South Wales Programme
Local Engagement Document
Your local NHS and you

Local NHS services in Cardiff and the Vale of Glamorgan are run by Cardiff and Vale University Health Board (UHB). The UHB is one of the largest NHS organisations in the UK and provides health services for more than 470,000 people living in Cardiff and the Vale of Glamorgan. We have approximately 14,500 employees and an annual income of more than £1.1bn.

The UHB is responsible for the health of local people, with an emphasis on keeping you well and staying independent. When you need care, we provide the full range of healthcare services for people living in our area. This includes primary and community-based care, delivered by family doctors (GPs), community pharmacists, dentists and optometrists, community nursing and midwifery staff, to enable you to be cared for at home, plus general hospital-based services such as diagnostic tests, outpatient clinics, day case and inpatient care.

We also provide specialist services such as paediatric intensive care, specialist children's services, renal services, cardiac services, neurosciences (including neurosurgery), bone marrow transplantation and medical genetics for a wider population of 2.5 million people across South and Mid Wales.

We are working hard to improve our services, for example by developing new, community-based services enabling more people to receive care in their own homes, and improving the experience of patients as they pass through our local healthcare system. We are also working closely with partner organisations, such as local authorities and the third sector, to join up the way in which we provide care across our organisations.

In providing NHS services to our local population, and in developing plans for the future, we work in partnership with the Cardiff and Vale of Glamorgan Community Health Council, which has a statutory role to speak on behalf of local residents.

So what’s this document about?

Health boards across South Wales, including Cardiff and Vale, have come together to look at a small number of specialist, but important services, to explore how best to tackle some of the issues we face in providing them safely. We’ve called this work the South Wales Programme.

The Programme has identified some specialist services across South Wales where we think there may be a need to rethink where and how these services are provided. The services being looked at are some specialist maternity services (obstetrics), some specialist inpatient services for children and babies born very prematurely (paediatrics and neonatal services), accident and emergency and trauma services.
It’s important to remember that, in Cardiff and Vale, we are a major regional centre for specialist services and, while we are working closely with our colleagues in the South Wales Programme, we are not affected to the same degree by some of the issues facing other health boards.

Unlike other health boards, we are not seeking your views on specific, potential local service changes. However, we continue to work closely with our colleagues in South Wales and we need to consider how potentially changing the pattern of services in some local hospitals in the region might affects us in Cardiff and Vale.

We’ve put together this document to explain to you some of the challenges we face across South Wales in the services under discussion. It tells you why doctors, nurses and other health professionals across South Wales think we need to make changes to the way these services work, so that we can be sure local people get the best care, all of the time.

The document doesn’t offer any solutions to the problems we face and we are not consulting on any options. Solving these problems is complex, so at this stage, we simply want to hear what you think about the issues outlined in this document.

Your views are really important in helping us shape our future services, so we hope you will take the time to read this information and let us know what you think. You can find out how to share your views at the end of this document.

**Improving your services – the story so far**

Over the last couple of years, Cardiff and Vale UHB has made some important changes to the way healthcare is delivered locally, working closely with our clinicians, our partners, the Community Health Council and our residents.

In 2010, we consulted formally with the public on the transfer of midwifery-led births from University Hospital Llandough (UHL) to the University Hospital of Wales (UHW), and also on the relocation to alternative sites of most of the services currently based at Rookwood Hospital in Llandaff, including the development of a new neuro and spinal injury facility at UHL.

At the same time, we also held a formal public consultation on the future of adult mental health services in Cardiff and the Vale, which resulted in a decision to develop a new, purpose-built unit at UHL, with the focus very much on recovery and rehabilitation.

Thanks to all the feedback we received on our proposals, and the ideas and views you shared with us, we’ve been able to make real progress in improving these services.
The centralised Midwifery-led Unit at UHW has been a great success, with more mums-to-be than ever choosing to give birth there, while plans are advancing well for the new adult mental health facility at Llandough and the transfer of services from Rookwood to better facilities. We have also just opened a brand new purpose built facility for older people with mental ill health at UHL.

There have also been improvements in many other services, like stroke, respiratory services, community services for adults and older people with mental ill health and frail older people with physical health problems.

**Why change now?**

With more demand for services, rapid advances in technology, and changes to the availability of clinical staff, the NHS needs to ensure that all its services, including those we provide for some of our most vulnerable patients, are safe, staffed by professionals with the right expertise and are provided in the most appropriate places.

For most of us, most of the time, our healthcare is provided close to home, by local family doctors, community health professionals like health visitors and district nurses, or at our local hospitals.

But sometimes, we, or members of our families, need highly specialist inpatient care, for example if we’ve been involved in a major accident or a baby has been born very early.

