



Swansea Bay University Health Board

Changing for the Future

Our plans for Changing Urgent and Planned Care Services following Covid

An engagement document on proposed changes to NHS urgent and planned care services in the Swansea Bay area.

Public Engagement: 26 JULY - 1 OCTOBER 2021

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Introduction

This document begins by outlining in detail the engagement and listening exercises we have undertaken over the past decade and the subsequent changes that have been introduced to improve the way in which we provide NHS services in the Swansea Bay area.

This is, of course, a process that can never be truly complete as the challenges before us, and the communities we serve, are always evolving.

The first part of this document not only introduces the current engagement exercise, which we are calling '**Changing for the Future**', but also examines in detail the pressures our services are under and the need for change. We examine, for example, the impact of poverty, the changing age demographics of the population and the financial pressures we are always under to deliver excellence whilst balancing the books.

Of course, the past year-and-a-half has also brought with it a set of very particular challenges relating to the way in which we have had to adapt to address the realities of COVID-19. As we outline, however, the accelerated way we have had to introduce some service changes, because of the pandemic, has meant that we have had to learn a lot in a short space of time. Many changes, such as the rapid expansion of digital healthcare, have been shown to be so effective that we are now seeking ways in which to embed them permanently into our overall fabric of services.

Having outlined the challenges and the case for change we go on in the second part of this document to outline in detail the changes we are proposing.

We would encourage you to read the whole of this document to best understand the reasons for the changes under consideration and the impact these will have for patients and staff. In summary, however, the principles underlying Changing for the Future are as follows:

- Health services should be local where possible and specialist where necessary
- We should adopt a single system approach to health and social care that ensures patients have an unbroken journey of care across the breadth of NHS services
- Care should be delivered in the right place, by the right person, at the right time
- Whenever it is safe to do so, patients should receive care in or close to their homes
- We should have regional and local collaboration to ensure that services meet the real needs of patients
- We should harness the power of digital technologies by offering patients online access to NHS services wherever possible
- We should ensure that our three main hospital sites provide a consistent level of care 24 hours a day, seven days a week, wherever necessary and appropriate

To meet these principles we are proposing certain changes to the way in which services are provided at our three main hospital sites.

We propose to make each of our main hospitals a centre of excellence for different services which means that not all services will be provided at each hospital. Rather than each site serving just its local area we are proposing a model of care in which all three serve the whole of the Swansea Bay area as part of a network of specialist healthcare provision. We outline these changes in detail in the section titled *'Which services are we planning to change and why?'*

In summary, however, the three distinct centres of excellence we aim to establish are:

MORRISTON HOSPITAL will become the centre of excellence for **URGENT AND EMERGENCY CARE, SPECIALIST CARE AND REGIONAL SURGICAL SERVICES**, including complex medical interventions. This is a general principle which has already been outlined and agreed in past public engagements.

SINGLETON HOSPITAL will become a centre of excellence for **PLANNED CARE, CANCER AND DIAGNOSTICS**. The COVID-19 pandemic has had a particularly significant impact on planned care services which have necessarily taken a temporary 'back seat' to the urgent demands on the NHS to manage the huge challenges created by the pandemic.

Whilst planned care is by its nature not urgent it is still essential, especially to patients awaiting care and who continue to suffer pain, discomfort and a reduced quality of life due to a lack of treatment.

NEATH PORT TALBOT HOSPITAL will become a centre of excellence for **ORTHOPAEDIC AND SPINAL CARE, DIAGNOSTICS, REHABILITATION AND RHEUMATOLOGY**.

Along with other planned care services, orthopaedic and spinal care services have been stretched by the COVID-19 pandemic. Waiting lists have become too long, especially for those suffering pain and discomfort waiting for knee, hip or back surgery. We recognised we need to take steps to address this challenge and improve the situation for patients and staff alike.

Service relocations

As part of the proposed programme for change, and to create specialist centres of excellence at each of our three main hospitals, some services will inevitably need to be transferred from one site to another.

This will enable us to focus our skills, resources and knowledge on providing excellence across our entire range of services rather than aiming for a very broad range of services at each site.

This specialisation will also allow us to manage congestion and backlogs across our emergency care services, primary and planned care services and of course our

ambulance service with our three hospital sites working together to provide the range and level of services needed to serve the health and social care needs of people living in the Swansea Bay area.

Some of the proposed service changes, which we outline in more detail further on in this document, are as follows:

- The Minor Injuries Unit at Singleton has been temporarily closed for several years due to staffing problems. We are now proposing that in future minor injuries will be treated at our other hospitals, and not at Singleton. This will enable us to protect our planned care services there and ensure that patients are treated in appropriately staffed and equipped facilities.
- Also, in line with our efforts to concentrate planned care services at Singleton and urgent and emergency services at Morriston, we are proposing that the acute GP unit will be transferred to Morriston.
- Before the outbreak of COVID-19 a large-scale outpatient waiting area was built at Morriston. Due to the significant reduction in outpatient appointments during the pandemic most of this facility was repurposed to increase the space available for treating patients and providing emergency care and critical care. This has proved to be invaluable and enables us to better deliver urgent care services in improved facilities. As we plan to continue undertaking most of our outpatient consultations digitally, we will not need as much outpatient waiting space. We therefore propose to continue using this space for additional clinical services.
- As part of the development of the acute hub at Morriston Hospital we are also proposing that the GP out of hours service – which was temporarily transferred from Morriston to Neath Port Talbot during the pandemic – returns to Morriston. However, urgent GP appointments will continue to be available at Neath Port Talbot until 10p.m.
- We are also proposing the development of a new Hyper Acute Stroke Unit. We know that with the levels of deprivation in Swansea Bay, the consequences of traditional industries locally, and an ageing population, we need to increase our capacity to treat stroke patients and to do it in the best way possible. The evidence suggests the best care for all stroke patients across our population can be provided by a single specialist centre.

