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Wales Health Impact Assessment Support Unit
Uned Gymorth Asesu Effaith ar Iechyd Cymru

GIG CYMRU NHS WALES
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Public Health Wales

Temporary Changes to Women's and Maternity Services in North Wales

Health Impact Assessment Report

November 2015

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Executive Summary

In early 2015, Public Health Wales (PHW) and the Wales Health Impact Assessment Support Unit (WHIASU) were approached by Betsi Cadwaldr University Health Board (BCUHB) to undertake a Health Impact Assessment (HIA) of proposed temporary changes to Women's and Maternity Services in Ysbyty Glan Clwyd, Bodelwyddan, North Wales. It was recognised that an independent assessment of the health and wellbeing impacts of the potential changes was needed and that it would be an invaluable process which could help support the decision makers to make a robust, evidence based decision. It would be considered in conjunction with other collated data, evidence and information about the implications.

As part of an agreed two stage process, a rapid desktop HIA was completed with a small number of key stakeholders in March 2015. This informed the Board about the potential impacts of the proposed changes which were needed at that time and the population groups that would potentially be affected.

As part of a wider consultation of Women's and Maternity Services across the whole of North Wales during Summer/Autumn 2015 a further independent, more comprehensive and participatory stakeholder health impact assessment was again commissioned by BCUHB from WHIASU and PHW. This HIA would include a one day participatory HIA workshop which would be synthesised with all the evidence, data, stakeholder consultation responses and supporting information which was gathered as part of the broad ranging consultation. The HIA stakeholder workshop took place on October 23rd 2015 at Oriel House Hotel, St Asaph.

The HIA aimed to assesses any potential positive health and wellbeing impacts - both physical and mental – and/or any unintended consequences or negative impacts of the options for temporary change. It was an inclusive process that involved all the key stakeholders including service managers, health care professionals, third sector and community representatives and service users.

The HIA participants identified several positive impacts on health and wellbeing for all of the proposed options. These included:

- The creation of a critical mass of expertise at two Centres
- A decision would lead to stability and this could facilitate recruitment and the retention of existing staff
- Clinical safety
- Options 2, 3 and 4 were more favourable for the siting and provision of some services more than others ie Option 2 was favourable for Breast Services which would be based in Ysbyty Wrexham Maelor.

The HIA participants also identified many unintended consequences and detrimental impacts of the proposed options. These included:

- Increased travel distance and time impacts for health care professionals, the Welsh Ambulance Service Trust (WAST) and service users and the associated increased stress and costs of this
- The implications of changes for health care professionals and their patients of any reconfiguration of services and the disruption which this would create
- A significant impact on Breast Surgery and associated services and any siting at one hospital

- A significant impact on vulnerable groups in the population of North Wales.

These impacts were reinforced in a set of key messages which the attendees at the HIA workshop wished to convey. They also highlighted the equivalence of impacts of Options 2, 3 and 4 and that Option 1 was the preferred way forward.

Overall, several key themes emerged from the evidence gathered for the HIA:

1. Whilst it was recognised that there are difficulties and some detrimental impacts and unintended consequences in respect of continuing with 3 Consultant Led Units in North Wales for Women's and Maternity Services, this was the option which was appraised as the most favourable by the participants. It was noted within the workshop that should these services remain then there may have to be changes, but that the difficulties and challenges should be faced.

2. There has been a clear emphasis of the proposed changes on Women's and Maternity Services. However, it was noted by contributors that, as part of the consultation process, the significant impacts for Breast Surgery and associated services have not been so clearly visible. Representatives from Breast Services stated that these are services which are currently providing high quality care and service provision across all sites in North Wales. The substantial unintended consequences and detrimental impact which some of the options will have on such services needs to strongly recognised.

3. Participants highlighted that there will be a major impact on services users and staff across all sites for options 2, 3 and 4. It was noted that this will primarily be because of the reconfiguration of services and potential increased travel times for some, impacts on transport and increased stress and cost. The research evidence review of travel and distance (1) did not find any conclusive evidence between travel times and increased risk of adverse birth outcomes but the wider implications of transfers were highlighted. The implications for vulnerable groups and those on low incomes from the changes and travelling should be noted. It was identified that there will be implications for staff and potentially the staffing of individual sites and a range of services – including those provided by the Welsh Ambulance Service Trust. Any potential road incidents, accidents and possible future road works will also have significant detrimental impact.

4. Contributors called for clarity, transparency and stability which can only occur with a definite decision. It was stated in the workshop that the whole process involves much disruption for a temporary change. It was highlighted by all that any temporary service change must be in alignment with any permanent service change because of the significant impact which any site closure on staff of all disciplines and on staffing at all sites will have. It was felt by participants that the term 'temporary' needs to be clearly defined and communicated to all stakeholders. This can then support BCUHB to develop plans in respect of the wide range of identified impacts, staff recruitment and retention.

The information and evidence contained within this HIA was gathered as one element of a wide ranging consultation process to inform and support the final

decision made by the Board of BCUHB. It represents the views of the participants who contributed on the day and those who provided written comments and feedback. WHIASU and PHW are independent organisations.

1.0 Introduction

Health Impact Assessment (HIA) is a process which supports organisations to assess the potential consequences of their decisions on people's health and well-being. The Welsh Government (WG) is committed to developing its use as a key part of its strategy to improve health and reduce inequalities although HIA is currently not Statutory.

Health impact assessment provides a systematic yet flexible and practical framework that can be used to consider the wider effects of local and national policies or initiatives and how they, in turn, may affect people's health. These effects may be positive or detrimental or have unintended adverse consequences. A major objective or purpose of an HIA is to inform and influence decision-making; however, it is not a decision-making tool per se.

HIA works best when it involves people and organisations who can contribute different kinds of relevant knowledge and insight. The information is then used to build in measures to maximise opportunities for health and to minimise any impacts and it can also identify any 'gaps' that can then be filled. HIA can also provide a way of addressing the inequalities in health that continue to persist in Wales by identifying any groups within the population who may be particularly affected by a policy or plan or proposal.

The Wales Health Impact Assessment Support Unit (WHIASU) was established in 2001 to support the development of HIA in Wales and is based in the Policy, Research and International Development Directorate (PRID) of Public Health Wales (PHW). It is independent and its remit is to support, train, facilitate and build capacity in HIA and raise awareness of how the process can support and contribute to improving health and wellbeing. A particular focus of WHIASU in recent years has been the use of HIA within traditionally 'non-health' sectors such as mining, regeneration and housing, waste, land-use and transport planning as a method of encouraging a consideration of 'Health in All Policies' (HiAP). However, recently there has been a shift back to supporting decisions and developments in the health services and care sector (2, 3). The Unit has a strong research function and has published a number of guides, evidence reviews and resources to support the practice of HIA by specialists and non-specialists (4).

2.0 Proposed temporary changes to Women's and Maternity Services in North Wales

The rationale for, and all essential information, documentation and evidence relating to, the consultation about the proposed Temporary Changes to Women's and Maternity Services in North Wales is available at a dedicated bi-lingual website: http://www.nwmaternity.org.uk/en/ (5).

The full bi-lingual consultation document (6) is available at: http://www.nwmaternity.org.uk/documents/ENGLISH_Consultation_Document.pdf

The bi-lingual summary consultation document (7) is available at: http://www.nwmaternity.org.uk/en/tell-us-what-you-think/.

2.1 Background

In February 2015, WHIASU was approached by PHW to support BCUHB to undertake a HIA of proposed temporary changes to Women's and Maternity Services in North Wales. A rapid desktop health impact assessment was completed in March 2015 and published (8). This involved a small number of internal and external stakeholders.

A further stakeholder consultation was held as part of a review of all proposed options for change in North Wales from August – October 2015. As part of this, another more comprehensive and participatory HIA was undertaken to review these. This report documents the process and the findings from the HIA of the options appraisal.

2.3 The Health Impact Assessment

The HIA built on a variety of evidence which had already been collated by Betsi Cadwaladr University Health Board (BCUHB) and aimed to inform and contribute to the decision making process for the proposed temporary changes to Women's and Maternity Services in North Wales. There had been extensive and lengthy consultation with the local community, key stakeholders and a wide range of organisations throughout August, September and October. All were invited to respond and comment as part of the consultation. A range of public meetings were held, questionnaires circulated and there were prolific social media interactions (9).

BCUHB approached PHW and WHIASU to support them to undertake a HIA so that any health and wellbeing impacts or unintended effects could be identified and to also consider any health inequality and equity implications using a systematic process. WHIASU and PHW are independent organisations.