And, while there’s lots of work going on to improve community services, we know we also need to look at how we provide services in our hospitals. The Welsh Government published its five-year vision for NHS Wales called *Together for Health* in May 2011. This confirmed what we all know - the health service is facing some tough challenges:

- Health has improved, but not for everyone and our population is getting older
- The quality of healthcare has improved but the NHS can do even better
- Expectations are continually rising
- Medical staffing is becoming a real limitation on our services
- Funding is limited

*Together for Health* makes it clear the “status quo is not an option”. Following the report’s publication, Health Minister Lesley Griffiths asked health boards to develop a plan to create sustainable health services for all its communities.
At the same time, we believe it is right to share with the public the very real dilemmas being faced by clinical staff providing some of the specialist services in South Wales. Staff are very concerned that they may not be able to meet the needs of patients safely into the future. We want to share the problems they are facing with you, so that we can discuss together why these problems are arising.

We also want to share some of our preliminary thinking about what this might mean for services in South Wales, and to flag up that there may be potential impacts on services in Cardiff and Vale.

We are not ready to set out firm proposals for consultation yet – but we do think it is helpful to describe the sorts of changes that might be needed to safeguard and improve services for people living in South Wales.

**Why aren’t there enough doctors?**

Changes in the way doctors and other healthcare professionals are trained over the last two decades have created challenges for the NHS across the UK. Wales is no different.

When doctors graduate from medical school and have completed their two years of foundation training, they must decide what they want to specialise in. To become a specialist takes a further five years of on-the-job training, during which time they are supervised by a consultant as they treat patients and develop their skills.

The European Working Time Directive has set limits on the hours all doctors are allowed to work, limiting the time doctors can spend with patients. Doctors-in-training are also increasingly choosing to work at larger hospitals, which see a greater number of patients.

As a result, some specialist hospital services are struggling to recruit enough doctors with the right skills to treat patients at the right times and sustain safe services. We know there are already growing differences between the care patients receive during the working week (Monday to Friday) and what they receive at night or at weekends.

The services most affected by these issues are:

- Some A&E services
- Some specialist in-patient maternity care
- Some specialist inpatient children’s care (including services for babies born very prematurely – neonatal services).

The evidence suggests it would be better for patients if more experienced staff were available seven days a week.
The NHS is facing the prospect that there may be not enough suitably-qualified doctors available in some hospital services when patients need help. This cannot be allowed to happen.

The NHS recognises that we need to change the way we provide some specialist hospital services to ensure they are properly staffed and offer patients the right care when they need it, whatever time of day or day of the week.

**So what are we doing about these problems?**

In response to *Together for Health*, Cardiff and Vale University Health Board has been working closely with the other five South Wales health boards – Abertawe Bro Morgannwg, Aneurin Bevan, Cwm Taf, Hywel Dda and Powys – to examine a number of key issues facing the NHS and how we might best respond to them. This work is known as the South Wales Programme.

As part of this joint approach, more than 300 clinicians – midwives, doctors, nurses and therapists – have been working together to look at how to improve patient care, ensure patients receive safe and sustainable services and, most importantly, how to improve outcomes.

Representatives of community health councils were actively involved in these discussions and they continue to be involved in shaping the ideas for the future.

The clinicians looked at a small number of specialist hospital services – obstetrics, paediatrics and neonatal care and accident and emergency (A&E) care. They have been reviewing the evidence and guidance about how these services should be organised to give patients the best care and the best outcomes.

These services account for about 6% of the total spend on healthcare in South Wales but they are important to all of us and it is vital the health boards work together to provide them in the best and most sustainable way.

At a series of summits and workshops in May and June, the clinicians came to the conclusion that round-the-clock consultant-led care needs to be concentrated on fewer hospital sites in the future.
Clinicians across South Wales believe that:

Patients will have better care and better outcomes if we change the way hospitals work, so they are as well staffed at weekends as they are during the week.

Patients will have better care and better outcomes if more of the medical care is provided by the most experienced doctors – consultants and very senior doctors coming to the end of their specialist training, rather than more junior doctors who are still in the early stages of their specialist training.

And it’s important to remember that any changes to these specialist services will affect only a small proportion of patients – the sickest and most seriously injured. The majority of people will continue to be treated at their local hospital.

Engagement

We are now starting a period of engagement with the public, NHS staff and key stakeholders about the issues facing these hospital services. Over the course of the next few months, we want to talk to you about how we can ensure patients get the best possible treatment within the current resources available.

We will be working closely with our community health council colleagues throughout the engagement process to ensure as many people as possible have their say.

No decisions have been made about the future of these services, although we know that we cannot continue to provide services in the way we are currently. This engagement process has been designed to give you a real opportunity to influence those decisions and contribute to the debate about the future of these important hospital services.

