Pecyn dogfennau cyhoeddus

Y Pwyllgor Deisebau

Lleoliad:
Ystafell Bwyllgora 1 – y Senedd

Dyddiad:
Dydd Mawrth, 17 Gorffennaf 2012

Amser:
09:00

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

I gael rhagor o wybodaeth, cysylltwch a:

Abigail Phillips
Clerc y Pwyllgor
029 2089 8421
deisebau@cymru.gov.uk

Agenda

1. Cyflwyniad, ymddiheuriadau a dirprwyon 09:00

2. Deisebau newydd 09:00 – 09:05

2.1 P-04-407 Achub Llety Gwarchod Kennard Court ar gyfer Pobl Hŷn (Tudalen 1)

2.2 P-04-408 Child and Adolescent Eating Disorder Service (Tudalen 2)

3. Y wybodaeth ddiweddaraf am ddeisebau blaenorol 09:05 – 09:35

Tai, treftadaeth ac adfywio

3.1 P-04-405 Llawysgrif ganoloesol o Gyfreithiau Hywel Dda (Tudalennau 3 – 4)

Amgylchedd a datblygu cynaliadwy

3.2 P-04-324 Dywedwch na i TAN 8 – mae ffermydd gwynt a llinellau pŵer foltedd uchel yn difetha ein cymuned (Tudalen 5)

3.3 P-03-273 Cludo tyrbini gwynt yn y Canolbarth (Tudalennau 6 – 8)

3.4 P-04-343 Atal dinistrio amwynderau ar dir comin – Ynys Môn (Tudalennau 9 – 10)

Iechyd a gwasanaethau cymdeithasol

3.5 P-03-280 Ysbyty Brenhinol Caerdydd (Tudalennau 11 - 31)

3.6 P-04-334 Uned Arennol Newydd yn Ysbyty Tywysog Siarl (Tudalennau 32 - 33)

Llywodraeth leol a chymunedau

3.7 P-04-395 Dylai Ambiwlans Awyr Cymru gael arian gan y llywodraeth (Tudalennau 34 - 35)
3.8 P-04-402 Gweddïau Cyngor (Tudalen 36)

4. Sesiwn Tystiolaeth ar Lafar 9.30 - 10.15 (Tudalennau 37 - 239)

Sian-Marie James, Dirprwy Gadeirydd, Bwrdd Iechyd Hywel Dda
Trevor Purt, Prif Weithredwr, Bwrdd Iechyd Hywel Dda

4.1 P-04-394 Achub ein Gwasanaethau – Ysbyty Tywysog Philip

4.2 P-04-367 Achub ein Gwasanaethau Ysbyty

5. Papurau i'w nodi

5.1 P-04-329 Rheoli swn o dyrbinau gwynt sy'n peri diflastod (Tudalennau 240 - 241)
5.2 P-04-341 Gwastraff a Llosgi (Tudalennau 242 - 247)

6. Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer y canlynol:

Trafod y dystiolaeth a gafwyd yn eitem 4

P-04-407 : Achub Llety Gwarchod Kennard Court ar gyfer Pobl Hŷn

Geiriad y ddeiseb: Rydym yn galw ar Lywodraeth Cymru i wrthwynebu cau Llety Gwarchod Kennard Court ar gyfer pobl hŷn. Gorfodwyd y trigolion i adael yr adeilad a dod o hyd i rywle arall i fyw, am y rheswm ffug bod asbestos ynddo. Nid yw trigolion y Llety wedi cael cefnogaeth i'w hachos gan neb, ac maent bron â rhoi'r ffidil yn y to. Mae angen i ni eu cefnogi a'u cynorthwyo i aros yn eu cartref. Mae rhai trigolion wedi cael eu symud eisoes, ac mae bygythiad i droi'r rhai sy'n weddill o'u cartref os na fyddant yn symud. Mae Bron Afon yn targedu pobl agored i niwed, hŷn, sy'n 70 oed a throsodd. Nid yw hyn yn deg, a rhaid rhoi terfyn arno. Mae'n anodd meddwl am y trigolion, yn y cyfnod hwn yn eu bywydau, yn dioddef y straen a'r pryder o orfod cael eu hail-gartrefu. Llofnodwch y ddeiseb hon.

Gwybodaeth ategol: Mae'r rhan fwyaf o'r trigolion hyn, ynghyd â'u cyndeidiau, wedi byw ym Mlaenafon ar hyd eu hoes. Maent wedi cyfrannu at Flaenafon a'r gymuned. MAE ANGEN EIN CEFNOGAETH NI ARNYNT.'

Cyflwynwyd y ddeiseb gan: Georgina James

Ystyriwyd y ddeiseb am y tro cyntaf: 17 Gorffennaf 2012

Nifer y llofnodion: 19

P-04-408 : Gwasanaeth i Atal Anhwylder Bwyta ymysg Plant a Phobl Ifanc

Geiriad y ddeiseb:

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i ariannu'r Gwasanaeth i Atal Anhwylder Bwyta ymysg Plant a Phobl Ifanc yng Nghymru i'r un graddau â'r Gwasanaeth i Atal Anhwylder Bwyta ymysg Oedolion yng Nghymru.

Daeth i'm sylw bod symiau gwahanol o arian yn cael eu rhoi i Wasanaethau i Oedolion a Gwasanaethau i Blant a Phobl Ifanc ar gyfer ymdrin ag anhwylder bwyta. Ar hyn o bryd, mae'r Gwasanaeth i Atal Anhwylder Bwyta ymysg Oedolion yn cael £1 filiwn y flwyddyn gan Gynulliad Cymru, yn ogystal â phedwar grŵp darparu a hyfforddwyd gan arbenigwyr. Yn anffodus, mae gwaith ymchwil yn nodi'r ffaith bod pobl yn fwyaf tebygol o gael eu profiad cyntaf o anhwylder bwyta, yn enwedig Anorecsia Nerfosa, yn ystod eu glaslencyndod. Yn hanesyddol, roedd pobl yn cyrraedd glaslencyndod pan oeddent rhwng 12 a 15 oed. Fodd bynnag, bellach, mae hyn yn digwydd pan fydd pobl yn llawer iau ac felly mae'r ystadegau'n dechrau dangos bod mwy o blant iau yn dioddef o Anorecsia Nerfosa. Bydd pobl fel arfer yn dechrau dioddef o Fwlimia Nerfosa pan fyddant rhwng 18 a 25 oed. Fodd bynnag, fel gydag Anorecsia, gall hyn amrywio o berson i berson. Mae'r ffaith mai cymryd camau buan yw'r allwedd i sicrhau gwellhad cyflym mewn perthynas â'r ddau anhwylder, ac, yn ddiau, pob anhwylder bwyta y gellir ei ddiagnosio, sy'n atal goblygiadau ariannol hirdymor i'r Llywodraeth, yn gwneud y cais hwn yn fwy perthnasol. Felly, rwy'n ymbil ar y Cynulliad i ystyried hyn yn flaenoriaeth ar gyfer dadl i gael gwared ar y gwahaniaeth hwn drwy roi'r un swm o arian i'r Gwasanaeth i Atal Anhwylder Bwyta ymysg Plant a Phobl Ifanc Nghymru ag a roddir i'r Gwasanaeth i oedolion.

Cyflwynwyd y ddeiseb gan: Helen Missen

Ysytyriwyd am y tro cyntaf gan y Pwyllgor: 17 Gorffennaf 2012

Nifer y llofnodion: . 246

P-04-405 Llawysgrif ganoloesol o Gyfreithiau Hywel Dda

Geiriad y ddeiseb:

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i brynu'r llawysgrif ganoloesol o Gyfreithiau Hywel Dda, sy'n cael ei arwerthu gan Sotheby's ar 10 Gorffennaf. Teimlwn y dylai Llywodraeth Cymru brynu'r llawysgrif hon ar gyfer pobl Cymru gan naill ai ei harddangos mewn amgueddfa yng Nghymru neu yn Neuadd y Senedd, yn hytrach na'r posibilrwydd bod casglwr preifat yn ei phrynu ac na fydd y cyhoedd fyth yn ei gweld hi eto.

Cyflwynwyd y ddeiseb gan: Russell Gwilym Morris

Ystyriwyd y ddeiseb am y tro cyntaf: 2 Gorffennaf 2012

Nifer y llofnodion: 53

Huw Lewis AC / AM
Y Gweinidog Tai, Adfywio a Threftadaeth
Minister for Housing, Regeneration and Heritage

Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-405
Ein cyf/Our ref HL/05895/12

William Powell AM
Chair of the Petitions Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

3 July 2012

Dear William

Thank you for your letter of 27 June on behalf of the Petitions Committee regarding the Medieval manuscript *The Laws of Hywel Dda*, that is being auctioned at Sotheby's on 10 July.

I note the interest shown by the petitioners regarding the sale of this rare example of a mediaeval Welsh manuscript. I am pleased to inform you that the Welsh Government, through CyMAL: Museums Archives and Libraries Wales, is supporting the efforts of the National Library of Wales to secure funding to bid for this item at auction. The National Library is in discussions with a number of potential contributors to secure the necessary funding. The Welsh Government has earmarked a potential contribution if the Library is successful in its bid.

In response to press enquiries, the National Library and Amgueddfa Cymru - National Museum Wales have declined to comment on whether they are interested in purchasing the manuscript. This approach has been taken in order to avoid the potential price inflation which could be caused if interest in the manuscript is openly displayed by a national institution. As a consequence, I would be grateful if you would not publicise the National Library's interest in the purchase of the manuscript until after the auction on 10 July has taken place.

Hwn

Huw Lewis AC / AM
Y Gweinidog Tai, Adfywio a Threftadaeth
Minister for Housing, Regeneration and Heritage

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.huw.lewis@wales.gsi.gov.uk

P-04-324 Dywedwch Na i Tan 8 – Mae ffermydd gwynt a llinellau pŵer foltedd uchel yn difetha ein cymuned

Geiriad y ddeiseb

Mae 'Nodyn Cyngor Technegol (TAN) 8: Ynni Adnewyddadwy (2005)' gan Lywodraeth Cymru yn darparu cyngor a chanllawiau sydd, heb amheuaeth, yn arwain at halogi cefn gwlad brydferth canolbarth Cymru. Bydd dilyn y canllawiau hyn yn difetha ein tirwedd brydferth; yn cynyddu'r perygl i iechyd a achosir gan belydriad electromagnetig; yn niweidio twristiaeth, sef un o'r prif sectorau cyflogaeth; yn datbrisio adeiladau ac yn achosi difrod sylweddol i'r amgylchedd.

Pan gyhoeddwyd y nodyn cyngor technegol, a elwir yn TAN 8 yn aml, gan Lywodraeth Cynulliad Cymru yn 2005, nid oedd y boblogaeth leol yn amgyffred i ba raddau y byddai'n effeithio ar drigolion canolbarth Cymru. Bydd Nodyn Cyngor Technegol 8 yn caniatáu i gannoedd o dyrbinau gwynt gael eu hadeiladu yn ein cymunedau.

O ganlyniad i adeiladu'r ffermydd gwynt hyn, bydd yn rhaid i'r Grid Cenedlaethol osod llinellau trawsyrru pŵer i gludo'r pŵer i le y bydd ei angen, er ein bod yn cydnabod nad yw Cynulliad Cenedlaethol Cymru yn rhan o'r broses o benderfynu gosod y llinellau pŵer hyn.

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i ymgymryd ag adolygiad sylweddol o bolisi TAN 8 a fydd yn cynnwys mwy o ymgynghori â'r cyhoedd.

Linc i'r ddeiseb: http://www.senedd.cynulliadcymru.org/mgIssueHistoryHome.aspx?IId=1017

Cynigwyd gan: John Day

Nifer y llofnodion: 3,249 o lofnodion. Casglwyd dros 13,500 o lofnodion gan ddeisebau cysylltiedig.

Ystyriwyd gan y Pwyllgor ar: 12 Mehefin, 21 Gorffenaf 2011.

Y wybodaeth ddiweddaraf: Cafwyd gohebiaeth gan Gweinidog yr Amgylchedd a Datblygu Cynaliadwy, y Pwyllgor Amgylchedd a Chynaliadwyedd a'r Adran Ynni a Newid Hinsawdd a Gwirfoddolwyr Abergorlech, Llansawel a Rhydcymerau.

P-03-273 Cludo tyrbinau gwynt yn y Canolbarth

Geiriad y ddeiseb

Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i gyhoeddi canllawiau i Awdurdodau Cynllunio Lleol i sicrhau eu bod yn ymgynghori'n briodol â chymunedau ynghylch datblygiadau ffermydd gwynt a'u bod yn cynnal asesiad priodol o effaith y datblygiadau ar y seilwaith ffyrdd gan ystyried sut y bydd problemau traffig yn effeithio'n ehangach ar sectorau fel twristiaeth cyn cymeradwyo unrhyw ddatblygiad. Credwn mai dim ond drwy gynnal ymchwiliad cyhoeddus y gellir cwblhau asesiad priodol.

Linc i'r ddeiseb: http://www.senedd.cynulliadcymru.org/mgIssueHistoryHome.aspx?IId=873

Cynigwyd gan: Cyngor Tref y Trallwng

Nifer y llofnodion: 1

Ystyriwyd gan y Pwyllgor ar: 19 Ionawr, 23 Mawrth, 25 Mai, 13 Gorffennaf, 28 Medi a 16 Tachwedd 2010; a 25 Ionawr a 29 March, 12 Gorffenaf 2011.

Y wybodaeth ddiweddaraf: Cafwyd gohebiaeth gan y Pwyllgor Amgylchedd a Chynaliadwyedd a Gwirfoddolwyr Abergorlech, Llansawel a Rhydcymerau.

GALAR

Gwirfoddolwyr Abergorlech, Llansawel a Rhydcymerau
Volunteers for Abergorlech, Llansawel and Rhydcymerau

GALAR's evidence to P-03-273 Transportation of wind turbines in mid Wales.

The Petition

We call upon the National Assembly for Wales to urge the Welsh Government to issue guidance to Local Planning Authorities to ensure that communities are properly consulted on wind farm developments, that impact on road infrastructure is properly assessed and that the broader effects of traffic disruption on sectors such as tourism are properly considered before any development is approved to take place. We believe the only way this can be properly concluded is by way of a public inquiry.

GALAR would support the above petition. While the Petition title sites mid Wales specifically, the petition itself refers to Local Planning Authorities and communities, which would be common to all areas subject to being on route to the SSA as determined by TAN 8.

We would support the call for a public inquiry, and ask that the inquiry investigates the following areas:-

- That a Traffic Impact Assessment[1] be made on all SSA's as determined in TAN 8, and on any further areas designated to meet WAG onshore windfarm plate capacity requirements. This TIA should determine the suitability of routes, and whether those routes can be used without adversely affecting other users and residents along the routes.
- If the selected routes are found to be inadequate then upgrading, or alternative traffic infrastructure should be in place prior to developments commencing. Unclassified roads and classified roads which form part of communities would have to be assessed as to impact before , during , and after the developments have taken place, to ensure change is minimal and the tourism and recreational features of routes are maintained.
- The inquiry should investigate methods of traffic assessment and movement. Simple traffic counting statistics employed at the moment are of little use. Wind Farm construction imposes a special encumbrance on rural road networks. Even developments below 50 MW create thousands of vehicle trips. These vehicles are predominantly slow moving heavy goods vehicles occupying road networks at peak traffic times. All the SSA's have been designated in rural areas, least suited to handle industrial plant traffic.
- The SSA's have also sought to concentrate developments in confined areas of the country side. There is no mechanism in place to coordinate traffic between developments on the SSA. WAG looking to have all SSA developments completed by 2017, but there is no plan to control traffic by sequential installation.
- The inquiry should also investigate route values in terms of emergency vehicle operation[2], animal movements, and the potential tourist growth over the six year period.
- Rural unclassified roads are a major tourist attraction, and recreational amenity in West and mid Wales, providing walkers, cyclists, equestrian and light access vehicles approach to the village communities. The very areas which Local Planning Authorities, through UDP's and LDP's, recognise as primary growth potential for a stronger rural economy[3]. The inquiry should be aware that many of these roads have historical associations with Wales over the last two centuries, as drovers trails, cattle and local market associations. Many have only been paved in living memory. Their preservation is of paramount importance, both as

[1] The TIA is at present made after approval by the Local Planning Authority under 50MW and by the IPC above 50MW See online footnote 1

[2] In SSA G the unclassified road designated by all developers, is the most direct and fastest access to Carmarthenshire hospital services for three rural communities. See online footnote 2

[3] This is also the ambition of the DEFRA supported National Ecosystems Assessment. See NEA Report (Footnote 3)

amenity attraction and a source of rich biodiversity, (especially in heavily farmed and over forested areas).

- The inquiry should take evidence from Local Planning Authorities, and academia in respect of ecology and civil engineering. Construction methods, as proposed in the developers EIA's are not good enough to protect our biodiversity, ecology, or the future of our rural economies which lies in tourism. SSA areas are set to become ad hoc industrial development sites. Construction methods employed should be of the highest environmental standards and meet best practise to conserve biodiversity, and where possible reduce traffic impact.
- Traffic impact on tourism must be a major factor, in consideration of a application. Defra, the NEA, UDP, and the LDP's recognise tourism as the primary source of development of rural economy in Wales and the Welsh Assembly Government should enact legislation that protects this economic activity from development which has little or no local benefit.

We look forward to the petitions committee putting these points forward, and recommending to the Welsh Assembly Government a Public Inquiry which will provide the basis for legislation in this area.

GALAR
15 September 2011

P-04-343 Atal dinistrio mwynderau ar dir comin

Geiriad y Ddeiseb

> Rydym yn galw ar Lywodraeth Cymru i chwilio am ffyrdd i atal dinistrio mwynderau ar dir comin, gan gynnwys tir comin y Marian yn Llangoed, Ynys Môn.

Cynigwyd gan: JE Futter

Ystyriwyd gan y Pwyllgor am y tro cyntaf: 15 Tachwedd 2011

Nifer y llofnodion: 156

Alun Davies AC / AM
Y Dirprwy Weinidog Amaethyddiaeth, Bwyd, Pysgodfeydd a Rhaglenni Ewropeaidd
Deputy Minister for Agriculture, Food, Fisheries and European Programmes

Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-343
Ein cyf/Our ref AD-/05380/12
William Powell AM

committeebusiness@Wales.gsi.gov.uk

20 June 2012

Dear Williams Powell AM,

P-04-343 Prevent the Destruction of Amenities on Common Land

Thank you for your letter of 22 May addressed to John Griffiths AM, Minister for Environment and Sustainable Development, about Marian Common. The Environmental Impact Assessment (Uncultivated Land and Semi-Natural Areas) (Wales) Regulations 2007 fall within my portfolio and so your letter has been passed to me to provide a response.

An inspector visited this site and found that, although the area is quite clearly uncultivated/semi natural, this work is not a project for agricultural intensification of the land and therefore falls outside the EIA (Agriculture) Regulations. I have referred this case to Rural Inspectorate Wales to investigate if other regulations have been breached.

Alun Davies AC / AM
Y Dirprwy Weinidog Amaethyddiaeth, Bwyd, Pysgodfeydd a Rhaglenni Ewropeaidd
Deputy Minister for Agriculture, Food, Fisheries and European Programmes

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Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.Alun.Davies@wales.gsi.gov.uk

P-03-280 Ysbyty Brenhinol Caerdydd

Geiriad y ddeiseb

Rydym ni, sydd wedi llofnodi isod, yn gwrthwynebu, yn y modd cryfaf bosibl, y penderfyniad i gau Ysbyty Brenhinol Caerdydd. Rydym yn galw ar Gynulliad Cenedlaethol Cymru i annog Llywodraeth Cymru i sicrhau bod yr ymrwymiad i ailddatblygu'r ysbyty'n cael ei gyflawni gan ddefnyddio arian cyhoeddus, a bod y gwaith ailddatblygu yn arwain at ailwampio ac ailagor Ysbyty Brenhinol Caerdydd fel ysbyty sy'n gweithredu'n llawn, gan gynnwys Uned Damweiniau ac Achosion Brys ac Uned Gofal Dwys ar gyfer poblogaeth Caerdydd a'r cyffiniau, sy'n cynyddu o hyd.

Cynigwyd gan: Mrs Breen

Ystyriwyd y ddeiseb am y tro cyntaf: Mis Mawrth 2010

Nifer y llofnodion: 4,071

Cardiff Royal Infirmary (CRI) – Health and Wellbeing Centre

A shared commitment to deliver integrated services to support people in maintaining their health and independence, and to improve health and reduce health inequalities in one of the most deprived parts of Cardiff and Wales

The CRI story…

- The origins of the CRI have been traced back to very small beginnings:
  - 1823: The Glamorgan & Monmouthshire Dispensary opened in a house on Working St as the first public health enterprise in Cardiff seeing outpatients only.
  - 1837: The Glamorgan and Monmouthshire Infirmary & Dispensary opened north of Newport Rd (near the Spital Barn) with accommodation for 33 inpatients.

- In 1883 the new Infirmary opened on Longcross Common (where the CRI is now). In the first year, 1000 inpatients and 9000 outpatients were treated.

Source: Cardiff Royal Infirmary 1883 – 1983. Arnold S Aldis

Name changes over the years…

- *1837 – 1895*

  The Glamorgan and Monmouthshire Infirmary & Dispensary

- *1895 – 1911*

  The Cardiff Infirmary

- *1911 – 1923*

  The King Edward VII Hospital

- *1923 – present day*

  The Cardiff Royal Infirmary

What happens at the CRI now?

- A range of services are currently provided at or from the CRI. These include….
  - Sexual Health
  - Out of Hours General Medical Services
  - Outpatients and X-Ray
  - Therapies – Podiatry, Physiotherapy, OT
  - Mental Health
  - Addictions Service
  - Reablement Team
  - Asylum Seekers Health Service

- Whilst we have great staff offering high quality services, most of the accommodation is not fit for the delivery of modern healthcare.

What will the CRI be in future?

- The CRI will become a Health and Wellbeing Centre and will:
  - Increase **local access** to primary care services;
  - Improve the **patient experience** and the environment of care; and
  - Enable services to better work together – as part of a **community network** of health and wellbeing services – to **reduce inequalities** and to meet the needs of a diverse and complex local community.

- **The Welsh Government recently approved £15.8 million to enable plans for Phase One to proceed.**

What has already been done to improve the building(s)?

- Demolition of poor quality, non-original buildings and add-ons
- Installation of new gas boilers
- Installation of new fire alarm system
- Provision of a dedicated IT/Telecoms hub
- Roof repair/replacement
- Stone washing and repairs (see next slide)
- Gutter cleaning/replacement
- Woodwork repair/replacement
- Removal of redundant cabling/power feeds/other

One good wash later…. !

Before and After

Have any services moved already?

- Yes! The first building to be unveiled and completed externally was the new temporary Outpatients Department which opened in June 2011.

So what does ‘Phase One’ include?

This phase will provide modern, purpose designed accommodation, fit for the delivery of 21st century care, for these services:

- Integrated Sexual Health Services
- Two local GP practices
- Community Pharmacy
- Asylum Seeker Service (Cardiff Health Access Practice)
- Out of Hours General Medical Services
- Visitors and Information Centre

How much of the site is involved in Phase One?

- Block 1
  Visitors/Info Centre
- Blocks 2-5
  GP Practices
- Block 7
  Sexual Health
- Block 11
  Out of Hours/ CHAP

What might it look like?

The following slides illustrate some of the thinking to date…..

(For illustrative purposes only)

Artists impression….

An illustration of how corridors might be designed to improve access and maximise use of light and space

Artists impression….

An illustration of how reception areas might be designed to create a welcoming environment and maximise use of light and space

Artists impression….

An illustration to demonstrate the potential view of the site from Longcross Street

Artists impression….

An illustration to show how the restored façade of the Edward VII entrance would look, with landscaped garden

Artists impression

…view from Newport Road

Who are we working with?

Our key partners, who are working with us to develop this and future phases, include:

- Cardiff 3rd Sector Council & third sector colleagues
- Cardiff and Vale of Glamorgan Community Health Council
- Cardiff Council
- Communities First
- Cardiff University
- Local GP practices
- WRVS

When will Phase One be completed?

- The detailed designs are currently being finalised.
- Work will commence on site this Spring.
- Phase One services will move into their new accommodation in Spring 2013.

And beyond Phase One?

- The CRI provides a unique opportunity to develop a base for the delivery of high quality health, wellbeing and advice services – in the heart of the city it serves.
- We will continue to work with partners, stakeholders and the Welsh Government to develop and agree proposals for the next phase of the redevelopment.

Thank you for your interest in the CRI redevelopment.

For more information please visit:

www.cri.wales.nhs.uk

P-04-334 Uned Arennol Newydd yn Ysbyty Tywysog Siarl

Geiriad y Ddeiseb

Rydym yn galw ar y Cynulliad Cenedlaethol i annog Llywodraeth Cymru i adeiladu Uned Arennol newydd yn Ysbyty'r Tywysog Siarl, Merthyr Tudful,

Cafodd yr uned bresennol ei hadeiladu ym 1989 i drin 16 claf yr wythnos, ond mae'r nifer hwnnw bellach wedi codi i 52. Gyda nifer y cleifion arennol yn cynyddu'n flynyddol, rydym yn credu ei bod yn bwysig adeiladu uned newydd yn awr er mwyn ymdopi â'r cynnydd hwn. Byddai uned newydd hefyd yn golygu y gellid trin cleifion arennol sydd ond angen mân-driniaethau yn yr uned yn hytrach na'u trosglwyddo i ysbytai eraill sydd angen y gwelyau.
Dyma rai yn unig o'r problemau sydd gennym yn yr uned bresennol:

1. Diffyg ardal ynysu (a allai arwain at groes-heintio)
2. Un toiled yn unig i gleifion gwrywaidd a benywaidd
3. Ardal aros gyfyng
4. Aerdymheru gwael
5. Mae'r uned wedi dioddef llifogydd ar sawl achlysur.

Ysytriwyd y ddeiseb gan y Pwyllgor am y tro cyntaf: Tachwedd 2011

Cynigwyd gan: Robert Kendrick

Nifer y llofnodion: 56

GIG CYMRU NHS WALES
Bwrdd Iechyd Cwm Taf Health Board

Your ref/eich cyf:
Our ref/ein cyf: AJW/KAD
Date/Dyddiad: 20th June 2012
Tel/ffôn: 01443 744803
Fax/ffacs: 01443 744800
Email/ebost: Allison.Williams4@wales.nhs.uk
Dept/adran: Chair & Chief Executive

Mr. William Powell AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay
CARDIFF
CF99 1NA

Dear Mr. Powell

Re: Renal Dialysis Unit – Prince Charles Hospital

Thank you for your letter dated the 29th May 2012, regarding the Petitions Committee visit to the Renal Unit at Prince Charles Hospital on the 19th January 2012.

I can confirm that a meeting has recently been held between Dr. Mat Davies (WHSSC) and Mr. Rob Kendrick (patient unit representative) where they discussed the following:-

- The process for replacing the unit, involving both NHS and independent sector options – a decision is expected by the end of August 2012.
- The concerns around the current facility and ongoing problems with the environment and specifically the water system in the unit.
- The contingency plan for the transfer of patients elsewhere should the risk become unmanageable or the unit experiences a failure.

Mr David Heyburn, the Renal Network Manager of WHSSC has also had a conversation with Mr. Kendrick who has expressed his relief that contingency planning is underway and that the patients understood the basis of this. Mr. Heyburn has also informed me that he has met with colleagues from the Welsh Government to discuss the scheme and a briefing is with the Minister at the moment. Once this has been agreed, the network will draft a formal communication for the patients explaining both the process for the replacement and the contingency arrangements. This will then be shared with the relevant partners for their input and agreement prior to distributing to the patient group.

I hope that this update is helpful for you.

Yours sincerely

Mrs Allison Williams
Chief Executive/Prif Weithredydd

Return Address:

Ynysmeurig House, Navigation Park, Abercynon, CF45 4SN

P-04-395 Dylai Ambiwlans Awyr Cymru gael arian gan y llywodraeth

Geiriad y ddeiseb:

Ers dros 10 mlynedd, mae Ambiwlans Awyr Cymru wedi ymateb i fwy na 15,000 o alwadau, gan ddarparu gwasanaeth hanfodol i bobl Cymru. Mae'n debygol ei fod yn aml iawn wedi achub bywydau a fyddai fel arall wedi'u colli o orfod dibynnu ar gerbydau ambiwlans ar y ffordd. Mae'r Ambiwlans Awyr wedi'i ariannu'n llwyr gan roddion gan bobl hael Cymru, ond erbyn hyn mae'r gwasanaeth yn rhan mor hanfodol o'n gwasanaethau argyfwng fel y dylai gael ei ariannu gan Gynulliad Cymru. Bydd y gwasanaeth hyd yn oed yn bwysicach os digwydd rhai o'r newidiadau mewn gwasanaethau Damweiniau ac Argyfwng sy'n cael eu rhagweld. Byddai hynny'n gorfodi rhai pobl yng Nghymru, yn enwedig yn y canolbarth, i deithio hyd at 1½ awr ar hyd y ffordd i gyrraedd eu hadran Ddamweiniau ac Argyfwng agosaf, sefyllfa a fyddai'n peryglu bywyd ac yn annerbyniol. Galwn ar Gynulliad Cymru i ddarparu'r arian angenrheidiol i sicrhau y gall Ambiwlans Awyr Cymru barhau i ddarparu ei wasanaeth rhagorol a hanfodol i bobl Cymru ac i'r niferoedd sy'n ymweld â'r wlad.

Cyflwynwyd y ddeiseb gan: Leslie Mark Wilkins

Ystyriwyd y ddeiseb am y tro cyntaf: 19 Mehefin 2012

Nifer y llofnodion: 63

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-395
Ein cyf/Our ref LG/07326/12

William Powell AM
Chair
Petitions Committee

committeebusiness@Wales.gsi.gov.uk

29 June 2012

Dear Bill,

Thank you for your letter of 26 June regarding funding for the Wales Air Ambulance service.

I recognise and very much appreciate, the vital role played by the Wales Air Ambulance in providing a vital service through emergency air cover for those who face life-threatening illness or injuries. Patients in Wales can be difficult to access by land for a number of reasons, including remoteness, rurality and difficult terrain and the Air Ambulance plays an important part in mitigating such difficulties.

The Air Ambulance Charity provides a unique service and achieves a timeliness of access into hospital unachievable by land and this can result in improved patient outcomes. We are always open to opportunities to build on the work done by the Air Ambulance Charity and their existing partnerships with NHS Wales, although the Charity has not made a request to the Welsh Government to provide additional funding for this service.

In terms of the current level of funding provided, the Welsh Government provides funding for the salary costs of paramedics working on Air Ambulances.

Regards
Lesley

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.lesley.Griffiths@wales.gsi.gov.uk

P-04-402 Gweddïau Cyngor

Geiriad y ddeiseb:

Rydym ni, sydd wedi llofnodi isod, yn galw ar Lywodraeth Cymru i ddiwygio Deddf Llywodraeth Leol 1972 er mwyn rhoi cyfle i bob awdurdod lleol yng Nghymru benderfynu a yw am gynnal gweddïau cyngor yn ystod pob cyfarfod cyngor a'i gofnodi ar yr agenda busnes swyddogol.

Cyflwynwyd y ddeiseb gan: Rev Alan Hewitt

Ystyriwyd y ddeiseb am y tro cyntaf: 2 Gorffennaf 2012

Nifer y llofnodion: 155

P-04-394 Achub ein Gwasanaethau – Ysbyty Tywysog Philip

Geiriad y ddeiseb:

Rydym ni, pobl Llanelli, y dref â'r boblogaeth fwyaf yn ardal Hywel Dda, yn mynnu bod Ysbyty Tywysog Philip yn cael ei adfer yn Ysbyty Cyffredinol Dosbarth cwbl weithredol, a bod llawfeddygaeth ddewisol fawr yn dychwelyd yno, gan gynnwys llawfeddygaeth gastroberfeddol, fasgwlaidd, ac ym meysydd wroleg, gynecoleg a thrawma. Byddai hynny wedi'i gefnogi gan y 5 gwely Uned Therapi Dwys gwreiddiol, a fyddai wedi'u staffio'n llawn, ac a fyddai'n cefnogi Adran Damweiniau ac Achosion Brys wedi'i staffio'n llawn, y byddai arbenigwyr ymgynghorol yn ei harwain, gan ddarparu cymorth i'r meddygon.

Cyflwynwyd y ddeiseb gan: Rhwydwaith Gweithredu Tywysog Philip

Ystyriwyd y ddeiseb am y tro cyntaf: 29 Mai 2012

Nifer y llofnodion: tua 24,000

P-04-367 Achub ein Gwasanaethau Ysbyty

Geiriad y ddeiseb:
- Rydym ni, y rhai sydd wedi llofnodi isod, am weld ein HOLL wasanaethau iechyd lleol yn cael eu cynnal a'u diogelu yn Ysbyty'r Tywysog Phillip.
- Rydym yn gwrthwynebu'r bwriad i israddio'n hysbyty.
- Gofynnwn i'r Gweinidog Iechyd a Llywodraeth Lafur Cymru adolygu'u cynlluniau fel mater o frys.

Prif ddeisebydd: Rhydwyn Ifan

Ystyriwyd gan y Pwyllgor am y tro cyntaf: 28 Chwefror 2012

Nifer y deisebwyr: Tua 9,000 o lofnodion

HYWEL DDA HEALTH BOARD

WELSH GOVERNMENT PETITIONS COMMITTEE 17 JULY 2012

SUPPORTING WRITTEN EVIDENCE

PETITIONS COMMITTEE: 17 JULY 2012

SUPPORTING WRITTEN EVIDENCE

BACKGROUND

On 29 May 2012, the Petitions Committee considered Petition P-04-394: ***Save our Services – Prince Philip Hospital*** raised by Prince Philip Action Network, together with Petition P-04-367 relating to the same issue. The Petition stated:

We the people of Llanelli, the town with the largest population within the Hywel Dda area demand Prince Philip Hospital be restored to a fully functioning District General Hospital with the return of major elective surgery, including gastrointestinal, vascular, urology, gynaecology and trauma, with support from the original 5 ITU beds fully staffed, which would support a fully staffed, consultant led Accident and Emergency Department, providing support for the physicians.

The Committee considered this petition and agreed to, inter alia, write to the Chair and Chief Executive of Hywel Dda Health Board to share the premise of the consultation with the Committee in an oral evidence session. This session will take place on 17 July 2012. The Chief Executive, Trevor Purt is pleased to accept the Committee's invitation and as the Chair, Chris Martin, is unavailable on that date, the Vice Chair, Sian-Marie James, will attend the Committee on his behalf.

The Committee will be aware of the Wales Audit Office Report: *A Picture of Public Services 2011*, which identifies that transformational change is essential if public services are to deliver improved outcomes for the people of Wales. The Welsh Government's 5-Year vision for the NHS: *Together for Health*, (November 2011) sets out the strong case for reform and outlines the scale of the challenge and actions needed to ensure the NHS is capable of delivering world class performance and outcomes in the future.

In response to these strategic documents, for the past 18 months Hywel Dda Health Board has been leading a planning process to build a high quality, integrated health and social care system for our population. This has included an extended period of clinical, stakeholder and population engagement.

Section 183 of the *National Health Service (Wales) 2006* (the 2006 Act) requires Health Boards to involve and consult citizens in, inter alia, developing and considering proposals for changes in the way services are provided. Schedule 10 to the 2006 Act provides for the Community Health Council in the Health Board's area to represent the interests in the health service of the public.

Ministerial Guidance: *Guidance for Engagement and Consultation on Changes to Health Services* (March 2011) (ML/EH/016/11), states that where substantial change or an issue requiring consultation is identified (as we consider applies in this case), the Health Board should use a 2-stage process:

(i) First, to undertake extensive discussion with citizens, staff, staff representatives and professional bodies, stakeholders, Third Sector and partner organisations;

PETITIONS COMMITTEE: 17 JULY 2012

SUPPORTING WRITTEN EVIDENCE

(ii) Secondly, after that process has been completed, to undertake a focused, formal consultation on fully evaluated proposals emerging from the discussion phase.

STAGE 1: LISTENING AND ENGAGEMENT PHASE

There has been an ongoing programme of engagement with stakeholders on Hywel Dda Health Board's own 5-Year Framework: *Right Care, Right Place, Right Time ….. Every Time*, which initially commenced in August 2010. The aim was to engage clinicians, stakeholders and our population on the case for change and our vision.

The pre-consultation listening and engagement programme process undertaken between December 2011 and April 2012, known as *Your Health, Your Future*, was intended to raise awareness of the challenges facing the NHS both locally and nationally, and to put forward a number of scenarios for potential future service reconfiguration that were safe, sustainable and deliverable and would address the medical recruitment challenges the Health Board faces. This information included a reference to the provision of services at all 4 of our District General Hospitals, including Accident and Emergency Services.

These scenarios had been developed by our clinical teams over an eighteen month period before being subjected to an appraisal process against a number of key criteria e.g. Quality and Safety, Deliverability, Workforce etc.

Our engagement process was supported by a range of information and communication materials and a number of channels for providing feedback. The activity undertaken during the pre-consultation engagement phase is provided in detail at **Appendix 1.**

You will note from **Appendix 1** that on 14 February 2012, the Health Board held a Listening and Engagement event in Llanelli, and the Health Board Chair and a team of Executive Directors have met with SOSPPAN (the local group leading the Petition) on 2 occasions; during the engagement phase (25 January 2012) and at the end of the process (1 May 2012).

All feedback received during that period from the public, staff, stakeholders and partners has been analysed and will inform the next stage, which is a 12-week period of formal consultation. The full feedback report, analysed independently by a market research company, is attached at **Appendix 2** and incorporates the Petition now being considered by the Committee.

STAGE 2: CONSULTATION PHASE

Following receipt and consideration of the feedback report (**Appendix 2**), Hywel Dda is proposing to start the formal public consultation phase on 6 August 2012, for a twelve-week period.

In accordance with the Ministerial Guidance, the Consultation Document will present the final service options for a high quality, safe, sustainable and deliverable healthcare

system in Hywel Dda. It will refer to the feedback received from our population and stakeholders during the engagement phase. It will also incorporate detailed clinical evidence to support each potential option, clinically preferred options and other potential deliverable options to the issues being faced by Hywel Dda.

We are working with the Consultation Institute and the Hywel Dda Community Health Council to develop a comprehensive consultation plan that is inclusive and incorporates best practice. The plan will include a wide range of communications materials and engagement activities and will be approved and monitored by the Board to ensure that Ministerial Guidance and Participate Cymru advice is met.

Ministerial Guidance is clear about the process for consultation and the consultation needs to be allowed to reach a conclusion. Within the process there is a clear route for any decisions in relation to service reconfiguration ultimately reached by the Board to be challenged through Welsh Ministers.

At this point in time assurance can be given to the Committee that the views expressed within the petitions has been taken into account by the Health Board and further debate will be undertaken with the population of Llanelli through the consultation programme.

We feel it would not be appropriate for the Health Board to discuss any specific proposals to change services, including those services to be provided at Prince Philip Hospital, until such time as the formal consultation has been launched.

We are of course happy to discuss the engagement and consultation process with the Committee.

Attachments:

Appendix 1: Pre-Consultation Activity Report
Appendix 2: ORS Analysis of Feedback Received During Pre-Consultation Phase

HYWEL DDA HEALTH BOARD

PRE-CONSULTATION ENGAGEMENT PROGRAMME

EVALUATION & ACTIVITY REPORT

HYWEL DDA HEALTH BOARD
Evaluation of the methods used during the Listening and Engagement process (December 2011 – April 2012)

Method	Chosen for	Challenges to overcome	Reach
Distribution of a discussion Document	Raising awareness of the need for change and stimulate discussion and feedback amongst all key stakeholders, staff and the public	Difficult to write a document that satisfies the needs of a broad range of service users and stakeholders. May disadvantage those who have difficulty reading or who do not understand the language used. Important to allow sufficient lead in time to incorporate design, translation and external printing of documentation The Health Board was criticised for the lack of detail in the document despite all efforts to explain that the purpose of the document was to set out the case for change and to allow people to express their views and concerns. The detail being sought by stakeholders was not available to give but will be in full consultation.	1000+ hard copies to key stakeholders 400 direct e-mails to key stakeholders (onward distribution to multiple contacts eg through the HSCW networks) Intranet : 7710 hits, 132 hits on DVD Internet: 5467 hits, 829 hits on DVD 1,284 downloads of the Discussion Document 2000 + hard copies distributed

Method	Chosen for	Challenges to overcome	Reach
Case for Change Pamphlet (with DVD) – Household distribution The discussion document presented an opportunity to outline the case for change and to inform the public of the current challenges faced by the Health Board. The intention was that members of the public would be able to give their views from a more informed position	Raising awareness of the case for change within every household across the three counties and providing an opportunity to feedback. This method presented an opportunity to provide information to people across a large geographical area.	May disadvantage those who have difficulty reading or who do not understand the language used. Postal drop was challenging to co-ordinate as it involved 6 different agencies; slippage on deadlines had impact throughout the chain The Health Board received some negative feedback in relation to the cost of the distribution which was also widely misreported. The solus delivery company went in to administration so approx 60,000+ households did not receive the document and the DVD Royal Mail fed back that surveys show that recall of mass media varies from an average of 15% to as much as 85% of households not remembering if they had received the item.	The leaflet and DVD was received by 120,000+ households. (The target to reach 180,000 households was not achievable due to circumstances beyond the Health Board's control)

Method	Chosen for	Challenges to overcome	Reach
DVD **outlining the case for change by clinicians**	Allowing people to understand the challenges from clinicians without attending meetings. To ensure easy access for people who are not confident in their reading skills so that they can understand the challenges facing the NHS. The National Survey of Adult Basic Skills in 2004 identified 25% of the working population in Wales lack basic literacy skills. In addition the narrated DVD was suitable for those members of the public with a visual impairment. Appeal to younger age group who may not usually engage with Health Board Para 23 of the All Wales Guidance on Engagement and Consultation requires Health Boards to 'produce a full range of easily	Requires the recipient to have access to a DVD player Some people reported difficulties with playing the DVD. The Health Board had not indicated that it was a DVD and not a CD. Packaging of the DVD securely for postal distribution is challenging (within a restricted financial limit) The Health Board received some negative feedback in relation to the cost of the DVD which was also widely misreported.	The leaflet and DVD was received by approx. 100,000 households. (The target to reach 180,000 households was not achievable due to circumstances beyond the Health Board's control) Intranet : 132 hits on DVD Internet: 829 hits on DVD

Method	Chosen for	Challenges to overcome	Reach
	accessible information on services and possible future developments, in a range of formats, taking into account the opportunities offered by new media and also utilising engagement avenues provided by other agencies'. The Office for National Statistics in 2009 indicated that 9/10 homes owned a DVD player. Over the last three years, with limited new technology released in this area, this figure is expected to have increased		

Method	Chosen for	Challenges to overcome	Reach
Questionnaire (paper and online)	Larger numbers, so able to obtain a representative view. Because specific and quantifiable, able in principle to compare over time and with results elsewhere. Useful where questions and issues understood (e.g. about people's personal experience) but need to be tested quantifiably Can be completed by individuals when convenient for them	Does not allow for two way dialogue; no chance for discussion or deliberation so not useful in areas where respondents are likely to be not well informed. . Health events carried out to overcome this. May not get an accurate picture of groups making up a small proportion of the community (e.g. ethnic minorities in some areas, or users of services which affect small numbers). Focus groups carried out to overcome this Questions have to be meaningful, understandable and useful. Need to allow time to' test' the questionnaire Self-completion questionnaires may be unrepresentative depending who decides to complete them. e.g. single interest groups Can be difficult to prevent multiple responses from same invdividuals. Evaluation is time consuming and it is not possible to truly anticipate what the response may be.	818 questionnaires were received in total by ORS. The geographical distribution of returns demonstrated 'reach' across the three counties

Method	Chosen for	Challenges to overcome	Reach
		May disadvantage those who have difficulty reading or who do not understand the language used. The Health Board received some negative feedback in relation to the wording of some questions which were felt to be 'leading'.	

Method	Chosen for	Challenges to overcome	Reach
Meet the Health Board roadshows Where the opportunity is taken to listen as well as to give information out. Information can be collected through self-completion questionnaires, , questions asked by during 1-2-1conversations between members or staff and service users, through informal discussions (with main points noted), Information can be given through display boards, written material, video, ,	Getting out to local areas to meet people. Information can be given in a range of ways (words, pictures/graphs/diagrams, DVDs, etc. and can provide for first hand experience). Provided attendees with an opportunity for in-depth one to one discussions with senior managers. Drop-in facility means it can be convenient for more people Two-way communication, both giving and receiving information. Provides an opportunity to visit community facilities and to access more remote locations	Need to have something people will want to see. Cannot be guaranteed to be representative – there is self-selection in who attends and who completes questionnaires (collecting demographic information will help determine how representative the views are). Needs to be well advertised. Venue selection is important to maximise attendance Can be difficult to capture the full discussions on what people think Two events attracted large numbers of attendees. Problems at the first event in terms of managing a hostile crowd, the PA system were rectified in the second event which was more positive. Some events attracted low numbers of people despite widespread advertising.	12 events across the three counties and across 7 localities 1186 +

Method	Chosen for	Challenges to overcome	Reach
Invitations for general written responses, from the public at large or from service users.	Giving anyone the chance to have their say. Inclusive. Lets people know the Health Board is listening. Responses should take into account information given in the discussion document , so should be more informed.	May not be representative. Organisations frequently get low response rates, unless it is of importance to people. It may be hard to analyse responses if there is a large and varied response. 270 submissions were sent directly to the Health Board –each had to be acknowledged and catalogued.	500 submissions from individuals and organisations 8 main petitions
1-2-1 Meetings with key stakeholders One to one interviews between Board members and key stakeholders e.g local AMs, MPs, CHC. usually lasting between ½ and 2 hours. Allows discussion and follow up of issues in more depth	Allows you to probe issues in depth, and gives the individual the chance to give their full views without influence from the rest of a group. Useful for the right kind of issue (e.g. significant and difficult, where individual's views can be enlightening, and for sensitive issues).	Unlikely to be representative necessarily. Availability of staff to provide 1-2-1 meetings.	50+ meetings (excludes staff events, Meet the Health Board events, focus groups) with over 900+ attendees

Method	Chosen for	Challenges to overcome	Reach
Presentations to existing stakeholder groups and other interest groups Engagement with existing bodies including, other public sector bodies, Town and Community Councils, private sector organisations, specialist groups, professional bodies, interest groups, ethnic minority groups, voluntary and advice giving bodies, civic societies, sports and leisure societies and reading circles, and other stakeholders.	Relatively cheap and simple to arrange, because these bodies already exist. Should have an in depth knowledge of their particular community, perhaps including groups the Council finds it hard to reach. Often have specialist expertise in their area of concern. Perhaps best used as a starting point, to raise questions, rather than believing they provide the answers. Able to build a relationship of trust and co-operation over a period of time. The groups can develop specialist knowledge and so give informed views.	May not truly represent their constituency. They may be operating with limited time and money and could become easily overburdened. Many services regularly approaching the same groups can lead to 'consultation fatigue'. Need to be sensitive to the particular circumstances of the body and treat it as a partnership, developing a relationship over time not an automatic right and duty to hear their views Availability of staff to provide presentations to interested groups The Health Board received in excess of 400+ requests for presentations in addition to all of the engagement activities that were carried out – so can be time consuming; expectations need to be managed	As above

Method	Chosen for	Challenges to overcome	Reach
Staff and Public Focus groups An established market research technique where an issue is explored in depth for 1 or 2 hours through structured but open ended discussion by a group of around 8-10 people, representative of a particular sector, led by a trained facilitator. Keeping similar types of people together helps reduce inhibition and promote discussion.	Good for issues where need in-depth qualitative view. Useful to generate questions for quantitative analysis or analyse and explain after quantitative survey. Can be used to assess reaction to proposed changes. Avoids just hearing the 'loudest voices' Group discussion allows ideas to be built on, and directions taken not initially thought of, rather than follow single individual's view or preset questions. Can be used to focus on sections of the community commonly excluded	Because of small numbers, cannot be guaranteed to be statistically representative of the community as a whole. May need a number of groups to cover all relevant groups. Better carried out by an independent company for greater transparency and openness.	9 staff focus groups; 52 staff participated 7 public focus groups -1 in each locality; 76 people participated

Method	Chosen for	Challenges to overcome	Reach
Staff briefings/events A number of staff events held across the three counties An opportunity for staff to speak directly to Executive Directors, senior managers and clinicians	Early engagement with key stakeholders who have a personal, and valid interest in how services are provided Early engagement helps to prevent the spread of mis-information and to ensure that in their public facing role staff understand key messages and issues May produce good ideas about how services are provided, often based on close contact with customers.	Needs to be more than just tokenism or it will soon fall into disrepute. Criticisms need to be welcomed with no risk of blame or reprisal. May be difficult for some members of staff to really open up. The Health Board received feedback that the timings of some events did no suit clinical staff working on wards. Further events were organised, as well as local county events. Future format adapted to cover more shifts/hours throughout day and early evening Some venues were not large enough for the numbers of staff who turned up. An additional event was held to address this. Future format adapted to cover more shifts/hours throughout day and early evening to avoid overfill.	600 + staff attended specific staff briefings A range of other meetings were used across all disciplines to update staff

Method	Chosen for	Challenges to overcome	Reach
Stakeholder Briefing Stakeholder Briefing issued via email to wide range of stakeholders and staff,	Continuous and ongoing engagement with key stakeholders who have a personal, and valid interest in how services are provided Helps to prevent the spread of mis-information and to ensure that in their public facing role staff understand key messages and issues Stakeholders can be advocates for the organisation Is available on websites, as well as via other electronic means Cost effective distribution	Ensuring dissemination to key stakeholders either electronically or by other means. Not all stakeholders have email addresses or means to access electronic communication. Other methods have been identified to address this.	

