



## Our Big NHS Change

### Report of Findings for Hywel Dda University Health Board

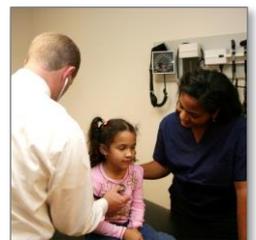


**GIG**  
CYMRU  
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Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

## Opinion Research Services

August 2018



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This project was carried out in compliance with ISO 20252:2012

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# 1. Executive Summary

## Summary of main findings

### Background Context

- 1.1 As part of its 'Our Big NHS Change' consultation, launched in April 2018, Hywel Dda University Health Board (henceforth HDdUHB or the Health Board) is examining the way in which health and care service provision can be improved across its area. It is specifically considering changes to how its community services and acute hospitals are organised.
- 1.2 Following a pre-consultation engagement process undertaken in 2017, the Health Board has put forward and is consulting on the following proposals and options for community and hospital services:

### Community services

- 1.3 Enabling and improving integrated community services by creating a network of **community hubs** and **community hospitals** across the HDdUHB area, including:
  - A community hub with beds and a Minor Injury Unit (MIU) at Llandovery;
  - Community hubs with beds at Aberystwyth - and possibly Amman Valley (Proposal C below);
  - A community hub with a MIU at Cardigan;
  - Community hubs without beds but with range of outpatient services at Aberaeron, Tregaron, Cross Hands, Llanelli, Pembroke Dock and Tenby - and possibly Amman Valley (Proposals A and B below);
  - and
  - Either one, two or three community hospitals depending on the proposal taken forward as below.

### Hospital services

- 1.4 Urgent and planned care to be separated either on the same or across two separate sites, and a new urgent or urgent and planned care hospital to be developed in the south of the Health Board area - configured in one of the following ways (though alternative suggestions were welcomed):
  - Proposal A:* two main hospitals (Bronglais District General Hospital and a new urgent and planned care hospital between Narberth and St Clears). Three community hospitals on the existing Glangwili, Prince Philip and Withybush sites;
  - Proposal B:* three main hospitals (Bronglais District General Hospital, Prince Philip Local General Hospital and a new urgent and planned care hospital between Narberth and St Clears). Two community hospitals on the existing Glangwili and Withybush sites; and
  - Proposal C:* four main hospitals (Bronglais District General Hospital, Prince Philip Local General Hospital, a new urgent care hospital between Narberth and St Clears and Glangwili as a planned care hospital). One community hospital on the existing Withybush site.
- 1.5 Opinion Research Services (ORS) is a spin-out company from Swansea University with a UK-wide reputation for social research and major statutory consultations. ORS was appointed by HDdUHB to provide an independent report of the formal consultation programme.

## Accountability

- 1.6 Consultation should promote accountability and assist decision making: public bodies should give an account of their plans or proposals and they should ensure that all responses are taken into account in order to:
- Be informed of any issues, viewpoints, implications or options that might have been overlooked;
  - Re-evaluate matters already known; and
  - Review priorities and principles.
- 1.7 Nevertheless, consultations are not referenda; and influencing public policy through consultation is not simply a 'numbers game' (that is, a 'popularity' or 'unpopularity contest') in which the loudest voices or the greatest numbers automatically determine the outcome. Interpreting the overall meaning and implications of consultations is neither straightforward nor just 'numerical', for all the various consultation methods have to be assessed.
- 1.8 All types of consultation responses are important – for example, in the HDdUHB consultation: the open questionnaire and workshop surveys; the discussions at meetings and events; and the submissions, petitions and social media feedback – and this report presents an independent analysis so that all of them may be taken into account. Some contributions have been highlighted as significant in terms of at least one of the following criteria:
- Relevant to and/or having implications for one or more of the options
  - Well-evidenced – for example, submissions from professional bodies, staff and concerned people or local groups that point to evidence to support their perspective
  - Deliberative – based on thoughtful discussion in public meetings and other group settings
  - Representative of the general population and/or particular localities, groups or points of view
  - Focused on the views from under-represented people or equality groups
  - 'Novel' – in the sense of raising 'different' issues from those being repeated by a number of respondents or arising from a different perspective.
- 1.9 This report identifies where strength of feeling may be particularly intense while recognising that consultation is not a matter of 'counting heads'.

## Interpreting Outcomes: The Health Board's Role

- 1.10 Importantly, the very different consultation methods cannot be just combined to yield a single reconfiguration outcome that reconciles everyone's differences and is acceptable to all the Health Board population – for two main reasons. First, the consultation methods differ in kind: they are qualitatively different and their outcomes cannot be just aggregated into a single result. Second, different parts of the Health Board population will inevitably have different perspectives on the reconfiguration options and there is no formula in the consultation process that can reconcile everyone's differences in a single way forward.
- 1.11 It is also important to recognise that the outcomes of the consultation process will need to be considered alongside other information available about the likely impact of each of the proposed options. Whilst the consultation process highlights aspects of this information that stakeholders consider to be important, the Health Board will need to consider the appropriate emphasis to be placed on each element. In this sense there can be no single 'right' interpretation of all the consultation elements and other information available to the Board in their decision-making process. ORS is clear that its role is to analyse and explain the opinions

and arguments of the many different interests participating in the consultation, but not to recommend any option or variant.

- <sup>1.12</sup> Whilst this report brings together a wide range of evidence for the Health Board to consider, the report does not provide a single answer for the future pattern of services. It is for the Health Board to take high-level policy decisions based on understanding the safety, quality and sustainability of the services they are able to commission in the future and other relevant considerations, including equalities. In their deliberations, Health Board members will review the evidence and considerations that emerge in the consultation while also taking account of all the other relevant evidence and the Community Health Councils' views. Ultimately, the final decision will require both the executive and independent members of the Health Board to assess the merits of the various options as the basis for public policy.

## Consultation Process

- <sup>1.13</sup> The formal consultation period for the 'Our Big NHS Change' Programme was agreed by the partners and their respective Community Health Councils. The 12-week consultation was launched on 19 April 2018 and ended on 12 July 2018. During this period, stakeholders were invited to provide feedback through:

A consultation questionnaire for all residents, stakeholders and organisations: the questionnaire was available online and paper questionnaires were widely circulated and available on request. An easy read version was also available;