We are now seeking your views. We want to hear from patients, staff, and all concerned, on whether our proposals would have a positive impact on the way we work in the future. It is only engaging, listening and working together that we can ensure the best outcomes for all concerned.

Who are we, and what do we do?

Swansea Bay University Health Board runs your local NHS services in the Neath, Port Talbot and Swansea areas as well as specialist services for South-West Wales and some very specialist services for people from further away.

We plan and provide services at our three main hospitals (Morriston, Singleton and Neath Port Talbot) as well as our community hospital (Gorseinon), primary care resource centres, GP surgeries, dentists, chemists and opticians and providing community services such as district nursing, therapy, school nursing and health visiting. We also provide a range of specialist mental health and learning disabilities services in hospitals and community facilities.

We employ approximately 12,500 staff and spend around £1 billion every year on providing health services for the 390,000 people who live in the Swansea Bay area.

We are constantly looking for new and better ways to coordinate the services provided in our hospitals with the health and care services provided in the community. To do this we work closely with patients, their families and carers, the ambulance service, local authorities, universities, and the voluntary sector as well as many medical professionals.

What is this engagement about and who should take part?

Over the past decade we have undertaken several engagements and consultations with doctors, nurses, other health and care professionals, the voluntary sector, local authorities, patients and members of the public who have an interest in how health care is provided in the Swansea Bay area.

These engagement programmes were part of our *Changing for the Better* programme. In 2019 we developed our Clinical Services Plan which built on *Changing for the Better*.

Throughout this time, we have been monitoring and reviewing the performance of the services we provide and constantly looking for ways to improve them and we have now developed detailed proposals for the reshaping of hospital services supported by the modernisation of community health and care services in the Swansea Bay area. It is these proposals that are now the subject of this engagement programme. Building on *Changing for the Better*, we are calling this new engagement programme *Changing for the Future*.

The health and care system in Swansea Bay faces several significant challenges, many of which have been present for several years. These include ensuring our services are sustainable for the long term, able to provide the best clinical care and staffed appropriately. These challenges have been highlighted and, in some cases, made greater by the impact of the COVID-19 pandemic.

The pandemic has demonstrated the ability of the NHS and its patients to embrace technology and new ways of working. We have adopted improved practices, systems and technologies during the pandemic to deliver better services for patients.

As a direct result of COVID-19, several interim changes have already been made to the way in which we deliver services in Swansea Bay. We have found new ways to treat patients safely and effectively, knowing that the virus remains an invisible but ever-present threat which will be with us for some time to come.

We are doing everything possible to ensure all our patients receive the care they need while simultaneously tackling hospital waiting lists that have got much longer during the pandemic. We are also managing emergency and urgent care pressures better. But we know we must do more to achieve the results our local communities need and deserve. We are confident there are solutions which will help us deliver the best service possible to the people who live here. We can and will provide our dedicated staff with everything they need to offer professional, modern and effective healthcare solutions.

We know the people on waiting lists are much more than just statistics on a spreadsheet. Each person waiting for treatment is a human being living in pain or discomfort who needs our help. We also know that going back to how things were before the pandemic is not going to reduce the waiting lists or solve our emergency care problems.

As we begin to emerge from the wave of challenges posed by the pandemic, we can refocus our attention on a more forward-looking vision. This is why we are now looking to engage with NHS staff, local authority and voluntary sector partners, patient groups, patients and members of the public about a series of permanent changes we need to make to hospital and community healthcare services to keep our patients and communities safe and well.

The *Changing for the Future* programme will allow us to develop a shared vision with our partners for how the health of our population can and will be improved. It will also allow us to explore new and innovative ways to enable and support the people who live in our communities to take more responsibility for their own health.

Due to the need to control the spread of COVID-19 this new programme of engagement will be mainly online. We will develop a user-friendly website to enable as many people as possible to participate in the engagement process, learn about what is being proposed, and share their views. In addition, there will be ways for people to give us their views through more traditional means, to ensure that no one is excluded from this engagement. All feedback received will be reviewed and considered when we shape the important changes we need to make quickly to improve healthcare services for people living in the Swansea Bay area.

Some of the changes referenced in this document have been discussed and agreed during previous public engagements. We refer to them again here in order to paint the full picture and because they are reflected in our Clinical Services Plan. Some of these measures need to be put in place now to reduce pressure on services, reduce waiting times, improve speed of treatment for urgent and emergency care and ensure that the quality of treatment we provide is as good as it can and should be. COVID-19 has increased demand for certain services, such as mental health services, making change more important than ever. Other changes we outline are new because we can see that the way in which they are provided could be improved.

Scope of the engagement & what is excluded?

This engagement programme focuses specifically on how we need to use our main hospitals to ensure they can meet the challenges of continually rising demand for acute and emergency services and significantly increased waiting lists.

It does not cover the following services:

- Specialist mental health services
- Specialist learning disabilities services
- Changes to GP and community services, though there is some reference to these services where they impact upon the effectiveness of our hospital services.

How have the proposals been developed?

Proposals for the reshaping of planned, acute and emergency services have been developed by

- Reviewing the service changes already agreed through public engagement but yet to be put into practice.
- Listening to the views of NHS staff, stakeholders and our patients on the vision for what future services could and should look like and how they are best delivered.
- Considering the best way of integrating the services we deliver in hospitals with those services provided by other organisations.

These proposals for change have been driven by our desire to:

- Improve access to high quality care
- Improve outcomes for patients
- Reduce waiting times
- Provide access to treatment when it is needed, particularly emergency and urgent care
- Shift our resources towards earlier intervention through primary care and community care
- Rejuvenate our hospitals by giving each of them a clear role within our care system
- Deliver maximum value from the resources available to us and
- Ensure NHS staff feel supported.