Method	Chosen for	Challenges to overcome	Reach
Use of other internal communications tools The use of full range of formal and informal internal communications tools (see Appendix 4) allowing interaction between staff and the Health Board	Ongoing engagement with staff who have a personal, and valid interest in how services are provided Continuous and timely updates throughout process Helps to prevent the spread of mis-information and to ensure that in their public facing role staff understand key messages and issues Staff can be advocates for the organisation Reputation management – openness and honesty	Not all methods are two-way enabling feedback. Staff briefings, focus groups and team brief facilitate this Balance between electronic and other types of media – access to electronic media for some staff. Use of internal staff communications survey to inform preferred methods of communication Use staff events as early as possible to ensure staff are informed and can act as reliable advocates	Payslip messaging circa 10,000 staff Monthly Team brief issued: Circa 10,000 staff (also available on intranet and notice boards) Hywel's Voice (staff newsletter) 2200 hard copy Circa 10,000 staff electronic Hywel Dda Today (daily e-bulletin) Circa 10,000 staff No. of hits from Dec 2011 to end of April was 7,500 Chairman's Blog

Method	Chosen for	Challenges to overcome	Reach
Use of other external communications tools The use of full range of external communications tools, including the media (Appendix 7), allowing interaction between the public, staff and the Health Board (see Appendices	Continuous and ongoing engagement with external stakeholders who have a personal, and valid interest in how services are provided Helps to prevent the spread of mis-information and to ensure that the public understand key messages and issues Continuous and timely updates throughout process Reputation management – openness and honesty to build trust in the Health Board	Use of proactive PR, case studies and the case for change to promote awareness and understanding of the issues Engaging with interest groups and key stakeholders early in the process Putting inaccuracies in the media right as quickly as possible. Use of non-media based mediums to tell the contextual story, especially where newspaper campaigns are creating rumour and speculation Use of social media proactively and to address reactive issues as they arise Using a wide range of tools to reinforce key messages The Health Board received negative feedback for not providing enough detail. The detail being sought by stakeholders was not available to give but will be in full consultation. Ensuring timescales allow for full bilingual access to all documents	7 TV interviews with senior staff; 50 press packs released 19 positive press releases (Readerships range between 5,837 to 38,364.) 9 letters to editors (Readerships between 5,837 and 38,364.) For broadcast media audience figures for radio and television in Wales range from 18,000 – 468,000 Audience figures for radio and television in Wales range from 18,000 – 468,000 For radio slots with Town and County Broadcasting (Radio Pembrokeshire/Carmarthenshire /Ceredigion/Scarlet FM) RAJAR figures indicate that the combined annual listener figures for this station is 278,000, or 17 per cent of the population Readerships for various newspapers range between 5,837 to 38,364

Method	Chosen for	Challenges to overcome	Reach
Use of e-communications tools The use of full range of intranet, internet and other e-communications tools such as social media allowing interaction between the public, staff and the Health Board	Relatively cheap. Convenient - can be used from own home. Two –way - allows provision of information and discussion as well as collection of views and feedback. Extensive documentation can be made available on the Web without large printing costs, and allowing selective access. Impersonal. A growing platform with wide range of new technology tools including information dissemination, qualitative and quantitative feedback, research, surveys/polls, comment etc. Appeal to younger age group who may not usually engage with Health Board Wide reach to resource ratio Provides anonymity for users who require this	Some people do not have easy access to e-technology e.g. Internet Different personal preferences in use of technology. Impersonal. For survey may be hard to verify accuracy of respondent details (so may get some multiple replies, replies from outside the area etc.) Ensuring timescales allow for full bilingual access to all documents Use of social media proactively and to address reactive issues as they arise	8,000 hits on home page of Your Health, Your Future between December and April 2012. Staff have been redirected to the Internet site to encourage downloading documentation. 617 hits on the presentation 7,000 hits on home page of Your Health, Your Future between December and April 2012. 1,000 hits to the documentation download page 1000 viewings of the DVD Facebook: English 75; Welsh 28 Twitter: English 155; Welsh 23 YouTube: 497 views of DVD Please note whilst Twitter statuses would have reached 178 followers, if a tweet has been re-tweeted by any of these, a far greater reach will have been met.

Appendices

1. Political Engagement Activity
2. Staff Engagement Activity
3. Key Stakeholder Activity
4. Key Meetings
5. Media Activity

Appendix 1

Political Engagement activity – key meetings

Political Engagement activity	
Date	**Attendees**
5 Apr 11	**St David's Town Council** Cllr Glenis James Mrs Pat Goddard Cllr Stephanie Halse Cllr Christopher Taylor
23 May 11	**Tenby Town Council** Cllr Caroline Thomas Cllr Lawrence Blackhall Julie Evans
20 Jun 11	**Neyland Town Council** Town Clerk Cllr Jonathan Llewellyn Mrs Margaret Brace Cllr Wilson
20 Jun 11	**Pembroke Town Council** Cllr Christine Gwyther Cllr Andrew McNaughton Moira Saunders Town Clerk
17 Aug 11	Keith Davies AM Nia Griffiths MP
5 Sep 11	Elin Jones, AM
10 Oct 11	Angela Burns AM Paul Davies AM
10 Oct 11	Joyce Watson AM
24 Oct 11	Elin Jones AM
7 Nov 11	Keith Davies AM
7 Nov 11	**Fishguard & Goodwick Town Council** Cllr. Mrs M Stringer (Deputy Mayor) Cllr Owen James Cllr Richard Grosvenor Cllr Bob Wheatley
14 Nov 11	Rhodri Glyn Thomas AM
14 Nov 11	Simon Thomas AM
25 Nov 11	Simon Hart MP
14 Dec 11	Mark Williams MP
9 Jan 12	Angela Burns AM Paul Davies AM
25 Jan 12	**SOSPPAN** Deryk Cundy Bryan Hitchman Tony Flatley
7 Feb 12	**SWAT** Dr Overton Dr Milewski
26 Mar 12	Paul Davies AM Angela Burns AM

Political Engagement activity	
Date	**Attendees**
30 Mar 12	**Board of Aber Group** (including Elin Jones AM)
30 Mar 12	Elin Jones AM
2 Apr 12	Kirsty Williams AM William Powell AM
30 Apr 12	Joyce Watson AM
1 May 12	**SOSPPAN** Derek Cundy Brian Hitchman Louvain Roberts Tony Flatley Haydn Jones
2 May 12	Maria Battle AM

Appendix 2: Staff Engagement and Communication Activity

The following information outlines staff communication and engagement activity that has taken place during the Listening and Engagement phase from December 2011 to the end of April 2012.

Staff Engagement and Communication Activity				
Staff Events/Groups		**Method(s)**	**Leads (if relevant)**	**Reach**
All the below are in addition to meetings held locally by managers of specific services with their staff and teams.				
19/12/11	Launch of engagement period announced		Chair Chief Executive Board Director – Clinical Services	
	Intranet	Documents and DVD live on Intranet and Internet with details on how to feed back		Circa 10,000
	Team Brief	Team Brief issued for all staff via Hywel Dda Today global email (for face to face cascade via managers)		Circa 10,000
03/01/12	Briefing Event – Senior Managers	Briefing Event held for Senior Managers		50+
ongoing	Chairman's Blog	Ongoing via Intranet (link issued weekly via Hywel Dda Today global email)		No. of Hits: 1395 Dec 1478 Jan 1495 Feb 1129 Mar 1314 Apr
09/01/12	Staff Roadshow – Hafan Derwen	Presentation, question and answer session	• 1 Independent Member • 4 Executive Directors (inc. director of Clinical Services)	40+ staff
	Therapies and Health Sciences Formal Forum	Presentation, question and answer session		14
11/01/12	Staff Roadshow – Withybush	Presentation, question and answer session	• 5 Executive Directors (inc 2 clinical directors) • 3 County Managem	120+ staff

Staff Engagement and Communication Activity				
Staff Events/Groups		**Method(s)**	**Leads (if relevant)**	**Reach**
			ent Team (inc 1 senior clinician)	
	Medical Staff Committee (Ceredigion)	Presentation, question and answer session	Medical Director	*
12/01/12	Roadshow – Bronglais	Presentation, question and answer session	• 5 Executive Directors (inc 1 clinical director) • 5 County Management Team (inc. 3 senior clinicians)	110+ staff
13/01/12	Roadshow – Glangwili	Presentation, question and answer session	• 4 Executive Directors (inc clinical director) • 6 County Management Team (inc 3 senior clinicians)	80+ staff
	Roadshow – Prince Philip	Presentation, question and answer session	• 1 Independent Member • 6 Executive Directors (inc 2 senior clinicians) • 6 County Management Team (inc 3 senior clinicians)	200+ staff
16/01/12	Carmarthenshire Partnership Forum	Presentation, question and answer session		17
17/01/12	Culture Steering Group	Presentation, question and answer session		14
	Three Counties Partnership	Presentation, question and answer session		28

Staff Engagement and Communication Activity				
Staff Events/Groups		**Method(s)**	**Leads (if relevant)**	**Reach**
	Forum			
24/01/12	Healthcare Professionals Forum	Presentation, question and answer session		10
	Tregaron Staff Meeting	Presentation, question and answer session		20
26/01/12	Health Board meeting	Chairman's Update to Board		30+
02/02/12	Stakeholder Reference Group / Health Professional Forum / CAAG	Event		36
03/02/12	Ceredigion Consultants' meeting (Bronglais)	Presentation, question and answer session	Medical Director	*
w/c 30/01/12	Team Brief	Team Brief issued for all staff via Hywel Dda Today global email (for face to face cascade via managers)		Circa 10,000 staff
w/c 06/02/12	Hywel's Voice Staff Newsletter	Bilingual staff newsletter, issued electronically and limited paper versions across sites		2200 hard copy Circa 10,000 staff electronic
17/02/12	Ceredigion Consultants' Engagement	Presentation, question and answer session	Medical Director	40
17/02/12 Roadshow – Prince Philip	Roadshow – Prince Philip	Additional event arranged to accommodate staff unable to attend first 20	• 2 Independent Members • 3 Executive Directors (inc 1 clinical director) • 3 County Management Team	20
21/02/12	HDHB Partnership Forum	Meeting		Approx 25
w/c 20/02/12 Stakeholder Briefing		Stakeholder Briefing issued via email to wide range of stakeholders, including staff • Internet • Intranet (staff) • Local Media • AM/MPs		TR to give hits Circa 10,000 Tbc 10+

Staff Engagement and Communication Activity				
Staff Events/Groups		**Method(s)**	**Leads (if relevant)**	**Reach**
		• CHC Members – sent to Helen Williams to distribute • Stakeholder Reference Group • Healthcare Professionals Forum – sent to Mair Kromrei to distribute • Third Sector contacts – sent to Nicola O'Sullivan to distribute		Approx 50 20 12
20/02/12 Hywel Dda Partnership Forum, Glangwili		Meeting * awaiting confirmation of numbers		Meeting * awaiting confirmation of numbers
24/02/12 Staff Engagement (Bronglais)		Meeting 60+		Meeting 60+
28/02/12 OT Service Leads Meeting, Withybush		Meeting * awaiting confirmation of numbers		Meeting * awaiting confirmation of numbers
29/02/12 Cardigan Staff Events (x2 sessions)		Staff Events * awaiting confirmation of numbers		Staff Events * awaiting confirmation of numbers
05/03/12	Healthcare Professionals Forum	Meeting		12
05/03/12 Staff Focus Group (Withybush)		Focus Group 6 members of staff (band 7)		Focus Group 6 members of staff (band 7)
05/03/12 MSK Outpatients Departments (Llanelli)		Meeting * awaiting confirmation of numbers		Meeting * awaiting confirmation of numbers
06/03/12 Meeting with OT / Physio Outpatients and MSK Physio Teams from Withybush and South Pembs Hospitals		Meeting * awaiting confirmation of numbers		Meeting * awaiting confirmation of numbers

Staff Engagement and Communication Activity				
Staff Events/Groups		**Method(s)**	**Leads (if relevant)**	**Reach**
08/03/12 Joint Strategy Engagement Sessions with OTs and Physios, Bronglais		Meeting * awaiting confirmation of numbers		Meeting * awaiting confirmation of numbers
12/03/12 Staff Focus Group (Glangwili)		Focus Group 4 members of staff (band 7)		Focus Group 4 members of staff (band 7)
15/03/12 Staff Focus Group (Bronglais)		Focus Group Band 7 and under- 9 members of staff Band 8+ - 7 members of staff		Focus Group Band 7 and under- 9 members of staff Band 8+ - 7 members of staff
w/c 19/03/12	Stakeholder Briefing	Stakeholder Briefing issued via email to wide range of stakeholders, including staff • Internet • Intranet (staff) • Local Media • AM/MPs • CHC Members – sent to Helen Williams to distribute • Stakeholder Reference Group • Healthcare Professionals Forum – sent to Mair Kromrei to distribute • Third Sector contacts – sent to Nicola O'Sullivan to distribute		TR to give hits Circa 10,000 Tbc 10+ Approx 50 20+ 12
09/03/12 Heads of Department Meeting @ Bronglais		Meeting * awaiting confirmation of numbers		Meeting * awaiting confirmation of numbers
22/03/12 Staff Focus Group (Prince Philip)		Focus Group 7 members of staff (band 7)		Focus Group 7 members of staff

Staff Engagement and Communication Activity				
Staff Events/Groups		**Method(s)**	**Leads (if relevant)**	**Reach**
				(band 7)
w/c 19/03/12	Payslip message	Payslip message to all staff Approx 10,000 staff		Circa 10,000
w/c 26/03/12	Team Brief	Team Brief issued for all staff via Hywel Dda Today global email (for face to face cascade via managers)		Circa 10,000
w/c 09/04/12	Hywel's Voice Staff Newsletter	Bilingual staff newsletter, issued electronically and limited paper versions across sites		2200 hard copy Circa 10,000 staff electronic
20/04/12	Hywel Dda Partnership Forum, Bronglais	Meeting		24
w/c 23/04/12	Stakeholder Briefing	Stakeholder Briefing issued via email to wide range of stakeholders, including staff • Internet • Intranet (staff) • Local Media • AM/MPs • CHC Members – sent to Helen Williams to distribute • Stakeholder Reference Group • Healthcare Professionals Forum – sent to Mair Kromrei to distribute • GPs – sent to Practice Managers to distribute • Third Sector contacts – sent to Nicola O'Sullivan to distribute		TR to give hits Circa 10,000 Tbc 10+ Approx 50 20+ 12 59
23/04/12 Staff Focus Group (Withybush)		Focus Group 8 members of staff (band 8 and above)		Focus Group 8 members of staff (band 8 and above)
27/04/12 Staff Focus		Focus Group 7 members of staff		Focus Group

Staff Engagement and Communication Activity				
Staff Events/Groups		**Method(s)**	**Leads (if relevant)**	**Reach**
Group (Prince Philip)				7 members of staff
30/04/12 Staff Focus Group (Glangwili)		Focus Group 3 members of staff(Band 8 and above)		Focus Group 3 members of staff(Band 8 and above)
30/04/12 Staff Focus Group (Glangwili)		Focus Group 1 member of staff (medical)		Focus Group 1 member of staff (medical)

Appendix 3 Key stakeholder engagement and communication activity

The following information outlines communication and engagement activity that has taken place during the Listening and Engagement phase from December 2011 to the end of April 2012.

Key stakeholder engagement and communication activity		
Stakeholder	**Method(s)**	**Reach**
AMs	Email which included an introduction to the Engagement Process with links to the Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**12**
	1-2-1 meetings with the Chairman (see Appendix 1)	
	Invitations to Meet the Health Board Events	
	Copies of the documents and questionnaires provided for Nia Griffith and Keith Davies	**130**
	Copies of the documents and questionnaires provided for Angela Burns	**30**
MPs	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**5**
	1-2-1 meetings with Chairman (see Appendix 1)	
	Copies of the documents and questionnaires provided for Nia Griffith and Keith Davies	**130**
AMs / MPs (Neighbouring Counties)	Email which included an introduction to the Engagement Process with links to the Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**3**
	Copies of the documents and	**130**

Key stakeholder engagement and communication activity		
Stakeholder	**Method(s)**	**Reach**
	questionnaires provided for Nia Griffith and Keith Davies	
	Invitation to Meet the Health Board events	
Air Ambulance	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**3**
Community Health Councils	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	**9**
	Regular briefings/updates at each of the three Hywel Dda Locality CHC meetings	
	Presentations/discussion at CHC Planning Committee meetings	
	Updates at Health Board Public Board meetings	
	Meet the Health Board Events	
	Stakeholder Reference Group	
	Third Sector Events	
	Detailed correspondence	
Deanery	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events. The Deanery forwarded the email to relevant individuals.	**1**
GPs	Email and Postal Pack sent which included introduction/ introduction letter, Discussion Document, Questionnaire and a Poster of Events.	**55**
	County meetings between Directors and GPs	

Key stakeholder engagement and communication activity		
Stakeholder	**Method(s)**	**Reach**
	Additional copies of documentation and posters were hand delivered to GP Practices	
Local Authority (staff)	Post. The postal pack contained a letter, discussion Document, Questionnaire and a Poster of the Events.	**82**
Local Service Boards	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**3**
LMC	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events. LMC lead forwarded email to relevant individuals.	**2**
Neighbouring LHBs	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**6**
	The Health Board attended an engagement event at Porthmadog, South Gwynedd	
	The Health Board attended an engagement event at Machynlleth and Llanidloes, Powys	
Welsh Ambulance Service Trust	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**10**
	Represented at Meet the Health Board events	
Welsh Health Estates	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion	**1**

Key stakeholder engagement and communication activity		
Stakeholder	**Method(s)**	**Reach**
	Document, Questionnaire and a Poster of Events.	
50+ Forums	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**3**
Children & Young People Partnerships	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**3**
	Follow up email, offering discussions with Clinical Lead for Paediatrics	
Carers	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events (to Carers Officer in each county)**.**	**3**
	Email inviting comments to the Ceredigion Carer Alliance Circulation List and update regarding events-	**50**
	Email inviting comments and update regarding events to the Carers Group Contacts, Pembrokeshire	**37**
	Presentation to Carmarthenshire Carers -	**14**
CVCs (CAVS, CAVO & PAVS)	Email to Directors which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**3**
Guides/Brownies	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	**1**
Colleges & Universities	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion	**6**

Key stakeholder engagement and communication activity		
Stakeholder	**Method(s)**	**Reach**
	Document, Questionnaire and a Poster of Events.	
Communities First	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**9**
Disability Coalition	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**1**
Federation of WIs	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**3**
Merched y Wawr	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	**101**
Farmers Union	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**3**
Health & Social Care Voluntary Groups	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**3**
	Third Sector Three Counties Listening Event	
	Cascading of information by Health Social Care and Wellbeing Facilitators to their existing health and social care networks	**350+ groups**
	Carmarthenshire Health Social Care and Wellbeing Forum	**16**
	Pembrokeshire Third Sector Health Social Care and Wellbeing Forum	

Key stakeholder engagement and communication activity		
Stakeholder	**Method(s)**	**Reach**
Housing Association	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**9**
League of Friends	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	**7**
	Discussion with Cardigan Hospital League of Friends / Cardigan Town Council Meeting	**40**
Local County Councillors	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	**167**
	Presentation to Members at Carmarthenshire County Council	**47**
	Presentation to Members at Ceredigion County Council	**32 Councillors 20 public**
	Presentation to Members at Pembrokeshire County Council	**30**
Menter Iaith	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	**5**
Nursing Homes / Care Homes	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	**20**
Family Centres	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	**23**
Pharmacists	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	**103**
Polish Community	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**1**

Key stakeholder engagement and communication activity		
Stakeholder	**Method(s)**	**Reach**
St John Ambulance	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**1**
Scouts	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	**1**
Siarad Iechyd /Talking Health Members	Email and Post. Email and Postal Pack sent which included introduction / introduction letter, Discussion Document, Questionnaire and a Poster of Events.	**440**
Secondary Schools	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events	**28**
Transgender	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**3**
Town & Community Councils	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events. These were sent to all Town and Community Councils in Carmarthenshire, Ceredigion and Pembrokeshire as well as neighbouring Town and Community Councils in south Gwynedd and north Powys	**201**
	- Presentation to Town and Community Councillors in Carmarthenshire -	**25**
	- Presentation to Town and Community Councillors in Ceredigion -	**45**
	- Presentation to Town and Community Councillors in Pembrokeshire -	**26**
Voluntary Organisations	Email / Post which included an introduction to the Engagement Process with links to	**26**

Key stakeholder engagement and communication activity		
Stakeholder	**Method(s)**	**Reach**
providing services under SLAs	Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	
Women's Aid	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events	**5**
Coast Guard	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	**1**
General Public	Distribution of the Case for Change pamphlet and DVD to all households across the three counties and neighbouring areas who access heath services from Hywel Dda Health Board,	**180,000** households were targeted.
	Discussion documents available on –line. Hits to the home page for Your Health Your Future	**Over 7,000**
	Hard copies of the documents available at Libraries, GP surgeries etc	
	12 Meet the Health Board Events across the three counties	**1,214**
	7 Public focus groups -	**76**
	Completion of the online questionnaire -	**Interim total - 736**
	Completion of postal questionnaires -	**Interim total - 285**
Dentists	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	**52**
Fire Brigade Service	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**1**
Libraries	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	**41**

Key stakeholder engagement and communication activity		
Stakeholder	**Method(s)**	**Reach**
Opticians	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	**64**
Police	Email. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	**1**
RNLI	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	**4**
Refineries	Email. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	**2**
Steel Works	Email . The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	**1**

Appendix 4

Details of communication and engagement activity – Key meetings

The following information outlines the extent of communication and engagement activity that has taken place during key meetings during the Listening and Engagement phase from December 2011 to the end of April 2012.

Key meetings			
Date	**Time Venue**	**Health Board Representation**	**Number of attendees**
3rd January	Briefing Event for Managers	• Chair/CEO	50 +
5th January	North Powys Locality Meeting	County Mangement	Not recorded
6th January	Ceredigion Local CHC Meeting	• County Management • IM	approx 12
9th January	Staff Road Show, Hafan Derwen	• 1 Independent Member • 4 Executive Directors (inc 1 clinical director)	40+
9th January	Therapies & Health Sciences Formal Forum	ED	tbc
9th January	Winch Lane –Meeting with Angela Burns and Paul Davies	Chair	2
10th January	Machynlleth Patients Forum	County Management	33
11th January	Staff Road Show, Withybush	• 5 Executive Directors (inc 2 clinical directors) • 3 County Management Team (inc 1 senior clinician)	120 +
11th January	Medical Staff Committee	Medical Director	
11th January	10.00am Third Sector Three Counties Listening Event, Bloomfield Hall, Narberth	• 3 x EDs	38
11th January	7.00pm Pembrokeshire GPs Think Tank, Pembroke Dock	• CEO • 3 x EDs (inc Medical Director and Director of Clinical Services)	15
12th January	Staff Road Show, Bronglais	• 5 Executive Directors (inc 1 clinical director) • 5 County Management Team (inc 3 senior clinicians)	110+
12th January	Pembrokeshire Local CHC Committee	• County Management • IM	approx 12
13th January	Staff Road Show, Glangwili	• 4 Executive Directors (inc 1 clinical director) • 6 County Management Team (inc 3 senior clinicians)	80+
13th January	Staff Road Show, Prince Philip	• 1 Independent Member • 6 Executive Directors (inc 2 clinical directors) • 6 County Management Team (inc 3 senior clinicians)	200+

Key meetings			
Date	**Time Venue**	**Health Board Representation**	**Number of attendees**
14th January	Pembrokeshire Collaboration of Town and Community Councils	• ED + Senior Manager	
16th January	Carmarthenshire Partnership Forum	County Management	17
16th January	Ceredigion LSB	• CEO • Chair • ED	13
17th January	Cultural Steering Group	• CEO • 2 x EDs • Senior Clinical Staff	14
17th January	Three Counties Partnership Forum, Prince Philip Hospital	• CEO • 2 x EDs	25
!8th January	Community Health Council	• Chair • CEO	2
18th January	Cardigan Hospital League of Friends / Cardigan Town Council Meeting	• 2 x EDs • County Management (inc senior clinicians)	40
19th January	1pm - 4pm Carmarthenshire Voluntary Sector HSC&WB Forum	• ED • IM	16
19th January	GP Forum	• EDs	12
24th January	Healthcare Professions Forum	• ED	10
24th January	Tregaron Staff Meeting	County Management	20
25th January	Meeting with Sosppans Representatives	Chair 3 Executive Directors	3
1st February	11.00am - 6.00pm Meet the Health Board Drop -in Event, The Great Hall, Cardigan	• 1 Independent Member • 2 Executive Directors • County Director and 4 other members of the senior county management team • 3 Assistant Directors	71
1st February	GP Clinical Think Tank - Carmarthenshire GPs	• 3 x EDs (inc Medical Director)	7
2nd February	10.00 am Halliwell Centre Stakeholder Reference Group / Health Professional Forum	• 3 x EDs	36
3rd February	Ceredigion Consultants Meeting @ Bronglais	Medical Director	
3rd February	11.00am - 6.00pm - Meet the Health Board Drop -in Event, Carmarthen Education Centre, Carmarthen	• 1 Independent Member • 2 Executive Directors • County director and 3 other members of the county Management Team (inc the associate medical director) • 1 Assistant Director	46
7th February	Pembrokeshire Health Social Care and Wellbeing Board, County Hall, Haverfordwest	ED	8
7th February	Stakeholder Reference Group	3 x EDs	14
7th February	Health Board Meeting with SWAT	• Chair • 3 EDs medical director	3
7th February	Therapies and Health Sciences Formal Forum	ED	tbc

Key meetings			
Date	**Time Venue**	**Health Board Representation**	**Number of attendees**
8th February	Carmarthenshire County Council - Members Event	CEO and full Exec Team	47
9th February	7.00pm Pembrokeshire Town and Community Councils Event, Withybush Conference Centre, Haverfordwest	CEO and full Exec Team	26
9th February	11.30am - 6.30pm - Meet the Health Board Drop -in Event, Newport Memorial Hall, Newport	• 2 Independent Member • Chair • 2 Executive Directors • 5 County Management Team (inc county associate medical director) • Assistant Directors x3	62
9th February	Meeting with Mr Maxwell consultant	chair	1
10th February	Cardigan GPs Meeting	• 3 x EDs (inc Medical Director) • Senior Clinicians	
13th February	Ceredigion Practice Managers Meeting		
14th February	11.30am - 6.30pm - Meet the Health Board Drop -in Event, Selwyn Samuel Centre, Llanelli	• 2 Independent Member • 5 Executive Directors (inc 1 clinical director) • County director and Hospital clinical Director • 2 Assistant Directors	549
14th February	Pembrokeshire Third Sector Health Social Care and Wellbeing Forum	• ED	
16th February	Ceredigion County Council - Members Event	CEO and full Exec Team	32 Cllrs 20 public
16th February	12.00pm - 7.00pm - Meet the Health Board Drop -in Event, Llandybie Memorial Hall, Llandybie	• 3 Independent Member • 1 Executive Directors • County director and 3 other members of the Management Team • 2 assistant directors	30
17th February	Ceredigion Consultants Engagement	Medical Director	40
17th February	Staff Engagement, Prince Philip	• 2 Independent Members • 3 Executive Directors (inc 1 clinical director) • 3 County Management Team	20
20th February	11.00am - 6.00pm - Meet the Health Board Drop -in Event, Bridge Innovation Centre, Pembroke Dock	• 1Independent Member • 3 Executive Directors (inc 1 clinical director) • 5 County Management Team (inc associate medical director)	49
21st February	Hywel Dda Partnership Forum, Glangwili	• 2 x EDs • County Management	tbc

Key meetings			
Date	**Time Venue**	**Health Board Representation**	**Number of attendees**
22nd February	11.00am – 6.00pm – Meet the Health Board Drop –in Event, Y Morlan, Aberystwyth	• Independent Member • 7 Executive Directors (inc 3 clinical directors) • County Director and 5 other members of the Management Team (inc 2 associate medical directors, clinical lead for women and children) • 3 assistant directors	225
23rd February	Pembrokeshire County Council – Members Event	CEO + full Exec Team	
23rd February	North Powys GPs	• Medical Director • County Management	35
24th February	Staff Engagement, Bronglais	• Full Executive Team • County Management (inc senior clinicians)	60+
24th February	11.00am – 6.00pm – Meet the Health Board Drop –in Event, Withybush Conference Centre, Haverfordwest	• 2 Independent Member • Chair • 3 Executive Directors • 5 members County Management Team (inc 2 associate medical directorate) • 3 assistant directors	85
28th February	South East Pembrokshire Health Network Meeting, New Hedges Memorial Hall, New Hedges	• County Management (inc senior clinicians(	Not recorded
28th February	OT Service Leads Meeting at Withybush	1 x ED	tbc
29th February	Betsi Cadwaladr University Health Board Stakeholder Event, Porthmadog	• ED • County Management	
29th February	Cardigan Staff Events (x2 Sessions)	County Management	tbc
5th March	Band 7 Focus Group, Withybush	External facilitation	6
5th March	Powys Teaching Health Board - Machynlleth Engagement Event	2 executive directors	130
5th March	Powys Teaching Health Board - Llanidloes Engagement Event	2 executive directors GP associate medical director Ceredigion	70
5th March	MSK Outpatients Departments (Llanelli)	1 x ED	tbc
6th March	Meeting with OT / Physio Outpatients and MSK Physio Teams from Withybush and South Pembs	1 x ED	tbc
8th March	Joint Strategy Engagement Session with OTs and Physios at Bronglais	1 x ED	tbc
8th March	Pembrokeshire Local CHC Committee	• County Management • IM	approx 12

Key meetings			
Date	**Time Venue**	**Health Board Representation**	**Number of attendees**
9th March	Ceredigion Local CHC Committee	• County Management • IM	approx 12
9th March	Carmarthenshire Carers	1 x ED	14
12th March	Band 7 Focus Group, Glangwili	External facilitation	4
13th March	Carmarthenshire Local CHC Committee	• County Management • IM	Approx 12
14th March	Burton Lunch Club, Burton Community Hall	• County Management	25
15th March	Band 7 Focus Group, Bronglais	External facilitation	9
15th March	Band 8+ Focus Group, Bronglais	External facilitation	7
19th March,	Pembrokeshire Town and Community Councils Event, Withybush Conference Centre, Haverfordwest	• 5 x EDs (+ senior clinicians)	26
19th March	Heads of Department Meeting @ Bronglais	County Management	tbc
21st March	Aberystwyth Focus Group	External facilitation	12
21st March	Ammanford Focus Group	External facilitation	9
22nd March	Band 7 Focus Group, Prince Philip Hospital	External facilitation	7
22nd March	Ceredigion Town and Community Council Event, Llwyncelyn Memorial Hall	• 5 x EDs (+ senior clinicians)	45
22nd March	Llanelli Focus Group	External facilitation	7
22nd March	Lampeter Focus Group	External facilitation	11
23rd March	Planning Meeting with BCUHB / PTHB	• 2 x EDs (inc Director of Clinical Services)	
26th March,	Carmarthenshire Town and Community Council Event, St Peters Civic Hall	• 5 x EDs (+ senior clinicians)	25
26th March	Meeting with Angel Burns,Paul Davies	Chair	2
27th March	Fishguard Focus Group	External facilitation	13
28th March	Llandeilo Focus Group	External facilitation	11
28th March	Milford Haven Focus Group	External facilitation	13
30th March	Mental Health Clinical Services Strategy Workshop Event, Halliwell, Carmarthen	• ED • Senior MH Clinicians	
30th March	Meeting with ABER	Chair 2 Executive directors inc medical director County director	1 +others
30th March	Meeting with Elin Jones	chair	1
11th April	2.00pm - 8.00pm Meet the Health Board Event, Rhys Pritchard Memorial Hall, Llandovery	• 2 Independent Member • 4 Executive Directors • County director and 3 other members of the Management Team • 3 assistant directors	16
16th April	Therapies and Health Sciences Formal Forum	1 x ED	Tbc

Key meetings			
Date	**Time Venue**	**Health Board Representation**	**Number of attendees**
19th April	2.00pm - 8.00pm Meet the Health Board Event, St Peters Civic Hall, Carmarthen	• 5 Executive Directors • County Director and 3 other members of the Management Team (inc associate medical director) • 2 assistant directors	28
20th April	Hywel Dda Partnership Forum, Bronglais	• 3 x EDs	tbc
23rd April	Band 8+ Focus Group, Withybush	External facilitation	8
24th April	2.00pm - 8.00pm Meet the Health Board Event, Arts Hall, Lampeter	• 2 Executive Directors • County director and 4 other members of Management Team • 2 assistant directors	25
26th April	2.00pm - 8.00pm Meet the Health Board Event, Regency Hall, Saundersfoot	• 2 Executive Directors • 4 County Management Team members (inc associate medical director) • 2 assistant directors	28
27th April	Band 8+ Focus Group, Prince Philip	External facilitation	7
30th April	Junior Doctors and Middle Grade, Glangwili	External facilitation	1
30th April	Band 8+ Focus Group, Glangwili	External facilitation	3

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Appendix 5
Details of media activity

The following information outlines the extent of media activity that has taken place during the Listening and Engagement phase (December 2011 to the end of April 2012).

Please note:
Key: GOLD proactive press releases and broadcast interviews provided by the Health Board
CLEAR coverage in print media

Reach figures are based on average audience/reader figures where they are available and are detailed in their first mention only in the table below. It is not possible to provide a total figure as audiences may cross media outlets. However, these figures demonstrate that information about the listening and engagement exercise have potentially reached a very large proportion of our total population (180,000).

Media Activity & Reach		
Date	**Activity**	**Estimated Reach**
19.12.11 - **Media launch** - **press release** and supporting documentation sent to all media contacts (local, regional and national media). Interviews taken up by: Western Telegraph, Cambrian News, Carmarthen Journal/Llanelli Star/South Wales Evening Post, Western Mail. Interview spokesperson provided to BBC for on-camera interviews. Resulting coverage captured below.		
20.12.11 –	**Interview** (Dr Phil Kloer –Director of clinical services) with BBC 1 Wales Today (English television news) and S4C Newyddion (Welsh news)	**273,000** (Average audience Wales Today BARB 2010/11) **18,000** (Average audience Neywddion ACW 2010/11)
21.12.11	Western Telegraph • 2 articles (front page)	**19,582** (ABC readership July-Dec 2011)
21.12.11	Llanelli Star • 3 articles (front page + editorial comment)	**12,996** (ABC readership July-Dec 2011)
21.12.11	South Wales Evening Post • 1 article (front page)	**38,364** (ABC readership July-Dec 2011)
21.12.11	Carmarthen Journal • 1 article	**16,408** (ABC readership July-Dec 2011)
21.12.11	**Interview** (Linda Williams –County Director) with Radio Cymru for news through the day	**153,000** (Radio Cymru average weekly reach RAJAR 2011)

Media Activity & Reach		
Date	**Activity**	**Estimated Reach**
22.12.11	Western Mail • 1 article	**25,898** (ABC readership July-Dec 2011)
22.12.11	Cambrian News • 4 articles (page spread)	**63,000**
22.12.11	Milford Mercury • 1 article (front page)	**3,515** (ABC readership July-Dec 2011)
27.12.11	South Wales Evening Post • 1 article (front page)	
27.12.11	Tivyside Advertiser • 1 article	**6,719** (ABC readership July-Dec 2011)
28.12.11	Carmarthen Journal • 4 article, (page spread and editorial comment)	
29.12.11	Cambrian News • 3 articles	
30.12.11	Tenby Observer • 1 article	**TBC**
January	**Interview** (Chris Wright –Director Corporate Services) with Town and County Broadcasting (Radio Carmarthenshire, Ceredigion, Pembrokeshire, Scarlet FM)	**278,000 (17 per cent)** (Average audience RAJAR)
04.01.12	Western Telegraph • 1 article (front page)	
05.01.12	Cambrian News • 4 articles	
11.01.12	Llanelli Star • 8 articles (page spread and editorial comment)	
11.01.12	Western Telegraph • 1 article	
12.01.12	Cambrian News • 7 articles (page spread and editorial comment)	
13.01.12	South Wales Evening Post • 1 article (front page)	
16.01.12	**Live broadcast** from Glangwili Hospital with Radio Cymru Post Cyntaf programme	**40,000** (Post Cyntaf average audience ACW 2010/11)
17.01.12 reminder	**Press release x 3** county versions - Health event dates	
18.01.12	Western Telegraph • 1 article	
18.01.12	Llanelli Star • 12 articles (front page, double page	

Media Activity & Reach		
Date	**Activity**	**Estimated Reach**
	spread, editorial)	
19.01.12	Cambrian News • 5 articles (page spread, editorial comment)	
19.01.12	**Interview** (Mr Jeremy Williams, Associate Medical Director) with ITV Wales Tonight	**148,000** (Average audience Wales Tonight ITV Media 2010)
20.01.12 (DVD)	**Press release** – Doctors come to a living room near you	
24.01.12	South Wales Evening Post • 1 article	
24.01.12	Tivyside Advertiser • ADVERT meet the health board	
25.01.12	Llanelli Star • 11 articles (front page, page spread, editorial)	
25.01.12	Western Telegraph • 3 article • ADVERT meet the health board	
26.01.12	Milford Mercury • ADVERT meet the health board	
27.01.12	Tenby Observer • 1 article	
31.01.12	Tivyside Advertiser • 2 articles	
01.02.12	Carmarthen Journal • ADVERT meet the health board • 1 article (comment)	
01.02.12	Llanelli Star • ADVERT meet the health board	
01.02.12	South Wales Evening Post • 1 article • ADVERT meet the health board	
02.02	**Statement** for broadcast programme on Sharp End ITV	**Figures not available**
02.02	**Interview** (Tony Chambers –Director Planning, performance and operations)) for BBC 1 Wales Today and ITV Wales Tonight	
02.02.12	South Wales Evening Post • 1 article	
02.02.12	Cambrian News	

Media Activity & Reach		
Date	**Activity**	**Estimated Reach**
	• 8 articles (page spread, comment, editorial) • ADVERT meet the health board	
06.02.12	**Interview** with spokespersons (Linda Williams –County Director, Dr Duncan Williams – GP clinical lead, Carys Morgan) for Radio Cymru Manylu	
06.02	**Statement** to S4C Yr Bed a Bedwar	**Figures not available**
07.02.12	**Press release** – Meet the Health Board events	
07.02.12	South Wales Evening Post • 1 article	
08.02.12	Llanelli Star • 12 article (front page, editorial comment)	
09.02.12	Cambrian News • 8 articles (front page, comment)	
09.02.12	South Wales Evening Post 1 article	
10.02.12	**Press release** – Listening and engagement continues (lobby groups, council meetings) issued to media	
10.02.12	**Interview** (Tony Chambers – Director Planning, performance and operations) ITV Wales Tonight	
10.02.12	**Letter to Editor** from Dr Jeremy Williams, Associate Medical Director to Llanelli Star (re Accident and Emergency Services at PPH)	
10.02.12	South Wales Evening Post • 1 article	
10.02.12	Tenby Observer • 1 article	
13.02.12	South Wales Evening Post • 1 article (front page)	
13.02.12	**Letter to Editor x 2** from Chairman to Tivyside, Western Telegraph	
15.02.12	Llanelli Star • 9 articles (page spread, editorial comment)	
15.02.12	Western Telegraph • 6 articles (front, editorial)	
16.02.12	**Interview** (Trevor Purt –CEO) with BBC 1 Wales Today and S4C Newyddion	
16.02.12	Cambrian News • 10 articles (double page spread)	

Media Activity & Reach		
Date	**Activity**	**Estimated Reach**
17.02.12	**Letter to Editor x 5** from Chairman to Llanelli Star/Carmarthen Journal/Evening Post, Ammanford Guardian, Cambrian News	
17.02.12	**Letter to Editor** from Dr Simon Mahon, Medical Director to Cambrian News	
18.02.12	South Wales Evening Post • 1 article (front page)	
20.02.12	South Wales Evening Post • 1 article	
21.02.12	South Wales Evening Post • 2 article	
21.02.12	Tivyside Advertiser • Letter from Chairman of Hywel Dda Health Board • 1 article	
22.02.12	**Clinical Services Strategy Stakeholder Briefing** sent to all media contacts	
22.02.12	Carmarthen Journal • Letter from Chairman of Hywel Dda Health Board	
22.02.12	Llanelli Star • 11 articles (double page spread)	
22.02.12	Western Telegraph • 1 article • Letter from Chairman of Hywel Dda Health Board	
23.02.12	Western Mail • 1 article	
23.02.12	Cambrian News • 4 articles (page spread, editorial) • Letter from Medical Director of Hywel Dda Health Board	
24.02.12	**Press releases** – Llanelli voices are being heard	
27.02.12	**Press release** – Becoming a wellness service (Ceredigion ART team)	
28.02.12	Tivyside Advertiser • 3 articles	
29.02.12	**Interview** (Kathryn Davies – Director Therapies and Health Sciences) for Radio Wales phone-in and news and BBC 1 Wales Today	**468,000** (Radio Wales weekly reach of RAJAR 2011)
29.02.12	Western Telegraph • 1 article	

Media Activity & Reach		
Date	**Activity**	**Estimated Reach**
29.02.12	Llanelli Star • 11 articles (front page, page spread, editorial)	
01.03.12	Cambrian News • 11 articles (front page, double page spread, editorial, comment)	
02.03.12	**Press release** – Health Board will listen for longer	
02.03.12	South Wales Evening Post • 1 article (front page)	
03.03.12	Western Mail • 1 article	
05.03.12	**Press release x 2** – Becoming a wellness service (Carmarthenshire and Pembrokeshire ART case study)	
06.03.12	Western Mail • 1 article	
07.03.12	Llanelli Star • 14 articles (double page spread, editorial, comment)	
08.03.12	South Wales Evening Post • 1 article (front)	
08.03.12	Cambrian News • 9 articles (front, double page spread, editorial)	
09.03.12	South Wales Evening Post • 1 article (front)	
14.03.12	Western Telegraph • 2 articles	
14.03.12	Carmarthen Journal • 1 article	
14.03.12	Llanelli Star • 11 articles (front, double page spread, editorial)	
16.03.12	**Press release** – State of the heart new treatment (PPCI demonstrating value of specialist services)	
17.03.12	South Wales Evening Post • 1 article	
19.03.12	**Press release** – New Meet the Health Board event dates announced	
19.03.12	**Press release** – Road testing improvements for non-emergency transport	
20.03.12	Tivyside Advertiser • 1 article	

Media Activity & Reach		
Date	**Activity**	**Estimated Reach**
21.03.12	Llanelli Star • 6 articles (page spread, editorial)	
21.03.12	Western Telegraph • 3 articles	
23.03.12	**Press release** – Caring for sick and premature babies	
28.03.12	Western Telegraph • 1 article	
28.03.12	Llanelli Star • 9 articles (front page, page spread, editorial)	
29.03.12	Milford Mercury • 1 article	
29.03.12	Cambrian News • 6 articles (double page spread)	
30.03.12	**Clinical Services Strategy Stakeholder briefing** sent to media contacts	
30.03.12	**Interview** (Dr Iain Robertson steel –Hospital Clinical Director) for BBC 1 Wales Today	
30.03.12	South Wales Evening Post • 1 article	
30.03.12	Western Mail • 1 article	
03.04.12	**Press release** – Health Board ambition for Bronglais as regional centre	
04.04.12	Western Telegraph • 1 article • ADVERT meet the health board	
04.04.12	Llanelli Star • 7 articles (front page, page spread, editorial) • ADVERT meet the health board	
04.04.12	Carmarthen Journal • ADVERT meet the health board	
04.04.12	South Wales Evening Post • ADVERT meet the health board	
04.04.12	**Press release** – Case for change leaflet and DVD	
05.04.12	Cambrian News • 3 articles • ADVERT meet the health board	
06.04.12	Tenby Observer • ADVERT meet the health board	

Media Activity & Reach		
Date	**Activity**	**Estimated Reach**
09.04.12	Ammanford Guardian • ADVERT meet the health board	**5,837** (ABC readership July-Dec 2011)
10.04.12	South Wales Evening Post • 1 article	
11.04.12	Western Telegraph • 1 article	
11.04	Llanelli Star • 5 articles (page spread)	
19.04.12	Milford Mercury • 1 article	
23.04.12	**Press release** – Final call to Meet the Health Board	
23.04.12	**Interview** with Town and County Broadcasting (Delyth Evans)	
25.04.12	Llanelli Star • 5 articles	
25.04.12	South Wales Evening Post • 1 article	
25.04.12	Western Telegraph • 1 article	
27.04.12	**Clinical Services Strategy Stakeholder briefing** sent to all media contacts.	

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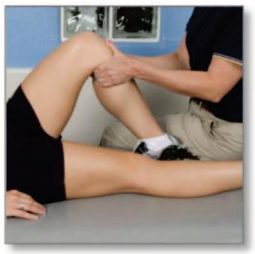
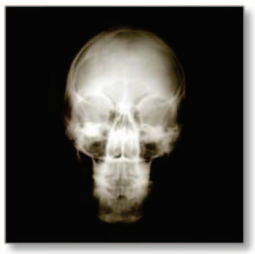


Hywel Dda Health Board's Listening and Engagement Process

Report of Findings for



GIG CYMRU NHS WALES
Bwrdd Iechyd Hywel Dda Health Board

Opinion Research Services

July 2012

YOUR HEALTH, YOUR FUTURE

Hywel Dda Health Board's Listening and Engagement Process

Report of Findings for

GIG CYMRU NHS WALES
Bwrdd Iechyd Hywel Dda Health Board

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1. Introduction

Overview of the Listening and Engagement Process

Challenges and Changes

1.1 'Together for Health' was published by the Minister for Health and Social Services in November 2011 to offer a five-year vision in the context of the challenges facing the health service in Wales. The document declares that Health Boards need to change to provide the very best quality of services for their population in the future:

> *Standing still is not an option…I believe that no change is not an option…real change is necessary and long overdue. Lesley Griffiths, Minister for Health and Social Services.*

1.2 Hywel Dda Health Board faces particular challenges, including:

An ageing population with increasing demands for care

Health inequalities – in which the health of some groups has not improved as much as others

Difficulties in recruiting and retaining sufficient well qualified clinical staff for some services

Sustaining excellent and safe medical care across a large rural area with dispersed communities

Managing services effectively within a limited budget.

1.3 Recognising these challenges, HDdHB is committed to maintaining four main hospitals (at Bronglais, Glangwili, Prince Philip and Withybush) while aiming for safer services, improved patient experiences and treatment outcomes, and value for money from its NHS budget. Within this framework of relative continuity, the Board has embarked upon a major review of its services – beginning with an extensive listening and engagement exercise which will eventually inform draft proposals for changes to some services, which will be subject to further formal Consultation.

1.4 This overall aim of the listening and engagement process was to better inform the Board by providing opportunities for staff, stakeholders and the public to express their ideas about a wide range of health issues in primary and secondary care. The listening and engagement period was originally planned to run from 19th December 2011 until 31st March 2012, but the Board extended it to 30th April 2012 in order to allow more time for public and stakeholder participation.

The Commission

1.5 In the above context, the HDdHB appointed ORS to report on its own listening and engagement activities and also to undertake independent studies of public and stakeholder opinions across Hywel Dda. During the listening and engagement period, ORS has:

Provided independent advice

Developed a template for HDdHB to capture feedback at its public events

Reported responses to on-line and paper questionnaires (designed by HDdHB)

Recruited, facilitated and reported seven deliberative focus groups with randomly selected members of the public across the locality areas

Facilitated and reported a series of staff focus groups with clinicians, doctors, nurses and ancillary staff

Analysed a wide range of written submissions from members of the public, voluntary sector and professional organisations, and politicians

Attended some public meetings chaired and organised by HDdHB

Provided a sequence of interim reports (as well as this document) so that the Board could review the findings on a developing basis.

1.6 In addition to all these activities, HDdHB conducted many meetings with staff and other stakeholder groups as well as twelve important public listening and engagement events, some of which were attended by very large numbers of people. Very much in summary, the main other aspects of HDdHB's extensive listening and engagement activities were:

Distribution of a DVD information pack to all households in the Board area

Publicising the engagement activities in the local media

Briefings and frequent responses to the press

Meetings and briefings with a wide range of organisations including Community Health Councils, Local Authorities, Local Service Boards, Community and Voluntary organisations

Briefings to Members of Parliament and Assembly Members from the three main and neighbouring counties

Multiple briefings and road-shows to staff and health care professionals

Twelve lengthy public drop-in meetings across the seven localities.

1.7 Above all, HDdHB publicised its listening and engagement process widely, and it was frequently and extensively reported in the local press. There can be no doubt that the relevant communities and stakeholders had many chances to take part in the process by making their views known; and the following report will show that many of them did so.

