Transforming Clinical Services

Help us improve our NHS for Mid and West Wales

“Safe, Sustainable, Accessible and Kind”
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About us

What is Hywel Dda University Health Board?

We are your local NHS organisation. We plan, organise and provide health services for 384,000 people in Mid and West Wales. We manage and pay for the care and treatment that people receive in hospitals, health centres and surgeries, GPs, dentists, pharmacists, opticians and other places, including within the community. Every time you use an NHS service in Carmarthenshire, Ceredigion and Pembrokeshire, you are using a service which we are responsible for.

We want everyone to have a good experience of our services and we also want to make sure that we spend your money wisely. We believe the best way to do this is to connect with local people, our staff and with partner organisations in order to jointly think about how best to run services.

Our vision is to deliver a healthcare system that is of the highest quality, with excellent outcomes for patients. Our mission – the difference we intend to make for people – is:

• To prevent ill health and intervene in the early years – this is key to our long term mission to provide the best healthcare to our population;
• To be proactive in our support for local people, particularly those living with health issues and the carers who support them;
• To provide rapid diagnosis so that you can get the treatment you need, if you need it, or move on with your life; and
• To be an efficient organisation that does not expect you to travel unduly or wait unreasonably; is consistent, safe and high quality; that has a culture of transparency and learning when things go wrong.

As an organisation we work hard to ensure our aims and priorities are driven by our doctors, nurses and other healthcare professionals, rooted in their own communities. This is what we mean when we say that we are ‘clinically led’ – our decisions are informed by people who are respected and trusted by the local population to have the best interests of their patients at heart. Professionals who are deeply committed to helping people get healthy and stay healthy, or when they are ill, ensure they get the very best treatment and care possible, in the right place, at the right time and delivered with compassion and respect.

What we are asking you to do

We face a number of challenges in Hywel Dda University Health Board (Hywel Dda): many of our current services are fragile and are only sustained by a temporary workforce. This costs us more money and inhibits our ability to invest in other services that are needed. The geography we cover is large and mainly rural with a scattered population that is getting older and is in increasing need of more complex healthcare, treatment and support. Consequently we have no choice but to do things differently in the future if we want to provide high quality, safe and sustainable care that is able to meet the changing needs of local people.

This document invites you to join in our big conversation about our local NHS. We want to talk to and hear from patients, the public, carers, Community Health Councils, local authorities, the third sector – in fact everyone who uses, cares about or interacts with our services. It sets out the key areas for discussion and the accompanying questionnaire asks you to respond to us on twelve specific questions to help make our services better. We want to listen to the views and experiences
of many people and groups to help develop a range of solutions that genuinely meet the needs of our communities.

In 2016/17 we produced our Integrated Medium Term Plan which outlined our desire to become a ‘Population Health Organisation’. This means we don’t just want to provide health services that help people to get well, we want to join up our services around the needs of each person to aid swifter recovery, prevent illnesses from developing, give children the best start in life and ensure people can make healthier choices.

In order to meet these aspirations we need a long term plan which can support the needs of a population that is living longer and surviving serious illnesses, both of which are good news but can result in continuing physical and mental health needs. Modern lifestyles are also already starting to contribute to longer term health conditions such as diabetes, cancer, respiratory and cardiovascular disease.

We are not at the stage of making any firm decisions and we don’t yet have clarity on the specific changes needed; if we were to get to that point we would, of course, run a full and open public consultation on the options available – right now we want to know if you think our emerging ideas are the right ones. In all of our thinking we have done our best to ensure that patients are at the very centre and we are committed to ensuring that any changes are clinically-led and properly tested.

We cannot do this without your views, ideas and questions, so please, work with us to help build a better NHS for our people.

Please share your views with us by:

Writing to us, or completing the accompanying questionnaire which features all of the questions that we have asked in this document and return to us at: **FREEPOST HYWEL DDA HEALTH BOARD** (you do not need a stamp)

Email us: tcs@wales.nhs.uk

Call us: **01554 899 056** and leave your comments on our answerphone – if you’d like we can also call you back.