Changing for the Future is led by Swansea Bay University Health Board and has been developed almost a decade after the original *Changing for the Better* programme was launched in 2012, by what was then Abertawe Bro Morgannwg University Health Board. The original programme, the associated South Wales Programme, and subsequent engagements have sought to ensure our health services are sustainable and address the health challenges arising from the global pandemic. In addition, however, our services need to address several long-standing challenges that existed before COVID-19, including:

- Significant local health inequalities
- A growing and ageing population
- Health problems arising from poor lifestyle choices (smoking, alcohol etc.)
- The prevalence of long-term illness
- Difficulties in recruiting health and care staff
- Financial challenges

In 2019 we refreshed *Changing for the Better* and produced our Clinical Services Plan which reflected progress over the past few years, and areas where our plans had developed or changed due to best practice innovations in how services should be provided.

Over the past decade, we have made some very good progress. We have improved the way we deliver services in partnership with our local authorities, we are using much more digital technology and we have developed primary care clusters which enable us to deliver more services closer to where people live.

However, we still have much to do and some of the challenges we face have been made worse by the impact of the COVID-19 pandemic. This has created new and more stringent requirements for infection control, it has put health services under serious pressure and it has led to an increased need for mental health support and ongoing care for those with long COVID. The pandemic has also left us with a significant backlog of care and treatment for various long-term conditions and planned operations.

In addition, several other areas have been highlighted in recent years that suggest the need for further changes in the way services are organised and delivered in the three main Swansea Bay hospitals. These include:

- Consistent feedback about poor patient experience in some services
- Continuing problems with achieving acceptable waiting times for urgent and emergency care
- Hospital stays being too long, with an increase in delayed discharges
- Poorer outcomes for older patients if they are treated in hospital rather than at home because of the confusion, upset and deterioration in physical fitness that can result
- Increased cancellations of planned treatments leading to longer waiting times
- Lack of adequate progress in cancer care against several national and international benchmarks

Despite these challenges, the COVID-19 pandemic has also taught us that we can change services quickly when we need to and we can develop new and effective ways of working. We want to build on these positives and continue to change services quickly for the benefit of our patients and local communities.

Specific examples of positive change over the last year include:

- The continued development and operation of primary care 'clusters', with multi-disciplinary teams working together close to people's homes
- Moving some services off hospital sites where it is safe to do so, improving access either through specialist centres for services (for example the blood test centre at Bay Field Hospital) or more locally delivered services
- A growth in community-based care, with more services being delivered in or closer to home
- Increased use of technology for direct patient care and in the management of health and care services

The *Changing for the Future* programme has six main goals as reflected in our Annual Plan for 2021-22. They all play a crucial part in shaping our objectives and our proposals for changes to hospital services in the Swansea Bay area.

These six goals are to:

1. Continue to respond to COVID-19 while maintaining essential services
2. Improve quality of care and outcomes for our patients
3. Reduce waiting times for emergency and planned care
4. Do more to prevent ill health and reduce the differences in health across our communities
5. Improve the experience of our staff
6. Improve use of Health Board resources and reduce waste

To meet these goals, changes to hospital services cannot be considered alone. The *Changing for the Better* programme and then our Clinical Services Plan, were always about shaping the future of community services, in partnership with our local authorities, voluntary sector and patient and community groups and about achieving a greater level of integration between the delivery of health and social care services. The ideas we are now putting forward aim to build on that strong foundation.

We need to ensure that we have the right services in the right place, so that people can get the best possible access to care, exactly when they need it. We need to create effective care pathways, which deliver the care and support people need, from initial diagnosis through to final treatment, as well as creating an environment that helps to reduce health inequality and prevent ill health in the first place. We need to ensure we have the right staff with the right skills, supported to deliver care and that we enable our citizens to play a more active part in the management and treatment of their own health.

We will clearly need to respond to the legacy of COVID-19 by reducing the risk of continued infection, improving treatment for those infected and addressing the knock-on impacts of the pandemic.

These impacts include the backlog of treatment for other health conditions, the societal impacts that lead to mental health problems and the financial impacts which are likely to cause unequal impacts on the health and wellbeing of our citizens.

To be considered a success, any changes we put in place will need to reduce the number of people requiring inpatient care and turn some of what is currently considered to be emergency care into planned care.

When people in Swansea Bay need to go to hospital, we want the hospital they visit to be a centre of excellence for the delivery of the particular care they need. We also want our hospitals to work together to provide a full range of fully staffed and clinically excellent services, rather than each of our hospitals trying to provide the same services.

Finally, the *Changing for the Future* programme will need to re-shape local NHS services in a way that is:

- financially sustainable
- makes the best use of existing resources and new investment
- supports people to manage their own conditions and symptoms better
- embraces modern technology
- encourages and supports new ways of working
- empowers a health and care workforce that feels supported

The challenges we face today and why our hospital services need to change

The COVID-19 pandemic has meant the way we deliver hospital services has had to change, and very rapidly. Providing high quality health care is more challenging now than it has been for some time, and these challenges are likely to continue for years to come. We have been doing all we can to reduce the risk of COVID-19 outbreaks in our hospitals. Such outbreaks lead to the closure of wards and the loss of beds which then creates further delays in treating patients and longer waiting lists. So, we have had to take important decisions and make some changes to the way we work to manage COVID-19.

Apart from the challenges that COVID-19 brings we also need to make sure that the way we work is right for the kind of modern health service we aim to provide. Our hospitals were designed years ago in a way that was best suited to peoples' health care needs at that time, but the challenges and expectations of the 21st century are very different.

Of course, we have made many improvements and changes over the years, but we are always looking for ways to improve and to provide better health and social care services for the people who live here.

Today's health and care system in the Swansea Bay area faces several significant challenges. Some of these challenges are the same across Wales and the rest of the UK. Others are more specific issues we face in our part of South Wales.