Accountability

1.8 By running such an extensive listening and engagement process in advance of formulating and consulting on its eventual draft proposals, HDdHB has recognised the importance of giving the public and stakeholders the opportunity to influence the evolution of its thinking at a very early stage. The process has been conscientious and proportional to the importance and contraversiality of the issues: in our opinion, the HDdHB has sought to be open, accessible and fair to those wishing to express their views.

1.9 There have been some understandable criticisms of some aspects of the questionnaires used, but the listening and engagement process overall has been substantial and open – particularly in explaining the Board's initial thinking, listening to so many responses through a wide range of routes, and in extending the consultation period to enable more people to share their views.

1.10 Accountability means that public authorities should give an account of their plans and take into account public views, but it does not mean that majority views expressed in consultations should automatically decide public policy. Listening and engagement processes, and even formal consultations, are not referenda: they should inform, but not displace, professional and political judgement, which have to assess the cogency of the views expressed.

Interim Report

1.11 This document is a full report of the main elements of the listening and engagement process undertaken by ORS – namely the:

- Responses to the questionnaires
- Seven focus groups with members of the public
- Nine focus group with members of staff
- Submissions from a range of interested parties including:
  - Key stakeholders
  - Town and Community Councils
  - Voluntary and community groups and other organisations
  - Residents
  - Staff
- Petitions

1.12 This document also includes a full schedule of events undertaken in the listening and engagement process.

2. Stakeholder Questionnaire

Overview of Findings

2.1 As part of the Your Health Your Future Listening and Engagement process, a stakeholder questionnaire covering all aspects of the proposals was available to be completed online during the engagement period, and paper copies were also available. The questionnaire included questions on the following key topics:

- Care Closer to Home
- Quality and Safety of Services
- Ageing Population
- Specialised Services
- Access
- Transport
- Making Every Penny Count
- Information
- Service Areas

Summary of Key Findings

2.2 Nine out of ten respondents had either seen or read at least some of the 'Your Health Your Future' information. The top three information sources were leaflets (46%), the media (41%) and the DVD (40%).

2.3 Of those respondents that had seen or heard information about 'Your Health Your Future':

- Almost half (47%) ***agree*** that it was ***reasonably clear and easy to understand***, but over a quarter (29%) ***disagree***
- Around a third (34%) ***agree*** that the ***information explained the issues fairly***, while more than two fifths (42%) ***disagree***

2.4 Considering the question statements, an absolute majority of respondents ***agree*** that:

- Hywel Dda Health Board needs to ensure services meet quality and safety standards for patients (87%)
- Service planning should treat the ageing population who suffer from long-term chronic conditions as a key priority (82%)
- Hywel Dda Health Board should make the best use of scarce resources (82%)
- Transport services need to be improved (78%)

- Hywel Dda Health Board should aim to provide 80% of NHS services locally, through integrated primary, community and social care teams working together (73%)

2.5 Respondent views were divided on the remaining principles, as fewer than half ***agree*** and more than two fifths ***disagree*** with:

- Specialising some services into fewer, fully equipped centres (45% agree; 41% disagree)
- Developing specialised services, meaning that some patients will have to travel further for some hospital services, is a reasonable principle (48% agree; 42% disagree)

2.6 Further comments provided revealed that, in general, respondents are most concerned about:

- Hospital closures and downgrading (especially with regards to **Bronglais Hospital**)
- Travel time to get to hospital (both as a patient and a visitor) due to closures and downgrading, and whether transport will be improved
- How the costs of implementing any changes will be funded and whether it will impact on patients directly

2.7 Respondents also emphasised that:

- Women's and children's services should be available as locally as possible
- There should be less planned care cancellations
- Everyone should have access to fully resourced Accident and Emergency departments at their nearest general hospital
- There should be more investment in mental health care and treatment

2.8 Respondents who live more than 20km from their nearest general hospital are significantly more likely to agree with the principles overall, while those who currently live within 5km of their nearest general hospital are significantly less likely to agree overall – so those respondents who mainly live in rural areas and already have to travel some distance to their nearest general hospital are broadly more supportive of the current proposals than those that live closer to current services.

Stakeholder Questionnaire

2.9 The stakeholder questionnaire was available online from 11th January to 30th April 2012, and Hywel Dda Health Board (HDdHB) published an online resource centre on their website:

www.hywelddahb.wales.nhs.uk/yourhealth-yourfuture

2.10 This was launched through a press release issued on 21st December 2011. The link to the online resource centre was publicised throughout the listening and engagement period on the HDdHB website and on numerous other websites, as well as being widely promoted through the local press. HDdHB also distributed a DVD information pack to every household, which directed residents to the online resource centre to give their views.

2.11 Paper copies of the questionnaire were available from libraries and GP surgeries across the area, and HDdHB also provided paper copies to residents on request. Completed paper questionnaires were

returned directly by post to ORS, and all questionnaires received by 30th April 2012 were included in the analysis.

Questionnaire Responses

2.12 A total of 558 questionnaires were completed online; and 308 paper questionnaires were returned.

2.13 Online questionnaires have to be open and accessible to all while being alert to the possibility of multiple completions (by the same people) distorting the analysis. Therefore, while making it easy to complete the survey online, ORS monitors the IP addresses through which surveys are completed. On this occasion, the monitoring showed that there were 28 IPs which each generated more than one response.

2.14 A total of 58 completed questionnaires were submitted from an IP registered to NHS Wales; however, as a major employer, it is not surprising that many submissions originated from the NHS network. These responses provided a range of different views and ORS therefore consider it appropriate that all of the submissions are individually counted in our analysis.

2.15 The remaining 27 IPs generated a total of 59 completed questionnaires. After careful study of these responses, in which we looked at cookies, date stamps as well as the nature of the answers; none were considered to be identical responses or appeared to be attempting to skew the results, so (given that more than one person at an IP address might want to complete the questionnaire) we have not excluded any online submissions due to malicious intent.

2.16 The paper questionnaires were subject to similar scrutiny, to ensure that the results were not distorted. A total of 48 paper questionnaires were returned that had been pre-printed with “strongly disagree” marked against all question statements. We understand that these questionnaires were produced and distributed by the interest group aBer in a systematic attempt to influence the questionnaire results. To preserve the integrity of the results, ORS has excluded these forms in our general analysis and report of the questionnaire; but the 48 responses provided have been separately considered.

2.17 Therefore, there were a total of 818 valid responses to the stakeholder questionnaire.

Respondent Profile

2.18 Of the 818 valid responses received, a total of 42 responses were representing the views of organisations with 727 being personal responses from individuals (49 respondents did not answer this question). The organisations who provided a response are as follows:

Ambleston Community Council
Beulah Community Council
Borth Community Council
Camrose Community Council
Carmarthen Town Council
Cenarth Community Council
Ceulanamaesmawr Community Council
Cilycwm Community Council

Clunderwen Community Council
Cynwyl Elfed Community Council
Haverfordwest Town Council
Jeffreyston Community Council
Llanarthne Community Council
Llanddewi Brefi Community Council
Llandyfaelog Community Council
Llanelli Town Council
Llangrannog Community Council
Llangwyryfon Community Council
Llanycrwys Community Council
Narberth Town Council
Newchurch and Merthyr Community Council
Pencaer Community Council
Puncheston Community Council
Talley Community Council
Tiers Cross Community Council
Troed-yr-Aur Community Council
Whitland Town Council
Ysbyty Ystwyth Community Council
A group looking into the effectiveness of Hywel Dda Health Board
Bridell Manor Nursing Home
Garnant Pharmacy Ltd
Keith Davies AM (Llanelli)
Nia Griffith MP
Pembrokeshire Communities First
Shelter Cymru (Information Matters to Rural Communities Volunteer Group, Llanrhian Church)
South East Pembrokeshire Community Health Network
South Meirionnydd Older Peoples Forum (Save Bronglais Campaign)
The committee representing the specialist nurses professional group.

2.19 In reporting the questionnaire results, individual responses and responses from groups have been considered collectively (with any differences identified as appropriate); but in considering the additional open ended responses provided, we have placed greater emphasis on any feedback from organisations.

2.20 The tables on the following pages show the demographic characteristics of individual respondents to the survey.

Figure 1: Age – All individual respondents (Note: Figures may not sum due to rounding)

Age	Number of responses	Valid %
16-44	111	16%
45-54	108	15%
55-64	219	31%
65-74	184	26%
75 or over	85	12%
Not stated	20	-
Total	**727**	**100%**

Figure 2: Gender – All individual respondents (Note: Figures may not sum due to rounding)

Gender	Number of responses	Valid %
Male	277	**39%**
Female	431	**61%**
Not stated	158	**-**
Total	**727**	**100%**

Figure 3: Ethnic Origin – All individual respondents (Note: Figures may not sum due to rounding)

Ethnic origin	Number of responses	Valid %
White	652	99%
Non-white	7	1%
Not stated	68	-
Total	**727**	**100%**

Figure 4: Longstanding Illness/Disability – All individual respondents (Note: Figures may not sum due to rounding)

Longstanding Illness/Disability	Number of responses	Valid %
Limited a lot	81	12%
Limited a little	148	22%
Not limited	457	67%
Not stated	41	-
Total	**727**	**100%**

Figure 5: NHS Employee – All individual respondents (Note: Figures may not sum due to rounding)

NHS Employee	Number of responses	Valid %
NHS Employee	94	14%
Not NHS Employee	583	86%
Not stated	50	-
Total	**727**	**100%**

Figure 6: Urban/Rural – All individual respondents that provided a postcode (Note: Figures may not sum due to rounding)

Urban/Rural	Number of responses	Valid %
Urban	187	31%
Rural	415	69%
Not known	125	-
Total	**727**	**100%**

Figure 7: Responses mapped by area, with shaded zones depicting 5km, 10km, 20km and 50km from named General Hospital – All individual respondents that provided a postcode

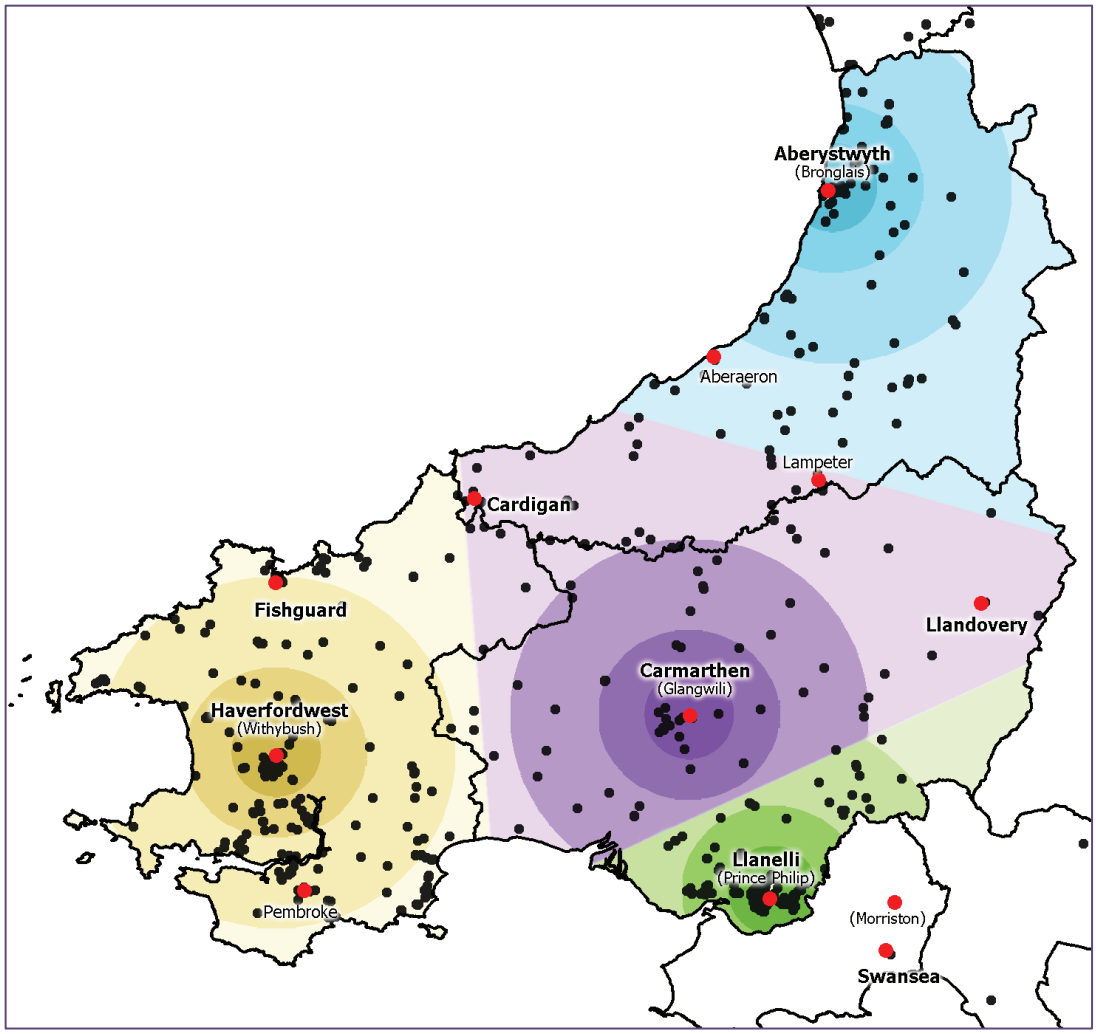


Figure 8: Nearest Main District General Hospital – All individual respondents that provided a postcode (Note: Figures may not sum due to rounding)

Nearest Main District General Hospital	Number of responses	Valid %
Bronglais	121	20%
Glangwili	94	16%
Prince Philip	152	25%
Withybush	235	39%
Not known	125	-
Total	727	100%

Figure 9: Distance to Nearest Main District General Hospital – All individual respondents that provided a postcode (Note: Figures may not sum due to rounding)

Distance to Nearest Main District General Hospital	Number of responses	Valid %
Under 5Km	198	33%
5km up to 10Km	100	17%
10km up to 20Km	152	25%
20km up to 50km	151	25%
Not known	125	-
Total	727	100%

Listening and Engagement Questionnaire Results

2.21 The following section summarises the questionnaire results.

2.22 Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers. Throughout the volume an asterisk (*) denotes any value less than half of one per cent. In some cases figures of 2% or below have been excluded from graphs.

2.23 Graphics are used extensively in this report to make it as user friendly as possible. The pie charts and other graphics show the proportions (percentages) of residents making relevant responses. Where possible, the colours of the charts have been standardised with a 'traffic light' system in which:

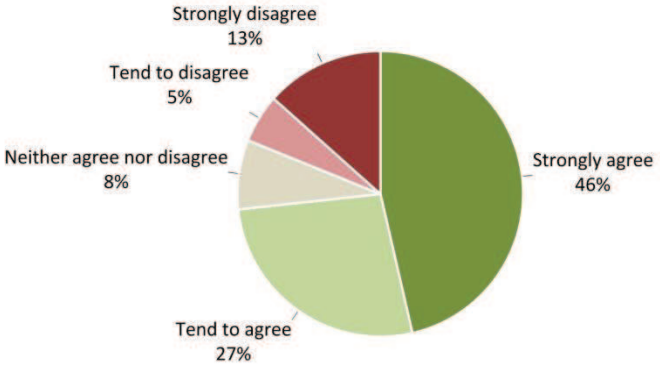
- Green shades represent positive responses
- Beige and purple/blue shades represent neither positive nor negative responses
- Red shades represent negative responses
- The bolder shades are used to highlight responses at the 'extremes', for example, very satisfied or very dissatisfied.

Care Closer to Home

Hywel Dda Health Board should aim to provide most (80%) of NHS services locally, through primary, community and social care teams working together.
To what extent do you agree or disagree with this vision?

2.24 Almost three quarters (73%) of respondents agree that Hywel Dda Health Board should aim to provide most NHS services locally (with more than two fifths (46%) saying that they strongly agree), while almost a fifth (18%) disagree with this vision.

Figure 10: To what extent do you agree or disagree with this vision?
Base: All Respondents (789)



2.25 The following key themes (specific to this vision) emerged when respondents were asked to give reasons for their agreement/disagreement:

Figure 11: To what extent do you agree or disagree with this vision? Key Themes Care Closer to Home

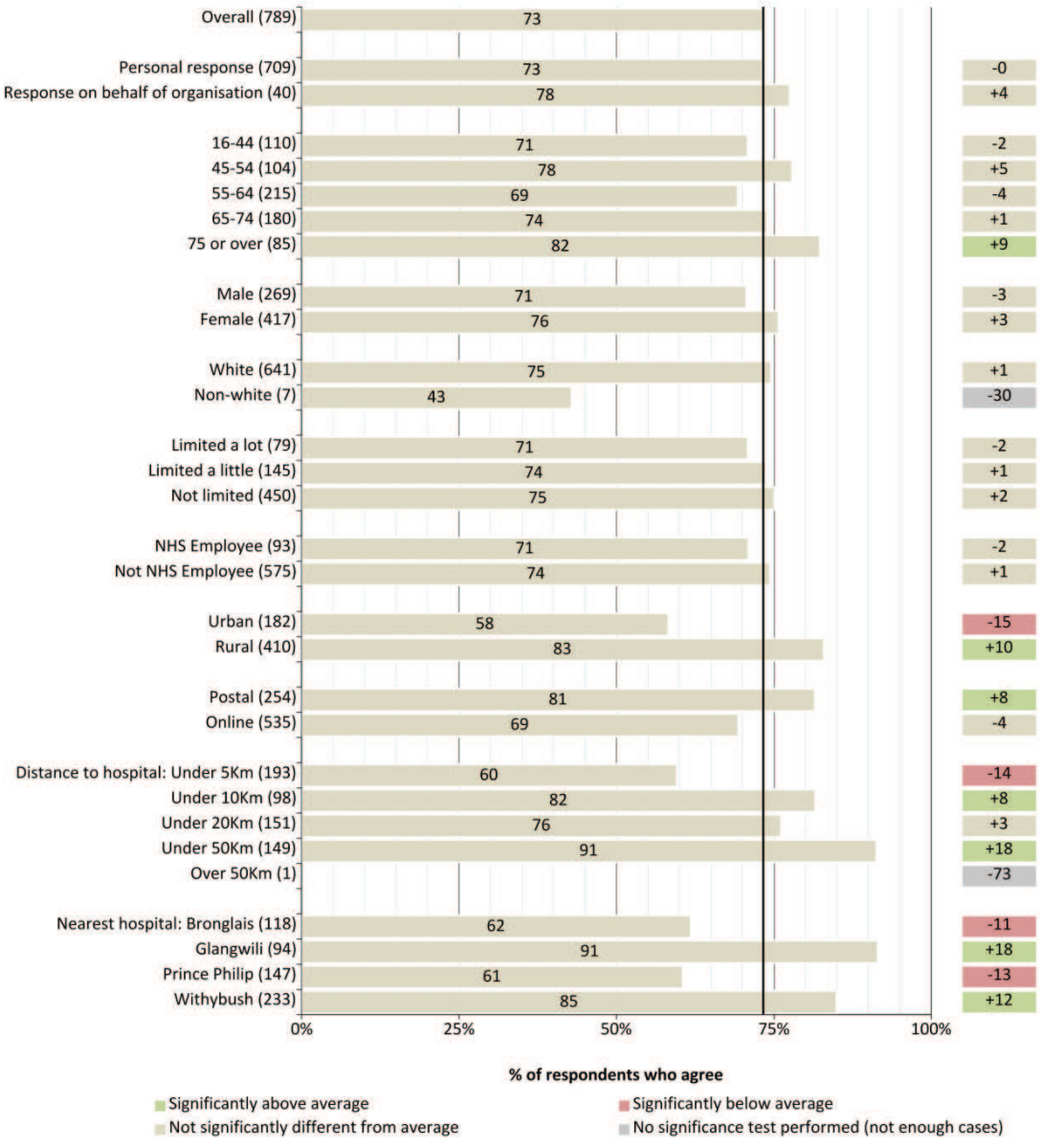
Key Theme	Example comments
Main reasons for agreement with this vision • people prefer to be treated locally • it saves on costs • it saves time • it will benefit the elderly in particular	*For elderly patients, having care in the community would be better* *Saves on travel cost. Saves patient time. Reduces NHS costs. Reduces patient uncertainty by being in familiar surrounding/district* *Most people would prefer to have treatment based in their local community, and at home if possible*
Concerns over the current state of community care Some respondents feel that before this vision is put in practice, current community care is in need of major improvement	*I agree with the principle of local provision, but experience tells me that local community and social care will have to improve considerably to make this feasible in practice* *Moving care to the community is an improvement, however the target is completely unrealistic and extremely naive. There are no resources to enable the transfer*
Current locations and accessibility concerns Respondents voiced their concerns about the current locations in terms of distance and accessibility in general, especially for the elderly and people in rural locations	*It is very difficult and expensive for patients and for their relatives to visit if they have to travel for hours to get to hospital, and it is often impossible to use public transport* *Top quality health care needs to be provided to isolated communities as well as larger built up towns and cities* *Transport is a great problem for elderly non-drivers, and relying on voluntary agencies to get people to clinics etc. is really not satisfactory*

2.26 The following chart shows how the responses vary across different sub-groups of the population who stated they **agree** with the vision for Hywel Dda to aim to provide most of NHS services locally. Results for sub-groups which are significantly *more likely* than the overall score are highlighted in green, whilst results which are significantly *less likely* are highlighted in red.

2.27 Respondents who are aged 75 and over; reside in rural areas; live either between 5km and 10km or between 20km and 50km from their nearest main district general hospital; whose nearest hospital is either Glangwili or Withybush; and those who answered paper copies of the questionnaire are significantly *more likely* to agree with the vision.

2.28 Respondents who live in urban areas; live less than 5km from their nearest main district general hospital; and those who live closest to either Bronglais or Prince Philip Hospitals are significantly *less likely* to agree with this vision.

Figure 12: To what extent do you agree or disagree with this vision - Care Closer to Home? Demographic sub-group analysis
Base: All Respondents (number of respondents shown in brackets). Note: "Limited a lot" and "Limited a little" refer to day-to-day activities limited by a health problem or disability. Distances to hospital are not cumulative – e.g. "Under 10Km" does not include those already counted as being "Under 5Km" so refers to those living "5km to 10km", etc.



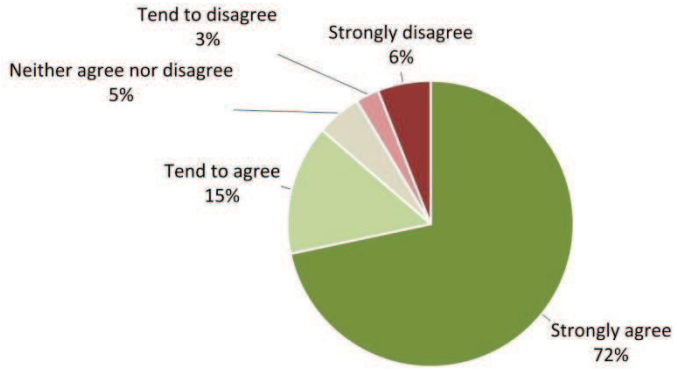
Quality and Safety of Services

Hywel Dda Health Board needs to ensure services meet quality and safety standards for patients. This will mean better patient care.

To what extent do you agree or disagree with this principle?

2.29 The majority of respondents (87%) agree with the principle that Hywel Dda Health Board needs to ensure services meet quality and safety standards for patients, of which more than 7 in 10 (72%) strongly agree. Only around 1 in 10 (9%) disagree with this principle.

Figure 13: To what extent do you agree or disagree with this principle?
Base: All Respondents (789)



2.30 The following key themes (specific to this vision) emerged when respondents were asked to give reasons for their agreement/disagreement:

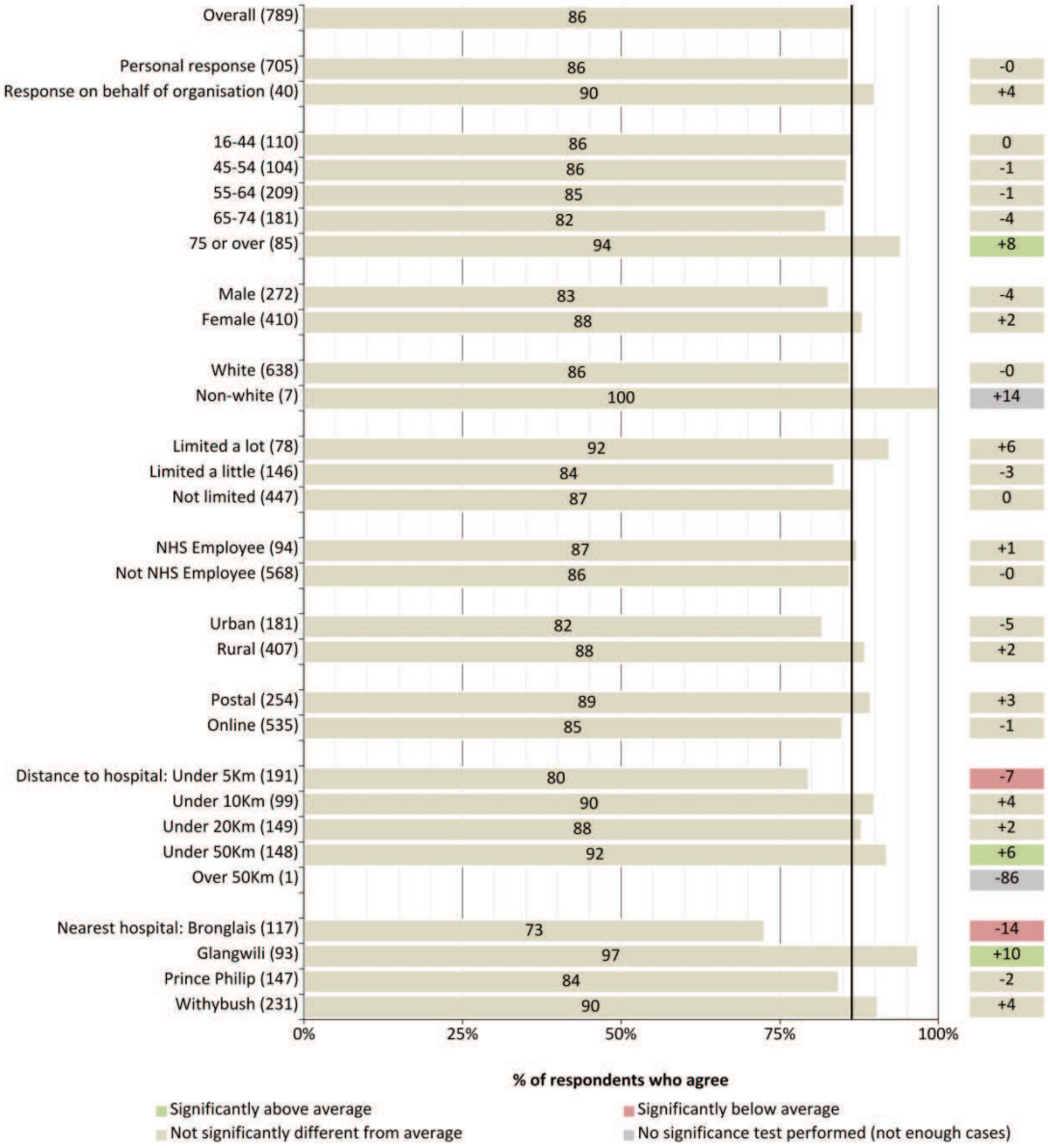
Figure 14: To what extent do you agree or disagree with this principle? Key Themes Quality and Safety of Services

Key Theme	Example comments
Staff Many respondents feel that quality and safety can be improved by providing better support for staff; in particular: • More time and care should be spent on patients • More staff needed for key areas • Ensure staff are trained to provide that care • Need to ensure that appropriate facilities and staff are available	*More time and care should be spent on patients, more staff needed for key areas* *Ensure staff are trained to provide that care* *Need to ensure that facilities and staff are available*
There is no need to question this principle Another key theme that emerged with regards to this principle is that respondents feel the quality and safety of patients should always be paramount.	*This should never be questioned. This is a fundamental principle of all NHS actions* *Who is going to disagree with this proposition?*
Equality for rural areas Respondents are concerned that those living in rural areas may be overlooked – namely that the quality and safety standards model will only benefit urban/high population areas.	*We need some "safe" and "quality" models for a rural population, this urban health model will not work* *All potential patients should have equal access to a high standard and quality of care whether they live in urban or rural areas*

2.31 The chart below shows how the responses vary across different sub-groups of the population who stated they **agree** with the principle that Hywel Dda Health Board needs to ensure services meet quality and safety standards for patients. Results for sub-groups which are significantly *more likely* than the overall score are highlighted in green, whilst results which are significantly *less likely* are highlighted in red.

2.32 Respondents aged 75 and over are significantly *more* likely to agree with this principle, along with those who live between 20km to 50km away from their nearest district general hospital, and those whose nearest hospital is Glangwili. However, respondents who live under 5km from the nearest district general hospital and respondents whose nearest hospital is Bronglais are significantly *less likely* to agree.

Figure 15: To what extent do you agree or disagree with this principle - Quality and Safety of Services? Demographic sub-group analysis
Base: All Respondents (number of respondents shown in brackets). Note: "Limited a lot" and "Limited a little" refer to day-to-day activities limited by a health problem or disability. Distances to hospital are not cumulative – e.g. "Under 10Km" does not include those already counted as being "Under 5Km" so refers to those living "5km to 10km", etc.



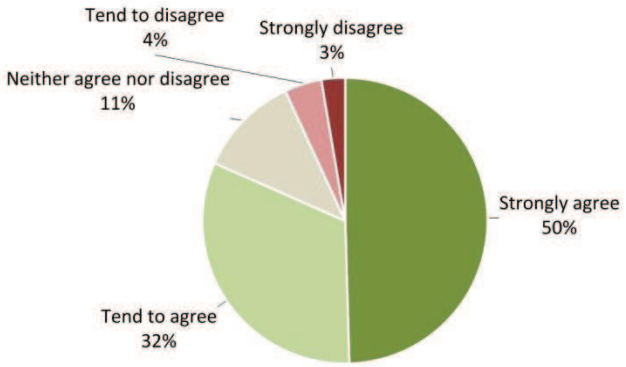
Ageing Population

The ageing population means that increasing numbers of people suffer from long-term chronic conditions.

To what extent do you agree or disagree that service planning should treat this as a key priority?

2.33 More than four fifths of respondents (82%) agree that service planning should treat long-term chronic conditions suffered by the ageing population as a key priority, with half reporting that they strongly agree. Only 7% disagree with this principle.

Figure 16: To what extent do you agree or disagree that service planning should treat this as a key priority?
Base: All Respondents (783)



2.34 The following key themes (specific to this vision) emerged when respondents were asked to give reasons for their agreement/disagreement:

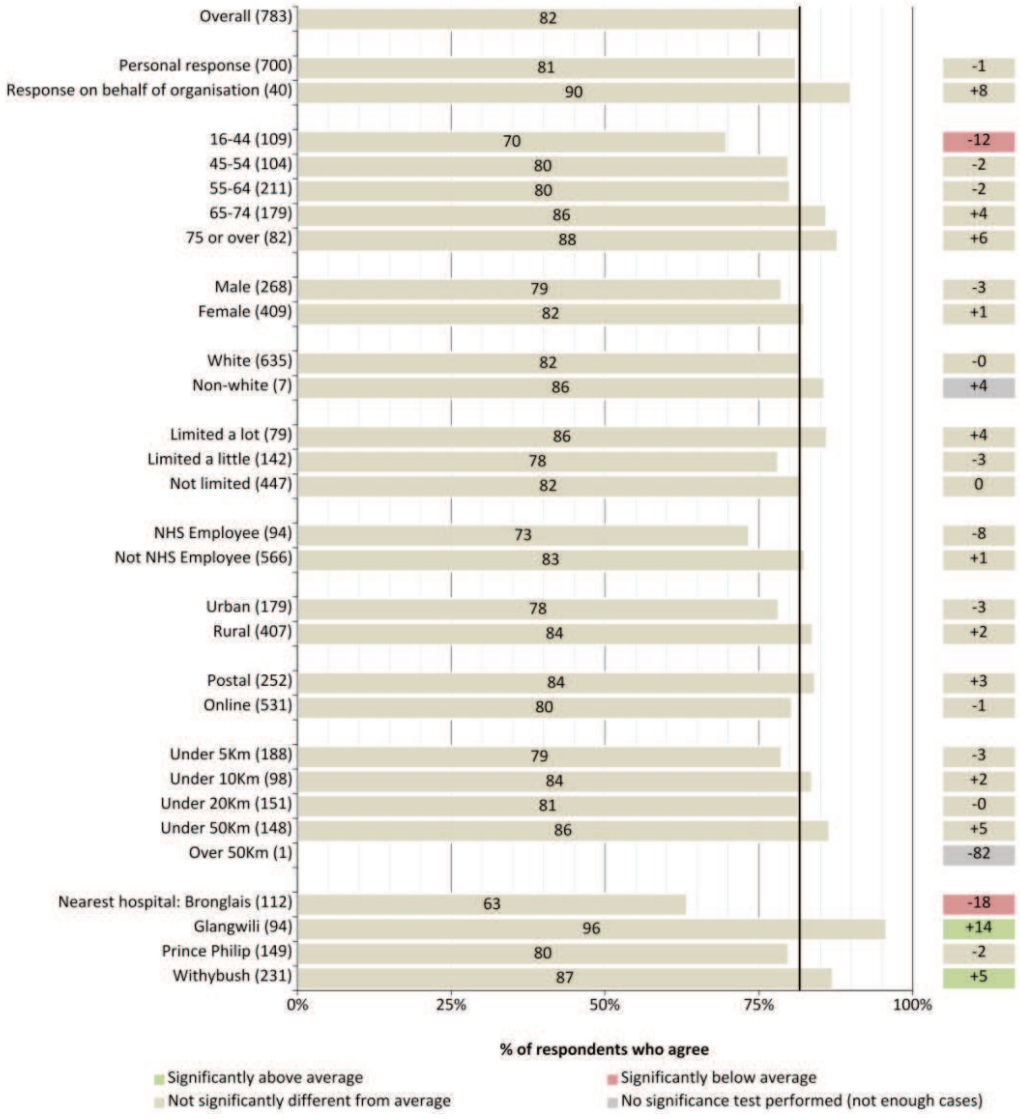
Figure 17: To what extent do you agree or disagree that service planning should treat this as a key priority? Key Themes Ageing Population

Key Theme	Example comments
All elderly patients deserve to be treated as a key priority Many respondents feel that whether elderly patients suffer from long-term chronic conditions or not, they should be treated as a priority because of factors such as: • The natural ageing process having a detrimental effect on their health • They have spent years contributing to society and therefore deserve to be treated this way	*Most older people feel that as they have worked all their lives and paid tax and national insurance contributions, they are entitled to this treatment* *Many of the ageing population have probably looked after themselves over the years and are probably needing care and medical treatment due to the natural ageing process* *It needs to remembered that, this is the group of people that have contributed the most money to the system that is supposed to look after them*
All patients should be treated as key priority Another main theme to emerge is that respondents would like not *just* the elderly with long-term conditions to be treated as a key priority, but for *everyone* to be treated this way, independent of their age. Many also pointed out that it is not just the elderly who suffer from long-term conditions.	*All patients should be treated equally* *I strongly agree that whatever our age, a person has the right to the best possible care and to be treated with dignity and respect* *All sections of the community need equal care* *Age knows no boundaries when dealing with healthcare. Yes, we have an aging population but that doesn't mean the majority of people suffer from long-term chronic conditions* *I don't believe it is inevitable that an aging population should necessarily lead to people suffering from long-term chronic conditions*

Key Theme	Example comments
Prevention Whilst some respondents agree with this principle, many feel that this should only apply to those who have a long-term chronic illness providing that it is NOT due to self-infliction. In addition, respondents feel that it would be helpful to provide education for future generations to minimise them becoming ill or infirm in old age.	*It should surely be cost effective to invest more effort in helping people to avoid chronic conditions by healthier living e.g. less alcohol and fatty food* *Educating the population at a younger age…will reduce the future Hospital burden enormously* *Your priority should be on prevention and keeping people independent* *Truly some charge should be levied on those who need NHS treatment for patently self- inflicted troubles.*

2.35 The chart below shows how the responses vary across different sub-groups of the population who stated they agree that service planning should treat this as a key priority. Results for sub-groups which are significantly *more likely* than the overall score are highlighted in green, whilst results which are significantly *less likely* are highlighted in red.

Figure 18: To what extent do you agree or disagree that service planning should treat the Ageing Population as a key priority? Demographic sub-group analysis
Base: All Respondents (number of respondents shown in brackets). Note: "Limited a lot" and "Limited a little" refer to day-to-day activities limited by a health problem or disability. Distances to hospital are not cumulative – e.g. "Under 10Km" does not include those already counted as being "Under 5Km" so refers to those living "5km to 10km", etc.



2.36 Respondents whose nearest general hospital is either Glangwili or Withybush are significantly *more likely* to agree with this principle, while younger respondents (aged 16-44) and those whose nearest hospital is Bronglais are significantly *less likely* to agree.

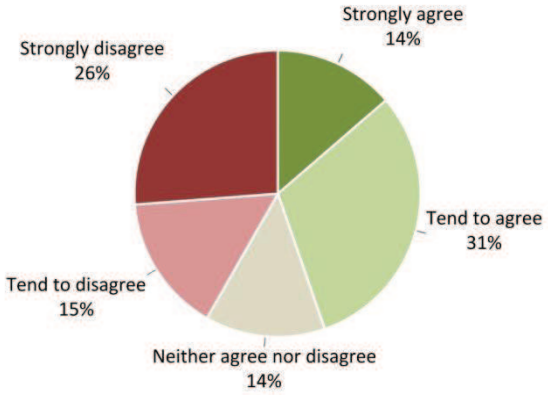
Specialised Services

Professional advice says that maintaining all services in every hospital is undesirable because it spreads expert resources too thinly, makes it difficult to recruit and retain specialist staff and jeopardises patient safety.

To what extent do you agree or disagree with specialising some services into fewer, fully equipped centres?

2.37 More than two fifths of respondents (45%) agree with specialising some services into fewer, fully equipped centres, while a similar proportion (41%) disagree.

Figure 19: To what extent do you agree or disagree with specialising some services into fewer, fully equipped centres?
Base: All Respondents (788)



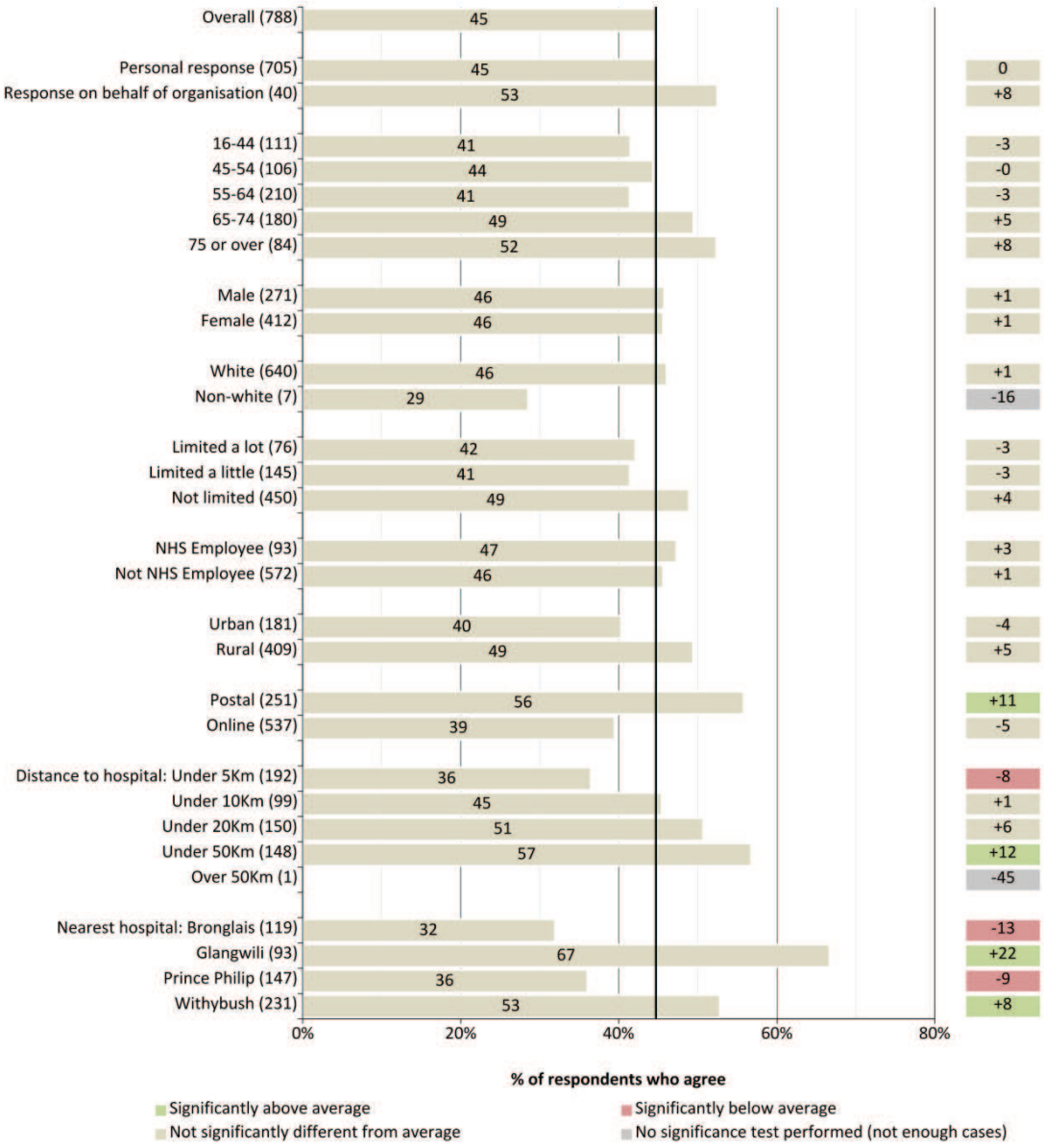
2.38 The following key themes (specific to this vision) emerged when respondents were to give reasons for their agreement/disagreement if they wished:

Figure 20: To what extent do you agree or disagree with specialising some services into fewer, fully equipped centres? Key Themes

Key Theme	Example comments
Concerns over 'high risk' groups Respondents showed concern about how the specialisation of services will affect the elderly, children and those with life threatening illnesses.	*This will have major transport consequences as an increasingly elderly and immobile population need to be accommodated* *These centres need to be reachable for those with debilitating illnesses and where children can be near their families* *Some local services may have to be relocated; this particularly causes problems for elderly patients.*
Bronglais Hospital Many respondents feel that Bronglais should be given specialist services for geographic reasons. Some feel concerned that this will not happen.	*Bronglais has not been identified as having anything as a specialist area which is very upsetting and demoralising* *Strengthen the resources of Bronglais; twelve hospitals in the south and one in mid Wales is not fair distribution* *Geographically Bronglais should take priority because it serves a large area, and there are already plenty of services within a short distance of the southern area of the Health Board*

2.39 The following chart shows how the responses vary across different sub-groups of the population who stated they **agree** with specialising some services into fewer, fully equipped centres. Results for sub-groups which are significantly *more likely* than the overall score are highlighted in green, whilst results which are significantly *less likely* are highlighted in red.

Figure 21: To what extent do you agree or disagree with specialising some services into fewer, fully equipped centres? Demographic sub-group analysis
Base: All Respondents (number of respondents shown in brackets). Note: "Limited a lot" and "Limited a little" refer to day-to-day activities limited by a health problem or disability. Distances to hospital are not cumulative – e.g. "Under 10Km" does not include those already counted as being "Under 5Km" so refers to those living "5km to 10km", etc.

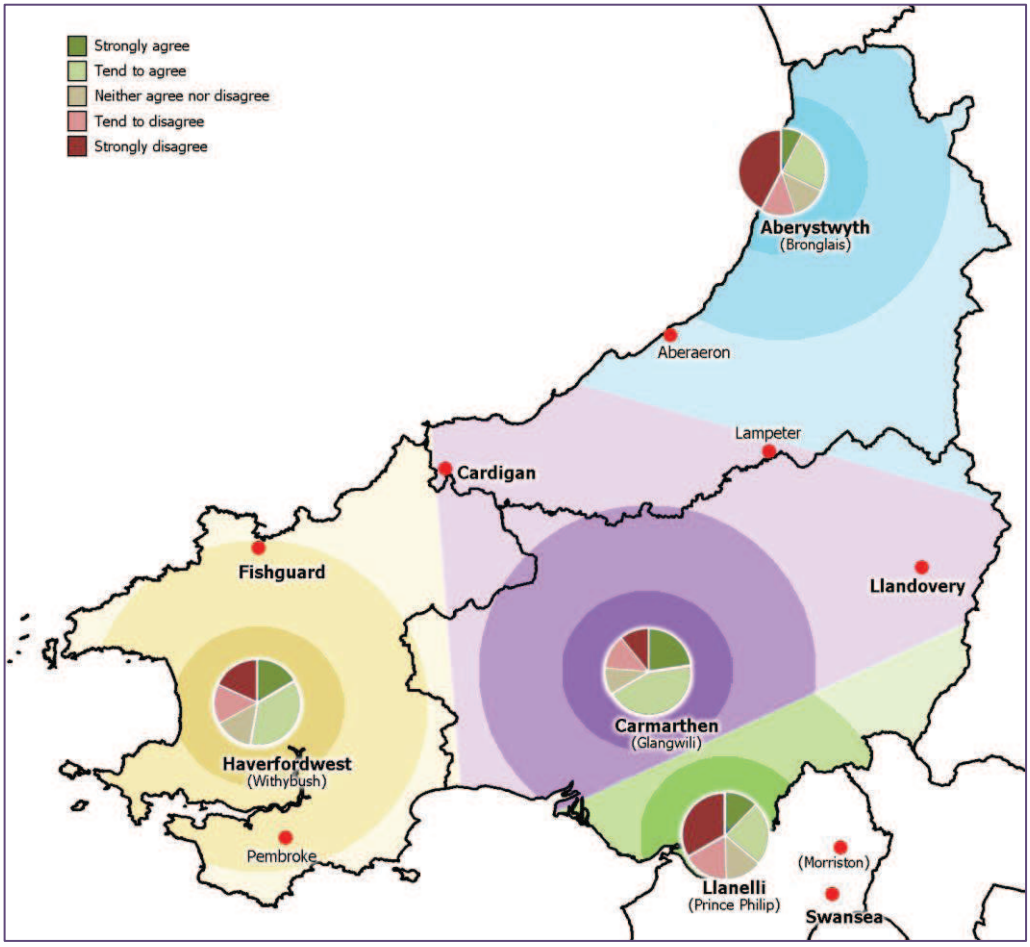


2.40 Respondents who answered the postal version of the questionnaire, along with respondents who live between 20km and 50km away from their nearest general hospital and those whose nearest general hospital is either Glangwili or Withybush are significantly *more likely* to agree with this principle.

2.41 Respondents who live less than 5km away from their nearest general hospital, as well as respondents whose nearest general hospital is Bronglais or Prince Philip are significantly *less likely* to agree with this principle.

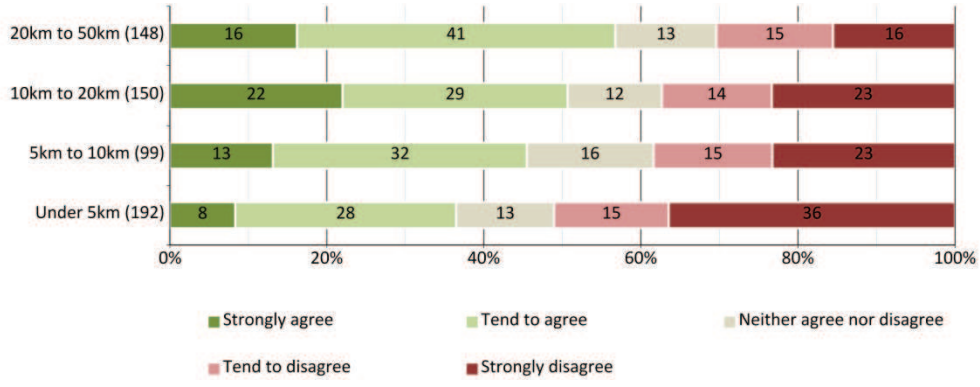
2.42 Figure 22 shows agreement with specialising some services mapped by respondents' nearest main district general hospital. Respondents whose nearest district general hospitals are Bronglais and Prince Philip show higher levels of disagreement with this principle, while respondents who live nearest to Glangwili and Withybush general Hospitals show higher levels of agreement.

Figure 22: Agreement with specialising some services into fewer, fully equipped centres mapped by nearest main general hospital



2.43 When the results of this question are broken down by distance to their nearest main district general hospital, it can be seen that the closer respondents live to their main general hospital, the higher level the level of disagreement expressed with specialising some services.