Visit our website to find out more about our plans or to complete our questionnaire online: **www.hywelddahb.wales.nhs.uk/tcs**

If you or someone you know would like this paper translated into another language or more accessible format, please get in touch with us. Please make sure you have shared your views, comments and experiences with us by 15 September 2017.

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**Steve Moore**  
Chief Executive

**Bernardine Rees OBE**  
Chair

**Dr Phil Kloer**  
Medical Director

**Libby Ryan-Davies**  
Transformation Director
**Why things need to change**

The needs of people in Mid and West Wales have changed a lot since 1948 when the NHS was first established. Back then life expectancy was lower and the most common conditions people faced were infectious diseases, injuries, heart attacks and strokes.

Now more people live into old age and although this is great news, it brings with it some health challenges, the most significant of which is the fact that more people are living with chronic conditions such as diabetes and dementia. Advances in surgery and anaesthetics mean people no longer need to spend weeks in hospital and can return home sooner, however despite new developments in technology, we are not able to make best use of the advantages that they can bring.

We also have challenges with the way in which we are able to organise our staff across the NHS. Some specialist staff don’t get to see sufficient patients to maintain and build their expertise, and it is not always possible for our patients to have a specialist appointment when they need one. This means that patients with similar conditions may not always get the same access to treatment depending on where they live. We also have too many staff vacancies, which means we often need to employ temporary staff to keep services running which is very expensive and impacts on the quality of care for patients. In addition, some of our facilities are outdated which makes it difficult to provide care within a modern environment to meet the expectations of the public, visitors and staff.

One of the key issues underpinning all of this is the need to control the amount of money we spend – this is a huge and growing problem across the whole of the NHS. If we carry on as we are, we estimate that we will need to spend between £167-£200m on top of our existing budget over the next five years. It is money we do not have and also means that we will be unable to invest in some important services that we believe our population would benefit from.

So there is an urgent need to change the way we do things. We need to reorganise our health services to make the most of technology, employ skilled people to work in the right places, and make the best use of every pound we spend. The way we currently do things also does not reflect people’s changing health needs as well as it could. Doing nothing is not an option. The NHS is now facing unprecedented challenges and here in Mid and West Wales, and we are prepared to face up to these issues and take action because we are committed to ensuring everyone has access to safe, high quality and modern healthcare.

**Our challenges**

We have some very specific challenges, predominantly around our geography and our workforce.

**Our geography**

We are fortunate to live in a truly beautiful part of Wales, however due to its predominantly rural nature, we face challenges in coordinating and delivering healthcare services. Although we have four main population centres, much of the area we cover is sparsely populated and somewhat remote. Longer travel times are an unavoidable consequence of living here, as are difficulties in providing emergency and specialist care.
Our workforce

We find it harder to attract staff to work for us in a full-time and substantive capacity compared to elsewhere in Wales. This has led to us becoming overly dependent on temporary staff to deliver our existing services. We play a key part in shaping and delivering both national and local staff recruitment campaigns, but it is becoming more apparent that the challenges we face mean we will need to think differently about our ways of working.

Our approach to change

In line with the rest of the NHS in Wales, we follow the four Prudent Healthcare principles proposed by the independent Bevan Commission on promoting health services improvement. This means that we are committed to doing the following:

- **Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production**;
- **Care for those with the greatest health need first, making the most effective use of all skills and resources**;
- **Do only what is needed, no more, no less; and do no harm; and**
- **Reduce inappropriate variation using evidence based practices consistently and transparently**.

The Bevan Commission was originally established in 2008 to provide expert advice on how the NHS in Wales could respond to the growing challenges facing healthcare providers across the whole country.

Formed of international experts, the Commission helps to ensure the Welsh NHS can draw on best practice from around the world whilst remaining true to the principles established by Aneurin Bevan when the NHS was first formed.
Doing what is right for local people

In addition to ensuring we follow national guidance, we also need to be certain that our approach is right for our local population. We have developed ten key areas of strategic focus for our work that we will address during our journey to transform healthcare services in Mid and West Wales.

