported in doing something to make services more sustainable, but this needs to be balanced with the needs of our communities and clinical teams.
- Robust **CPD approaches** are needed to maintain skills on sites where specialisms are no longer present.
- Periodical **outreach clinics and digital first** approaches are largely supported in delivering services where there is a long distance to travel.
- **Transport and transfer arrangements are essential** if services are to be brought together to fewer sites.
- Strong alignment to our **long-term clinical strategy**, however it is assumed that there would be no changes to emergency care access as currently provided.

Bronglais Hospital	Glangwili Hospital	Prince Philip Hospital	Withybush Hospital
Providing services as it currently does, though some specialities, or parts of pathways, may be provided from different Hywel Dda sites.	Providing more acute and emergency care, with some planned care moved to other sites, either by service or health condition.	Providing more planned care, particularly across a wider region, where services are delivered in partnership with Swansea Bay University Health Board.	Providing more planned care, particularly within the Hywel Dda area, with initial access to acute care remaining on site, but transfers to Glangwili Hospital for patients with the highest needs.

Next Steps
Lee Davies, Executive Director of Strategy & Planning

Advice

- The CSP programme will evaluate decision outcomes with HICO to ensure that subsequent steps align with the Centre for Consultation Framework. HICO have advised that any option where the impacts have not been considered by parts of our community will require further engagement to understand the impacts.
- The decision outcomes will be further tested with our Clinical Reference Group for clinical impacts, and QIA panel for additional impacts on Quality (QIA), Health (HIA) and Equality (EqIA).

Decisions

- **Pre Provisional** – If further engagement is needed, these services will continue within Phase 3 to develop plans for additional engagement. This will include detailed engagement and communication plans, to ensure communities are informed of the next steps, timelines to engage and how they can share views.
- **Provisional** – When a long-term service configuration decision has been made, it will be integrated into the broader Strategic Plan of the Health Board. Depending on regional and national initiatives, it may also be incorporated into relevant working groups.
- **Final** – Once a medium-term decision on service configuration is reached, a Programme Implementation Plan will be created to guide Phase 4. This plan will outline how the programme progresses from decision-making to detailed planning and then to delivery.

Timelines

- Timelines will depend on the outcomes of the decisions and will affect the schedule for the programme's next steps. Each decision's impact on the timeline will be reviewed and included in a future Programme Implementation Document; this will consider a number of factors including resource dependencies to deliver future steps.