COVID-19 has thrown up a lot of challenges which mean we have had to come up with solutions fast to keep our health system working well. During the pandemic we have not always had the luxury of time for lengthy discussions because delays in taking decisions could have cost lives. And while there is clearly still a big challenge ahead, we believe we have been doing the best we can in difficult circumstances. Our experience of dealing with COVID-19 has meant we have had to learn and adapt fast. We believe some of the changes we have made during the pandemic will continue to deliver better healthcare when the pandemic is over.

But *Changing for the Future* is not just about how we recover from the pandemic. In the rest of this section, we are going to look at some of the other reasons why we need to change the way we deliver healthcare before we go on to outline our ideas for change.

People are living longer

The fact that people are living longer is obviously a good thing but it also puts more pressure on health and social care services. Older people tend to have more complex health needs and often need treatment for more than one condition at a time.

Population forecasters say the population of the Swansea Bay area will rise by almost 5% over the next 15 years. That is an extra 20,000 people who will need health care at some point in their lives. And our local population is not just growing, it is growing older. The number of people aged over-65 is predicted to rise by almost 20% over the next 15 years.

This means we will have to find ways to deal with challenges such as:

- Treating more patients who have age-related and long-term conditions.
- Rising numbers of diabetic patients, many of whom will have other healthcare needs as well.
- More falls and accidents at home with elderly people having to move into long term care as a result.
- Misuse of medicines. Older people often have multiple health issues and take several different medicines. When medicines are not used properly, they can cause longer term problems and lead to more people needing treatment in hospital.

- Longer hospital stays. When frail and elderly people spend long periods in hospital, with limited opportunities to exercise and socialise, their physical and mental health can suffer. This often leads to even longer stays in hospital and creates additional care needs after discharged.

Differences between the needs of our communities

More deprived communities tend to have more healthcare needs, often with lower life expectancy, higher levels of serious illness and other health conditions. There are more pockets of deprivation in the Swansea Bay area than the average in Wales with the poorest areas around parts of Swansea, Neath Port Talbot and in the upper valley communities. In addition, some areas have poor transport services, which makes it more difficult and more expensive for people to get to the healthcare services they need.

Patient waiting times

We know that patients often spend too long waiting to be seen in A&E. And once they have been treated, they often wait too long before being discharged. This might be because they are waiting for a prescription, for help from an occupational therapist or simply for an ambulance to take them home again.

Delays at A&E can mean that ambulance crews queue while waiting to hand patients over for care by hospital staff. This is lost time during which ambulance crews cannot attend other calls.

We must find ways to deal with bottlenecks like these so we can cope with increased demand and provide better services in the future.

What is causing the bottlenecks?

There are many reasons why hospital services may not be running as smoothly as they should. The root of the problem, however, is not always to be found at the hospital itself. We need to look across our hospitals and the roles they each fulfil as well as beyond the hospital and think about whether we can improve services by getting the various parts of the health service to work better together. Some of the causes of hospital bottlenecks are:

- Treating too many people in hospitals for things that should be treated closer to home or in the community.
- A shortage of trained doctors on duty to make sure that patients do not have to wait longer than necessary.
- Community services which lack the trained staff they need to keep hospital admissions down and allow us to discharge patients after treatment without a long wait.
- Different parts of the health service which are not talking to each other properly or working together in the best way (hospitals, community care, secondary care). This can mean that patients often end up in A&E even though they could have been treated somewhere else.

- Not making best use of the technology solutions that are available and which could help us to improve the delivery of our services.
- Keeping patients in hospital for too long. This sometimes means that we do not have enough beds for planned treatments which can lead to delays and cancellations.

Financial pressures

Above all else, *Changing for the Future* is about improving healthcare services in the Swansea Bay area and meeting the needs of today's and tomorrow's patients. It goes without saying that our plans must be affordable.

The financial reality is that if we continue to run services in the way they are currently run, they will not be affordable. We can, however, deliver good patient outcomes, improved quality, a better patient experience and efficient and productive services that are affordable, but only if we change the way in which we deliver them. This is our goal.

Our underlying deficit in 2021/22 is £42m but we are confident the changes outlined in this engagement document will allow us to reduce our financial deficit while also reducing bottlenecks in A&E, significantly increasing the number of operations we do, improving cancer care and improving the other services we provide. Our goal is better services for the people who live in the Swansea Bay area.

In finding solutions, however, we clearly need to look closely at how hospital services have added to our financial deficit over the years and ask questions about how we can improve. We must find ways to provide more care locally and recreate our main hospitals as centres of excellence, each with a specific role, working together as an integrated whole to provide more sustainable services and improved results all round while making sure that we keep within our budget.

We need to find ways to address the challenges outlined above and be open to changing the way in which we staff and deliver health and care services for the better.

As we develop our thinking, we also need to look at how things are done elsewhere. And we need to hear from the people who live here, as well as from the doctors, nurses, and other health professionals who work with us as we look to develop a range of safe, accessible and high-quality health and care services for everyone living in the Swansea Bay area.

Which services are we planning to change and why?

We have been looking at longer-term changes that will enable us to continue the path to recovery and to safeguard future services across the region. Some of this builds on the interim changes that have been brought in due to staffing problems prior to the pandemic or as part of our response to dealing with the COVID-19 pandemic.

Our proposals are based around recreating our three main hospitals in Swansea Bay (Morriston, Singleton and Neath Port Talbot) as **'centres of excellence'** for different types of care. These proposals are based on us looking at the skills and resources we have now, as well as planning for the best way to allocate resources in future. We are doing this driven by the goal of delivering health and care services that are **local where possible, specialist where necessary**.

Progress made from the Changing for the Better programme

We believe that the only way to provide the best NHS services in the Swansea Bay area is by working together. Therefore, for the better part of the last decade we have been engaging with the public, our staff, and other interested parties. We have put forward proposals for how we might change for the better and asked for your views, listened to and engaged with the responses, and implemented changes in the way we provide health and social care services in the knowledge that we have the broad support of the communities we serve.