We will:

- Encourage and support people to make healthier choices for themselves and their children, and reduce the number of people who engage in risk-taking behaviours;
- Reduce the numbers of overweight and obese people within our population;
- Improve the prevention, detection and management of people with cardiovascular disease;
- Increase survival rates for cancer through prevention, screening, earlier diagnosis, faster access to treatment and improved survivorship programmes;
- Improve the early identification and management of people with diabetes, as well as improve long term wellbeing and reduce complications;
- Improve support for people with established respiratory illness and reduce the need for hospital-based care;
- Improve the mental health and wellbeing of people through better promotion, prevention and timely access to interventions;
- Improve early detection and care of frail people accessing our services including those with dementia, including maintaining wellbeing and independence;
- Improve the productivity and quality of our services, and the opportunities to innovate and work with partners; and
- Deliver on our targets and eliminate the need for unnecessary travel and waiting times, as well as return Hywel Dda to a sound financial footing.

The four key things we think we must do better – tell us if you agree

1. Quality of care

All of our patients should get the best possible care but the quality and safety of our current services can vary significantly depending on where and when you receive your care and treatment. Not only do we want people to be able to get help when they need it, we want them to have the same safe and positive experience at any time of the day or night, wherever they access our healthcare services.

People tell us that:

- They have difficulty getting to see a GP in many of our areas; and
- That our community services are limited and under resourced to support people leaving hospital or prevent them going into hospital in the first place.

We know:

- Results for patients using our services are not the same across our three counties; and
- People taken ill at the weekend are less likely to see a senior doctor as we have a shortage and struggle to cover all of our hospitals all of the time.
The evidence shows:

• Having senior doctors available for key decisions helps to ensure safer services and better results for patients;
• Senior doctors work more effectively in teams or networks, allowing peer support and development of more specialist expertise;
• Rearranging some specialist services can help to achieve much better outcomes – for example, where stroke patients are treated in dedicated treatment centres which require people to travel further for specialist care initially, but then return to a location closer to home for continued rehabilitation; and
• Rearranging some investigative services can help to achieve much better outcomes – for example, it is more efficient to have larger pathology centres.

What does ‘quality of care’ mean to you?

Is it having a good overall experience? Feeling supported every step along the way? Getting the care you want and the outcome you need in a timely way? Understanding all about your condition including any next steps in your care to help you get well and stay well.

2. Meeting the changing needs of patients

In 2017, older and vulnerable people with long term conditions are now twice as likely to be admitted to hospital and to remain there as an inpatient. By 2030 our resident population will have grown significantly. Over the next 13 years there will be a 65% increase in the number of people over the age of 85 living within our three counties, double the number of people between the ages of 75-85 and 65-74 year olds will increase by 30,000. These age groups require much more support for chronic conditions, often involving multiple diagnoses and complex care.

People tell us that:

• Older people’s health issues are compounded by isolation and loneliness;
• They want to be supported to look after themselves and manage their own condition better so that their health problems do not become more serious; and
• Carers can help people to stay well, but they need support of their own.

We know:

• One in three people are now living with one or more long term illnesses, including conditions such as heart disease, dementia, diabetes and asthma;
• 20% of people admitted to our hospitals can be treated at another location more convenient to them and at a lower cost – this means hospitals are busier than they should be and people experience delays in receiving care; and
• We need to get much better at helping people to live healthier lives and avoid becoming ill, for this reason prevention of illness must have a much stronger focus in our future health services.

The evidence shows:

• Nationally, four in every 10 people attending A&E could have been seen by their GP or actually did not require treatment at all, only advice and support;
• Many of the healthcare needs of those with chronic conditions, frailty and dementia can be best met by non-medical professionals;
• Different parts of the NHS need to work much more effectively with one another and with partners, in order to support people in a joined up way;
• Better healthcare in the community reduces the need for people to rely on hospitals and creates more capacity for hospitals to deal with specialist care; and
• A high proportion of people receive a significant investigation or treatment within the last few weeks of their life.

How would you prefer to receive care for your health condition?

Do you want more support closer to your home? Would it be easier for you to receive more of your treatment within the community and not in hospital? Would it be easier for your family if you received more of your care outside of hospital?