Figure 23: To what extent do you agree or disagree with specialising some services into fewer, fully equipped centres? Response by distance to nearest main district general hospital. Base: All Respondents (number of respondents in brackets)



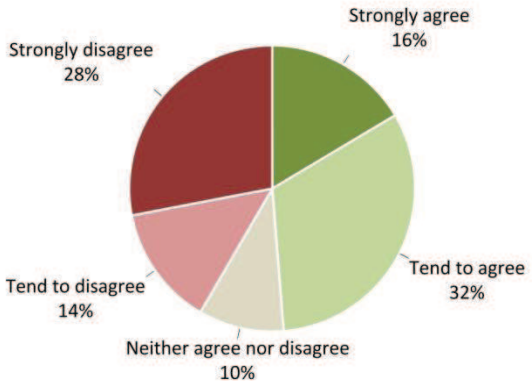
Access

Developing specialised services will mean that some patients will need to travel further for some hospital services.

To what extent do you agree or disagree that this is reasonable in principle?

2.44 Just less than half of respondents (48%) agree that developing specialised services which will result in some patients travelling further for some hospital services is a reasonable transformation, while more than two fifths (42%) disagree.

Figure 24: Access: To what extent do you agree or disagree that this is reasonable in principle?
Base: All Respondents (795)



2.45 The following key themes (specific to this vision) emerged when respondents were asked to give reasons for their agreement/disagreement:

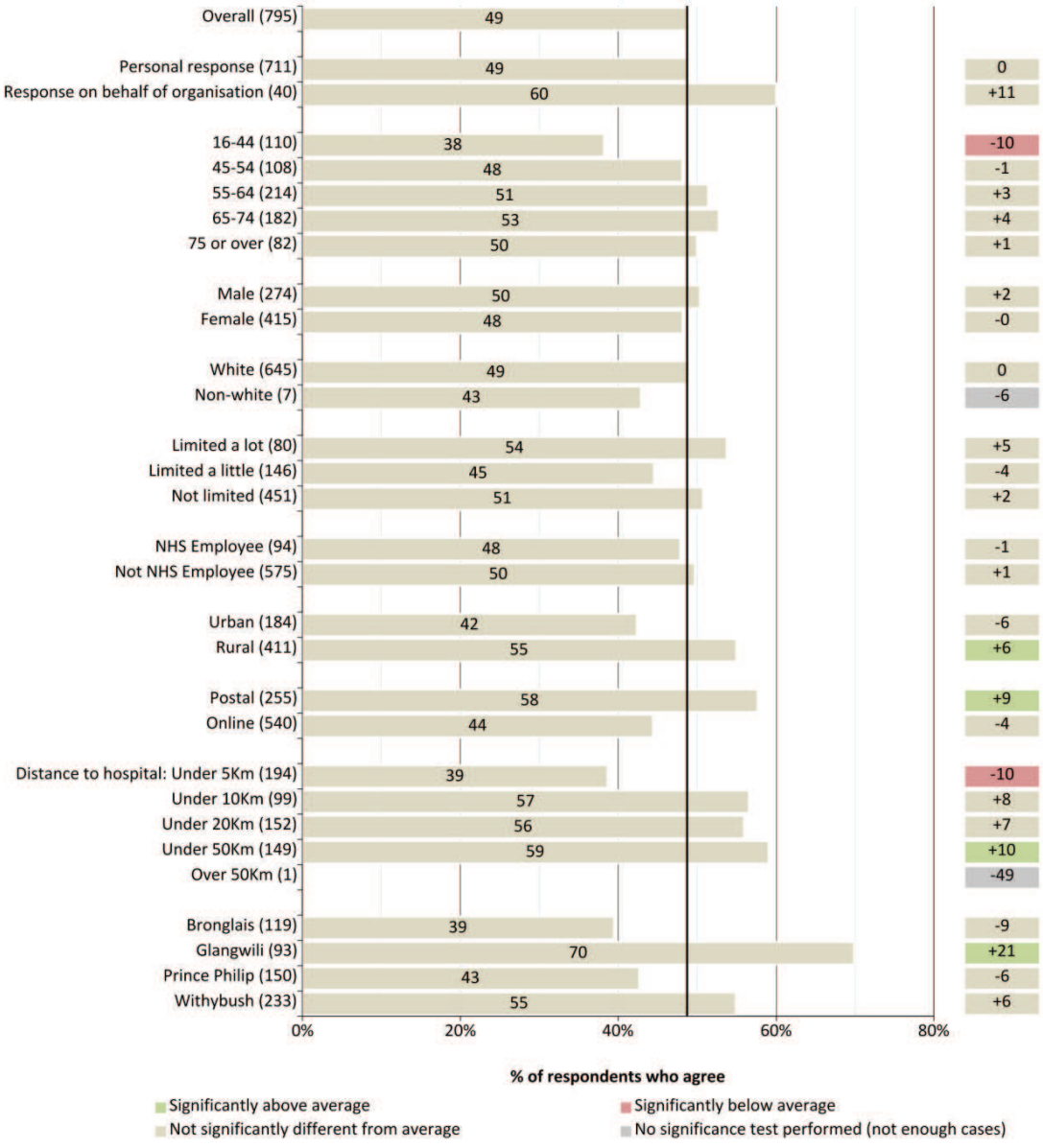
Figure 25: To what extent do you agree or disagree with specialising some services into fewer, fully equipped centres? Key Themes – Access

Key Theme	Example comments
Transport improvements Although many respondents agree that this is reasonable, they raised concerns about the current transport system, which needs improving if patients will be travelling further.	*It needs reasonable access. We need improvements in transport* *Agree in principle but again the devil is in the detail. Has anyone conducting this review any idea at all as to the nature of transport connections between the Bronglais catchment area and the Carmarthen/ Swansea hospitals are like?* *The key is the provision of effective transport systems. The centralisation of services should not be attempted until such a transport system is in place*
Consultants should travel Respondents suggested that consultants could travel to different destinations in order to reduce patient travel time.	*Specialised services should be developed in more hospitals with consultants working between hospitals* *But consultants could also travel as part of a network for less specialised services* *The rural nature of HDdHB means that more patients will have to travel long distances. It would be better and contribute less in greenhouse gases if consultants moved between centres*

2.46 The following chart shows how the responses vary across different sub-groups of the population who stated they **agree** that this is a reasonable principle. Results for sub-groups which are significantly *more likely* than the overall score are highlighted in green, whilst results which are significantly *less likely* are highlighted in red.

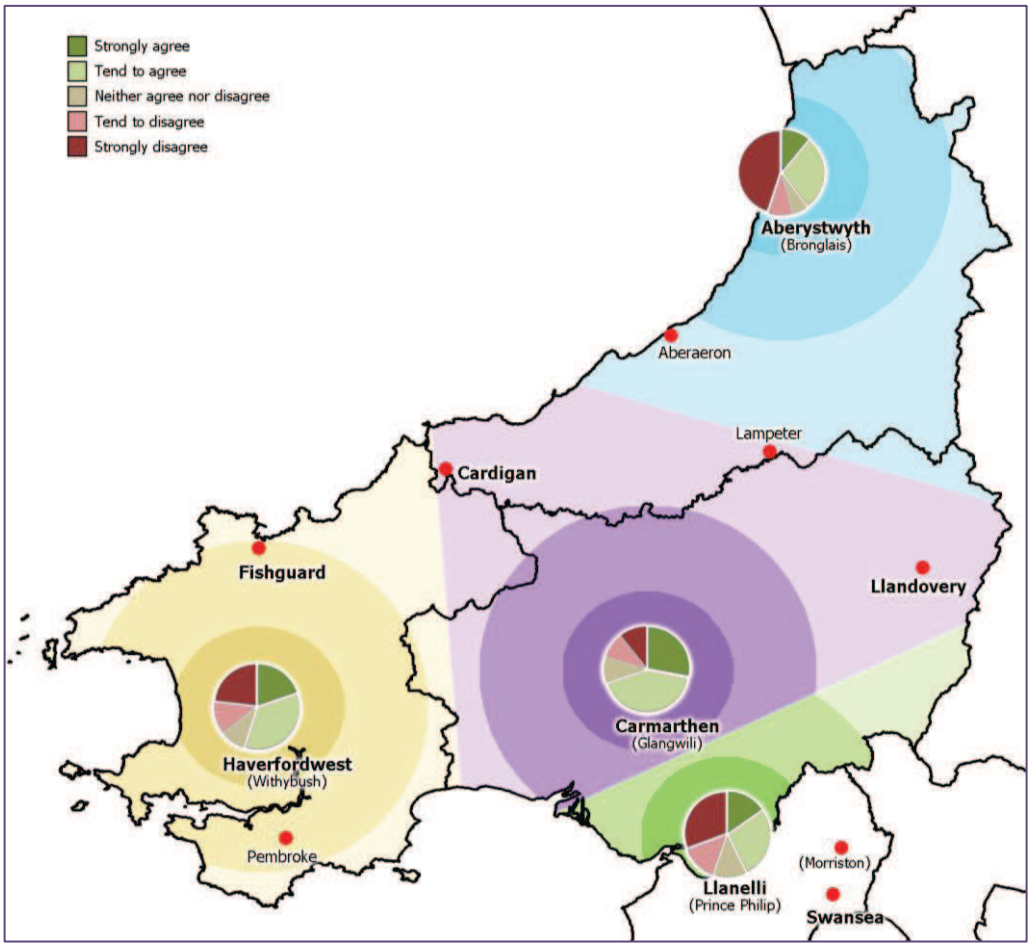
2.47 Respondents who answered the postal questionnaire, live in rural areas, reside at least 20km from their nearest main district general hospital and who live closest to Glangwili hospital are significantly *more likely* to agree that the principle for developing specialised services (meaning some people will need to travel further) is reasonable. Alternatively, respondents who are aged between 16 and 44, along with those who live less than 5km away from their nearest district general hospital are significantly *less likely* to agree.

Figure 26: Access: To what extent do you agree or disagree that this is reasonable in principle? Demographic sub-group analysis
Base: All Respondents (number of respondents shown in brackets). Note: "Limited a lot" and "Limited a little" refer to day-to-day activities limited by a health problem or disability. Distances to hospital are not cumulative – e.g. "Under 10Km" does not include those already counted as being "Under 5Km" so refers to those living "5km to 10km", etc.



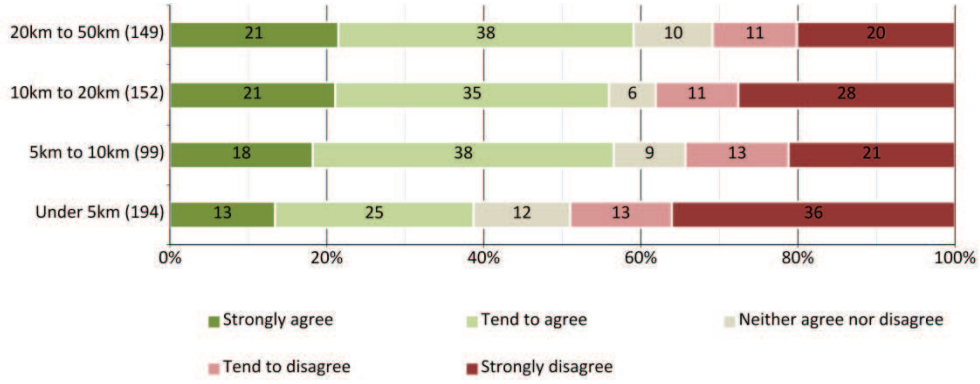
2.48 Figure 27 shows level of agreement that this is a reasonable principle mapped by respondents' nearest district general hospital; respondents who live closest to Bronglais Hospital show least agreement, while respondents who live closest to Glangwili Hospital show most agreement.

Figure 27: Access: Agreement with this being a reasonable in principle mapped by nearest main district general hospital



2.49 When the results to this question are broken down by distance from their nearest district general hospital, respondents who live nearest (under 5 km) show most disagreement (49%), whereas respondents who live furthest away (at least 20km) show least disagreement (31%).

Figure 28: Access: To what extent do you agree or disagree that this is reasonable in principle? Response by distance to nearest main district general hospital
Base: All Respondents (number of respondents in brackets)



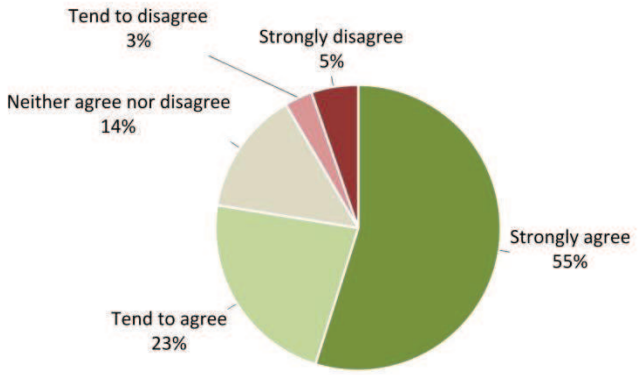
Transport

Some patients with certain medical conditions will be eligible for hospital transport for some services.

To what extent do you agree or disagree that transport services need to be improved?

2.50 More than three quarters of respondents (78%) agree that transport services need to be improved, with more than half (55%) reporting that they strongly agree.

Figure 29: To what extent do you agree or disagree that transport services need to be improved?
Base: All Respondents (792)



2.51 The following key themes (specific to this vision) emerged when respondents were asked to give reasons for their agreement/disagreement:

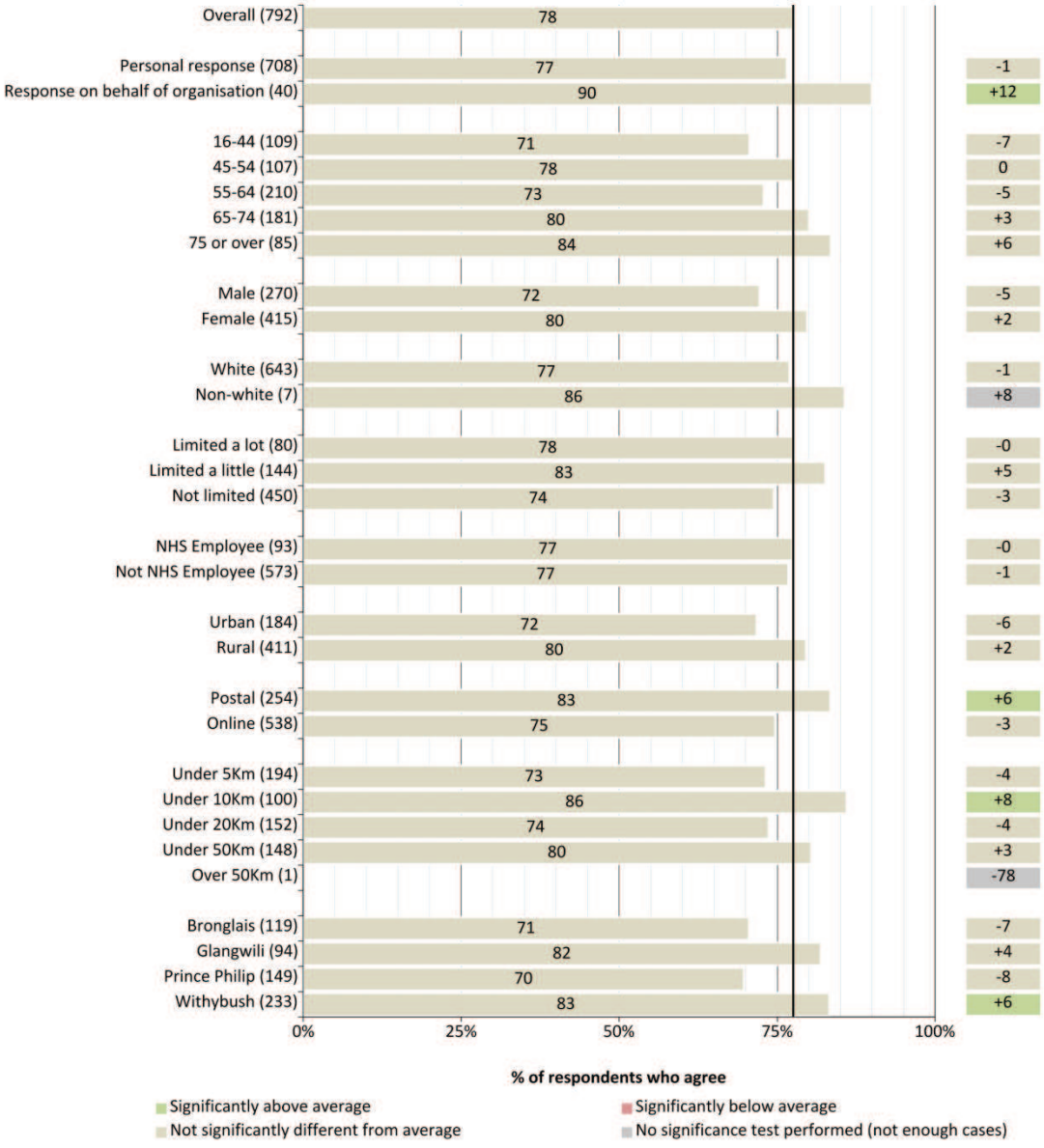
Figure 30: To what extent do you agree or disagree that transport services need to be improved? Key Themes – Transport Service Need to be Improved

Key Theme	Example comments
Keep care local Respondents feel that providing more local care would be preferable to having to travel further for treatment, which will also help keep costs down and maintain patient satisfaction.	*All patients will be eligible for hospital transport, but this will make the cost greater than keeping care local* *It is still better to keep locals in their own hospital* *With the expected horrendous oil prices, we should be planning for a more local service without patients having to travel*
Ambulance Service Respondents showed concern over the current ambulance service, and how this will affect patients who will need to use it to get to specialised centres.	*Current ambulance service is much worse than twenty years ago* *Current overload on the ambulance service must be addressed with alternative arrangements for routine patient transport* *Ambulance services are not good; the air ambulance does not fly at night and relies on voluntary donations*
Transport should be available for everyone Many respondents feel that all patients should have effective transport services available to them, no matter what medical conditions they may or may not have.	*Hospital transport should always be available for patients when necessary* *I believe transport should be available for all patients if required. A patient requiring services in Singleton, for example, if living north of Carmarthen would have a very long trip, and public transport would probably not be an option*

2.52 The following chart shows how the responses vary across different sub-groups of the population who stated they **agree** that transport services need to be improved. Results for sub-groups which are significantly *more likely* than the overall score are highlighted in green, whilst results which are significantly *less likely* are highlighted in red.

2.53 Those who responded on behalf of an organisation, answered the postal version of the questionnaire, along with those who live between 5km and 10km away from their nearest general hospital and those who live closest to Withybush Hospital are significantly *more likely* to agree that transport services need to be improved.

Figure 31: To what extent do you agree or disagree that transport services need to be improved? Demographic sub-group analysis
Base: All Respondents (number of respondents shown in brackets). Note: "Limited a lot" and "Limited a little" refer to day-to-day activities limited by a health problem or disability. Distances to hospital are not cumulative – e.g. "Under 10Km" does not include those already counted as being "Under 5Km" so refers to those living "5km to 10km", etc.



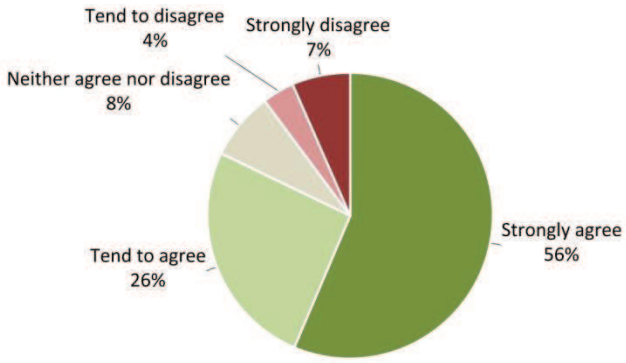
Making Every Penny Count

The NHS is facing huge funding challenges, so the Health Board must organise services to spend the money it is allocated in a better way, achieve value for money and avoid duplication.

To what extent do you agree or disagree that the Health Board should make the best use of scarce resources?

2.54 More than four fifths (82%) of respondents agree that the Health Board should make the best use of scarce resources, with more than half (56%) saying that they strongly agree. Only 11% disagree.

Figure 32: To what extent do you agree or disagree that the Health Board should make the best use of scarce resources? Base: All Respondents (777)



2.55 The following key themes (specific to this vision) emerged when respondents were asked to give reasons for their agreement/disagreement:

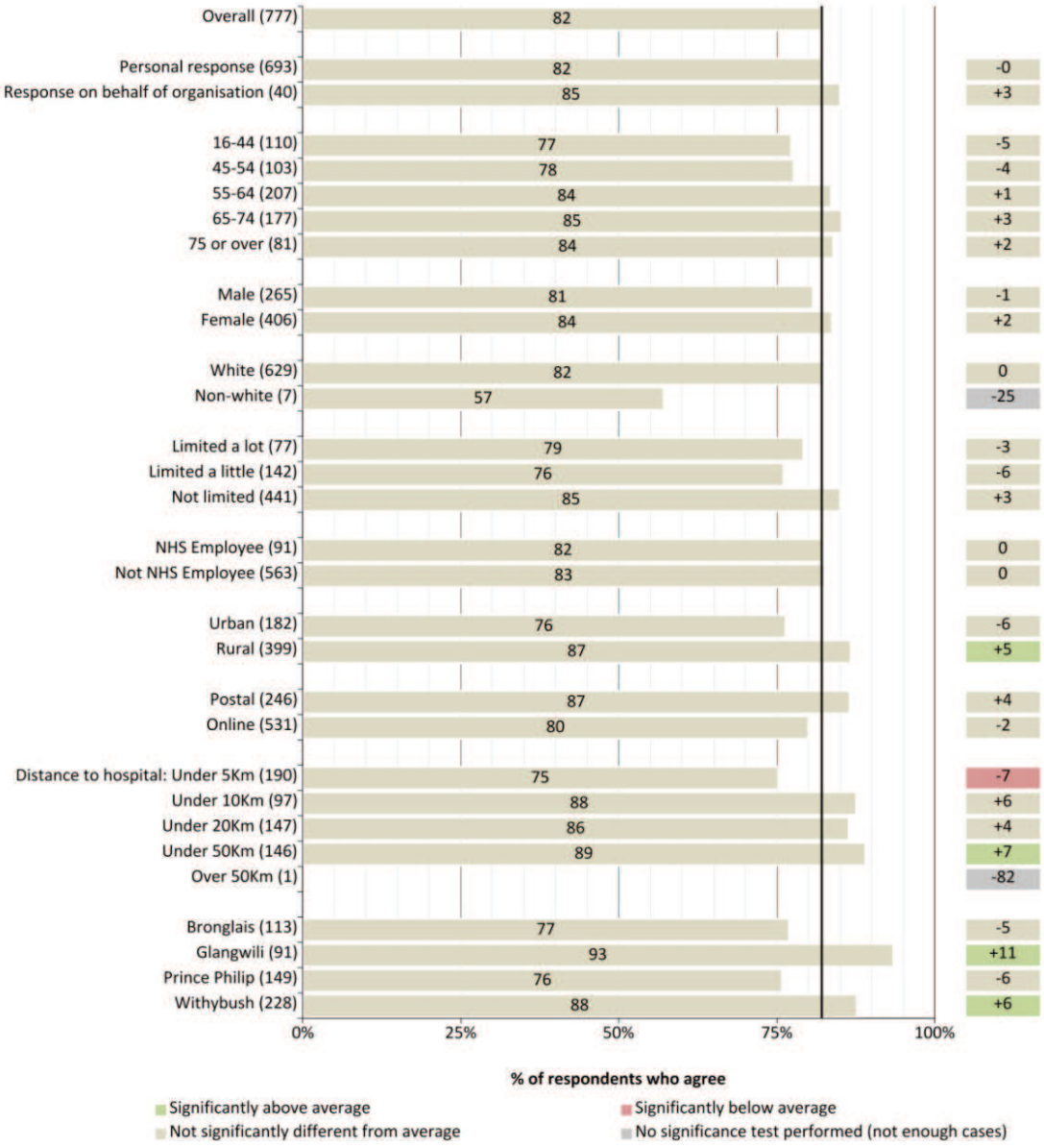
Figure 33: To what extent do you agree or disagree that transport services need to be improved? Key Themes – Making the Best Use of Scarce Resources

Key Theme	Example comments
Agreement that money should not be wasted Respondents agree that duplication should be avoided and that the Health Board should try get value for money wherever possible.	*As a member of an organisation who financially supports one of the Hywel Dda hospitals, it makes sense to shop around for best prices as medical equipment is extremely expensive. Duplication is just a waste of valuable money that could better be spent on other much needed equipment, or even extra staff* *Cash is extremely short. Money has been frittered and thrown away and it must stop* *Of course the health board should aim to get value for money. It does not and will not achieve this by duplicating services in the south Wales corridor, while failing to provide essential services in mid-Wales*
Managerial and administrative services Respondents feel that money can be saved by cutting managerial and administrative costs, as these services are a drain on finances.	*There seems to be a lot of money wasted on meetings, travel and a lot of management posts and protection pay* *It has always been, and getting worse, that hospital finance has been top heavy with administration costs. Not enough has been getting through to the frontline where it should be* *Reduce managers then there will be more money available*

Key Theme	Example comments
Protection of patients and services Respondents want patients and frontline services to be unaffected by money saving/cost cuts, to ensure that patients will be protected and continue to receive a quality service	*Value for money or the better use of reduced resources is important, but not at the expense of patient well-being, comfort or safety* *Yes agree, but cuts should not be made to frontline services* *Cutting front line services is not the best way of saving money. There must be a better way*

2.56 The chart below shows how the responses vary across different sub-groups of the population who stated they **agree** that the Health Board should make the best use of scarce resources. Results for sub-groups which are significantly more likely than the overall score are highlighted in green, whilst results which are significantly less likely are highlighted in red.

Figure 34: To what extent do you agree or disagree that the Health Board should make the best use of scarce resources? Demographic sub-group analysis
Base: All Respondents (number of respondents shown in brackets). Note: "Limited a lot" and "Limited a little" refer to day-to-day activities limited by a health problem or disability. Distances to hospital are not cumulative – e.g. "Under 10Km" does not include those already counted as being "Under 5Km" so refers to those living "5km to 10km", etc.

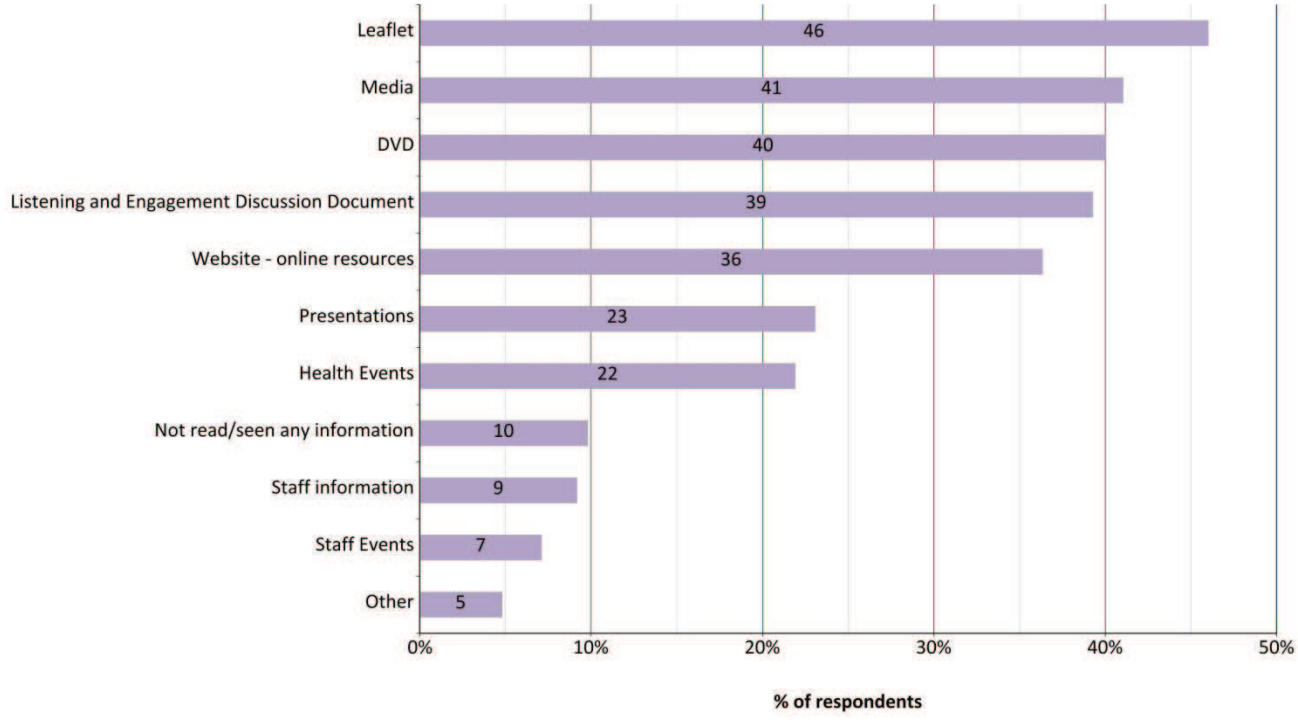


2.57 Respondents who live in rural areas, live between 20km and 50km away from their nearest district general hospital and those who reside closest to Glangwili and Withybush Hospitals are significantly *more* likely to agree that Health Board should make the best use of scarce resources. Respondents who live less than 5km away from their nearest district general hospital are significantly *less* likely to agree.

Information

2.58 Two fifths or more of respondents reported that they have seen/read information about 'Your Health Your Future' through a leaflet (46%), the media (41%) and a DVD (40%). This is followed by more than a third who have read/seen the listening and engagement discussion document (39%) and a website or other online resources (36%). Only 1 in 10 (10%) of respondents have NOT seen or read any 'Your Health Your Future' information.

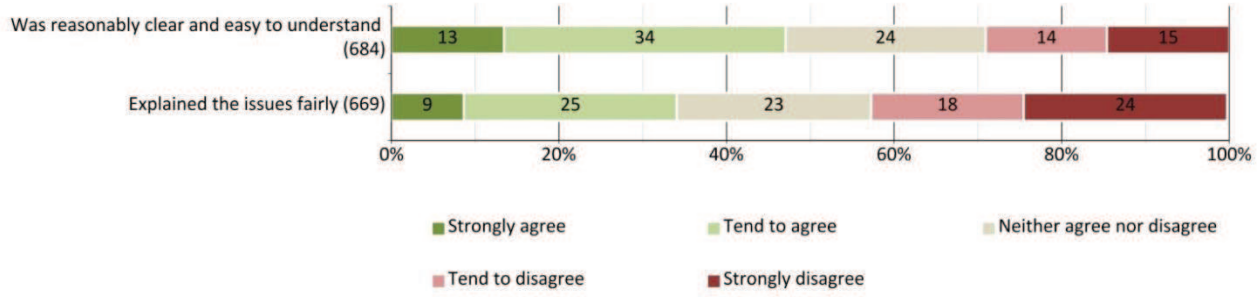
Figure 35: A range of information about Your Health Your Future has been made available for the listening and engagement process. Please indicate any information you may have read/seen.
Base: All Respondents (784)



2.59 Almost half of respondents who have seen or heard information about 'Your Health Your Future' agree that it was *reasonably clear and easy to understand* (47%), but more than a quarter (29%) disagree.

2.60 A lower proportion feel that the information *explained the issues fairly*, with only around a third (34%) reporting that they agree with this, while more than two fifths (42%) disagree.

Figure 36: Thinking about 'Your Health Your Future' to what extent do you agree or disagree that it was…
Base: All Respondents who have seen or read information about 'Your Health Your Future' (number of respondents shown in brackets)



2.61 The following key themes (specific to this vision) emerged when respondents were asked to give reasons for their agreement/disagreement.

Figure 37: To what extent do you agree or disagree that transport services need to be improved? Key Themes – Clarity and Fairness of Information

Key Theme	Example comments
Not enough information Many respondents feel that not enough information was provided, and also that it is too basic and not specific enough. However, it should be taken into consideration that some respondents were not aware that this process is not the full consultation exercise (hence the limited information response stated).	*Firstly the information given is a broad view, not specific to each area. Hence it does not tell the population how the health care is going to be delivered in each area* *Both the pamphlet and the DVD are professional and slick presentations – well done – but they actually say nothing!*
Biased information Many respondents feel that the information provided was biased towards Hywel Dda Health Board's visions and didn't think that it was presented in an objective manner.	*Some questions appear biased towards responses that appear to support the policies, regardless of the consequences* *I feel this is very biased towards the policies of the Health Board without truly considering the views of patients, especially those from rural settings*
Hywel Dda's public meetings and presentations Respondents felt that some of the public meetings presented by Hywel Dda HB were confusing and inconsistent with the background information provided elsewhere.	*Some inconsistency between the presentation, the discussion document and the displays* *There is a mass of confusion. The information I have received from media, leaflets, feedback from line manager, health events and recently presentation all seem to contradict each other*

Further Comments about Service Areas

2.62 Respondents were invited to make any further comments about the service areas mentioned throughout the listening and engagement questionnaire, as well as any general comments. The table below summarises the key themes that emerged from the freetext responses.

Figure 38: Further comments about service areas

Key Theme	Example comments
Women's and Children's Services Respondents feel that women's and children's services should be available as locally as possible in order to reduce travel time both for patients and visitors.	*As vulnerable members of society they need to be considered high priority. Every effort should be made to move professionals to see them locally, rather than making them travel, for all but specialist input* *These services need to be as near as possible to home. In most cases women have family and home responsibilities. Children do not benefit from isolation from home and visits. Services should be available locally wherever possible* *For a sick child it is vitally important that the family is able to visit easily and frequently*
Planned Care **Cancellations** Respondents want efficient planned care with less cancellations, as well as ensuring that any cancelled appointments are filled.	*Reliable planned care, less cancellations would be very welcome* *Planned care shouldn't take second place to unplanned care. There must be a dedicated system to moving people up waiting lists (not reducing lists by letting them slip off), cancellation slots should be used to full effect* *Planned care is a great idea, providing the appointments are not cancelled at short notice as usual*
Planned Care **Locally Based Services** Respondents welcome local planned care and improvements to local hospitals/services to accommodate this.	*Planned care should be provided in home if possible or at the nearest facility with the regular staff authority* *It is important that patients have planned treatment as locally as possible. All hospitals should be improved to be able and continue to provide treatment locally*
Unplanned Care **Fully resourced Accident and Emergency departments** Respondents want easy access to local, fully resourced Accident and Emergency departments 24/7 (in terms of staff and equipment).	*All major hospitals should have fully functioning accident & emergency facilities that are clinician lead and staffed* *Aberystwyth needs to have a full trauma team presence in order to enable trauma to be dealt with safely and prevent loss of life* *Having a local fully-fledged emergency service is critical, particularly in mid-Wales*
General Comments **More investment in mental health** Respondents would like mental health services to be improved and to have more money invested in it. At the moment, respondents feel this service is overlooked, without enough help being available to those who need it.	*From experience, mental health services are lacking in the community. Huge savings could be made in many areas that would enable us to keep some services* *Adolescent mental health services are underfunded and only provided a long way from home for the vast majority of people who live in our region* *Get your act together with the issue of mental health care. I am very concerned about the younger generation. I would be glad to be a volunteer for a support group if you have one in Ammanford* *Don't think there are enough trained councillors to provide those in mental difficulty with timely support and planned treatment*

Summary information – Significance and Freetext Comments

2.63 The table below shows a summary of the different groups of respondents who are significantly more or less likely to agree with the principles highlighted in the listening and engagement questionnaire.

2.64 Respondents who live further away from their nearest district general hospital (at least 20km away); whose closest general hospital is Glangwili or Withybush, or who live in rural areas are significantly more likely to agree with many of the principles than other groups. On the other hand, respondents who live less than 5km away from their nearest district general hospital, or those whose nearest general hospital is Prince Philip or Bronglais are significantly less likely to agree with many of the principles than other groups.

Figure 39: Do you agree or disagree with...? Demographic sub-group analysis.

Principle	Residents significantly MORE likely than average to agree	Residents significantly LESS likely than average to agree
Aiming to provide most (80%) of NHS services locally, through primary, community and social care teams working together	Aged 75 or over Lives in a rural area Completed postal questionnaire 5km and 10km from nearest hospital 20km and 50km from nearest hospital Nearest hospital is Glangwili Nearest hospital is Withybush	Lives in an urban area Lives under 5km from nearest hospital Nearest hospital is Bronglais Nearest hospital is Prince Philip
Ensuring services meet quality and safety standards for patients	Aged 75 or over 20km and 50km from nearest hospital Nearest hospital is Glangwili	Lives under 5km from nearest hospital Nearest hospital is Bronglais
Service planning should treat the ageing population who suffer from long-term chronic conditions as a key priority	Nearest hospital is Glangwili Nearest hospital is Withybush	Aged between 16 and 44 Nearest hospital is Bronglais
Specialising some services into fewer, fully equipped centres	Completed postal questionnaire 20km and 50km from nearest hospital Nearest hospital is Glangwili Nearest hospital is Withybush	Lives under 5km from nearest hospital Nearest hospital is Bronglais Nearest hospital is Prince Philip
Developing specialised services which will mean some patients will need to travel further for some hospital services	Lives in a rural area Completed postal questionnaire 20km and 50km from nearest hospital Nearest hospital is Glangwili	Aged between 16 and 44 Lives under 5km from nearest hospital
Transport services need to be improved	Completed the questionnaire on behalf of an organisation Completed postal questionnaire 5km and 10km from nearest hospital Nearest hospital is Withybush	
The Health Board should make the best use of scarce resources	Lives in a rural area 20km and 50km from nearest hospital Nearest hospital is Glangwili Nearest hospital is Withybush	Lives under 5km from nearest hospital

2.65 The following key themes emerged across the questionnaire results in general (i.e. they were commonly mentioned in comments across all or most of the questionnaire) when respondents were asked to give reasons for their agreement/disagreement with the various principles.

Figure 40: Major Themes Throughout Overall Questionnaire Response

Key Theme	Example comments
Hospital closures Throughout many of the questions, numerous respondents voiced their concern that hospitals will be closed or downgraded due to these principles, especially Bronglais (which respondents feel should be treated specially due to its geography) and Prince Philip	*I consider that it is complete and utter madness that a town the size of Llanelli should lose any of its hospital services* *Downgrading Bronglais Hospital is a ridiculous vision* *I totally disagree with the closure of Llanelli A&E department* *It's so obvious that quality & safety of patients is paramount. How can this be achieved by downgrading Withybush General hospital?* *I do agree with this, however if Bronglais is downgraded and patients are then having to be admitted to hospital in Carmarthen, this will have a detrimental effect on their well being and support network* *Agree that money needs to be spent wisely, but worrying that this will mean cutting Bronglais' hospital facilities and to expect the sick to travel an unreasonable distance* *All services must be maintained at Withybush* *A&E provision in the Llanelli area needs urgent re-consideration* *I am appalled that you wish to remove A&E departments from some of your hospitals. You will be putting severe strain on the Welsh ambulance service, and Welsh air ambulance*
Travel concerns Concerns about travel time are raised, in particular how travelling long distances due to closures/downgrades can impact on patients, both in terms of health and cost. Particular concern was raised for elderly and vulnerable patients, as well as those who live in more rural locations	*Top quality health care needs to be provided to isolated communities as well as larger built up towns and cities* *Transport is a great problem for elderly non-drivers, and relying on voluntary agencies to get people to clinics etc. is really not satisfactory* *Ageing populations with chronic conditions require care as near to home as possible. Your plans to provide emergency and trauma etc. between 60 and 90 minutes from someone's home is not acceptable* *Any re-organisation must avoid having the old and sick travelling unnecessarily* *A fully equipped centre which is not within reach is no use whatsoever* *This is dependent upon whether the hospital is in an urban area or rural. You require more services in rural settings, due to distance to specialist hospitals* *Key specialised services have meant a need to travel for many years, but to what extent will specialised services be spread out? An important part of the healing process is receiving visits from loved ones, but if the patient is far away this will put an added stress on both patients and family*
Costs Respondents are concerned about how improvements to transport, providing care locally and specialising services will be funded and also what implications this will have for patients (such as increased travel costs)	*On the surface it seems to be a laudable aim but it implies hospital closures and cost cutting by transferring responsibilities to the "Community"; always a rather slippery concept* *Moving care out into the community may be a good thing, BUT what are the additional costs that will be required to be met by council taxpayers rather than through NHS budgets?* *How will it be costed? Helicopters and ambulances are costly both in equipment and man power* *I agree, but how, when and at what cost? Provision of good district general hospitals with as wide a range of services as possible, whilst accepting a degree of specialisms being based elsewhere, is an acceptable model in this current climate* *Many people in this area are unable to afford the costs of travel to receive treatment in this area*

3. Deliberative Meetings (i)

Focus Groups with members of the public

Introduction

3.1 In order to provide for 'listening and engagement' through thoughtful consideration of the issues by a wide range of 'ordinary' members of the public, ORS recruited and facilitated seven focus groups across the whole of the HDdHB area during February and March 2012.

3.2 The focus group participants were selected semi-randomly by ORS via random digit dialling in each of the seven locality areas – and broad recruitment quotas were used for area, sex, age and other characteristics in order to ensure a wide cross-section of participants. Groups were held in Welsh as well as English and care was taken to ensure that potential participants were not disqualified or disadvantaged by disabilities or any other factor - and in accordance with standard good practice, the participants were recompensed for their time in taking part. All of the meetings were well attended, and broadly representative in terms of age, gender, social grade, ethnicity and limiting long-term illness.

3.3 Although, like other forms of qualitative consultation, deliberative focus groups cannot be certified as statistically representative, these seven meetings gave a wide range of people the opportunity to discuss the health and organisational issues in detail. We believe the meetings are broadly indicative of how informed members of the public would formulate and express their views in similar contexts.

3.4 Therefore, we believe that the seven meetings are particularly important within the context of the whole listening and engagement programme – because the focus groups were inclusive (encompassing a wide range of people), not self-selecting (randomly recruited), relatively well-informed (following initial presentations of the key issues and policy options), and fairly conducted (through careful facilitation by ORS). There was a considerable contrast between the tone of these thoughtful and considered meetings, on the one hand, and the confrontational atmosphere that HDdHB encountered in *some* of its public meetings, on the other.

3.5 ORS recruited and facilitated the seven meetings in each of the seven HDdHB localities, as follows:

- North Ceredigion (Aberystwyth) – nearest general hospital Bronglais – 12 attended
- South Ceredigion (Lampeter) – nearest general hospital Bronglais – 11 attended
- North Pembrokeshire (Fishguard) – nearest general hospital Withybush – 13 attended
- South Pembrokeshire (Milford Haven) – nearest general hospital Withybush – 13 attended
- Amman Gwendraeth (Ammanford) – nearest general hospital Prince Philip – 9 attended
- Llanelli – nearest general hospital Prince Philip – 7 attended
- Tywi, Teifi and Taff Myrddin (Llandeilo) – nearest general hospital Glangwili – 11 attended

3.6 The aim of the groups was to allow people to express their views about the following broad issues:

- The listening and engagement process
- Current hospital provision
- The guarantees
  - Maintaining acute hospitals
  - Principles
- Possible Accident and Emergency options; and
- Care closer to home.

3.7 Throughout most of the meetings, the main contributions were noted in real-time on screen in PowerPoint so that all participants could see that their views were being recorded properly. In addition, HDdHB staff attended some meetings to listen to people's views.

3.8 This section of the report presents the main themes and key points arising from the seven focus groups. The opinions expressed were not always unanimous, but we have endeavoured to reflect the range of views expressed. Some important common themes emerged from the group discussions and these are reported below; but where issues related to a particular locality, these have been highlighted. Many quotations have been used, not because we wish to endorse any views, but in order to illustrate some of the more common and important themes and issues.

Summary of Key Findings

3.9 In summary, the main points to emerge across the seven focus groups were that:

- Many participants felt that financial management, staffing, standards and bureaucracy needed to be addressed to ensure quality health care provision
- The main concerns about the possible concentration of some medical services are about travelling times (due to distances and poor roads) – particularly for older people and their relatives
- Despite worries about travelling distances and times, many participants readily accepted that centres of excellence could deliver greater expertise and resilience for serious conditions: so specialisation in centres of excellence was generally welcomed and it was felt that they could help staff recruitment and retention in future
- Nonetheless, a tension was evident between the belief that centres of excellence could provide better services and a reluctance to see local hospitals "run down" (an emotional but commonly used phrase)
- Providing support for patients and family visitors who need to travel to services was considered a priority
- People also wanted diagnostics and follow-up care to be as local as possible
- There were divisions of opinion about whether advances in modern technology would allow some care to be delivered more effectively in patients' homes – some were optimistic and others pessimistic

- There was considerable support for more community-based care in principle, but this was balanced by fears that community based services are not yet ready to perform effectively and that money is not available to develop them
- People wanted to see better co-ordination and delivery of after-care and post-discharge convalescence; in particular there were concerns about the lack of a 'joined-up approach' between the GP and hospitals
- There were widespread concerns about poor access to GP services both in- and out-of-hours – reinforcing the idea that there is a pressing need to get effective primary care systems in place before hospitals deliver services differently
- Some people clearly felt that poor GP access and services create higher demand for Accident and Emergency services.

Listening and Engagement Process

3.10 Generally speaking, participants across the groups were not particularly aware of the listening and engagement process and the sense of anxiety and concern it had generated in some areas. While some participants remembered receiving the HDdHB DVD and supporting information, they said they had taken little notice of it – for example:

There was something that came through the post, but I didn't do anything about it (Lampeter resident)

3.11 Where participants were more aware, it was through the reports in their local press and on TV. Indeed, it would be fair to say that, overall, participant's views had been informed by the media rather than HDdHB directly:

In our local paper they were saying about downgrading Prince Philip Hospital (Ammanford resident)

It has been on the TV (Llandeilo resident)

Press and word from the voluntary sector groups (Llanelli resident)

They said the Accident and Emergency would be closing at five o'clock – that's ridiculous! (Ammanford resident)

I have got a few press cuttings with me…people are a little concerned around here (Milford Haven resident).

3.12 Of all the groups, participants in Aberystwyth and Llanelli were most aware of the listening and engagement process.

3.13 Aberystwyth participants complained that the Drop-in Sessions conducted by HDdHB had been poorly organised:

The drop-in session in Morlan was on a weekday and unsuitable for working people and those with children

Many people need day-long meetings.

3.14 When asked for their overall views on the listening and engagement process, participants were often sceptical:

I don't think they take a blind bit of notice of what people say (Ammanford resident)

It's already been decided before they ask us in consultation (Lampeter resident)

I don't think they're listening – it seems cut and dried (Llanelli resident)

People are angry – and HDdHB seems unable to get over any positive messages (Llanelli resident).

Views on Current Service Provision

Introduction

3.15 Prior to being presented with the issues currently facing HDdHB, participants were asked for their impressions of current health services, including hospitals and emergency services. Several themes emerged across the localities that demonstrate the Health Board's predicament. While there was a tendency to focus on hospitals and general policy issues, a number of groups raised particular concerns about their poor experiences of getting access to primary care with GPs.

Health Service Management

3.16 Participants in Ammanford and Lampeter were critical of current financial and management arrangements and felt that 'waste' needs to be addressed, particularly in staffing structures:

I think money is spent in the wrong areas – it's the way they allocate resources. They'd rather employee a clerical manager than a consultant. I watched a TV programme the other day and a doctor had to pay a few thousand for a drill bit – used once then thrown away. He was going to Ukraine for two months of the year and he was buying them. How many thousands of pounds are wasted in equipment being thrown away after one use? (Ammanford resident)

Is it really about patients or saving money? They could save money by sacking all those managers and not wasting money on a new car park at Bronglais (Lampeter resident)

Go back 30 years – look at the way they are run – totally different! They've got more money and resources today but yet you were better looked after and treated. They spent time with you (Ammanford resident)

Look at the amount of money we spend here compared to other countries and their service is better than ours. It's not how much money; it's what they do with it (Ammanford resident).

3.17 Nonetheless, most residents were not discontented with their health services in general.

3.18 However, it was evident that many did not always understand the nature of those services. For example, the Llanelli focus group was clearly surprised to learn of the more limited nature of what they had supposed was a full 'Accident and Emergency' service at Prince Philip Hospital. Many others supposed that their local general hospital necessarily provides the whole range of medial specialisms on a sustainable basis.

3.19 Across the whole of the HDdHB there were few who recognised that, for various reasons, some hospital services can be less 'resilient' (in terms of staffing, expertise and resources) than others. In the same way, the idea that some hospitals might be advised or have to specialise in some (rather than all) aspects of medical care was unfamiliar to most people.

3.20 Nonetheless, when some of the issues about expertise and resources were explored in the discussions, many members of the groups recognised their significance and were receptive to the idea of 'centres of excellence' – and in Llandeilo there was explicit endorsement of the idea of "Intermediate Hospitals" – that offer diagnosis and after-care for many conditions while specialised surgery is provided from larger and more specialised bases. These themes also emerged when 'staffing' was discussed.