The HIA was led by Liz Green, Principal HIA Development Officer from the Wales Health Impact Assessment Support Unit (WHIASU) and Ms Siobhan Jones, Consultant in Public Health, Public Health Wales (PHW) North Wales Local Public Health Team (LPHT) with the valuable support of an experienced facilitation team. This team comprised of:

- Sarah Andrews (SA), Principal Public Health Officer, LPHT, PHW
- Sian Ap Dewi (SapD), Principal Public Health Officer, LPHT, PHW
- Bob Baines (BB), Public Health Practitioner, LPHT, PHW
- Delyth Jones (DJ), Principal Public Health Officer, LPHT, PHW
- Lee Parry-Williams (LPW), Senior Public Health Practitioner (Policy and Impact Assessment), WHIASU/PHW

The HIA was primarily qualitative in nature due to the sheer volume of quantitative and qualitative evidence which had already been collected during the two consultations during 2015. It followed the systematic methodology described in the 2012 Welsh HIA guidance of 'Health Impact Assessment: A Practical Guide' (10). It builds on work and training that WHIASU has recently undertaken across Wales to develop HIA and build in a consideration of health, wellbeing and inequalities in collaboration with Local Health Boards. This recently culminated in the NHS Wales Infrastructure Guidance including HIA as a mandatory requirement

for all Business Cases (11). At the scoping stage it was agreed that a participatory HIA workshop would be held as part of the evidence gathering to inform the impact assessment.

2.4 Evidence

HIA is evidence based. This evidence includes quantitative, statistical data and qualitative knowledge and evidence. As practiced in Wales, HIA is grounded on this mixed methodological approach and embraces community and lay knowledge. Wales emphasizes the inclusion of all stakeholders including local community citizens as part of the process. Including this type of qualitative evidence is important to assess individual concerns, anxiety and fears for example, and the data can be quantified for use in decision-making and/or mitigation and can give a more holistic, contextual view of impacts.

As part of the proposed temporary changes, a vast amount of diverse evidence had already been collected. BCUHB had consulted with local public health and wellbeing partners, BCUHB healthcare and other professionals, services users and public citizens before, during and after the consultation process.

This evidence included community health and equality statistics, census data from the Office of National Statistics and commissioned reports (12). The latter includes an independent 'Research Evidence Review: Impact of Distance/Travel Time to Maternity Services on Birth Outcomes' completed by Public Health Wales (13) and a consultation report from ORS. Alongside the commissioned independent HIA, BCUHB has also undertaken an Equality Impact Assessment (EqIA) and a Quality Impact Assessment (QIA). These and supporting information and data have been published on BCUHB's website (14).

The Equality Impact Assessment (EqIA) is part of a LHB statutory duty which appraises the proposed changes against nine core protective characteristics (age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation). The EqIA will be considered within the decision along with the HIA, research evidence review and other evidence.

The Principal HIA Development Officer searched for previous examples of HIAs relating to Women's and Maternity Services. Only two were found (15, 16). However, on further reading they were of a different scope and emphasis.

As statistical evidence and other research evidence on the health and wellbeing impacts of the proposed Temporary Changes had been collected, the aim of the HIA and workshop was primarily to gather qualitative stakeholder knowledge and evidence which would then be synthesised with the rest of the evidence base.

3.0 Participatory HIA Workshop

The workshop took place on October 23rd 2015. A number of key stakeholders were invited to participate and contribute to the discussion. Information about the consultation and proposed changes, along with an overview of HIA (Appendix One) were sent out in advance with the invitation.

There was such an interest in the HIA and proposed changes that many additional stakeholders requested invitations to participate and attended on the day. Unfortunately, several key stakeholders were unable to attend the workshop because of prior commitments and/or clinics. However, they were asked to submit any comments or feedback to PHW/WHIASU to be incorporated and considered as part of the HIA. Several emails were received (17, 18, 19, 20) and the comments have been included as part of the assessment.

In total, 52 attended the workshop. As statistical data and other research and evidence on the health and wellbeing impacts of the proposed Temporary Changes were being considered alongside the HIA, the aim of this workshop was primarily to document knowledge and evidence from the commissioners; health and allied health care professionals, service users, third sector and community representatives who attended about the potential impacts of the proposed options.

The participants came from a wide range of disciplines and backgrounds: 4 represented Breast Services; 5 from Radiology, 9 from Paediatrics and Neonatal; 10 Maternity Services representatives; 7 Service Users participated; 6 WAST representatives; 1 Academic attended; 1 Pathology representative; and 2 attended from BCUHB Planning Department. Public Health Wales's LPHT provided 5 independent facilitators and WHIASU provided 2.

It was an open, transparent and interactive process. Option one assessed the current service provision, whilst options 2, 3 and 4 assessed the proposed changes. The agenda is included in Appendix Two.

The participants were split into two breakout groups with an even mix of specialties and representatives included in each as much as possible. All comments and views were documented by the facilitators. The comments within this report are those from the workshop and will form one element of the overall evidence to inform the final decision in respect of changes to Women's and Maternity Services in North Wales.

3.1 Screening

At the outset, the 2 breakout groups identified the main vulnerable groups who would be affected by the changes using Appendix 1 of the Welsh guidance (Appendix Three). A lively discussion followed and a wide ranging number of vulnerable groups were highlighted as being directly affected by the proposed options. These were (in no particular order):

Vulnerable Groups Affected

- All women
- Older people – especially women
- Pregnant women – especially those with chaotic lifestyles and substance misuse
- Premature babies
- Parents
- Families & carers
- Teenage mothers

- Staff members (all staff) and family members
- Families of service users (all services) including siblings of babies
- Women with breast cancer
- General surgery patients
- Neonates
- Low income groups
- Individuals with mental health issues – linked to pregnancy – to include families
- Geographical groups and the rural population
- Individuals with learning disabilities
- Welsh speaking communities – language choice – Countess of Chester
- Ethnic minorities and languages including refugees that may be allocated in North Wales
- People with disabilities (esp. re access)
- Lone parent families
- Children and young people
- Men – older men 60+
- Men – support for women + those becoming fathers
- Individuals with dementia
- Transgender individuals
- Individuals who are affected by domestic violence
- People working in low paid jobs – working long hours – could be migrant workers
- Travellers
- Homeless individuals
- Adopted children
- People who live and work around the hospital sites
- Holiday makers
- Individuals wanting to deliver child in Wales

The individual groups agreed their breakdowns and then worked systematically through each of the proposed options. They used the wider or social determinants of health as a framework, as listed in Appendix 2 of the Welsh guidance (Appendix Four), for the discussions around the potential health and wellbeing impacts of them. Potential positive impacts or opportunities were identified as were potential detrimental impacts, gaps and unintended consequences. Questions and any suggestions for mitigation were also documented throughout the process.

The discussions were summarised and transcribed by the facilitators onto flipcharts and verbally agreed by the groups. These are contained in the tables in Appendix Five.

4.0 Appraisal

The summaries below describe the potential major positive and negative impacts and unintended consequences and the key points identified by the participants from both breakout groups during the discussions for each proposed option. The full lists of impacts are contained in Appendix Five. All statements and views

contained within them are those expressed by the participants on the day and are not representative of those of WHIASU or PHW, who are independent facilitators.

4.1 Option Appraisal summaries

The Full Consultation and Summary documents outline each of the option proposals (Pages 4, 5 and 6). These documents can be accessed at: http://www.nwmaternity.org.uk/documents/ENGLISH_Summary_document.pdf. (21). Each option assessment below has a short précis of the proposed changes, if any, at the start of the narrative.

4.2 Option 1

Service provision remains as current i.e. Consultant led Women's and Maternity Service Units at all 3 major North Wales Hospitals (Ysbyty Glan Glwyd (YGC), Ysbyty Gwynedd (YG) and Ysbyty Wrexham Maelor (YWM). All will have provision for emergency gynaecological or inpatient surgery. All will provide in-patient breast services. All will provide full neonatal services. A new Sub-Regional Neonatal Intensive Care Centre (SuRNICC) has been funded by Welsh Government and is expected to be opened in 2018 at YGC.

This option was identified as having significant positive impacts on health and wellbeing.

It was highlighted by the participants that this was the least disruptive of the options and would give stability to those who already worked and accessed the services across the 3 major hospital sites. It was noted that the BCUHB may be more likely to retain staff in the current model of working if staff are not made to relocate. The announced investment in SuRNICC should be another positive impact for the recruitment and retention of staff. A definite decision would encourage a more stable workforce and could lead to enhanced training opportunities, for example, for student midwives and training for clinicians. It was also acknowledged that continuing as 3 Consultant Led Units would still involve changes within the system.

Positively, good access would remain, as would consistency in methods and ways of working at all sites. This importantly includes the ability to cater for the specific needs of distinct vulnerable groups who reside in the local community - for example, individuals who speak Polish as a first language and their families at Ysbyty Wrexham Maelor; for first language Welsh speakers in Ysbyty Gwynedd; or populations living in deprived communities along the central area in Ysbyty Glan Clwyd. No changes in service configuration would also minimise any stress or confusion for staff and patients and there would be accessible services for all population groups which understand their needs in close proximity.

In terms of community and social impacts, the groups positively identified that caring and family responsibilities of staff and service users would remain stable and that patients would not be separated by large distances from their family and friends, visitors and other support systems. Relationships would remain consistent with many post surgery patients and staff. Many patients are recalled annually and it is positive for mental wellbeing and reassuring emotionally, to return to previous

healthcare professionals and patients often obtain knowledge from those with similar experiences who have been treated at the site which they will attend.

In respect of access to services, participants stated clearly that this option will be positive - particularly for Breast Services and the Welsh Ambulance Service Trust (WAST). The 3 consultant led Units for Breast Services function well currently and the feedback received has been that there should be no need for a reconfiguration of these services. Breast in-patients can currently access services at all 3 sites. For WAST, risks and travel times are currently known and managed. Travel costs and travel times would remain stable and minimal for the majority of service users and staff, with existing public transport links to major local communities.

Finally, it was believed that this option was the most advantageous of all the options in respect of IT systems and paper records and documentation. It was highlighted that there could be potential safety issues for all other options both in respect of information governance and the transportation of medical records.

However, a number of unintended consequences and detrimental impacts were identified for this option – these are also a reflection of the current arrangements at YGC.

These impacts are primarily focussed on staffing. Many of the staff (and patients) are stressed and worried about the potential changes and that they may be required to move. Other members of staff are working harder to keep services safe – which has directly impacted their own lifestyles. This can lead to a decrease in time to take physical activity, time to eat healthful food and contribute to increased stress and impact their mental health and wellbeing.

It was acknowledged that Locums and agency staff are regularly hired and the cost of locums to sustain the current arrangements across specialities, especially the middle grade obstetric rota across North Wales (although this does not include breast services) is higher than if health care professionals were employed directly by the BCUHB. It was commented that Units run by Locums may have less accountability and it was noted that quality may be reduced because of this.

There have also been challenges with regard to education and training because services have been stretched and it has been hard to release staff for training. This has resulted in training sessions being cancelled. Currently, YGC does not have trainees which in turn affects recruitment and staffing – which then has a negative impact on the perception of YGC. Overall, the issue of sustainable staff recruitment will impact on all patients in the system. It was also captured that North Wales is potentially likely to lose out on 'new ideas/innovation/enthusiasm' which can come from newly trained health care professionals and students.

There was a discussion around the direct impacts on community midwives with many of them being called on to work in YGC rather than out in the community. This has directly impacted on patient choices in relation to childbirth, and also on vital support to patients before and after birth, such as breastfeeding support and home births. It will also impact on public health services which community midwives provide such as smoking cessation advice.

4.3 Option 2

Service provision changes i.e. Temporary change to maternity services at Ysbyty Wrexham Maelor. YWM to be a Midwifery Led Unit (MLU) with no emergency gynaecological or inpatient surgery. There will also be a transfer of all in-patient breast services from YG and YGC to the hospital. There will a reduction in the provision of neonatal services. The Countess of Chester Hospital would also take some patients.

The workshop participants identified some positive impact for this option. However, most of these were beneficial to YWM and the local population in proximity to it.

It was commented that North Wales and YWM would be less reliant on the Countess of Chester for breast reconstruction and BCUHB could repatriate this work back into Wales. The nearby presence of the Countess of Chester hospital would also improve access for some patients of other services, if agreed. YWM has the most emergency access to other nearby sites with the nearest hospital only being sited 12 miles away. Accordingly, it is therefore closer to other Consultant Led services than any of the other options put forward.

This option would lead to greater stability for community midwifery staff in Wrexham and would be highly beneficial for staff, patients and the home birth rate. It would also be of positive benefit for YWM in respect of emergency on call surgery, would be of positive benefit for Wrexham Breast Surgeons and beneficial for WAST (mutual aid system) with links to England.

A positive impact is that there is more of a culture of acceptance by some service users and their families to travel to specialist services. A decision, regardless of the option chosen, would lead to more stable services which would then be more attractive with regard to recruitment and/or staff would be retained and enhance the clinical safety and sustainability of services.

There was a discussion around the benefits to patients and staff from undertaking high risk deliveries in two centres and having a potential critical mass of staff on 2 sites which could improve expertise. This change could potentially reduce reliance on locums, decrease the costs associated with this and improve access to training. It was also noted that Neonatal intensive care would be led by neonatologists.

However, several potential unintended and detrimental impacts were identified for this option. Again the impact on all staff, staff rotas, recruitment and very importantly patients and their families was highlighted. Currently, Consultants live 30 minutes from where they work so that they are able to work 'on call' and there would be recruitment implications to this and options 3 and 4.

There would be negative impacts of this option for the YWM staff because of the requirement for some to move and additional worry that the Maternity Unit will not recover when the temporary nature of the reconfiguration ends.

This option would have a highly significant impact on Breast Services provision in YWM (and the other sites) and the siting of all Breast Surgery in Wrexham would reduce the theatre capacity because of the increased demand from this. The proposed change would impact across all areas of the service - staffing, Pathology,

theatre services, Oncoplastics and affect Breast Radiologists (a Breast Radiologist is needed in Wrexham everyday). It was highlighted that Breast Surgeons cover other areas of surgery i.e. general surgery and the change would have a detrimental impact. There would be challenges with regard to continuation of care and outpatient breast services across North Wales too.

This option would directly impact breast surgery 'day case' procedures. Patients from the West would end up being too far from home, particularly if they live in the outer environs of Gwynedd and Ynys Mon, and therefore they would need to stay in hospital the night before or after for safety – which in turn would reduce bed capacity. It would also impact the breast services staff that would be required to move from other sites and the changes could fracture established links between radiology and breast cancer services – and it was believed that this could lead to a less complete, less safe service and that the proposed changes are also unnecessary and of no benefit at all - one contributor commented that '*Breast cancer is a common disease accounting for over 600 new cases a year in North Wales - 95% of which will require surgery . Because of this there is no benefit in concentrating skills and expertise in one centre unlike (other) surgery where the numbers are far smaller*'. (17).

The potential and actual impacts on mental health and wellbeing on all staff from the proposed changes and the uncertainty around them were highlighted and particularly the stress of having to manage additional travel, its potential costs, any family and caring commitments came through very strongly. It was similarly discussed that these challenges would face any women and their families who would be affected by this proposed option and additional travel costs would have a major impact on low income families.

In terms of other community and social impacts and access to services, it was highlighted by the groups that this option would have a detrimental impact for vulnerable groups. The Neonatal Unit is configured to support minority communities' specific to Wrexham i.e. Polish, travellers and women from deprived communities. There would also be reduced Welsh language provision for those accessing Breast Services in North West Wales and there was a real concern around the increased need to travel from the West to the East (particularly with current road works on the A55 in North West Wales) and the impact on Welsh speakers from a lack of visitors and conversing in their chosen first language. Partners and families may have to stay overnight and this would incur additional cost.

In respect of the MLUs, contributors stated that Wrexham midwifery practices are different e.g. shared between the hospital and the community and this has benefits and they could be lost. Any patients who would need emergency transfer from the MLU would be placed under enormous stress at a very difficult time. The potential travel implications were identified as a negative impact and the implications for potential added transfer and travel times at this and other more routine times, plus potential road incidents, accidents and any road works will have significant unintended detrimental impacts on both staff (including Consultants) and patients and their families. One contributor noted that a recent Welsh Study (22) highlighted that there was an increased risk to mother and baby with distance from consultant unit. This study was included within the evidence review for distance/travel and found to have some limitations.

This option could also have implications for information governance with the physical transfer of patient medical records and incompatible IT systems.

In terms of other geographical service impacts it was noted the implications for those patients and services users from Powys and Shropshire had not been fully mapped out (or have not been published if they have) and there were questions asked about the details of the arrangements with the Countess of Chester hospital in relation to its capacity to take any maternity, breast and neonatal patients and that there was no indication so far about the of capacity at the site in respect of gynaecology services.

4.4 Option 3

Service provision changes i.e. Temporary change to maternity services at Ysbyty Gwynedd. YG to be a Midwifery Led Unit (MLU) with no emergency gynaecological or inpatient surgery. There will also be a transfer of all in-patient breast services from YWM and YGC breast services to the hospital. There will a reduction in the provision of neonatal services.

As part of the appraisal process the equivalence of the impact and implications of options 2, 3 and 4 were discussed by both groups in their sessions. It was concluded that many of the potential impacts of these options would be almost identical except that they related to different geographical areas and these had specific vulnerable groups resided in those local populations. However, some of the options did have clear differential impacts but the discussions and appraisal process also facilitated discussion around more subtle ones.

This option was again identified to be positive in the development of a potential critical mass of staff on 2 sites which could improve expertise and lead to more advanced models of service provision and care. It could potentially reduce reliance on locums etc and improve access to community care.

