

# Public Document Pack

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To: Cllr Carol Ellis (Chair)

CS/NG

Councillors: Marion Bateman, Peter Curtis,  
Adele Davies-Cooke, David Evans, Veronica Gay,  
Cindy Hinds, Stella Jones, Brian Lloyd, Mike Lowe,  
Dave Mackie, Hilary McGuill, Gareth Roberts,  
Ian Smith and David Wisinger

13 September 2012

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## **ALL MEMBERS OF THE COUNCIL ARE INVITED TO ATTEND THIS MEETING**

Dear Sir / Madam

A meeting of the **SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE** will be held in the **COUNCIL CHAMBER, COUNTY HALL, MOLD CH7 6NA** on **WEDNESDAY, 19TH SEPTEMBER, 2012** at **10.00 AM** to consider the following items.

Yours faithfully

Democracy & Governance Manager

## **AGENDA**

- 1 **APOLOGIES**
- 2 **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**

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The Council welcomes correspondence in Welsh or English  
Mae'r Cyngor yn croesawau gohebiaeth yn y Cymraeg neu'r Saesneg

3 **HEALTHCARE IN NORTH WALES IS CHANGING** (Pages 1 - 44)

Representatives of the Board have been invited to the meeting to discuss the proposals contained within the consultation document, a copy of which is attached.

The Board have been notified that the Council's particular areas of concern are as follows:

- (1) Home Enhanced Care Service;
- (2) The Deeside Mold Hub;
- (3) The Future of Flint Community Hospital and plans for a primary care centre;
- (4) Cross-border services, notwithstanding the reference to this in page 15 of the consultation document and
- (5) Transport.

A short presentation will be given by the Board representatives after which Members will be able to ask questions.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Healthcare in North Wales is Changing



This is a public consultation to ask your views on proposals for changes to healthcare services

# Healthcare in North Wales is changing – Join the Debate

## Introduction

Our aim is to improve health, not just extend life.

Over the last three years, GPs, hospital doctors, nurses and other health professionals have worked together to consider how they could make healthcare services better to meet this aim.

Many people with an interest in the NHS have been involved such as patients, service users, carers, volunteers, community groups, local authorities and many others.

They have told us what they value – being treated with dignity and respect, having information that helps them to make a choice and not being ‘bounced’ around the NHS and social care when they or their families are most vulnerable.

This dialogue and engagement has led to the proposals in this consultation document. Services should be close to where people live whenever it is safe and appropriate. When more specialist care is needed, hospitals must be centres of excellence so the best possible care is available when needed from the right people.

The proposals we are now making are intended to change the way in which some services are provided and also where they are provided so that we can meet quality standards. The proposals will allow us to attract and retain the professional clinical staff we need without increasing overall levels of spending.

We now want to build on these discussions and ask for your views and opinions. Your voice is important so please take the time to read this booklet. Think about what healthcare could be like in the 21st century for yourself, your family, your parents and your children.

Please join the debate and send your comments to us by **28 October 2012**.

**Healthcare in North Wales is changing - join the debate.**

**Professor Merfyn Jones** Chairman  
**Mary Burrows** Chief Executive

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## Summary

This booklet sets out proposals for how we think healthcare services could be delivered to give the best care for all. To help you find your way through the booklet, this page gives a brief summary, section by section.

**Section 1** describes the Health Board's responsibilities and the population we serve.

**Section 2** explains why we think healthcare services need to change to meet the health needs of the population of North Wales, setting out the risks we face, the quality standards we need to meet and the financial challenges ahead.

**Section 3** describes how clinicians have led discussions with many people to develop these proposals over a number of years and how we have responded to what people have told us so far. This section also describes what support we have from clinicians for the proposals.

**Section 4** provides information about our local vision for healthcare services in the 21st Century and tells you about how services will be provided in the future so that we can improve results for patients, carers and our workforce. Services should be close to where people live whenever it is safe and appropriate. When more specialist care is

needed, hospitals need to be centres of excellence so the best possible care is available from the right people.

**Sections 5 – 8** are an important part of this document. Here we describe the services where we think we need to make changes and set out our proposals for change.

**Section 6** focuses on healthcare services where you live. Here we describe proposals to deliver more care in the community; how we will take action to support people to improve their personal health and prevent ill health; and care for more people in their own homes. This section also includes details of proposals for hospital hubs to make sure services are reliable and consistent for more of the population.

**Section 7** concentrates on services for older people's mental health. We make proposals to increase community services so that we can support people in their own homes better and rely less on institutional care

**Section 8** explains how we propose to improve care for the small number of babies who need the very highest level of specialist care and meet the quality standards expected of these services.

**Section 9** describes proposals to concentrate complicated vascular surgery – in major operations on veins and arteries – in

one hospital in North Wales. This will mean patients get better results and the service will be more efficient.

**Section 10** confirms how we have considered any potential impact of our proposals on groups in our community who are protected under the Equality Act and the Welsh Language Act and asks for your views on this.

**Section 11** explains how we propose to deliver these changes if they are accepted. It confirms that no changes will be put in place until suitable services are available elsewhere.

**Section 12** explains how you can feed your views into the consultation process.

**Section 13** explains what happens next and how and when final decisions will be made.

**At Appendix 1** there is a summary table showing the impact of the proposals on each community.

Some of the words we use can be confusing so we have provided a glossary of terms to help explain what these mean at **Appendix 2**.

## 1. About us

Betsi Cadwaladr University Health Board is the NHS organisation responsible for the promotion of good health and the provision of health care services for the population of North Wales. Our area covers around 2,500 square miles and we receive around £1.2 billion a year from the Welsh Government to provide healthcare services.

We are responsible for community healthcare as well as hospital services for the 680,000 people living in the counties of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham. In holiday periods there are many visitors who come to our region who may also need care.

We are also responsible for primary care services for people registered with GPs (family doctors) based within these areas and for community pharmacy, dentistry and optometrists (eye care).

You may be interested in our proposals if you live in North or West Powys, Cheshire or Shropshire, as we provide some services for people living in these areas.

## 2. Why we think our services need to change

Healthcare is always changing and developing. We are able to deal with health in different ways because of new drugs and changes in clinical care. We have reached a point where services need to change so that we can better meet the health needs of the people of North Wales. Deciding how to go forward will help us build good services for the future.

To do this means we cannot stay as we are. It is increasingly difficult to be confident that all of the right staff, with the right skills, can be in the right place to provide the healthcare that people need.

We are also working with less money and are not expecting this to change for the next three years at least.

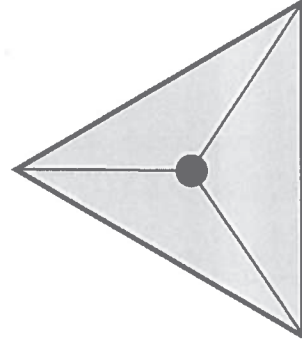
For that reason we have to change what we do and where we work from, so that we can protect services for patients, and reduce reliance on old buildings and ways of working.

We work to meet the Triple Aim, which is the way we balance how the NHS works by:

- Improving population health
- Improving quality, safety and patient experience
- Controlling or reducing costs

We need to perform well against all three but, at the moment, the balance is not right and we must do better.

Patient  
experience



Population  
health

Cost

### The Triple Aim

## Population health need

The population of North Wales is expected to grow to over 700,000 by the year 2033. By far the biggest increase will be in the number of people aged over 65. With an expected increase by 60% in this group between 2008 and 2033. The numbers of people aged over 85 is likely to be more than double.

Our population is a mix of urban (49.2%) and rural (50.8%) communities.

It is important that patients, their families, service users and carers are able to express needs in the language of their choice. This is good practice and will help make sure people get the best care. This includes many people in our communities who are Welsh speakers. Our aim is to enable everyone who uses services to do so through Welsh or English in line with their need and their choice and to promote the Welsh language in healthcare services.

There are differences in the needs of the population across North Wales. There are public health challenges, especially in areas of deprivation where living conditions can be more difficult for some people. Smoking, alcohol, diet and how physically active we are play a large part in influencing our health.

We all need to work together to influence these factors as they can contribute to the major causes of ill health and death in North Wales. These include circulatory diseases such as heart disease and stroke; respiratory diseases and cancers.

For further information about population health need go to our website where you will find the North Wales health profile: [www.bcuhbjointhedebate.wales.nhs.uk](http://www.bcuhbjointhedebate.wales.nhs.uk)



Health in North Wales is generally slightly better than the average for Wales but this hides some big issues and some inequalities.

The Welsh Health Survey in 2009/10 found that:

- Almost a quarter of adults smoke (23%)
- 55% of adults are overweight or obese
- 27% of adults said they 'binge' drink at least once a week (this means drinking alcohol in a way that is harmful to health)
- Rising levels of obesity and high levels of alcohol and tobacco use amongst children and young people suggest this pattern is likely to continue



## Quality and safety

As healthcare advances, people are living longer and healthier lives. Doctors, nurses, midwives and other professional staff (clinicians) want, and are expected, to meet national standards and guidelines. These are produced by Royal Colleges, the National Institute of Healthcare Excellence (NICE), the Welsh Government and professional bodies.

Clinicians say that standards are not being met in many areas and patients, service users, carers and families tell us their experience is not as good as it should be. Although some things have improved already, if we want to make a real difference, we must make changes to how we organise what we do and that includes how, when and where we provide care.

## Financial reality

For a decade, up to 2010, there has been record investment in the NHS. This has now stopped. Funding is reducing when compared to cost increases and will continue to reduce for at least three years. People know that the current financial position is very tough. We must live within our means and make every penny count.

Money available for building projects has also reduced, which limits our ability to refurbish or rebuild premises or replace equipment as we would like.

We are not the only ones in this position. Other Health Boards and the NHS across the UK face similar challenges and like them, we must make best use of the money we have for the foreseeable future.