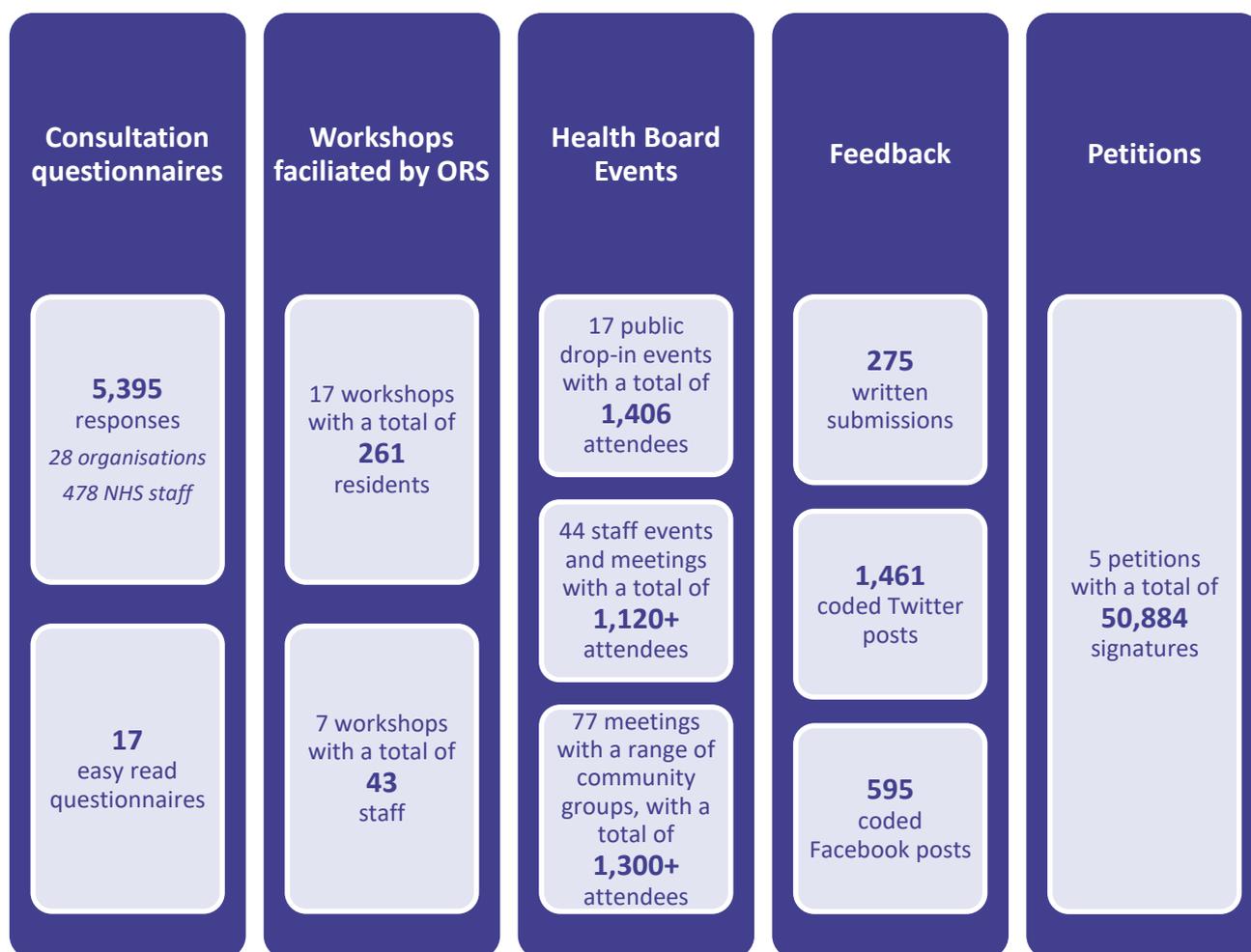
Resident workshops: a series of 17 workshops with a representative cross-section of members of the public across the three counties, during which they were fully informed of the issues and asked about their views and opinions on the Health Board's plans;

Drop-in sessions: a programme of 17 events for members of the public;

Staff meetings and workshops: a series of seven workshops with members of staff across the four main hospitals and 44 staff meetings (which included informal 'drop-in' style groups, meetings, workshops and 'walkarounds' at locations across the HDdUHB area);

Written submissions: residents, stakeholders and organisations were able to provide their views by writing to HDdUHB or ORS. Feedback received via social media (Twitter, Facebook and YouTube) was also considered; together with a number of petitions.

- <sup>1.14</sup> The Health Board also convened a number of focused meetings with a range of community groups to consider their particular perspectives on the proposals. These included: 46 meetings with a diverse range of groups (such as third sector organisations, carers' groups, educational establishments and residents from protected characteristics groups); four meetings with Hywel Dda Community Health Council representatives; a series of meetings with local campaigners and campaign groups; 11 meetings with partners and other medical organisations; and 16 meetings with politicians and political groups. It is difficult to quantify exactly how many people attended these meetings, as attendee numbers were not recorded at every meeting; however, for those meetings where information is available it was recorded that over 1,300 people were engaged with in this way.
- <sup>1.15</sup> In addition, a survey was undertaken with the members of the public that attended the workshops to ensure that the consultation process captured the views of a representative cross-section of the wider population that had been fully informed about the issues and the Health Board's proposals.
- <sup>1.16</sup> There was a high response to the consultation: 5,395 consultation questionnaires were completed together with 275 written submissions and the other consultation elements summarised overleaf.



## Executive Summary

- <sup>1.17</sup> This executive summary report brings together the feedback received through each of these different elements and provides a comprehensive evidence base to help inform the decision-making process for the Health Board. This summary concisely reviews the full range of feedback received, and brings together those common themes that have emerged.
- <sup>1.18</sup> It should be noted at this stage that consultation reports such as this may appear more ‘critical’ than really is the case because: critics are often more motivated to respond to a consultation; and ORS has an obligation to report criticisms in order for the Health Board to carefully consider the issues. This does not mean that its decisions should be determined only by consultation. Indeed, whilst this report brings together a wide range of feedback and views for consideration, it is for HDdUHB to take decisions based on all the evidence available.
- <sup>1.19</sup> Verbatim quotations are used not because we agree or disagree with them – but for their vividness in capturing recurrent points of view. ORS does not endorse the statements made, but seeks only to portray them accurately and clearly. We trust that this summary is a sound guide to the consultation outcomes and how they might be interpreted, but readers are urged to consult our full report for more detailed insights.
- <sup>1.20</sup> Whereas this summary brings together the overall perspectives fairly quickly, the full report traverses public, professional and stakeholder opinions and feelings in considerable detail to achieve a more comprehensive understanding – and it is the journey, as well as the destination, that will matter to those wishing to understand the assumptions, arguments, conclusions and feelings about current and future healthcare

services in the area. The full report considers the feedback from each element of the consultation in turn, which can at times be repetitive given that similar issues emerged across the different strands – but it is important that the full report provides an accurate reflection of all of the feedback received. We trust that both the summary and full reports will be helpful to all concerned.

## The Case for Change

- 1.21 There was widespread support for the overall case for change across all elements of the consultation.
- 1.22 The workshop surveys identified that over four fifths (82%) of the representative cross-section of residents who took part agreed that the Health Board should make changes to respond to the challenges outlined in the consultation document, with disagreement from 11%. Three quarters (75%) of the NHS employees who responded to the open questionnaire also agreed that changes should be made in principle, while a fifth (20%) disagreed; and although many individuals who completed the open questionnaire were dissatisfied about some of the Health Board's specific proposals, even amongst these respondents there was absolute majority (60%) agreement for the need for change with one-in-three (33%) disagreeing.

- 1.23 Most of those who commented on the case for change could understand and were sympathetic to it.

*I agree there is an urgent need for change. From personal experience, I have felt the impact of staff shortages resulting in ridiculous waiting times and poor service, either missed appointments, a lack of attention and so on. [...] I think a big change will be possible if the job vacancies can be filled and doctors and nurses can be convinced to stay (Carmarthen public workshop)*

*Yes, there is a case for change – we struggle for staff and have gone through so many changes – going from being a small hospital to a much larger one where we struggle to cope. We don't have the specialism and struggle to get the consultants over to run the A&E. I think some of it has been a self-fulfilling prophecy though – people won't come to work here because there has been so much uncertainty around the hospital over recent years (Band 6+, Withybush staff focus group)*

*It was pointed out that a recent WAO Report into Primary Care in Wales presented a compelling case for change and suggested that there needed to be more publicity that change is going to happen whether people like it or not (CHC meeting)*

## Community Services

- 1.24 There was also support for the shift towards a community model for providing healthcare services in future.

*Moving towards a social model for health seems like the correct way forward...Providing preventative/enablement services within the local communities, is great and is the most cost affected and beneficial for people's health and wellbeing long term. I personally am pleased to see this is the fundamental element in all three proposals (Resident submission)*

*If a lot of the services are still going to be there (under the community model) – I think there's been a lot of scaremongering out there when it comes to these proposals. I think the message needs to get out there about it (Bands 2-5, Glangwili focus group)*

- 1.25 Two thirds (66%) of NHS employees in the open questionnaire agreed with the factors considered by the Health Board for deciding which services should be provided at each community hub, with a quarter (25%) disagreeing; but opinion on this was more divided amongst other respondents to the open questionnaire (49% agreed, 41% disagreed).