It was deemed positive for some healthcare professionals, patients and their families and support systems who speak Welsh as their first language. A Consultant Breast Radiologist is based at YG (but there is genuine concern that any temporary services reconfiguration would have a massive impact on potential recruitment and retention of staff across the service as whole).

YG has the lowest birth rates of all the hospitals included in the proposed changes and therefore the numbers who would be under the proposed MLU would be smaller. However, it was highlighted by one of the groups that Ynys Mon has higher than average levels of obesity, and that obesity can bring higher risks in pregnancy and therefore this option could be detrimental to women drawn from this population. It was also deemed less of a change for those who need to access neonatal care.

Many of the unintended consequences and detrimental impacts for health and wellbeing of Option 3 were noted to be identical as Option 2 in respect of the impacts on all staff; potential recruitment and retention of staff; staff rotas; breast and associated services; there were similar impacts on staff, patients and their families from increased travel times; the potential increased stress of not being cared for in their local community; and the increased costs and access issues associated with travelling and any need for accommodation. It was noted that currently all high risk gynaecology cases are treated in YG and that this particular

option would have major implications for staff that will have to travel to another site.

The significant impacts which would affect Breast and associated services and the health care professionals engaged in these services would be the same – except that the impacts would fall on Ysbyty Gwynedd in respect of increased demand for theatre provision; day case admissions; and stress for health care professionals. The patients, families and staff who would be most affected by travel and costs would be from North East Wales. However, it was identified that with Option 3, there may be slightly less impact for Breast radiologists.

The geographical impacts would been identical except that it would be those who live in rural areas would have reduced access i.e. South Gwynedd for Consultant Led Maternity Services and Powys (who prefer to attend YWM) and the latter could lead to increased referrals to Shrewsbury and Telford. Approximately 60 high risk women a month from Powys currently access Wrexham. There are also a number of communities rated highly on the Welsh Index of Multiple Deprivation (WIMD) who would be affected.

Interestingly, it was highlighted that an unintended consequence of the proposed option could be a 'un-equality issue' i.e. that if pregnant women can go to the Countess of Chester or English Hospitals then 'why can't others?' This was highlighted in respect of the Wrexham breast surgery patients who would rather be nearer home and family than travel to Bangor and YG. This would also have cost implications.

Another consequence of the move to YG in the North West for services would be that the majority of the laboratories are North East based and that there would be a need to adapt pathology services (and a need to access real-time pathology). Other technical impacts would be the lack of compatible IT systems and the potential negative impact for Information Governance and the transportation of Medical Records.

4.5 Option 4

Service provision changes i.e. Temporary change to maternity services at Ysbyty Glan Clwyd. YGC to be a Midwifery Led Unit (MLU)) with no emergency gynaecological or inpatient surgery. There will also be a transfer of all in-patient breast services from YG and YWM breast services to the hospital. There will a reduction in the provision of neonatal services. However, a new Sub-Regional Neonatal Intensive Care Centre (the SuRNICC) has been funded by Welsh Government and is expected to be opened in 2018 at YGC.

Option 4 was again deemed to have identical impacts as Option 2 and 3 except for varied demographics and geography with the CLU is set up to cater for local needs.

This option was again identified by the participants to be positive in the development of a potential critical mass of staff on 2 sites which could improve expertise and lead to more advanced models of service provision and care. It could potentially reduce reliance on locums etc and improve access to community care. Some participants noted that after Option 1, this was the best in relation to access to services and for WAST as the least disruptive option in relation to their patterns of work.

It was also highlighted as having the most positive impact in respect of Pathology and the most advantageous option to support Breast Surgery.

Again, many of the unintended consequences of this Option and potential detrimental impacts were identified to be identical to those listed in Options 2 and 3. These include (but are not limited to) the impacts for all staff; the potential recruitment and retention of staff; staff rotas; breast and associated services. There are similar impacts on staff, patients and their families from increased travel times; the potential increased stress of not being cared for in their local community; and the increased costs and access issues associated with travelling and transport and any need for accommodation.

This option has potential negative impacts for the development of the SuRNICC. It was commented that there could be issues with recruitment to Neonatal Intensive Care if there are no Consultant Led deliveries in YGC and that the development of SuRNICC would be enhanced by the increased centralisation of services.

The Option itself was perceived to be a compromise option in terms of the numbers of services users and personnel who will be required to travel. This option could lead to increased demands for patient and community transport from those living in nearby deprived communities or those on low incomes. They would face increased costs and potential issues in accessing services – although some mitigation suggestions were proposed including the development of a community transport hub.

It was identified that this Option would have a significant impact for vulnerable women from disadvantaged communities in the local population around YGC. The area around Bodelwyddan and Ysbyty Glan Clywd has high levels of areas of deprivation (as rated on the Welsh Index of Multiple Deprivation (WIMD)) and a high number of caravan parks which home holiday makers and some transient workers. It was highlighted that many from the community have issues with high/low birth weight, still births, and associated complications. Many don't engage with Antenatal Services currently and there would be an increased likelihood of increasing numbers of Do Not Attends (DNAs). One contributor stated that an audit at YGC had demonstrated that the average admissions rate for a high risk woman is twice in pregnancy. If services are moved then this would involve a 70 mile round trip at a time of difficulty and stress and could result in an additional high number of antenatal admissions each at both YG and YWM. If the CLU remains at YGC then these service users will continue to be treated as Day Unit attendees. This minimises the requirement to travel, stress and allows for families and support systems to attend alongside them. One participant stated that *'the Maternity Outpatient Antenatal Day Unit at YGC has approximately 30 attendances seen daily (as has the equivalent unit in Bangor)'* (20). If the CLU becomes MLU then they felt that *'this could result in high numbers of women requiring transport from central area to either YG or YWM for antenatal day assessment per annum. Many of these may require admission because of transport and access issues'*. (20)

5 Key Messages

At the end of the workshop, both breakout groups reunited as one group. They provided several key messages which they wished to convey as part of the decision

making process. These are listed below (all deemed equivalent in importance by the groups):

1 The need for transparency throughout the decision making process and the implementation of the decision.

2 The equivalence of impacts from 2, 3 and 4 were noted. They only differ in respect of travel distances.

3 There are many unforeseen consequences from the options proposed. It needs to be recognised that there are complex links with other services and effects on them i.e. Breast Services

4 The need to define "temporary" because of the uncertainty it creates for all – both staff and service users.

- What does it mean?
- Will it be adhered to?
- Will recruitment be improved?

6 Once a decision is made then the Health Board need to think about how they rebuild trust with all.

7 The majority of participants from one of the groups wished to explicitly state in the key messages that Option 1 is their preferred option with various caveats e.g. it has least fragmentation of services

8 Travel/transport (apart from Option 1) will have a severe impact on both staff and services users from a vast array of services.

9 Safety and Risk needs to be to the fore

10 Staff impacts are significant. The change may be temporary but the need for stability must be recognised and careful alignment is required

11 The changes have a much wider impact than Maternity Services and are multi-disciplinary. There is a need to recognise the importance of the proposed impacts on other services across north Wales - particularly Breast Services

6 Conclusion

The workshop followed a systematic process, provoked a lively discussion and made important connections to other policy areas and stakeholders.

It is clear from the contributions that several clear themes emerged. These also mirror some of the key messages presented by the groups themselves.

Firstly, whilst it was recognised that there are difficulties and some detrimental impacts and unintended consequences in respect of continuing with 3 Consultant Led Units in north Wales for Women's and Maternity Services, this was the option which was proposed as the most favourable by the majority of participants. It was noted within the groups that should these remain then there may have to be changes but that the difficulties and challenges should be faced.

Secondly, there has been a clear emphasis of the proposed changes on Women's and Maternity Services. However, it was noted by contributors that, as part of the consultation process, the significant impacts for Breast Surgery and associated services have not been so clearly visible. Representatives from Breast Services stated that these are services which are currently providing high quality care and service provision across all sites in North Wales. The substantial unintended consequences and detrimental impact which some of the options will have on such services needs to be strongly recognised.

Thirdly, participants highlighted that there will be a major impact on services users and staff across all sites for options 2, 3 and 4. It was noted that this will primarily be because of the reconfiguration of services and potential increased travel times for some, impacts on transport and increased stress and cost. The research evidence review of travel and distance (1) did not find any conclusive evidence between travel times and increased risk of adverse birth outcomes but the wider implications of transfers were highlighted. The implications for vulnerable groups and those on low incomes from the changes and travelling should be noted. It was identified that there will be implications for staff and potentially the staffing of individual sites and a range of services – including those provided by the Welsh Ambulance Service Trust. Any potential road incidents, accidents and possible future road works will also have significant detrimental impact.