3. Making our resources go further

We spent in excess of £800m on healthcare services last year, including almost £50m of additional funding from Welsh Government. We have a considerable financial problem as our spending has risen significantly over time and this is now restricting our ability to invest in new services. We have also become overly dependent on temporary staff to meet unexpected shortages and sometimes to tackle gaps where we cannot recruit permanent staff. This limits our opportunity to invest in improvements to services or technology.

People tell us that:
• They prefer to receive treatment from staff that they have built trust with;
• They want to be supported to look after themselves and manage their own condition better so that their health problems do not become more serious;
• Carers are a very important part of people’s care and should be recognised and valued; and
• They do not want to come into hospital unless they absolutely need to.

We know:
• By relying on temporary staff our care and treatment is more costly, less joined up and results in more variable outcomes for patients – it also reduces our ability to invest in higher value activities; and
• Community-based services are often safer and more convenient for patients, and currently most NHS care takes place outside of hospital, especially in GP surgeries, but most of the money is currently spent on hospital care.

The evidence shows:
• The cost of delivering health services is rising much faster than inflation and if this continues the NHS will not be able to afford what it is delivering today;
• Many services delivered outside of hospital offer equally good, often better experiences for patients, as well as providing easier access, often at lower cost; and
• There is a national shortage of key specialist staff including GPs, hospital doctors, therapists and nurses, so getting the right staff to provide our services is a big challenge but also presents the opportunity for different ways of working and innovative extended roles for other clinical professionals.
How do you think we can use our resources more wisely?

Should we look at flexible ways to provide care outside of hospital? Could we ask our partners to help us create a more flexible and multi-skilled workforce? Who would you prefer to see for your care and support and does this always have to be a doctor, a nurse or another professional working for the NHS? How can we recognise carers more?

4. Joining up services

We talk a lot about ‘seamless services’, but in simple terms what we mean is that the many healthcare services people use often do not work well enough together. Many times they are not based around the needs of the patients who use them and this can disrupt their overall experience at a time when they may feel particularly vulnerable and want things to go as smoothly as possible.

People tell us that:

- They are frustrated when they have to keep providing the same information to different people each time they need support with an existing condition;
- They feel passed from pillar to post because they can’t get everything that they need in one place, even for seemingly minor healthcare matters; and
- They don’t feel that different healthcare services talk each to other effectively.

We know:

- That to have straightforward pathways (essentially this means the journey that a patient has to go through a range of different services to get their care needs met) we need our services to work together – both within the NHS and externally with partner organisations;
- That people increasingly expect us to communicate and interact digitally with them and want more rapid and open access to electronic information about their health, and control over how they access services and advice; and
- We collect a lot of data on our services but this is mainly to report on our targets, rather than to support a continuous cycle of learning and adapting.

The evidence shows:

- Better Information Technology (IT) systems can make care more effective by being safer and more patient-centred, helping standardise processes to support decision-making;
- Organisations that use data in a broader sense and share analysis with their frontline teams, have been shown to have better communication and less variation in the care that they provide; and
- Patients who have straightforward care pathways can become more involved in their own care, helping them to feel more confident in managing their own condition and empowered to ask the right questions of care providers.
What would make services feel more joined up?

Having all of your notes saved electronically in one place? Having the chance to feedback on your experience at every stage of your journey? Knowing who to contact to get information and advice, 24 hours a day, seven days a week?

Now that you’ve thought about how we can improve our quality of care, meet the changing needs of our patients, use our resources more wisely and join up our services so that they offer a seamless experience for people, we would like you to think in a bit more depth about specific types of services.

Over the following pages we have explored some ideas for improving out of hospital care, urgent and emergency care, and planned care. We’ve used Welsh Government guidance to describe what ‘good’ looks like and how we might have to change the things that we do in order to provide better services in these areas.

Where do we need to make changes?

Transforming “Out of Hospital“ care

Out of hospital care is any health service that you use which is not based within a hospital – this can include support given by GPs, district and community nurses, pharmacists, opticians, dentists, occupational therapists, podiatrists, speech and language therapists, dieticians and others. It also includes services delivered in the community by clinicians who are usually based in hospital, and social care provided by the local authority and voluntary sector services.