Staffing

3.21 When asked, participants in each of the localities could recognise that recruitment and training issues might have led to staffing difficulties across Hywel Dda:

> *Bronglais is currently full of students, trainees and foreign doctors and nurses, it's chronically understaffed (Lampeter resident)*
>
> *We need to promote volunteering and create routes into jobs for local people. We need more emphasis on practical skills and less on qualifications for basic care and nursing (Lampeter resident)*
>
> *There is not enough staff – there is a lot of overseas staff (Llandeilo resident).*

3.22 When they became aware of the issues, the lack of specialist staff was of particular concern to participants:

> *There seems to be only one Orthopaedic surgeon in Withybush (Aberystwyth resident)*
>
> *They often have the facilities locally but not the staff or the expertise to use them - think about the MRI scanner in Withybush - I think they're only now trained to use it (Fishguard resident)*
>
> *I consulted 80 elderly people before the meeting and found that many people are being treated at other hospitals than Bronglais because we don't seem to have enough specialist services here. It seems OK for us to move, but not for them. If it is hard to recruit consultants, then they should offer incentive salaries, but they don't seem to recruit efficiently or in a timely way. (Aberystwyth resident)*
>
> *The general surgeons are not easily replaced due to the increasing specialisation. it is harder to create a network of surgeons of the right standard in each base and with the right supporting services (Aberystwyth resident).*

In Aberystwyth participants were keen to stress that this problem could be addressed by a stronger recruitment drive, mobile specialists and training initiatives:

> *Some positions are not being advertised promptly, probably as a cost cutting measure*
>
> *Cannot the surgeons travel? We need a helicopter network to move the surgeons*
>
> *We should train more surgeons within the health board area.*

Standards

3.23 Generally, though, when questions are raised about medical 'standards' most participants relate the question to cleanliness and hygiene issues, and length of waiting lists, rather than to clinical expertise (probably because they take the latter so much on trust). For example, some participants in Ammanford and Milford Haven criticised standards of cleanliness and hygiene, arguing that they are in decline:

I am scared about BSE and MRSA (Ammanford resident)

My mother was a nurse in the 50s and 60s. They were on their hands and knees. You could eat the food from the floor. Today you wouldn't want to eat food in some of the hospitals let alone eat it off the floor. (Ammanford resident)

I've been appalled by the standard of care for the elderly, some of the staff just drop the food down on the tray and they can't even feed themselves. This doesn't happen everywhere though thankfully. They need more staff - especially at weekends (Milford Haven resident).

HDdHB's Guarantees and Aims

3.24 Participants were presented with the following guarantees – that HDdHB will:

Maintain four acute hospitals

- Bronglais (Aberystwyth)
- Glangwili (Carmarthen)
- Prince Philip (Llanelli)
- Withybush (Haverfordwest)

Aim to achieve…

- Safe services that meet guidelines
- Improved outcomes for patients
- Value for Money

Distance (particularly in relation to Accident and Emergency Services)

3.25 Even when presented with these guarantees, participants in all seven localities expressed concern that closing any Accident and Emergency services and developing centres of excellence would increase travelling distances to such facilities. Given the isolation and rural nature and remoteness of many areas it was argued that, particularly for the elderly, families and trauma patients, this would have an effect on the care they receive. This was a recurrent theme – for example:

They need to take into account the rurality of the area and the difficulties for elderly people to get around (Lampeter Resident)

Ambulance times are also and issue but I suppose that's outside the remit of Hywel Dda trust? (Lampeter Resident)

We have a large and diverse population so we need an Accident and Emergency with the core back up services (Aberystwyth Resident)

We need to be able to get to Bronglais quickly for an effective initial care and assessment (Aberystwyth Resident)

For such a big geographical area with a population which swells in the summer, front-line services need to be protected. My fear is that any changes will just move these further away (Milford Haven Resident)

The moving of patients is a big issue in the light of the travel times and distances – it is geography, geography, geography (Aberystwyth Resident)

Accessibility is important for safety – it is not an alternative (Aberystwyth Resident)

Travel times are difficult (Llandeilo Resident)

Carmarthen is a long way by the motorway (Llanelli Resident).

3.26 However, participants in Lampeter favoured locally-based Urgent Care Centres for less serious cases. They discussed not only the current problem they have accessing Accident and Emergency services in terms of the distance travelled, but also the effect of non-serious cases on waiting times – and a range of views were expressed about this:

They should charge drunks around £20 for using the Accident and Emergency for clogging it up!

Local drop-in centres would take the strain off Bronglais and Glangwili and would be closer for us. Glangwili is 45 minutes and Bronglais is an hour at the least.

3.27 Participants in some of the groups suggested that they would be less concerned if there were adequate medical transport services in place, in particular air ambulances:

The Police force has got three helicopters and there's only one air ambulance. I'd rather see my money supplying an air ambulance (Ammanford resident)

We need a publicly funded 24/7 helicopter if services are going to be centralised (Aberystwyth resident).

3.28 Participants in Llanelli and Ammanford were especially concerned with the status of Prince Philip Hospital and asked why, considering the size of the area's population, the closure of its Accident and Emergency Unit is being considered as an option:

With the largest population we need most of the services (Llanelli resident)

Carmarthen is a long way by the motorway (Llanelli resident)

If you go with the population it's the wrong way round. It doesn't suit population needs, it just doesn't make sense (Ammanford resident)

Prince Philip has got the largest catchment area (Ammanford resident)!

3.29 Of course, in this context, it is significant that these groups were almost wholly unaware of the actual nature of the 'Accident and Emergency' service at Prince Philip. In other words, there is the paradox that some people are (understandably) concerned to protect services that they do not actually have. This makes it very hard in general for the public to appreciate the full significance of any proposed

changes – for example in relation to possible Urgent Care Centres. In the focus groups it was possible to clarify the nature of Prince Philip's 'Accident and Emergency' service, but in the wider public forum this is less easy to do.

3.30 Participants in Aberystwyth were concerned that Bronglais has already suffered the loss of some services and they felt strongly that its strategic location needs to be taken into account when considering future provision:

We get the impression that the hospital is gradually being downgraded

People come to Bronglais from a big area surrounding – and we need to be able to cater for Tywyn people, for instance

Bronglais is actually not on the edge but in the centre of a much wider area.

3.31 Participants in Milford Haven were worried that, after recent investment in the Accident and Emergency service at Withybush, the service might close:

They spent millions upgrading A&E in case the terminal blows up (Milford Haven Resident).

3.32 While concern was expressed about the closure of Accident and Emergency services, participants in most of the localities expressed dissatisfaction with service they currently receive at their local Accident and Emergency unit.

3.33 Participants at Fishguard felt the Accident and Emergency Unit at Withybush is limited, with many people being turned away or told to go to Glangwili for fairly minor acute injuries such as broken jaws, cuts, or stitching for wounds:

Is Withybush really an acute hospital or has it already been downgraded? (Fishguard resident)

Keep Withybush as a general hospital. They upgraded the Accident and Emergency but it can't cope with the population it serves now and has to send most people to Glangwili (Fishguard resident)

They only run a limited Accident and Emergency (Fishguard resident).

3.34 Participants in Llandeilo were generally positive about the service received at Glangwili, but complained about long waiting times:

The new Accident and Emergency at Glangwili is very good – but it seems busy and you have to wait at times

My son sat in Accident and Emergency for four hours with a broken arm.

3.35 Participants in Ammanford and Llanelli also criticised the Accident and Emergency Services available locally:

The Accident and Emergency service is poor at diagnosis (Llanelli resident)

Glangwili is awful to visit and people have to walk home (Llanelli resident)

I have such little confidence in Llanelli Hospital. It's a shame because it's not very old but so many services have been taken from there to Glangwili (Ammanford resident)

3.36 Participants in Ammanford argued that, under certain circumstances, they would prefer to use the Accident and Emergency service at Morriston. They also argued that, depending where they were, it would be a shorter journey:

I've got a colleague who was suffering from high blood pressure – he was told if he had a heart attack to go to Moriston because there aren't any specialists in Llanelli

I took my son down to Llanelli about four years ago – he'd split his finger like a banana skin. The consultant wanted to stitch him up there and then until his supervisor came along and told him to send him to Carmarthen. We went to Carmarthen and they rung Morriston and Morriston said to send him down there

I'd go there if something serious. I think Morriston has got a good name – Llanelli hasn't!

There are one lane roads not two lane roads here. You can't get around the roads here at 70 miles an hour!

3.37 On the other hand, some residents in Llanelli believed they were not allowed to go to Morriston Accident and Emergency because they would not be treated there.

3.38 Some participants in the Aberystwyth group had positive experiences of the service provided at the Bronglais Accident and Emergency unit:

We have competent medical teams at A&E who can treat us and/or send us on to specialist centres – for example for spinal injuries

We do have an efficient triage system

We have a good A&E that stabilises or treats us, but for serious cases we have to be moved to more specialist centres.

3.39 The group also felt that while an Accident and Emergency was required for stabilisation, they would be happy to be sent to more specialist centres subsequently:

We have a large and diverse population so we need an A&E with the core back up services.

Specialisation and Centres of Excellence

3.40 Participants were asked to consider the case that specialist doctors and teams working in properly resourced centres of excellence save more lives than less resilient services. Specialisation and centres of excellence were generally welcomed across the localities – as illustrated in particular by the following wide range of medical examples:

We don't mind special centres for really serious illnesses – maybe we should travel more to specialist centres? (Llandeilo resident)

Premature births (pre-36 weeks) have to be referred to Singleton and that seems reasonable providing there is capacity there. Withybush and Carmarthen can deal with 36 week babies and it would be nice if Bronglais could too… (Aberystwyth resident)

It is great to have specialist centres for conditions that are on-going (Ammanford resident)

The general surgeons are not easily replaced due to the increasing specialisation – it is harder to create a network of surgeons of the right standard in each base – and with the right supporting services (Aberystwyth resident)

For a spinal operation, we have to go to Withybush – but we should not have to go there for the pre-operational assessments two weeks before (Aberystwyth resident)

I'm happy to go to Morriston for a pace-maker, but I want to be able to get treatment for a heart attack more locally (Aberystwyth resident)

If there is a very premature baby a high level of support is needed – and it has to be reasonable in the light of the level of demand/need per year – it has to be reasonable to refer cases to specialist centres (Aberystwyth resident)

I would go to Prince Philip for the best breast cancer care (Aberystwyth resident)

For a possible melanoma my GP did a biopsy in the surgery and the test came back positive – so I was referred to Singleton where a day case operation removed quite a large deep growth – so was this a really simple case that could have been done here or not? He gave me several options for treatment and I was able to decide. Afterwards he said I could go to Carmarthen in future (Aberystwyth resident)

Prince Philip has an excellent breast cancer centre – and no one would mind going there for dedicated treatment (Llandeilo resident)

We don't mind special centres for really serious illnesses – maybe we should travel more to specialist centres? (Llandeilo resident).

3.41 Some participants thought that the creation of centres of excellence could encourage staff recruitment and retention in future – and some had optimistic assessments of what might be possible:

Pembrokeshire is lovely place, surely if you created a specialist centre in Withybush, then people would come to live and work here. You have to make it attractive to them and then they'll come and stay (Milford Haven resident)

Specialist centres will eventually be able to recruit and train staff to go back into the general hospitals so we should all benefit in the long term from the plan (Fishguard resident).

3.42 The example of breast cancer care in Prince Philip was cited by participants of an example where specialism is working well:

The breast cancer unit is excellent – it has a really good reputation (Llanelli resident)

I would go to Prince Philip for the best breast cancer care (Aberystwyth resident)

I think the specialist centre for breast cancer in Prince Philip is excellent and is a great example of the benefits of having a well-organised service. If you want these specialist centres then you have a good example there, but you must fund them adequately or they won't work. Prince Philip is very efficient and things are done quickly (Lampeter resident).

3.43 Despite the general optimism, however, travelling distances and the associated costs concerned participants across the localities:

It would be difficult to travel miles for dialysis (Llandeilo resident)

In the north of Hywel Dda some patients would have to travel to England for some services e.g. orthopaedic surgery (Llandeilo resident)

Travel times are difficult (Llandeilo resident)

Accessibility is important for safety – it is not an alternative (Aberystwyth resident)

The moving of patients is a big issue in the light of the travel times and distances – it is geography, geography, geography (Aberystwyth resident)

Travelling long distances for specialist aftercare is unhelpful for families and patients and is hugely expensive for patients too (Lampeter resident)

A 35-40 minute trip from Fishguard to Withybush is already long if it's an emergency, you haven't got a car or you're waiting for an ambulance. This will become 2-3 hours one way if services go to Carmarthen or Swansea or Llanelli! (Fishguard resident).

3.44 However, in two of the groups (Ammanford and Milford Haven) distance to travel was more of a concern for older participants, whereas younger participants placed more emphasis on receiving the best possible care:

I feel that if, say, Cardiff had the best care for me at the time, I'd go there and I'd be eternally grateful. I know it would be hard for family and friends to visit but I'd trade that for the best possible care. I see other people's point of view but I think quality of care would come first (Younger Milford Haven resident)

I'd travel to Cardiff to get the care I need. I'd go wherever to get best care (Younger Ammanford resident)

The cost and time it takes to go for an appointment is an issue for us here. It takes all day in a taxi to go to hospital and back even for routine checks because you're picking up other people along the way and on the way back. (Older Milford Haven resident).

3.45 The elderly and people with a chronic condition were considered to be the hardest hit by travelling longer distances to access specialist care. It was argued that thought should be given to retaining the specialist services that are accessed by these groups:

Nearly half of the residents here are over 50, so we have to plan for the needs of the ageing population. Orthopaedic and palliative care are just some of the things that need to be retained locally (Fishguard resident)

There are a lot of conditions where people can't afford the exhaustion of travelling away (Ammanford resident)

Access should be reasonable – you shouldn't have to travel long distance, especially if you've got a long-term chronic illness, you shouldn't have to travel to London! (Ammanford resident).

3.46 Overall, providing support for those who need to travel was considered a priority – as was providing diagnostics and follow-up care as locally as possible:

For a spinal operation, we have to go to Withybush – but we should not have to go there for the pre-operational assessments two weeks before (Aberystwyth resident)

It is important to do the pre- and post-op care locally so people can then go to the specialist hospital on the day (Aberystwyth resident)

Whatever can be done locally should be done in terms of pre- and post-op follow up (Aberystwyth resident)

We need GPs to be able to do more screening and tests and biopsies…(Aberystwyth resident)

We might need to support those who have to travel (Llandeilo resident)

We don't want to have to keep travelling widely for all the diagnostic tests that might be needed (Llanelli resident)

I had no problems with Morriston as a specialist centre to remove my kidney, but I had the tests done in Prince Philip (Llanelli resident)

I understand that different hospitals might have to deal with different cancers, but the general hospitals should be able to do the biopsies and follow-up care (Llanelli resident)

I think it would be good to have the preliminary test at a local centre and then a specialist operation at a centre of excellence. The aftercare can then be given close to work - that works for me (Lampeter resident)

You want the best possible care and you don't mind travelling for specialist care but you do want your assessment and aftercare to be as local as possible (Lampeter resident).

3.47 Participants across the localities felt that advances in modern technology could allow some specialist care to be treated more effectively in patients' homes:

If my wife needs dialysis we were going to look into having a machine at home rather than having to travel to Morriston or Carmarthen. In today's age, travelling shouldn't be an issue when it could be at home or at a local hospital. It is supposed to be the 21st century…we have gone backwards! (Ammanford resident).

3.48 But some were sceptical about how practical this would be:

For tele-health and distance diagnosis to work you need to get your patient records and IT systems together to make it work. The systems and the technology in such a big NHS machine aren't there at the moment (Lampeter resident).

3.49 Some participants in Lampeter also argued that specialisation is an urban solution to a rural problem:

The numbers needed for a specialist centre don't add up because we don't have a big enough population to make it viable. You'd need around 300,000 as a base- that's what they're working with in England

It's not centralising anything, it's taking it away from the local areas

You can't have specialist in every hospital - it's just not feasible! Isn't a comprise position to get specialists to come to other hospitals on a regular basis?

3.50 Some participants cited core services that they felt should be retained in their local general hospital:

We do a lot of knee operations in Llanelli – it is good to keep orthopaedic surgery here (Llanelli resident)

Acute medicine, acute general surgery (appendix), obstetrics/maternity (not premature and not Consultant-led), Accident and Emergency – and we would need radiology and specialist diagnostics support units (Llandeilo residents)

Apart from open heart surgery and neurology, all general hospitals should be able to deal with general abdominal surgery (Llanelli resident)

If we had a slightly improved Urgent Care Centre and had general surgery here, then that would go a long way to guaranteeing the status of the hospital – and the breast cancer specialism and geriatric services are excellent bonuses (Llanelli).

3.51 Overall, there was a tension between people's recognition that specialist centres are excellent but that they want local services – as illustrated in this not quotation from Llanelli, which reflects the widespread concerns about 'downgrading':

> *People agree with centres of excellence for the infrequent illnesses – but we worry about the "cottage hospital approach"!*

3.52 The challenge seems to be for HDdHB to explain the principle of what in Llandeilo were referred to positively as "intermediate hospitals" (in relation to selected services) without appearing to devalue particular sites altogether.

Care Closer to Home

3.53 In general, participants welcomed the idea of more community-based care – although again there was scepticism about how it will work 'on the front-line':

> *The population is getting older and they need to have services nearby - I welcome this idea if it works (Milford Haven resident)*

> *Think of the money that's wasted sending people for a test by ambulance and taxi. I go to Swansea every month for blood tests – why can't I have these locally? Travelling is a killer – especially when I was on dialysis in Swansea! (Fishguard resident)*

> *I think it would be great to have more minor treatment and routine things done by your GP or at a local health centre but, if this is about saving money, how can it work! I'll wait to see some proposals before I agree to it - I hope they prove me wrong and I'll keep an open mind (Milford Haven resident)*

> *That seems okay if it is well-co-ordinated and if people really do get the care they need – and it will cost money (Llandeilo resident).*

3.54 But poor co-ordination of services was considered a real barrier:

> *Social care and health still seem very separated and there is a lot of politics about the respective budgets…There would be lots of different elements to co-ordinate (Llandeilo resident)*

> *Elderly people want to avoid ending up in hospital, but it can be very hard to get effective care – and people are frightened of being vulnerable (Llandeilo resident)*

> *My local authority used to care for learning disabilities and mental health and there were lots of disagreements about who would pay – the tension in health and social care comes out in relation to what social care visitors can do in terms of medicating patients – they are not allowed to assist unless drugs are provided in special containers (in Carmarthenshire) (Llandeilo resident).*

3.55 Some participants also questioned the resources that would be made available for this:

If care centres can be developed and adequately funded, for example like a super GP service, but I need to be convinced that the money is there and that this is not just a cost-cutting exercise (Fishguard resident)

Care in the community can be very expensive – if you are trying to give real quality of life (Llandeilo resident)

If the agenda is cost-cutting then care in the community is not the best route (Llandeilo resident).

3.56 The Aberystwyth group argued that more cancer care could be provided locally:

We need GPs to be able to do more screening and tests and biopsies

Radiotherapy is done at Singleton – it seems a long way to travel for a short treatment

We need more chemo care to be done locally…could there be a mobile radiotherapy unit?

3.57 It was generally agreed that community-based care, after-care and post-discharge convalescence is in decline and needs improving - with many adding that traditional ways of working should be reinstated:

Revert to the old community hospital model for midwifery and births! Like it used to be (Lampeter resident)

The community hospital in Pembroke Dock is very modern and clean. It's just been refurbished… but Tenby hospital is very old and in need of updating and investment (Milford Haven resident)

In the old days hospitals used to have Almoners who would see patients before discharge with the doctors – but now the discharge liaison is done through another department. It can all seem a bit disjointed (Llandeilo resident)

The old fashioned Home Helps used to be excellent, but the whole ethos has changed with risk assessment and professionalism so care has diminished (Llandeilo resident).

3.58 It was argued that communication and clinical pathways are poor at the moment. A 'joined-up approach' between GPs and hospitals was seen as a vital component in developing community-based integrated care:

I'm not sure even GPs know what they're doing or where to send people at the moment (Lampeter resident)

There would be lots of different elements to co-ordinate (Llandeilo resident)

It's access to medical records. You go from one hospital to another and they can't access your medical records (Ammanford resident).

3.59 There were concerns about the management of discharges from hospital and the co-ordination of after-care:

My husband was discharged prematurely after surgery when he still had an infection – and it was hard for him to get back into hospital (Aberystwyth resident)

Discharges must not be premature – and surgeons should take notice of patient symptoms of pain (Aberystwyth resident)

My son got little advice when he was discharged from Bronglais with a broken leg – and phoning the ward after he'd left was difficult – no one seemed to want to give advice (Aberystwyth resident).

GP and Out of Hours Services

3.60 There were complaints in each of the localities about poor access to GP services – both in and out of hours – and this issue undoubtedly had a big influence on people's assessments of the feasibility of the 'care closer to home' agenda. In particular, while participants supported more community-based care *in principle*, they were concerned that *in practice* there is a pressing need to get effective primary care systems in place before hospitals begin to deliver services differently.

3.61 The concerns about GP access were widespread:

I have written to complain about the poor GP access and I did not even get a reply. I am an asthmatic and need access to the GP (Llanelli resident)

I rang today (Thursday) and all appointments had gone for three weeks so they asked me to phone again tomorrow morning (Llanelli resident)

The GPs redirect a lot of patients on to pharmacists for advice and treatment (Llanelli resident).

3.62 In Llandeilo people were fairly positive generally about their GPs (*We are fairly lucky here*)– but there were still important complaints about access – for example:

The GP is not the problem, it is the receptionist! They are a barrier!

If you'll see any GP it is fairly quick – but you often need continuity

The appointments systems are very poorly run – it is hard to produce a fair system – and there is a lot of pressure.

3.63 There was recognition that GPs can use a range of service options flexibly:

They use nurse practitioners very well – it reduces the pressure (Llandeilo resident).

3.64 There was also an understanding that GPs can specialise and that this is beneficial to patients providing they can access the right doctor:

Some GPs have special interests – and it would be good if this was publicised more – so that you could go to a dermatologist if necessary (Llandeilo resident)

It's a good idea to have more specialist doctors for nutrition and so on (Llandeilo resident).

3.65 Out of hours services were considered to be particularly poor and in need of considerable improvement:

I phoned the local out of hours services for an infected splinter in the finger and then waited two hours for a phone call back which then told me to go to A&E! It was only a minor injury but the out of hours surgery at Bronglais would not deal with it so the phone call sent me to Accident and Emergency (Aberystwyth resident)

The three GP surgeries should combine to offer a more effective out of hours service – we need to improve GP services (Aberystwyth resident)

But the GP contracts allow them to opt out of weekend provision so a merger would do little good! (Aberystwyth resident)

3.66 In some localities it was claimed that poor GP out of hours services creates a higher demand for Accident and Emergency:

A&E is open all the time but the primary care services are not and the out of hours service is poor – so people go to Accident and Emergency (Aberystwyth resident)

GPs seem overwhelmed – appointments are very difficult to get in some cases. That's why Casualty is inundated! (Llanelli resident).

3.67 There were concerns that GP services contribute in other ways to patients having to go to hospital and travel unnecessarily:

We need GPs to be able to do more screening and tests and biopsies (Aberystwyth resident).

4. Deliberative Meetings (ii)

Focus Groups with Members of Staff

Overall Summary

4.1 Whereas most of the submissions from the public and stakeholders during the listening and engagement process were overwhelmingly concerned with "keeping the local DGHs" – on the basis of distance, travel times and ease of access for patients and their families, we have seen that the randomly selected members of the public in focus group discussions were much more tolerant of HDdHB's direction of travel based upon their interest in issues like recruitment, critical mass and resilience, excellent care, and the potential for more care in the community.

4.2 In terms of locating the HDdHB staff we spoke to on the opinion scale (from outright opposition to relative support), most of them – particularly the senior staff – were relatively understanding of the Board's direction of travel, though there were major variations, and both junior and senior staff at Bronglais were highly critical of the Board's current thinking.

4.3 Indeed, across Hywel Dda senior staff generally agreed with HDdHB's key aims in relation to the main scenarios outlined. In one meeting the core challenge facing HDdHB was stated:

> *Our area is so rural and large that we have four hospitals – but for our catchment population we strictly need only one, which could then provide all the services. But now trying to 'spread' everything thinly causes duplication, poor services and under-use of expensive equipment. (Prince Philip)*

4.4 Across most of the staff groups there was very little opposition to HDdHB's main assumptions and principles; indeed in the more senior groups there was considerable support for the need to consider the location of hospital services carefully.

4.5 Obviously, though, there were different views on the location of particular services in the light of HDdHB's principles. In some cases people need to appreciate that if they will, the ends then they should also will the means.

4.6 However, there were some clear conclusions: for example, that breast cancer surgery should continue to be at Prince Philip, which was universally recognised as a centre of excellence. In contrast, most senior staff were very open-minded about where colorectal cancer should be based, but they felt the decision should be taken on the basis of facts and facilities, not emotional issues or special pleading.

4.7 The most opposition to HDdHB's strategic approach was found at Bronglais, where both junior and more senior staff criticised the Board's strategy as reducing services in the north in favour of those in the south. The junior staff said there were even fears that the hospital might be closed and the senior staff were concerned about services 'running down'.

4.8 Across Hywel Dda, the more junior staff tended to focus on and favour their own hospitals in considering the overall allocation of resources. One factor influencing the more junior staff in some groups was their unfamiliarity with, and dislike of, data about comparative mortality rates drawn from "The Best Configuration of Hospital Services for Wales: a Review of the Evidence". The more junior staff were unfamiliar with any such data (at both the national and Health Board levels) and in many cases they rejected it as inherently 'untrustworthy' or irrelevant to the position of their hospitals. Given that the Health Board needs to encourage staff to be receptive to change based upon an assessment of the current and future resilience of services, it is probably important to promote a greater understanding of the relative strengths and weaknesses of different service centres. Of course, it is important not to alarm or demoralise staff and the public with mortality data that they might not fully understand, but it seems there is scope for a more frank review of the differences in patient outcomes and experiences between more and less resilient services – in order to counteract the impression that most clinical services can be delivered everywhere equally.

4.9 The remainder of this chapter reviews the staff discussions in detail, starting with the schedule of groups and the discussion agenda.

Staff Focus Groups and Discussion Agenda

4.10 As an important part of the listening and engagement process, HDdHB sought to involve its staff across each of the four hospitals by commissioning small focus group discussions at three main levels:

Staff up to and including Grade 7

Staff at Grade 8 and above

Doctors

4.11 In total, twelve confidential meeting facilitated by ORS were planned and HDdHB conscientiously invited volunteers, but unfortunately the take-up was not as enthusiastic as hoped and some meetings had to be cancelled or had poor attendances (for example, only one doctor attended one of the three planned meetings). Nonetheless, a total of nine meetings took place – as outlined in the schedule below:

Place	Date	Grade	Attendance
Withybush	March 5	Up to 7	6
Glangwili	March 12	Up to 7	4
Bronglais	March 15	Up to 7	9
Bronglais	March 15	8+	7
Prince Philip	March 22	Up to 7	7
Withybush	April 23	8+	8
Prince Philip	April 27	8+	2
Glangwili	April 30	Doctors	1
Glangwili	April 30	8+	3

4.12 Owing to the relatively small numbers in some case, it is inappropriate to report each group separately, and in any case there were some important common themes. Therefore, this review seeks to draw out the main themes and comments in order to show the general tenor of opinion.

4.13 In each group, the discussions ranged over the following topics areas, although not all of them could be fully covered in each group in meetings lasting between two and three hours:

- Listening and engagement process
- Recruitment and retention of medical staff
- Case for specialised centres
- Care closer to home
- Mental health
- Women and children
- Unplanned care
- Planned care, including
  - Acute medical
  - Acute surgery
  - Trauma services
  - Elective theatre services
  - Breast cancer
  - Colorectal cancer.

4.14 In the following report, quotations are given in italics (usually indented). Verbatim quotations are used not because ORS agrees with them, but to illustrate important themes or points of view – but, of course, the comments are not 'objective fact' but people's perceptions.

Current Services

4.15 This section should not be interpreted as a systematic and comprehensive review of current services – for it is really a number of insights provided by staff and based upon their experiences and observations. Focus groups such as these could not adequately cover the complexity of medical services across the hospitals and only some staff took the opportunity to comment on the quality of services provided locally. Many staff were understandably 'protective' of their own hospitals, but some recognised that improvements are desirable. For example, junior staff at Withybush referred to surgeons with insufficient case loads and a lack of resilience in vascular services and urology:

I would prefer to have a really experienced surgeon (Withybush)

We have problems regarding vascular services – many come to us when they have nowhere else to go – and the service here is not good; we need to look at vascular services seriously: vascular patients fall through the net at Withybush (Withybush)

We have a lot of urology problems when elderly people arrive in A&E in retention – but the services for men are very poor – they get catheterised and then returned to their GP – so catheters are left in the patient for too long and we have a very limited service for removing them in hospital. We don't manage the condition very well or investigate why the retention happened and we have no resident urologist at Withybush – we don't have enough capacity in HDdHB (Withybush)

We do not treat Pembrokeshire urology and vascular patients as quickly and effectively as those from Carmarthenshire – there is not the capacity in Withybush (Withybush)

4.16 Most staff were not generally critical of services and showed little interest in relative mortality figures; but there was one conspicuous exception at Withybush:

Wales seems like a third world health system. I'm not surprised that mortality rates are higher here and I think they'll get worse until we get a grip on things!

4.17 There were descriptions of stretched mental health services in Bronglais and Prince Philip:

We have only seven beds on Enlli ward – our services are not fit for purpose without more psychiatrists and unless it is treated more seriously. We get people for surgery and trauma who have dementia – but the ward is so stretched that it cannot help with these cases properly. (Bronglais)

Our hospital crisis team for mentally disturbed patients does not operate over night – it only starts at 8am (Bronglais)

We are short of mental health beds – so people have gone to Aberystwyth instead – it is variable (Prince Philip).

It can take a long time for patients to be assessed by the psychiatrists in A&E – and we do not have mental health trained nurses (Prince Philip)

The medical wards have a lot of dementia patients and it can take up to five weeks for them to be assessed on the ward – so there are delayed discharges and they can also contract infections because they cannot cooperate with their care – and some can be dehydrated and mal-nourished. We have specialist dementia nurses but we never see them on the acute medical wards where they are needed (Prince Philip).

We can improve waiting times in mental health and other services – it sometimes takes four months to see a consultant (Glangwili)

Mental health in Ceredigion is neglected compared with the other centres (Bronglais).

4.18 There were concerns about pressures on elective surgery in Bronglais:

The reduction in beds means we have to cancel many operations because the surgical beds are allocated to emergency cases – we do not have enough beds for elective surgery and emergencies (Bronglais)

Many emergencies arise because we send some patients home too quickly and they return – so elective cases are delayed and become emergencies (Bronglais).

4.19 Finally, a number of staff worried about the ambulance services:

The ambulance service is very poor – because there is a lack of paramedics and ambulances – they are not "hospitals on wheels" – they cannot really care properly for patients in transit on these roads. The public is being misled about what they can do – it can take 8/9 hours to get an ambulance for a patient transfer (Bronglais)

The ambulance service is stretched by having to transport patients long distances for emergencies and then back to their home area for more local care afterwards. (Glangwili).

Recruitment Difficulties

4.20 In general, the focus groups recognised that HDdHB has serious senior recruitment difficulties:

Surgical services are a worry – two surgeons are due to retire (Bronglais)

It is hard to recruit mental health nurses – so wards have had to be closed due to shortages of staff – I had 15 applications for a staff nurse and the shortlist is 9 – but they are not local and may not turn up because they will have applied for multiple jobs (Bronglais).

4.21 Some junior staff blamed the current *organisational uncertainty* as the cause rather than any other factor. Similarly, staff in Bronglais believe this is due to the downgrading and neglect of the hospital by a south-facing management team and were critical of the way the organisation manages the advertisement and the invitation to interview process:

The recruitment and invitation to interview process is very impersonal – there is no personal communication with them whatsoever – they are notified of interview only if they revisit the NHS Jobs website where the jobs are advertised – but HR might then contact them if they do not hear from them (Bronglais)

There is a nationwide shortage of radiographers – but we do not advertise in a way that promotes Ceredigion (Bronglais).

4.22 The fact that Bronglais is *not a teaching hospital* was also considered a barrier to filling clinical positions.

4.23 At the other extreme, some felt that Wales' 'different health system' is part of the explanation:

The system of health is very different in Wales and there is a big lack of resources without an expectation of any real improvement. London patients would be kicking and screaming if they had such poor services! Wales is putting itself out on a limb and I think that's why people don't want to come here at a senior level (Withybush)

Consultant salaries in England are higher than here – they start £2K higher and finish £6K higher – the pay ranges are different (Bronglais).

4.24 However, senior staff at Glangwili and Prince Philip argued that the "Welsh factor" does not put people off and recognised that urban areas further east in Wales can attract staff more readily and attributed recruitment difficulties to rurality and the lack of prospects for career development, training and work experience:

Recruitment is an issue because we are not able to have specialist throughput, which is why the surgery expertise goes towards Cardiff. It's hard to recruit. There are about four or five key vacancies in my areas, whereas at Morriston they are probably somewhere near full establishment (Prince Philip)

Vacancies increase the further west you go and many are long-standing (Prince Philip)

Cardiff can attract more and better staff than West Wales. Recruitment problems are caused by being remote and non-urban, and there are better careers in Cardiff (Glangwili).

This is coming to be seen as an area where people don't progress – so candidates don't apply or we get the weaker candidates who can be taken on in desperation (Glangwili)

Cities are always more popular than rural areas with high proportions of elderly people – young staff want to work in the cities and come here as the 3rd or 4th choice – the facilities and work experience is less here than in other areas (Glangwili).

4.25 The difficulties recruiting was said to have led to higher staffing costs through the increased use of locums and pressures to cover staff rotas and sickness:

Once you go below a critical mass, it becomes harder and harder to recruit because people do not want to join because you are going to be on call more frequently – so we end up filling the service with locums and that's not brilliant (Prince Philip)

Some excellent temporary registrars leave and we get locum registrars instead, who are very expensive (Glangwili)

We have one consultant two days a week and then a staff grade psychiatrist (the 3rd in a year) – but senior cover is an issue if one is off sick (Prince Philip).

4.26 A senior member of staff at Bronglais felt that the problem of geography could be overcome if senior staff are rotated around the hospitals to give them more experience.

Centres of Excellence

4.27 Some senior staff were particularly emphatic in supporting the Board's thinking in respect of centres of excellence:

> *We need to make best use of resources. Money is reducing and we have a historic deficit. Recruitment is difficult for senior posts in some professions and some clinical services are unsafe currently. We need to reconfigure services to create more centres of excellence and better quality services. We need to base service options in how many operations are performed at each base – to show the importance of patient numbers and case volumes to the public. And the strategy needs to be seen to take account of nursing input (Glangwili)*

> *We need to tell patients that they are going to the best providers – and they will accept this if it is explained – but so far the options on clinical services have just caused anxiety. (Glangwili)*

4.28 If not always so emphatic, overall, senior staff generally very much agreed with HDdHB's arguments for developing **medical specialities** in appropriate centres of excellence. For example:

> *I'd want to be treated wherever's best for whatever condition I have. Maybe I know more because I work in the hospital, so I know the range of things. If I had breast cancer, I would come here, where the treatment is second to none. If I wanted a scan, I'd come here because we've got the first-of-its-type MRI scanner. But I would be dubious coming here if I needed bowel surgery (Prince Philip)*

> *If I was to have a hernia operation then I think I would have that done in Carmarthen. If I had lung cancer, or some unusual cancer, then I think I would go to London if I possibly could because I know my chances of being cured would be enhanced. Even if I went to Swansea for some sort of care my chances of survival would be less than in some specialist centres (Prince Philip)*

> *We want the best care for people – to ensure that for example broken legs are set correctly (Glangwili)*

> *The inter-dependencies between specialties is so important that it does all hinge on the medical workforce (Withybush)*

> *There are no generalists any more…they're not training general surgeons or physicians; it's about specialties within specialties (Withybush)*

> *There's a huge amount of work to do in Wales to get the medical workforce right (Withybush)*

> *I don't think we have any choice other than developing specialisms (Withybush).*

4.29 In the context of developing centres of excellence, some senior staff felt it is unrealistic not to recognise that Prince Philip not only lacks a full Accident and Emergency service, but also has a lesser range of other services:

Prince Philip does not have full maternity services, there's no paediatrician on call and no facilities for children's surgery (Glangwili)

Prince Philip is a specialist hospital for breast cancer and orthopaedic services – and these strengths need to be highlighted – while making the point that it cannot be excellent and specialised in everything (Glangwili).

4.30 Glangwili senior staff said it is positively undesirable to even aspire to have all services on all sites:

It is undesirable to try to have a service on every site – unless we can be sure of competency to delivery it (without a consultant on site) (Glangwili).

4.31 However, there was a clear recognition that in developing centres of excellence, the Board will need to take account of patient transport difficulties and to make suitable provision where particularly appropriate:

We have to recognise the problems with transport from Aberystwyth – and perhaps provide some accommodation for families (as in London hospitals) – then people will be more prepared to travel to specialist centres (Glangwili)

Hospital appointment times in Swansea and Cardiff don't take account of where we live here – they can be at any time (Bronglais)

Greater centralisation is happening to save money – but people should not have to travel for a Clinic – some mental health patients come from Ceredigion for a routine clinic session – which might be on a weekly basis – (Glangwili).

4.32 Overall, the senior staff clearly felt that a workable and safe balance has to be found between patient accessibility on the one hand and safety and clinical excellence on the other. The more junior staff had reservations about concentrating services because: centralising resources would lessen the skills of staff elsewhere; patients would need to be moved for operations and returned for nursing care afterwards, which would be costly; patients might be returned prematurely from the centre to Virtual Wards in the community; and patients expect to get surgery near to home.

4.33 Nonetheless, many junior staff agreed with the creation of an **orthopaedic surgery** centre in the south of Hywel Dda – and some observed that:

Carmarthenshire has 11 orthopaedic surgeons (for elective at Prince Philip and for trauma at Glangwili) while Withybush has only five and does not have any ring-fenced beds (Withybush).

4.34 Regarding **breast cancer** there was similar general recognition that:

Withybush has only one stand-alone consultant doing all the breast cancer surgery – so it would be best to centralise the future service at Prince Philip (Withybush)

Prince Philip is more set up for surgery there and they have bigger patient numbers there – and breast cancer involves fewer people travelling than orthopaedic surgery would. (Withybush).

4.35 Everyone we spoke to favoured keeping breast cancer services at Prince Philip – significantly because it is a centre of excellence:

The service there is second to none! And people do get after care here. People will have to travel for some things – if they are really specialised. But staff are worried about this as a precedent (Bronglais)

Breast unit is new and excellent – it has been running for two years with a good consultant and high technology and equipment and it provides a fast-track service for the whole of the HDdHB area – not enough recognition has been given to how good we are (Prince Philip).

4.36 Overall, while there was general agreement that breast cancer expertise and resources should be concentrated in one site, people felt that chemotherapy, rehabilitation and follow-up should be delivered as locally as possible

4.37 Regarding **colorectal cancer** many felt that the decision to centralise services has been taken in favour of Withybush because the hospital has already advertised for two additional surgeons (to make four in total) – and they added:

We have a good record and we are IOG accredited – so this would be a good place to centralise (Withybush).

4.38 However, those in Bronglais felt that:

It is undesirable to centralise colorectal services in Carmarthenshire and to take them away from here (Bronglais).

4.39 Overall, few wanted to judge between Withybush or Glangwili for colorectal cancer, but a significant comment was that:

The Board has to make a decision based on the facts and resources (Glangwili senior).

4.40 Regarding **women and children's services**, there was also a recognition of the need for change:

We have to change to provide an overall, safer service (Withybush)

At all our hospitals there's not enough births for training purposes. We have to change otherwise all the junior doctors would be removed from Hywel Dda (Withybush)

We don't have complete consultant support here – there is a lack of anaesthetic specialist cover even here (Glangwili).

4.41 Some senior staff stressed the need for specialisation in larger centres of excellence:

The Deanery will require certain standards and centres and it will be impossible to recruit to non-specialist centres. (Glangwili).

4.42 But there was recognition that the trust should take into account the problems of travelling for families:

We need to have support for families. The impact of centralisation is likely to be greater in a large rural area – so we need to provide some facilities for families in acute cases where the family base is very remote (Glangwili Doctor).

4.43 There was some opposition to centralisation of **mental health services**:

It would be wrong to centralise in one area – it would mean the cases all came to A&E (Bronglais)

We all need facilities for short term in-care (Bronglais).

4.44 However, some felt that a specialist centre would be a good initiative:

For a psychiatric intensive care unit the best site might be Carmarthen because it is more central. There's no such unit at the moment – and people currently go out of the area – if they cannot be contained in the current general wards – and it is very hard to get outside beds in other Health Board areas (Glangwili)

We're desperate for one site to be designated as a specialist unit…we're sending people out now for short-term intensive care to Weston-Super-Mare (Withybush)

There's nothing to argue with here – and we have been involved in developing the options (Withybush senior).

4.45 Staff acknowledged the difficulties of trying to define the best locations for **acute medicine**:

We're used to having to travel for certain things already…like heart attacks to Morriston. We've got used to that very, very quickly. We've got used to the neurosurgery pathway going to Cardiff (Withybush)

It's all about getting a quick diagnosis by senior decision-makers at the front end - and agreeing a pathway when you have that diagnosis. Having resident middle-grade doctors on site will help in that respect (Withybush)

4.46 There were calls to keep **acute surgery** at Bronglais, but the general view was perhaps that it should be based in Withybush or Glangwili because:

There cannot be a specialist service in Aberystwyth because of poor roads and difficult recruitment there (Glangwili).

4.47 **In general**, while recognising the centres of excellence, senior staff outlined the need for some hard choices:

> *We really have "one hospital" spread across four main sites – and splitting specialities across the those sites causes problems. For example, Withybush is a long way from most of the population; it has not got a large population centre; getting there involves a lot of travelling; and, for recruitment, it's not on that M4 corridor – so it's never going to recruit easily – but it has many specialities, down there or in Carmarthen. The main specialities have to be located where most people are! (Prince Philip).*

4.48 In this context, it is important to take account of the perspective of **Bronglais** staff – who feel that their hospital has a strategic location in mid and north Wales that is often overlooked when viewed from the south:

> *They are looking at everything from the point of view of the south – but we're distinct! The Bronglais catchment area is much wider than they seem to realise – many of our beds are devoted to people Gwynedd and Powys (Bronglais)*
>
> *We need an all-Wales perspective on catchment areas, distances to treatment and population sizes – the Health Board boundaries should reflect the areas we provide for (Bronglais)*
>
> *Some specialist care is best given in North Wales rather than South – we need more cross-border collaboration with the North Wales Boards (Bronglais)*
>
> *The risk is that we shall leave huge parts of Wales without a proper DGH – with acute surgery only on the north and south coasts of Wales (Bronglais).*

Accident and Emergency Centres

4.49 Much of the discussion of Accident and Emergency services focused on Prince Philip – and generally those staff (at other hospitals) who were aware of the true nature of the current services at Llanelli did not propose enhancing the service – but they did think the current status of the so-called Accident and Emergency services should be made clearer to the public:

> *People just need to know what the service is now at Prince Philip! (Withybush)*

4.50 At Prince Philip itself, the current situation was described in the following comments:

> *We have GPs on duty at night, but we get serious medical patients being admitted and staying in their beds (and in some cases coming in as overflow from Glangwili). The GPs get additional training and it works quite well, but technically it is only a minor injuries unit at night (Prince Philip)*
>
> *Our preference would be to have a full A&E here – and acute surgery to match (Prince Philip)*
>
> *Ambulance transfers are very slow (Prince Philip)*
>
> *Patients from here do not travel to Swansea – we have to travel Westwards in reality except for the very specialist cancer and trauma services (Prince Philip)*

If we can get access to the A&E assessment, we do not mind being referred to a specialist centre elsewhere (Prince Philip).

An Urgent Care Centre here has to be 24-hours a day partly because it has to compensate for the difficulties of accessing GP services – appointments can be slow – you often cannot get through on the phone even to speak to the GP – I have even phoned for an hour on behalf of a patient as a CPN! The GP services are not user friendly (Prince Philip)

4.51 In terms of future strategic scenarios, there was general agreement that more minor injuries should be dealt with in primary care and that an Urgent Care Centre should be established at Prince Philip – while major Accident and Emergency centres should be maintained at Bronglais, Glangwili and Withybush.

Three A&Es seems the best option all round – if you don't have it then travel times for ambulances would approach two hours and many other journeys would be lengthened.

An Urgent Care Centre is not an unreasonable situation – there cannot be an A&E because there are not suitable back-up services available there (Glangwili).

4.52 Generally, the staff felt that three major Accident and Emergency centres should be retained on the basis of:

Local risk – including industry and tourism

Travel times on poor roads

Travel costs to patients and the ambulance service.

4.53 In this context, there were some fears about the future of Accident and Emergency services generally:

There is a fear that all three will turn into minor injuries units – there is particular concern at Bronglais and Withybush (Glangwili).

4.54 But some were not so alarmed at the idea of some 'centralisation':

Glangwili is at the "start of the corridor" to the East. It might be plausible to have two – at Bronglais and Glangwili (Glangwili).

4.55 At Bronglais, though, many staff were emphatic that their Accident and Emergency should not be down-graded, but there were some complications acknowledged:

It is important that we keep A&E here – but we are not clearly told what is likely to happen (Bronglais)

The listening process has been alarming because it has raised radical options

A fully functioning A&E requires associated orthopaedic and general surgeons and an obstetrician – so we have to be able to recruit for the surgery positions – one is retiring in September but there is little time left (Bronglais)

Full A&E also needs paediatrics and proper theatres – but the existing theatres need major refurbishment (Bronglais)

We need proper facilities to recruit the surgeons – they will not come for only day case facilities – they want to do major surgery (Bronglais).

4.56 Others had very different views of Bronglais Accident and Emergency capacities:

There's not the volume of work in Bronglais A&E compared to the others. You haven't got the workflow there to have sufficient specialist doctors, so it doesn't make any sense at all to have a major A&E in Bronglais. Bronglais really is a run-down hospital in the middle of nowhere! (Prince Philip)

It makes sense to have the major A&Es where the majority of the population and logistically Carmarthen makes sense, if you're having one. If things have to be centralised, then Glangwili seems the obvious choice. (Prince Philip)

4.57 There was general agreement that:

We've got too many hospitals trying to do the same thing for the population; we've got duplication of services. Anyone with an ounce of common sense would say we don't need Prince Philip as a general hospital, but it is your biggest population in the whole of Hywel Dda. Publicly and politically it would be an issue! (Withybush).

Care Close to Home

4.58 The more junior groups seemed to suppose that the 'care-closer-to-home' initiatives are designed to improve the NHS financial balance sheet in the immediate future – and so they were sceptical on this basis, since they did not think it could save money immediately. In other words, many did not relate the plans for a shift towards primary care to the demographic context.

4.59 Overall, both senior and junior groups across HDdHB area approved of more care in the community in principle, but they were very worried about its effective delivery in practice – for a wide range of reasons (in no particular order):

Too many GP referrals to hospitals

Poor access to in- and out-of-hours GP services

Poor liaison between GP and Accident and Emergency services when co-located on the same site

Poor discharge management and patchy provision of follow-up care

Lack of 24-hour CRT and ART provision

Poor co-ordination between health and social services workers, even when co-located (with different procedures and separate IT systems)

Communications hubs not yet operating fully across the area

Rural areas providing particular difficulties for care in the community in terms of distances to travel which limit the numbers of patients to be seen within a shift

Lack of sufficient funding

The need to get effective community care in place before reducing hospital services.

4.60 Many staff acknowledged that many Accident and Emergency attendances are inappropriate and agreed that many hospital admissions are strictly unnecessary. For example, staff worried about the effectiveness of the Out-of-Hours community care services for chronically ill elderly patients needing basic care services.

We get lots of calls for admissions late on Friday because GPs don't want to risk having to do call-outs at the weekend! There has to be an effective over-night service (Withybush)

People who should go to their GP just come to casualty, they just go to wherever is the quickest access. Part of the problem is that GPs are not accessible 24/7 which is ridiculous. We've got shops that we can access 24/7, and if you're ill out of hours you don't want a lesser service. I would go to a GP over a hospital if that was available, but often there's no other option. (Prince Philip)

The Out-of-Hours service is very slow – it is possible to wait for 8 hours (Prince Philip)

GPs will not accept a referral from A&E unless they first make a phone call via the triage – we need to change the system – at the weekend there is only 1 GP and s/he might have to go out to see patients (Bronglais)

Out-of-Hours call centres will refer to 999 for all chest pains (Bronglais)

The Out-of-Hours will also set a time limit for a GP to phone – but if he doesn't ring within the time – so patient goes to A&E or dials an ambulance (Bronglais)

People also go to A&E if no GPs appointment is available (Bronglais)

Some GPs send a disproportionate number of paediatric cases into the hospital – children and adults are sent in to hospital with tonsillitis or constipation! They come for assessment but they expect to be admitted (Bronglais).