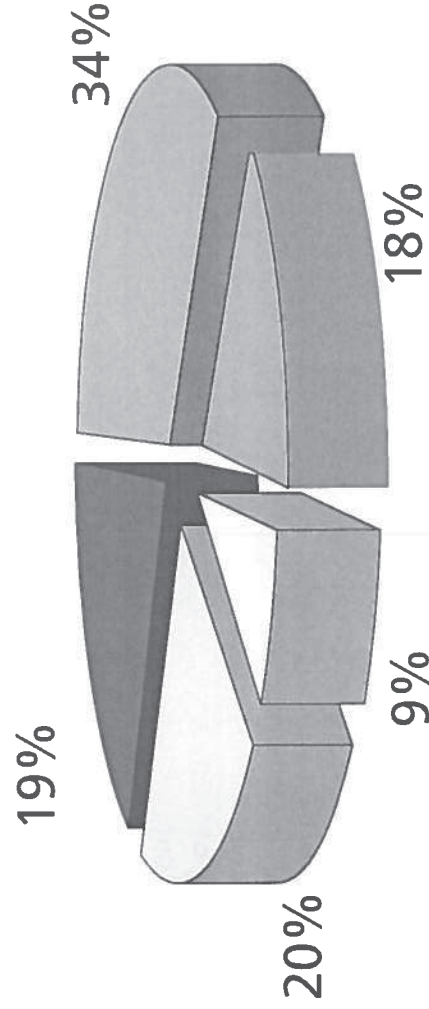
## Where we spend our money

The diagram below shows how we spend our money. Around 90% of all contact patients have with healthcare services takes place in the community, and nearly half of our funding is spent on primary care, community hospitals and services and mental health services. We want to increase the proportion that we spend in the community and there are proposals in this booklet for moving services into the community.

- Acute hospital health services
- Community services and community hospitals
- Mental health services
- Primary healthcare services
- Healthcare services from other providers

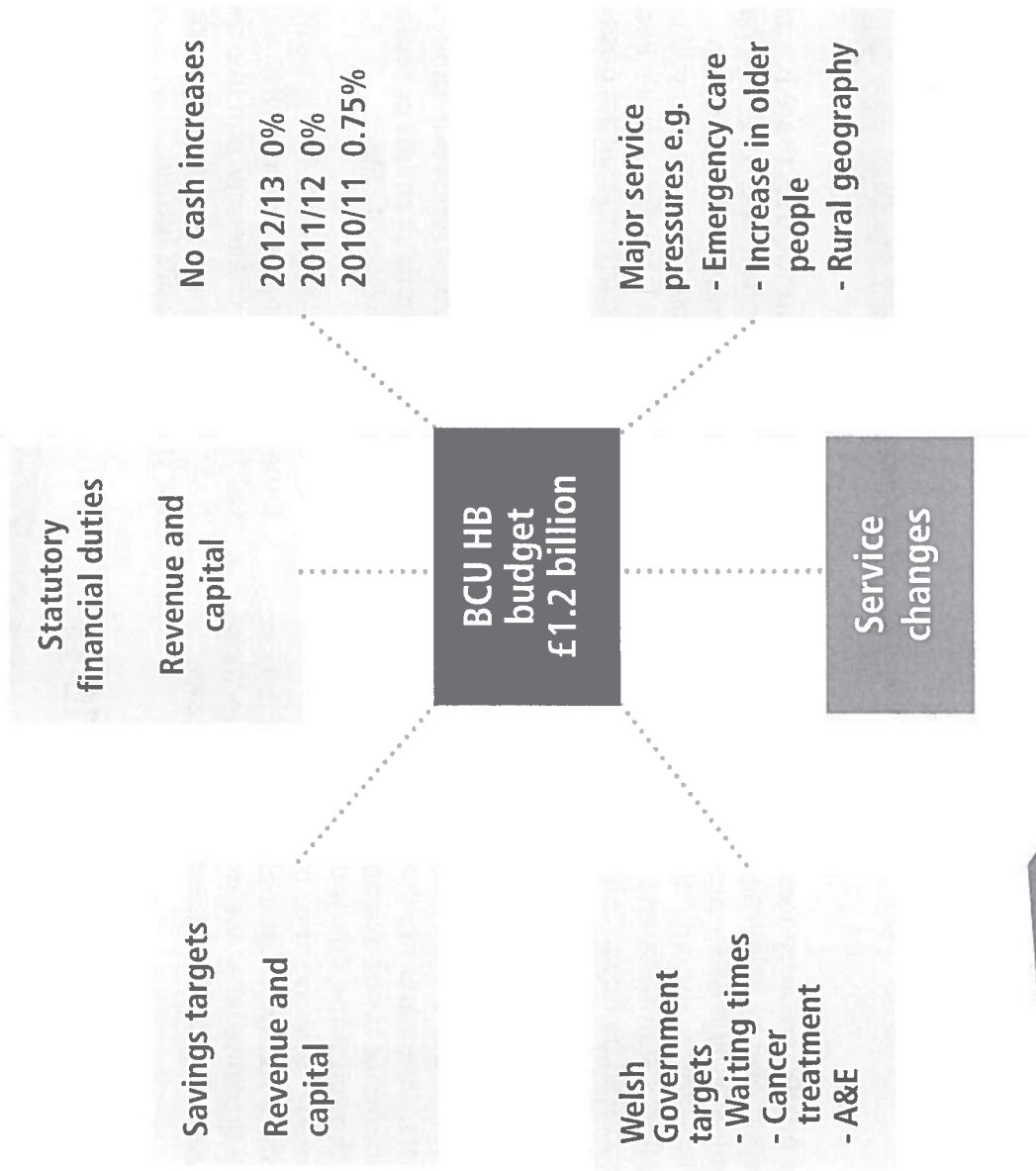
Note: "Healthcare services from other providers" refers to services from other NHS organisations or from independent services, including some very specialised services.

You can find details of how we use our funding in our annual accounts which can be found on our website.



# Financial and service environment

This diagram gives a summary of some of the major pressures that the Health Board faces.



We are already tackling the financial difficulties by making sure as much money as possible is put into front line services and improving productivity and efficiency in some services. We have reduced our management costs by 20% to support this.

This will not be enough for the future. Services are spread too thinly, are sometimes hard to staff and are not providing value for money.

If we continue as we are, we risk running services that may not be safe and services for which we cannot attract professional clinical staff. We also risk not releasing funds for new treatments such as cancer and care for older people so that these may not be available when most needed.

The proposals that are set out in this consultation booklet are designed to tackle some of the more difficult problems we are facing in meeting standards against a backdrop of reducing funding.

The proposals are about how we maintain and improve service standards and this will help us use the money available in better ways and for more people.

We will need to make significant savings this year and continue these over the coming years. The specific proposals put forward now will not themselves deliver all the savings necessary so we will continue to work to improve and modernise care to help achieve this.

## Our staff

The NHS depends on the quality of its staff, having the right number and mix of doctors, nurses, midwives and other professionals but there are very real problems achieving this in some areas in North Wales as well as in other parts of the UK.

The Health Board is one of the largest employers in North Wales. There are two Universities that are involved in the training and development of healthcare staff locally together with a number of Further Education colleges. There is a relatively stable workforce with low turnover in many areas.

However, medical staffing – that is, recruitment of doctors – poses the most significant risk to the sustainability of healthcare services locally and across Wales.

Recruitment prospects for consultants in some specialties such as mental health are more problematic. Forecasts and recent experience in recruiting paediatricians (child health doctors) suggest that this is the single most challenging specialty.

Restrictions on working hours for safety reasons mean that we may need more doctors and nurses than in the past to provide safe services for patients. It is sometimes difficult to recruit as many as we need.

The number of doctors in training in some specialties has reduced. The reasons for this are many and are influenced by medical schools and Deaneries. The shortfall in trainees presents another high risk to the sustainability of current services.

Clinical staff continue to explore ways of dealing with these risks including different ways of organising rotas, better ways of working at night and using other skilled healthcare professionals.

The Health Board currently spends a high proportion of pay on medical locum and agency staff which is not good for quality and costs us more. We are already working hard to reduce spend on these temporary staff.

If we are unable to recruit and retain essential staff we may need to change services further for safety, quality and financial reasons.



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### 3. How we have involved people in developing our proposals

We have set up groups in local areas so that we can talk to representatives of local people about what works well in our health services, what needs to change, and what they think about the proposals.

We will carry on meeting with these groups, so we can keep up to date with what concerns they have, if any, about health services where they live.

If you're interested in being part of a group, you can send your details to: [jointhedebate@wales.nhs.uk](mailto:jointhedebate@wales.nhs.uk)

Tell us your name and contact details and which area you're interested in.

Back in 2009-2010, when we started work on how healthcare services should look, clinicians led discussions which involved more than 400 individuals and community group representatives as well as voluntary groups and other public services to help us develop the first stages of our clinical strategy.

We learned from this the value of taking and building upon a wide range of views to shape healthcare services. This process was independently evaluated and was found to meet the guidance from Welsh Government on involvement.

Since that time we have continued to involve many people in the development of the proposals outlined in this booklet. For each service area we have considered, there have been a number of discussion events at which representatives have been invited to give their views. Details of the work we have done on each service area can be found in our Board papers on the website at: [www.bcuhbjointhedebate.wales.nhs.uk](http://www.bcuhbjointhedebate.wales.nhs.uk)

We have set up 14 discussion groups in local areas which will continue to meet.

We have also taken the opportunity to talk to existing groups such as voluntary groups, groups of town and community councillors, and county councillors to describe the challenges we are facing and discuss their views and concerns.

Regular information has been sent to all our staff through our intranet and via bulletins and staff meetings.

Overall, a very wide range of representatives, including patient and community groups have been able to hear about the issues we are considering and give us their views. This work has involved thousands of people across North Wales over the past few years. In meetings we have held, people have said that they broadly support our priorities and agree we need to change the way we deliver services.

We will carry on involving people to help maintain the relationships that are being built up through this process.

## What you have told us so far

These are just a few of the main things people have told us:

### **We must consider how people reach key hospital services when needed**

Our response: many people told us that they are happy to travel for specialist care, but they also want key services to stay at their local acute hospital (Ysbyty Gwynedd, Glan Clwyd Hospital and Wrexham Maelor Hospital). They say they have concerns about families and carers visiting their relatives when they are in hospital.

We have listened to these concerns and are working to maintain key services such as maternity, child health and general surgery at our three acute hospitals. However there are financial and medical staffing risks which the Health Board will closely monitor.

### **We must consider the needs of people living in rural areas**

Our response: we have looked at travel times and will have some additional services in the more remote rural areas. We are using different methods to support people in rural areas to stop them having to travel when they don't need to, for example by using video technology between the patient and the clinician.

### **We need to improve transport**

Our response: we are working to move more care closer to home so that people do not have to travel so far for many services.