What does good look like?

NHS organisations that are committed to strengthening out of hospital care should:

- Use information on local population health needs to plan services for local areas;
- Use information about costs, staffing and resources to strengthen primary care services, listening to what patients say works best;
- Consider how people can be cared for more in primary and community care services, with less reliance on secondary care;
- Develop different roles and ways of working in primary and community care settings;
- Ensure that people have easy access to information and services in a timely way, including online resources;
- Develop systems to make sure care is joined up between different services;
- Report openly on how primary and community care services are doing, including outcomes for patients; and
- Make sure that all healthcare staff have access to all the clinical information that they need to aid safe clinical decision making.
What we think we need to do to get better

- People must be able to get an appointment for out of hospital care when they need one and should not have to wait too long to see a care provider;
- Services must be joined up and regularly share information with one another;
- Provide out of hospital care facilities that are closer to where people live and located alongside other local services if appropriate (the one-stop-shop model);
- Ensure the same high quality treatment wherever you receive out of hospital care;
- Offer more community support to help people live healthier lives and prevent them becoming seriously ill – when people do have to go to hospital, there should be support to help them leave as soon as they are ready to go home;
- We need to pre-empt problems as much as possible for those with known health and social care needs, and put appropriate support and plans in place;
- Increased use of technology to support patient preferences, in particular those who do not need face-to-face care (e.g. Skype appointments, online information and advice);
- Consider new staff roles, such as care navigators, who could play a crucial role in helping people to get the right support, at the right time, to help manage a wide range of needs – this may include support with long term conditions, help with finances or with booking appointments, medicine reminders, giving people advice and signposting them to a range of statutory and voluntary sector services; and
- Enhance the role played by pharmacists, therapists and local nurses in delivering care.

What are your views?

- What is your view on our ideas? What would make them work or not work?
- What is working well in primary care (GPs, dentists, opticians and pharmacists, etc.) and other community services that we can build on? What do we need to improve? What is missing now?
- Some types of treatment that have traditionally been given in hospital are now suitable for use in GP surgeries or elsewhere in the community – would you be happy to have your treatment outside of hospital if possible?
- A large amount of care has traditionally been delivered directly by GPs – would you be happy to have your treatment provided by another clinical professional (e.g. nurse, therapist, pharmacist, paramedic, etc.) if the access to and outcome from their care was the same or better?
- How do you feel about being seen by other health professionals and staff in primary care instead of your GP, if this means that you have a swifter and joined up experience?
Transforming urgent and emergency care

Emergency care is for people with a serious life-threatening or life-changing condition. Urgent care is for people who have a problem that needs attention the same day, but is not life threatening. This area of health services is under intense, growing and unsustainable pressure, driven by rising demand. For the Public and staff, at times the services outside hospital can be seen as confusing and an inconsistent array of services. There is high public trust in A&E, which means some patients visit A&E when they could be treated elsewhere. It’s also important to understand that emergency and urgent care doesn’t just take place in A&E, it’s provided in many other areas, such as critical care, acute medicine and surgery, and as a result it’s crucial to have a system which can effectively direct patients to the right service, at the right time and in the right place.

What does good look like?

A patient receiving quality driven, evidence based and patient focused urgent and emergency care will:

• Know what is expected of them to take responsibility for their own health and wellbeing;
• Be directed to the most appropriate service as quickly as possible, as close to home as possible;
• Receive a response based on their clinical need and always in a timely and efficient manner regardless of where they live or the time of day, week, month or year;
• Be placed at the centre of decisions made by all involved in planning and delivering their care;
• Be sent home to recover, if admitted to hospital, as early as clinically appropriate without unnecessary waiting; and
• Have an opportunity to feedback on their experience to help improve the quality of care or support given to others.