- 1.26 There was a general lack of clarity and understanding about the specific proposals for community hubs and hospitals. Many questions were raised how the proposals differed from the existing situation, in particular about the number of beds provided and the changes proposed to specific services at each location. Feedback also identified the uncertainties about the way in which patient pathways would change; though it was recognised that setting out all of the implications was inevitably complex given the range of different services provided in different places. In terms of feedback on the specific proposals, opinion was divided:

59% of NHS employees agreed with the proposed services to be provided at each community hub and 55% agreed with the proposed locations (32% and 35% disagreed respectively)

Over half (51%) of other respondents to the open questionnaire disagreed with the proposed services and 53% disagreed with the proposed locations (36% and 37% agreed respectively)

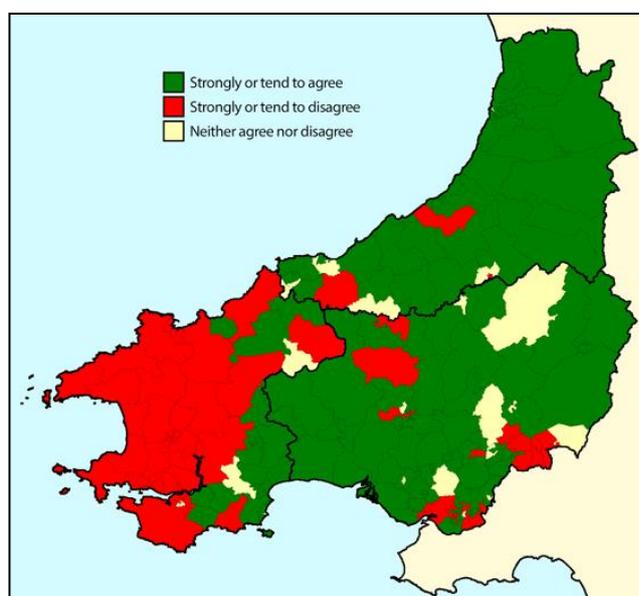
Feedback from the workshop surveys identified a relatively even balance between residents that agreed with the proposed locations (46%) and those who disagreed (41%).

- 1.27 However, Figure 1 shows that open questionnaire responses clearly differed by area.

- 1.28 The majority of responses from residents living in those areas highlighted green agreed with the proposed locations. It is evident that this was the case for the majority of areas in Ceredigion and Carmarthenshire; the most notable exceptions being the Amman Valley, and parts of Aberaeron, Cardigan, Carmarthen and Llanelli.

- 1.29 The majority of responses from residents living in those areas highlighted in red disagreed with the proposed locations. It was evident that this was the case for most areas in Pembrokeshire, especially further west. However, there was majority agreement in many areas closer to the Carmarthenshire border (and Haverfordwest, Narberth and Tenby).

**Figure 1: Agreement and disagreement with proposed locations for community hubs by area**  
Base: individual respondents to the consultation questionnaire with valid postcodes (3,417)



- 1.30 There were a substantial number of detailed responses from across the various different elements of the consultation relating to the community hub proposals, with a lot of support for the proposed changes easing the pressure on hospital services.

*I think this, if they can get it right, is a really good idea because there's a real lack of minor injury walk in services around here – and there's no need for us to clutter up the A&Es. But they have to be clear about what they can deal with so we don't waste our time waiting to be told 'no, we can't do that' (Lampeter public drop-in)*

*If, under the proposals, South Pembrokeshire would provide really [sic] good rehab services rather than having people just languishing in beds like they do currently, it could be a really positive thing for patients and recruitment. Focused rehab would mean a higher likelihood of positive outcomes and the issue of distance (to nearest bedded hub) would be balanced out. But it's hard to know if this would really [be] the case because there's not enough detail. We could be positive advocates for this but can't because not informed enough (Clinician, Withybush focus group)*

*I think if the changes go ahead as planned, and the services stated will actually be functional and staffed, it could work very well and reduce pressure on A&E hospitals. (Carmarthen public workshop)*

- 1.31 Nevertheless, many responses focused on fairness of access – in particular, the extent to which different parts of the area would be able to access services locally. Respondents recurrently suggested a number of locations which they believed that the Health Board should consider providing additional hubs. Many of these additional locations were in Pembrokeshire, where there was greatest disagreement that the Health Board's proposed locations would provide fair access to all local communities. They included Milford Haven/Neyland, Fishguard/Goodwick and Crymych. In addition, many respondents suggested that additional community hubs should be considered in both Llandysul and Lampeter.

*It appears that there will be NO hubs in a massive, most rural part of the Trust, i.e. nothing between Cardigan and Pembroke Dock, nor between Cardigan and Crosshands. Do the people in that area not deserve as much, if not more healthcare closer to home than those who are geographically much closer to the big hospitals, i.e. Swansea and Cardiff? This area has an ageing community with sparse amenities as it is - they deserve at least decent, up to date health centres with actual GPs working in them (not locums), if not the "community hubs" in that area (Resident submission)*

*There's not much in Fishguard is there? The 'nearest' hub is an oxymoron for them. [...] It's not great if you're in Cardigan either. No beds – it's just more downgrading. (Aberystwyth public drop-in)*

- 1.32 Many also criticised the loss of beds from community hospitals, especially in Amman Valley - and the need for beds at the Cardigan hub was stressed in the context of the significant elderly and farming communities there:

*Keep the beds in Amman Valley. Amman Valley is a long way away from Carmarthen and Llanelli. The Gwendraeth Valley is the biggest population area within Hywel Dda. (Llandybie public drop-in)*

- 1.33 Further concerns were also raised about the realism of the proposals, the practicalities of implementation, the extent to which adequate resources would be available and the need for better integration between health and social care to ensure the success of the community model. There was also some doubt about whether or not the community model could be adequately staffed (especially given the current shortage of GPs in the area), and some proposed early pilot hubs should be quickly introduced to identify problems in practice.

*The modelling is 'over enthusiastic'. We have never achieved a 30% redirection to MIU (despite posters and education), nor are there examples in the literature of that being sustainable (ABMU Clinical Cabinet meeting)*

*My concern is also along the practicalities, how is this all going to be implemented? It's worrying how long they have been waiting for this to happen and should have gone much further down the route of integrating health and social care and this would have provided some reassurance (South East Pembrokeshire Community Health Network meeting)*

*As part of this commitment, a small-scale community hub should be invested in so we know how to roll it out (every area is different and will have different needs). It could be a sort of pilot which would provide data and information and therefore give us confidence in selling and believing in the model. This should happen in the next 12 months. We need action, not just talking (Clinician, Withybush focus group)*

## Planned and Urgent Care

- 1.34 There was widespread support for the proposal to separate planned and urgent care:
- Over two thirds of residents (69%) at the workshops agreed with the proposal (20% disagreed)
  - Almost two thirds of NHS employees (65%) in the open questionnaire agreed with the proposal (26% disagreed)
  - Over half (52%) of other respondents to the open questionnaire agreed (35% disagreed).
- 1.35 However, many caveated their support on the basis that planned and urgent care continued to be delivered on the same site:
- There should be centres of excellence; a one stop shop. You need everything on one site – not three different days, three different appointments in different places. If we have to have a new hospital, we should have that so you don't have to travel all over the place (Llandovery public drop-in)*
  - I think it'd be good knowing you have a guarantee that your planned care will go ahead – there's a lot of anxiety if planned care is cancelled (Haverfordwest public drop-in)*
  - It seems to me that such a separation would be beneficial for all patients and provide the necessary career opportunities for the specialist medical and support staff at all levels (Resident submission)*
  - The Welsh Deanery (who supplies the funding for junior doctors) will not consider it sufficient enough educational experience for junior doctors if they are not working at a hospital which offers both planned and emergency work (Bands 6+, Prince Philip focus group)*
  - Rotas will have to be really tight under option C – it would only take one person for it to fall apart. If you have the both on the same site you will usually separate teams for different things so there are more resources. I come at it from a staff perspective rather than patient one (Bands 6+, Prince Philip focus group)*
- 1.36 The consultation also identified some support for the principle of a new hospital for urgent and emergency care in the south. An absolute majority of residents attending the workshops (55%) and NHS employees (54%) agreed with the proposal; however, just over a third (36%) of other respondents to the open questionnaire agreed.
- Ultimately a new hospital is needed; Glangwili is not fit for purpose and same with Witybush. The public need to be guided to understand that; at the moment it's not clear. It will help with recruitment further west which is where most of the issues come from. But it had better be the best in terms of education for nurses and staff and have the best equipment (Band 6+, Prince Philip focus group)*
  - Over the past few years Hywel Dda has experienced difficulties in recruiting junior doctors and relatively few students training in Swansea and Cardiff have chosen to work in West Wales. One of the key factors promoting retention is a positive learning environment and therefore if a new hospital is planned it must include good learning facilities, namely tutorial rooms of different sizes with video conferencing facilities, a fully functional clinical skills laboratory, a simulation suite and good computer access. Students should also be provided with a common room with lockers, sufficient high-quality accommodation with en-suite rooms, communal areas, kitchens and fast internet access are also crucial for the provision of a positive learning experience (SUMS - Swansea University Medical School submission)*
- 1.37 However, despite the support for the principle of a new hospital in the south, support for the proposed location was notably lower. Less than a quarter of individual respondents to the consultation questionnaire agreed that the new hospital should be built at a location between Narberth and St Clears (23%). Two thirds