Some changes are simpler and less complex to implement than others and we try to always remain aware not just of the benefits of change but also of the consequences of change, both intended and unintended.

For example, changes to the provision of standalone services can be implemented relatively quickly without affecting other parts of the healthcare network. Other services, however, such as emergency services, have close and interdependent relationships meaning that changes to the provision of one will inevitably affect how we provide the other. In some cases, this can generate knock-on consequences. This is where we must be especially cautious and thorough in our approach to avoid any negative, unintended outcomes. In essence, it is all about progressing at the right pace.

Especially given the extra challenges we face in operating during the COVID-19 pandemic we must be rigorous, thorough and confident in our approach whilst remaining pragmatic and aware of risk.

Below we outline, and provide a status update, on some of the headline changes agreed during the various engagements of the *Changing for the Better* programme, some of which remain to be implemented whilst others are already either partially or fully in place.

Please note that this is a selective list of what we consider to be the key changes. A more exhaustive overview can be found on our engagement hub at www.changingforthefuture.engagementhq.com

Fully implemented changes

- Provision of enhanced neonatal care at Singleton Hospital
- Establishing a Major Trauma Unit at Morriston Hospital with specialised services as part of the South Wales Major Trauma Network
- Expanding multi-agency community teams to include third-sector providers and social services working together to provide care for people with long term conditions
- Establishing a single point of access for services for the frail and elderly
- Establishing Morriston Hospital as centre of specialist emergency and complex care for Southwest Wales (and in some cases further afield)

Partially implemented changes

The following already agreed changes have to different extents already been made although further implementation work will be necessary to bring to completion:

- The provision of more and better community care so that services can be provided **locally where possible and specialist where necessary**
- Greater use of technology solutions to provide more efficient and effective health and social care
- Moving emergency surgery to Morriston Hospital alongside the emergency department
- The further development of self-referral systems including an extended range of open access services modelled on the current physiotherapy and podiatry direct services
- Using effective technology solutions where possible and practical so that people with long term conditions can access their own health records and liaise with professionals without having to see a GP or go to a hospital
- Establishing Singleton Hospital as a Centre of Excellence for outpatient care such as day case and short stay surgery and diagnostic services
- Moving more shorter stay surgery to Neath Port Talbot Hospital
- Offering more rehabilitation services at Neath Port Talbot Hospital

Changes awaiting implementation

The following already agreed key changes have yet to be implemented and will form part of our planned programme for change in the future when capital funding is available:

- Transferring maternity and neonatal services from Singleton to Morriston
- Moving the South-West Wales Cancer Centre from Singleton to Morriston

Learning the lessons of COVID-19

COVID-19 has meant that we have had to make certain changes to the way in which we provide health and social care services. In almost all cases the general principles behind these changes have already been established in previous engagement and listening exercises and we are confident that most people would agree that, given the current health emergency, we were right to take quick decisions.

However, some of the temporary changes we have put in place have proved to be a great success, helping us to deliver health and social care services in a way that better meets patients' needs and expectations. That is why we are now looking to embed some of these new ways of working and organising as permanent changes. Details on precisely how and when the changes will be introduced can be found on our dedicated engagement portal, www.changingforthefuture.engagementhq.com

We now want to hear the views of patients, staff, and all concerned, on whether our proposals would have a positive impact on the way we work in the future.

The general principles for the changes outlined below have been agreed during previous engagements and incorporated into our Clinical Service Plan, which was approved by the Swansea Bay University Health Board in 2019. The principles and direction of travel set out in the Clinical Services Plan have been retested, and supported, by clinical staff of all disciplines within the Health Board in early 2021. They are already successfully contributing to service improvements that have been put into practise during the pandemic.

We are now seeking to make these changes permanent and are seeking the views of patients, staff, the public and all those concerned by the provision of NHS services in the Swansea Bay area.

These principles, which underpin the Clinical Services plan are:

- A single system that ensures patients have an unbroken journey of care between different specialties, different departments, different hospitals and different organisations
- The delivery of care in the right place, by the right person, at the right time
- Ensuring that whenever it is safe to do so patients receive care in or close to their homes
- Regional and local collaboration to ensure that services meet the real needs of patients

Learning from COVID-19, these principles have been augmented by the necessity of “digital first” healthcare and 7-day services.

Digital First

Whilst we recognise that provisions must be made to access health and social care services for people who either lack the necessary means to access digital services, either because they do not have internet access or an internet enabled device (smartphone, tablet, computer), the benefits that digital services can and do provide for most of us must be maintained and enhanced.

Our ability to continue to provide health and social care across our communities throughout the pandemic is thanks in large part to the digital tools we have put in place which allow different healthcare professionals to work together more easily as well as allowing patients quick and effective access to the services they need.

For this reason, we have introduced the principle of digital first, meaning that we will first offer patients digital access to NHS services before offering an in-person route where necessary. It goes without saying that this will only be done where appropriate. We also recognise that the initial digital entry route will often be followed by an in-person appointment.

7-day services

At present, the time patients wait for treatment when they are admitted to hospital – and the time it takes to discharge patients when they are ready to go home – can vary considerably depending on the hour of the day or the day of the week. For example, a patient waiting for a therapy assessment on a Friday afternoon may end up staying in hospital over the weekend because the therapist is not available on Saturday or Sunday. But a patient waiting for the same assessment on a Thursday might be discharged early the following morning.

We need to be more flexible and to offer more services outside of the traditional model of “Monday to Friday, 9am to 5pm”. Of course, we already provide many services seven days a week, 24 hours a day, but we now need to go further.

This does not mean that individual NHS staff will work longer hours or that this will apply to all our staff. It simply means we need to adapt our working practices to the needs of our patients and we need to be smarter about organising our staff rotas. Our aim is to ensure that our three main hospital sites provide a consistent level of care all day, every day.