What we think we need to do to get better

• Better information for people about services and when and how to access them, so that people with emergency and urgent care needs get the right advice, in the right place at the right time – this includes more support for people to self-care;
• People who do need A&E want reduced waiting times, a calmer environment and to feel safe and supported as soon as they walk through the door;
• People who don’t need A&E but currently use it because of a lack of options should have better support in the community for their urgent care needs, including for those people who experience a mental health crisis;
• All emergency and urgent care departments and supporting specialties should follow best practice for handling patients with major illnesses or injuries, including early review by a senior doctor and reduced reliance on temporary staff;
• When patients are admitted to hospital via A&E there should be early conversations about their discharge so they can get home when they are fit and ready to do so, and do not have to wait for the arrangements they need to be made;
• Access to alternative urgent and emergency care services within specialist centres for those that need them;
• Specialists need to be closer to the ‘front door’ of the hospital so that patients can have early access to a specialist opinion in an emergency or urgent situation; and
• To connect urgent and emergency care services so that the overall system becomes more than just the sum of its parts.

**What are your views?**

• What is your view on our ideas? What would make them work or not work?
• What is working well in urgent and emergency care that we can build on? What do we need to improve? What is missing now?
• Would having urgent and emergency care located close to one another – as happens at some hospitals – make it easier to access services? Where would you like to receive urgent and emergency care in a location more local to you?
• Would having a special access helpline, such as NHS 111 (which is currently just running in Carmarthenshire), to help you choose whether you needed urgent or emergency care make it easier or more difficult to decide?

**Transforming planned care**

**Planned care is care that is arranged in advance – for example an operation in a hospital or a series of treatments for a long-term or acute condition or illness.**

**What does good look like?**

NHS organisations that provide effective, high quality planned care will:

• Understand in detail the needs of the people using services, and what is needed to meet this demand;
• Be working to clear patient outcomes including any national targets;
• Ensure that patients are fully engaged in decisions about their care, and how services are planned and delivered;
• Consider the most appropriate setting in which to provide services, whether primary, community or hospital care;
• Always ensure that services are planned to make best use of the available resources and skills;
• Develop local plans for how services will be provided;
• Make sure that hospital systems achieve the best outcomes possible for patients with a focus on clinical safety;
• Identify how new and follow up outpatients will be cared for; and
• Have patient experience and outcomes at the heart of the way services are provided.
What we think we need to do to get better

- Too many operations and procedures are cancelled due to emergencies happening elsewhere in the hospital – these need to be substantially reduced as they lead to distress, upset and inconvenience for patients;
- Highly skilled specialists who are well-practiced in the procedures they carry out – this may mean having centres of excellence so that doctors can train and share practice, and patients know they are in the best possible place;
- Robust discharge arrangements so that patients can return home to recover as soon as they are able – procedures that can be performed as day surgery should mean people can return to their families and their homes sooner;
- A more efficient system for operations, so that emergencies are dealt with separately from planned care and theatres are used to maximum capacity, and reduce risk of infection; and
- Follow-up appointments within the community – if a patient is feeling well and has no adverse side-effects, they shouldn’t need to go back to hospital for their check-up, this can take place closer to home when appropriate.

What are your views?

- What is your view on our ideas? What would make them work or not work?
- What is working well in planned care that we can build on? What do we need to improve? What is missing now?
- Would you be prepared to travel further for treatment if you knew it would be provided by a highly skilled doctor with lots of experience and the latest skills and technology? Would it matter if this person wasn’t your usual doctor?
- Would you be happy to have a consultation at your GP surgery or elsewhere in the community if provided by a fully trained professional?
- What support do you think you would need – outside of healthcare – if you were admitted to hospital for a procedure? Befriending, a care navigator or a temporary carer? What support might your family need?
- While all of us would love to have the ideal healthcare facilities on our doorstep, the reality is that this is not possible given our financial and workforce issues. Would you be happy to access services that might be further away but which gave you better results, so that any extra travel time would be outweighed by an improvement in the quality of care you receive on arrival?

