

SUMMARY REPORT		ABM University Health Board				
Health Board		Date of Meeting: 30th March 2017 Agenda item: 4 (ii)				
Subject	Proposed Changes to Urgent Care Services in ABMU Health Board					
Prepared by	Joanne Davies, Assistant Director of Strategy & Partnerships					
Approved by	Siân Harrop-Griffiths Director of Strategy					
Presented by	Siân Harrop-Griffiths Director of Strategy					
Purpose						
This report outlines for the Board the outcome of the formal engagement process on proposed changes to urgent care services at Neath Port Talbot and Singleton Hospitals. It highlights the issues raised both from the engagement and the equality impact assessment (EqIA) carried out and recommends decisions and next steps required.					Decision	X
					Approval	
					Information	
					Other	
Corporate Objectives						
Excellent Population Health	Excellent Population Outcomes	Sustainable & Accessible Services	Strong Partnerships	Excellent People	Effective Governance	
X	X	X		X		
Executive Summary						
<p>A formal engagement process was carried out by the Health Board in conjunction with the Abertawe Bro Morgannwg Community Health Council (CHC) from 12th December, 2016 to 10th February, 2017 which outlined the proposed changes to Urgent Care Services within ABMU Health Board at Singleton and Neath Port Talbot Hospitals.</p> <p>Alongside this an EqIA was prepared for consideration by the Board to ensure these impacts are clear prior to any decision about next steps is taken.</p> <p>This report outlines the outcome of the engagement on these proposed changes, the issues arising from this and the proposed next steps so that the Health Board, informed by the views of the CHC and the EqIA, can decide on whether the proposed changes should be implemented, whether any actions are necessary as mitigation of the impacts of the proposed implementation, or if further consultation / engagement is required.</p>						
Key Recommendations						
<p>The Health Board is asked to:</p> <ul style="list-style-type: none"> - NOTE the views expressed as part of the engagement process - NOTE the main issues highlighted as part of the engagement - NOTE the view of the Community Health Council on the engagement - NOTE the issues outlined in the EqIA - DECIDE in the light of the EqIA and the views of the CHC whether the proposed changes should be implemented, whether any actions are necessary as mitigation of the impacts of the proposed implementation, or if further consultation / engagement is required. 						

Main Report		ABM University Health Board
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1. PURPOSE

This report outlines for the Board the outcome of the formal engagement process on proposed changes to urgent care services at Neath Port Talbot and Singleton Hospitals. It highlights the issues raised both from the engagement and the equality impact assessment (EqIA) carried out and recommends decisions and next steps required.

2. INTRODUCTION

The engagement document focused on urgent, unscheduled care services and gave brief details of the urgent care services provided at Singleton and Neath Port Talbot Hospitals, which form part of a wider range of services that support the emergency services provided at Morriston and Princess of Wales Hospitals.

These services are:

- Minor Injury Unit patients;
- Patients referred urgently to hospital by their GP;
- Other patients who need an assessment to decide if they should be admitted to a ward or cared for in another way.

The document then outlined the proposed changes to these services:

- Changing the Minor Injury Unit at Neath Port Talbot Hospital from a 24/7 service to one which operates 7.30am until midnight, 7 days a week, to concentrate staff resources on the times when patient demands are highest.
- Creating one integrated urgent care service at Singleton Hospital with a single reception (manned for longer hours) and a single assessment process channelling patients to the service most able to meet their needs. This would result in the Minor Injury Unit not being open from 1pm to 8pm on Saturdays and Sundays so that the staff can be used to support the other urgent care services there.

3. OVERVIEW

Detailed below is the process followed for the engagement and details of the issues raised through this process.

a) How did we engage?

In partnership with the Abertawe Bro Morgannwg Community Health Council, the NHS Watchdog for our area, we discussed proposals with patients, their carers, the public, politicians and partner organisations to get their views and suggestions on how we could improve our urgent care services.

We agreed the range and scope of engagement with the ABM Community Health Council and details of the meetings / discussions were available on the Health Board and CHCs' websites. Details of these are attached as **Appendix A**.

As well as the public facing events outlined above, information and details pertaining to the engagement process were distributed, as outlined in **Appendix B**.