4.61 Overall, there was a lot of doubt about whether better care closer to home could actually be delivered – and many stressed that elderly people with chronic conditions need better basic care services at their homes. Their worries were not about the principle of care closer to home but the practical implementation: they worried about whether there would be sufficient staff to provide overnight and weekend cover and whether there would be an effective management system to get the right care to the right people at the right time. For example:

Virtual Wards are an excellent model of care but it needs really good resources to make it work effectively (Withybush)

There are 27 people working [in the Carmarthenshire HUB] but there is no one to attend people at the weekend! Where are the community teams to refer people to? Are they in place in Carmarthenshire or will they be put in place? (Withybush)

We only have three chronic condition nurses in Pembrokeshire; we are looking at extending the hours of the district nursing service to 8-8, but it needs to be 24 hours (Withybush)

At night patients can have personal care problems, like catheter problems or needing continence pads if they cannot get to the toilet – and such patients are told to "pee in their pants" and are left alone for long hours – but this is undignified and unhealthy (Withybush)

Many care services are inadequate in the time spent with the patients – making it impossible for them to feed the patient in the time allowed – and meaning that they might be put to bed at 6pm – so people might be alone from 18.00 to 11.00! (Withybush)

They are doing well, but the acute response teams don't provide a 24-hour service – there are no acute response teams available to go out and fit or adjust catheters at night – so the service is not 24-hour but really up to about 10pm when the Acute Response Teams go off duty – so then the GPs cover (with one GP from midnight for the whole of Pembrokeshire!). There are many more emergency Vets available at night than nursing Acute Response Teams! (Glangwili).

4.62 Some staff felt that more could be done within the community if there was greater recognition of other care professionals and the voluntary sector:

The clinical strategy needs to become less clinically/medically driven and to recognise that successful services can be delivered by a wider range of professions – for example, half the routine follow-up outpatients appointments are unnecessary – they could be provided by nurses and other professionals (Glangwili)

Acute Resource Teams are needed, but general nursing teams could also do a lot while working alongside the voluntary sector – e.g. for palliative care (Glangwili).

4.63 A senior member of staff at Glangwili expressed concern that: Unless we've got a far better integrated social and health model it won't work:

The different health and social care teams have different models and resource bases in each of the three counties – and it is very hard to share information (Glangwili)

It is proving very difficult to manage the health and social services interface – they have different IT systems: even though the health people are now based in the County Council building they cannot access each others' data The fact that H&SS are in the same building does not mean they are really integrated! (Glangwili).

4.64 The lack of joined-up working between GP's and Hywel Dda is also considered a barrier:

GPs are run like private businesses and do not easily interface with the HDdHB in terms of planning integrated care in the community – they simply want resources to deliver specific clinics or services for payment – with a few exceptions (Glangwili).

4.65 Yet, GP's are viewed as being the best placed to integrate community services and are thought to have a central role in the development of Community Hubs:

GPs have an overall picture of what patients need – and they need to direct patients to the most appropriate routes to effective care – which might be through community clinics or staff going into the community (Glangwili)

The GP practice is the centre of a community's healthcare – so why can't everything be provided from there? (Withybush)

It's about having the hub with the expertise and having the pathways in place across the organisation (Withybush)

The communications hub should be part of a wider community hub…probably based around a large GP Practice (Withybush).

4.66 Staff agreed that care in the community needs funding, planning and managing properly. However, even with resources, geography provides challenges to care in the community:

The model of care in the community would work better in a more compact community, if it's spread out like ours is then it is very difficult because you need more staff and they see relatively few people because they have to travel so far between cases (Prince Philip)

The Acute Response Teams can only deal with about 4 cases a day due to distances to travel – it is a costly service – so we need to prescribe the right antibiotics that can be administered once a day – the time on the road is considerable (Bronglais)

The problem is that the Acute Response Teams are quite limited – and they have to try to cover very large areas – for example, three house visits can be very widespread (Glangwili).

4.67 That said, an alleged increase in administrative duties has limited the number of patients seen in the community even further:

The Community Mental Health Teams' records are constantly audited and the process of record keeping is laborious and slow – so it takes us away from the community – I can only see two people a day – it's not the travel time but the administration in the locality (Prince Philip).

4.68 As we have said, the principle of care closer to home was readily accepted, but at all levels staff were worried about the current standards of the care services as delivered in the community – for example:

People are discharged and no one takes an interest in them. There is an issue between hospitals and GPs – who don't communicate well enough. People can be discharged from hospital and then just fall into a big hole; and no-one knows who is responsible (Prince Philip).

Having gone via Careline+ to get a referral for a Fall-assessment for an elderly person, it took five weeks for the person to be seen – and I had tried the GP, other community services and etc – so referrals are not straightforward even when you know the system. A lot of the careline service is still aspirational (Glangwili)

Prince Philip is likely to lose 20 acute medical beds in order to put more into community services – but there are no community services in place to substitute (Prince Philip).

4.69 Based on the current problems related to community care, it was the view of staff that hospital services should remain intact until community services are *properly resourced and managed*:

There is not enough care in the community facilities and provision – there are already problems that mean we need more community services (Bronglais)

We should put the community care in place and then demonstrate that hospital admissions are unnecessary. We need to improve care closer to home now – we cannot remove beds until we have adequate care in the community (Bronglais)

We need to create adequate community structures, but this needs proper pump priming to get it going properly. You cannot withdraw acute services without having proper community services – but funding is threatened. (Glangwili)

Care closer to home has to be the start of the whole process – it has to be in place before changes are made around it –but there are now less staff in the community than some years ago – and Social Services are disorganised (Bronglais).

The Problem of Demand

4.70 Some senior staff doubted that care closer to home or different forms of treatment can really reduce demand on hospitals:

Care in the community cannot easily free beds. They say, "Let's look at vascular-intervention work so instead of somebody having surgery on their aorta they put in a stent which is less invasive, costs less, and frees time". But it doesn't free up anything because there are hundreds of people waiting to come in for other things! It just means you can do more patients and people wait less. It takes a long time to clear that back log of people and by the time you start to clear it, technology has moved on (Prince Philip).

When I first came here we only did hip and knee replacements, now we do ankle replacements, shoulder replacements. We have improved the turnover for these so that they only stay in for a couple of days, but we do more and more of them. Even things like diagnostic tests have moved on and the number of CT scans has hugely increased. Why are we doing so many? Because we are doing things that we couldn't do before; we're improving our healthcare, but there will never be sufficient resources to meet demand (Prince Philip)

There is also training issues because doctors who are coming out of training now are more test-dependent: whereas before we would make clinical judgements to patients home, now we send them for a CT scan and admit them if there is any doubt because there's medical legal litigation and people are worried if they don't (Prince Philip)

More prevention work will not reduce demand on services. Living a healthier lifestyle may prevent me from having heart disease, but eventually I will get ill because I will get old and my joints are still going to fail, my eyesight's going to go, I'm going to get dementia. The longer I live, the more things I'm going to have wrong with me. Everybody dies and has diseases sometime before they die. An ageing population causes its own problems (Prince Philip)

The first thing a GP will do if someone comes in with chest pains is to send them to hospital and they will be admitted overnight because the doctors that are dealing with them aren't too sure (Prince Philip).

Listening and Engagement Process

4.71 Most staff were critical of the Board's listening and engagement process for several main reasons:

Raising public and staff anxiety by appearing to put too many complex (and in some cases unreal) options on the table without full explanations

Nonetheless, having already made up its mind

Being out of touch with community concerns (Llanelli)

Running some meetings with the public and staff poorly

Wasting money on DVDs.

4.72 All staff recognised the difficulties of determining and explaining the best locations for specific services – but some senior staff (particularly at Glangwili) were optimistic that people could be rationally persuaded of the general case for change if the following were explained clearly:

The nature and limitations of current services and their lack of resilience were explained (for example, the actual status of Prince Philip's Accident and Emergency)

The implications of small case loads, small teams, lack of back-up support and recruitment difficulties for patient outcomes

The benefits of travelling to centres of excellence were made clear

That diagnostic and follow-up care would continue to be provided locally

That there would be provision to assist patients and their families with travel and accommodation in needful cases (for example, children's surgery).

4.73 Many staff had relatively negative views of the listening and engagement process – generally because they felt that HDdHB has already *made up its mind* and/or *some of the options mentioned are not genuine, they're just listed but would never happen.* Indeed, this was the case when presented with the options for breast care services:

The breast care services are bound to be centralised at Prince Philip – it is not credible to put them at Withybush – they should just say "we are selecting Prince Philip for the breast cancer services" (Bronglais).

4.74 A member of staff at Prince Philip was concerned that little attention has been paid to their hospital and *we seem to be an afterthought.* Detailed explanations would have been appreciated by many staff who were eager to understand the rationale behind the options:

> *The interesting thing is someone's obviously thought the options through, but there is no background information to see how they have arrived at them. The information that we get isn't brilliant, it hasn't been communicated (Prince Philip)*
>
> *The meetings don't give clear answers (Bronglais)*
>
> *They should explain the rationale for particular options (Glangwili).*

4.75 It is argued that HDdHB's failure to present thorough reasoning behind the options and the over-reliance on the media for information has led to *increased anxiety* and uncertainty about the future which in turn as led to concerns:

> *No one knows what's happening (Bronglais)*
>
> *People are worried about losing their jobs, having to move etc. What they don't know by reading and going to meetings they'll make up or get through word of mouth or the press…that's the main problem we've got (Withybush).*

4.76 However, some senior staff at Withybush felt that the lack of knowledge amongst staff was due to their lack of engagement with the process rather than the efforts made by HDdHB to inform:

> *It feels like a general lack of interest amongst the staff – they aren't taking opportunities to find out what's going on (Withybush)*
>
> *I'm struggling to understand the way people are reacting to what's going on…I think we've lost the focus around this being about providing the best possible health service in the current climate. The fact that 'no change is not an option' has been lost and we haven't got under what that means (Withybush)*
>
> *I find it very difficult to understand how members of staff feel it's right to go into other domains and criticise the Health Board and yet are not prepared to engage within the process and be constructive (Withybush).*

4.77 Besides these main points, some more junior staff complained about having too much information and feeling that they were not supposed to question the plans. In Withybush for example, junior staff also complained said that:

> *There has been a lot of organisational change in the last few years – so it is hard for us to know much about the new Management Team – we went to a meeting and did not know who most people were (Withybush).*

4.78 Perhaps due to the size and complexity of HDdHB, many staff said they feel remote from the top management:

It feels like a massive management structure that doesn't add a lot of value in my mind. There's many tiers of people that you never meet, you never even see. When we merged as an organisation it was to cut costs, but that hasn't happened because they have put in an extra layer of management (Prince Philip.)

4.79 While the listening and engagement process has been open in many ways, some senior staff still feel unsure of how their comments would be received by senior management – for example:

We broadly agree with the Board's strategy – but not its delivery – but I feel unable to challenge the Board's approach to these matters – I would be uncomfortable about possible ramifications. The new executive team appears to diminish the achievements that have been made in recent years – as if nothing has been done before them (Glangwili).

4.80 These concerns seem to have been encountered by some staff who felt that when they had approached the Board, in both the staff and public events, they were dismissive of their comments:

They can seem patronising (Bronglais)

The staff session here was patronising or derogatory as staff tried to speak – many staff were offended by their self-righteousness but they didn't want to listen (Prince Philip).

5. Submissions

5.1 Submissions were received from professional, political, interest, voluntary and community groups, residents and staff. There are over 500 submissions, split between those sent direct to ORS (86), those received by HDdHB (271) and those sent direct to the minister Lesley Griffiths at the Welsh Government (212) and now passed on to ORS. HDdHB has reviewed all submissions and has responded to many of them.

Stakeholder Submissions - Selected Summaries

Introduction

5.2 The HDdHB's listening and engagement process attracted considerable attention and numerous submissions were made by stakeholders and members of the public – some of which were detailed and lengthy. In total, 570 were received by either HDdHB and/or ORS.

5.3 It is not feasible or necessary to include all the submissions in full in this interpretative report, but all have been noted by HDdHB. We have summarised the main themes and topics of the general submissions in later sections of this chapter; but (given the importance of the issues raised) we have summarised a selection 19 stakeholder submissions immediately below – namely, those from:

Hywel Dda Community Health Council, Pembrokeshire Locality

Ceredigion GPs' Forum

Ystwyth Medical Group

Ceredigion Local Service Board

Ceredigion Voluntary Sector Representatives on the Ceredigion CHC

Three Ceredigion County Councillors on the Ceredigion CHC

Ceredigion Partnership Forum – staff side representatives

Hywel Dda Partnership Forum – staff side representatives

NHS Confederation

Angela Burns, AM

Paul Davies, AM

Elin Jones, AM

Stephen Crabb, MP

Simon Hart, MP

Elfyn Llwyd, MP

Save Bronglais Campaign – separate letters by County Cllrs J Michael Williams and Sylvia Rowlands

Save Withbush Action Team (SWAT)

Committee for the Improvement of Hospital Services (CIHS-Sosppan).

5.4 In these summaries we have sought a balance between brevity and detail: it has not been possible to include all the detailed arguments and points made by the respondents – but the following sections are indicative of the material submitted to HDdHB. The full submissions have been studied by HDdHB and many of them have received detailed replies from the Board. (We have seen many of HDdHB's replies, but it is not appropriate to include them in this summary.)

Hywel Dda Community Health Council, Pembrokeshire Locality

5.5 The CHC has been concerned that the communications about the potential changes to HDdHB's services have been poorly handled and have raised public anxieties. The Council is concerned that the HDdHB is giving a negative impression of some current standards and would prefer to celebrate areas of success and good practice while recognising where improvements need to be made.

5.6 Looking forward the CHC expects the final proposals to reflect a needs assessment of the problems of delivering high standard health care in rural areas, with economic and clinical evidence, costed options, the pros and cons stated, and reviews of the possible outcomes of the options. The Council would like to be assured that clinicians in all the disciplines have been involved in the planning process.

5.7 Overall, the Council is concerned that the centralisation of services will increase the distances travelled by patients and their families. The CHC also applauds the HDdHB's determination to "meet quality and safety standards" and recognises the recruitment difficulties.

5.8 The CHC welcomes the prospect of a full Accident and Emergency service in each county with the essential backup services and related Core Services. The Council would like emergency surgery to be retained in full, both as an essential life-saving service and to ensure the continuance of related core services, including a full night-time service (required at both Bronglais and Withybush Hospitals).

5.9 The CHC believes that:

Proposals to enhance community care as a means of reducing unnecessary hospital admissions and long stays should be realistically costed and subject to greater clarity

Examples of best practice from other rural areas should be studied

Changes should be "hands on" staff-inspired to secure involvement and cost effective improvements.

5.10 The CHC supports:

The further development of colorectal surgery in each county with surgical units working as an all-Hywel Dda team

The development of a single centre for complex orthopaedic surgery, providing high standard elective hip and knee replacements remain at Withybush, together with the essential backup services

HDdHB's assurance that consultation on proposed moves of service would be made well in advance and that change should only take place when the infrastructure support is in place

An early announcement of plans to confirm the long term future of services.

Ceredigion GPs' Forum

5.11 The majority of general practitioners in Ceredigion support the principles underlying the Board's strategy, but want to ensure equity of access to health and social care and are concerned about distances and diagnosis-to-theatre times in life threatening conditions.

5.12 They support delivering care closer to patients' homes and strengthening primary and community care, but they argue for increased resources for primary and community care.

5.13 In the context of GP retirements, they favour the continuation of the GP Vocational Training at Bronglais Hospital.

5.14 The GPs also argue for:

Adequate transport in the proposed new model

The effective development of the "Communication Hubs" as single points of access

Increased use of telemedicine (while recognising its limitations)

Developing the role of pharmacists

Option 3, for an Accident and Emergency service at Bronglais

Acute Medicine – the need for paramedics to transport patients directly to the most appropriate service

Acute Surgery and trauma - the model for middle grade staff surgeons to provide surgical services overnight at Bronglais with consultant cover from a centre in Carmarthen would provide a reasonable option so long as it is possible to recruit high quality doctors at this grade

Trauma – Glangwili and Bronglais Hospitals to provide trauma services

Planned Care – with General Physicians who have generalist clinical skills working across the traditional secondary and primary care boundaries

In-patient elective orthopaedic care – the continued provision of orthopaedic services at Bronglais Hospital with more complex cases being treated at Glangwili or Whithybush Hospitals

Cancer Services – the current balance of services between Bronglais and Prince Philip

Colo-rectal cancer – the continuation of colo-rectal surgery in Bronglais Hospital and Haverfordwest

Children and maternity services – scenario 2.

5.15 The GPs would like further clarification about:

Resources for extended access to GPS

Mental Health Specialist Units.

Ystwyth Medical Group (YMG)

5.16 The group accepts that some specialised services will need to be provided in large hospitals, but does not accept that everyday services (including cancer care) should be provided only in large centres.

5.17 They accept the aim of reducing avoidable hospital admissions and providing care closer to home, but believe that extra resources will be needed for primary care to achieve this. They also argue for:

GP training in Aberystwyth

Maintaining surgical skills in Bronglais (including for colorectal cancer)

Maintaining emergency care in Bronglais

The equal provision of secondary care services in Wales irrespective of where patients live

More resources in order to deliver the proposed extension of primary care hours and more chronic disease management.

5.18 The group supports:

Plans to improve access to specialised mental health care services, but they want less bureaucracy accessing these services

The provision of acute medical services at Bronglais (and believes patient transfers out of area should be on the basis of clinical need rather than bed availability)

The continuation of trauma services in Bronglais.

5.19 They oppose:

Bronglais being an urgent care centre and believe it should be developed as a major centre

Acute surgery services being developed away from Bronglais because such downgrading will mean patients cannot be treated adequately.

5.20 The group would like specialised orthopaedic services in specialist beds to be developed within Bronglais.

5.21 They would also like the more common cancers to be managed in local hospitals and feel that the service their patients get is as good as in a major centre. They feel the current situation for breast cancer services is satisfactory, but strongly disagree with the move of colorectal services to Carmarthen or Haverfordwest, partly because the removal of the surgical cancer service would lead to the loss of accreditation and partly because the number of cases that are undertaken locally is nearly that required by the international oncology guidelines. They feel that patients in the hinterland between north and south Ceredigion should be encouraged to come to Aberystwyth so that the numbers can be maintained above the minimum.

5.22 The group approves of the intention to provide care for children closer to their home, but feels it is important to maintain current services for inpatient care.

5.23 They accept that the maternity services need to meet the requirements of the Royal Colleges and also believe that a local consultant-led obstetric services must remain for those patients for whom it is

appropriate. They also believe that gynaecological services should remain at Bronglais to ensure that consultants can be attracted to work there.

5.24 While seeing the challenges of providing a local paediatric service, the group feels that such services should be developed in Aberystwyth.

Ceredigion Local Service Board (LSB)

5.25 The Ceredigion LSB felt it was difficult to comment on many of the specifics at this time, but will make a detailed response during the formal consultation period.

5.26 The LSB believes that Bronglais Hospital should be developed as a centre of excellence for rural medicine, including both medical and surgical services – which would improve recruitment, particularly if incentives were offered for clinicians to work at Bronglais. The LSB challenged the consultation document's:

Travelling time estimates

Limited references to mental health services

Statement that trauma or seriously ill patients do not need to get to the nearest hospital as rapidly as possible.

Ceredigion Voluntary Sector Representatives on the CHC

5.27 The group criticised some aspects of the DVD produced by HDdHB and stressed the contribution that the third sector is making to hospital discharge services and recommended that Hywel Dda should approach these groups for advice on service design and delivery.

5.28 There is a need to address advocacy support in the community, particularly for older people. The voluntary sector has proposed a full-time almoner, provided and administered by the voluntary sector and would like to know if HDdHB would fund such a third sector scheme.

Three Ceredigion County Councillors (on the Ceredigion CHC)

5.29 Cllrs Alun Lloyd Jones, Paul Hinge and Gareth Lloyd expressed their lack of confidence in HDdHB's commitment to the Bronglais catchment area. They feel that the reorganisation of healthcare is simply a cost-saving exercise and that Ceredigion's representation on the Board has reduced as a result of the loss of the Ceredigion Health Board. They believe the current Board is following a WG agenda and is not genuinely accountable for its actions to local people.

5.30 The three councillors believe that the services offered by Bronglais should be expanded on the basis that it is the only DGH between the A55 corridor in the North, and the M 4 in the South. In particular they oppose the transfer of abdominal and colorectal surgery to Withybush or Glangwili. They favour more care closer to home as a worthy goal, but argue that the infrastructure for such care is not yet in place.

Ceredigion County Partnership Forum – staff side representatives

5.31 The Staff Side representatives of Ceredigion Partnership Forum criticised the delay in the Board meeting staff and the questionnaire used in the consultation. They were disappointed with the options presented in the clinical services strategy because of the potentially negative impacts on the access to healthcare.

5.32 They also complain that the engagement of senior medical staff from Ceredigion was not on an equal footing with medical staff from Carmarthenshire. They also say that appropriate staff side inputs were not sought.

5.33 They believe the plan fails to take into account the healthcare needs of the Bronglais area, including demand and capacity planning for both elective and emergency care for patients from South Gwynedd and Powys. They say the aim of no one being more than 90 minutes from major trauma, complex medicine, complex surgery, specialist cancer, neonates, complex cardiac and neurosciences could not be met from Aberystwyth and Bronglais' catchment area if key services are centred on Glangwili Hospital; and elderly people are reluctant to travel such distances. The proposal to remove services from Bronglais contradicts the ethos of keeping care local.

5.34 The staff side representatives say there is no detail or funding information on the community services referred to in the plan.

5.35 They argue that too little attention has been paid to the third sector, equality and diversity groups and staff in assessing the impact of changes.

5.36 Despite promises to the contrary, they say there has been no investment in Aberaeron (despite £7million being allocated from the Front of House scheme to build the community facility), no investment in essential major inpatient theatres, and consultant job adverts refer only to services in Carmarthen/Withybush. It appears that a decision has been taken not to replace the Bronglais colorectal consultant who is scheduled to retire – even though Bronglais is the obvious choice to develop a centre of excellence for endoscopy and colorectal surgery.

5.37 The representatives say they have lost confidence in Hywel Dda Local Health Board's commitment to support staff in delivering the services we provide locally.

HDdHB Partnership Forum – staff side representatives

5.38 The trade union representatives were concerned that services seem to be moving around Carmarthen and there is a possibility of increased workloads for staff. They recognised that Prince Philip does not offer a full Accident and Emergency service, but further changes there would affect acute medical services. In Pembrokeshire staff did not know what was happening are afraid for their jobs, worrying that they would have to move home or be faced with the expense of travelling. Ceredigion representatives criticised the on-line questionnaire as being designed to give the answers the Health Board wants. There were many concerns regarding possible redundancies or having to travel to Withybush or Carmarthen. Community services cannot cope with the new additional expectations there had been no new investments. The representatives said that District Nurses have to make 15 or 16 home visits per day – which is almost impossible.

5.39 The representatives said that they knew that neonates was changing to one site and it was a big concern, but no-one was being told what was happening. The representatives said that the general impression is the services will be centralised at Glangwili and that the public and staff were alarmed by this. People need to be told what is not changing.

Welsh NHS Confederation

5.40 The Welsh NHS Confederation wrote to report its discussions with local politicians who are concerned about their constituents' worries about the review of hospital services.

5.41 Some feel that the Health Board is too focussed on Glangwili and Withybush and that Prince Philip is being side-lined because the Board is too rural-focused and does not appreciate the needs of urban Llanelli.

5.42 The Confederation reported concerns about the closure of Ward 5 at Prince Philip and about the removal of other services. It also said that local politicians are concerned to keep the current Accident and Emergency services at Prince Philip – at least to the extent that the GP-led Out-of-Hours unit should not be replaced by a nurse-led Out-of-Hours service.

5.43 In relation to the listening and engagement process, the Confederation reported that, according to local politicians the Board's DVD had not been appreciated or widely viewed and that there had been too few events in Llanelli.

5.44 On a positive note, he was very supportive of a recent visit to the Acute Response Team and felt that more should be done to publicise the service. He also talked about very good examples of breast, stroke and dementia care at Prince Philip.

Angela Burns, AM

5.45 Angela Burns, AM, wrote to stress that Pembrokeshire is a large rural area with poor transport links and poor access to public services, and has an aging population with a large summertime increase in numbers. Future hospital services should take account of these basic facts, but the impression is that many services are disappearing from the west entirely.

5.46 In this context, she believes the following are core services that should be consultant-led at Withybush:

Acute Medicine (including Cardiac Care)

Acute Surgery

Accident and Emergency

Obstetrics and Gynaecology

Paediatrics

Anaesthetics

Intensive Care

Orthopaedics.

Paul Davies, AM

5.47 Paul Davies, AM, wrote to say that he has protested repeatedly in the Senedd about the transferring of services eastwards from Pembrokeshire on the grounds that journeys from Pembrokeshire to Carmarthen can be lengthy. He points out that Pembrokeshire has an ageing population which increases in the summer due to tourism.

5.48 In this context, he believes the following are core services that should be consultant-led at Withybush:

Acute Medicine (including Cardiac Care)

Acute Surgery

Accident and Emergency

Obstetrics and Gynaecology

Paediatrics

Anaesthetics

Intensive Care

Orthopaedics.

Elin Jones, AM

5.49 Elin Jones, AM, wrote to express concern that a 40% reduction in beds in Tregaron Hospital was apparently being treated as an 'operational decision' rather than subject to full consultation.

Stephen Crabb, MP

5.50 Stephen Crabb, MP, wrote that he welcomed HDdHB's listening and engagement exercise because transparency and consultation are essential to break down the apprehension which many people have with regards to any proposed changes to the health services they currently enjoy.

5.51 He supports the campaign to retain services close to the local community in Preseli, Pembrokeshire, especially those provided at Withybush because it is vital that all residents have good access to important health services locally. He accepts that 'no change' is not an option in light of the immediate and longer term challenges that the Health Board faces, but is worried that the Board is perceived to be pressing ahead with key changes and some important services have been withdrawn from Withybush in recent years.

5.52 He stresses that Withybush serves a large rural area with important maritime and energy industries and is also a busy holiday destination. He compares these facts with Carmarthen, which is a short distance from Morriston and Singleton hospitals, and opposes any transfer of key services to Glangwili on the grounds of remoteness from Pembrokeshire people. He fears that the emerging clinical services strategy may worsen access to services for Pembrokeshire residents.

5.53 In this context, he believes the following are core services that should be consultant-led at Withybush:

Acute Medicine

Acute Surgery

Accident and Emergency

Obstetrics and Gynaecology

Paediatrics

Anaesthetics

Intensive Care

Orthopaedics.

5.54 He believes closer access to care in the community and improved patient safety are certainly desirable, but local people need more detail on how these changes will be delivered.

Simon Hart MP

5.55 Simon Hart, MP, wrote to express concern over the closure of the Minor Injuries Units at Pembroke Dock and Tenby because the two communities will be left without any local emergency provision.

5.56 He was also concerned that ambulances no longer take minor injuries to hospital and questioned how the elderly or those without a car will now get to Withybush for treatment. He asked why there was no consultation on these closures and how Withybush Accident and Emergency will cope with the increase in presentations.

Elfyn Llwyd, MP

5.57 As the representative of South Meirionnydd, Elfyn Llwyd, MP, wrote that the area served by Bronglais Hospital is enormous and to express his concern about any cuts in the services currently offered – on the basis that people from extensive rural areas would have difficulty travelling to Glangwili Hospital.

Save Bronglais Campaign – letters by County Cllrs J Michael Williams and Sylvia Rowlands

5.58 On behalf of the Save Bronglais Campaign, County Cllrs J Michael Williams and Sylvia Rowlands complained separately to the Minister for Health and Social Services that two public meetings in Machynlleth had called on the Minister to intervene in the clinical services review to ensure equitable access to healthcare across Wales – on the grounds that HDdHB is not the appropriate body to determine the future of Bronglais Hospital alone. They both reported that the public meetings supported the letter of no confidence from senior medical staff at Bronglais.

5.59 They both say that the strategic review of Bronglais' surgical role has ignored that the hospital serves large number of patients in Powys and south Gwynedd and alleges that Hywel Dda has failed to engage with Powys and Betsi Cadwaladr Health Boards in relation to Bronglais' regional role.

5.60 They add that, in contrast to Bronglais, the hospitals along the southern corridor are within easy reach of each other, making rationalisation feasible without compromising access.

5.61 They both report that the meetings rejected the listening and engagement questionnaire because the way the questions are phrased prevents them from expressing their views effectively; and they both end by repeating the call for the Minister to take over the review and prepare a plan that provides for Mid-Wales which provides for the needs of the people of Mid-Wales in Mid-Wales.

Save Withybush Action Team (SWAT)

5.62 The Chair of SWAT, Chris Overton, argues that the mantra "No change is not an option" is just management speak for wanting to make the savings that the Welsh Government has imposed. He protests that HDdHB has been running down every hospital except Glangwili for some time.

5.63 He argues that the demographic, technological and recruitment issues have been exaggerated as difficulties – or, in the latter case, are due to the Health Board allowing units to become understaffed and not trying to recruit hard enough.

5.64 He believes that there is an underlying intention to centralise services in Glangwili and dismisses the Welsh Government's recently published "National Case for change" as a PR exercise.

5.65 The SWAT preferences are to maintain the status quo or (if that Is not possible) to merge the Hywel Dda and Swansea Health Boards to create a more sensible solution – which would both allow Withybush to become the main secondary care facility in the South West and also make Glangwili's position less significant given its proximity via dual carriageway and motorway to Morriston. He says that in principle the site could be sold for social housing. In this context, he proposes that Prince Philip should be enhanced in medicine, surgery, orthopaedics and perhaps the development of a midwifery-led unit until Morriston's capacity is increased.

5.66 In a meeting between SWAT and senior members of the HDdHB some topics were reviewed in further detail. For SWAT, three representatives argued that:

HDdHB area would be more effectively covered by two lead hospitals, Bronglais and Withybush, with one subsidiary hospital in Carmarthenshire, that would also be served by Morriston

24-hour Accident and Emergency and Emergency Surgery services should be maintained in Bronglais and Withybush – but the new developments at Glangwili seem to conflict with this

There is a danger that services may have to be withdrawn by default if recruitment is not addressed and existing doctors are allowed to feel their positions are insecure

The HDdHB area deserves extra funding due to its rural nature

The 'Your Health Your future' discussion document seems to suggest that current services are sub-standard

While colorectal cancer could be managed at Withybush or between Glangwili and Withybush, there is a need for 24-hour emergency surgery at Bronglais – which could be achieved through the colorectal cancer MDT, making it possible to maintain surgical skills and training there, and to provide a 24-hour emergency service to support the Accident and Emergency

Orthopaedic surgery at Withybush should continue to include elective hip and knee replacement for otherwise surgeons would be unwilling to work there.

Committee for the Improvement of Hospital Services (CIHS-Sosppan)

5.67 The chair of CIHS-Sosppan, V.B Hitchman, wrote to the Minister for Health and Social Services to report a Vote of No Confidence in the Hywel Dda Health Board at a large public meeting in Llanelli on 16th February, 2012. The primary reasons for the vote were the Board's alleged: failure to meet the health needs of Llanelli and the surrounding areas of population; reduction in hospital and community beds and services by stealth and without full and proper consultation; reduction in accident and emergency services at Prince Philip Hospital; failure to do proper risk and impact assessments; failure to properly consult staff and clinicians in respect of changes, poor internal and external communications; lack of transparency; and failure to attend public meetings to discuss the concerns of the public. He reported that the same meeting also proposed that the issues should be debated in the WG with a view to alternative leadership being provided within the Hywel Dda Health Board.

5.68 Since then, the CIHS-Sosppan has also submitted a lengthy and detailed discussion document entitled "Engagement Proposals: An Alternative View" (April 2012) that includes considerable background material in several substantial appendices. The document (referred to below as 'the report') sets out alternative proposals for the development of healthcare in Llanelli and the Hywel Dda Health Board region. It seeks to meet the clinical priorities while providing ease and speed of access to unplanned needs as in the case of Accident and Emergency Services. It is possible to include only a summary account here, but readers are encouraged to read the full report.

5.69 The report reviews the historical background to what it calls the flawed plan for centralisation and Accident and Emergency provision in the context of population data for the area. It says that, following the creation of Hywel Dda LHB, many services were removed from Llanelli to Glangwili. Compared with when it opened in 1990, the hospital has contracted considerably: Accident and Emergency services have been reduced to a limited service; and the following services have been removed: surgical emergencies; acute medicine; cardiology; trauma; children; head injuries; maternity; gynaecology; ears and nose; throat and eye; post mortem; and more recently Ward 5 has been earmarked for closure and orthodontics has been removed.

5.70 Prince Philip has been run down, but the report says that if the hospital budget was allocated fairly, on the basis of population, then the greatest spend would be at Withybush, with Prince Philip second, followed by Glangwili and finally Bronglais. It says that the policy of centralisation means that every hospital apart from Withybush is disadvantaged. This seems particularly inappropriate in relation to Prince Philip, for Llanelli has more than a quarter of the Hywel Dda population.

5.71 The report's general complaint is that these changes have increased the distances that Llanelli people have to travel for medical services withdrawn from Prince Philip; and the more particular complaint is that the limited Accident and Emergency services are further threatened. The report argues that Glangwili is unable to cope with additional Accident and Emergency demand and that the centralisation of Accident and Emergency services there is not feasible.

5.72 In this context, the report lists alleged failures of the system, including: patients waiting in Accident and Emergency at Prince Philip overnight because there is no room for them in Glangwili or waiting for ambulances after having triage; ambulances travelling from Aberystwyth to Llanelli to transfer patients to Glangwili; ambulance crews taking patients to Glangwili rather than their requested Prince Philip; people being discharged late at night in Carmarthen and having to find their own way home; and the long times and costs of travelling to appointments at Glangwili.

5.73 The report accepts that change is essential, but centralisation is not the answer. In particular the report objects to what it calls the imposition of an unproven UCC (without an adequate and local Accident and Emergency at Prince Philip) increases risks to patients in Llanelli and is of great concern. It says that virtual wards are unproven and wasteful due to the unproductive travel time involved for professionals. The report also says that current plans put too much reliance on care being provided in the home by relatives or friends; and it doubts how well the use of GPs and specialists will work in practice.

5.74 The report welcomes the proposed use of technology, but has concerns about the implementation: it says the health and social services linkages are vague and do not allow for carer support, convalescence, rehabilitation, respite or adequate domiciliary care for either our disabled or elderly; and it criticises the lack of detailed costings.

5.75 Having criticised the HDdHB ideas, the report outlines an alternative approach – in which the creation of centres of excellence is tempered with local provision for unplanned Accident and Emergency services. In this context, it says that, with four district general hospitals in a large rural area, Hywel Dda has inherited a 'poisoned chalice' - though it does not spell out the implications of this phrase.

5.76 Anyway, the report outlines what it calls the 'building blocks' of a solution:

Four DGHs all providing Accident and Emergency services

Excellent public, private and third sector transport links 24 hours per day

Clinical centres of excellence within the hospitals

Separate convalescence/rehabilitation units attached to the hospitals

Respite and support in the community for carers, vulnerable elderly and the disabled, run by the County Councils and including:

- Day Centres
- Luncheon Clubs
- Meals on Wheels
- Carer Support in the home
- Residential Respite
- Surgeries and Community Hubs
- High quality regulated and inspected domiciliary care
- State-run residential care homes for the elderly and disabled.

5.77 Dealing with these building blocks in turn, the report says that every significant centre of population should have an Acute Medicine and Accident Centre as well as a triage area for immediate assessment as to whether patients need to be directed to their GP at a Community Hub, to the Urgent Care Centre for immediate treatment and discharge, or to the attached Accident and Emergency Department with supporting Acute Surgery for urgent intervention and probable admission to the hospital for further treatment. It argues that it is essential that the Urgent Care Centre and Accident and Emergency centre are based at the same premises.

5.78 It also raises the prospect of a limited Accident and Emergency service that can stabilise patients effectively, with IT links to consultant/specialist back-up from a linked major Accident and Emergency unit – and adds that this would be appropriate as part of a Community Hub in outlying districts like Tregaron and Ammanford.

5.79 The report discusses what it sees as the necessary range of ambulance and other patient transport services to be provided seven days a week, 52 weeks a year. Where patients are discharged after 10.30pm and before 8.30 am, it believes it should be the hospital's responsibility to ensure they have suitable transport to their place of residence.

5.80 The report's discussion of clinical centres of excellence is very brief. It simply says they should be located where they will be most effective, easiest to access and attract the necessary funding through body mass. It then says only that each hospital should have an Acute Beds section for patients recovering from surgery and for observation; and that elective planned surgery needs to be distributed across the whole of the Health Board with specialist areas in particular hospitals.

5.81 Regarding convalescence/rehabilitation units, the report wants to learn from current initiatives, but says that at each hospital there should be separate buildings for long-term non-acute care, respite care, routine phlebotomy, podiatry, physiotherapy, dental care, ophthalmic services and for convalescence, where people from all age groups can convalesce and be rehabilitated where necessary. Social care services should also be based at the rehabilitation units and be used to monitor the overall health of the County's population.

5.82 The report says that respite and support for carers, the vulnerable and the disabled should be run by County Councils – with care packages to ensure that as many as possible can live at home.

5.83 The report argues that community hubs involving all relevant agencies should be supported by GPs from their surgeries and using District Nurses where appropriate. The hubs should be largely based at existing sites, possibly those operated by the Local Authorities as Residential Homes, Day Centres or Sheltered Accommodation, or by expanding GP Surgeries. The report believes that residential care in both the private and public sectors should be expanded to take into account the year-on-year increase in the elderly population.

5.84 Following the main report, there are eight appendices, two of which are 'historical' reports of past decisions, as follows:

Appendix 1 – reviews the 2003 Accident and Emergency closure at Prince Philip

Appendix 2 – reviews the 2007 Accident and Emergency closure at Prince Philip

Appendix 3 and 3a-3d – various comments on Prince Philip and its Accident and Emergency services and profiles of Hywel Dda

Appendix 4 – an article on "Travel Times and Mortality" that concludes:

> Decisions regarding reconfiguration of acute services are complex, and require consideration of many conflicting factors. Our data suggest that any changes that increase journey distances to hospital for all emergency patients may lead to an increase in mortality for a small number of patients with life-threatening medical emergencies, unless care is improved as a result of the reorganisation. However, even then it is not certain that it would be acceptable to trade an increased risk for some groups of patients, such as those with severe respiratory compromise, for a reduced risk in other groups such as those with myocardial infarction.

Appendix 5 – ambulance data for Hywel Dda

Appendix 6 – Hywel Dda demographic profiles

Appendix 7 – emails and letters of complaint or protest about current plans

Appendix 8 – critique of Urgent Care Centres.

Town and Community Council submissions

5.85 Submissions were received from 61 Town and Community Councils representing Carmarthenshire, Ceredigion, Gwynedd, Pembrokeshire and Powys.

5.86 Most of the submissions and letters of protest have been overwhelmingly concerned with "keeping their local District General Hospitals" on the basis of distance, travel times, ease of access for patients and their families and the cost of the listening and engagement process and the forthcoming consultation. Some of the key themes and arguments relate to a specific hospital and geographical area, therefore, the key themes and arguments have been reported separately by county. Ceredigion, Powys and Gwynedd are reported together because they reference Bronglais and similar key themes emerged:

Ceredigion, Gwynedd and Powys

Ceredigion
Town Councils
Cardigan
Lampeter
Community Councils
Beulah
Blaenrheidol
Borth
Bro Cliau Aeron
Ceulanameasmawr
Genau'r Glyn
Llandyssiliogogo
Llangoedmor
Llangybi
Llanilar
Llanrhystud
Llansantffraed
Llanwenog
Llanwnnen
Melindwr
Nantcwnlle
Troedyraur
Ystrad Fflur
Ystrad Meurig

Powys
Town Councils
Llanwrtyd
Machynlleth
Rhayader
Community Councils
Caersws
Carno
Glantwymyn
Llanafanfawr and Llanwrthwl
Llanbrynmair
Llandinam
St Harmon
Y Banwy

Gwynedd
Town Councils Gwynedd
Dolgellau
Tywyn
Community Councils
Aberdyfi
Arthog
Brithdir, Llanfachreth and Rhydymain
Corris
Llangelynnin
Llanuwchlyn
Pennal

Key Themes and Arguments
Access to Accident and Emergency Services
Longer journeys and transfer will result in unnecessary and unacceptable loss of life
Access to planned care
Increasing journey times further would create much stress and upheaval for patients
The growing elderly population will be hardest hit by travelling greater distances
Increasing travel time will have financial implications for patients and visiting families
Longer journeys and arranging transport adds anxiety and stress for patients and visiting relatives
Increasing distances to travel in rural areas is problematic due to lack of public transport links and infrastructure
Ceredigion is in an unique location - away from major transport hubs e.g. South Wales M4 corridor and North Wales A55
The future of Bronglais District General Hospital
Bronglais should provide a key role in the provision of health services for Ceredigion and Mid Wales
Proposals to cut services do not reflect the size of the population
Aberystwyth is the strategic centre in mid-Wales – therefore it needs to have a major hospital service
Bronglais should retain all major, emergency and maternity services
Hospital services should be improved – not reduced
Location shouldn't affect quality of care – provision should be consistent in the North and South of the health board region
Listening and engagement process
The listening and engagement process has led to confusion about the future of Bronglais
Further detailed information needs to be available to the public – for instance *how far will patients have to travel*?
The listening and engagement process has lacked of clarity and transparency
Concern about the overall cost of the listening and engagement process

Pembrokeshire

Pembrokeshire	Key Themes and Arguments
Town Councils Haverfordwest Milford Haven Pembroke Pembroke Dock **Community Councils** Jeffreyston Kilgetty Begelly Penally St Mary Out Liberty Saundersfoot	**Closure of Tenby Minor Injuries Unit** Opposition to the closure of the Minor Injuries Unit at Tenby in 2012 (without public consultation) – closed in order to keep Withybush Accident and Emergency Unit open The area needs a Minor Injuries Unit - particularly in the Summer months for holiday makers and elderly population **Future of Withybush District General Hospital** Opposition to the continued reduction of services at Withybush **Listening and Engagement Process** Lack of information has led to anxiety about the future

Carmarthenshire

Carmarthenshire	Key Themes and Arguments
Town Councils Llanelli Pembrey and Bury Port Tenby **Community Councils** Llanedi Llannon Llanelli Rural Council	**Future of Prince Philip District General Hospital** Location of health services should reflect population size It is a rural solution for an urban area Wards of multiple deprivation – should not make vulnerable groups of people travel great distances to receive care Prince Philip should be restored to a fully functioning District General Hospital **Listening and Engagement Process** No confidence in proposals No use of patient-based data and the impact of distance to travel to support proposed options

Voluntary, community group and other organisation submissions

5.87 Submissions were received from 64 voluntary, community group and other organisations across Carmarthenshire, Ceredigion, Gwynedd, Pembrokeshire and Powys. The list of contributors, separated by county, are shown below.

Carmarthenshire

Bipolar UK
Canolfan Plant Sir Gar
Cellan Women's Institute
Llanelli Disabled Drivers Association
Mental Health Learning Disabilities stakeholders
Retired Friends United
Safer Communities Action Group

Ceredigion

Aberporth Merched y Wawr
Aberystwyth guild of students
Board at Neuadd Pantycelyn
Ceredigion Age Cymru
Crohn's and Colitis UK
Fforwm Strata Florida 50+ forum
Ger Y Gors Community Forum
Merched y Wawr Aberystwyth
Merched y Wawr Y Dderi
Sarn Helen 50+ Forum
Un Llais Cymru /One Voice Wales

Ceredigion Women's Institute Organisations

Aberaeron WI
Abermeurig WI
Aberporth WI
Bwllchllan WI
Caerwedros WI
Cellan WI
Ceredigion Federation of WI
Cross Inn WI
Dihewyd WI
Lampeter WI
Llanddewi Brefi WI
Llanafan WI
Llanon WI
Llanwnnen WI
Penllwyn WI
Penrhyncoch WI
Pontrhydfendigaid WI
Rhydypennau WI
Taliesin WI
Waunfawr WI

Pembrokeshire

Communities First
Tenby Junior Community School
Pembroke Dock Civic Society

Powys

Salop Leisure
Caersws Friendship Hour Club
Clwb Maglona - Bro Ddyfi Senior Citizens
Machynlleth Patients Forum
The league of friends of Machynlleth Hospital and Cartref Dyfi
Eglwysfach WI Powys

Gwynedd

Aberdovey WI

5.88 The following key themes and arguments emerged from voluntary, community groups and other organisations' submissions:

Key Themes and Arguments	Key Themes and Arguments
Access to planned care Centralising services will increase travel distance and time and will affect patients, families, student and tourist populations - there is no justification for increasing travel times any further Increased travel will place a strain on ambulance provision Increased travel will have financial implications for patients and visiting families Longer journeys and arranging transport adds anxiety and stress for patients and visiting relatives Public transport links are poor The condition of the roads are poor and are susceptible to unfavourable weather conditions (flooding) Rural areas will be particularly affected by increasing distances to travel Access to Accident and Emergency Services Opposition to the lack of concern regarding the 'golden hour'– ambulances are not mobile hospitals The necessary journey time for seriously ill people would be far beyond the 'golden hour'	Centres of Excellence Specialists at Bronglais provide an essential service for the local area Prince Philip covers a large area – the possibility of the closure of the Accident and Emergency is appalling Centralisation does not take into account the current population size and future growth Concern over the loss of services at each of the four hospitals (colorectal surgery, maxillofacial clinics and maternity services) Quality services should be expanded and not reduced
Listening and engagement process (particularly in relation to Your health, Your future literature) Sceptical over the extent the public can influence the listening and engagement process – HDdHB hasn't acted upon concerns voiced by the public The 'numbers' used within the literature do not add up – HDdHB does not have access to patient numbers in its system A full consultation is required before decisions are made	**Elderly patients** Senior citizens will find it difficult to travel – downgrading is a way of undermining the security and well-being of the elderly Increased travel time will cause pain and discomfort – especially for the elderly population Ageing population needs more not fewer services
Recruitment and staffing Current staffing issues have been caused by lack of recruitment and advertisements Provide support for junior staff training and consultants for key departments	**Care closer to home** More care to be provided locally through better access to primary care – positive if proposals lead to more services being delivered locally Care closer to home does not make sense if you have to travel a three hour journey to the nearest hospital
Health needs Glanymor and Tyisha wards have some of the greatest health needs in Wales but the poorest access to NHS services	**Tenby Minor Injuries Unit** Concern about the effect on schools who frequently use this service

Residents' submissions

5.89 388 submissions were received from residents across the following areas:

- Ceredigion – 109 submissions
- Carmarthenshire – 59 submissions
- Gwynedd – 53 submissions
- Powys – 43 submissions
- Pembrokeshire – 40 submissions
- Miscellaneous – 84.

5.90 The following key themes and arguments emerged for residents' submissions:

Key Themes and Arguments	Key Themes and Arguments
Access to planned care Travel time is inconvenient for all population groups Longer journeys will have an impact on visiting friends and family Population increases in the summer months will cause delays to journey times Extra community ambulances will be needed in mid Wales to cope with the extra travel and journeys required Inadequate roads - the roads in Aberystwyth are some of the most dangerous in the UK In rural areas public transport is poor	**Listening and engagement process** Concern about the cost of the listening and engagement process– in particular the DVD which did not work Further information is required on proposals and the evidence for change – the 'Your Health, Your Future' literature The literature provided lacked substance and has been inconsistent No mention of Gwynedd, Powys or Montgomeryshire – even though these areas account for a third of the patients for Bronglais The proposals have ignored the large numbers of patients treated by Bronglais surgeons HDdHB has failed to engage with local people about the health needs of the region The questionnaire used was 'loaded' compromising the validity of the listening and engagement Process No reference to dentistry services More information needed about non-emergency hospital transport
Access to Accident and Emergency Services Concentrating hospital provision in the South will put lives at risk in the North – the 'golden hour' will be compromised Lives will be lost travelling the extra miles Time spent in an ambulance will increase - ambulance staff are not trained to deal with critical treatments Longer journeys will place a strain on ambulance provision Decision to downgrade the only Accident and Emergency in mid Wales in an area where accidents occur regularly - rural tourist, farming and student Flooding and extreme weather conditions can lead to lengthy travel detours	**Listening and engagement process (particularly in relation to the drop-in sessions)** Weekday drop-in sessions discriminated against people in employment Lack of engagement with residents by Hywel Dda – no representative of Hywel Dda present at some meetings Discussion documents contradicted information given at meetings Event at Selwyn Samuel Centre – rudeness, failed to answer questions Larger meeting venues and more meetings required

Key Themes and Arguments	Key Themes and Arguments
Care closer to home Care at a local hospital is key to patients' recovery Need effective care in the community Care would be beneficial at home	**Centres of Excellence** People should be entitled to equal access/standard of treatment across Wales – care should not be restricted to the M4 corridor Economical to divide the consultants' commitments rather than forcing elderly and ill patients to travel Acute care should be provided locally It makes sense to have specialist centres – it is not feasible to have a specialist available 24 hours a days in smaller hospitals
Elderly patients Concern that the elderly population will be most affected by increased distance to travel Elderly population requires more medical services and interventions Care for elderly patients should be kept as local as possible as transport difficulties will be greater (reliance on public transport and families)	**Rural areas** Reorganisation does not take into account rural isolation Many hospitals in South and North Wales – only one in mid Wales Urban solution in a rural area – care should be the same regardless of where you live
Recruitment and staffing Current recruitment problems could be as a result of morale issues in each of the hospitals Incentives are needed to attract staff to the area Don't waste money on senior staff pay Re-instate matrons and recruit administrative staff, cleaners and maintenance staff Better qualified medical staff and more efficient working conditions would help towards saving money Recent changes to HDdHB and perceived poor management has discouraged doctors, consultants and nurses wanting to work in the localities	**Hywel Dda Health Board** Support for HDdHB to be disbanded HDdHB should not exist Want the truth from HDdHB rather than political spin HDdHB is poor at public relations
The future of Bronglais District General Hospital Bronglais hospital is a vital local service Upgrade not downgrade A third of Wales relies on Bronglais The plans are unfair and damaging to people who rely on Bronglais Any attempt to remove services at Bronglais is callous and dishonest Bronglais is the only hospital of decent size in mid Wales	**The future of Prince Philip District General Hospital** Concern about downgrading Prince Philip – alternative hospitals at full capacity A town the size of Llanelli needs a fully functional Accident and Emergency Unit – Llanelli is a better option as opposed to Carmarthen based on population size and services already available at the hospital Can understand why alterations are being made to Prince Philip because of its proximity to Morriston hospital (Swansea) Prince Philip is relied upon too much by patients – it is not cost effective
The future of Withybush District General Hospital Withybush in crisis Concerns over recent job losses Tenby Minor Injuries to reopen to decrease the strain on Withybush Services should be restored and core services should be retained in Withybush – in danger of becoming a cottage hospital One of the four hospitals – preferably Withybush should become a teaching hospital	**The future of Glangwili District General Hospital** Care should not be centralised at Glangwili Distance already too far to travel when you have a serious illness such as a stroke Glangwili is very close to other services in South Wales (Morriston and Singleton) Aberystwyth, Haverfordwest and Llanelli should be upgraded and Carmarthen downgraded

Key Themes and Arguments	Key Themes and Arguments
Women and children's services Not acceptable for a baby to be separated from its mother and taken to a different hospital Concern about the implications for women in labour – proposals are putting women and babies lives in danger	**Safety** Financial constraints are irrelevant when it comes to safety Feel unsafe in the care of HDdHB

Staff and GP submissions

5.91 26 submissions were received from staff and GPs across Hywel Dda and Gwynedd:

- Ceredigion – 9 submissions
- Carmarthenshire – 3 submissions
- All Hywel Dda – 4 submissions
- Gwynedd – 4 submissions
- Pembrokeshire – 2 submissions
- Miscellaneous – 4 submissions.