of respondents disagreed (66%); and of these two thirds, over half (53%) strongly disagreed with a new hospital in this location. Agreement was higher from NHS staff (39%) and the residents who attended the workshops (38%); but almost half (46% and 49% respectively) disagreed. This represents the highest levels of disagreement to any of the proposals from individual respondents, workshop residents and NHS staff.

1.38 Support for the proposed location differed by area, with much higher levels of agreement in the areas between Narberth and St Clears (where it is currently proposed that the hospital would be located) and surrounding locations. Support for the proposed location was also generally higher across Pembrokeshire than it was across Carmarthenshire.

1.39 Issues about access to the proposed location were raised at drop-in sessions, meetings and workshops, as well as in written submissions from some residents:

*There's one road through St Clears and Narberth. If there's an accident, how the hell are you going to get there? The roads are bad enough, with a location on one road, with no other access – how? It took me 2 hours to get from Morrisons near Carmarthen back to Llandeilo. (Llandovery public drop-in)*

*It is already enough of a journey to Haverfordwest in an emergency if you are in Dale or St Davids so to add the travel to Whitland at best and maybe even further means fatalities will be greater. The A40 has been blocked several times of late (Resident submission)*

*I couldn't get to Whitland on the bus, it'd be an absolute nightmare. They'd need direct links. And the bus that does take you down there comes every hour or hour and a half. It took me 45 minutes to get to Withybush. (Fishguard public workshop)*

*Main population is around Llanelli, Crosshands in Carmarthenshire. 70% of A&E is from socially deprived areas (Llandovery public drop-in)*

*Transport is a valid point – ambulances are under a lot of pressure as it is without having to go further away. And the ambulance does not help unless you are critical – you have to find your own travel means otherwise. (Cross Hands public workshop)*

1.40 There were specific concerns about access difficulties to a new hospital for patients in the Teifi Valley (between Lampeter and Cardigan). Powys Teaching Health Board (THB) and Powys Community Health Council (CHC) both raised concerns about the loss of A&E at Glangwili Hospital for residents of southwest Powys (Llanwrtyd Wells) and asked for clarification on patient pathways given that a new hospital would be too far away.

1.41 Other specific concerns were as follows:

Carmarthenshire Consultants Committee and the Senior Paediatrics Team at Glangwili Hospital supported a new hospital, but proposed that it should be located in Carmarthenshire to mitigate against a possible exodus of patients to Abertawe Bro Morgannwg Health Board (ABMU), given that they considered most of the Health Board population would have difficulty accessing a hospital in West Wales.

Carmarthen Town Council also said that the new hospital must be in Carmarthen; identifying that it was a vibrant location with better infrastructure and transport links, the town was equidistant from Llanelli and Haverfordwest, land was available (at the showground) and there would be educational opportunities at University of Wales Trinity St Davids.

In contrast, Withybush Medical Staff Committee was supportive of a new hospital for the south, but suggested that it would need to be built in Pembrokeshire given remoteness of coastal communities.

- 1.42 The Senior Paediatrics Team at Glangwili Hospital also noted that a remote location with little surrounding infrastructure could hinder recruitment, saying that experience shows that trainees are willing to consider jobs in Carmarthen but not further west – and while a number of substantive consultant positions have been filled in Carmarthen over the last few years, it has not been easy to do so at Withybush. Similar views on the sustainability of any chosen location were echoed by many others, including the Withybush Medical Staff Committee (MSC):

*Sustainability is key for MSC in relation to recruitment – would junior doctors come somewhere rural (i.e. new build location)? There would be a need to build recreational facilities to attract junior doctors (Withybush Medical Staff Committee meeting)*

*If the young people want the city life how are they going to be attracted to somewhere between Narberth and St Clears? I don't think a site in Whitland will recruit loads of new staff – it's in the middle of nowhere (Saundersfoot public drop-in)*

*If we move the service west, this will impact on the deliveries. Potentially we might lose the births as in Glangwili - 2700 deliveries are delivered which is a significant number. The proposal could impact the birth rates below the number needed which is 2,500 for a level 2 which might have a knock-on effect to the service we provided (Glangwili Consultant Paediatrics meeting)*

- 1.43 Furthermore, recruitment to the proposed site was considered potentially problematic not only in terms of attracting a medical workforce, but also the viability of travel to a remote area for lower paid staff.

- 1.44 There was some doubt about whether any new hospital was likely to go ahead given the potential cost and lack of guaranteed funding from Welsh Government, and about the possible timeframes that might be involved:

*It will take a huge amount of funding from Welsh Government...we need assurances that the money will 100% be there. At the moment it's a bit of a loose end for me (Band 6+, Withybush focus group)*

*A new hospital will take around 10 to 20 years to be built & you have said in one of your drop-in sessions that you can't guarantee that Withybush's A&E will stay open during this time - how is that humanely fair, let alone safe? Glangwili is already beyond over stretched with impossible parking, it simply couldn't cope with all of Pembrokeshire's patients as well (Resident submission)*

- 1.45 Reassurance was also sought that the proposed investment in the south would not have detrimental impact on Bronglais Hospital, and that services at Bronglais would be retained, supported and even enhanced in order to maintain healthcare provision in Mid Wales.

## Support for the Proposed Options

- 1.46 Support for the proposed options varied across the different elements of the consultation.

**Staff focus groups:** majority support for Proposal B

**Staff drop-ins:** support divided between Proposals A and B

**NHS staff consultation questionnaire:** small majority support for Proposal B over Proposal A

**Public workshops:** slight majority said Proposal A is preferable to Proposals B and C

**Public drop-ins:** support divided between Proposals A and B

**Individual consultation questionnaire responses:** support highest for Proposal B

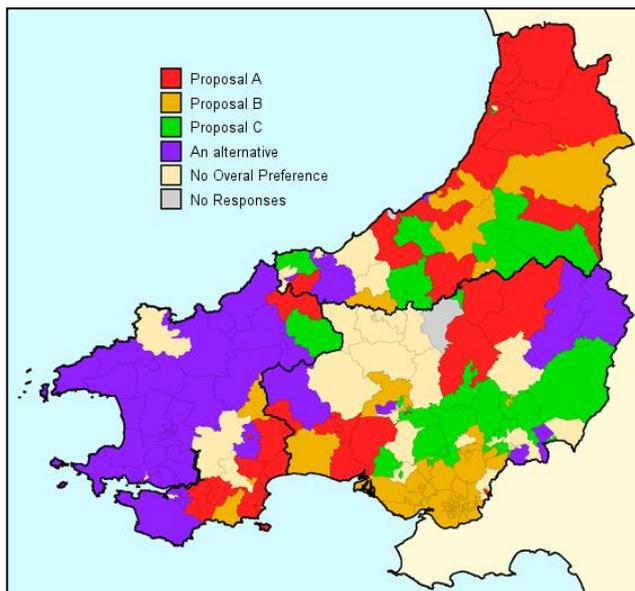
1.47 Support for the proposals also varied notably by area.