We are working with Community Transport Wales, local community transport providers and other voluntary organisations that provide community transport to look at how they can support people to get to health services.

We want to invest £80,000 to support transport for people using health services. We know this won't solve everyone's problem but we think it will help.

We have already drafted a specification for transport providers and spoken to a number of community transport providers in North Wales about our plans, and they are eager to work with us to support transport needs. Over the coming months we will pilot some work with providers to understand better the issues and find new ways to support transport to NHS services.

We will continue to work with the voluntary sector, public transport, local authorities and Welsh Ambulance Service NHS Trust to improve access for all.

We are also working with Welsh Ambulance Service NHS Trust to improve the pathways of care for patients. Skilled ambulance staff can now provide even better care for patients before they reach hospital. The ambulance service is developing a co-ordination centre that will help direct patients to the best hospital for their care, when they need more specialised support.

Discussions are taking place across Wales about developing a 24/7 emergency medical retrieval service, building on the current work of the Air Ambulance Service. The new service, if developed, would use the existing air ambulance service, upgrading helicopters so that they can fly in virtually all weather conditions, day and night, supported by critical care ambulances on the ground. This service would enable our patients to get to specialist hospital services much quicker.

### **We need to improve communication**

Our response: our clinical leaders and the teams working with them are improving communication and co-ordination of services where you live. In some areas, we have set up a single point of contact for referrals and information with social services so that patients can easily get advice or help when needed. We expect this to be in place in all areas within two years.

### Support from clinicians for proposals

In the Health Board, our services are managed by professional clinical staff, not general managers. It is our clinicians who have led the service review process and developed the proposals for change, and many clinical staff have taken part in the process.

We can't say that all the doctors (including GPs) and nursing staff support all of the proposals we are making. There are differences of view amongst clinicians. We will take the different views into account as part of this consultation.

Our Healthcare Professional Forum – a forum which is made up of representatives of each of the clinical professions and with a role to advise the Board on our plans – has confirmed that they think there has been good clinical involvement in our process.

Our proposals have been presented twice to the National Clinical Forum. This is an independent advisory group established by NHS Wales and made up of representatives of clinical professions from across Wales.

Our feedback from this Forum recognises that there are some challenges but overall they are supporting the proposals for change which have been described in this document. You can see the feedback from the National Clinical Forum on the website at:

[www.bcuhbjointhedebate.wales.nhs.uk](http://www.bcuhbjointhedebate.wales.nhs.uk)

“There was agreement that BCU HB has involved a wide range of staff and public in the reviews and that the process was robust with evidence of clinical engagement.”

Dr Andy Fowell, Chairman  
Healthcare Professional Forum



## 4. Healthcare services – our vision for the future

Our vision for the NHS is that people will enjoy health, wellbeing and independence equal to the best.

We want to help people to take responsibility for maintaining their own wellbeing, with family doctors, community nurses and other staff working closely with voluntary and community groups to achieve this.

To do this we want to make sure primary and community services are close to people's homes where possible, are available at convenient times and are consistent and reliable. The same level, range and quality of service should be available to all.

Our hospital services must deliver the highest quality clinical care with the best results. Our acute hospitals (Ysbyty Gwynedd, Glan Clwyd Hospital and Wrexham Maelor Hospital) will continue to provide core services, each playing an important role within the health care system.

However, services at each acute hospital have been evolving.

For example, surgery being done as a daycase instead of the patient staying overnight. This means people can recover at home with their family or carers rather than staying in hospital.

When urgent care is needed, it must be safe and reliable for all. This will give confidence that services are consistently available, safely staffed and meet quality standards.

We work closely with the Welsh Ambulance Service NHS Trust to improve care for patients before they reach hospital. Paramedics are vitally important and form part of the trained and skilled workforce who work with us to provide the best care possible. Improving emergency medical services also means patients being seen quickly by senior doctors and nurses when they arrive at hospital.

Our vision is simple. It requires people to take responsibility for their own health and working with healthcare professionals to extend health and not just life. It means making choices that improve the overall health of the population, the quality and safety of care and in so doing, deliver better value for the money spent.

In North Wales we will:

- Support you to manage your own health and wellbeing
- Offer planned care closer to home or in centres of excellence
- Offer urgent care within a safe time and within a reasonable distance

### **Helping you stay at home when it's safe and appropriate**

No one wants to go to hospital unless they have to and everyone wants to get back home as soon as possible. Healthcare is not about bricks and mortar but about services. We must not judge the quality of care by the number of buildings we have nor the number of hospital beds.

In Wales we have more hospital beds per head of population compared to similar populations in England. This comparison is important because it shows that we still rely on hospital based care when evidence tells us that many people could be cared for at home safely and with better results when supported by GPs, community and social care services. It also means we spend too much on buildings, accommodation and running costs and have less money available for healthcare services.

Evidence shows that patients lose their independence in hospital, may become prone to infection and take longer to recover once home. Our aim therefore is to help people stay at home when it is safe and appropriate to do so. When people do need hospital care, it will be there.

### **More care closer to home – Consistent and reliable**

Some services that have up to now been provided in hospitals can be delivered more locally in community healthcare facilities or in people's own homes. This means fewer people have to go to hospital for their care.

For example, people who need renal dialysis (for kidney problems) don't always have to visit an acute hospital for treatment. We can use our network of community hospitals and clinics and people's own homes for these services.

We need to provide services consistently for the whole population and we believe we need to bring together some of these facilities to enable us to do this.

### **Getting the best results from specialised services - better services on fewer sites**

For people with very complex needs, there is strong clinical evidence that patients have better results when teams work together as a dedicated service.

This means that patients may need to travel further to reach the service, but people have told us that they would be happy to travel in order to have better results.

Already, some cancer surgery is provided in one hospital as a centre of excellence. We will continue to work in this way, guided by quality standards.

### **Other acute hospital services**

Clinicians have been working to improve patient safety in a number of key service areas and many people have made valuable contributions to discussions.

For most of the care provided at the acute hospitals (Ysbyty Gwynedd, Glan Clwyd Hospital and Wrexham Maelor Hospital), we are not at present proposing to make substantial changes.

However this does not mean that there will not be changes in the way we work and the way patients are cared for.

The Board's decision to maintain these services was conditional on improvements being made to meet standards within the resources available.

We must meet the needs of the population for our whole area and make sure people can reach services within a reasonable time.

Each of the hospitals will have an Emergency Department, a midwifery-led unit supported



by a consultant-led maternity service and a Special Care Baby Unit / High Dependency Unit.

They will also have hospital services for children led by consultants, trauma and orthopaedic services, gynaecological services and non-elective general surgery.

There are however real challenges to making sure we can recruit the doctors needed to keep these services safe. We will continue to monitor these services. If we are not able to

recruit enough doctors we may have to think about alternatives in the future.

Patients will continue to use services from other NHS organisations outside North Wales where this is appropriate. These include the Countess of Chester, Robert Jones and Agnes Hunt Hospital (at Gobowen), Alder Hey Children's Hospital, North Staffordshire, Liverpool Heart and Chest Hospital and the Christie and Clatterbridge hospitals for specialist cancer treatment as examples.

We are also continuing with a whole range of planned developments and investments in our major services which will improve care and bring better results:

✓ We are redeveloping Glan Clwyd Hospital to remove the asbestos in the building and improve the facilities. We have completed work on the operating theatres and are now working on plans for the rest of the building. We have agreement from Welsh Government to invest more than £100million to do this

✓ We have started work to improve facilities at the Emergency Departments (A&E) at both Glan Clwyd Hospital and Ysbyty Gwynedd

✓ We are developing more specialist treatment facilities for diagnosis and treatment of some heart problems at Glan Clwyd Hospital (the catheterisation laboratory). This will allow more patients to be treated locally in North Wales rather than travelling to North West England

✓ We have developed and are awaiting agreement on the outline business case for Low Secure Mental Health Services

Most services will not be affected by the proposals in this booklet. Each acute hospital will have:

- 24/7 Emergency Department (A&E)
- GP Out of Hours Services
- Surgical emergencies and inpatients – the only change proposed is for complex vascular services
- Medical emergencies and inpatient services
- Intensive care services
- Trauma and orthopaedics services
- Cancer services
- Maternity services
- Child health services
- Mental health services for children and adults of working age
- Pharmacy services
- Diagnostic services
- Therapies
- ...and many other services

## 5. Our proposals for change: Healthcare services where you live - Enhancing care in our communities

Around 90% of the contact patients have with the NHS every day is with primary care, not hospitals. In North Wales, we have:

- 121 GP (family doctor) practices
- 102 dental practices
- 153 pharmacies
- 90 optometrists' practices (eye care)

These provide services for people of all ages. They all play an important role in supporting patients and carers to stay well and making sure hospital care can be reached when needed.

They work closely with each other as well as with social services and the voluntary sector to improve and bring together services in local communities. In each local area we have appointed a leader for this work (usually a local GP) who is helping to redesign and improve services.

Over recent years there has been more importance placed on providing safe, high quality services as locally as possible, closer to people's homes. We have identified our initial priorities in discussion with representatives of local communities.

### Our priorities for action

#### Targeted prevention

We know that there are a number of factors that have an effect on health, and we want to promote good health as well as treating ill health.

'Targeted prevention' means taking action to support people where we can have the greatest impact, by promoting good health and preventing illness.

- GPs and community pharmacists will advise and offer support to people, concentrating on priority areas such as smoking, diet, exercise, alcohol consumption and immunisation

- We will extend health visitors' work with young children and their families
- We will support work to reduce the number of falls older people have
- We will promote patient education programmes which help people with long-term illnesses learn about their condition and live in a way that helps manage this
- We will use more technology to help people identify problems early on and reduce the distance people have to travel
- We will work closely with social services to identify and support carers



## Enhanced care at home

In 2010 we developed a new service in north Denbighshire to provide more care for people in their own homes who might otherwise need to go into hospital. This is now being extended into other areas.

The patient's GP practice decides with the patient and their family whether they can be safely cared for at home with extra help from nurses, therapists, social workers and voluntary organisations. This care is available 24 hours a day, seven days a week.

This includes improving care for patients at the end of their life, bringing together primary care (GPs), community services, hospices and specialist end-of-life teams to support people to die at home. This work has already started.

The Community Health Council undertook a survey of people using this service and also their carers. Just over a third of patients and half of carers returned the survey and the feedback was very positive, with a few suggestions for improvement which are being addressed.