Attendance at the drop in sessions and public meetings were disappointingly low – however having undertaken similar events in the past, this may not necessarily indicate people were unaware of the engagement, but rather it may be that the public did not believe it to be a major issue or something that worried them. There were also some who attended on behalf of groups so one person attending actually led to much greater numbers of people being engaged in the process than immediately obvious.

In addition and in order to make it as easy as possible for members of the public to engage, in as many ways as possible, they were invited to write directly to the Health Board's Chief Executive; contact the Health Board by e-mail ABM.Engagement@wales.nhs.uk; through social media or provide their comments over the telephone or also directly to the Community Health Council.

Alternative versions of the Engagement document were also made available in Welsh, large print (English and Welsh), audiobook (English and Welsh), British Sign Language, Easy Read and Braille to ensure that individuals with particular access needs were able to take part in the engagement.

b) What did we ask?

We asked members of the public to consider the following questions:

1. Do you agree with the proposals for changes to our urgent care services?
2. Are there other issues / concerns you think we should take into account when we formally consider how best to take these services forward?
3. Are there any groups protected under the Equality Act 2010 who you believe will be negatively affected by these changes?
4. If so, what could we do to mitigate these impacts?
5. If accepted what would you want the new centre at Singleton to be called (for example Singleton Urgent Care Centre / Singleton Urgent Medical Assessment Centre / Singleton Urgent Medical Centre, but other ideas are welcome)?

c) What people said

Responses were received via the online questionnaire, emails, at drop in events, at public meetings and via social media. This was the first engagement process where social media was used as a way of engaging with the public to get their views rather than just publicizing events. There was a good response to this mechanism although a high proportion of the comments / issues made were not related to the proposed changes to urgent care services, which was the subject of the engagement. Therefore the comments made which were outside the scope of the engagement have been passed onto the Community Health Council, in the spirit of openness, but the details have not been included in this report. Where individual patient information was included in the comments on social media, these have been redacted.

All the comments received via the various mechanisms outlined above are detailed in **Appendix C**.

d) Issues Raised during Engagement

In summary the following issues were specifically raised during the engagement process:

- Information is required to explain consistently to the public when urgent care services are available at both hospitals and what treatment they and the Emergency Departments can give
- Need to publicise 111 more widely and with consistent messages
- Need to improve road signs to the units, both in terms of their location and ensuring they accurately indicate the services available (i.e. red A&E signs for Morriston and Princess of Wales Hospitals only)
- Independent evaluation of the changes including surveying patients who have used the revised services, including asking them about travel implications and costs
- Develop standardised message to be used at the start of GP Out of Hours recorded messages telling them to contact 111 if in doubt over what service they need
- Ensure alternatives to phone access are available for GP OOHs, 111 etc so as not to discriminate against older people, people with disabilities and those whose first language is not English.

4. NEXT STEPS

The Community Health Council considered a report outlining the engagement process and what people said at its Executive Committee on 28th February 2017. At this meeting it was agreed that the CHC would write to the Health Board outlining their views on whether the proposed service changes could be implemented, whether there should be any conditions attached to this and / or if further engagement / consultation is required:

5. RECOMMENDATIONS

The Health Board is asked to:

- **NOTE** the views expressed as part of the engagement process
- **NOTE** the main issues highlighted as part of the engagement
- **NOTE** the view of the Community Health Council on the engagement
- **NOTE** the issues outlined in the EqlA
- **DECIDE** in the light of the EqlA and the views of the CHC whether the proposed changes should be implemented, whether any actions are necessary as mitigation of the impacts of the proposed implementation, or if further consultation / engagement is required.