**Ceredigion:** support for Proposal A followed by Proposal B

**Carmarthenshire:** support for Proposal B followed by Proposal C

**Pembrokeshire:** support for Proposal A with substantial support for an alternative option (many focusing on retaining services at Withybush Hospital)

**Figure 2: Majority support for the proposed options by area**



Base: Responses provided by individual respondents to the consultation questionnaire with valid postcodes (3,003)

1.48 Figure 2 shows the distribution of opinions from the open questionnaire responses across smaller areas.

1.49 There is greatest support for **Proposal A** in many areas near to the proposed new hospital, and also many areas around Bronglais Hospital.

1.50 Areas surrounding Llanelli support **Proposal B**, although this proposal also has majority support in some southern parts of Ceredigion and some central areas in the south.

1.51 **Proposal C** has greatest support in southeast Carmarthenshire (including Cross Hands and the Amman Valley), though again there is majority support for this proposal in some southern parts of Ceredigion.

1.52 The majority of residents across many parts furthest to the west support **another alternative**; and an alternative option has majority support in eastern Carmarthenshire. It is notable that there are very few locations without a majority preference across all respondents in the area.

## Meeting the challenges

1.53 Respondents were asked to evaluate the extent to which each of the proposals would meet the challenges facing the Health Board. There were very low levels of agreement that any of the three proposed options would successfully meet the challenges.

1.54 Highest levels of agreement were from NHS staff, with 44% agreeing that Proposal B would meet the challenges faced by the Health Board, followed by Proposal A (38%) and Proposal C (36%).

1.55 Individual respondents to the open questionnaire showed similar patterns of agreement, though the extent of agreement was lower overall with 34% agreeing that Proposal B would meet the challenges, with less than a quarter agreeing that Proposal A (22%) and Proposal C (24%) would do so. There were also high levels of disagreement. More than half of individual respondents disagreed that each of the three proposals would meet the challenges: Proposal A had 68% disagreement; Proposal B had 53% and Proposal C had 61%.

1.56 However, from discussions at the public workshops, it was evident that residents' opinions on whether the proposals would meet the challenges facing the Health Board tended to be influenced by their support for specific proposals, rather than the support for proposals being based on the perceived extent to which the proposals actually met the challenges.

## Proposal A

1.57 It was generally recognised that Proposal A was likely to maximise the resources available for delivering community healthcare, but there were also some concerns. These included:

The failure to meet the Health Board's 'equity test' in removing facilities from the area of greatest population and social need;

The ability to train the workforce needed to deliver this option; and

The likely impact on Morriston Hospital (and possibly Bronglais Hospital too) if residents chose to access services there instead of at the new hospital in West Wales.

1.58 However, at least some staff favoured Proposal A because it was the most 'radical' and placed greatest emphasis on the 'community element' of the plans:

It was felt that the benefits of adopting the most cost-effective option should not be understated given the ongoing financial pressures and the ageing population's increasing needs;

It would maximise the resources available for investment in and the delivery of community-based services, which will be critical to the success of the overall plan; and

It was also seen to be the most 'fair' option insofar as Glangwili Hospital, Prince Philip Hospital and Withybush Hospital would all become community hospitals; and some felt that there was little justification for Prince Philip to retain its current status given the proximity of Morriston.

1.59 These perspectives were echoed across the different elements of the consultation.

*Having two major hospitals at either end and then others being able to deal with other issues locally – that would be good. This new hospital will have all the equipment and leaving Bronglais untouched will only leave room for improvement. It's the best choice. (Aberaeron public workshop)*

*The LMC responded as a group, in support of Proposal A and the rationale for the decision was as follows: there is a recognition that something has to change; proposal A is the most cost effective; if we are going to change we have to go for the most radical change, then every area will be in the same situation, with a community hospital in their patch; if you have to make a decision you have to make the best decision, and part of this will be based on value for money (Dyfed Powys Local Medical Committee meeting)*

*Proposal A is just a step too far: it would have to be massive hospital if that was the only one other than Bronglais and would be put under a lot of pressure when there's no infrastructure at all (Band 6+, Glangwili focus group)*

*Residents in South and East Carmarthenshire may feel aggrieved by the downgrading of Prince Philip Hospital, which has served them well, but they are well placed being close to the M4 to avail themselves of the much-vaunted specialist services available in Swansea, Bridgend and Cardiff.*

*Travel times to reach such facilities are a fraction of those faced by residents in Ceredigion, South Gwynedd and West Powys in addition to which public transport is much more accessible (Resident submission)*

## Proposal B

1.60 The main advantage given in support of Proposal B was the ability to deliver services locally within the Health Board area for as many people as possible. Many had concerns that if Prince Philip did not remain a Local General Hospital, then large numbers of residents from the most populated areas would inevitably receive services in the neighbouring ABMU. Some also argued that services should be retained as Prince Philip currently networks well with services in ABMU and alleviates pressure from Morriston.

*Proposal B is preferred. Prince Philip is currently well run, things are done quickly and smoothly. All main specialists work between two sites, Morriston and Llanelli. This would not be possible if services moved from Llanelli (Morriston Hospital staff drop-in event)*

*This is most feasible to me – I think Swansea has massive capacity issues already; they're always cancelling. Having Prince Philip there to absorb some of that pressure will help. The emergency/planned care being on one site wasn't a factor in my views on proposal B really – but it does make sense that everything would be on the same site (Band 6+, Bronglais focus group)*

- 1.61 However, under Proposal B there were specific concerns raised about the uncertainty about community beds being provided in Llanelli; and whilst it was recognised that community beds would be provided in Carmarthen, there was also concern about there being no beds retained at Amman Valley Hospital.

## Proposal C

- 1.62 In general, there was very little support for splitting planned and urgent care across two sites. It is therefore perhaps not surprising that there was only limited support for Proposal C with many consultation responses suggesting that this option would not be viable.

*Option C will be more expensive than what we've got – why is the option even there if it's not feasible? We are supposed to be making savings and providing a safer service (Band 2-5, Withybush focus group)*

*I'm struggling a little bit with Option C, for each of these proposals you started with the premise of having four hospitals currently so we need to reduce in order to free up money, but in proposal C the only real difference is that Withybush becomes a community hospital so I struggle to see how Option C would save any money (Dyfed Powys Local Medical Committee meeting)*

## Another Alternative

- 1.63 More than half of all residents supported "another alternative" in many areas across West Wales. Many of these responses focused on retaining services at Withybush Hospital and there was widespread disagreement from residents in these areas that the hospital should become a community hospital (as well as a perception of unfairness given Withybush is re-purposed in each proposal) given the area's specific travel, industrial and tourism-related risks. However, there was some understanding from both staff and stakeholders about the Health Board's reasoning for this decision, and many supported the proposed changes for Withybush – as long as the new hospital is located closer to Narberth than Whitland or St Clears, and that Withybush becomes an 'excellent' community hospital with a wide range of services and sufficient number of beds.

*People's attachment to Withybush is strong – people need to be convinced that change is good. It's more of a historical thing for the people of Pembrokeshire, so how do you sell this? (Withybush Medical Staff Committee meeting)*

*People have in their head that the hospital is closing, this is what they are being told on social media. Giving people the reassurance that these services would be provided still in Withybush would help this (Pembrokeshire Town and Community Council event)*

*Accepting all of what the clinicians have said, for people living west of Haverfordwest, if they have an accident in Solva they will be thinking it will take them an extra 20 minutes to get to a safe place. The way the public in Pembrokeshire will look at it is that it will add to the risks around feeling safe (Pembrokeshire Town and Community Council event)*

*If you look at all the ticks, Withybush will become a really good community hospital and we will hopefully get a really good super hospital 15 minutes away under Proposal B (Band 2-5, Withybush focus group)*

1.64 Nevertheless, it was evident that concerns about access remained:

*Pembrokeshire has a fragile road and public transport infrastructure. The only dual carriageways are in the south of the County and of limited length. It is not unusual for the A40 to be closed because of road accidents necessitating lengthy and time-consuming detours. There have also been instances of simultaneous closure of both the Cleddau Bridge and the A40 - the two main routes out of Pembrokeshire. Our Golden Hour will not exist (Resident submission)*

1.65 Other feedback cited the prevalence of 'high risk' sites in the county, the poor public transport and difficult road infrastructure given Pembrokeshire's rural nature, and long journeys along the very busy A40.