Other things we would like you to consider

- The temporary staff that we employ are highly able and committed, and help fill vacancies that we are unable to recruit permanent staff to, but sometimes this does affect the quality of our services. How important do you think it is to have a more stable and permanent workforce that we are able to use more flexibly across our services as needed, even if they performed different roles to the ones we are traditionally used to in the health arena?
- If we come to the point where we are struggling to maintain all of our existing services to the standards we want because of financial pressures or workforce shortages, what are your views on concentrating on our core services and offering our patients the chance to receive some specialist services from neighbouring NHS organisations?
- Have you experienced problems with transport when trying to access healthcare services? What could we do to improve access to services, given the rural nature of the area in which we operate? How would you feel about receiving some of your care through the use of modern technology or tele-medicine? (Tele-medicine is the use of information technology to
provide health care from a distance, it can be used to overcome distance barriers and improve access to services that would often not be consistently available in more rural communities.

- What could we do to create more opportunities for better communication with patients, including making sure that patients are clear on the status of their health or condition and know how their treatment will progress?

- What innovative new things do we need to do more of? For example, our Acute Medical Assessment Unit (AMAU) and new Minor Injuries Unit (MIU) at Prince Philip Hospital in Llanelli is run by GPs and Emergency Nurse Practitioners working together to treat patients for a variety of problems from muscle and joint injuries to burns and scalds, minor head and eye injuries, and more.

**Services already undergoing change**

**Mental Health**

We have been on a two year journey to improve mental health services across Carmarthenshire, Ceredigion and Pembrokeshire, having embarked upon a 24-month listening, learning and talking exercise in 2015, with a wide variety of service users, carers, NHS staff and other healthcare professionals, the voluntary sector and local authorities to look at the best way to organise mental health services.

The outcomes of these engagement activities have resulted in the need for a full public consultation which will run from 22 June – 15 September 2017 and will test ideas for the future arrangements as well as invite further input from people living locally. It is a very exciting time for everyone involved. By starting with what matters most to service users, their friends, family and carers, we know we can deliver flexible, responsive, and accessible mental health services, which will offer people the best possible outcomes and treat them with kindness and compassion wherever and whenever they need our help.

This significant piece of work will now be managed within the remit of our Transforming Clinical Services programme – as there are many areas of crossover and influence within other healthcare services – however the pace of change will not reduce. In terms of our overall ambition for improving services, our mental health work is the ‘gold standard’ in terms of how we want to engage with people and use prudent healthcare principles to help us designing better services with the meaningful input of patients, carers and the public.

**Women’s and Children’s**

Our services for women and children have also been subject to change in recent years and the future model for care is still evolving, subject to discussions around the viability of provision across our three counties. There is a programme of work already underway, which also includes a business case for developing estates and improving hospital environments for babies, families and staff. As with mental health, this work will not slow down and we expect to have a decision on our latest business case from Welsh Government later this year.
Get involved!

We have already started work to improve and increase the care we provide in community settings and have been engaged in conversations with a variety of people for many months. We don’t want to make decisions in isolation and we certainly don’t want to make them without the full and frank input of patients, carers, the public, and every other stakeholder who wants to give their view.

This is the beginning of a big conversation with everyone – and one that is likely to result in major changes within the local NHS. We want to do this in partnership with local people and we want what we do to be right.

We cannot do this without your views, ideas and questions, so please, work with us to help build a better NHS for our local communities.

Please share your views with us by:

- Writing to us, or completing the accompanying questionnaire which features all of the questions that we have asked in this document and return to us at: FREETPOST HYWEL DDA HEALTH BOARD (you do not need a stamp)
- Email us: tcs@wales.nhs.uk
- Call us: 01554 899 056 and leave your comments on our answerphone – if you’d like we can also call you back
- Visit our website to find out more about our plans and complete the survey online: www.hywelddahb.wales.nhs.uk/tcs

Alternatively you can contact your local Community Health Council to share your views, ideas and comments. The contact details are 01646 697610 or hyweldda@waleschc.org.uk

If you or someone you know would like this paper translated into another language or more accessible format, please get in touch with us. Please make sure you have shared your views, comments and experiences with us by 15 September 2017.

We know that this document contains a lot of information, but we want to take this opportunity to ask you to provide feedback on some potentially big changes to our services. It’s important to note that this does not mean we have decided on anything yet and also services will continue to run as usual in the meantime. We just know that we need to think differently about how we can support people in the future and the time to do that is now.

Thank you for your time and for your input, we really could not do this without you.
Notes: