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LLAIS
Eich llais mewn iechyd a gofal cymdeithasol | Your voice in health and social care

22 December 2025

Ref: RSC-240429-1098

Professor Phil Kloer
Chief Executive
Hywel Dda University Health Board

Letter sent by email only: philip.kloer@wales.nhs.uk

Dear Professor Kloer

Clinical Services Plan (CSP)

Throughout this year we've been actively involved in the Clinical Services Plan (CSP) engagement events, option appraisal, development and conscientious consideration sessions. Based on what we've heard, we'd like to recap on the main concerns and priorities from a public perspective.

It is important to be clear that in so doing, we're reflecting the position for the populations we've heard from across the 3 Llais regions in West Wales, North Wales (mainly South Gwynedd) and Powys.

We've seen the report entitled *Hywel Dda University Health Board: Clinical Services Plan Consultation (Draft)*, produced in November 2025. Until we see the health board's papers ahead of the extraordinary meeting scheduled for February 2026, we're not fully aware of how all the public views and

Prif Weithredwr/Chief Executive: **Alyson Thomas**
Cyfarwyddwr Rhanbarthol (Llais Gorllewin Cymru)/ Regional Director (Llais West Wales):
Donna Coleman
E-bost I E-mail: westwalesenquiries@llaiscymru.org
Ffôn Tel: 01646 697 610

opinions that you've considered will have shaped the Health Board's proposals for the future delivery of these services. We look forward to seeing how the views people shared regarding the consultation issues, have contributed towards construction of options that will serve their needs well. Once we have sight of the papers and the detail within, we'll have further comments, suggestions and queries.

There are some consistent themes that we've heard from the public which cannot be dismissed, and which require active and continued consideration:

- Travelling for care
  A major issue which permeates all aspects of the Clinical Services Plan and is not simply a matter of how many miles people must travel to their appointment or to visit a loved one in hospital.

  Planning and undertaking long journeys can be overwhelming and stressful for people if they must independently access, understand and use transport timetables. Travelling alone, to and from hospital appointments when feeling unwell is also a worry for many. Going to unfamiliar locations where they do not know their way around and where they have no control over transport availability and timing, creates significant anxiety.

  Physical and practical issues associated with long distance travel need to be actively considered so that journeys are not excessively stressful because of the need for refreshments, medications, food, and toilet breaks.

  Travel costs mean that some people simply find it difficult to afford recurring journeys whilst being ineligible for benefits or support with transport costs. Those without cars might find it challenging to plan journeys to and from hospital if public transport is infrequent and not aligned sufficiently.

Prif Weithredwr | Chief Executive: **Alyson Thomas**
Cyfarwyddwr Rhanbarthol (Llais Gorllewin Cymru)/Regional Director (Llais West Wales):
Donna Coleman
E-bost | E-mail: **westwalesenquiries@llaiscymru.org**
Ffôn | Tel: **01646 697 610**

People with caring responsibilities and work commitments already know that the time needed for a hospital appointment is often far more complex than it may initially appear. Over-running clinics, transport delays as well as waiting for unexpected tests can create huge concerns. Appointment scheduling and parking also contribute to these worries.

Patient transport schemes were mentioned during the consultation events, but not all patients are eligible for these options. These also may require significant advance planning but can end up being unreliable on the day because of last minute cancellations even for long awaited procedures such as cataract operations. They were also said to be inflexible, unable to allow for people to be accompanied and this added to people's worries.

During engagement events, people recognised that some journeys might entail longer travel for specific investigations or treatments, but these should also be balanced by availability of local care where practicable. People said that that travelling further to distant locations might result in impersonal care and people valued care that they'd received within their own communities.

Where getting to hospital is complex and nuanced, some people may end up intentionally or inadvertently missing opportunities for diagnosis, treatment, early intervention and successful health outcomes. This potentially has a long-term impact on individuals as well as a cost to health services.

Several of the Clinical Services Plan options made references to patients being transported between sites. People could not understand how the Welsh Ambulance Services Trust (WAST) would have sufficient or additional capacity to support these transfers safely when they regularly hear about delayed ambulances in the community and queues outside hospitals.

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E-bost | E-mail: **westwalesenquiries@llaiscymru.org**
Ffôn | Tel: **01646 697 610**

People asked how existing road networks would help achieve these inter hospital transfers in a timely manner particularly in times of peak traffic or adverse weather conditions. There were concerns that patients taken far from home for urgent unplanned care might not be repatriated closer to home because of vehicle non availability.

People were supportive of greater use of technology as a way of reducing the demand for in-person travel or, on occasion, some kind of mobile units might be helpful in accessing care closer to home. This is not something that would suit everyone on every occasion.

Implementing digital and technical approaches within health care needs to be done in a supportive, inclusive and kind manner so that people do not feel that this is a second-rate approach or requires them to have a level of digital expertise that they might not have.

- Stroke services
  These were very much in the forefront of many people's concerns, particularly in Ceredigion, South Gwynedd and North Powys, where people would be significantly impacted by changes to this service.

  The treat and transfer model for stroke was not acceptable to many people. Concerns were raised about potential delays in scanning and thrombolysis, and this was not well understood. Thoughts of separating patients from their families unnecessarily during times of great anxiety was not felt to be aligned with kind and compassionate health care or conducive to achieving optimal outcomes.

  The timescales for people being far from home when they were very poorly were not clear and there was worry that people might deteriorate suddenly and be unsupported by friends and family.