A Rhyl carer whose mother used the service said:

"We hold the service in the highest regard. The entire team provided a super service at a time when our needs were at their greatest. The staff were knowledgeable, wise, and endlessly helpful. I cannot thank them enough"

"I would suggest that this service is one of the ways forward to deliver healthcare to the community. It means that we can obviously look after patients with more complex medical needs than would be in our normal workload with the help of the team."  
- Prestatyn GP



# Moving care from hospitals to the community

## End of life care

Advance care planning is a way of planning complex care in advance rather than waiting for problems to occur.

Mr W had terminal cancer. He had completed an advance care plan which explained what he wanted. He wished to stay at home and, if possible, to die there.

When his condition worsened the professionals, including social care and voluntary services, all worked together to care for him at home.

The North Wales GP Out of Hours Service and community nursing service knew of Mr W's wish to remain at home and made sure that he and his wife were fully supported. He died with dignity in the peace of his own home.

Our clinical staff are already moving services into local areas to bring better results for patients. Work has started on the services below as the first phase and it is expected that patients in all areas will benefit from these by 2013.

These include:

- More end of life care support so that people can choose to die in their own home
- Co-ordinated care to help patients manage pain better
- More blood tests in the community – such as for patients on Warfarin so that they don't have to go to the acute hospital
- Pre-operative assessment – checking a patient's health before they have a planned operation
- Improving access to mental health services for children
- More care in the community for people with dementia
- More support for people with respiratory diseases
- More services for people with hearing problems

- Community based Heart Failure Service
- More outpatient services using different methods, e.g. telephone advice, appointments using video technology, and appointments with senior nurses

We will carry on looking at other services that can move from hospitals into local communities. We will need to release money from hospitals and other buildings to do this. We will monitor and discuss our progress with the Community Health Council.

# Hospitals in our communities

Across North Wales, we have community hospitals in various locations and many of these were built before the modern NHS was established.

These hospitals have provided an excellent service for local communities.

However, some of them are now old and need a lot of maintenance work and some are not suitable for providing the full range of services which we want to provide in local areas.

At the moment, there are different services available in these hospitals at different times. From time to time, it is difficult to keep safe staffing levels at some of our hospitals, which has meant we have had to close some services on a temporary basis. This isn't good for our patients or our staff. Spreading our resources too thinly will mean we continue to experience difficulties.

**We need to be able to have services which are safe and reliable.**

To do this, we need to change how and where some services are provided.

We have identified a number of hospitals which can act as hospital 'hubs' in local areas. Here we will provide:

- Inpatient beds
- Minor Injuries Services – seven days a week
- Outpatient services
- Physiotherapy, occupational therapy and other therapy services
- X-ray – five days a week

Most community hospitals which are not hubs will carry on providing a range of inpatient, outpatient, therapies and other services.

## What is a hospital 'hub'?

A 'hub' is a place that acts as the centre for services for a number of communities.

We will strengthen services at the hubs to make sure they are consistent and reliable. This is particularly important for minor injuries and X-ray services.

The table at Appendix 1 (Pg 42) summarises the services which will be at hospitals in the community if our proposals are accepted.

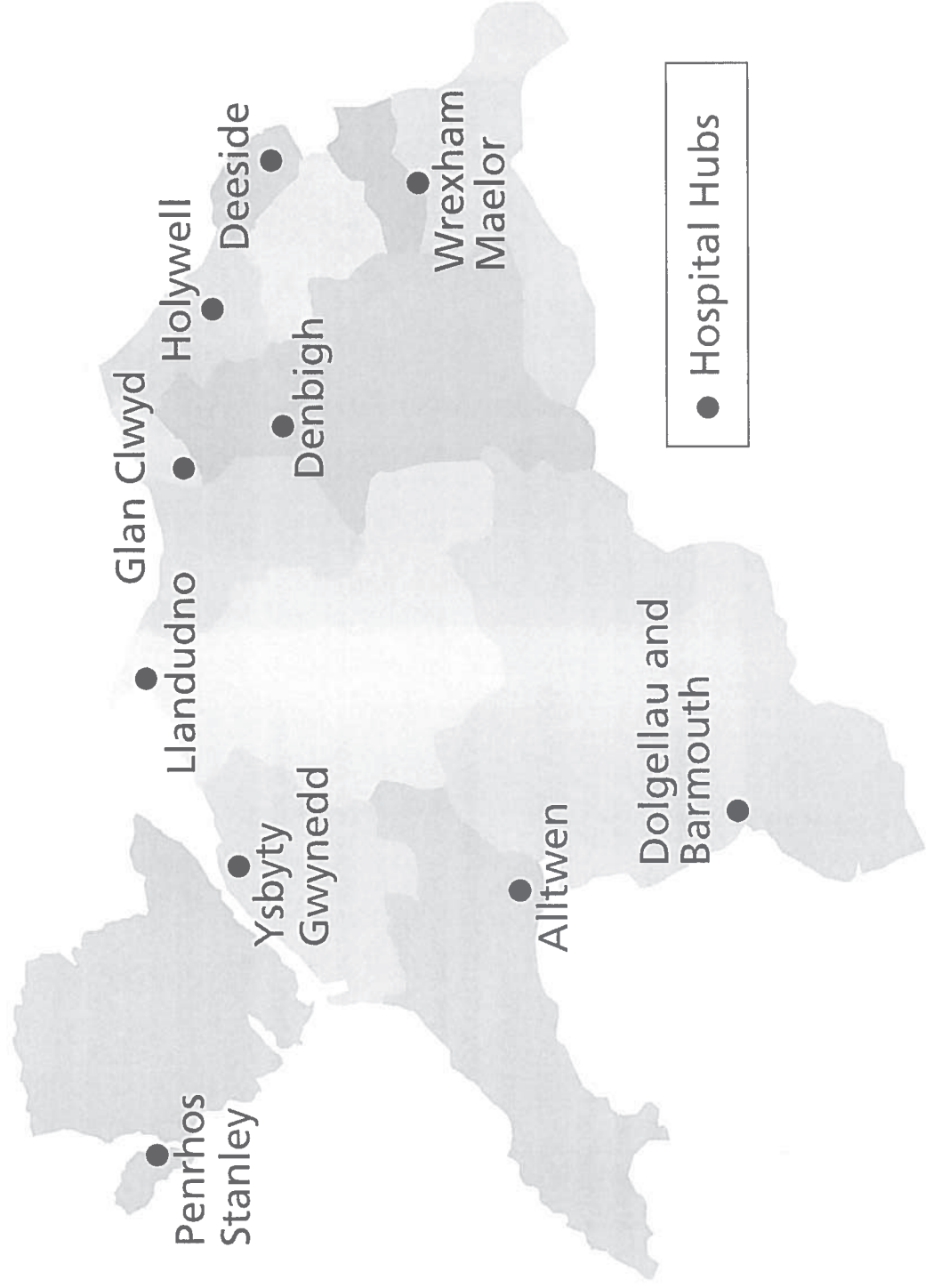
## Our proposals for hospital hubs

Hospitals which we propose will act as hubs or main centres of services for our communities:

- Ysbyty Penrhos Stanley, Holyhead
- Ysbyty Gwynedd, Bangor
- Ysbyty Alltwn, Tremadog
- Dolgellau and Barmouth Hospital
- Llandudno Hospital
- Glan Clwyd Hospital, Bodelwyddan
- Holywell Community Hospital
- Deeside Community Hospital
- Wrexham Maelor Hospital
- Denbigh Infirmary

Using these as the hubs means that services are available within 40 minutes average drive time for 99.6% of our population.

We have included the three acute hospitals in this list because the communities that live close to them use these hospitals for X-ray and minor injuries as well as other services.



## What this means for minor injuries services

A minor injury means something like a minor head injury, sprains, simple cuts, burns or scalds, insect bites, stings or animal bites, something in your eye.

If you go to a Minor Injuries Unit a trained nurse will check and treat you, or if appropriate, refer you to another hospital. No appointment is needed.

If your nearest hospital hub is also an Emergency Department (A&E), nurse-led minor injuries services are available here.

In the Emergency Department (A&E) staff must give priority to serious and life threatening conditions, so if you go there with a minor injury you may have to wait longer to be seen.

Currently, minor injuries services are open at different hours and are sometimes used very differently. In some places they are well used, and in others, as few as two patients a day use these services. An emergency nurse practitioner in a Minor Injuries Unit has capacity to see around 2,500 patients a year. Some of our current services are a long way from this level and therefore don't make the best use of our nursing staff.

We will also have minor injuries services provided by GPs in some of the very remote areas. We are proposing to provide minor injuries services at the hospital hubs, seven days a week, with core opening hours. This will mean wherever you are in North Wales, you will know when you can use these services and they will be reliable.

To do this we are proposing to close some of the less used services and re-locate some others to concentrate the skilled nurse workforce in the hospital hubs.

We are proposing to close the minor injuries services currently provided at Ffestiniog Memorial Hospital, Colwyn Bay, Ruthin, Llangollen, Flint, Mold and Chirk Hospitals.

People who have used these units in the past could choose to use any of the hospital hubs that are easiest for them to get to.

We are also proposing to open the Minor Injuries Unit at Deeside Hospital.

Because of the problems with travel in some of our rural areas, together with the increased use of services in holiday times, we are proposing to continue minor injuries services but with slightly different opening hours to reflect holiday demand at Bryn Beryl Hospital Pwllheli and Tywyn Hospital.

These changes will allow the reliable provision of a core service which can work more closely with the North Wales GP Out of Hours Service to better meet patients' needs.

## What this means for X-ray services

### X-ray services

At the moment, in some hospitals, X-rays are only available for a couple of half-days each week.

This means on some days patients have to travel all the way to an acute hospital – driving past other facilities on the way. This is because the opening times are different, so patients don't know when other more local facilities are open.

By bringing X-ray services into the hospital hubs, we will provide services five days a week, for the same core hours, and will be able to make sure we have up to date equipment that will mean a better service for patients.

X-ray services that are reliable and available locally are very important to patients and carers. They may often prevent the need to travel long distances to an acute hospital. Like Minor Injury Units, at the moment, X-ray services are not always consistent or reliable.

To make these services more efficient, 5 patients should be seen per hour. Some of our X-ray facilities are seeing fewer than 2 patients per hour. This does not make best use of resources and because X-ray facilities are open at different times and different days of the week, patients often cannot reach a service locally when they need it most. Also, some of our X-ray equipment is old and outdated and cannot be relied on for much longer.