The health boards in South Wales will collect and analyse all the feedback from this 12-week engagement process to help shape the development of options for the future pattern of these specialist hospital services. We expect to be able to start a period of formal consultation on these options early in 2013.

Obstetric services

About one in three women needs specialist medical attention during childbirth – most commonly because their baby needs to be delivered by Caesarean section.

The report Safer Childbirth, published by the Royal Colleges of Anaesthetists, Midwives, Obstetricians and Gynaecologists and Paediatrics and Child health in 2007, gave advice on the minimum standards needed to improve care.
These are:

- Labour wards should have more consultant obstetricians over more hours each week
- Round-the-clock support from anaesthetists and paediatricians should be available
- Hospitals training obstetricians should have at least 2,500 births a year.

**Putting this expert advice into practice means:**

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<thead>
<tr>
<th>Keeping the current pattern of antenatal and community midwifery services, to make sure women continue to have good access to advice and support.</th>
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</thead>
<tbody>
<tr>
<td>Continuing to offer mothers-to-be the options of having a home birth or giving birth locally at a midwife-led unit</td>
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<tr>
<td>Concentrating 24/7 consultant-led obstetric services on four or five hospital sites</td>
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</table>

**Paediatric and neonatal services**

**Paediatrics**
The Royal College of Paediatrics and Child Health recommends that children are promptly assessed and seen by a doctor with specialist training within four hours of arrival at hospital.

For those children who stay overnight, it recommends they are seen once every 24 hours by a consultant or someone with equivalent specialist skills and training. It is also recommended that all hospitals with a short-stay paediatric assessment unit should have access to a consultant paediatrician during opening hours.

The Royal College advises that specialist training for paediatricians should be based in hospitals caring for at least 4,000 children a year.

**Neonatal care**
The British Association of Perinatal Medicine’s standards for neonatal units state that there should be separate rotas of consultants for level two (high dependency) and level three (intensive care) units. It also recommends that neonatal care is provided by doctors with specialist training in neonatology.

This means consultant neonatology staffing is separate to paediatric consultant staffing – the two areas need separate rotas of doctors in specialist training.

In practice, this means it is extremely difficult to avoid concentrating paediatrics and neonatal care in fewer hospitals, as it is very unlikely there will be enough medical staff.
Putting this expert advice into practice means:

<table>
<thead>
<tr>
<th>Keeping local specialist paediatric assessment and treatment services in those hospitals that already have them and continuing to provide specialist advice and support for them</th>
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</thead>
<tbody>
<tr>
<td>Concentrating 24/7 consultant-led inpatient paediatric services on four or five hospital sites</td>
</tr>
<tr>
<td>Concentrating level two neonatal services on four or five hospital sites</td>
</tr>
<tr>
<td>Concentrating level three neonatal services on two or three hospital sites</td>
</tr>
<tr>
<td>Maintaining a highly-specialist (tertiary) paediatric service and intensive care unit at the University Hospital of Wales, Cardiff</td>
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**Accident and Emergency Care**

A&E is the term used for a range of services given to people who have been injured or who need specialist medical help in an emergency – these specialist services include assessment and treatment by ambulance paramedics and by hospital specialists in emergency medicine, A&E nurses and advanced emergency practitioners.

The range of services available varies from hospital to hospital, as does the way these services are provided. Some hospitals make use of non-specialist doctors and some make more use of nurse specialists. The range of support services also varies from hospital to hospital.

As well as specialist A&E services provided in main hospitals, there are other services which treat injured patients. For example, we have recently invested in our minor injuries service at Barry Hospital, which is led by highly skilled specialist nurses. These local services are not affected by the South Wales Programme work.

The College of Emergency Medicine’s standards for A&E departments advise the daily, 24-hour presence of doctors trained and experienced in emergency medicine with round-the-clock access to a range of diagnostic facilities, including x-ray, ultrasound and CT scanning.

A&E consultants who have taken part in the South Wales Programme’s clinical summits and workshops have said the NHS should be aiming to meet the College’s standards. This would mean fewer 24/7 consultant-led A&E departments in South Wales.
Putting this expert advice into practice means that:

24/7 consultant-led A&E departments should be concentrated on four or five hospital sites, which also have a specialist paediatric service, to ensure injured children receive the right care.

Hospitals which do not continue to provide consultant-led A&E care will continue to provide a different type of accident and emergency service for their local populations.

We want to work with you to explore the differences in A&E care in South Wales so you know what’s available in your local hospital and you can choose the right service for your needs.

**Trauma care**

Only a small proportion of the people who attend A&E every year in Wales have the most serious, life-threatening injuries. This is known as major trauma. These injuries are often the result of serious road traffic accidents.