Finally, contributors called for clarity, transparency and stability which can only occur with a definite decision. It was stated in the workshop that the whole process involves much disruption for a temporary change. It was highlighted by all that any temporary service change must be in alignment with any permanent service change because of the significant impact which any site closure on staff of all disciplines and on staffing at all sites will have. It was felt by participants that the term 'temporary' needs to be clearly defined and communicated to all stakeholders. This can then support BCUHB to develop plans in respect of the wide range of identified impacts, staff recruitment and retention.

An evaluation of the workshop was undertaken (Appendix Six). This demonstrated that the HIA was of benefit to all the participants who attended and was an excellent forum for discussion.

The views, information and evidence gathered as part of this HIA will now be used as one element (gathered as part of the wide ranging consultation) to inform the final decision made by the Board of BCUHB.

Author

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The author would like to acknowledge and thank all the contributions made by the participants, facilitators and organisers to the HIA.

The views and statements contained within this report are those expressed by the participants who attended the HIA workshop and provided written comments and are not those of WHIASU or PHW which are independent organisations.

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November 2015

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Appendix One

Health Impact Assessment (HIA) – Overview

HIA is defined as a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.

A major objective or purpose of an HIA is to inform and influence decision-making; however, it is not a decision-making tool per se. HIA is a process that considers to what extent the health and well-being of a population may be potentially affected by a proposed action - be it a policy, program, plan, or project. It provides a systematic, objective, yet flexible and practical way of assessing potential positive and negative health impacts associated with a particular activity. It also provides an opportunity to suggest ways in which health risks can be minimized and health benefits maximized.

In most uses of HIA, 'health' is viewed as holistic and encompasses mental, physical and social well-being. Based on a social determinants framework, HIA recognizes that there are many, often interrelated factors that influence people's health, from personal attributes and individual lifestyle factors to socioeconomic, cultural and environmental considerations.

While some impacts on health determinants may be direct, obvious, and/or intentional, others may be indirect, difficult to identify, and unintentional. An HIA can identify health inequalities in not only the general population but in "vulnerable groups" (eg children, young people or older individuals) as well. The main output of any HIA is an evidence-based set of recommendations that should lead to the minimization of risks and maximization of potential benefits. It can provide opportunities for health improvement and to fill in any identified 'gaps' in service provision or delivery.

HIAs can vary in terms of their timing and depth. They can be undertaken prior to implementation of a proposal (prospectively), during implementation (concurrently) and after implementation (retrospectively). Prospective HIAs give the greatest opportunity for influencing change while concurrent and retrospective HIAs are more monitoring and evaluation exercises, respectively. The scope of an HIA will be determined by a number of factors, including the nature and complexity of the proposal being assessed, the availability of resources, the type of data that would be needed, and the decision-making timescales.

HIA assesses a mixture of evidence – both quantitative and qualitative. Wales emphasizes the inclusion of all stakeholders including local community citizens as part of the HIA process. Including this type of qualitative evidence is important to assess individual concerns, anxiety, fears, for example, and the data can be quantified for use in decision-making and /or mitigation and can give a holistic view of impacts.

HIAs generally take one of three forms – desktop, rapid or comprehensive. A desktop HIA may take only a few hours or a day to execute, a rapid HIA may take a few days to a few months to complete, and a comprehensive HIA is more in-depth/time and resource intensive and can take many months to complete. The most appropriate type to conduct can be decided through a short scoping meeting and discussion of timeframes and resources and levels of stakeholder involvement.

WHIASU (www.whiasu.wales.nhs.uk) can provide impartial advice, guidance, materials and some support for HIA to the organization/body in collaboration with the Local Public Health Team, PHW, if available. The HIA would need to be led and supported by a named individual and ownership would remain with the organization.

Liz Green, WHIASU/Public Health Wales. June 2015

Appendix Two

HIA Workshop Programme

Participatory Health Impact Assessment workshop
for
Proposed Options for Temporary Changes to Women's and Maternity Services in North Wales

9.15am – 4pm

Venue: Oriel House Hotel, St Asaph

Programme

9:15 Registration (Tea/Coffee available)

9:30 Welcome and introduction to workshop
– Siobhan Jones, Consultant Public Health, Public Health Wales

9.40 An outline of the Proposed Options

10:00 Outline of the Health Impact Assessment Process and the Appraisal tool
Liz Green, Wales Health Impact Assessment Support Unit

10.15 Screening session – using appraisal tool to identify key health impacts of **Option 1**

Tea/Coffee Break at a suitable time

11.35 Screening session – using appraisal tool to identify key health impacts of **Option 2**

13:00 Lunch

13.30 Screening session – using appraisal tool to identify key health impacts of **Option 3**

Tea/Coffee Break at a suitable time

14.30 Screening session – using appraisal tool to identify key health impacts of **Option 4**

15.30 Feedback and next steps

16.00 Close

Appendix Three

Vulnerable/Disadvantaged Groups Checklist

(Please note that this list is a guide and is not exhaustive)

The target groups identified as vulnerable or disadvantaged will depend on the characteristics of the local population and the nature of the proposal itself. The most disadvantaged and/or vulnerable groups are those which will exhibit a number of characteristics, for example children in living poverty. This list is therefore just a guide and it may be appropriate to focus on groups that have multiple disadvantages.

Age related groups*

- Children and young people
- Older people

Income related groups

- People on low income
- Economically inactive
- Unemployed/workless
- People who are unable to work due to ill health

Groups who suffer discrimination or other social disadvantage

- People with physical or learning disabilities/difficulties
- Refugee groups
- People seeking asylum
- Travellers
- Single parent families
- Lesbian and gay and transgender people
- Black and minority ethnic groups**
- Religious groups**

Geographical groups

- People living in areas known to exhibit poor economic and/or health indicators
- People living in isolated/over-populated areas
- People unable to access services and facilities

The impact on the general adult population should also be assessed. In addition, it may be appropriate to assess the impact separately on men and women.

* Could specify age range or target different age groups for special consideration.
** May need to specify

Appendix Four - Health and Well-Being Determinants Checklist

1. Lifestyles	• Diet • Physical activity • Use of alcohol, cigarettes, non-prescribed drugs • Sexual activity • Other risk-taking activity
2. Social and community influences on health	• Family organisation and roles • Citizen power and influence • Social support and social networks • Neighbourliness • Sense of belonging • Local pride • Divisions in community • Social isolation • Peer pressure • Community identity • Cultural and spiritual ethos • Racism • Other social exclusion
3. Living/ environmental conditions affecting health	• Built environment • Neighbourhood design • Housing • Indoor environment • Noise • Air and water quality • Attractiveness of area • Green space • Community safety • Smell/odour • Waste disposal • Road hazards • Injury hazards • Quality and safety of play areas
4. Economic conditions affecting health	• Unemployment • Income • Economic inactivity • Type of employment • Workplace conditions
5. Access and quality of services	• Medical services • Other caring services • Careers advice • Shops and commercial services • Public amenities • Transport including parking • Education and training • Information technology
6. Macro-economic, environmental and sustainability factors	• Government policies • Gross Domestic Product • Economic development • Biological diversity • Climate

Appendix Five

Group facilitated by LPW; SA; and BB

OPTION 1:

POPULATION GROUPS IDENTIFIED:

- Elders
- People with learning disabilities
- Rural population
- Welsh speaking communities
- Staff members (any staff)
- Families of service users (any services)
- Ethnic minorities and languages
- Pregnant women
- Siblings of babies
- Women with breast cancer
- General surgery patients
- Neonates
- Low income groups
- People who live and work around the hospital sites
- People with mental health difficulties
- Holiday makers
- Families of staff
- People with disabilities (esp. re access)
- Single parent families
- Children and young people

1. **Lifestyles**

+ Positive impacts	Unintended consequences -
• Staff lifestyles living in North Wales • No move would minimise stress or confusion for staff and patients • Least amount of change so people prefer that. • Breast in-patients can access services on all sites.	• Sustainability over staff recruitment could impact on all patients. • Staff lifestyles of living in North Wales. • Some staff stressed by current position worried about maybe needing to move. • Some staff having to work harder to keep services safe – impacting on own lifestyles. • Community midwives having to be moved into hospitals → impact on postnatal care and choices. • Concern raised by reports about local safety risks → impact on maternal and baby health and

	wellbeing. • Feeling out of control and uncertain • Also breast patients and families. • Escalations would increase and staff will be lost (midwifery)

2. **Social and community influences on health**

+ Positive impacts	Unintended consequences -
• All aspects positive because services local, sense of pride in local hospital and belonging. Least disruptive. • All breast services are consultant led so better to support local referrals from GPs. • Post surgery people have to come back annually - build up relationships with staff. Reassuring emotionally, patients know others who've gone through the system and know where to go. • Sites are currently set up to accommodate needs of local population groups, including cultural, religious, language, low income groups. • Local visitation most possible – families and carers	• But in rural communities many services are not local. • Choices of birth place limited if staff all pulled into hospitals • Resource draining option, detracting from primary care (focus on high risk)
Points for consideration: • Importance of clarity and openness in social media and other communications	

3. **Living/environmental conditions affecting health**

+ Positive impacts	Unintended consequences -
• Long term: Buildings improved	• Ongoing building work in YGC. Could impact services there.