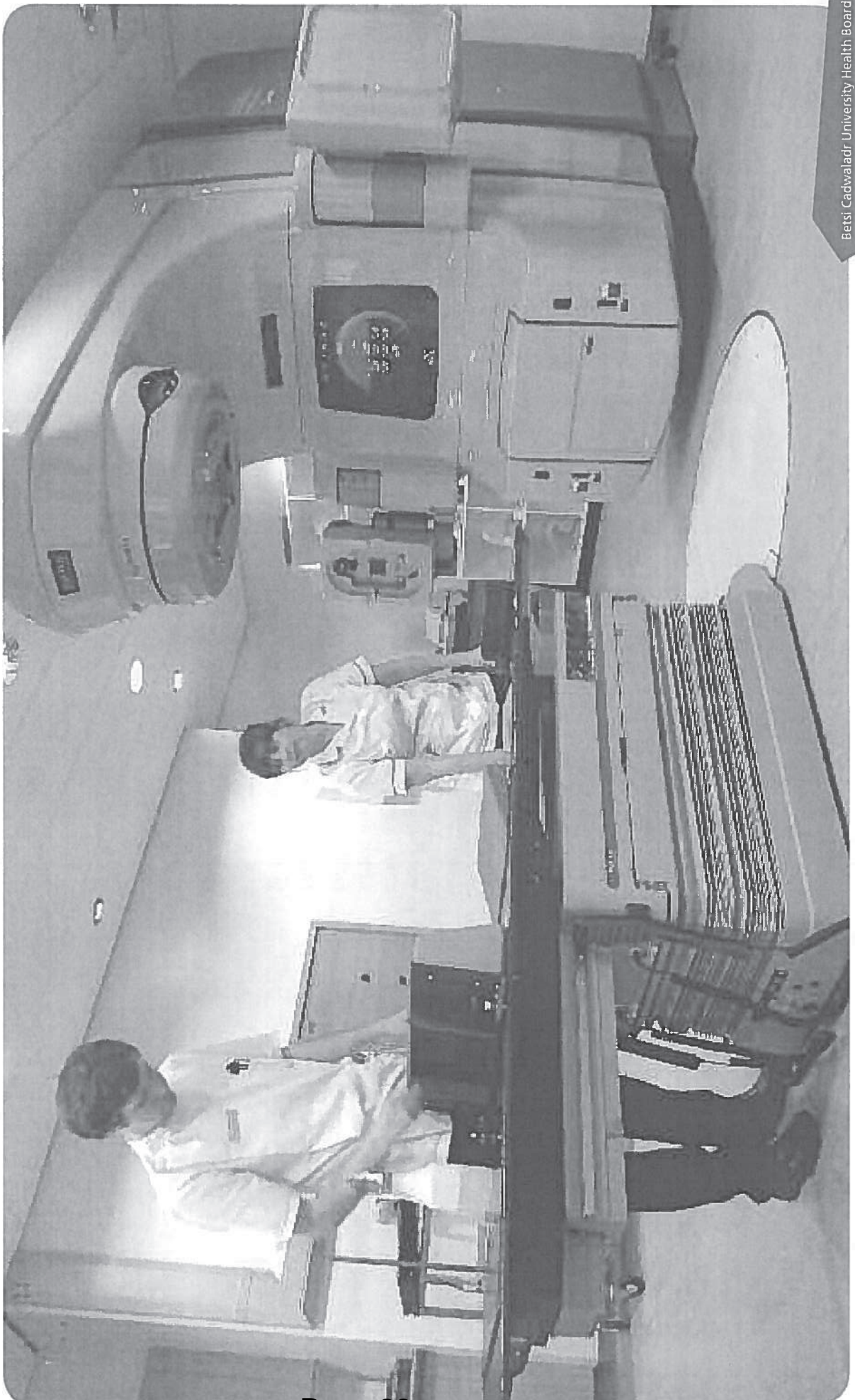
We can provide more consistent services, available five days a week in the community if we have X-ray services in fewer places. They will be open for the same core hours, Monday to Friday.

As well as providing X-ray services at the hospital hubs, we would also provide them from Colwyn Bay Hospital. X-ray will also be provided from the Royal Alexandra Hospital, Rhyl, until a new facility is developed to replace the Royal Alexandra and Prestatyn Community Hospital (if these proposals are accepted.)

We are also introducing digital imaging – technology that shares X-rays so that your specialist can see them as soon as they have been taken. This will be available across North Wales by the end of 2012.

To enable these improved X-ray services, we are proposing to close the X-ray services currently provided at Blaenau Ffestiniog Health Centre; Bryn Beryl Hospital, Pwllheli; Tywyn Hospital; Eryri Hospital, Caernarfon; Mold Community Hospital and Ruthin Community Hospital.





## What this means: other changes we are proposing

It is healthcare services which are most important – not the buildings or premises in which they are provided.

In some areas, we are not providing the best response to the health needs of our population and we can do better. This is harder to do when we don't have good quality premises.

It is also increasingly difficult for us to make sure patients have the care they need when we do not have safe staffing levels at some of our smaller hospitals. It is safer and more efficient in some cases to care for patients on fewer sites.

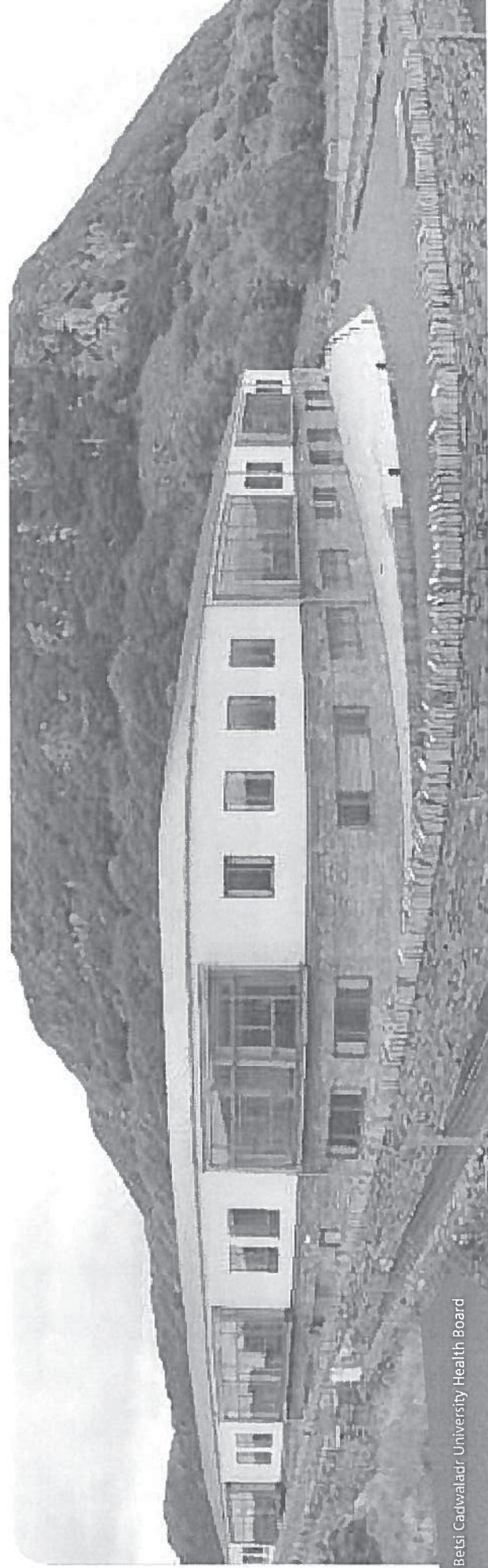
There have already been changes and improvements in a number of areas that have allowed us to provide better services:

- ✓ New primary care facilities in Abergele, Amlwch, Bethesda, Caernarfon, Connah's Quay, Llanrwst, Mold, Rhyl, Ruabon and Holywell
- ✓ We have approval for more new primary care facilities in Caia Park (Wrexham), Chirk and Buckley, Felinheli, Benllech and Harlech
- ✓ Modern community hospitals at Alltwen (Tremadog), Holywell and Deeside

✓ We are continuing with plans to improve services at Llandudno Hospital and will be submitting a business case to Welsh Government for around £40million

✓ We have submitted a business case for development of facilities at Tywyn Hospital to Welsh Government

There are a number of areas where we have yet to make further changes and developments which would tackle some of the problems with our services and enable us to provide better care for patients overall. The following pages set out the detail for these areas.



# Blaenau Ffestiniog

Ffestiniog Memorial Hospital currently has:

- 12 inpatient beds (8 currently in use)
- X-ray services (provided at the Health Centre) for four sessions a week
- Minor Injuries Unit open seven days a week from 8.00am - 4.00pm (used by an average of 3 people per day, temporarily closed)
- Occupational therapy and physiotherapy

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Some outpatient services and dental services are provided in the health centre opposite the hospital.

The hospital was opened in 1925 with contributions from local people in memory of those who had died during the First World War. The population in Blaenau Ffestiniog has a younger profile than the Welsh average and there are relatively high levels of deprivation in the area.

Use of the hospital beds and Minor Injuries Unit has changed over recent years and the building itself would need major change to improve its physical condition. We have had to take action on occasions to reduce services on a temporary basis because we have not been able to keep staffing levels safe.

The hospital has been subject to a number of reviews in recent years and most recently there has been an independent review undertaken by Dr Edward Roberts, GP and Vice Chairman of Abertawe Bro Morgannwg University Health Board requested by the former Health Minister, Edwina Hart. We have considered all the issues raised in the previous reviews and reports, together with feedback from discussion events held with local representatives.

Proposals already discussed in this booklet:

- The development of the enhanced care at home service to help people stay at home rather than needing a hospital admission, when it is safe and appropriate to do so
- The Minor Injuries Unit and X-ray provision should close

Additional proposals for Blaenau Ffestiniog:

- We have started discussions with Gwynedd County Council and housing associations to plan building new health, social care and housing, so that we work together in partnership to develop more appropriate services

- We continue to use the hospital building to provide a base for better community services and consider expanding primary care services
- We propose to close the inpatient beds, and patients who need a community hospital bed would have this care at Ysbyty Alltwen

Ysbyty Alltwen is 14 miles from Blaenau Ffestiniog, and is a new hospital with modern facilities and capacity to support more patients.