## Other Feedback

1.66 There were a range of other issues repeated in feedback across all of the options. Perhaps most important was the recognition that the community model needs to be in place before any changes are introduced to acute care. Other points raised were around:

The importance of not losing or downgrading services at existing hospitals unless and until the new build has been completed

A range of issues relating to the location of the new hospital and the associated travel and transport implications in terms of distance, the poor road infrastructure, public transport links and increased pressure on ambulance service, due to more and longer transfers

The realistic impacts on patient flow to ABMU (under all options to a greater or lesser degree) and the need for the Health Boards to work together to mitigate the likely impacts

The possible impacts on patient flow to Bronglais Hospital and the need for regional working across the mid Wales area

The transition period and how services will be provided in the interim

The need to ensure that the emergency medical retrieval and transfer service (EMRTS) is available 24 hours a day

The integral need to consider mental health services and the health prevention agenda in the reconfiguration process

The increased role and use of technology-enabled care in delivering healthcare and the benefits and drawbacks of doing so (the latter particularly around patchy broadband provision and some patients' lack of technological confidence).

1.67 Whilst the services to be provided at Bronglais Hospital are the same under each of the proposals, a number of consultation responses warned against it being 'forgotten about'.

*We welcome the recognition of the strategic importance of Bronglais, but you need to ensure that departments are fit for purpose and that the quality and effectiveness of a distinct clinical space is maintained for its true purpose and not used as extra wards/ in-patient beds. A new theatre development will help but it needs protecting as a specialist area (Bronglais Hospital walkaround)*

*It is a big step forward from the proposals 6 or 7 years ago and even shows that patients concerns have been addressed by including some impact analysis of potential problems and benefits of the various proposals. Contrary to the downgrading of Bronglais as was suggested then, it is*

*encouraging to see it retained as a General District Hospital in all of the 3 proposals for healthcare in the region (Resident submission)*

1.68 In general, it is fair to say that feedback from staff groups almost universally supported the need for change. The notable exception was the Senior Paediatrics Team at Glangwili Hospital, who believe that the current model (following reconfiguration) 'makes sense' and is working well and do not feel that the proposed changes are best for women and children.

1.69 Despite the support from NHS staff, it is clear that there are significant public concerns about the proposals. During the consultation period, five different petitions were organised which collectively received over 50,000 signatures:

40,045 signatures – PEMBROKESHIRE SAYS NO!! TO THE CLOSURE OF WITHYBUSH A&E!

6,583 signatures – PLEASE HELP TO SAVE AMMAN VALLEY HOSPITAL FROM POSSIBLE CLOSURE!

3,626 signatures – KEEP A&E AT GLANGWILI OR BUILD NEW HOSPITAL AT CARMARTHEN

421 signatures – SAVE OUR FACILITIES AT PPH

209 signatures (organised by Aberystwyth & District Probus Club & Friends) – EXPRESSES SUPPORT FOR RETAINING BRONGLAIS AS A DISTRICT GENERAL HOSPITAL AND CONSULTATION PROPOSAL A (which will, it is felt, best address the health board's current challenges)

1.70 There was also extensive debate on social media relating to the issues, which largely reflected feedback received through other elements of the consultation.

1.71 Having reviewed the discussions, it is evident that these are not constrained exclusively to the consultation proposals, but relate to the wider provision of healthcare services in the area. It is evidence that a number of commentators care very passionately about the issues, and some of their considered comments are set out below:

*I think the Health Board should be lobbying WAG for a change in the way health boards are arranged or consider amalgamating with Swansea health board. I feel like the south coast of Wales would be better served by a united coalition which could arrange sentinel hospitals in a fair and more cost-effective way from Pembrokeshire to Cardiff, rather than planners being held prisoner to county/arbitrary Health Board geography... HDUHB is doomed to fail in the current funding model as WAG funding follows raw population rather than properly acknowledging the well documented and researched increased costs of rural healthcare compared to urban. I worry continuing a blinkered path to slowly erode services in one county to bolster another will not ultimately solve the puzzle*

*Could we not propose a more radical model addressing the real life needs with a multi-centre approach using the best of our existing buildings? This would be quicker, cheaper and provide short term security for applicants. Closer work with ABMU (or even integration) would support the already planned expansion of Morriston, supporting this with designated satellites at Withybush and Bronglais, in a similar way to Bronglais' proposed role within Hywel Dda under the current proposals. Prince Philip could then be developed further to provide breast cancer services across the two HBs, with satellite clinics and work in tandem with Morriston on the complex orthopaedics as part of the Trauma Network. Because of its ability to access other hospitals easily, Glangwili should become a Community Hospital, although there may be scope to develop elective surgery there provided Withybush could retain its A&E*

*To me there seems an obvious solution - rather than making it difficult for everyone unless you live in Carmarthen - discount the idea of a new hospital, close Glangwili, use the money and resources saved to make Haverfordwest and Llanelli major hospitals this will reduce the distances and travelling times*

*Looking at your map, surely the best solution is general hospitals at Bronglais, Withybush and Prince Phillip thus saving many, many millions on a new build, with Glangwili being a new community hospital*

*Can cold ortho not be done in one of the two Carmarthenshire hospitals either West Wales General Hospital or Prince Phillip anyway without the need to build a third? I'm sure most Pembrokeshire patients would value retaining their local in-county DGH for acute emergency problems while accepting having their routine hip or knee replacement over the border in Carmarthenshire? Downgrading WGH or PPH while keeping the other one hot would be great and save money. Pre-op checks can already be done locally anyway, so these wouldn't require any change...*

## The Consultation Process

- 1.72 The consultation process was praised by some respondents as 'extensive', 'rigorous' and 'fair' with a clear commitment to staff, stakeholder and public engagement. Whilst it was suggested that there was inadequate publicity for some early events, additional meetings were arranged in certain areas. Based on the feedback received, it is evident that a large number of staff, stakeholders and residents took part in the consultation and were able to share their views.
- 1.73 Some feedback was received which suggested that there was a lack of in-depth data or evidence that was presented clearly enough in the consultation document to enable people to make an informed decision. Others were critical of the similarities between the proposals and the uncertainties that remained, in particular about the new hospital.

*Also at odds with the Gunning Principles, the consultation document asks people to choose between three very similar proposals, all based on a new hospital at an unspecified location somewhere between Narberth and St Clears. If money is available for a new build hospital, there is no consideration of, for instance, a new build in Carmarthen to replace Glangwili. The proposals do not give this level of choice (Resident submission)*

- 1.74 As previously noted, there was a general lack of clarity and understanding about the proposals for community hospitals (as well as some concern that the terminology of 'community hub' and 'community hospital' is detrimental in suggesting a 'downgrade'); and some felt the new hospital - and its location - had detracted from the other issues:

*The focus of the consultation has been on a possible new hospital and the sense of services then being taken away from communities – and that the necessity to change community services being key to any such change has, to an extent, been overlooked (Carmarthenshire County Council)*

*The fact this location has been given has dramatically interfered with consideration of the key messages of HDdUHB's proposals...the public cannot support these proposals in their current form due to the geographical issues and their impact (Carmarthen East and Dinefwr Labour Party)*

## Equalities Issues

- 1.75 The majority of issues raised in relation to equalities impacts related to travel and transport issues for specific groups, chiefly: the elderly; those with disabilities; expectant parents; families with children and children themselves. Other suggested groups on which the Health Board's proposals may have an adverse impact were: those in poverty or living in socially-deprived areas (particularly in relation to the cost of travelling additional distances); those without access to private transport; those from rural, farming communities and

those seeking the provision of healthcare through the medium of Welsh (it was feared that this would be less likely in a centralised hospital model).

- 1.76 Most of the issues raised in the events specifically for protected characteristics groups were the same as those consistently seen across all other consultation elements. There was:

Support for the case for change;

Support for the proposed community model in principle but with concerns around its implementation (chiefly in terms of staffing and resourcing, integrated working between health and social care and GP shortages);

Support for a new hospital for the south of the Health Board area in principle, but with significant worries about travel and access by road and public transport to the proposed location between Narberth and St Clears - as well as how the proposed new facility will be funded and staffed; and

A great deal of concern about the repurposing of Withybush as a community hospital (though some said they felt more positive about this after hearing more detailed information about what would be available there) - and, to a lesser extent, about the possible repurposing of Glangwili and Prince Philip Hospitals.

- 1.77 However, specific suggestions around ensuring future healthcare facilities and services are fully inclusive and designed to cater for the needs of all protected characteristics were made. These included: deaf awareness training for staff; the provision of hearing loops; consideration for blind and partially sighted patients who cannot, for example, read appointment reminder letters or visual displays; translation services for those whose first language is not English or Welsh; and learning disability/autism friendly facilities such as a 'calming room'. With respect to the latter, it was also said that the importance of familiarity for people with autism and learning disabilities must be given consideration if they are required to be treated 'somewhere different'.
- 1.78 Finally, though most of the equalities issues raised were in relation to possible negative impacts on particular groups, it should also be stressed that the proposed community model was considered potentially positive for older people and those with learning disabilities in providing care closer to home and minimising travel - providing it is supported by adequate transport provision for those needing acute care further afield.

## The Political View

### The Case for Change and Community Services

- 1.79 The meetings with and submissions from politicians and political groups showed widespread agreement with the need for change and for the shift to a community model in principle. The proposed community hubs in particular were welcomed by Lee Waters AM, Eluned Morgan AM, Elin Jones AM and Ben Lake MP - and were supported by the Carmarthen East and Dinefwr Labour Party as the *'best chance yet' to deliver seamless joined-up care for residents that aims to keep people at home, living independently and promotes public health*.
- 1.80 Some issues and concerns were raised though, particularly around: the need for community services to be properly staffed and resourced (Welsh Labour Party Representative, meeting with local AMs and the Ceredigion Constituency Labour Party); the need for the community model to be fully functional prior to any changes to hospital services (Eluned Morgan AM); and the importance of closer integration between health and social care in determining the success of the proposed changes (Eluned Morgan AM, Elin Jones AM, Ben

Lake MP and the Welsh Liberal Democrats). Plaid Cymru made the latter two points particularly forcefully as below:

*The underlying case to justify the reconfiguration of acute services within Hywel cannot be made until such time as the envisaged community-based facilities and working practices are actually in place and the impact of such changes on primary and secondary care activity accurately assessed. In the meantime, jointly concentrate efforts on developing the enhanced community-based facilities promised for each location via fully Integrated health and social care/local authority locality teams... This would require a new approach to “joint working” incorporating a new relationship between the Health Board and the three local authorities and an integrated holistic community health and care provision delivered locally via a single line of management... We believe that investing in community health and care services, via sufficient new and additional resources, prior to any consideration of hospital reorganisation would be the best possible incentive for the Health Board to deliver seamless, cross boundary and better community services, manage the demand being faced by A&E departments and ultimately make the position sustainable by making better use of resources.*

- 1.81 In terms of hub locations, Eluned Morgan AM, the Carmarthen East and Dinefwr Labour Party and Plaid Cymru were worried about the loss of beds at Amman Valley Hospital, and the Carmarthen East and Dinefwr Labour Party and the Ceredigion Constituency Labour Party both suggested a need for an additional hub for the Lampeter area.
- 1.82 Finally, a ‘pilot’ community hub was suggested by both the Carmarthen East and Dinefwr Labour Party and the South East Pembrokeshire and West Carmarthenshire Labour Party.

## Hospital Services

- 1.83 The fact that Bronglais remains relatively unaffected by the proposals was welcomed by Elin Jones AM and Ben Lake MP, though the Ceredigion Constituency Labour Party “remains concerned and watchful about the possible “invisible” downgrading of Bronglais Hospital through, for example: diminished senior doctor and consultant cover; the introduction of physician associates to replace doctors; and the shift of better-qualified staff to the proposed new Urgent and Planned Care Hospital in the south”.
- 1.84 There was support for the new hospital in principle from Eluned Morgan AM (who called it a “new and attractive proposition for clinical staff”), Elin Jones AM, Ben Lake MP the Carmarthen East and Dinefwr Labour Party and the Welsh Liberal Democrats (who said that “doctors, nurses and other clinical staff often prefer to work in centres of excellence which should be easier in a new, larger hospital...and a larger hospital should enable more balanced work rotas”).
- 1.85 Nonetheless, there were practical concerns in considering the proposed location between Narberth and St Clears, chiefly around:

Its inaccessibility both by road due to the difficult surrounding road infrastructure and by public transport (Lee Waters AM, Elin Jones AM, Ben Lake MP, the Carmarthen East & Dinefwr Conservatives and Ceredigion Conservatives and the Welsh Liberal Democrats)

*The need for a costed and approved transport plan: for some locations, the proposals will involve extra travelling time for A&E and other services. Improvements will thus be needed to the main road network, and the ambulance service will need to be adapted to minimise extra travel time (Welsh Liberal Democrats)*

Possible ongoing recruitment and retention difficulties as a result of the remoteness of the location (Lee Waters AM, the Carmarthen East & Dinefwr Conservatives and Ceredigion Conservatives, the Carmarthen East and Dinefwr Labour Party and the meeting with AMs)

*Lots of nursing staff from Glangwili live east of Glangwili and will not want to travel west (Meeting with AMs)*

*The consultation fails to deal with the issue of staff and where they would choose to work, instead making assumptions that they would be happy to be transferred to the proposed new hospital (Carmarthen East & Dinefwr Conservatives and Ceredigion Conservatives)*

The lack of guaranteed funding for the new build (Paul Davies AM, Stephen Crabb MP, the Welsh Liberal Democrats, the meeting with local AMs and the Carmarthen East and Dinefwr Labour Party)

The potential pressure on Morriston if A&E is moved further west, necessitating an agreement/protocol with ABMU to ensure “*bureaucratic barriers to...accessing services in Swansea [are] fully broken down*” (Lee Waters AM). This was also a worry for Elin Jones AM, Ben Lake MP and the Carmarthen East and Dinefwr Labour Party

The transition period and how services will be provided in the interim (local MP, the South East Pembrokeshire/West Carmarthenshire Labour Party Group meeting and the Carmarthen East and Dinefwr Labour Party)

*This is a long-term plan and it sounds an excellent plan, what happens in the meantime? People are worried, is Withybush going to close next week? (South East Pembrokeshire/West Carmarthenshire Labour Party Group meeting)*

- <sup>1.86</sup> It should also be noted that the Pembrokeshire-based politicians and groups (Paul Davies AM, Stephen Crabb MP and the South East Pembrokeshire/West Carmarthenshire Labour Party Group) echoed the concerns of others in relation to the loss of A&E from Withybush, particularly with respect to: travel and access issues and the need for infrastructure improvements; the number of at-risk sites in the county; the tourist increases in summer; the knock-on effects on local communities; and the effect of historical Health Board decisions on recruitment to the hospital.
- <sup>1.87</sup> As for alternative locations, the only explicit one mentioned was by the Carmarthen East & Dinefwr Conservatives and Ceredigion Conservatives, who suggested that the Health Board examine a range of different areas, including Carmarthen town itself.

## Overall Perspectives

- <sup>1.88</sup> As we have said, there can be no ‘definitive’ interpretation of this complex material and the diverse opinions expressed through so many routes; and ORS does not presume to tell the Health Board what to think. Furthermore, the outcomes of the consultation process will need to be considered alongside other information available about the likely impact of each of the proposed options. Nonetheless, part of our role is to highlight what we consider to be the key issues for the Board to consider derived from all the material in this report.

## The Case for Change

- <sup>1.89</sup> It is clear that there is widespread support for the overall case for change. That is not to say that everyone agrees, and many residents would like to maintain the status quo in terms of their own local services; but

most respondents recognised that the current service configuration is unsustainable: there is a need to strengthen services; improve the quality of patient care and protect the sustainability and safety of services. The almost universal support for change from across staff groups is particularly notable.

- 1.90 Given this context, it would seem appropriate and necessary for the Health Board to proceed with the more detailed decisions associated with proposals.

## Community Services

- 1.91 Whilst there is support for the shift towards a community model for providing healthcare services in principle (despite some concerns around investment, resources, staffing and relationships between health and social care), there have been criticisms of the specific proposals with opinion clearly divided.
- 1.92 Whilst NHS staff are generally supportive overall (59% agree with the specific proposals for services and 55% agree that the proposed locations are fair) it is important to recognise that more than one in three (35%) NHS employees disagreed with the specifics of the proposals.
- 1.93 Public opinion is even more critical, with over half of individual responses to the consultation questionnaire disagreeing with the specific proposals (51% disagree with the proposed services and 53% disagree with the locations). Of course, the consultation questionnaire does not provide a measure of wider public opinion; but opinion was also divided amongst the representative cross-section of residents who attended the workshops: 46% agreed with the proposed locations, 41% disagreed.
- 1.94 These responses differed by area, with majority disagreement in most areas in Pembrokeshire, especially those furthest to the west (though there was majority agreement close to the Carmarthenshire border, and Haverfordwest, Narberth and Tenby). There was also majority disagreement in the Amman Valley, and parts of Aberaeron, Cardigan, Carmarthen and Llanelli.
- 1.95 Much of the detailed feedback focused on fairness of access, and many respondents suggested that the Health Board should reconsider the proposals for the provision of local services in parts of Pembrokeshire, including Milford Haven/Neyland, Fishguard/Goodwick, St Davids and Crymych; and a number of respondents also suggested that additional community hubs should be considered in both Llandysul and Lampeter. Whilst the consultation in itself does not necessarily provide the justification for any additional provision, it is evident that the Health Board should review its proposals carefully in the context of such negative feedback.

## Planned and Urgent Care

- 1.96 There is evidently support for separating planned and urgent care, providing that both continue to be delivered on the same site. The principle of a new hospital for urgent and emergency care in the south also received majority support from both staff (54%) and the representative cross-section of residents who attended the workshops (55%).
- 1.97 However, despite the support for the principle of a new hospital in the south, there was notably less support for the proposed location and the extent of support differed by area, with much higher levels of agreement in the areas between Narberth and St Clears (where it is currently proposed that the hospital would be located) and surrounding locations.
- 1.98 Perhaps unsurprisingly, most of the issues raised about the location related to access; with competing arguments for siting the new hospital either near Carmarthen (which has its own large population centre and

is located between the major population centres of Haverfordwest and Llanelli) or further towards the west, given that access from these locations is already poor (albeit that there tend to be smaller populations living in the more remote locations). Aside from access, issues were also raised about the need to recruit staff and consider their expectations when choosing somewhere to live and work (as well as taking account of the ability of lower-paid staff to travel to work in another area), and also the implications for catchment areas and the likely impact on other hospitals – Morriston in particular.

- 1.99 Whilst it will be impossible to reconcile these different perspectives which arise from different parts of the Health Board area, it will be important to take account of the issues raised when determining the final location for any new hospital alongside the other information available about likely impacts.

## Support for the Proposed Options

- 1.100 The extent of support for each of the proposed options is driven by a range of different factors. Once again location is important, as it is evident that the extent of support for each proposal differs by area.
- 1.101 Taking everything into account, we can conclude that Proposals A and B carry considerably more support than Proposal C. Based on the consultation feedback received, it seems likely that the Health Board should not seek to pursue Proposal C any further, and instead should now focus their attention on the other two proposals.
- 1.102 However, it is important to recognise that there is very strong public support for “another alternative” across many parts of Pembrokeshire, with proposals typically involving the retention of existing services and/or enhancing the services provided at Withybush Hospital. Feedback from some staff and stakeholders endorses the Health Board’s proposals for Withybush becoming a community hospital, and it may well be that the proposals are the best way forward despite the public feedback received during the consultation. However, given the strength of feeling that is evident, careful consideration should be given to the points of view put forward by local residents about the provision of healthcare services for the area.
- 1.103 In terms of the balance between Proposal A and Proposal B, it is clear that there are a range of competing factors to consider. Whilst support for the proposed options varied across the different elements of the consultation, there was majority support from staff for Proposal B (based on both focus group and consultation questionnaire feedback) though it is evident that opinion was divided, and many staff supported Proposal A.
- 1.104 It was generally recognised that Proposal A is likely to maximise the resources available for investment in and the delivery of community-based services, which will be critical to the success of the overall plan. Whilst it was recognised as being the most ‘radical’ solution, many believed that the benefits of adopting the most cost-effective option shouldn’t be understated given the ongoing financial pressures and the increasing needs of an ageing population.
- 1.105 The main advantage given in support of Proposal B was the ability to deliver services locally within the Health Board area for as many people as possible. Many had concerns that if Prince Philip did not remain a Local General Hospital, then large numbers of residents from the most populated areas would inevitably receive services in the neighbouring ABMU.
- 1.106 Public support was driven by location. Those in Pembrokeshire and Ceredigion favoured Proposal A (whilst recognising that many in Pembrokeshire would still prefer “another alternative”, typically involving Withybush Hospital); whilst those in Carmarthenshire (especially Llanelli) clearly favoured Proposal B. Once again, it is likely to be very difficult to reconcile these different perspectives arising from different parts of

the Health Board area; although choosing the best location for any new hospital may help to mitigate some of the concerns raised by some people in some places.

<sup>1.107</sup> Of course, these are complex and problematic issues without certainty of outcomes; and there are many relevant perspectives from numerous and diverse people and groups. In taking everything into account, the Health Board will no doubt wish to balance the opinions of residents and local groups alongside the judgements of senior clinicians and professional bodies. However, whilst opinion is divided about which proposal would be best – either Proposal A or Proposal B – both proposals command a good deal of support, especially from staff. Nevertheless, any decisions taken by the Health Board should be informed by the full range of information available.

## Other Considerations

<sup>1.108</sup> HDdUHB will also wish to give due consideration to (and reassure the public, staff and stakeholders on) a range of other issues frequently repeated in feedback across all of the options, primarily in terms of how it intends to:

Implement and evaluate the success of the community model prior to introducing changes to acute care;

Work with local authorities to bridge the apparent divide between health and social care;

Maintain services at existing hospitals while a new build is being developed;

Work with others to mitigate against issues relating to the location of the new hospital and associated travel and transport implications (for example poor road infrastructure, public transport links and increased pressure on the ambulance service due to more and longer transfers);

Secure funding for a new hospital;

Work with other Health Boards (ABMU in particular) to mitigate the likely impacts of its proposals on patient flow;

Maintain and develop (in partnership) healthcare services across the mid Wales area, particularly in relation to the provision of services at Bronglais Hospital;

Manage the transition period and provide services in the interim;

Ensure adequate availability of the emergency medical retrieval and transfer service (EMRTS);

Consider mental health services and the health prevention agenda in the reconfiguration process; and

Encourage more and better use of technology-enabled care in delivering healthcare.

<sup>1.109</sup> Finally, the Health Board may wish to re-examine its terminology (for the terms 'community hub' and 'community hospital' were thought to suggest something 'lesser' rather than something 'different') - as well as clarification on exactly what would be available at its new facilities and on patient pathways within both the community and hospital sectors.