It is estimated that about 870 people in South Wales suffer a major trauma every year and a further 1,200 people would initially be diagnosed as a major trauma case.

The evidence shows that people with the most serious injuries are more likely to survive and have better rehabilitation if their care is provided by expert clinicians based in a trauma centre that serves a region, rather than being taken to the nearest hospital with an A&E department.

This would be a new concept for South Wales – the region does not currently have a trauma centre.

**We need to:**

Consider whether a trauma centre should be provided on one hospital site or as a collaborative service provided across two sites – University Hospital of Wales in Cardiff and Morriston Hospital in Swansea.

We now want to know what you think about the issues facing the NHS and the idea of concentrating 24/7 consultant-led obstetric, paediatric, neonatal and A&E services on four or five hospital sites in South Wales.

**Where could these 24/7 consultant-led services be based?**

All the evidence about the availability and training of doctors, together with the quality of care standards, indicates that we can support either four or five centres for 24/7 consultant-led care in A&E, paediatrics and obstetrics across South Wales.
Although doctors across South Wales have agreed these services need to be concentrated on fewer sites, no decisions have been made about where they could be based.

But it is felt by the doctors that, because of the population levels across South Wales, the way patients currently use hospitals and travelling times, certain hospitals should be bases for these specialist 24/7 consultant-led services.

It is anticipated that both Cardiff (University Hospital of Wales) and Swansea (Morriston Hospital) will be two of the bases for these 24/7 consultant-led services.

It is also anticipated that the Specialist and Critical Care Centre (SCCC), which is planned to be built in Llanfrechfa, near Cwmbran, will be the third location for such services. Aneurin Bevan Health Board has submitted a business case proposing concentrating the specialist services currently provided at the Royal Gwent Hospital, in Newport and Nevill Hall Hospital, in Abergavenny, in the SCCC.

The advice about concentrating these services on four or five hospitals would have the most impact on three hospitals – Princess of Wales Hospital, in Bridgend, Prince Charles Hospital, in Merthyr Tydfil and the Royal Glamorgan Hospital, in Llantrisant. But there will also be impacts on the SCCC, the Cardiff hospitals and Morriston Hospital in terms of where patients go for treatment.

We have started to work through the implications of a choice between four and five centres. We know that a five-centre model will offer some people better access to services, compared to the four-centre model.

We are also checking whether both models are equally good at resolving the medical staffing and training pressures we face and whether they improve the consistency of services over a seven-day week.

There are a number of scenarios about the possible location of these services but no decisions have yet been reached about where they should be based.

If the ultimate decision is four centres, the scenarios could be as follows:

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<tr>
<th>Scenario 4.1</th>
<th>Scenario 4.2</th>
<th>Scenario 4.3</th>
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<tbody>
<tr>
<td>University Hospital of Wales, Cardiff</td>
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<td>SCCC</td>
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<tr>
<td>Royal Glamorgan Hospital</td>
<td>Prince Charles Hospital</td>
<td>Princess of Wales Hospital</td>
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</table>
If the ultimate decision is that there should be five centres, the scenarios could be:

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<thead>
<tr>
<th>Scenario 5.1</th>
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SCCC – Specialist and Critical Care Centre

It’s important to remember that any changes to these specialist services will only affect a small proportion of patients – those who need the most specialist care. The majority of people will continue to be treated at their local hospital.

Are there any other issues for Cardiff and the Vale?

Given that Cardiff and Vale hospitals will form part of the backbone of these regional services, there are probably going to be some implications for more general services in Cardiff and the Vale of Glamorgan.

During the engagement period, we will be asking you what you think about the need for change, as set out in this document, and listening to your ideas about how we resolve some of those issues. We’ll also be discussing these matters with our staff.

What do you think?

During the engagement process over the next three months, we want to know what you think about the challenges facing the NHS locally and across South Wales and about the ideas for creating stable, safe and sustainable services for patients.

A questionnaire will be available online during the engagement and your answers to that and your comments will be considered thoroughly by health boards and the South Wales Programme board. It will develop a series of options for consultations based on the advice from clinicians, the guidance from the professional bodies and the comments from the public and NHS staff.

These options will then be formally and fully consulted upon early next year.
Where to get more information and have your say

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Find the UHB on Twitter @cv_uhb and use the hashtag #NHSSWP

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www.communityhealthcouncils.org.uk/cardiffandvale

This document is available in Welsh and in alternative formats like BRAILLE, LARGE PRINT and audio versions. Please contact us if you would like a copy of the document in one of these formats.

Thank you for taking the time to read this document. We hope you’ve found it helpful and we look forward to hearing more about your thoughts and ideas on what we have said.