Range and Scope of Engagement

	Public Drop in Sessions	
Swansea	Neath Port Talbot	Bridgend
All below 2pm -7pm:	All below 2pm -7pm:	All below 2pm -7pm:
20th January, Main Hall, Morriston Community Centre	16th January, Multi-function Room, The Centre, Baglan Church	11th January, Stage Door Suite, Porthcawl Pavilion
23rd January, Pembrey1 Suite, Dragon Hotel, Swansea	18th January, Conference Room, NPT CVS Office, Neath	26th January, Mallard Suite, Herenston Hotel, Bridgend
	24 th January, Pontardawe Art Centre, Pontardawe ADDITIONAL DROP IN SESSION	
2nd February, West Cross Community Centre, Linden Avenue, Swansea	31st January, Main Hall, Croeserw Community Enterprise Centre (Afan Valley)	
	Public Meetings	
Swansea	Neath Port Talbot	
6.30pm-8pm	6.30pm-8pm	
15th February, Patti Suite, Sketty Hall, Swansea	7th February, Quarterdeck Suite, Aberavon Beach Hotel	

Distribution of Information on Engagement

	Document	Posters	Electronically	Hard Copies	Attendance at Meeting
South Wales Evening Post Article	√		√		
AMs/PMs	√	√	√		
Local Authorities – Website, Councillors and Local Services	√	√	√		
Third Sector Organisations – Bridgend, Swansea, NPT via Councils of Voluntary Services who have sent on to all voluntary organisations in their areas (health related and generic)	√	√	√		
Carers Centres – Bridgend, Swansea, NPT for onward circulation to the Carers they are in contact with	√	√	√		
G.P. Surgeries and Health Centres		√		√	
Pharmacies		√		√	
HB Intranet	√		√		
HB Internet (see below)	√		√		
HB Social Media – (see below)			√		
HB Stakeholder Reference Group	√		√	√	√
HB Disability Reference Group	√		√	√	√
Older Person's Council	√		√		√
SHOUT Porthcawl	√		√		
Disability Liaison Group	√		√		
BME Forum	√		√		
LGBT Forum	√		√		
RNIB			Audio CD's		
HB Units – not affected – for general distribution around Unit		√	√	√	
HB Units – affected	√	√	√	√	

Responses received from the Engagement Process

The following responses were contained within the Questionnaires:

- Yes – it seems to make sense. Although I would prefer services to remain accessible by night and have doctors present in Neath/Port Talbot
- Yes if it works, time will tell.
- I agree that the proposals for change are necessary to identify patients' needs and access to services they need quickly and effectively arranged.
- Agree with the proposals. X-ray staying there for Hospital patients.
- Yes in the main, as long as it is not the start of further downgrading of services
- I fully agree with the proposed changes
- Agree broadly
- The gridlock of ambulances assessment unit and wards for patients arriving. This is because of assorted bed blockers, who should have the provision of convalescence care and physiotherapy in order to return them home as soon as possible.
- In favour of proposed one reception desk and triage area.
- Find Singleton Hospital layout generally confusing.
- Concerned at reduction of hours for MIU at Singleton Hospital at weekends. Referral to Neath Port Talbot Hospital for 12-15 weekend afternoons.
- Rather than go to Neath Port Talbot I fear many will go to A&E at Morriston Hospital.
- Would like publicity for 111 number, could local papers do interviews in editorial.
- General concerns with waiting times and Ambulance waiting times
- Mental Health Crises!
- That public (you can't please everyone) are informed using all means of communication, e.g. Facebook, posters, etc. so they know where to go.
- Concerns about the Singleton Service "4 into 2" doesn't go and concerns that more funding is required
- Bridgend is overloaded
- I think this combined with 111 is an excellent improvement
- Developing and improving knowledge of the services that can also be accessed through Third Sector organisations. Working together can prevent admission to hospital. Further advertising of Third Sector organisations to patients in hospital.
- Educating the public by all means of the choices available. This could include targeting children as this can be a source of informing and also will be a way of ensuring the message is carried through the generations.
- Communication with communities through Health Visitors, District Nurses, Leaders in the Community and Older Persons Council.

Comments received by E-mail:

- How would patients needing care at weekends/when the Singleton unit is closed get to Neath Port Talbot hospital?
We have no bus service from my area of Swansea at weekends.
I have attended clinics in Neath Port Talbot hospital very recently which meant I had a taxi to the quadrant then two buses (one change) to reach the hospital.
The cost of a taxi at weekends for a return journey would be out of my price range.
Not everyone has access to a car or could drive themselves if unwell.