In order to develop primary and community services we would invest around £4m to redevelop existing facilities, subject to development of a business case. This would help secure community based services for the local population and would take about three years to develop.

## North Denbighshire - Rhyl and Prestatyn area

The north Denbighshire area is a densely populated coastal community, with high levels of deprivation (particularly in parts of Rhyl) and a high proportion of older people (particularly in East Rhyl and Prestatyn). There are also high levels of mental health needs.

There are two community hospitals in the area, the Royal Alexandra Hospital, Rhyl, and Prestatyn Community Hospital.

The Royal Alexandra Hospital no longer has inpatient beds. These were closed in 2010 because of failure to meet Fire Code requirements. The Royal Alexandra currently has:

- A wide range of outpatient services
- X-ray service for 10 sessions a week
- A wide range of therapy services
- Community dental services
- Other services such as sexual health clinics and child health clinics
- A base for the enhanced care at home service, and community nurses

Prestatyn Community Hospital currently has:

- 12 inpatient beds (9 currently in use)
- Therapy services
- Occasional clinics

The enhanced care at home service is already in place in north Denbighshire.

Both hospitals have problems with their premises which would require major improvements to provide a facility suitable for integrated and modern community services.

The north Denbighshire project has been considering the health needs of the population and also the evidence of what works well.

Details of the extensive project work undertaken are available on our website at [www.bcuhbjointhedebate.wales.nhs.uk](http://www.bcuhbjointhedebate.wales.nhs.uk)

### What this means

We have looked at a range of scenarios in discussion with community representatives.

Following this, our intention is to develop a business case for submission to Welsh Government for a new NHS community hospital. This will bring together a range of services by redeveloping the current Royal Alexandra Hospital site. This could have NHS beds, outpatient clinics, X-ray services, therapies and some social care and voluntary sector services. Patients with minor injuries will continue to use Glan Clwyd Hospital.

The development would replace the current Royal Alexandra Hospital, Prestatyn Community Hospital, Glan Traeth, Lawnside Child and Adolescent Mental Health Service and dental clinics in the area.

Further work is taking place to plan the number of inpatient beds needed taking account of the needs of the residents of the area and the changes underway at Glan Clwyd Hospital. We expect the facility would have approximately 30 beds.

There is an estimated budget in the Wales Capital Building Programme of around £21m for this development, subject to business cases being approved by the Health Board and Welsh Government.

The development would be completed by 2015.

The ability of the health service, Denbighshire County Council and other agencies to improve services in Llangollen has been limited by existing health and social care facilities and the lack of suitable, accessible sites for a new development that would bring services together.

The existing Llangollen Community Hospital has:

- 18 inpatient beds (10 are currently in use)
  - Minor Injuries Unit from 8.30am – 6.00pm Monday – Friday (currently closing at 3.30pm for a temporary period) – average attendance less than 1 patient per day
- Therapy services including occupational therapy, physiotherapy, chiropody, phlebotomy (blood tests) and dressings

There have been a number of reviews of services and the estate in Llangollen. The most recent work has recommended that the way forward should be a shared development which brings together primary, community, social care and voluntary sector services, in an extended primary care centre.

A wide range of services could be provided from the centre such as GP services, other healthcare services, therapies, mental health care services and social care. An initial assessment has identified the River Lodge site

as the preferred site for this development (subject to availability and completion of detailed work through the business case process) should our proposals be accepted.

The needs of many patients who are currently admitted to Llangollen Hospital will be met through the new enhanced care at home service, which is being developed in south Denbighshire and south Wrexham.

Some people would still need care in a community-based bed and we are proposing that this would be provided through 24 hour care at home, local care homes supported by health staff, or using beds at Chirk Community Hospital.

### **Proposals already discussed in this booklet:**

- We will develop the enhanced care at home service to help people stay at home rather than needing a hospital admission, when it is safe and appropriate to do so. This service could be in place by 2013
- Minor injuries services may be provided by GPs

### **Additional proposals for Llangollen:**

- Where care in a community-based bed is needed, this should be provided from local care homes or from Chirk Community Hospital. Chirk is seven miles from Llangollen
- The current Llangollen Community Hospital would close
- The GP surgery would move to the new premises

In order to develop the new extended primary care centre we would submit a business case to Welsh Government. We anticipate the buildings investment would be in the region of £5.5m. This would help secure community based services for the local population.

This development could be completed by 2015, if the business case is approved and capital funding is made available by Welsh Government.

In recognition of the need to develop the town, Flintshire County Council is in the process of completing a detailed 'master plan' for the town of Flint. The current health care premises in the town are not suitable for delivery of future services needed by the population, and the ability to improve services is being limited by the facilities.

Flint Community Hospital has:

- 14 inpatient beds (currently 10 in use)
- Minor Injuries Unit open seven days a week from 9.00am – 7.00pm (used by about 6 patients a day)
- Therapy services including audiology, physiotherapy, occupational therapy
- Phlebotomy (blood tests)

Over recent months the Health Board has had to make temporary closures to some services at Flint Community Hospital because of our inability to keep staffing levels safe when resources are spread thinly between different services. We know this is not good for patients or for our staff.

There have been previous reviews of Flint Community Hospital which have proposed closure of the hospital facilities and the development of a new primary care resource centre. This would provide better primary and community services for local people, with inpatient beds being provided in neighbouring areas where there are newly developed facilities.

### **Proposals already discussed in this document:**

- Enhanced care at home is developed for the population to allow patients, whenever possible, to be cared for in their own homes. This service would be in place by 2013
- X-ray services would continue to be provided at Holywell Community Hospital
- Minor injuries services would also be provided at Holywell Community Hospital

### **Additional proposals for Flint:**

- Further work is undertaken with Flintshire County Council to support the development of the 'master plan' which will help local organisations work together to meet the needs of the local population

- A new primary care resource centre is developed which replaces current poor quality premises and allows the delivery of improved primary care and community services

- Where care is needed in a community hospital inpatient bed, this is provided at Holywell Community Hospital

Holywell is a modern hospital which is 5 miles away from Flint.

When we plan a new primary care resource centre, we will consider whether we can use the opportunity to provide new accommodation for other services in the area such as clinics. We will look at this if proposals are accepted.

In order to develop the new extended primary care resource centre we would submit a business case to Welsh Government for approval and funding. We anticipate the capital investment for the building would be in the region of £4m.

The work could be complete by 2016.

## Services for people living in the Tywyn area

People living in the Tywyn area of Gwynedd use some of the health services which are provided by Hywel Dda Health Board.

This may be in the community, at Tywyn Community Hospital, Bronglais Hospital or other facilities provided by Hywel Dda Health Board. We have submitted a business case to Welsh Government for development of the facilities at Tywyn Hospital.

We will work with Hywel Dda Health Board to make sure services are meeting the needs of residents in this area. This includes looking at patient pathways of care. It may sometimes be better for patients to go to Wrexham or the North West of England rather than south Wales when specialist hospital services are needed. We will work with Hywel Dda Health Board and Welsh Ambulance Service NHS Trust to enable this to happen.

Hywel Dda Health Board is also considering changes to healthcare services. We recognise that it is important to hear the opinions of people living within our area about these changes. We are working with Hywel Dda Health Board to ensure all opinions and views about their proposals for change are taken into consideration. You can find information about Hywel Dda Health Board's proposals online at [www.hywelddahb.wales.nhs.uk/Consultation](http://www.hywelddahb.wales.nhs.uk/Consultation)

We are collaborating with both our neighbouring Health Boards – Hywel Dda Health Board and Powys Teaching Health Board and the Welsh Ambulance Service NHS Trust in the course of normal day-to-day healthcare. We ensure that patients resident in one Health Board, but receiving healthcare in another, have a smooth, high quality service. We also want to make sure that between us, the Health Boards make the best use of resources to give the best care for patients.



## 6. Older people's mental health

It is good that we are living longer. Older people have an important position in family life and in the community. Maintaining health and wellbeing for older members of society is a shared concern for us all.

In North Wales, it is expected that the number of people with dementia will increase by 68% over the next 20 years. The number of people with dementia roughly doubles every five years from the age of 65 onwards.

This is very challenging for patients and their families and carers as well as for the NHS. We need to improve how we respond.

There are also other reasons why we have to change the way we provide services for older people with mental health needs:

- Early diagnosis - based on all Wales figures, it is possible that there are about 10,000 patients across North Wales without a firm diagnosis
- Quality - we do not always meet national quality standards and some of our accommodation is not fit for purpose
- Workforce - medical recruitment is difficult in some areas (particularly in south Gwynedd)

- Community Services - In some areas these services are not well developed and more is needed
- Hospital beds - bed occupancy rates are low in many of our units, and average length of stay is high





## Our vision for better services

We have talked with a wide range of people including older people, younger people with dementia and their carers.

These are the things they have told us we must improve:

- Early diagnosis, including younger onset and people with a learning disability
- Keep good access to mainstream services such as GPs, social services, community nurses, pharmacy, dental services etc

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Better co-ordinated health and social care services available every day of the week

- Work more closely with the voluntary sector
- Provide or support respite care and re-assessment in care homes or hospitals
- Quick access in a crisis

To deliver these improvements we are proposing the following changes in community services.

### Flintshire and Wrexham

- Strengthen community mental health teams to provide longer hours of service as well as support to patients in care homes
- Strengthen nurse liaison services when patients move between community services and Wrexham Maelor Hospital
- Strengthen memory services to support early diagnosis
- Support in a crisis - the home treatment teams will provide additional support to older people

### Conwy and Denbighshire

- Strengthen community mental health teams to provide longer hours of service as well as support to patients in care homes
- Strengthen nurse liaison services when patients move between community services, Llandudno and Glan Clwyd Hospitals
- Strengthen memory services to support early diagnosis
- Support in a crisis - the home treatment teams will provide additional support to older people

### Anglesey and Gwynedd

- Strengthen community mental health teams to provide longer hours of service as well as support to patients in care homes
- Strengthen nurse liaison services when patients move between community services, Llandudno Hospital and Ysbyty Gwynedd
- Strengthen memory services to support early diagnosis
- Support in a crisis - the home treatment teams will provide additional support to older people

## What this means for inpatient beds

Mrs G was diagnosed with dementia two years ago. She had lived on her own since her husband died. Mrs G refused to stay in when carers from a local agency came. She stopped looking after herself, wouldn't change her clothes and was forgetting to wash or eat.