4. **Economic conditions affecting health**

+ Positive impacts	Unintended consequences -
• Post surgery people go back to work: most easy for getting away for appointments. • Possibility that this option would	• Fewer community midwives impacts on working people's ability to access services. • Workplace conditions affected by

help staff retention? • Current staff can maintain childcare arrangements.	being short-staffed. Dependent on good will (also impact on safety) • Inspection reports showed concerns about working conditions at YGC e.g. bullying (but is that current?) • Cost of locums to sustain current arrangements especially middle grade obstetric rota across North Wales, across specialities (but not breast) •

5. <u>Access and quality of services</u>

+ Positive impacts	**Unintended consequences -**
• Access and travel time for patients in an emergency carries known risks – maternal neonatal • Least stress for patients who are used to current services • Existing patterns and services for access • Consistency of access through patient pathway all on the one site - better outcomes • For ambulance staff – known risks • But might be more likely to retain staff in current model if staff not made to move • Breast in-patient services remain on all site sites	• Units run by locums may have less accountability and quality may be reduced. • Education and training difficulties because of services stretched – training cancelled. • Current position means one centre does not have trainees affects recruitment and staffing • Current quality is stretched • Access to community services is currently inconsistent so impacts breastfeeding, LBW, infant mortality. Caused by constant need for escalation

6. <u>Macro-economic, environmental and sustainability factors</u>

+ Positive impacts	**Unintended consequences -**
• Safest for politicians	• Service – not so

<u>OPTION 2:</u>

<u>POPULATION GROUPS IDENTIFIED:</u>

<u>Identical to Option 1</u>

1. **Lifestyles**

+ Positive impacts	Unintended consequences -
• None identified	• Negative effects in Wrexham staff – need to move, worry that unit will not recover • Worry about travel • Also for breast staff who have to move (not in Wrexham) • Split site working stress / lifestyle of staff • Reduced time for staff to see day cases • Change generally has an impact

2. **Social and community influences on health**

+ Positive impacts	Unintended consequences -
• Wrexham citizen power would come to the fore, strengthening empowered people • Culture could benefit from exposure to better practice	• Stress for families if they have to move • Welsh baby could be born as an English child • Family unit – additional travel • Mitigation: use tech to maintain contact, also community transport need for investment in community transport • Negative stories causing concern to patients • Citizens would feel disempowered if their favoured option not chosen • Potential to lose services in obs / gynae • Neonatal set up for minority communities specific to Wrexham e.g. Polish, travellers, Liverpudlians. Cultural and language. Also transport poverty. • Similar in central for caravan parks. High levels of deprivation. • Wrexham midwifery practices are different e.g. shared hospital and community → better familiarity • Breast services reduced Welsh language provision • Impact of extra traffic on YGC • Capital implications on other 2 units • Staff cultures on other 2 units

	could be negatively impacted
Points for consideration: • Importance of clarity and openness in social media and other communications	

3. Living/environmental conditions affecting health

+ Positive impacts	Unintended consequences -
• None identified	• Could need more space • Theatre provision – reduced capacity • Waiting times anaesthetist's capacity? Reduced throughout • Wrexham changes have reduced facilities for staff • Increased travel increases. Accidents and environment. Pollution. • Reduced possibilities for convenient short visits to relatives and friends • Need for options for partners to stay over at other sites (maybe only neonatal). Wider impact on accommodation needs. • Fracturing of established links between radiology and breast cancer services. Less complete, less safe service. • Also concern about risk of one of other centres closing as well
Points for consideration: Need for domino effect process mapping e.g. theatre space. Big exercise	

4. Economic conditions affecting health

+ Positive impacts	Unintended consequences -
• None identified	• None identified

5. Access and quality of services

+ Positive impacts	Unintended consequences -
• Potential critical mass of staff on 2 sites so improve expertise. Reduce reliance on locums improve access to training. Improve access to community care. • Presence of countess of Chester hospital so access could improve for some if agreed • Greater stability for community	• Reduced access for rural areas e.g. South Gwynedd and Powys who prefer Wrexham – easier links. • Powys and Shropshire not fully mapped re impact • Ambulances added travel times, impact on staff and patient travel distances. • May need to recruit impact on

midwifery staff in Wrexham are positive for staff, patients, home birth rate • High risk deliveries can be done in two centres • Positive benefit for Wrexham for emergency on call surgery • Neonatal intensive care would be led by neonatologists	outcomes for patients • Doctor travel time will reduce numbers able to be seen in each clinic • Maybe more demands for patient transport (mitigation: comm. transport hub) • Increased costs for low income families. • Potentially transferring costs to service users • If need emergency transfer from MLU will be enormous stress and concern about travel time, traffic, partner accompanying • Reduced access to support • All breast surgery in Wrexham could reduce theatre capacity. 'Day case' procedures could end up being too far from home so have to stay in for safety • But huge lost • Challenge to quoted figures on breast surgery • Acute staff may be more under pressure in other areas • Could be more closures of neonatal units • Some patients could have to go further afield • Concern about absence of Consultant on call for unexpected Gynae problems. • Consultant / or patient travel times increases (unique to Wrexham) • Pressures of neonatal • What's the detail of arrangements with Chester and maternity, breast and neonatal - capacity??

6. <u>Macro-economic, environmental and sustainability factors</u>

+ Positive impacts	**Unintended consequences -**
• Less reliant on Chester for breast reconstruction would repatriate this work. • Most emergency access to other nearby sites	• Only option with cross – border issues • Some patients may have increased costs: financial, time, emotional • Opportunity that ambulance service commission up • Staff travel time and cost, cost of

	accommodation • Wider family impact – talking children to school • Some staff may prefer to go and work elsewhere as nor practical or financially viable to move • More options for staff to go over the border (but also recruitment easier) • Temporary nature of change - Uncertainty - Puts people off - Extra impact

OPTION 3:

POPULATION GROUPS IDENTIFIED:

Identical to Option 1

1. **Lifestyles**

+ Positive impacts	Unintended consequences -
• None identified	• Negative effects in Wrexham staff – need to move, worry that unit will not recover • Worry about travel • Also for breast staff who have to move (not in Wrexham) • Split site working stress / lifestyle of staff • Reduced time for staff to see day cases • Change generally has an impact

2. **Social and community influences on health**

+ Positive impacts	Unintended consequences -
• Wrexham citizen power would come to the fore, strengthening empowered people	• Stress for families if they have to • Breast services reduced Welsh language provision • Impact of extra traffic on YGC • Capital implications on other 2 units • Staff cultures on other 2 units could be negatively impacted

3. **Living/environmental conditions affecting health**

+ Positive impacts	Unintended consequences -
• More of a culture of acceptance of travel to specialist services • More advanced models and developed primary & community care • Lowest birth rates	• Could need more space • Theatre provision – reduced capacity • Waiting times anaesthetist's capacity? Reduced throughout • Increased travel increases. Accidents and environment. Pollution. • Reduced possibilities for convenient short visits to relatives and friends • Need for options for partners to stay over at other sites (maybe only neonatal). Wider impact on accommodation needs. • Fracturing of established links between radiology and breast cancer services. Less complete, less safe service. • Least safe option for travel times, but compounding an inequality. Especially public transport times. • Potential raised population for Wylfa Newydd • Highest impact on YGC • Breast surgeons would come off general surgery rota in Wrexham as too far away so would need to recruit there. • Risks over A55 travel problems: YG no other options. • YG only place Gynae and Cancer services

4. <u>Economic conditions affecting health</u>

+ Positive impacts	Unintended consequences -
• None identified	• None identified

5. <u>Access and quality of services</u>

+ Positive impacts	Unintended consequences -
• Potential critical mass of staff on 2 sites so improve expertise. Reduce reliance on locums improve access to training. Improve access to community care.	• Reduced access for rural areas e.g. South Gwynedd and Powys who prefer Wrexham – easier links. • Powys and Shropshire not fully mapped re impact

• Less of a change to neonatal care • Greater stability for community midwifery staff in Wrexham are positive for staff, patients, home birth rate	• Increased referrals to Shrewsbury and Telford • Ambulances added travel times, impact on staff and patient travel distances. • May need to recruit impact on outcomes for patients • Doctor travel time will reduce numbers able to be seen in each clinic • Maybe more demands for patient transport (mitigation: comm. transport hub) • Increased costs for low income families. • Potentially transferring costs to service users • If need emergency transfer from MLU will be enormous stress and concern about travel time, traffic, partner accompanying • Reduced access to support • Could this put service at risk • All breast surgery in Wrexham could reduce theatre capacity. 'Day case' procedures could end up being too far from home so have to stay in for safety • Acute staff may be more under pressure in other areas • Could be more closures of neonatal units • Some patients could have to go further afield • What's the detail of arrangements with Chester and maternity, breast and neonatal - capacity?? • Staff travel time and cost, cost of accommodation
Points for consideration: • Need for consideration of changes to referral boundaries	