- Overall, the proposals make a lot of sense given the lack of resources to do better. I don't myself see how they affect Equality concerns in any way. The one point that worries me is the need at times to go from Singleton to NPT. If a kind neighbour has taken you to Singleton in the first place, it is asking a lot to then go on to NPT. No, I don't have a better suggestion! The principle of having a single reception at Singleton sounds good. I hope this helps slightly.
- I write to you in response to the proposed changes to urgent care services. Having read the proposal, I fully support the proposed changes to the MIU at NPTH. The reputation of this service is well deserved and with 95% of patients being treated within 2 hours I believe this should increase the popularity of the service further. I see from your proposal that there are plans to train more specialist staff at the MIU, I hope that regular reviews will be carried out to ensure any increase in use will not adversely impact on the service due to lack of staff. In terms of the plans to Singleton Hospital, I agree that currently, the service is very difficult to grasp and merging them would be beneficial. I do question the need for Singleton to have a walk in facility, however, considering its low usage I wonder if resources would be better invested into the MIU. The new 111 number is also fantastic, I have needed to use this personally twice since it launched and both times, I had a solution within 2 hours.
- Just received your documents so a very brief first response. Yet again meetings are held at a time of year when it is difficult for people to get out and about - most especially the most disadvantaged. The Bridgend meeting at the Heronston - I have pointed out previously how inaccessible this venue is. As always with ABMU, it appears very Swansea Centric. Are there any plans for Bridgend? Mental Health does not seem to be mentioned in any detail. How does this tie in with the Triage scheme and crisis teams? Has there been any engagement in getting to the stage of the current proposals? and the engagement processes themselves.
- It is admirable that you are looking to improve services at these facilities. We leave it to you and all professionals in the health authority to do what's best in these difficult times. We trust that the measures to be taken will prove in time to be the correct ones, thereby helping yourselves deliver your immeasurable talents to the people who need you. Thank you for all you do.
- The changes you are implementing sound very good, and hopefully will work better than the services currently in place.
- I respond to the above. The reduction in service at Singleton MIU has been in use since August at least. The informal notice on the Reception window must confuse patients as it doesn't state times or dates, which are affected, simply the unit is closed. The proposal to merge the four existing services makes good sense although I have reservations about suggesting eye casualties can visit NPT, or even Morriston A&E. A patient with an eye injury needs to be seen quickly not asked to

attend Singleton the following morning after their visit to NPT. It is entirely possible that delay could cause loss of sight. The RACE unit is brilliant but out of hours, patients run the risk of being examined by inexperienced staff.

Singleton is a very useful unit for people living to the west of the city centre but especially for Gower residents and holidaymakers. It can take anything above 1 hour to reach Morriston and this is via nothing more than lanes for the most part, during the summer that duration will be much longer.

- The contrast between the services provided in each MIU forces patients to self-diagnose. It is therefore no wonder Morriston sees the bulk of patients. People living in nearby Health Boards also choose Morriston.
If there was equal information for both units perhaps, Singleton would be used more. There is information on your website but visitors would not access this and there is zero information on the monitor for Singleton in A&E at Morriston.
I recognise shortage of staff impacts on any service, this is not new.
I would hope the new arrangements will improve care but the worrying fact is patients will arrive at these MIU's and end up in A&E something, which you need to avoid.
It would help all patients if road signs would correctly indicate the correct service provided, there are no external signs that Singleton has a unit and in some places the national signs for hospital are way out of date.
- Abertawe Bro Morgannwg HA
I've raised 1000s for Morriston H
Only to be left for 6.5hrs in A&E
With two Mio cardio infarctions
Also you won't let my doctors/chemist give me 2 months of PAIN KILLERS (England does) in case I overdose?!! I could do that with one strip out of the box!!
To get people out of A&E get GPs to take less patients 4000 for 4 GPs, let people buy pain/other drugs over the counter (Spain EU does)
Insensitive, most nurses lovely most doctors also less managers get matrons!
Leave nurses nurse
Build a multi-story car park put a hospital on top and a heli pad, don't build on coalmines at Morriston
- Thank you for opening up the proposals for comment. I am both a service user and health service employee (health visitor) who provides advice to the public on using services appropriately.
I both live and work in the Sketty area so would use Singleton Hospital as a first choice for accessing out of hours care. An integrated service is obviously more efficient and if access during the evenings is improved this is an obvious advantage. However, ideally I would like to see it made easier to access Singleton over Morriston for out of hours GP access and for treating minor complaints. At present, parents are being directed to Morriston with minor complaints despite Singleton being open. Many of the families I work with do not have access to cars, and bus journeys from Sketty to Morriston are not direct. I have asked (before 8pm) when phoning for my children if I can be directed to Singleton rather than Morriston by the old OOH service and been told no. I have also asked if I could take my daughter with a head injury to NPT rather than Morriston and been advised that I needed to go to Morriston by the 111 service. On another occasion my husband took one of our children to Singleton Minor