The Community Older Persons Team was called and quickly managed to improve things, such as working with her and her family to sort out her medication. She was less anxious and had fewer extreme mood swings. This helped her stay at home longer and carry on doing daily tasks for herself.

Eventually Mrs G did move into a care home. Her daughter said, "The team helped us with getting Mum to understand and helped with the transition. They continued to see Mum and supported care home staff to look after her. It was a difficult decision but I was comforted that she'd been able to have that extra year at home."

- We propose to confirm permanent closure of the inpatient beds at Hafan Ward (Bryn Beryl Hospital) and Uned Meirion (Dolgellau and Barmouth Hospital) which have been closed for over two years
- There will be a gradual reduction in beds at Cefni Hospital Llangefni as community services are strengthened. In the longer term we will consider moving all inpatient services to Ysbyty Gwynedd. This is because we can provide better specialist care for the most vulnerable when we have back up from other hospital services
- Replace inpatient beds currently provided in Glan Traeth in Rhyl with facilities either as part of a new North Denbighshire development (if these proposals are accepted) or at Glan Clwyd Hospital

We believe these changes will offer a better quality service for patients and their carers, continuing the move away from the old fashioned institutionalised model of care. This will release approximately £1.5m which will be reinvested in the community services we have proposed.

The developments will be in place by 2015.



## 7. Neonatal intensive care services

In North Wales, there are around 7,300 births per year.

All three acute hospitals provide neonatal services for babies who need some support following birth. These may be babies born early, or babies born when due but who have a difficult delivery or become unwell in the first few days.

All three hospitals will continue to provide initial stabilisation and immediate short-term intensive care as well as Special Care Baby Units and high dependency units.

However, some babies need longer term intensive care and this should be provided in a larger neonatal intensive care unit. The number of babies in North Wales who will need this level of longer term care will be around 36 each year.

At the moment, longer term neonatal intensive care is provided at both Glan Clwyd Hospital and Wrexham Maelor Hospital. However, some babies have been cared for at Arrowe Park Hospital on the Wirral.

There are national standards for neonatal services in Wales and the UK. Our services do not meet these intensive care standards and there are particular difficulties with staffing levels. To set up a single large neonatal unit in North Wales would be difficult in terms of recruiting sufficient staff and very challenging financially.

We have been looking at ways to address this problem. The clinicians' preference is to develop a service in North Wales, because of benefits this would bring in terms of access.

The Board has considered this but as described above, there are significant challenges in recruiting enough highly specialist staff. There is a shortage of specialists across the UK and there are increasing costs on providing this care for a small number of very sick babies.

Our proposal therefore is for all longer term neonatal intensive care to be provided from Arrowe Park Hospital because we believe they can provide good quality sustainable services into the future. This includes accommodation for families on site.

Neonatal services is the term used to describe the support given to newborn babies during the weeks or months immediately following birth.

Very few babies will need intensive care support. The most common reason for this is if a baby is born too early. Sometimes, support is needed if there are complications during or following the birth.

Mums and their families want the best care possible for their babies when this happens.



## 8. Vascular services

At the moment, we provide these services at all three acute hospitals in North Wales.

### **Vascular services are being looked at because:**

- Vascular surgery is becoming much more specialised and this affects how services are organised
- There is clear and growing evidence that there is a positive link between how much surgery is undertaken in a hospital and better results for patients

Vascular services involve operations on veins and arteries, including treatment for a partial or total blockage of an artery.

These services can also include treatment for aneurysms, a bulge in an artery that can weaken it, causing it to leak or burst.

Emergency treatment can include life threatening emergencies, such as a larger artery bursting (burst Aortic Abdominal Aneurysm or AAA), when there is a critical lack of blood to a limb, or injuries from road traffic accidents.

- Screening for abdominal aortic aneurysms (AAA) is being introduced for men aged over 65 based upon clear clinical guidelines from professional groups. This will reduce the number of emergency operations and give patients a better chance of survival
- The way vascular surgery is done is changing, which will reduce how much traditional 'open' surgery is done

Our local vascular clinical team agree that major arterial surgery (which involves about 300 cases per year) has to change. This is so we can improve safety and quality. The clinicians leading this work have proposed that this surgery should be done at either one or two hospitals and many of the vascular clinicians thought that two sites would be preferable as quality standards could be maintained with more local access.

### **Our proposal**

Having considered their work, the Health Board believes that we can achieve the best results for patients if this complicated arterial surgery is provided in one acute hospital in North Wales. We would also concentrate emergency vascular surgery at the same hospital.

A single, larger team will mean that patients will continue to get better results and the service will be more efficient.

Routine vascular services and care before and after operations would continue to be provided in all three acute hospitals. We are still considering which hospital would be best, if we do move services to one hospital. You may want to tell us your views about this.



## 9. Equality Impact Assessment

We want to be sure that when we make a decision that affects our service users or staff, we do so in a fair, accountable and transparent way. We need to take into account the needs and rights of those who might be affected as far as possible.

We have looked at equality and human rights considerations for all our proposals, using a method called Equality Impact Assessment Screening. This includes specific consideration of the Welsh language. Copies of the Equality Impact Assessment screening work are available on our website.

We are continuing to build on the work done so far and thinking about the overall impact of all these proposals.

We will continue to update the assessment now that our proposals are clear. We would be interested to hear from you if you believe there are any positive or negative impacts that the Health Board should take into account in the decision making process.

We have considered whether there is any impact from our proposals for people who speak Welsh and on the Welsh language.

We have also considered whether there is any potential impact of our proposals on groups including:

- Age
- Gender reassignment
- Sex
- Race – including ethnic or national origin, colour or nationality
- Disability
- Pregnancy and maternity
- Sexual orientation
- Religion or belief – including lack of belief

## 10. Implementation of proposals

We believe the proposals described will help make the changes needed to make best use of resources, meet the needs of the population and meet quality standards.

If the proposals are accepted, the Board will make arrangements to manage the detailed planning needed before changes can be implemented.

This will be led by clinicians and will include a wide range of representatives including staff side and unions, Community Health Council, and representatives of other organisations.

For proposals which will need capital money for building work, a business case will need to be developed.

This table gives an estimate of the time it would take for each of the proposals to be implemented. The shaded area indicates that the work will continue, with further proposals being identified after the first stage.

Proposals:	2012	2013	2014	2015	2016
Moving care into the community	■				
Commence roll out of enhanced care at home across North Wales	■				
Changes to minor injuries services	■				
Changes to X-ray services	■				
Redevelopment of Ffestiniog Memorial Hospital		■	■	■	■
Development of north Denbighshire facility		■	■	■	■
Development of Llangollen primary care centre		■	■	■	■
Development of Flint primary care centre		■	■	■	■
Development of Tywyn hospital		■	■	■	■
Investment in community service – Older peoples' mental health		■	■	■	■
Confirm closure of mental health beds – Bryn Beryl Hospital and Dolgellau and Barmouth Hospital		■	■	■	■
Reduction in beds at Cefni Hospital		■	■	■	■
Move Glan Traeth services		■	■	■	■
Commission Neonatal Intensive Care Service		■	■	■	■
Concentrate vascular services onto one site		■	■	■	■

# What these changes may mean for patients and staff

## How patients will benefit from these proposals

These proposals will provide better results for patients including:

- ✓ For vascular services, better clinical results and greater survival chances
- ✓ For neonatal services, better care through services which meet the standards
- ✓ For services in communities where you live, better care through greater consistency and reliability; more people cared for at home rather than admitted to hospital; better co-ordination and communication between different services and, we believe, greater satisfaction with services
- ✓ For older people's mental health, more people helped to stay at home living independently, earlier diagnosis and support and better co-ordination of services

## What these changes may mean for staff

Staff are clearly an important part of the consultation process and their concerns about job security will be important not just to them but to the wider community. A series of events will be held for staff to give their views.

We rely on our skilled staff to help us deliver the changes needed and want to make sure that we work with them to do this. We will work in partnership with staff side representatives and trade unions to support our workforce through the transition if the proposals are accepted.

We will support the development needs of any staff affected by these changes so that they are able to work safely and confidently in the new arrangements. We will do this as appropriate by providing training, using skills and experience and through encouraging staff to work in different settings. This will build confidence in working in the community and with colleagues in social care, the voluntary sector and others.

By concentrating specialist services at fewer hospitals, we will make better use of clinical and support staff.

All staff changes will be managed in line with the All Wales Policy on Staff Changes and we

will always give consideration to issues affecting staff such as transport, family and carer responsibilities.

We will monitor the impact of services and report to our Board how the changes are supporting better patient care.

If the proposals are accepted, the Board will require assurance that the implementation plans will help us have services that are fit for purpose, meet the needs of our population, are safe and affordable and will remain so for the future. As part of this we will ensure that the resource requirement is understood and a thorough assessment of any risks is in place.

We have identified some of the risks already in this booklet – such as recruitment of staff, the financial position of the Board and possible impact on certain community groups. We will consider these and take action to reduce these where we can. We believe however that there is a greater risk in not taking forward these proposals.

## 11. Have your say on our proposals

Now we would like to hear from you.

We would welcome any views or contributions you would like to make. You can send us these by emailing [jointhedebate@wales.nhs.uk](mailto:jointhedebate@wales.nhs.uk) or by writing to the Health Board.

We need to make sure we consider all the views sent to us before any decisions are made.

There are a number of ways you can let us know your views:

- You can complete the feedback questions with this booklet and send to: **Opinion Research Services, Freepost SS1018, PO Box 530, Swansea SA1 1ZL**
- You can complete the feedback questions on line at: **[www.bcuhbjointhedebate.wales.nhs.uk](http://www.bcuhbjointhedebate.wales.nhs.uk)**

- You can write to the Health Board at: **BCU Health Board Join the Debate, FREEPOST RSZZ-SGXY-TSEZ LL17 0JA**

- You can email your views to: **[jointhedebate@wales.nhs.uk](mailto:jointhedebate@wales.nhs.uk)**

**This booklet.....**

You can request further copies of this consultation booklet by emailing: **[jointhedebate@wales.nhs.uk](mailto:jointhedebate@wales.nhs.uk)**; or calling **Freephone 0800 678 5297**

You can download a copy from our website at **[www.bcuhbjointhedebate.wales.nhs.uk](http://www.bcuhbjointhedebate.wales.nhs.uk)**

We can provide you with a large print version or other formats or languages on request.