6. Macro-economic, environmental and sustainability factors

+ Positive impacts	**Unintended consequences -**
• None identified	• Some patients may have increased costs: financial, time, emotional • Wider family impact – talking children to school • Some staff may prefer to go and

	work elsewhere as nor practical or financially viable to move, most difficult in Bangor. • Temporary nature of change - Uncertainty - Puts people off - Extra impact

OPTION 4:

POPULATION GROUPS IDENTIFIED:

Identical to Option 1

1. **Lifestyles**

+ Positive impacts	Unintended consequences -
• None identified	• Negative effects in Wrexham staff – need to move, worry that unit will not recover • Worry about travel • Also for breast staff who have to move (not in Wrexham) • Split site working stress / lifestyle of staff • Reduced time for staff to see day cases • Change generally has an impact

2. **Social and community influences on health**

+ Positive impacts	Unintended consequences -
• Wrexham citizen power would come to the fore, strengthening empowered people	• Stress for families if they have to move • Welsh baby could be born as an English child • Family unit – additional travel

3. **Living/environmental conditions affecting health**

+ Positive impacts	Unintended consequences -
• None identified	• Increased travel increases. Accidents and environment. Pollution. • Reduced possibilities for convenient short visits to relatives and friends • Need for options for partners to stay

	over at other sites (maybe only neonatal). Wider impact on accommodation needs. • Fracturing of established links between radiology and breast cancer services. Less complete, less safe service.

4. <u>Economic conditions affecting health</u>

+ Positive impacts	Unintended consequences -
• None identified	• None identified

5. <u>Access and quality of services</u>

+ Positive impacts	Unintended consequences -
• Most costed and detailed plan • Next best for travel times / access • Next least impact on ambulance on ambulance services • YGC patients can go to Wrexham or Gwynedd • Political commitment to have SuRNICC in YGC • Training midwives can take place in free standing MLU • Opportunity to address team working issues in Glan Clwyd • Potential critical mass of staff on 2 sites so improve expertise. Reduce reliance on locums improve access to training. Improve access to community care. • Presence of countess of Chester hospital so access could improve for some if agreed • Greater stability for community midwifery staff in Wrexham are positive for staff, patients, home birth rate • Neonatal intensive care would be led by neonatologists (more difficult to (achieve)	• Fragmentation of breast services as before • Reduced capacity for breast services due to travel time • Problems with recruitment to neonatal intensive care with no consultant led deliveries in YGC and general impact on development of SuRNICC – could put it at risk? • Who is disadvantaged most for breast: it's a middle option in terms of numbers having to move • Concern over how Bangor & Wrexham can cope with increased capacity • All options – no helicopter transport for pregnant women • Need to rebuild team after change • Ambulances added travel times, impact on staff and patient travel distances. • May need to recruit impact on outcomes for patients • Doctor travel time will reduce numbers able to be seen in each clinic • Maybe more demands for patient transport (mitigation: comm. transport hub) • Increased costs for low income

	families. • Potentially transferring costs to service users • If need emergency transfer from MLU will be enormous stress and concern about travel time, traffic, partner accompanying • Reduced access to support • All breast surgery in Wrexham could reduce theatre capacity. 'Day case' procedures could end up being too far from home so have to stay in for safety • Acute staff may be more under pressure in other areas • Could be more closures of neonatal units • Some patients could have to go further afield

6. <u>Macro-economic, environmental and sustainability factors</u>

+ Positive impacts	**Unintended consequences -**
• None identified	• Some patients may have increased costs: financial, time, emotional • Staff travel time and cost. Cost of accommodation (less for 4) • Wider family impact – talking children to school • Some staff may prefer to go and work elsewhere as nor practical or financially viable to move • Temporary nature of change - Uncertainty - Puts people off - Extra impact

<u>Key Messages</u>

- Transparency. Noted equivalence of impacts from 2, 3 and 4. Apart from travel distances.
- A lot of unforeseen consequences: complexity of links with other services
  - ➢ Uncertainty of "temporary"
    - What does it mean?
    - Will it be stuck to?
    - Will recruitment be improved?
  - ➢ How to rebuild trust in Health Board.
- Option 1 is preferred with various caveats e.g. has least fragmentation of services

Group facilitated by LG; DJ and SapD

OPTION 1:

POPULATION GROUPS IDENTIFIED::

- Children
- Older people – women
- Pregnant women
- Parents
- Geographical groups
- Staff – all
- Families & carers
- All women
- Teenage mothers
- Men – older men 60+
- Men – support for women + those becoming fathers
- Learning disability
- Ethnic minorities
- Dementia
  (all on Liz's list)
- Individuals with mental health issues – linked to pregnancy – to include families
- Physical disabilities – advantageous or not?
- Pregnant women – substance misuse
- Transgender
- Domestic violence
- Economic status of individuals/families
- People working in low paid jobs – working long hours – could be migrant workers
- Travellers
- Homeless
- Adopted children
- Premature babies
- Welsh speakers – language choice – Countess of Chester
- Individuals wanting to deliver child in Wales
- Refugees that may be allocated in North Wales
- Single parents

1 Lifestyles

+ Positive impacts	**Unintended consequences -**
• Stability given by 'Review' • + Impact on staff • Health & wellbeing –	• Staff = ↓ activity ↓ diet if working double shifts?

• Maternity + breast	<u>As a result of this consultation –</u> • Inability to recruit therefore vacancies in the services • Uncertainty regarding place of work • Staff have left the organisation (BCUHB) – some not replaced (neonatal)
<u>Questions:</u> • Reality of staff vacancies shared in the document	

2 <u>Social and community influences on health</u>

+ Positive impacts	**Unintended consequences -**
• Local pride – engagement of service users in fundraising • No one will be excluded – as service is on doorstep • Pressure groups will have managed to influence • Knowing who to contact in service provision • Positive advantages for: Breast services Ambulance services	• None identified
<u>Feedback:</u> • Gynaecology - ? impact on list merge/did not merge? - Waiting list frozen	

3 <u>Living/environmental conditions affecting health</u>

+ Positive impacts	**Unintended consequences -**
• No building work going on • Less travel for all • Physical capacity of buildings to deliver all services	• None identified

4 <u>Economic conditions affecting health</u>

+ Positive impacts	Unintended consequences -
• Team stability and functionality • Travel costs remain same for patients • Population living in deprived communities have good access • If decision is made – could attract staff – stable workforce • 3 C Led units will still involve changes – within • Staff stay and childcare/family commitments remain stable • Need to be on site to support Breast services	• Reliance on high levels of locum staff • Because of current service provision • Cost – additional of locum & agency staff • 90 miles Bangor < - > Wrexham • Services stay as they are now
Questions: • Temporary → longer term changes required with services • Cost – other options – question re: Countess of Chester • Maintenance of three current units – working differently – this is not clear in document Option 3	

5 Access and quality of services

+ Positive impacts	Unintended consequences -
• WAST – on site – financial – more training • Access to general public • Pregnant mothers – not separated from families • + mental health • Breast patients – not separated from families • Stable workforce – Deanery + student midwives • Advantageous for the paper/IT systems – safety issues for all other options – patient confidentiality – Medical Records – Information Governance • Electronic system required	• Medical focus on delivery of service impacts on education, training & research • Student individuals not training at YGC • Student having to travel • Workforce – future – if you train them likely to stay..... • Lose out on 'new ideas/innovation/enthusiasm • High risk women – medical notes may not be with the woman and have confidential information not included • Centre attract senior staff – support staff development – Breast services
Feedback: • Investment in training for all staff/services need to be considered • Moving students across area – difficult for mature students	

6 Macro-economic, environmental and sustainability factors

+ Positive impacts	**Unintended consequences -**
• New investment announced SuRNICC • Work going on to support SuRNICC • WAST – local transport available • Less impact on environment • LDP for new housing could impact on population - centre	• None identified

OPTION 2:

POPULATION GROUPS IDENTIFIED::

1 Lifestyles

+ Positive impacts	Unintended consequences -
• Wrexham 12 miles from another hospital • Dual carriageway • Closer to other consultant led services than other options • Support cross border – WAST (mutual aid system)	• Travel – impact on life/health/sexual health • Staff – stress of change/travel • Disadvantaged groups – public transport/challenges/accessibility • Do not attends – increase • Surgery → impact of travel • Family support • Moving Breast surgery East • WAST - Clinical safety • Geography – Barmouth • Challenges of lack of family support because of distance • Lack of visitors/support • Looking after children/childcare • Mental health trauma of transfer mums to be demand/impact on services • Powys women 60 a month to Wrexham high risk • Cost implications – sending to England • Earlier/night before → blocked beds → WAST impact • Patients that travel from further afield more likely to stay • Capacity required to provide support individuals who may have physical disabilities
Question: • Is this about North Wales or Wales if we include Powys in consideration? • Changes broader than maternity services not reflected in title of document.	