Injuries on a weekend morning with ear pain and he was advised that he should have phoned OOH (who would have presumably sent him to Morriston) when the department was almost empty and there were staff available. It appears to me that the advice I give out to parents, and the advice advertised by yourselves, does not always match the current services on offer. For an integrated service to be successful we all need to be giving the same advice in order for people to access services appropriately.

- The Neath Port Talbot Older Persons' Council (OPC) has carefully considered the proposals, and would like to thank Jo Abbott-Davies for attending our meeting to provide background to these proposals.

We agree that the current system for urgent care services across the ABMUHB area, is not consistent and does not provide a coherent service for either patients or professional staff. We therefore welcome this review.

We agree with the proposals put forward, on the proviso that ABMUHB build into the process a timely review on the effectiveness of the changes, including an independent evaluation of patients who have used the service.

It is noted that there is reliance upon these changes being effectively implemented upon the successful roll out of the new 111 service. Some members of the OPC have used this service since its introduction, They have been impressed with the advice offered and efficiency of the staff, along with referrals to others such as the Ambulance Service. We therefore feel that this is a positive step in improving Urgent Care Services in the area. However, we sincerely hope and again offer the proviso, that sufficient resources should be put into this service in order to maintain its efficiency, particularly when additional demand is made upon the 111 service.

The OPC also feel that for this form of 111 Service triage can only really be effective if there is adequate resources within the community, including sufficient availability amongst GP Practices, for non-urgent cases to be referred to.

This is particularly important if a person is being remotely dissuaded from attending an Urgent Care Service or Emergency Department from a cursory telephone conversation, as being unable to access a GP appointment or other community care facility, could result in an individual neglecting what could in fact be, or turn into, a serious or urgent condition.

In conclusion therefore we welcome the changes, but trust that there will also be an investment in services and a commitment from GPs to support these changes. This new service requires intensive publicity to avoid patients turning up at the current sites without referral to the 111 service. How will this be managed? Will the services still accept walk in patients or will they be turned away and told to make a telephone call first?

There is already a concern over the past few years that services have been diminished in the Neath Port Talbot hospital in Baglan. Local people will see these changes as a further example of a reduction in provision at this hospital which has a good reputation for patient care. If these changes are to take place, the publicity will also need to include reassurance for local people that the changes being proposed will actually improve provision from that Urgent Care Centre.

There is also the issue of those people without access to transport having to travel further to access services, especially at a time when they are most unwell. This is especially an issue if patients have to travel further to access services at night time when there is no public transport, or the cost of taxi fares is even more prohibitive. This will particularly impact upon those with a low income, especially

in this is an area where it is recognised there is a high incidence of low income families.

Good communication is vital for these proposals to succeed, any sort of change is difficult, but any change involving our hospitals and care system is going to give rise to criticism because of the uncertainty. This will apply both to staff and patients. It is therefore important that there is advance warning and that the benefits from these proposed changes are made clear well in advance, to all concerned. Especially during the early stages of the change it is important that there is good communication between the services so that they are working in unison and so that any blockages can be identified early.

One Member of the Older Persons' Council has noted that their GP's after hours voice message is too long, (1min 15 secs) before it suggests that patients contact 111, it is felt that a patient in distress may not listen to the end and may have proceeded to A&E. It is therefore suggested that a standardised message is presented to GPs with clear instructions to patients who may be contacting them at a time of stress, and that all Surgeries should adopt the text early in their out of hours message.

The OPC feels that the impact of further to travel to an Urgent Care Centre, along with the cost and availability of transport, especially at night time, will mostly have a negative impact upon those with the protected characteristics of Age and Disability. It is those people who tend to be ill more often, they are also the people who often do not have their own personal transport, or maybe restricted funds to be able to afford transport.