Please call us on **Freephone 0800 678 5297** or email: **[jointhedebate@wales.nhs.uk](mailto:jointhedebate@wales.nhs.uk)**

# The consultation runs from 20 August 2012 to 28 October 2012



## 'Ring and book' consultation events

There are a number of ways you can be involved in the consultation, including a number of events during the consultation period. Details of how to take part will be on our website:

[www.bcuhbjointhedebate.wales.nhs.uk](http://www.bcuhbjointhedebate.wales.nhs.uk)

We will also advertise events in local newspapers. You can call us on **Freephone 0800 678 5297** to book into an event in your local area.

The dates and locations are set out opposite. Meetings will be held in the afternoons and evenings.

The Health Board is holding a series of public meetings during the consultation period. This is an opportunity for you to join the debate in person. To book a place, please call us on **Freephone 0800 678 5297**.

Sessions are scheduled to start at 2.00pm, 4.00pm and 6.00pm to give more people a chance to get involved. If you wish to attend, please book a place by calling **Freephone 0800 678 5297**. All venues have wheelchair access. If you have any additional requirements please tell us when you book a place.

Date	Location	Venue
Tuesday 4 September	Connah's Quay	Council Chambers
Thursday 6 September	Blaenau Ffestiniog	Blaenau Community Centre
Friday 7 September	Llangefni	Council Chamber
Monday 10 September	Rhyl	WCVA, Morfa Hall
Tuesday 11 September	Prestatyn	Scala Cinema
Wednesday 12 September	Chirk	Parish Hall
Friday 14 September	Old Colwyn	Eirias Park
Tuesday 18 September	Flint	Council Chambers
Wednesday 19 September	Tywyn	Corbett Arms Hotel
Thursday 20 September	Ruthin	Llanfwrog Community Centre
Friday 21 September	Pwllheli	Sailing Club
Monday 24 September	Caernarfon	Plas Menai National Watersports Centre
Tuesday 25 September	Llandudno	Craig y Don Community Centre
Wednesday 26 September	Llangollen	Town Hall
Friday 28 September	Mold	Theatr Clwyd
Monday 1 October	Wrexham	Catrin Finch Centre, Glyndŵr University

Opinion Research Services (ORS) are also organising a number of small discussion groups and a sample household survey to capture the views of people who may be affected by the proposals.

**Would you like to give your views to an independent organisation?**

The Community Health Council is your independent NHS Watchdog. It offers free independent advice about local health services and a way for you to have your say about local and national NHS services. If you prefer, you can make your views known by emailing the Community Health Council in confidence at **yourvoice@bcchc.org.uk** or telephone **01248 679284**.

## Confidentiality

**What will happen with the questionnaires we receive?**

All completed questionnaires will be processed and reported by ORS, a specialist social research practice appointed to undertake this work. Your views will be confidential: no one except the ORS research team will see your questionnaire and no one will be identified in their general report.

**What will happen with other written submissions (letters, emails and other documents) we receive?**

Other written responses will be summarised by ORS and sections or complete documents may also be published in full on our website, with the name of the person or organisation concerned. Organisations will always be identified, but if individual respondents do not want their names and address published, please tell us this clearly in writing when sending your response and we shall blank those details before publishing your submission. If Freedom of Information requests then ask for information we have withheld, we would still not publish your personal information without very good reason, and we would always contact you first.

**What will happen with the ORS report?**

ORS will prepare a stand-alone Executive Summary and a full Report of the consultation findings and, before the Health Board makes a final decision, it will consider all the feedback received. The ORS report will also be provided to the Community Health Council and be made widely available once the consultation is over.

## 12. What happens next?

After we have considered the consultation report and any other information gathered, we will look again at the proposals we have made. We will be interested in the overall response to the feedback questionnaire and also your reasons for supporting or not supporting a proposal.

We will also take account of the views of the Community Health Council and any views they have heard.

The Health Board will decide, in the light of the consultation and other information gathered, whether to proceed with the proposals we have been considering or to amend them in the light of consultation feedback. The Board will meet in public to discuss this and the date and venue will be advertised on our website; we anticipate this will be during December 2012.

If the Board decides to go ahead with the proposals, we will start to bring these in early in 2013 and will aim to finish the changes by 2015. We will develop a detailed action plan and involve our partners and others in this. If you are interested in being kept informed of the progress of any proposals we implement, you can email us at [jointhedebate@wales.nhs.uk](mailto:jointhedebate@wales.nhs.uk).

**All responses need to be made by 28 October 2012**

# Appendix 1: Summary of what the proposals would mean by county

	Beds	Out-Patients & Daycare	X-Ray	Minor Injuries Unit	Primary Care Facilities	More Care At Home	Summary
<b>Anglesey</b>							
<b>Cefni</b>	✓	✓	-	-		✓✓	More community services for older people with mental health needs, reduction in beds from 25 to 18
<b>Penrhos Stanley</b>	✓	✓	✓	✓		✓✓	No change to hospital services Enhanced care at home already in place
<b>Gwynedd</b>							
<b>Eryri</b>	✓	✓	✗	-		✓✓	Close X-ray (currently 3 sessions a week)
<b>Alltwn</b>	✓	✓	✓	✓		✓✓	Will admit Blaenau Ffestiniog patients
<b>Bryn Beryl</b>	✓	✓	✗	✓		✓✓	More community services for older people with mental health needs Permanent closure of 6 beds Change in Minor Injuries Unit hours
<b>Ffestiniog Memorial</b>	✗	✓	✗	✗	✓✓	✓✓	Redevelop hospital premises to provide better community services and expand Primary Care
<b>Dolgellau and Barmouth</b>	✓	✓	✓	✓		✓✓	More community services for older people with mental health needs Permanent closure of 9 beds for older peoples' mental health needs
<b>Tywyn</b>	✓	✓	✗	✓	✓✓	✓✓	A business case to develop Tywyn has been submitted to Welsh Government
<b>Conwy</b>							
<b>Llandudno</b>	✓	✓	✓	✓		✓✓	Continue current development plans
<b>Colwyn Bay</b>	✓	✓	✓	✗		✓✓	Close Minor Injuries Unit

## Symbol

- ✓✓ New development or significant improvement
- ✓ Service remains the same
- ✓ Some reduction in service
- ✗ Service will close
- Indicates no service provided now

## What this means

- ✓✓ New development or significant improvement
- ✓ Service remains the same
- ✓ Some reduction in service
- ✗ Service will close
- Indicates no service provided now

	Beds	Out-Patients & Daycare	X-Ray	Minor Injuries Unit	Primary Care Facilities	More Care At Home	Summary
<b>Denbighshire</b>							
<b>Prestatyn</b>	X	X	-	-			Services at Prestatyn, the Royal Alexandra and Glan Traeth to move into new integrated facility. Existing buildings will close Enhanced care at home is in place
<b>Royal Alexandra</b>	-	X	X	-			
<b>Glan Traeth</b>	X	X	-	-			
<b>New Integrated Facility</b>	✓✓	✓	✓	-		✓✓	
<b>Penbigh</b>	✓	✓	✓	✓		✓✓	No change
<b>Lluthin</b>	✓	✓	X	X		✓✓	Close Minor Injuries Unit and X-ray (currently 3 sessions a week)
<b>Llangollen</b>	X	X	-	X	✓✓	✓✓	Develop new primary care centre. Close Llangollen hospital
<b>Wrexham</b>							
<b>Chirk</b>	✓	✓	-	X		✓✓	Close Minor Injuries Unit May admit Llangollen patients
<b>Flintshire</b>							
<b>Mold</b>	✓	✓	X	X		✓✓	Close Minor Injuries Unit and X-ray (currently 10 sessions a week)
<b>Deeside</b>	✓	✓	✓	✓✓			Open Minor Injuries Unit
<b>Flint</b>	X	X	-	X	✓✓	✓✓	Develop new primary care centre Close Flint Hospital
<b>Holywell</b>	✓	✓	✓	✓		✓✓	Will admit Flint patients

**Symbol**    **What this means**

✓✓    New development or significant improvement

✓    Service remains the same

✓    Some reduction in service

X    Service will close

-    Indicates no service provided now

## Appendix 2: Glossary of terms

What some of the words and phrases in this booklet mean

<b>Acute hospital</b>	A hospital that provides care for a patient for a short but severe period of illness or following an injury or surgery; in North Wales this means Ysbyty Gwynedd, Glan Clwyd Hospital or Wrexham Maelor Hospital
<b>Bed occupancy</b>	How much healthcare beds are used over any particular period
<b>Community healthcare</b>	Care provided by the NHS, often working with social care, to assist people living at home
<b>Critical care</b>	Specialised care for patients whose condition may be life-threatening
<b>Daycase</b>	A daycase is surgery where a patient comes into the hospital, has an operation and is discharged home the same day
<b>Dementia</b>	Loss of mental ability severe enough to interfere with normal activities of daily living. It is a group of symptoms caused by the gradual death of brain cells
<b>Diagnostics</b>	Procedures used to identify a disease or problem to give a 'diagnosis'
<b>Emergency Department (or A&amp;E)</b>	A department at the acute hospital which deals with accidents and health emergencies
<b>Equality Impact Assessment</b>	A method of identifying whether a proposal has an impact on particular groups in the population
<b>Hospital hubs</b>	A hospital hub is a centre of services for a number of communities

### **Integrated care**

Care which is provided by the NHS, social services, voluntary groups and independent services working together to meet the needs of patients

### **Pathways**

A patient's journey to the care that is needed, often involving guidelines and processes to make clear the treatment and care that can expect to be received

### **Primary care**

Services provided by family doctors, dentists, pharmacists, optometrists (for eye care) together with community nurses and health visitors

### **Primary care resource centre**

A centre that brings together primary and community services onto a single site to provide more convenient access for patients

### **Renal**

Relating to the kidneys

### **Telehealth**

Provision of health services at a distance using a range of technologies. Telehealth can support diagnosis and management of long term conditions such as diabetes or high blood pressure

### **Telemedicine**

Use of medical information transferred from one place to another using electronic communication methods

### **The Triple Aim**

The Triple Aim is a way of defining three important elements of healthcare so that the system can be improved. This was designed by the Institute for Healthcare Improvement, an organisation which works to improve healthcare in the United States of America