The specific proposals for change are as follows:

- Implementing an online advice and guidance portal connecting GPs with a specialist consultant network as well as connecting GPs with their patients.
- Standardised use of online outpatient consultations
- Expansion of the *Attend Anywhere* platform, allowing access to remote consultations wherever the patient may be
- Expansion of the Swansea Bay Patient Portal, an online platform that allows patients to monitor the progress of their assessment/treatment and to connect with the different NHS staff and departments providing their care

- Expansion of Virtual Clinics including Virtual Group Clinics for some services

The following changes have NOT been addressed in previous engagements. These are changes which were implemented during the pandemic because it was necessary to do so. We believe that the changes have had a positive effect, however, and we are now proposing to make them permanent.

- Outpatients waiting area at Morriston Hospital. Before the outbreak of COVID-19 a large-scale waiting area was built at Morriston with a large outer area and more concentrated inner part. Due to the significant reduction in outpatient appointments during the pandemic most of this facility was repurposed to increase the space available for treating patients and providing emergency care, initially additional critical care facilities and latterly more urgent care facilities. This has proved invaluable in terms of the additional clinical services and would enable us to better deliver urgent care services in improved facilities. We propose to continue undertaking most of our outpatient consultations digitally, which will mean we will not need as much outpatient waiting space so we are proposing that this space will continue to be used for the additional clinical services outlined below. We are therefore seeking views on making this change permanent.
- Making permanent the transfer of Heart Failure services to Gorseinon Community Hospital

Recreating our Hospitals as Centres of Excellence

The driving force behind the Changing for the Future programme is the ambition to provide services that are **local where possible and specialist where necessary**.

As is currently the case, this inevitably means that not all services will be provided in the local community but only where there are good grounds for this to be the case. Our absolute priority is that when people attend a hospital for urgent or planned care, they receive the best possible treatment, in a location where all their needs can be met.

Making each of our main hospitals a centre of excellence for different services means that not all services will be provided at each of the three main hospitals. Rather than viewing each of our hospitals as serving just their local area we aim for each site to serve the whole of the Swansea Bay area as part of a network of specialist healthcare provision.

By concentrating different skills, resources and specialisms on each site, each hospital will become a 'powerhouse' for these services, providing specialist treatments to a higher standard than we are currently able to offer under the model of general hospitals. We believe that this approach will mean that waiting lists become shorter and patients will be able to access the treatments they need faster.

To achieve this, we believe the following will be necessary:

- We must ensure that community-based health and social care services are properly structured and equipped to provide the services which are best provided locally.
- We need to allow our network of NHS services to run more smoothly by reducing the number of people coming to hospital for treatment who could better be treated in the community or at home.
- We need to move from a situation where our three main hospitals are providing a similar range of services, with stretched resources, to one where each site can become a centre of excellence as outlined above.

We outline below the key changes being proposed at each of the three main hospitals.

Morrison Hospital

Morrison will become the centre of excellence for **URGENT AND EMERGENCY CARE, SPECIALIST CARE AND REGIONAL SURGICAL SERVICES** for Swansea Bay, including complex medical interventions. This is a general principle which has already been outlined and agreed in past public engagements.

We are also proposing the following new permanent changes:

- In future all our patients needing emergency or urgent care will only be seen at Morrison. This will minimise disruption to the services we propose to provide at our other two main hospitals and ensure that all the staff and expertise for managing these patients appropriately are in one location.
- Part of the outpatient waiting area at Morrison became Enfys Ward as a temporary overflow Intensive Care facility during the pandemic. We propose that this area will carry on being used for direct clinical care and that further work will be undertaken to expand the area to include Tawe Ward. It will be used to support the centralisation of all emergency and urgent care services including:
- Locating together a range of acute care facilities, supporting A&E as part of a new Acute Hub for all patients needing urgent care, including the following services:
 - Same day assessment
 - Primary Care Urgent Care Centre including the GP out of hours service (which was temporarily transferred from Morrison during the pandemic), acute GP assessment unit (transferred from Singleton), working with the 111 First service.
- An Older People's Assessment Service with more expertise in dealing with patients with multiple conditions and allowing us to better respond to the long term demands of our older patients.
- We are also proposing that as part of centralising all urgent care and emergency services at Morrison that we will create a new Hyper Acute Stroke Unit. We know that with the levels of deprivation in Swansea Bay, the consequences of traditional industries locally and an ageing population mean that we need to increase our capacity to treat stroke patients and to do it in the best way possible. Having a single specialist centre for all stroke survivors to be admitted to at Morrison for the whole of our population is evidenced to be the best way to provide excellent care for these patients.

In line with our proposals below for our other main hospitals, planned care at Morriston will be confined to complex operations and those where the patient's acuity means that intensive care or high dependency care is likely to be required, with other less complex operations being carried out in our other main hospitals.

Singleton Hospital

Singleton will become a centre of excellence for **PLANNED CARE, CANCER CARE AND DIAGNOSTICS**. The COVID-19 pandemic has had a particularly significant impact on planned care services which have necessarily temporarily taken a 'back seat' to the urgent demands on the NHS to manage the huge challenges created by the pandemic.

Whilst planned care is by its nature not urgent it is still essential, especially to patients awaiting care who continue to suffer pain, discomfort and a reduced quality of life due to a lack of treatment.

To get to a situation where our patients receive planned care within a reasonable time, we propose concentrating most of the planned care at Singleton. As a result, Singleton will become our powerhouse for most planned operations across Swansea Bay, meaning that our skills and resources at that site will focus on the following services:

- Day cases and short stay procedures involving stays of up to 48-hours in hospital
- Planned surgery not requiring intensive or high dependency care facilities
- Further enhancing the services provided at Singleton as the South-West Wales Cancer Centre (radiotherapy / chemotherapy / oncology / haematology)
- A hub for clinical diagnostics (X-Ray, MRI and CT scanning and pathology)

To support these changes at Singleton additional theatres will be provided there to significantly increase the number of operations we can carry out there, and existing clinical facilities will also be utilised in different ways to support this work.