People with limited English language skills could also be disadvantaged through a telephone based triage system, as much of their communication about their condition could be non-verbal.

The OPC is unsure how often expectant Mothers would use these Urgent Care Services, but they too could be affected in a similar way to the above.

It will be difficult to offer support with travel to and from an Urgent Care Centre, as this could be easily abused. However, we would suggest that a survey is carried out relating to how and the cost of patients travelling to the new Urgent Care arrangements. The results of this survey could then be considered in the review requested above.

It is also felt that no person, especially if they are showing signs of being vulnerable, an adult with a child, elderly, severely disabled, pregnant etc, should be discharged, especially at night time, without a responsible person at the Centre enquiring how they are able to return home. If transport is not available until the morning, then provision and reassurance should be made for them in the meantime.

Neath Port Talbot CVS is supportive of the proposals, and there is a feeling that the changes will be positive in improving access to services at Neath Port Talbot Hospital in busier periods. The changes at Singleton Hospital were also supported as they would clarify the current arrangements for accessing urgent care services.

However there were a number of concerns expressed regarding the implementation of any proposed changes. These are outlined below:

- The opening times of services need to be guaranteed. It is suggested that these changes would mean services are less fragile, and less likely to close early. This needs to be the reality.
- The changes need to widely publicised so that people know what services are available to them and when. Many people currently do not know what services are provided by the minor injury unit, this also needs to be

addressed. Equally, there needs to be improved promotion of the NHS 111 service.

- Consideration needs to be given to the transport needs of people who may use the services at times when they are closed. Transport is a significant and persistent issue in Neath Port Talbot.

The following comments were received on Social Media (Facebook):

(Please note that comments made but not relating to the service changes proposed within the engagement document have been presented to the CHC separately. Some details have also been redacted from the comments below where individual patient information was included.)

- About time, the sooner they dismantle the accident and emergency departments the better, what hospitals should have is an accidents department dealing with emergency admissions and a minor incident centre in a different part of the hospital dealing with minor injuries, also a department open for the increasing admissions to do with mental health issues staffed with staff trained in how to deal with these issues.
- People should know the difference between emergency, urgent, and non-urgent!! Go and see your GP or practice nurse not go to the hospital.
- Total admiration and respect for the amazing care by all members of staff at Neath and Port Talbot Hospital many thanks from a relative of one of your patients.
- I was a patient before Christmas, 2015 and it was the best service. I couldn't fault it.
- A meeting in Porthcawl to discuss Hospital services in Swansea and Neath?? Not exactly central for all??
- Good to see this series of consultations announced. However, it appears you're damned if you do and damned if you don't. If residents want to be involved in the decision making and debating, then this is a perfect opportunity. No point in crying over spilled milk if people don't speak up in the appropriate forums.
- You deserve medals. Thank God for our NHS. Two excellent hospitals.
- A lot of people go to A and E because they cannot get to see their doctor.
- Seeing the doctor is easy, convincing the receptionist that you need to see one is the difficult part.
- Here is part of the problem. By its very definition, this meeting in Porthcawl regarding Singleton and Neath Port Talbot sounds like a bit of a jolly. Who do you want to listen to in Porthcawl. There are nigh on 400,000 people west of Port Talbot who have seen their A and E departments closed. A Boxing Day visit to Singleton A and E advertised as open was found with closed doors and a written message on the door to travel another twelve miles to Port Talbot.
- Well how useful it's been to read this on the 13th January two days after the consultation took place.
- I have been using the MIU in Baglan every time my son has an injury and the service is amazing. I hope it stays open for a very long time.
- I agree with you faultless.
- Didn't see this until 13th January so couldn't have made the meeting anyway. Might be a good idea to advertise in more places, shops, surgeries, post office, leaflet distribution, etc. Needs to be more widely advertised.