5.92 The following key themes and arguments emerged from staff and GP submissions:

Key Themes and Arguments	Key Themes and Arguments
Access Accident and Emergency Services Distance and journey times will increase patient risk Acute admissions within the 'golden hour' will be compromised Dangerous to rely on the availability of ambulance/helicopter for urgent transfer	**Centres of Excellence** Hospital services should be expanded – not reduced To downgrade Bronglais would be detrimental on patient groups (pregnant mothers, the mentally ill etc.). The plans fail to take into account healthcare needs
Listening and Engagement Process HDdHB has managed the process poorly and it has not been clinically-led (as previously stated) Decisions have already been made by HDdHB Powys residents are concerned they have been forgotten	**Women and children's service** To have one maternity service is a safety risk – there should be an Obstetric Unit alongside a midwifery unit Converting Withybush into a stand-alone midwifery led unit will cause safety issues Increased distance to travel would be a greater risk to pregnant mothers
Care closer to home Disagree with the scenario that GP's take responsibility for pre-assessment and post-operative care	**Support for change** The NHS must change A community focussed model is welcomed Need to develop further community specialist services Hospitalisation needs to reduce

6. Petitions

Expressions of Concern

Introduction

6.1 There has been considerable interest and in many cases disquiet arising from people's fears about the potential implications of HDdHB's review of clinical services – which has been expressed in the form of petitions to the Health Board. Obviously, petitions must be given their due weight in that they reflect wide-ranging concerns, but their significance can be difficult to interpret: for they can be spontaneous expressions of concern based on a sound understanding and consideration of the issues; or they can comprise relatively casual and/or uninformed signatures based upon emotive statement by motivated organisers.

6.2 In order to publicise the petitions and make their content and significance more accessible to the Board, we have summarised the main ones below. Briefly, there were ten main petitions:

Re Prince Philip Hospital:

- Welsh Government on-line e-Petition
- Petitions organised by Sosppan
- e-Petition backed by Llanelli town and rural councils, the Committee for the Improvement of Hospital Services and the Llanelli Star.

Re Bronglais Hospital:

- Petition organised by the Cambrian News
- Petition organised by Cadw'n Lleol–Ysbyty Bronglais
- Petition organised by Members of Caersws Friendship Hour Club
- Petition organised by unknown others

Re Temporary Closure of Minor Injuries Units:

- Petition organised by unknown others regarding Tenby Hospital
- Petition organised by unknown others regarding Tenby and South Pembrokeshire Hospitals

48 pre-completed questionnaires submitted to ORS.

Petitions about Prince Philip Hospital

6.3 The on-line petition submitted via the Welsh Government's website has been running since 29th December, 2011, and has so far attracted 984 valid signatures. The petition statement declares:

> *Hywel Dda Health Board is planning to downgrade or close A&E services at Prince Philip Hospital.*
>
> *This is an essential service for Llanelli and the surrounding communities and the community needs to act to save our A&E. Please sign this Petition to prevent the closure of this essential service, and to ensure lives are not put at risk.*

6.4 Further petitions against changes to Prince Philip Hospital were mainly organised by the long-running special interest group called Committee for Hospital Improvement / Sosppan (Save Our Services Prince Philip Action Network). An initial petition attracted about 9,000 signatures and a later petition attracted over 26,000 signatures and was presented to Welsh Government's Petitions Committee on 23rd May 2012. The campaigning poster for the demonstration at the Senedd is shown below.

6.5 One version of the petition statement declared:

> *Hywel Dda Health Board is planning to downgrade or close A&E services at Prince Philip Hospital.*
>
> *This is an essential service for Llanelli and the surrounding communities and the community needs to act to save our A&E. Please sign this Petition to prevent the closure of this essential service, and to ensure lives are not put at risk.*

6.6 A further version of the statement, which appeared in the Llanelli Star newspaper, said:

> *We, the people of Llanelli, the town with the largest population within the Hywel Dda area demand Prince Philip Hospital be restored to a fully functioning District General Hospital with the return of major elective surgery, including gastrointestinal, vascular, urology, gynaecology and trauma, with support from the original five ITU beds fully staffed, which would support a fully staffed, consultant-led Accident and Emergency Department, providing support for physicians.*

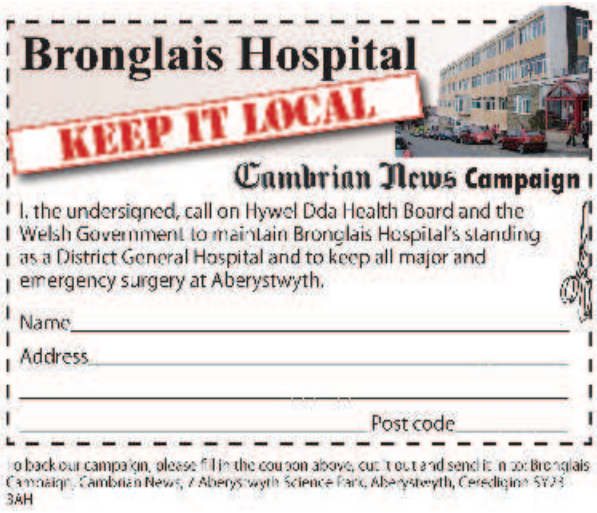
6.7 Another e-Petition (deriving from the Llanelli Start text above) with 282 signatures was submitted to Hywel Dda Health Board and the Welsh Government on 9th March 2012, backed by Llanelli Town and Llanelli Rural councils, the Committee for the Improvement of Hospital Services / Sosppan and the Llanelli Star. The petition statement declared:

> *Give Llanelli a fully functioning district general hospital.*
>
> *Greetings, I just signed the following petition addressed to: Hywel Dda health board and the Welsh Government.*
>
> *Give Llanelli a fully functioning district general hospital. We, the people of Llanelli, the town with the largest population within the Hywel Dda health board area, demand Prince Philip Hospital be restored to a fully functioning district general hospital with the return of major elective surgery, including gastrointestinal, vascular, urology, gynaecology and trauma, with support from the original five ITU beds fully staffed, which would support a fully staffed, consultant led accident and emergency department, providing support for the physicians.*

Petitions about Bronglais Hospital

6.8 A petition organised by the Cambrian News (with advice from local interest groups) attracted 8,067) signatures and was presented to the Lesley Griffiths, the Minister for Health on February 29th 2012. The petition statement declared that:

> *I, the undersigned, call on Hywel Dda Health Board and the Welsh Government to maintain Bronglais Hospital's standing as a District General Hospital and to keep all major and emergency surgery at Aberystwyth.*


Bronglais Hospital
KEEP IT LOCAL
Cambrian News Campaign
I, the undersigned, call on Hywel Dda Health Board and the Welsh Government to maintain Bronglais Hospital's standing as a District General Hospital and to keep all major and emergency surgery at Aberystwyth.
Name
Address
Post code
o back our campaign, please fill in the coupon above, cut it out and send it to: Bronglais Campaign, Cambrian News, 7 Aberystwyth Science Park, Aberystwyth, Ceredigion SY23 3AH

6.9 The covering letter accompanying the petition to the Welsh Government is reproduced below:

To Minister for Health, Welsh Government - 29 February 2012

Please accept from the Cambrian News, on behalf of its readers, a petition signed by a massive 8,087 local all people concerned about the moves to centralise services away from Bronglais Hospital. These signatories live in Ceredigion, Powys and Gwynedd, in the huge geographical area served by Bronglais Hospital.

Hywel Dda Health Board's plans fill residents with fear over the safety of patients, as the proposals would mean travelling of well above the "golden hour" for treatment. In fact there could be emergency journeys of well over two hours for some seriously ill people, something which we are sure you will agree is totally unacceptable. Also we urge you to take account of the huge burden centralisation puts on family and friends of hospital patients taken up to 80 miles away from home.

If you view the map showing the location of our district general hospitals you will see that mid Wales has just one hospital and the M5 corridor has 12. This surely shows the unique situation at Bronglais and adds weight to the case for services there to be strengthened not diminished. A separate health plan for mid Wales is needed.

Please take into account the views of Bronglais's own consultants, the majority of whom, as you know, have signed a letter saying they have lost all confidence in Hywel Dda Health Board. They are joined by retired medical experts on the aBer Group and the majority of local residents in urging that the current proposals be abandoned.

Our petition comes in three different formats. There are campaign coupons cut out from the Cambrian News, there are hard-copy petition forms, and there are petition forms filled in on-line (the latter have been saved onto a CD). As the originals of our petition are being handed to your department, I would be grateful if you could make it available to Hywel Dda Health Board.

The worried people of mid and west Wales are relying on you to protect their interests and the future of their hospital.

Beverly Thomas, Managing Editor, Cambrian News Ltd.

6.10 A further Welsh language petition about Bronglais, under the banner, Cadw'n Lleol, attracted 5,306 signatures with a petition statement that read (in translation):

Keep it Local

We, the undersigned, call on Hywel Dda Health Board and the Welsh Government to keep Bronglais Hospital as a District General Hospital. Also, to keep all main surgical and emergency services as they are and to serve Aberystwyth and the surrounding area. The Health Care for our people must be kept locally.

6.11 A third smaller petition, organised by Members of Caersws Friendship hours Club, attracted 373 signatures for a petition statement that declared:

We, the under-signed call on you, Minister, to assure us that services at Bronglais Hospital will remain at their current levels, and all major emergency, elective and obstetric services will be kept at Bronglais Hospital, Aberystwyth.

6.12 Finally, another e-Petition opened on the April 4th and attracted 3,804 signatures opened on 4th April 2011. The petition statement says:

BRONGLAIS HOSPITAL PETITION/DEISEB YSBYTY BRONGLAIS

We, the undersigned, call upon the Hywel Dda Health Board to review and alter their plans for all services at Bronglais District General Hospital.

Adults and children of Mid Wales deserve excellent health care services. Bronglais Hospital is the key to delivering accessible services to this population.

Whilst welcoming the Minister's recent statement concerning the allocation of £38 million to Bronglais, we would urge that such a development, welcome though it is, must always be seen against the disinvestment in Bronglais over the last few years.

We need immediate action to stop the erosion of services in Mid Wales.

We need increased bed numbers and three new operating theatres meeting modern standards to be built to support local access to safe emergency and elective surgical, trauma, orthopaedics

Petitions about the Temporary Closure of Minor Injuries Units

Tenby Cottage Hospital

6.13 The petition attracted 2,160 signatures. The Petition statement declared:

To Mr Chris Martin and Mr Trevor Purt, Chairman and Chief Executive of Hywel Dda Local Health Board.

We the undersigned are deeply concerned at the decision taken by your organisation to close the Minor Injuries Unit in Tenby Cottage Hospital on 3rd January 2012 and we ask that you urgently rescind this decision and maintain its normal hours of opening for the benefit of this town and the surrounding community of South Pembrokeshire.

Petition to Keep the Minor Injuries Units at South Pembrokeshire and Tenby Open

6.14 The petition attracted 2,551 signatures. The petition statement declared:

Hywel Dda (the health board) have decided to close the Minor Injuries Units at both South Pembs and Tenby, this petition is to show the local residents' disappointment at the removal of these important local medical services, and to request that they are left in operation to give local people easy access to medical care.

Pre-completed Questionnaires

6.15 It was inappropriate to include 48 printed questionnaires in the main analysis of returns because they were identical and pre-printed for respondents to submit – so in this sense, they were not completed by individuals. However, because they all showed strong disagreement with HDdHB on all the key issues, their significance should be recognised – and we have concluded that they are most appropriately considered as forming a petition.

6.16 The 48 questionnaires were all pre-completed to show strong disagreement with all the questions in the HDdHB listening and engagement questionnaire; and they also included standardised, pre-printed comments to all the questions. Condensing the comments into a single 'narrative' yields the following composite text:

I agree that we should provide care more locally, but I am unable to agree with the 80% claimed because the Health Board has given no information on how much this will cost and where the resources to deliver this will come from. Furthermore the Health Board has not defined what it means by local.

I agree that quality and safety of services is important but I cannot agree that the standards selected are appropriate to the needs of a rural health service.

I agree that the ageing population will be a service priority, but the Health Board needs to invest in health promotion and prevention. However the Health Board cannot withdraw resources from acute services to deliver new health management services to such an extent that the population will be penalised by not getting appropriate and timely treatment in an emergency (Golden Hour).

I cannot agree with specialising some services into fewer, fully equipped centres because insufficient evidence has been presented. I am not clear what services need to be centralised and more importantly what the 'knock on' effect on other services would be. I need to know who is providing this advice so I can see if they have a fair and balanced view. I also want to know which professionals are providing the advice, and see any conflicting evidence before being able to assess the credibility of the statement.

Specialised services can be provided as part of a network. Doctors can travel and are often more able to travel than patients who are ill and vulnerable. The health board must remember the important support given to patients by friends and relatives visiting.

The Health Board will have to ensure that patients who have to travel to centralised services are reimbursed their costs e.g. travel, child care and lost income. It is unfair to expect patients to pay for problems which the Health Board has created. People can travel North as well as South to access services.

I agree that services should not be duplicated. I expect the Health Board to arrange services across Mid and South West Wales so that all residents have access to equitable treatment. There is far more duplication along the M4 corridor, whereas there is only one DGH for the Mid Wales region. To meet the requirements of best treatment (Golden Hour) there is scope for rationalisation where hospitals are geographically close, but not where there is only one covering a large area.

Insufficient information has been provided. The Health Board has told us all the things it purports it can't do, whereas many management boards across the world have found safe effective solutions to provide acute care to rural populations. Whoever manages Health Services in Mid Wales needs a positive, creative and equitable approach. The whole approach of the Health Board is negative and unimaginative; but mostly it is simple morally and ethically wrong to penalise the population of Mid Wales. Finally this questionnaire is structured to try to provide answers that support the Health Board's centralising agenda and as such has been hard to complete in any sensible way.

The Need for Interpretation

6.17 The petitions summarised above are clearly important in indicating the scale of public anxiety in Llanelli, Bronglais, Tenby and South Pembrokeshire about important aspects of the clinical services review and the future of the minor injuries units at South Pembrokeshire and Tenby – and the authority will wish to treat them very seriously. Nonetheless, the HDdHB should also consider that petitions can exaggerate general public sentiments if they are organised by highly motivated opponents. In most of these cases, the petitions resulted from well organised local campaigns backed actively by influential newspapers and groups. Certainly, the petitions and other submissions should not be disregarded, for they show a considerable intensity of feeling and indicate the grounds for public opposition; but they should be interpreted in context.

6.18 For example, the petitions are all very local in their focus. There is evidence that many of the people signing the Prince Philip petitions will have based some of their views on the false premise that the hospital currently provides a full Accident and Emergency service. The Welsh Government e-Petition statement says that HDdHB is *planning to downgrade or close the Accident and Emergency services* and adds the emotive appeal that people should sign to *ensure lives are not put at risk.* The Llanelli Star petition statement could be described as a call for loyalty to the town; and it does not correct the popular assumption that Llanelli currently has a full Accident and Emergency service. The Bronglais petitions are fundamentally a call for all major medical and emergency services to be provided locally and a protest about the erosion of important services. The Tenby and South Pembrokeshire petitions reflect understandable local concerns about the loss of facilities. This interpretive perspective certainly does not discredit the petitions, but provides a context within which they should be interpreted.

7. Schedule of Listening and Engagement Activities

Introduction

7.1 The schedule of activities for the listening and engagement process covered a wide range of methods and events across the areas covered by the Hywel Dda Health Board during the period from December 2011 to April 2012. These activities included public drop-in events, staff engagement events (road-shows, focus groups, on-line questionnaires, forums, articles in the 'Voice' staff newsletter), information sharing with key stakeholders (including medical professionals via email and post) discussions and presentation at Community Health Councils, Open Hywel Dda Board meetings and forums. In addition, briefings and presentations were also provided to local Assembly Members, Members of Parliament and special interest groups, including Save Withybush Action Team (SWAT), Save Bronglais Hospital Campaign and Save Our Services Prince Philip Hospital Campaign (SOSPPAN).

Meet the Health Board Sessions and Public Forums

7.2 HDdHB arranged and facilitated 12 Meet the Health Board drop-in sessions and forums with members of the public. These varied in format but essentially gave interested residents the opportunity to ask questions and voice their views about the case for change. The sessions were widely publicised by HDdHB and were well attended. HDdHB facilitated 10 meetings in each of the seven HDdHB localities and two additional groups in Powys:

February 2012

Cardigan (1st February 2012) - 71 attended

Carmarthen (3rd February 2012) - 46 attended

Newport (9th February 2012) - 62 attended

Llanelli (14th February 2012) - 549 attended

Llandybie (16th February 2012) -30 attended

Aberystwyth (22nd February 2012) -225 attended

March 2012

Machynlleth – Powys (5th March 2012) - 128 attended

Llanidloes – Powys (5th March 2012) - 59 attended

April 2012

Carmarthen (19th April 2012) -28 attended

Lampeter (24th April 2012) - 25 attended

Llandovery (26th April 2012) - 16 attended

Saundersfoot (26th April 2012) - 30 attended (approximately).

7.3 Because of their importance, we have briefly summarised the main themes and outcomes (from records kept by HDdHB) below.

General Themes and Arguments

7.4 Despite many concerns, there was some considerable support for the general case for change in some meetings, primarily on the grounds that: resourcing four District General Hospitals is unsustainable; centres of excellence will improve patient outcomes; and care in the community is favoured. That said, the public forums held in Llanelli and Aberystwyth were overwhelming against the HDdHB case for change. Therefore, these groups are reported separately below.

7.5 Despite concerns relating to distance to travel and the impact on patients and visiting families, HDdHB's notes show that the principle of centres of excellence was generally supported.

7.6 Care closer to home was also generally welcomed on the premise that further services will be accessible in the community, some of the main concerns were that:

GP 'out of hours' services are not provided

GPs workloads are currently overstretched – how can they do anymore?

Services are not 'joined-up'

Some services are not available in the Hywel Dda area – Telecare Acute Response Extended GP Services.

7.7 The following recommendations were made:

24 hour community care should be available

Increase the volume of staff working in the community

A greater community role for the District Nurse.

7.8 Emergency services were regarded as essential and therefore reassurance was needed that if emergency surgery is required it would be received at the nearest hospital.

7.9 Some specific issues concerning women and children and mental health were raised

Women and children – Stand-alone midwifery led units are unsafe

Mental health - More services required in the north.

7.10 In some of the events, local issues of concern were raised:

Cardigan – uncertainty over the future of Cardigan hospital

Carmarthen – lack of mental health services

Llandybie – patients have to travel to Ammanford since the closure of the GP surgery – calls for the reinstatement of the surgery.

7.11 Although the listening and engagement process was welcomed, there were some criticisms:

Advertisement – lack of event publicity

Venues – limited space and parking

Time - discriminated against employed people - weekend events preferred.

Llanelli

7.12 This following summary cannot do justice to the acute sense of disapproval and anxiety about the impending clinical services review that was evident in all three of the Llanelli sessions during the listening and engagement event.

7.13 The Llanelli attendees felt that little effort to improve clinical recruitment has been made by HDdHB. In fact, they felt that the prospects for clinical recruitment would improve if a fully functioning Accident and Emergency service existed at Prince Philip.

7.14 While critical of the principle, in general, they supported making Prince Philip a centre of excellence. The care provided at the Breast Care Centre was praised.

7.15 There were concerns that HDdHB has a rural plan for an urban area. Attendees were of the opinion that Llanelli should be treated differently to the rest of Hywel Dda. They favoured 'upgrading' the emergency services currently offered at Prince Philip and were aggrieved that, considering the large patient population, they could be left without a fully functioning Accident and Emergency Unit. Also, Glangwili is already overstretched and deemed unable to deal with further patients who would otherwise attend Prince Philip.

7.16 Ambulance provision was a particular concern and it was suggested that the service is already overstretched leading to long waiting times. It was considered that extra ambulance provision would be required and this would lead to a cost that was not accounted for in the literature.

7.17 The idea of care in the community was regarded with scepticism, due to the recent loss of community health facilities in the area.

7.18 Above all, increases in distances to travel was judged to be wholly unacceptable. It was thought that this would have the greatest impact on the elderly and would have financial implications for all patients and visiting relatives.

7.19 The attendees were highly critical of the listening and engagement process and principally their particular event. Their main criticisms were that:

Audibility – lack of microphones/public address system

Agenda – timekeeping not adhered to – people had to leave

Advertisement – lack of event publicity

Question and answer sessions – audience interruptions and panel not answering questions

Venues – limited space and overcrowding.

Aberystwyth

7.20 As in Llanelli, there was considerable anger and disillusion shown towards the Board at the meeting.

7.21 The Aberystwyth attendees felt little was known concerning the extent to which HDdHB had considered plans for Bronglais in conjunction with Betsi Cadwaladr and Powys Health Boards.

7.22 The idea of care in the community was welcomed, but affordability and sustainability was perceived to be barriers. There was also concern that greater strain would be placed on carers.

7.23 Increased distance to travel was a major concern. It was thought that this would have the greatest impact on the elderly and those without access to transport and would have financial implications for all patients and visiting relatives.

7.24 The Aberystwyth attendees felt that recruitment has been negatively affected due to low levels of staff morale at Bronglais. In fact, they felt that much could be done to make it more attractive for potential recruits.

Machynlleth and Llanidloes

7.25 In addition to the meetings held within the three counties, two listening events were facilitated by Powys Health Board and were held in Machynlleth and Llanidloes. The events were organised following media and community responses to engagement materials published by HDdHB and the specific concerns at the implications for changes to services delivered at the Bronglais hospital in Aberystwyth.

7.26 Their main concerns and arguments were:

Services at Bronglais should be maintained and extended to serve mid Wales particularly given its geographic isolation from other large general hospitals

Travel and transportation distances for patients and visitors will increase

HDdHB had not planned listening events outside of their organisational boundary – and had not taken into account the effect on Powys residents

Service reductions would affect the local economy and discourage people moving into the area

In order to reduce travel and improve access Powys should offer more services locally including: Minor Injury; improved GP out of hours; twilight district nurses; and community hospitals.

Complete Schedule of Key meetings

7.27 The following information outlines the extent of communication and engagement activity that has taken place during key meetings during the listening and engagement phase from December 2011 to the end of April 2012.

Key meetings			
Date	**Time Venue**	**Lead (if relevant)**	**Number of attendees**
3rd January	Briefing Event for Managers	Chair/CEO	50 +
5th January	North Powys Locality Meeting		Not recorded
6th January	Ceredigion Local CHC Meeting		approx 12
9th January	Staff Road-show, Hafan Derwen	1 Independent Member 4 Executive Directors (inc 1 clinical director)	40+
9th January	Therapies & Health Sciences Formal Forum		
9th January	Winch Lane –Meeting with Angela Burns and Paul Davies		2
10th January	Machynlleth Patients Forum		33
11th January	Staff Road-show, Withybush	5 Executive Directors (inc 2 clinical directors) 3 County Management Team (inc 1 senior clinician)	120 +
11th January	Medical Staff Committee		
11th January	10.00am Third Sector Three Counties Listening Event, Bloomfield Hall, Narberth		38
11th January	7.00pm Pembrokeshire GPs Think Tank, Pembroke Dock		15
12th January	Staff Road-show, Bronglais	5 Executive Directors (inc 1 clinical director) 5 County Management Team (inc 3 senior clinicians)	110+
12th January	Pembrokeshire Local CHC Committee		approx 12
13th January	Staff Road-show, Glangwili	4 Executive Directors (inc 1 clinical director) 6 County Management Team (inc 3 senior clinicians)	80+
13th January	Staff Road-show, Prince Philip	1 Independent Member 6 Executive Directors (inc 2 clinical	200+

Key meetings			
Date	**Time Venue**	**Lead (if relevant)**	**Number of attendees**
		directors) 6 County Management Team (inc 3 senior clinicians)	
14th January	Pembrokeshire Collaboration of Town and Community Councils		
16th January	Carmarthenshire Partnership Forum		17
16th January	Ceredigion LSB		13
17th January	Cultural Steering Group		14
17th January	Three Counties Partnership Forum, Prince Philip Hospital		25
!8th January	Community Health Council	Chair CEO	2
18th January	Cardigan Hospital League of Friends / Cardigan Town Council Meeting		40
19th January	1pm - 4pm Carmarthenshire Voluntary Sector HSC&WB Forum		16
19th January	GP Forum		12
24th January	Healthcare Professions Forum		10
24th January	Tregaron Staff Meeting		20
25th January	Meeting with Sosppans Representatives	Chair 3 Executive Directors	3
1st February	11.00am - 6.00pm Meet the Health Board Drop -in Event, The Great Hall, Cardigan	1 Independent Member 2 Executive Directors County Director and 4 other members of the senior county management team 3 Assistant Directors	71
1st February	GP Clinical Think Tank - Carmarthenshire GPs		7
2nd February	10.00 am Halliwell Centre Stakeholder Reference Group / Health Professional Forum		36
3rd February	Ceredigion Consultants Meeting @ Bronglais		
3rd February	11.00am - 6.00pm - Meet the Health Board Drop -in Event, Carmarthen Education Centre, Carmarthen	1 Independent Member 2 Executive Directors County director and 3 other members of the county Management Team (inc the associate medical director) 1 Assistant Director	46
7th February	Pembrokeshire Health Social Care and		8

Key meetings			
Date	**Time Venue**	**Lead (if relevant)**	**Number of attendees**
	Wellbeing Board, County Hall, Haverfordwest		
7th February	Stakeholder Reference Group		14
7th February	Health Board Meeting with SWAT	Chair 3 Directors inc. medical director	3
7th February	Therapies and Health Sciences Formal Forum		
8th February	Carmarthenshire County Council - Members Event		47
9th February	7.00pm Pembrokeshire Town and Community Councils Event, Withybush Conference Centre, Haverfordwest		26
9th February	11.30am - 6.30pm - Meet the Health Board Drop -in Event, Newport Memorial Hall, Newport	2 Independent Member Chair 2 Executive Directors 5 County Management Team (inc county associate medical director) Assistant Directors x3	62
9th February	Meeting with Mr Maxwell consultant	chair	1
10th February	Cardigan GPs Meeting		
13th February	Ceredigion Practice Managers Meeting		
14th February	11.30am - 6.30pm - Meet the Health Board Drop -in Event, Selwyn Samuel Centre, Llanelli	2 Independent Member 5 Executive Directors (inc 1 clinical director) County director and Hospital clinical Director 2 Assistant Directors	549
14th February	Pembrokeshire Third Sector Health Social Care and Wellbeing Forum		
16th February	Ceredigion County Council - Members Event		32 Cllrs 20 public
16th February	12.00pm - 7.00pm - Meet the Health Board Drop -in Event, Llandybie Memorial Hall, Llandybie	3 Independent Member 1 Executive Directors County director and 3 other members of the Management Team 2 assistant directors	30
17th February	Ceredigion Consultants Engagement		40
17th February	Staff Engagement, Prince Philip	2 Independent Members 3 Executive Directors (inc 1	20

Key meetings			
Date	**Time Venue**	**Lead (if relevant)**	**Number of attendees**
		clinical director) 3 County Management Team	
20th February	11.00am - 6.00pm - Meet the Health Board Drop -in Event, Bridge Innovation Centre, Pembroke Dock	1 Independent Member 3 Executive Directors (inc 1 clinical director) 5 County Management Team (inc associate medical director)	49
21st February	Hywel Dda Partnership Forum, Glangwili		
22nd February	11.00am - 6.00pm - Meet the Health Board Drop -in Event, Y Morlan, Aberystwyth	Independent Member 7 Executive Directors (inc 3 clinical directors) County Director and 5 other members of the Management Team (inc 2 associate medical directors, clinical lead for women and children) 3 assistant directors	225
23rd February	Pembrokeshire County Council - Members Event		
23rd February	North Powys GPs		35
24th February	Staff Engagement, Bronglais		60+
24th February	11.00am - 6.00pm - Meet the Health Board Drop -in Event, Withybush Conference Centre, Haverfordwest	2 Independent Member Chair 3 Executive Directors 5 members County Management Team (inc 2 associate medical directorate) 3 assistant directors	85
28th February	South East Pembrokshire Health Network Meeting, New Hedges Memorial Hall, New Hedges		Not recorded
28th February	OT Service Leads Meeting at Withybush		
29th February	Betsi Cadwaladr University Health Board Stakeholder Event, Porthmadog		
29th February	Cardigan Staff Events (x2 Sessions)		
5th March	Band 7 Focus Group, Withybush		6
5th March	Powys Teaching Health Board - Machynlleth Engagement Event	2 executive directors	130
5th March	Powys Teaching Health Board - Llanidloes		70

Key meetings			
Date	**Time Venue**	**Lead (if relevant)**	**Number of attendees**
	Engagement Event	2 executive directors GP associate medical director Ceredigion	
5th March	MSK Outpatients Departments (Llanelli)		
6th March	Meeting with OT / Physio Outpatients and MSK Physio Teams from Withybush and South Pembs		
8th March	Joint Strategy Engagement Session with OTs and Physios at Bronglais		
8th March	Pembrokeshire Local CHC Committee		approx 12
9th March	Ceredigion Local CHC Committee		approx 12
9th March	Carmarthenshire Carers		14
12th March	Band 7 Focus Group, Glangwili		4
13th March	Carmarthenshire Local CHC Committee		approx 12
14th March	Burton Lunch Club, Burton Community Hall		25
15th March	Band 7 Focus Group, Bronglais		9
15th March	Band 8+ Focus Group, Bronglais		7
19th March,	Pembrokeshire Town and Community Councils Event, Withybush Conference Centre, Haverfordwest		26
19th March	Heads of Department Meeting @ Bronglais		
21st March	Aberystwyth Focus Group		12
21st March	Ammanford Focus Group		9
22nd March	Band 7 Focus Group, Prince Philip Hospital		7
22nd March	Ceredigion Town and Community Council Event, Llwyncelyn Memorial Hall		45
22nd March	Llanelli Focus Group		7
22nd March	Lampeter Focus Group		11
23rd March	Planning Meeting with BCUHB / PTHB		
26th March,	Carmarthenshire Town and Community Council Event, St Peters Civic Hall		25
26th March	Meeting with Angel Burns, Paul Davies		2
27th March	Fishguard Focus Group		13
28th March	Llandeilo Focus Group		11
28th March	Milford Haven Focus Group		13
30th March	Mental Health Clinical Services Strategy Workshop Event, Halliwell, Carmarthen		
30th March	Meeting with ABER	Chair 2 Executive directors inc medical director County director	1 +others

Key meetings			
Date	**Time Venue**	**Lead (if relevant)**	**Number of attendees**
30th March	Meeting with Elin Jones	chair	1
11th April	2.00pm - 8.00pm Meet the Health Board Event, Rhys Pritchard Memorial Hall, Llandovery	2 Independent Member 4 Executive Directors County director and 3 other members of the Management Team 3 assistant directors	16
16th April	Therapies and Health Sciences Formal Forum		
19th April	2.00pm - 8.00pm Meet the Health Board Event, St Peters Civic Hall, Carmarthen	5 Executive Directors County Director and 3 other members of the Management Team (inc associate medical director) 2 assistant directors	28
20th April	Hywel Dda Partnership Forum, Bronglais		
23rd April	Band 8+ Focus Group, Withybush		8
24th April	2.00pm - 8.00pm Meet the Health Board Event, Arts Hall, Lampeter	2 Executive Directors County director and 4 other members of Management Team 2 assistant directors	25
26th April	2.00pm - 8.00pm Meet the Health Board Event, Regency Hall, Saundersfoot	2 Executive Directors 4 County Management Team members (inc associate medical director) 2 assistant directors	28
27th April	Band 8+ Focus Group, Prince Philip		7
30th April	Junior Doctors and Middle Grade, Glangwili		1
30th April	Band 8+ Focus Group, Glangwili		3

Staff Engagement and Communication Activities

7.28 The following information outlines staff communication and engagement activity that has taken place during the listening and engagement phase from December 2011 to the end of April 2012.

Staff Engagement and Communication Activity				
Staff Events/Groups		**Method(s)**	**Leads (if relevant)**	**Reach**
All the below are in addition to meetings held locally by managers of specific services with their staff and teams.				
19/12/11	Launch of engagement period announced		Chair Chief Executive Board Director – Clinical Services	
	Intranet	Documents and DVD live on Intranet and Internet with details on how to feed back		approx 10,000
	Team Brief	Team Brief issued for all staff via Hywel Dda Today global email (for face to face cascade via managers)		approx 10,000
03/01/12	Briefing Event – Senior Managers	Briefing Event held for Senior Managers		50+
ongoing	Chairman's Blog	Ongoing via Intranet (link issued weekly via Hywel Dda Today global email)		No. of Hits: 1395 Dec 1478 Jan 1495 Feb 1129 Mar 1314 Apr
09/01/12	Staff Road-show – Hafan Derwen	Presentation, question and answer session	1 Independent Member 4 Executive Directors (inc. director of Clinical Services)	40+ staff
	Therapies and Health Sciences Formal Forum	Presentation, question and answer session		14
11/01/12	Staff Road-show – Withybush	Presentation, question and answer session	5 Executive Directors (inc 2 clinical directors) 3 County Management Team (inc 1 senior clinician)	120+ staff

Staff Engagement and Communication Activity				
Staff Events/Groups		**Method(s)**	**Leads (if relevant)**	**Reach**
	Medical Staff Committee (Ceredigion)	Presentation, question and answer session		*
12/01/12	Road-show – Bronglais	Presentation, question and answer session	5 Executive Directors (inc 1 clinical director) 5 County Management Team (inc. 3 senior clinicians)	110+ staff
13/01/12	Road-show – Glangwili	Presentation, question and answer session	4 Executive Directors (inc clinical director) 6 County Management Team (inc 3 senior clinicians)	80+ staff
	Road-show – Prince Philip	Presentation, question and answer session	1 Independent Member 6 Executive Directors (inc 2 senior clinicians) 6 County Management Team (inc 3 senior clinicians)	200+ staff
16/01/12	Carmarthenshire Partnership Forum	Presentation, question and answer session		17
17/01/12	Culture Steering Group	Presentation, question and answer session		14
	Three Counties Partnership Forum	Presentation, question and answer session		28
24/01/12	Healthcare Professionals Forum	Presentation, question and answer session		10
	Tregaron Staff Meeting	Presentation, question and answer session		20
26/01/12	Health Board meeting	Chairman's Update to Board		30+
02/02/12	Stakeholder Reference Group / Health Professional Forum / CAAG	Event		36

Staff Engagement and Communication Activity				
Staff Events/Groups		**Method(s)**	**Leads (if relevant)**	**Reach**
03/02/12	Ceredigion Consultants' meeting (Bronglais)	Presentation, question and answer session		*
w/c 30/01/12	Team Brief	Team Brief issued for all staff via Hywel Dda Today global email (for face to face cascade via managers)		approx 10,000 staff
w/c 06/02/12	Hywel's Voice Staff Newsletter	Bilingual staff newsletter, issued electronically and limited paper versions across sites		2200 hard copy approx 10,000 staff electronic
17/02/12	Ceredigion Consultants' Engagement	Presentation, question and answer session		40
17/02/12 Road-show – Prince Philip	Road-show – Prince Philip	Additional event arranged to accommodate staff unable to attend first 20	2 Independent Members 3 Executive Directors (inc 1 clinical director) 3 County Management Team	20
21/02/12	HDdHB Partnership Forum	Meeting		approx 25
w/c 20/02/12 Stakeholder Briefing		Stakeholder Briefing issued via email to wide range of stakeholders, including staff Internet Intranet (staff) Local Media AM/MPs CHC Members – via CHC PA Stakeholder Reference Group Healthcare Professionals Forum – via Planning PA GP Practice Managers Third Sector contacts – via PPE		approx 10,000 10+ 14

Staff Engagement and Communication Activity				
Staff Events/Groups		**Method(s)**	**Leads (if relevant)**	**Reach**
20/02/12 Hywel Dda Partnership Forum, Glangwili		Meeting		
24/02/12 Staff Engagement (Bronglais)		Meeting		60+
28/02/12 OT Service Leads Meeting, Withybush		Meeting		
29/02/12 Cardigan Staff Events (x2 sessions)		Staff Events		
05/03/12	Healthcare Professionals Forum	Meeting		12
05/03/12 Staff Focus Group (Withybush)		Focus Group		6 members of staff (band 7)
05/03/12 MSK Outpatients Departments (Llanelli)		Meeting		
06/03/12 Meeting with OT / Physio Outpatients and MSK Physio Teams from Withybush and South Pembs Hospitals		Meeting		
08/03/12 Joint Strategy Engagement Sessions with OTs and Physios, Bronglais		Meeting		

Staff Engagement and Communication Activity				
Staff Events/Groups		**Method(s)**	**Leads (if relevant)**	**Reach**
12/03/12 Staff Focus Group (Glangwili)		Focus Group		4 members of staff (band 7)
15/03/12 Staff Focus Group (Bronglais)		Focus Groups		Band 7 and under- 9 members of staff Band 8+ - 7 members of staff
w/c 19/03/12	Stakeholder Briefing	Stakeholder Briefing issued via email to wide range of stakeholders, including staff Internet Intranet (staff) Local Media AM/MPs CHC Members – via CHC PA Stakeholder Reference Group Healthcare Professionals Forum – via Planning PA GP Practice Managers Third Sector contacts – via PPE		approx 10,000 10+ 14
09/03/12 Heads of Department Meeting @ Bronglais		Meeting		
22/03/12 Staff Focus Group (Prince Philip)		Focus Group 7 members of staff (band 7)		Focus Group 7 members of staff (band 7)
w/c 19/03/12	Payslip message	Payslip message to all staff		approx 10,000
w/c 26/03/12	Team Brief	Team Brief issued for all staff via Hywel Dda Today global email (for face to face cascade via managers)		approx 10,000

Staff Engagement and Communication Activity				
Staff Events/Groups		**Method(s)**	**Leads (if relevant)**	**Reach**
w/c 09/04/12	Hywel's Voice Staff Newsletter	Bilingual staff newsletter, issued electronically and limited paper versions across sites		2200 hard copy approx 10,000 staff electronic
20/04/12	Hywel Dda Partnership Forum, Bronglais	Meeting		24
w/c 23/04/12	Stakeholder Briefing	Stakeholder Briefing issued via email to wide range of stakeholders, including staff Internet Intranet (staff) Local Media AM/MPs CHC Members – via CHC PA Stakeholder Reference Group Healthcare Professionals Forum – via Planning PA GP Practice Managers Third Sector contacts – via PPE		approx 10,000 10+ 14
23/04/12 Staff Focus Group (Withybush)		Focus Group		8 members of staff (band 8 and above)
27/04/12 Staff Focus Group (Prince Philip)		Focus Group		7 members of staff
30/04/12 Staff Focus Group (Glangwili)		Focus Group		3 members of staff(Band 8 and above)
30/04/12 Staff Focus Group (Glangwili)		Focus Group		1 member of staff (medical)

Key Stakeholder Engagement and Communication Activity

7.29 The following information outlines communication and engagement activity that has taken place during the listening and engagement phase from December 2011 to the end of April 2012.

Key stakeholder engagement and communication activity		
Stakeholder	**Method(s)**	**Reach**
AMs	Email which included an introduction to the Engagement Process with links to the Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	12
	1-2-1 meetings with the Chairman	
	Invitations to Meet the Health Board Events	
	Copies of the documents and questionnaires provided for Nia Griffith and Keith Davies	130
	Copies of the documents and questionnaires provided for Angela Burns	30
MPs	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	5
	1-2-1 meetings with Chairman	
	Copies of the documents and questionnaires provided for Nia Griffith and Keith Davies	130
AMs / MPs (Neighbouring Counties)	Email which included an introduction to the Engagement Process with links to the Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	3
	Copies of the documents and questionnaires provided for Nia Griffith and Keith Davies	130
	Invitation to Meet the Health Board events	
Air Ambulance	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	3
Community Health Councils	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	9
	Regular briefings/updates at each of the three Hywel Dda Locality CHC meetings	
	Presentations/discussion at CHC Planning Committee meetings	
	Updates at Health Board Public Board meetings	
	Meet the Health Board Events	
	Stakeholder Reference Group	
	Third Sector Events	

Key stakeholder engagement and communication activity		
Stakeholder	**Method(s)**	**Reach**
	Detailed correspondence	
Deanery	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events. The Deanery forwarded the email to relevant individuals.	1
GPs	Email and Postal Pack sent which included introduction/ introduction letter, Discussion Document, Questionnaire and a Poster of Events.	55
	County meetings between Directors and GPs	
	Additional copies of documentation and posters were hand delivered to GP Practices	
Local Authority (staff)	Post. The postal pack contained a letter, discussion Document, Questionnaire and a Poster of the Events.	82
Local Service Boards	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	3
LMC	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events. LMC lead forwarded email to relevant individuals.	**2**
Neighbouring LHBs	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	6
	The Health Board attended an engagement event at Porthmadog, South Gwynedd	
	The Health Board attended an engagement event at Machynlleth and Llanidloes, Powys	
Welsh Ambulance Service Trust	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	10
	Represented at Meet the Health Board events	
Welsh Health Estates	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	1
50+ Forums	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	3

Key stakeholder engagement and communication activity		
Stakeholder	**Method(s)**	**Reach**
Children & Young People Partnerships	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**3**
	Follow up email, offering discussions with Clinical Lead for Paediatrics	
Carers	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events (to Carers Officer in each county).	3
	Email inviting comments to the Ceredigion Carer Alliance Circulation List and update regarding events-	50
	Email inviting comments and update regarding events to the Carers Group Contacts, Pembrokeshire	37
	Presentation to Carmarthenshire Carers -	14
CVCs (CAVS, CAVO & PAVS)	Email to Directors which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	3
Guides/Brownies	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	1
Colleges & Universities	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	6
Communities First	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	9
Disability Coalition	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	**1**
Federation of WIs	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	3
Merched y Wawr	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	101

Key stakeholder engagement and communication activity		
Stakeholder	**Method(s)**	**Reach**
Farmers Union	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	3
Health & Social Care Voluntary Groups	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	3
	Third Sector Three Counties Listening Event	
	Cascading of information by Health Social Care and Wellbeing Facilitators to their existing health and social care networks	350+ groups
	Carmarthenshire Health Social Care and Wellbeing Forum	16
	Pembrokeshire Third Sector Health Social Care and Wellbeing Forum	
Housing Association	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	9
League of Friends	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	7
	Discussion with Cardigan Hospital League of Friends / Cardigan Town Council Meeting	40
Local County Councillors	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	167
	Presentation to Members at Carmarthenshire County Council	47
	Presentation to Members at Ceredigion County Council	32 Councillors 20 public
	Presentation to Members at Pembrokeshire County Council	30
Menter Iaith	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	5
Nursing Homes / Care Homes	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	20
Family Centres	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	23
Pharmacists	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	103

Key stakeholder engagement and communication activity		
Stakeholder	**Method(s)**	**Reach**
Polish Community	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	1
St John Ambulance	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	1
Scouts	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	1
Siarad Iechyd /Talking Health Members	Email and Post. Email and Postal Pack sent which included introduction / introduction letter, Discussion Document, Questionnaire and a Poster of Events.	440
Secondary Schools	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events	28
Transgender	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	3
Town & Community Councils	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events. These were sent to all Town and Community Councils in Carmarthenshire, Ceredigion and Pembrokeshire as well as neighbouring Town and Community Councils in south Gwynedd and north Powys	201
	- Presentation to Town and Community Councillors in Carmarthenshire -	25
	- Presentation to Town and Community Councillors in Ceredigion -	45
	- Presentation to Town and Community Councillors in Pembrokeshire -	26
Voluntary Organisations providing services under SLAs	Email / Post which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	26
Women's Aid	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events	5
Coast Guard	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	1

Key stakeholder engagement and communication activity		
Stakeholder	**Method(s)**	**Reach**
General Public	Distribution of the Case for Change pamphlet and DVD to all households across the three counties and neighbouring areas who access health services from Hywel Dda Health Board,	180,000 households were targeted.
	Discussion documents available on –line. Hits to the home page for Your Health Your Future	Over 7,000
	Hard copies of the documents available at Libraries, GP surgeries etc	
	12 Meet the Health Board Events across the three counties	1,214
	7 Public focus groups -	76
	Completion of the online questionnaire -	Interim total - 736
	Completion of postal questionnaires -	Interim total - 285
Dentists	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	52
Fire Brigade Service	Email which included an introduction to the Engagement Process with links to Hywel Dda Engagement website, Discussion Document, Questionnaire and a Poster of Events.	1
Libraries	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	41
Opticians	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	64
Police	Email. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	1
RNLI	Post. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	4
Refineries	Email. The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	2
Steel Works	Email . The postal pack contained a letter, Discussion Document, Questionnaire and a Poster of the Events.	1

Political Engagement Events and Key Meetings

Political Engagement activity	
Date	**Attendees**
5 Apr 11	St David's Town Council Cllr Glenis James Mrs Pat Goddard Cllr Stephanie Halse Cllr Christopher Taylor
23 May 11	Tenby Town Council Cllr Caroline Thomas Cllr Lawrence Blackhall Julie Evans
20 Jun 11	Neyland Town Council Town Clerk Cllr Jonathan Llewellyn Mrs Margaret Brace Cllr Wilson
20 Jun 11	Pembroke Town Council Cllr Christine Gwyther Cllr Andrew McNaughton Moira Saunders Town Clerk
17 Aug 11	Keith Davies AM Nia Griffiths MP
5 Sep 11	Elin Jones, AM
10 Oct 11	Angela Burns AM Paul Davies AM
10 Oct 11	Joyce Watson AM
24 Oct 11	Elin Jones AM
7 Nov 11	Keith Davies AM
7 Nov 11	Fishguard & Goodwick Town Council Cllr. Mrs M Stringer (Deputy Mayor) Cllr Owen James Cllr Richard Grosvenor Cllr Bob Wheatley
14 Nov 11	Rhodri Glyn Thomas AM
14 Nov 11	Simon Thomas AM
25 Nov 11	Simon Hart MP
14 Dec 11	Mark Williams MP
9 Jan 12	Angela Burns AM Paul Davies AM
25 Jan 12	SOSPPAN Deryk Cundy Bryan Hitchman Tony Flatley
7 Feb 12	SWAT Dr Overton Dr Milewski
26 Mar 12	Paul Davies AM Angela Burns AM

Political Engagement activity	
Date	**Attendees**
30 Mar 12	Board of Aber Group (including Elin Jones AM)
30 Mar 12	Elin Jones AM
2 Apr 12	Kirsty Williams AM William Powell AM
30 Apr 12	Joyce Watson AM
1 May 12	SOSPPAN Derek Cundy Brian Hitchman Louvain Roberts Tony Flatley Haydn Jones
2 May 12	Maria Battle AM

Details of media activity

7.30 The following information outlines the extent of media activity that has taken place during the Listening and Engagement phase (December 2011 to the end of April 2012).

Please note:

Key: GOLD proactive press releases and broadcast interviews provided by the Health Board

CLEAR coverage in print media

Reach figures are based on average audience/reader figures where they are available and are detailed in their first mention only in the table below. It is not possible to provide a total figure as audiences may cross media outlets. However, these figures demonstrate that information about the listening and engagement exercise have potentially reached a very large proportion of our total population (180,000).