To minimise the risk of these services being disrupted and to support Morriston's role as the single centre for emergency and urgent care in Swansea Bay, some services will need to be transferred out of Singleton. These include:

- The Minor Injuries Unit at Singleton. This has been temporarily closed for several years due to staffing problems. We are now proposing that in future minor injuries will be treated at our other hospitals, and not at Singleton, so that we can protect our planned care services there and ensure that patients are treated in appropriately staffed and equipped facilities.
- Also, in line with our efforts to concentrate planned care services at Singleton and urgent and emergency services at Morriston, the acute GP unit will be transferred to Morriston.

Neath Port Talbot Hospital

Neath Port Talbot hospital will become a centre of excellence for **ORTHOPAEDIC AND SPINAL CARE, DIAGNOSTICS, REHABILITATION AND RHEUMATOLOGY**.

Orthopaedic and spinal care services have been stretched by the pandemic and the need to focus on primary, urgent and emergency care. Likewise waiting lists have become too long, especially for those suffering pain and discomfort waiting for knee, hip or back surgery. We recognised we need to take steps to address the problems and improve the situation for patients and staff alike.

Neath Port Talbot Hospital will become our centre of excellence for orthopaedic and spinal care as well as rehabilitation so that we can help get those in need of care on the road to recovery as quickly as possible.

Specific proposed improvements at Neath Port Talbot Hospital include:

- The provision of centralised and enhanced specialist rehabilitation services (such as neurorehabilitation and stroke rehabilitation) to ensure that patients can have the best quality of life possible and helping to nurture them back to optimum health.
- Increasing orthopaedic surgery services and reducing orthopaedic waiting lists

Other proposed service changes

There are several other services areas that we feel need to change. We have learnt so much from our experience of tackling COVID-19, in such a short space of time, and we know that we cannot simply return to our old ways of doing things but rather we need to learn from these.

We would like to hear your ideas for how the following services should best be provided in future:

Blood tests

Prior to the pandemic nearly all blood tests were carried out on hospital premises, largely on a drop-in basis, causing difficulties in parking, long waiting times and problems with planning staff to meet demands at different times.

During the pandemic we have sought to alleviate the pressures on hospitals and help manage infection risk on hospital sites by providing a centralised blood test centre at the Bay Field Hospital in addition to some blood tests being available at our three main hospitals. We have also introduced a booking system, either online or by phone, to manage demand better.

These changes appear to have been successful in improving access to blood tests, often on the same day, providing a more efficient and effective service and reducing the need for patients to attend hospital.

We would welcome views on whether we should continue to provide a centre for blood tests outside of a hospital setting alongside a reduced number of blood tests at our main hospitals.

Please note that there are certain blood testing services we would continue to offer at the main hospital sites, namely:

- for specialist outpatients, emergency and inpatients at Morriston
- for a reduced numbers of outpatients / GP requests and inpatients at Singleton & Neath Port Talbot Hospitals

Hydrotherapy

We currently operate a hydrotherapy pool at each of our three main hospital sites and we want to consider future provision of these services based on a centre of excellence approach, i.e., by reducing the number of sites with a hydrotherapy pool but improving the level of service provided, or potentially by providing this in alternative facilities, such as a leisure centre, as is the case elsewhere in Wales. We recognise the importance of these services, but we note that they are all resource intensive. We would therefore welcome your views on how we should provide these services to a higher standard in fewer locations.

Outpatient therapies

All three main hospital sites currently operate outpatient therapy services. We want to consider the future provision of these services and look at whether there is a potential to move more into community-based settings or to develop a centre of excellence for these. Again, we would welcome views on how these could be better provided in future, bearing in mind that some of these professions have staffing difficulties and need significant facilities and equipment to provide these services.

New Renal Dialysis unit being planned for the Neath Port Talbot area

Renal dialysis patients currently attend Morriston Hospital from the Neath Port Talbot area. We are keen to develop a Renal Dialysis Unit within the Neath Port Talbot locality and would like your views on the different locations we could consider for this, including Neath Port Talbot Hospital or off the hospital site.

Outpatients

- As outlined above, we are working to a principle across the Health Board that digital solutions should be the norm (Digital First) unless a patient must be seen for clinical reasons, or a patient is unable to access digital options. Is this the right approach?
- To operate effectively as a centre for excellence for emergency and urgent care, outpatient activity at Morriston will need to be limited to specialist outpatients only. Do you agree?
- In most cases, where outpatients need to be seen in person, services will be provided at Singleton and Neath Port Talbot. There is, however, the potential for

other locations to be used for outpatient care, for example in primary care resource centres. Would this be a better solution?

- Some specialist outpatient services, such as lymphoedema, have been relocated into community settings from hospitals during the pandemic. We aim to continue this and to identify other services where this would be a possible way to improve access to services. Do you agree?

Integrating mental and physical health services

Traditionally our physical health and mental health care services have been organised and managed separately, resulting in some cases in patients receiving separate care, rather than integrated care, to meet their different needs. We would welcome all ideas on how to more effectively integrate our services to support our patient's physical and mental health needs together in a more holistic manner.

Prehabilitation Services

Prehabilitation is a relatively new service in which clinicians work with patients when they are referred to hospital for an operation to ensure they are as fit as possible before the operation takes place. We know that prehabilitation can improve surgical outcomes and greatly reduce patient recovery times after surgery. We would welcome any views on how best to develop these services going forward to maximise the health of our patients.

What are the overall benefits and drawbacks of these changes for staff and for our patients?

For staff

Some of the changes proposed would involve hospital-based NHS staff being relocated to other hospital sites or into community settings, depending on their mix of skills and expertise and the departments they work in. This would be done in consultation with them and across the wider team, with help and support provided to all staff that may be directly affected.