- You won't get a more caring staff. Most of them are old school. When the NHS was at its best, training on wards was the norm. Now most training is done in college. Well done Neath Port Talbot.
- How long has this taken to be implemented??
- I am only seeing this now.
- Why does this not embrace Princess of Wales Hospital? Bridgend and Morriston Hospital? All under the same Trust. Will the outcome be rolled out through the Trust.
- What about the idea that worked very well a few years ago when on surgery in an area stayed manned overnight. I believe this could be done on a rota basis as all records are now available on health service computers. People could phone for advice and if necessary go to surgery for medication or forwarded onto hospital.
- Attended Singleton for suspected PE Blood clot, service was efficient, staff reassuring, would have preferred to attend NPT due to travel time.
- Maybe Singleton A and E should not have closed!
- Are Taibach and Margam included in this Survey.
- That's Wonderful.
- The sooner they dismantle the accident and emergency departments the better, they should open minor incidents in one part of the hospital and an emergency department in another part of the hospital, people who go to minor can expect to wait to be seen, they should also have one department to deal with mental health issues.
- I still feel years ago accident and emergency could cope but now one stop does not see to people's needs. The system in need of a makeover, where a minor incident centre could deal more effectively with minor injuries where less doctors would be needed and an accident centre where 999 emergencies could be dealt with, also open a mental health centre where people have complex needs the right staff can treat these people, people have to accept that the way it is now it can't go on, old people stuck on trolleys awaiting beds for hours in a terrible way to run the service, the hospitals for the past few years have said unprecedented winters and increase in demand, these are not unprecedented this has been going on year in, year out.
- Hi I am very interested in this as I have complex health and prefer to try and remain home if at all possible..... and if not where and what is the best place for me.
- About time.
- All very well, but what happens to "better meeting demand" and "improving patient experience" when the assessment units, ambulatory care units are overtaken by medical inpatients because of "winter pressures" and not enough beds for the patients lining the corridors, waiting in ambulances, being nursed on trolleys in the middle of wards? If you can't protect/ring fence the innovative new service delivery plans then it's a waste of time and resources. Not to mention the impact on quality and patient experience.
- Why are there no drop in points in the Pontardawe/Ystalyfera/Cwmlllynfell/Gwaun-cae-Gerwen areas? Not everyone can get to Neath area.
- I am so relieved to hear this. Two weeks ago I was sent to Singleton SAU by my GP and it was a most horrendous experience.
- Seems to me like they don't really cater for much. My sister has an autoimmune condition, which affects her skin, often leading to cellulitis. As a

treatment, she needs a fairly long course of intravenous antibiotics. She asked to be admitted to Neath but was told she had to go to Singleton as Neath only admit people who are likely to be there a long time. So each night involved a two hour journey there and back for family members. Such a pain when we have a modern, fairly new hospital down the road.

- I agree with you, it's a new hospital practically ... all that money spent, and we have to run the roads to Singleton for treatment. Unacceptable.
- If ever my children need A and E or minor injuries unit, I would take them to Neath where we've never experienced drunken brawls and really long waits. Unfortunately Morriston has been horrendous on the couple of occasions we've been there late at night.
- I think it's wonderful that they want to make improvements where possible and priorities the care service ... at least they are trying.
- Why are you spending money on hiring places like Sketty Hall and Dragon Hotel.
- Reopen the A and E department in Neath Port Talbot to help take the strain even if it's just for the elderly.

Comments made at Drop In Sessions / Public Meetings:

- Was the meeting well advertised as it could have been?
- NPTH access during evening.
- Pressure on Morriston at moment regarding waiting in ambulances, how will the changes help.
- Promote MIU regarding what it can do to the public.
- If closed between 11.00pm and 7.30am – what about burden on ambulances because MIU not available and lack of transport.
- 111 not widely publicised, still very early days and publicity still underway.
- Didn't know
- Absolutely excellent services from 111.
- Social media use - ? go to the public.
- Poor advertising of 111.
- Use drop in's at shopping centres/shops to discuss changes in advance.
- Need to do more in future to engage with the public.
- Could use hospitals to obtain views of patients to proposed changes.
- If changes are to go ahead, how will we tell the public – signage re: changes/improvements
- Worried that someone will turn up after 11.00 pm and not be seen.
- Briefing taxi drivers/bus drivers
- Concern about whether information on how eye emergencies should be dealt with, and where, is clear enough
- Need to publicise in Emergency Departments that minor injuries services are available at Singleton, not just Neath Port Talbot Hospital