Media Activity & Reach		
Date	**Activity**	**Estimated Reach**
19.12.11	**Media launch** - **press release** and supporting documentation sent to all media contacts (local, regional and national media). Interviews taken up by: Western Telegraph, Cambrian News, Carmarthen Journal/Llanelli Star/South Wales Evening Post, Western Mail. Interview spokesperson provided to BBC for on-camera interviews. Resulting coverage captured below.	
20.12.11 –	**Interview** (Phil Kloer) with BBC 1 Wales Today (English television news) and S4C Newyddion (Welsh news)	**273,000** (Average audience Wales Today BARB 2010/11) **18,000** (Average audience Neywddion ACW 2010/11)
21.12.11	Western Telegraph • 2 articles (front page)	**19,582** (ABC readership July-Dec 2011)
21.12.11	Llanelli Star • 3 articles (front page + editorial comment)	**12,996** (ABC readership July-Dec 2011)
21.12.11	South Wales Evening Post • 1 article (front page)	**38,364** (ABC readership July-Dec 2011)
21.12.11	Carmarthen Journal • 1 article	**16,408** (ABC readership July-Dec 2011)
21.12.11	**Interview** (Linda Williams) with Radio Cymru for news through the day	**153,000** (Radio Cymru average weekly reach RAJAR 2011)
22.12.11	Western Mail • 1 article	**25,898** (ABC readership July-Dec 2011)
22.12.11	Cambrian News • 4 articles (page spread)	**63,000** (Papers own figures)
22.12.11	Milford Mercury • 1 article (front page)	**3,515** (ABC readership July-Dec 2011)
27.12.11	South Wales Evening Post • 1 article (front page)	**38,364** (ABC readership July-Dec 2011)
27.12.11	Tivyside Advertiser • 1 article	**6,719** (ABC readership July-Dec 2011)

Media Activity & Reach		
Date	**Activity**	**Estimated Reach**
28.12.11	Carmarthen Journal • 4 article, (page spread and editorial comment)	**16,408** (ABC readership July-Dec 2011)
29.12.11	Cambrian News • 3 articles	**63,000** (Papers own figures)
30.12.11	Tenby Observer • 1 article	**8,000** (Papers own figures)
January	**Interview** Nicola O'Sullivan with Town and County Broadcasting (Radio Carmarthenshire, Ceredigion, Pembrokeshire, Scarlet FM)	**278,000 (17 per cent)** (Average audience RAJAR)
04.01.12	Western Telegraph • 1 article (front page)	**19,582** (ABC readership July-Dec 2011)
05.01.12	Cambrian News • 4 articles	**63,000** (Papers own figures)
11.01.12	Llanelli Star • 8 articles (page spread and editorial comment)	**12,996** (ABC readership July-Dec 2011)
11.01.12	Western Telegraph • 1 article	**19,582** (ABC readership July-Dec 2011)
12.01.12	Cambrian News • 7 articles (page spread and editorial comment)	**63,000** (Papers own figures)
13.01.12	South Wales Evening Post • 1 article (front page)	**38,364** (ABC readership July-Dec 2011)
16.01.12	**Live broadcast** from Glangwili Hospital with Radio Cymru Post Cyntaf programme	**40,000** (Post Cyntaf average audience ACW 2010/11)
17.01.12	**Press release x 3** county versions - Health event dates reminder	
18.01.12	Western Telegraph • 1 article	**19,582** (ABC readership July-Dec 2011)
18.01.12	Llanelli Star • 12 articles (front page, double page spread, editorial)	**12,996** (ABC readership July-Dec 2011)
19.01.12	Cambrian News • 5 articles (page spread, editorial comment)	**63,000** (Papers own figures)
19.01.12	**Interview** (Mr Jeremy Williams) with ITV Wales Tonight	**148,000** (Average audience Wales Tonight ITV Media 2010)
20.01.12	**Press release** – Doctors come to a living room near you (DVD)	
24.01.12	South Wales Evening Post • 1 article	**38,364** (ABC readership July-Dec 2011)
24.01.12	Tivyside Advertiser • ADVERT meet the health board	**6,719** (ABC readership July-Dec 2011)
25.01.12	Llanelli Star • 11 articles (front page, page spread, editorial)	**12,996** (ABC readership July-Dec 2011)
25.01.12	Western Telegraph • 3 article • ADVERT meet the health board	**19,582** (ABC readership July-Dec 2011)

Media Activity & Reach		
Date	**Activity**	**Estimated Reach**
26.01.12	Milford Mercury • ADVERT meet the health board	**3,515** (ABC readership July-Dec 2011)
27.01.12	Tenby Observer • 1 article	**8,000** (Papers own figures)
31.01.12	Tivyside Advertiser • 2 articles	**6,719** (ABC readership July-Dec 2011)
01.02.12	Carmarthen Journal • ADVERT meet the health board • 1 article (comment)	**16,408** (ABC readership July-Dec 2011)
01.02.12	Llanelli Star • ADVERT meet the health board	**12,996** (ABC readership July-Dec 2011)
01.02.12	South Wales Evening Post • 1 article • ADVERT meet the health board	**38,364** (ABC readership July-Dec 2011)
02.02	**Statement** for broadcast programme on Sharp End ITV	**Figures not available**
02.02	**Interview** (Tony Chambers) for BBC 1 Wales Today and ITV Wales Tonight	**273,000** (Average audience Wales Today BARB 2010/11) **148,000** (Average audience Wales Tonight ITV Media 2010)
02.02.12	South Wales Evening Post • 1 article	**38,364** (ABC readership July-Dec 2011)
02.02.12	Cambrian News • 8 articles (page spread, comment, editorial) • ADVERT meet the health board	**63,000** (Papers own figures)
06.02.12	**Interview** with spokespersons (Linda Williams, John Edwards, Duncan Williams, Carys Morgan) for Radio Cymru Manylu	**153,000** (Radio Cymru average weekly reach RAJAR 2011)
06.02	**Statement** to S4C Yr Bed a Bedwar	**Figures not available**
07.02.12	**Press release** – Meet the Health Board events	
07.02.12	South Wales Evening Post • 1 article	**38,364** (ABC readership July-Dec 2011)
08.02.12	Llanelli Star • 12 article (front page, editorial comment)	**12,996** (ABC readership July-Dec 2011)
09.02.12	Cambrian News • 8 articles (front page, comment)	**63,000** (Papers own figures)
09.02.12	South Wales Evening Post 1 article	**38,364** (ABC readership July-Dec 2011)
10.02.12	**Press release** – Listening and engagement continues (lobby groups, council meetings) issued to media	

Media Activity & Reach		
Date	**Activity**	**Estimated Reach**
10.02.12	**Interview** (Tony Chambers) ITV Wales Tonight	**148,000** (Average audience Wales Tonight ITV Media 2010)
10.02.12	**Letter to Editor** from AMD to Llanelli Star	
10.02.12	South Wales Evening Post • 1 article	**38,364** (ABC readership July-Dec 2011)
10.02.12	Tenby Observer • 1 article	**8,000** (Papers own figures)
13.02.12	South Wales Evening Post • 1 article (front page)	**38,364** (ABC readership July-Dec 2011)
13.02.12	**Letter to Editor x 2** from Chairman to Tivyside, Western Telegraph	
15.02.12	Llanelli Star • 9 articles (page spread, editorial comment)	**12,996** (ABC readership July-Dec 2011)
15.02.12	Western Telegraph • 6 articles (front, editorial)	**19,582** (ABC readership July-Dec 2011)
16.02.12	**Interview** (Trevor Purt) with BBC 1 Wales Today and S4C Newyddion	**273,000** (Average audience Wales Today BARB 2010/11) **18,000** (Average audience Neywddion ACW 2010/11)
16.02.12	Cambrian News • 10 articles (double page spread)	**63,000** (Papers own figures)
17.02.12	**Letter to Editor x 5**from Chairman to Llanelli Star/Carmarthen Journal/Evening Post, Ammanford Guardian, Cambrian News	
17.02.12	**Letter to Editor** from Medical Director to Cambrian News	
18.02.12	South Wales Evening Post • 1 article (front page)	**38,364** (ABC readership July-Dec 2011)
20.02.12	South Wales Evening Post • 1 article	**38,364** (ABC readership July-Dec 2011)
21.02.12	South Wales Evening Post • 2 article	**38,364** (ABC readership July-Dec 2011)
21.02.12	Tivyside Advertiser • Letter from Chairman of Hywel Dda Health Board • 1 article	**6,719** (ABC readership July-Dec 2011)
22.02.12	**Clinical Services Strategy Stakeholder Briefing** sent to all media contacts	
22.02.12	Carmarthen Journal • Letter from Chairman of Hywel Dda Health Board	**16,408** (ABC readership July-Dec 2011)
22.02.12	Llanelli Star • 11 articles (double page spread)	**12,996** (ABC readership July-Dec 2011)
22.02.12	Western Telegraph • 1 article • Letter from Chairman of Hywel Dda Health Board	**19,582** (ABC readership July-Dec 2011)
23.02.12	Western Mail • 1 article	**25,898** (ABC readership July-Dec 2011)

Media Activity & Reach		
Date	**Activity**	**Estimated Reach**
23.02.12	Cambrian News • 4 articles (page spread, editorial) • Letter from Medical Director of Hywel Dda Health Board	**63,000** (Papers own figures)
24.02.12	**Press releases** – Llanelli voices are being heard	
27.02.12	**Press release** – Becoming a wellness service (Ceredigion ART team)	
28.02.12	Tivyside Advertiser • 3 articles	**6,719** (ABC readership July-Dec 2011)
29.02.12	**Interview** (Kathryn Davies) for Radio Wales phone-in and news and BBC 1 Wales Today	**468,000** (Radio Wales weekly reach of RAJAR 2011)
29.02.12	Western Telegraph • 1 article	**19,582** (ABC readership July-Dec 2011)
29.02.12	Llanelli Star • 11 articles (front page, page spread, editorial)	**12,996** (ABC readership July-Dec 2011)
01.03.12	Cambrian News • 11 articles (front page, double page spread, editorial, comment)	**63,000** (Papers own figures)
02.03.12	**Press release** – Health Board will listen for longer	
02.03.12	South Wales Evening Post • 1 article (front page)	**38,364** (ABC readership July-Dec 2011)
03.03.12	Western Mail • 1 article	**25,898** (ABC readership July-Dec 2011)
05.03.12	**Press release x 2** – Becoming a wellness service (Carmarthenshire and Pembrokeshire ART case study)	
06.03.12	Western Mail • 1 article	**25,898** (ABC readership July-Dec 2011)
07.03.12	Llanelli Star • 14 articles (double page spread, editorial, comment)	**12,996** (ABC readership July-Dec 2011)
08.03.12	South Wales Evening Post • 1 article (front)	**38,364** (ABC readership July-Dec 2011)
08.03.12	Cambrian News • 9 articles (front, double page spread, editorial)	**63,000** (Papers own figures)
09.03.12	South Wales Evening Post • 1 article (front)	**38,364** (ABC readership July-Dec 2011)
14.03.12	Western Telegraph • 2 articles	**19,582** (ABC readership July-Dec 2011)
14.03.12	Carmarthen Journal • 1 article	**16,408** (ABC readership July-Dec 2011)
14.03.12	Llanelli Star • 11 articles (front, double page spread, editorial)	**12,996** (ABC readership July-Dec 2011)
16.03.12	**Press release** – State of the heart new treatment (PPCI demonstrating value of specialist services)	

Media Activity & Reach		
Date	**Activity**	**Estimated Reach**
17.03.12	South Wales Evening Post • 1 article	**38,364** (ABC readership July-Dec 2011)
19.03.12	**Press release** – New Meet the Health Board event dates announced	
19.03.12	**Press release** – Road testing improvements for non-emergency transport	
20.03.12	Tivyside Advertiser • 1 article	**6,719** (ABC readership July-Dec 2011)
21.03.12	Llanelli Star • 6 articles (page spread, editorial)	**12,996** (ABC readership July-Dec 2011)
21.03.12	Western Telegraph • 3 articles	**19,582** (ABC readership July-Dec 2011)
23.03.12	**Press release** – Caring for sick and premature babies	
28.03.12	Western Telegraph • 1 article	**19,582** (ABC readership July-Dec 2011)
28.03.12	Llanelli Star • 9 articles (front page, page spread, editorial)	**12,996** (ABC readership July-Dec 2011)
29.03.12	Milford Mercury • 1 article	**3,515** (ABC readership July-Dec 2011)
29.03.12	Cambrian News • 6 articles (double page spread)	**63,000** (Papers own figures)
30.03.12	**Clinical Services Strategy Stakeholder briefing** sent to media contacts	
30.03.12	**Interview** (Iain Robertson steel) for BBC 1 Wales Today	
30.03.12	South Wales Evening Post • 1 article	**38,364** (ABC readership July-Dec 2011)
30.03.12	Western Mail • 1 article	**25,898** (ABC readership July-Dec 2011)
03.04.12	**Press release** – Health Board ambition for Bronglais as regional centre	
04.04.12	Western Telegraph • 1 article • ADVERT meet the health board	**19,582** (ABC readership July-Dec 2011)
04.04.12	Llanelli Star • 7 articles (front page, page spread, editorial) • ADVERT meet the health board	**12,996** (ABC readership July-Dec 2011)
04.04.12	Carmarthen Journal • ADVERT meet the health board	**16,408** (ABC readership July-Dec 2011)
04.04.12	South Wales Evening Post • ADVERT meet the health board	**38,364** (ABC readership July-Dec 2011)
04.04.12	**Press release** – Case for change leaflet and DVD	
05.04.12	Cambrian News • 3 articles • ADVERT meet the health board	**63,000** (Papers own figures)
06.04.12	Tenby Observer • ADVERT meet the health board	**8,000** (Papers own figures)

Media Activity & Reach		
Date	**Activity**	**Estimated Reach**
09.04.12	Ammanford Guardian • ADVERT meet the health board	**5,837** (ABC readership July-Dec 2011)
10.04.12	South Wales Evening Post • 1 article	**38,364** (ABC readership July-Dec 2011)
11.04.12	Western Telegraph • 1 article	**19,582** (ABC readership July-Dec 2011)
11.04	Llanelli Star • 5 articles (page spread)	**12,996** (ABC readership July-Dec 2011)
19.04.12	Milford Mercury • 1 article	**3,515** (ABC readership July-Dec 2011)
23.04.12	**Press release** – Final call to Meet the Health Board	
23.04.12	**Interview** with Town and County Broadcasting (Delyth Evans)	**278,000 (17 per cent)** (Average audience RAJAR)
25.04.12	Llanelli Star • 5 articles	**12,996** (ABC readership July-Dec 2011)
25.04.12	South Wales Evening Post • 1 article	**38,364** (ABC readership July-Dec 2011)
25.04.12	Western Telegraph • 1 article	**19,582** (ABC readership July-Dec 2011)
27.04.12	Clinical Services Strategy Stakeholder briefing sent to all media contacts.	

Distribution List – Paper Copies

Paper Copies of the Discussion Document and Questionnaires sent to the following across Carmarthenshire, Ceredigion and Pembrokeshire.

50+ Forum Representatives

Carmarthenshire County Council (Executives, Heads of Departments and Managers)

Ceredigion County Council (Executives, Head of Departments and Managers)

Community Health Councils

Coastguard

Community Hospitals

County Councillors

Dentists

Family Centres

Farmers Unions

GPs

GP Practices

Guides and Brownies

Health Centres

Hospitals – Bronglais, Glangwili, Prince Philip and Withybush

League of Friends

Libraries

Local Medical Committee

Mental Health & Learning Disabilities Centres

Neighbouring Health Boards

Nursing/Care Homes

Opticians

Pembrokeshire County Council (Executives, Heads of Departments and Managers)

Pharmacists

RNLI

Scout Association

Town and Community Councils

Women's Institutes

Distribution List - Electronic copies of the Discussion Document and Questionnaires sent to the following across Carmarthenshire, Ceredigion and Pembrokeshire:

BME Communities (three counties)

Carmarthenshire Association of Voluntary Services (CAVS)

Carmarthenshire Disability Coalition for Action

Ceredigion Association of Voluntary Organisations (CAVO)

Colleges

Communities First

Dyfed-Powys Police

Health & Social Care Voluntary Groups

Housing Associations

Llanelli Multicultural Network

Local Service Boards

Menter Cwm Gwendraeth

Mid & West Wales Fire Rescue Service

Oil Refineries

Pembrokeshire Association of Voluntary Services (PAVS)

Polish Welsh Association

Politicians (AMs, Regional AMs and MPs)

Practice Managers

Secondary Schools

Siarad Iechyd/Talking Health Members

St John's Ambulance

Support Groups

Trans-G.I.S.T. (three counties)

The Deanery

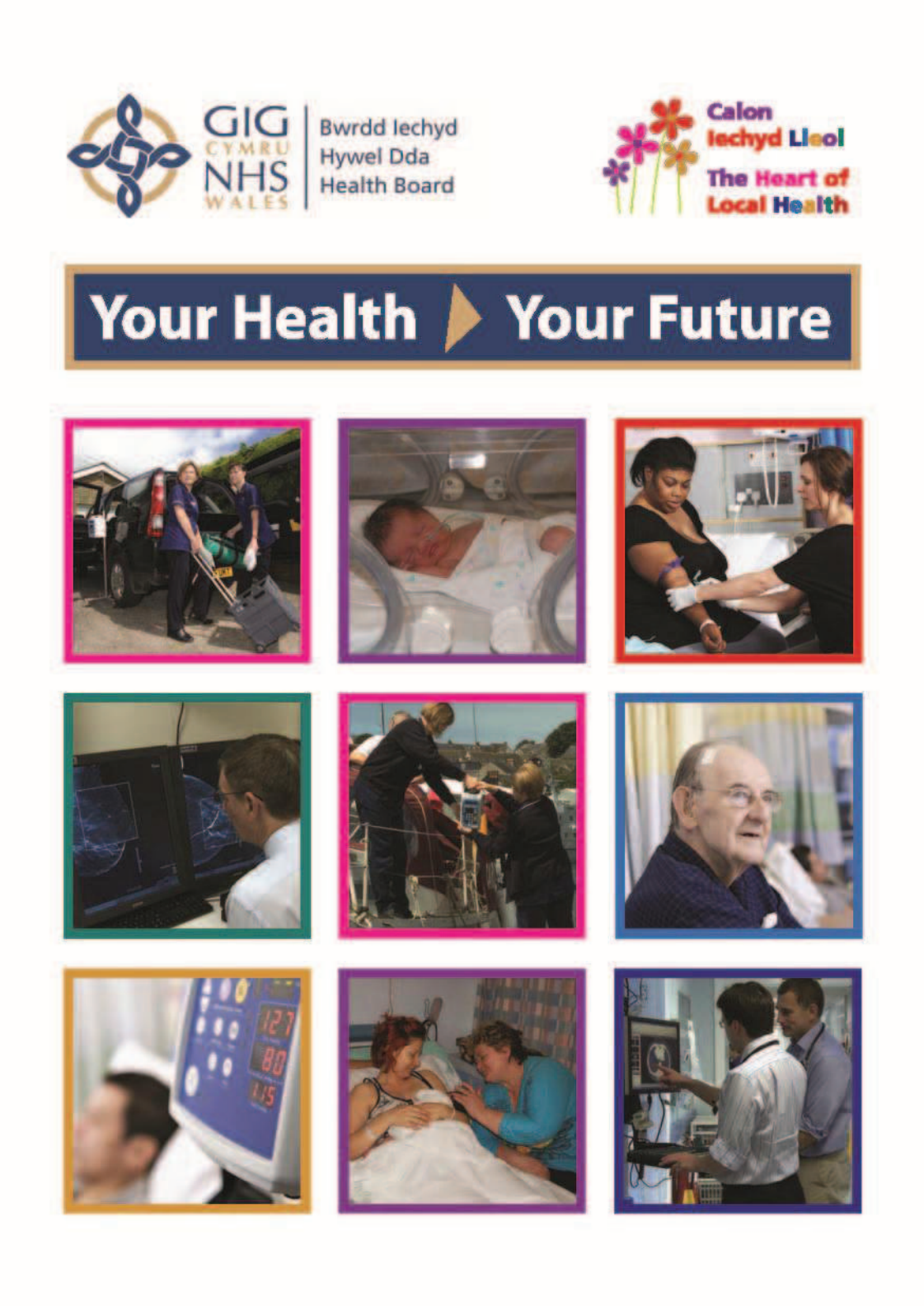
Universities

Wales Air Ambulance

Welsh Ambulance Service Trust

Welsh Health Estates

Young Farmers


GIG CYMRU NHS WALES
Bwrdd Iechyd Hywel Dda Health Board
Calon Iechyd Lleol
The Heart of Local Health
Your Health Your Future

The NHS is changing…

Hywel Dda Health Board has a responsibility to provide all the necessary healthcare services for Carmarthenshire, Ceredigion and Pembrokeshire and to improve the health and wellbeing of our population.

The Health Board needs to change the way it delivers care and is therefore entering a period of engagement with you, our local population, and our staff. This exercise will enable us to discuss with you the current position, the reasons for change, the possible solutions for healthcare in the future and listen to your views. We recognise that change can be challenging and want to make sure there is a wider understanding of the issues and possible solutions. We will openly share the work we have done so far, listen to any concerns and take into consideration any alternative suggestions.

In considering any potential changes, the following are fixed points that we are committed to:

- Keeping the four main hospitals – Bronglais, Glangwili, Prince Philip and Withybush
- Improved outcomes for patients
- Safe services that meet Royal College guidelines or acceptable levels of compliance for our rural area
- Most efficient services possible within our rural area
- Services that are flexible to meet future geographical, workforce and recruitment challenges
- Only moving services when we are clear that the right infrastructure is in place and it is safe to do so

The Health Board has been working closely with its clinicians, including doctors, nurses and specialists, to look at the possible solutions for our services. No decisions have been reached and we hope you will help the Health Board to shape the future of local healthcare.

Why do health services need to change?

- **Quality and safety are paramount** – We must meet quality and safety standards
- **Care for older residents and managing chronic diseases** – We need to meet the changing health needs of our population
- **Care closer to home** – We must ensure that our services are delivered as locally as possible where it is safe to do so
- **Better availability of consultants saves more lives** – We need to overcome chronic staff recruitment and retention challenges in some specialities by developing services that make Hywel Dda Health Board the best choice for patients and appealing for new staff
- **Making every penny count** – We must make the best use of the money we have
- **Working together to improve transport improves care** – We must work with others to improve transport and networks
- **Specialist doctors save more lives** – We need to make the most of being a major healthcare provider and support our medical staff in developing more specialist services and make Hywel Dda Health Board attractive to doctors

Our vision for Hywel Dda Health Board

- Improve health and wellbeing for all
- Move from a "sickness" service to a "wellness" service
- Deliver quality healthcare in the most appropriate setting
- Have high quality, safe and sustainable hospital services that meet the needs of our population
- Be recognised as Wales' leading integrated rural health and social care system

Our vision is to provide 80% of NHS services locally, through primary, community and social care teams working together allowing our hospitals to concentrate on what they do best – provide acute care when it is needed.

We are listening...

We believe the healthcare provided in Carmarthenshire, Ceredigion and Pembrokeshire should be a world class service that meets the needs and expectations of all local people. Your views will help inform the development of the options we put forward for formal consultation during 2012.

To view the discussion document and request further information, download the relevant documents at:


www.hywelddahb.wales.nhs.uk/yourhealth-yourfuture


FREEPOST HYWEL DDA HEALTH BOARD


hyweldda.engagement@wales.nhs.uk

Share your views

You can make your views known as an individual or on behalf of a group or organisation by:

- **Completing the online comments form**
  www.hywelddahb.wales.nhs.uk/yourhealth-yourfuture
- **Writing to:**
  Opinion Research Services
  Freepost (SS1018)
  PO Box 530
  Swansea SA1 1ZL
- **Attending** one of the health events which will be held across Hywel Dda Health Board. Dates and locations will be promoted widely and are available on our website.

Please note we intend to publish the responses to this document in full on our website. Normally, the name and address of its author are published along with the response. If you do not wish to be identified as the author of your response, please state this expressly in writing to us.

What will we do with your comments?

All comments received during the engagement and listening exercise will be logged, recorded and collated. The comments will be independently analysed by ORS, an independent social research company, and this will inform the decision the Health Board makes regarding future consultation.

Interested in finding out more about the Health Board?

Siarad Iechyd / Talking Health is our engagement and involvement scheme which is about you having a say in how local health services are planned, developed and delivered.

For further information on how to sign up please contact:

Siarad Iechyd / Talking Health 01554 779 510
FREEPOST HYWEL DDA HEALTH BOARD
talkinghealth@wales.nhs.uk
www.talkinghealth.wales.nhs.uk

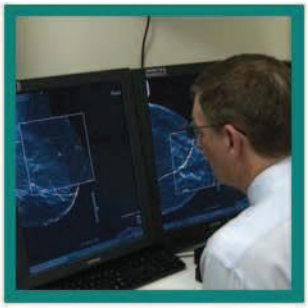
Siarad Iechyd
Siarad. Gwrando. Gwneud.
Talking Health
Speak. Listen. Act.

GIG CYMRU NHS WALES
Bwrdd Iechyd Hywel Dda Health Board

Calon Iechyd Lleol
The Heart of Local Health

Eich Iechyd ▶ Eich Dyfodol






Mae'r GIG yn newid...

Mae Bwrdd Iechyd Hywel Dda yn gyfrifol am ddarparu'r holl wasanaethau iechyd sydd eu hangen yn Sir Gaerfyrddin, Ceredigion a Sir Benfro, ac am wella iechyd a lles ein poblogaeth.

Rhaid i'r Bwrdd Iechyd newid y ffordd y mae'n darparu gofal ac felly mae'n cychwyn cyfnod o ymgysylltu â chi, ein poblogaeth leol, ac â'n staff. Bydd yr ymarfer hwn yn ein galluogi i drafod â chi y sefyllfa bresennol, yr achos dros newid, ffyrdd posibl o gynnal gofal iechyd yn y dyfodol, ac i wrando ar eich barn. Cydnabyddwn fod heriau ynghlwm wrth newid ac rydym am sicrhau bod dealltwriaeth ehangach o'r materion a'r cynigion posibl. Byddwn yn rhannu â chi mewn modd agored y gwaith sydd wedi'i wneud hyd yma, yn gwrando ar unrhyw bryderon ac yn ystyried unrhyw awgrymiadau eraill.

Wrth ystyried newidiadau posibl, rydym wedi ymrwymo i'r pwyntiau cadarn canlynol:

- Cadw'r pedwar prif ysbyty – Bronglais, Glangwili, Tywysog Philip a Llwynhelyg
- Canlyniadau gwell i gleifion
- Gwasanaethau diogel sy'n cydymffurfio â chanllawiau'r Coleg Brenhinol neu'n cyrraedd lefelau derbyniol ar gyfer ein hardal wledig
- Y gwasanaethau mwyaf effeithiol yn ein hardal wledig
- Gwasanaethau hyblyg er mwyn mynd i'r afael â heriau daearyddol ac o ran y gweithlu a recriwtio yn y dyfodol
- Symud gwasanaethau dim ond pan allwn fod yn siŵr bod y seilwaith cywir mewn lle a'u bod yn ddiogel

Mae'r Bwrdd Iechyd wedi bod yn cydweithio'n agos â'i glinigwyr, gan gynnwys meddygon, nyrsys ac arbenigwyr, er mwyn ystyried y cynigion posibl ar gyfer ein gwasanaethau. Nid oes unrhyw benderfyniadau wedi'u gwneud eto, a gobeithiwn y byddwch yn helpu'r Bwrdd Iechyd i lunio dyfodol gofal iechyd lleol.

Pam mae angen i wasanaethau iechyd newid?

- **Mae ansawdd a diogelwch o'r pwys mwyaf** – Rhaid inni gyrraedd safonau ansawdd a diogelwch
- **Gofalu am breswylwyr hŷn a rheoli clefydau cronig** – Rhaid inni ddiwallu anghenion iechyd newidiol ein poblogaeth
- **Gofal yn agosach i'r cartref** – Rhaid inni sicrhau bod ein gwasanaethau'n cael eu cynnal mor lleol â phosibl pan fo hyn yn ddiogel
- **Mae sicrhau bod meddygon ar gael yn achub mwy o fywydau** – Rhaid inni oresgyn heriau cronig o ran recriwtio a chadw staff mewn rhaid meysydd arbenigol drwy ddatblygu gwasanaethau sy'n golygu mai Bwrdd Iechyd Hywel Dda yw'r dewis gorau i gleifion ac o ran apelio at staff newydd
- **Gwneud i bob ceiniog gyfrif** – Rhaid inni wneud y defnydd gorau o'r arian sydd gennym
- **Mae cydweithio i wella trafnidiaeth yn gwella gofal** – Rhaid inni gydweithio â phobl eraill er mwyn gwella systemau trafnidiaeth
- **Mae meddygon arbenigol yn achub mwy o fywydau** – Rhaid inni wneud y defnydd gorau o fod yn brif ddarparwr gofal iechyd a chynorthwyo ein staff meddygol i ddatblygu mwy o wasanaethau arbenigol er mwyn gwneud Bwrdd Iechyd Hywel Dda yn ddeniadol i feddygon

Gweledigaeth Bwrdd Iechyd Hywel Dda

- Gwella iechyd a lles pawb
- Newid o fod yn wasanaeth "salwch" i fod yn wasanaeth "iechyd"
- Darparu gofal iechyd o ansawdd uchel yn y lle mwyaf priodol
- Cynnal gwasanaethau ysbyty diogel a chynaliadwy o ansawdd uchel sy'n diwallu anghenion ein poblogaeth
- Cael ein cydnabod fel y system iechyd a gofal cymdeithasol lleol integredig fwyaf blaenllaw yng Nghymru

Ein gweledigaeth yw rhoi 80% o wasanaethau'r GIG yn lleol, drwy dimau gofal sylfaenol, gofal cymunedol a gofal cymdeithasol sy'n cydweithio er mwyn i ysbytai allu canolbwyntio ar yr hyn y maent yn ei wneud orau – sef rhoi gofal acíwt pan fo angen.

Rydym yn gwrando...

Credwn y dylai'r gwasanaeth gofal iechyd a roddir yn Sir Gaerfyrddin, Ceredigion a Sir Benfro fod gyda'r gorau yn y byd a diwallu anghenion a disgwyliadau'r holl bobl leol. Bydd eich barn yn helpu i lywio'r broses o ddatblygu'r opsiynau a gynigir yn yr ymgynghoriad ffurfiol yn ystod 2012.

I weld y ddogfen drafod a chael rhagor o wybodaeth, gallwch lawrlwytho'r dogfennau perthnasol yn:

www.bihyweldda.cymru.nhs.uk/eichiechyd-eichdyfodol
FREEPOST HYWEL DDA HEALTH BOARD
hyweldda.ymgysylltu@wales.nhs.uk

Mynegi eich barn

Gallwch roi'ch sylwadau fel unigolyn neu ar ran grŵp neu sefydliad drwy:

- **Lenwi'r ffurflen sylwadau ar-lein**
  www.bihyweldda.cymru.nhs.uk/eichiechyd-eichdyfodol
- **Ysgrifennu i:**
  Opinion Research Services
  Freepost (SS1018)
  PO Box 530
  Abertawe SA1 1ZL
- **Mynychu** un o'r digwyddiadau iechyd a fydd yn cael eu cynnal ledled ardal Bwrdd Iechyd Hywel Dda. Caiff y dyddiadau a'r lleoliadau eu hysbysebu'n eang ac ar gael ar ein gwefan.

Nodwch ein bod yn bwriadu cyhoeddi'r ymatebion i'r ddogfen hon yn llawn ar ein gwefan. Fel arfer, caiff enw a chyfeiriad yr awdur eu nodi gyda'r ymateb. Os nad ydych am gael eich adnabod fel awdur eich ymateb, dylech nodi hyn yn glir wrth ysgrifennu atom.

Beth fyddwn yn ei wneud â'ch sylwadau?

Caiff yr holl sylwadau yr ydym yn eu derbyn yn ystod y cyfnod ymgysylltu a gwrando eu cofnodi a'u coladu. Caiff y sylwadau eu hadolygu'n annibynnol gan ORS, sef cwmni ymchwil cymdeithasol annibynnol, a bydd hyn yn llywio penderfyniad y Bwrdd Iechyd am ymgynghoriad y dyfodol.

Am gael gwybod rhagor am y Bwrdd Iechyd?

Siarad Iechyd / Talking Health yw ein cynllun ymgysylltu a chynnwys sy'n rhoi cyfle ichi ddweud eich dweud am y ffordd y caiff gwasanaethau iechyd lleol eu cynllunio, eu datblygu a'u gweithredu.

I gael rhagor o wybodaeth am gofrestru, cysylltwch â:

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Siarad Iechyd
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Talking Health
Speak. Listen. Act.

PET(4)-12-12 : Tuesday 17 July 2012
P-04-329 : Control of Noise nuisance from Wind Turbines
Paper to Note

Note on the Petitions Committee Report
on the Control of Noise from wind turbines.

Grŵp Blaengwen thanks the Assembly Petitions Committee for their report, and for the attention they have given to this matter, which is so important in Gwyddgrug and beyond.

We hope the Committee's report will be a turning point in giving the matter of intrusive wind turbine noise the attention it demands, and in making the required changes in regulation and planning guidance in Wales and in the UK. We believe Welsh institutions could play an important role in research to help solve the problems of intrusive wind turbine noise.

The Report's **Recommendations 1 and 3** directly concern planning guidance in Wales. The E&S committee has just reported on Energy policy and appears to suggest further deferment of planning changes. With respect we ask the Assembly to order changes to be made as soon as practically possible.

Recommendation 2 is a matter the Assembly, if they accept it, would take forward to the UK Parliament. We hope they will do this quickly, well in time for the next session of Parliament. It is for the Assembly to determine the most appropriate way of raising the matter in this UK context.
In the meantime the Assembly could suspend or moderate the role of ETSU-R-97 in TAN 8 and other wind turbine planning guidance, and we urge them to do so.

Recommendation 4 is for the Institute of Acoustics Noise Working Group. It is scheduled to publish its report in September, so the group may be finishing consultations now. Grŵp Blaengwen asks the Petitions Committee to forward this report to the Noise Working Group, drawing their attention to all the recommendations and particularly no 4.

We would like to see the Petitions Committee report published as an Appendix to the Noise Working Group report, or for that Group to report separately after 'meaningful consultation with people living close to wind farms.' The former is more likely in the short term and we ask the Committee to ask the Noise Working Group to do that.

Following the Committee's recommendations, Grŵp Blaengwen will also write to the Institute of Acoustics. We are grateful to the Petitions Committee recommendations for this opportunity.

We regret that we won't be able to attend the plenary session of the Assembly at which the report will be discussed: July 11 and 12 are important days in the planning hearings on RWE's proposals for 28 wind turbines in Brechfa Forest West.

In the course of those hearings, it has emerged that RWE, the Applicant, argues that what it describes as the "urgent need" for alternative energy sources should over-ride sleep and health experts on the effects of intrusive turbine noise.

We ask Petitions Committee members and other interested AMs to refer this report on Noise from Wind Turbines to the Assembly Health Minister and senior Departmental officers, as deserving urgent attention, consultation and action.

Although we cannot be there, we will follow the reports of the Plenary Session. Once again we thank Mr Foster and the Petitions Committee for the valuable opportunity they created for this important matter to be raised in the Assembly and elsewhere.

NOTE PREPARED BY AEA AT THE REQUEST OF THE ENVIRONMENTAL SERVICES ASSOCIATION: REVIEW OF RESEARCH PAPER ON HEALTH EFFECTS OF INCINERATORS BY S CANDELA

"*Valutazione degli effetti sulla salute nella popolazione oggetto di indagine. AZIONE 1: Studi epidemiologici sulla popolazione residente. Studio di coorte sulla popolazione residente. Mortalità e incidenza dei tumori nei soggetti residenti intorno agli inceneritori per rifiuti solidi urbani in Emilia-Romagna*"

["*Evaluation of health effects in the population under investigation. ACTION 1: Epidemiological studies on the resident population. Cohort study on the resident population: mortality and cancer incidence in residents around municipal solid waste incinerators in Emilia-Romagna*"]

S Candela, November 2011, available via www.moniter.it

Background

The study was carried out by an organisation called "ARPA Moniter" which is supported by the Agenzia Regionale Prevenzione e Ambiente dell'Emilia-Romagna (ARPA Emilia-Romagna – the Regional Environmental Protection Agency of Emilia-Romagna). "Moniter" is an acronym for "*Monitoraggio degli incineritori nel territorio dell'Emilia-Romagna*" ("*Monitoring incinerators in the territory of Emilia-Romagna*"). There is no indication that the study has been subject to peer review. A further study in the same series has been carried out into congenital malformations; this study has not yet been reviewed in detail.

Description

The study investigated mortality and incidence of cancer in a 4 km radius surrounding six waste incinerators in Emilia-Romagna. Exposure took place over the period 1991 to 1999 (in the case of Modena, from 1982 to 1999) – that is, prior to the implementation of the Waste Incineration Directive. The study covered a population of approximately 200,000 people. Dispersion modelling was used to classify exposure to emissions from the incinerators, and estimated exposure was adjusted for exposure to other sources using emissions of oxides of nitrogen as an indicator. The study took account of socio-economic factors using a geographical approach.

Findings

No increase in mortality from non-cancer causes in populations exposed to higher levels of emissions from the waste incineration facilities was observed.

The study investigated a large number of potential associations between exposure to emissions from waste incineration facilities. An association was observed between levels of exposure and the incidence of colorectal cancer and lymphoma in women; non-Hodgkin's lymphoma; liver cancer; and pancreatic cancer in men. For the majority of outcomes investigated, no significant association was observed. For example, in the larger cohorts studied, 73 potential correlations were investigated, of which four revealed a significant positive association and two revealed a significant negative association at the 95% confidence level.

Conclusions of this review
As with other studies of this nature, the authors confirm that it is not possible to assess whether these observations reflect a causal relationship with exposure to emissions from the waste incinerators.

It is concluded that the study provides a useful analysis of cancer incidence in a significant population group linked to exposure to a previous generation of waste to energy facilities. The positive associations observed are of potential concern and could provide useful guidance for future studies. However, they are not of immediate concern with regard to current generation of waste to energy facilities operating in the UK, as they reflect operation under conditions when emissions of substances such as dioxins and furans were approximately 150 times higher than would currently be permitted in the UK. It is misleading to suggest that the facilities addressed by this study were covered by the same legislation as that currently applicable in the UK.

MEMORANDUM

To Matthew Farrow, Environmental Services Association

From Mark Broomfield, AEA Technology

Date 4 July 2012

SUBJECT: Welsh Assembly Government Petitions Committee: comments on modelling studies made by Professor Vyvyan Howard

1. AEA Technology was requested to provide feedback on criticisms made by Professor Vyvyan Howard of air quality modelling studies in aural evidence provided to the Welsh Assembly Government Petitions Committee on 29 May 2012. This note summarises the comments made on this issue by Professor Howard and provides a commentary.

Comments made by Professor Howard

2. The issue of air quality modelling studies was raised by Professor Howard during discussion of risk assessment for waste incineration facilities. Professor Howard outlined four stages in risk assessment:

   (a) Hazard identification

   (b) Hazard characterisation

   (c) Exposure assessment

   (d) Risk assessment

3. Professor Howard suggested that hazard characterisation and exposure assessment were inadequate in relation to waste incineration. His criticisms in relation to exposure assessment focused mainly on dispersion modelling studies. Professor Howard highlighted a set of model results provided in an Environmental Statement for a proposed waste incinerator in South Wales. AEA has not seen these model forecasts, and so the information provided by Professor Howard has been taken at face value.

4. Professor Howard commented that the modelled process contribution to PM2.5 levels reported in this Environmental Statement was 0.054 µg/m^3. This corresponds to 0.22% of the air quality standard of 25 µg/m^3, or 0.61% of the estimated background level of 8.8 µg/m^3. Professor Howard contrasted this estimated contribution to the findings set out in a paper by Aboh et al (2007).[1] This study was carried out in Boras, a medium sized city in Sweden with a modern waste incinerator, and indicated that emissions from the waste incinerator contributed 17% to 32% of environmental levels of $PM_{2.5}$.

5. Professor Howard described the results of Aboh et al. as “physical measurements” and contrasted this to the air quality model results which he described as “hopelessly optimistic” and “opinion dressed up in

[1] Aboh IJK, Henriksson D, Laursen J, Lundin M, Pind N, Lindgren ES, Wahnström T, “*EDXRF characterisation of elemental contents in PM2.5 in a medium-sized Swedish city dominated by a modern waste incineration plant*,” X-Ray Spectrometry Volume 36, Issue 2, pages 104–110, 2007

numbers". Professor Howard was critical that the model results comprised a single value with no indication of uncertainty. He concluded that the data demonstrates a large area of doubt with regard to exposure modelling.

Commentary

6. Professor Howard is right to highlight this apparent anomaly and difference between air quality model results and the findings of a study using energy dispersive x-ray fluorescence (EDXRF) techniques. However, for the reasons set out in the following paragraphs, the difference between the two studies is likely to be mainly due to shortcomings in the study by Aboh et al. (2007) rather than shortcomings in dispersion modelling studies. There are also uncertainties in dispersion modelling studies that need to be taken into account.

7. Firstly, Professor Howard described the findings of the Aboh et al study as "physical measurements." The levels of trace elements recorded by Aboh et al. were indeed physical measurements. However, the interpretation of these measurements to give a source attribution was not a physical measurement. A Principal Component Analysis was used to identify source groups which were assumed to be represented by groups of elements. Table 4 from this paper is reproduced below:

Table 4. Estimated percent contributions of PM2.5, normalised to 100%, for the different sets of variables listed in Table 3

	Waste incineration and local sources	Oil incineration	Biomass burning	Long distance transport (LDT)	Traffic emissions
19 variables	32	33	18	16	1
14 variables	28	29	9	23	12
8 variables	17	21	7	41	14
6 variables	24	11	8	51	6

8. This table shows that for the "6 variable" case, the category "waste incineration and local sources" was identified as contributing 24% of levels of $PM_{2.5}$. The previous discussion indicates that this attribution was based on the assumption that waste incineration and other local sources were characterised by emissions of lead. In fact, waste incineration is unlikely to be a significant or dominant source of lead. The Swedish Emissions Inventory indicates that public electricity and heat production accounts for 30% of lead emissions, and only a proportion of this would be due to waste incineration with energy recovery. Additional metals are included in the analyses with more variables, but those which are assumed to be indicative of waste incineration are not specified, and in any case, as for lead, emissions from waste incineration are not likely to be characterised by other trace elements from the lists provided by Aboh et al. It is concluded that the attribution of 17% to 32% of $PM_{2.5}$ as being due to waste incineration is highly uncertain, and in fact the contribution allocated to "waste incineration and other local sources" is likely to be largely due to sources other than waste incineration.

9. Secondly, Professor Howard incorrectly quoted the Aboh et al. paper. He said during the Petitions Committee hearing that "the incinerator" was found to account for 17% to 32% of $PM_{2.5}$. In fact, the category in question is "*Incineration of domestic and industrial waste in the city of Boras together with other local sources.*" In this context, it is important to be aware that Aboh et al. use the term "source" in the paper to mean "source category" rather than an individual point source. The municipal waste incinerator constitutes only one element of this category, and from the discussion in the preceding paragraphs, it is likely to be no more than a minor constituent of this category. This is consistent with a low contribution of an MSW incinerator to environmental levels of $PM_{2.5}$, as suggested by the dispersion model results quoted by Professor Howard, although it does not confirm that the contribution is as low as the dispersion model results suggest.

10. Thirdly, the authors of this paper produced a subsequent paper at a conference.[2] The full paper is not available, but the abstract for this conference paper is available. The abstract states that: "*Even with the relative small data set the source 'wind radar plots' together with selected variables indicate that the identification of some of the (point) sources might be possible.*" This indicates that the authors considered that identification of point sources using EDXRF data combined with meteorological data

[2] Laursen J, Aboh IJK, Henriksson D, Lindgren ES, Lundin M, Pind N, Wahnström T, "*Urban $PM_{2.5}$ aerosol source identification by factor analysis of elemental composition related to meteorological data*," IOP Conf. Series: Earth and Environmental Science 6 (2009).

was no more than a possibility. This is consistent with the interpretation of the results of Aboh et al (2007) outlined above.

11. Fourthly, research into environmental levels of fine particulates in the vicinity of a waste incinerator in Italy has been carried out by Buonanno et al. (2010).[3] Levels of particulate matter were found to be low in the Italian context. An analysis of the elemental composition of particulates indicated that sources other than the EfW facility accounted for all the elements present. In a separate study of fine and ultrafine particles on the surface of foodstuffs in Italy, the authors concluded that "*little evidence is found for particles whose origin could be attributed to industrial combustion processes, such as waste incineration*".[4] Similarly, Morishita et al. found that waste incineration facilities made a minimal contribution to $PM_{2.5}$ levels in urban environments in the United States.[5,6] These findings are consistent with a minimal and non-detectable contribution of waste incineration to environmental levels of ultrafine particulate matter. More significant sources included road traffic, industrial sources and secondary particulates.

12. Fifthly, Professor Howard described the use of modelling as "an opinion dressed up in numbers" and suggested that model results should be supported by data. In fact, dispersion models are supported by data, and there is an extensive programme of model validation. Details of an international programme of model validation are available via www.harmo.org. Provided a dispersion model is used appropriately, it can be considered as being supported by scientific data. For the reasons discussed above, the information in Table 4 of Aboh et al. (2007) does not constitute a physical measurement, but is also in the category of a model result supported by data.

13. Professor Howard makes a valid point in relation to uncertainty in the model forecasts. All models are subject to uncertainty, and it would be appropriate for an environmental statement or other air quality model report to include a discussion of uncertainty. We have not been able to review the document quoted by Professor Howard to determine whether such a discussion is present. Relevant factors may include:

    (a) The ability of a model to reproduce environmental concentrations when source parameters are accurately represented in the model.

    (b) The ability to accurately represent the source parameters in the model

    (c) The representativeness of meteorological data used in the model for the study area

    (d) Additional uncertainties introduced by factors such as buildings and complex terrain where relevant

    (e) The possibility of formation of secondary particulates following emission from the proposed facility.

14. These uncertainties are typically addressed in a modelling study by adopting a worst-case or conservative approach. This approach is designed to ensure that model forecasts are more likely to be over-estimates than under-estimates of the levels that will arise in practice. Again, we have not been able to verify whether this approach was adopted in relation to the study quoted by Professor Howard.

15. Sixthly, if we take at face value Professor Howard's contention that the model may be under-estimating the contribution to $PM_{2.5}$ by a factor of 100, this would result in a highly implausible conclusion with regard to other pollutants. A typical modelled process contribution to levels of nitrogen dioxide would be 1 $\mu g/m^3$. Multiplying this by 100 would suggest that a waste incinerator could on its own result in an exceedance of the air quality standard for nitrogen dioxide over a wide area. Such exceedances are not observed in practice: the evidence of continuous nitrogen dioxide monitoring and diffusion tube surveys

[3] Buonanno G, Stabile L, Avino P, Vanoli R, "*Dimensional and chemical characterization of particles at a downwind receptor site of a waste-to-energy plant,*" Waste Management 30 (2010) 1325–1333
[4] Giordano C, Bardi U, Garbini D, Suman M, "*Analysis of particulate pollution on foodstuff and other items by environmental scanning electron microscopy*," Microsc Res Tech. 2011 Oct;74(10):931-5.
[5] Morishita M, Keeler GJ, Kamal AS, Wagner JG, Harkema JR, Rohr AC , "*Identification of ambient PM2.5 sources and analysis of pollution episodes in Detroit, Michigan using highly time-resolved measurements,*" Atmospheric Environment 45 (2011) 1627-1637
[6] Morishita M, Keeler GJ, Kamal AS, Wagner JG, Harkema JR, Rohr AC , "*Source identification of ambient PM2.5 for inhalation exposure studies in Steubenville, Ohio using highly time-resolved measurements,*" Atmospheric Environment 45 (2011b) 7688-7697

is that urban nitrogen dioxide levels are highly correlated with road traffic sources. This further suggests that dispersion model forecasts do not grossly under-estimate the contribution to environmental levels of incinerator emissions as suggested by Professor Howard.

Conclusion

16. Professor Howard makes a number of relevant points with regard to the modelling of emissions from waste incineration facilities. It is recommended that measurements of trace components of $PM_{2.5}$ in emissions from waste incineration facilities should be made as suggested by Professor Howard earlier in his evidence to the Petitions Committee, building on work published by Buonanno et al. (2011).[7] It is recommended that uncertainties in dispersion model forecasts should be clearly set out.

17. Professor Howard suggested that model forecasts are "*hopelessly optimistic … naïve and don't match reality … an opinion dressed up in numbers.*" It is concluded that there is no basis for this opinion, and in fact dispersion model forecasts are supported by scientific evaluation, and are consistent with the data presented by Aboh et al. (2007). Decision-makers can have confidence in properly carried out dispersion modelling studies for use in environmental impact assessment and risk assessment.

AEA Technology Ref. ED57607002
4 July 2012

[7] Buonanno G, Stabile L, Avino P, Belluso E, "*Chemical, dimensional and morphological ultrafine particle characterization from a waste-to-energy plant,*" Waste Management 31 (2011) 2253–2262