For many staff, there would be no change to their day-to-day roles or their place of work, although they may see additional team members being brought in to bolster specific services in their hospital. Wider changes to the way services are delivered will lead to our services becoming more sustainable and therefore will support the wellbeing of our staff and improving our ability to recruit and keep staff. These changes may lead to some clinical staff providing more services in community settings, or even providing them remotely, as further developments in technology are rolled out across the Swansea Bay region.

For patients

The NHS is constantly striving to improve the way in which it delivers services. Over the past few years we have taken some big strides forward and made some good progress. However, the global pandemic has underlined the need for further change.

Even before the pandemic our services were not always able to provide modern healthcare to the standards we truly aspire to. Waiting times were too long and our emergency and urgent care services sometimes found it difficult to cope with peaks of demand. COVID-19 has added to these pressures but we believe the changes outlined in this document will enable us to address these issues and transform our services for the future.

The changes proposed have been brought forward with patient safety, quality of treatment and service efficiency as the three main driving factors. This means that patients should see an overall improvement in service levels, a gradual reduction in the length of time it takes to be assessed and receive treatment and a generally improving picture in terms of clinical outcomes.

These changes may mean that some patients need to travel further for planned care, while others will be closer to these services. Our overall aim, however, is that more people will be cared for at home or closer to home. The same goes for emergency care, however, they will be safe in the knowledge that expert clinical staff, specialist equipment and other support services will be concentrated around the hospital where they will be receiving care, rather than being spread more thinly over our three main hospital sites.

The Health Board has started to collect patient reported outcome measures (Digital Health Assessments) in several specialities which will expand over time. Patients are sent a set of questions to complete remotely; the information provided will be used to improve the patients care, and for clinicians to understand how treatments impact on people's quality of life over time. This information will be used to track the improvements to services for patients as they are implemented.

When would these proposed changes happen?

Changes to the way hospital services are delivered across the Swansea Bay region are now urgently required. However, meaningful change will not happen overnight and any proposals that are brought forward would happen in a measured and co-ordinated way.

Some of the changes put forward have already been implemented as temporary measures to tackle COVID-19 which we are now proposing to make permanent. These will take little to no time to implement permanently.

We will aim to implement certain other changes as quickly as possible to assist with ensuring the impact of winter pressures and the increased demand this place on acute care can be alleviated.

And certain other measures will depend on the availability of capital and staffing and will be implemented either at the end of 2021 or in 2022, depending on the outcome of this engagement.

What other ways are services likely to change?

Changes to hospital services cannot be considered in isolation and are being accompanied by other changes to community and secondary care services. Lots of these changes are already underway, whether in the form of pilot projects or service changes that have already been implemented.

The health board has been doing a lot of work since the beginning of the pandemic to look at the positive ways some services have changed and considering how some of these changes could be implemented more permanently within the NHS. This could be in the way services are accessed by patients or through the ways in which NHS teams have been working.

Service delivery

Digital solutions can offer rapid access to urgent care and increase access to medical help and advice, without patients having to travel to a specific location.

Service Hubs have been set up to bring different medical experts together in one place to provide an integrated service, making it easier for the patient and improving clinical decision making at the same time. Staff can work across several services and in different teams to increase collaboration and deliver service change. Staff reported closer team working and collaboration where this was the case.

Mobile Hubs, Virtual Wards and Community Hubs are all examples of service hubs being used in our region.

Increasing the amount of planned care where possible improves the flow of patients through the system, reduces queues and waiting times at A&E and within planned services which, in turn, improves patient experience and makes more effective use of resources.

Providing a **Single Point of Access** into a service reduces patient and staff confusion, makes the delivery of clinical care more co-ordinated and improves outcomes for patients.

Ways of working

Agile Workforces – relocating staff and providing them with additional training in advance can create a more diverse workforce, give individuals the opportunity to learn new skills and improve the natural spread of good practice. It has also helped us to be more flexible in the way we manage demand for some services.

Remote Working has given staff an increased feeling of flexibility, encouraged more partnership working and engagement with different colleagues within the organisation and improved attendance at meetings.

Sharing information in different ways, for example through digital communications platforms, has allowed for quicker and better decision making.

What do you think of these proposed changes?

In partnership with the Swansea Bay Community Health Council, we will be seeking views on these proposals from our patients, their carers, the public, politicians and partner organisations.

It is important that we get as many views as possible on these proposals for change and on how we can improve our services and the care we provide.

Because of the pandemic, we are not planning to hold face to face events to talk to people about these changes as we would normally do. However, we are setting up a virtual engagement hub, which means that between **26th July and 1st October 2021** we can share additional information and provide people with the opportunity to share their views on the proposed changes.

We have agreed the range and scope of engagement with the Swansea Bay Community Health Council and have put plans in place to publicise the engagement hub and get as many people as possible to tell us what they think. The outcome of the engagement and all the responses received will be considered by the CHC and Health Board in October 2021. Based on this, decisions will be made about whether the proposed changes to hospital services can be implemented or whether further public consultation is required.

You can let us know what you think by:

Writing to us:

Chief Executive
Swansea Bay UHB
One Talbot Gateway
Baglan, SA12 7BR

Via our engagement portal: www.changingforthefuture.engagementhq.com

Emailing us: SBU.engagement@wales.nhs.uk

Phoning us and leaving a message: (01639) 683355

Contacting us on Facebook: @Swanseabay.nhs

Twitter: @SwanseabayNHS

Alternative versions of this document, in Welsh, large print (English and Welsh), audiobook (English and Welsh), British Sign Language video, Easy Read and Braille are available at <https://sbuhb.nhs.wales/about-us/public-engagement-consultation/> and you can request these by ringing 01639 683355 or by emailing us at SBU.engagement@wales.nhs.uk.

Alternatively, you can let the Community Health Council know your views by:

Writing to them:

Swansea Bay Community Health Council
Cimla Hospital
Cimla, Neath
SA11 3SU

Or emailing them: swanseabay@waleschc.org.uk

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