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Ffôn | Tel: **01646 697 610**

There was a feeling that successful and well-established units, such as Bronglais were at risk of being lost or downgraded and that staff skills would diminish because there was no opportunity to maintain competency.

It was repeatedly heard that decisions by the health board about stroke services could not be made in isolation from plans for a national networked stroke management system across Wales. There was concern that hasty decisions within Hywel Dda could result in an uneven and inequitable distribution of stroke services across Wales.

If this happened, patients and their families would have to tolerate the consequences of these decisions for many years or face further changes in the future.

There is the potential that the huge focus on stroke services may have distracted people from the other proposals within the Clinical Services Plan that may also affect them. It is also possible that some voices will have been overshadowed by the dominant discussions on stroke services.

- Rurality
  People felt that services were always being taken further away from rural communities and moving towards more densely populated areas. It was felt that this had happened historically and was happening again.

  People suggested that there didn't seem to be a planning focus on maintaining and developing rural health care across Wales. Rural and distant services were seen to be diluted stealthily to prop up services in more populated areas. People felt this local diminution of services then impacts on other existing local services and destabilises existing fragile systems even more.

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- Staffing issues
  Members of the public often found it difficult to understand why recruitment was so challenging both locally and across Wales. They also asked why skilled staff were not being retained. They felt that constant systemic changes such as the Clinical Services Plan were off putting for potential job applicants.

- The consultation itself
  Some people felt that it was complex and detailed but also lacked some important information e.g., location of a proposed bowel screening centre. People felt they weren't always able to make informed contributions to the consultation process or that decisions were not open to influence.

  From the consultation documents and the discussions in engagement events, it was often challenging for the public to identify what the sum result of all these changes could mean because of some of the interdependencies.

  Timescales for some of the proposed changes were also felt to be ambiguous and left people feeling unsettled about what their health care services would look like for many years to come.

Throughout the consultation process, most people recognised that health care services are under pressure, with ageing populations and an increasing demand for specialised health care which cannot be replicated in all hospital sites across the current health board area. The public is aware that sustainable and affordable long-term solutions to the current fragile position are needed.

There is a clear view from the public that insufficient attention has been given to regional working or collaboration, and this was also mentioned by some professionals within the NHS.

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Although there had been reference in the consultation to planned orthopaedic work and the potential for other regional arrangements with Swansea Bay University Health Board, this has not been detailed enough to assure people that the proposals will fit with wider regional or all-Wales approaches.

It's also not clear whether there has been further or sufficient consideration of working with Betsi Cadwaladr University Health Board. There is potential and willingness for patients within the Hywel Dda area, particularly in the north of Ceredigion to be seen by North Wales consultants.

It is vital that final proposals actively demonstrate that the potential for regional work has been fully explored and that any decision taken by the health board on its clinical services plan will be consistent with wider regional and national developments, including stroke services.

We know that public feedback from the consultation process has now been analysed, and a summary set out in a draft consultation report. This report has informed the 'conscientious consideration' given by the health board to the matters raised by the public, including alternative proposals.

As with any consultation of this nature, the issues raised by the public often apply more generally to health services in the area, and not just those specific services where changes have been proposed. In this consultation, the challenges of accessing health services in rural and remote areas were strongly felt.

Therefore, irrespective of any firm proposals being put forward for decision making by the health board in February 2026 in relation to the Clinical Services Plan, we think improvements can start to be made now in a range of areas that would benefit people needing any of the health board's services. These are

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issues which we know the public already feel are problematic and need addressing.
Please consider and respond to the following:

1. Identify how to improve existing appointment systems so that they are proactive and cognisant of patient locations, travel times, caring responsibilities and travel for appointments.

   In so doing, this should avoid early morning bookings that are unachievable for those travelling long distances and who have identified that they need some form or pre-booked transport provision.

   Practical consideration must be given to patients and their families who have caring responsibilities and/or working commitments when they also need to attend for hospital care. In the engagement meetings we heard how some people were worried about leaving loved ones behind, alone all day because they could not predict how long it would take them to travel to and from a hospital appointment or if they needed to collect children from school.

   We think that options that enable patients to have some choice and control over appointments need serious consideration. Some people may not have transport or caring issues and may prefer early morning appointments, but the current system does not achieve the optimal arrangements for anyone.

2. Improve the way the physical needs of patients who must travel long distances are pro-actively considered and responded to.

   We heard of people with specific concerns such as travelling after bowel prep or needing to change a stoma bag, passing urine frequently, needing to use a changing spaces toilet facility or take medication.

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Where people's journey time significantly increases because of the need to go to different and unfamiliar locations, these issues relating to dignity and comfort must be incorporated into practical actions that make these less of a worry or a barrier for people.

3. Make it easier and less stressful for people who may be attending unfamiliar locations for care and treatment:

   Parking is often unpredictable, people may have to find clinics from a range of different parking locations, not just a single central parking area. The potential to use drop pin on Google maps or use what 3 words or have walkthrough videos needs to be considered.

   Additionally, people need to be proactively told about toilet locations, phone charging banks, opening times of restaurants, cafes and availability of vending machines and wheelchair stores.

4. There is a need to build upon the learning that was achieved and the success of virtual visiting during the pandemic. Review and improve the measures in place that will help patients to maintain regular contact with their loved ones whilst they may need to be in a setting far from their home community.

Can we ask that you respond to our representations by 22nd January 2025

Yours sincerely

Donna Coleman

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Prif Weithredwr | Chief Executive: **Alyson Thomas**
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Regional Director (Llais West Wales)

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