2 Social and community influences on health

+ Positive impacts	Unintended consequences -
• None identified	• Massive impact on Breast services – Staffing

	Pathology Theatre Oncoplastics Breast radiologists • No indication of capacity in Countess of Chester gynaecology services • Travel – from West to East • Welsh speakers impact – lack of visitors; use of Welsh languages • Ethnic diversity in Wrexham • Negative impact on minority groups in Wrexham • Majority of Labs – East based – need to adapt pathology services • Women having miscarriage have to travel • People wanting child to be born in Wales
Question: • How do we handle border issues people living on boundaries between hospitals?	

3 Living/environmental conditions affecting health

+ Positive impacts	Unintended consequences -
• Less distance to travel to Countess of Chester – women from Wrexham • Park and ride at Glan Clwyd	• Patients accessing unfamiliar hospitals & grounds • Parking charges in England • Challenge to continuing of care – Breast surgery • Lot of change for a temporary change • IT challenges
Question: • Ability of partner to travel in ambulance was raised. Will women go to hospital earlier because of concerns re travel and what happens when they present? Accommodation / implications for WAST	

4 Economic conditions affecting health

+ Positive impacts	Unintended consequences -
• Stable services could be more attractive once decision made	• People likely to leave • Temporary change – more

• Positive impact on current Wrexham Breast surgeons • Need to address problems	temporary contracts • Different working practices – theatres for Breast surgery and all surgery • Site specific ways of organising rotas/sessions • Some breast surgeons cover other surgery in different hospitals • Implications of mobile workers whose travel starts from home • Travel expenses/claiming transport • Currently consultants live 30 mins from where live – on call – recruitment implications to all options • Travel time – implications childcare etc – 12hr shift – long distance • Recruitment issue – travel not available to work on roster – need to plug gaps in rotas • Quality of life issues – temporary – not a choice • Reputational implications on Health Board - morale

5 <u>Access and quality of services</u>

+ Positive impacts	**Unintended consequences -**
• Routine clinic same in Wrexham as community clinic based centrally • Advantageous to Wrexham population - local	• Access to pathology services – support to Breast services in 'real time' – new department • Challenges of providing outpatient services across North Wales – Breast • Transfusion – no IT link between Wrexham and YGC / medical records – challenges with transfer of info Countess of Chester between North Wales hospitals • Areas of deprivation High risk transfer Out of hours clinic changes Potential travel implications impacting on poor and staff No choice (re Breast) Disadvantageous to YGC & YG patients re Breast surgery

	• Breast radiologist required in Wrexham every day
Question: • How do we deal with acute + planned from WAST perspective? • What if it is scheduled?	

6 Macro-economic, environmental and sustainability factors

+ Positive impacts	Unintended consequences -
• None identified	• Temporary Moving services out of Wales Money moved out of Wales Travel/climate
Feedback: • Concern about changes not being temporary	

OPTION 3:

POPULATION GROUPS IDENTIFIED::

Identical to Option 1

1 Lifestyles

+ Positive impacts	Unintended consequences -
• Clinical safety	• Travel – impact on life/health/sexual health • Babies – community midwives – stress on midwives • Disadvantaged groups – public transport/challenges/accessibility • WAST - Clinical safety – travel time • Geography – Barmouth • Mental health training of transfer mums to be demand/impact on services • Cost implications – sending to England • YG – tunnels/traffic • Not near another hospital • Disruptions on A55 – summer traffic

	difficulties Who will take over 90 min travel time Impact on WAST + Positive impacts staff + clinical safety Increased need for WAST • Midwifery staff • Geography and transfer/travel time ↑ risks more significant • ↑ stress for midwives • Higher risk of higher risk patients on Anglesey Obesity & early born births Higher risk of death + litigation • Impact on LHB reputation • Don't have to take staff back (WAST) • Incident in ambulance whilst travelling • Earlier/night before → blocked beds → WAST impact • Patients that travel from further afield more likely to stay • Capacity required to provide support individuals who may have physical disabilities

2 <u>Social and community influences on health</u>

+ Positive impacts	**Unintended consequences -**
• High risk gynaecology currently in Bangor YG staff travel implication	• Massive impact on Breast services – Staffing Pathology Theatre Oncoplastics Breast radiologists – slightly less impact • Use of Welsh language • Bangor University - ethnic diversity in Wrexham • Negative impact on minority groups in Wrexham • Majority of Labs – East based – need to adapt pathology services (need to access real time pathology) • Women having miscarriage have to travel

	• Un-equality issue – Pregnant women can go to Countess of Chester so why can't others? In respect of Breast surgery rather than travel to Bangor • High risk gynaecology currently in Bangor YG staff travel implication • If a woman has a haemorrhage then moved to hospital and baby too – separately

3 <u>Living/environmental conditions affecting health</u>

+ Positive impacts	Unintended consequences -
• No other choice	• Patients accessing unfamiliar hospitals & grounds • Parking charges in England • Challenge to continuing of care – Breast surgery • Lot of change for a temporary change • IT challenges

4 <u>Economic conditions affecting health</u>

+ Positive impacts	Unintended consequences -
• Stable services could be more attractive once decision made • Staff maybe less likely to leave/or retire early	• People likely to leave • Temporary change – more temporary contracts • Different working practices – theatres for Breast surgery and all surgery • Site specific ways of organising rotas/sessions • Some breast surgeons cover other surgery in different hospitals • Implications of mobile workers whose travel starts from home • Travel expenses/claiming transport • Currently consultants live 30 mins from where live – on call – recruitment implications to all options • Travel time – implications

	childcare etc – 12hr shift – long distance • Recruitment issue – travel not available to work on roster – need to plug gaps in rotas • Quality of life issues – temporary – not a choice • Sickness • Reputational implications on Health Board - morale • Unemployment if can't access work because of lack of private transport/public transport routes • Midwife in ambulance when an incident occurs – suspended – stress – unfairness • Community midwives covering escalation • Disadvantage Breast services/surgery patients
Questions: • Cost effectiveness of women going from Wrexham to Countess of Chester for Breast surgery? What is this? • Welsh language as move to East need more support and improvement	

5 Access and quality of services

+ Positive impacts	Unintended consequences -
• Breast radiologist available	• Access to pathology services – support to Breast services in 'real time' – new department • Challenges of providing outpatient services across North Wales – Breast • Transfusion – no IT link between Wrexham and YGC / medical records – challenges with transfer of info Countess of Chester between North Wales hospitals • Areas of deprivation High risk transfer Out of hours clinic changes • Potential travel implications impacting on poor and staff No choice (re Breast) Disadvantageous to YGC & YG patients re Breast surgery

6 Macro-economic, environmental and sustainability factors

+ Positive impacts	Unintended consequences -
• None identified	• Temporary • Travel/climate

OPTION 4:

POPULATION GROUPS IDENTIFIED::

Identical to Option 1

1 Lifestyles

+ Positive impacts	Unintended consequences -
• None identified	• Travel – slightly less impact • Disadvantaged groups – public transport/challenges/accessibility not as severe • Do not attends – increase • Surgery → impact of travel • Family support • Challenges of lack of family support because of distance • Lack of visitors/support • Looking after children/childcare • Mental health training of transfer mums to be - demand/impact on services • Message – impact of temporary changes • Need for general surgeons on Maelor site • Impacts on patients waiting lists • Patients would be on a waiting list in Countess of Chester (unknown concerns) • Uncertainty means we can't plan • Impact on other services • Earlier/night before → blocked beds → WAST impact • Patients that travel from further afield more likely to stay overnight • Capacity required to provide support individuals who may have physical disabilities

2 Social and community influences on health

+ Positive impacts	Unintended consequences -
• Most positive impact on pathology • From pathology services most advantageous to support Breast surgery	• Still IT services issues between YG/Maelor • Impact on clinical delivery service Maelor and YGC (Breast) • Impact on waiting list • High /low birth weight/still births/complications • Didn't engage currently in antenatal services • Significant impact on disadvantaged communities • Admission for high risk woman x2 pregnancy – 70 mile round trip. They are day unit attendees - travel
Question: • BCUHB patients on waiting list – concern whether Countess of Chester making list/prioritising their own patients?	

3 Living/environmental conditions affecting health

+	Unintended consequences -
• None identified	• None identified

4 Economic conditions affecting health

+ Positive impacts	Unintended consequences -
• None identified	• None identified

5 Access and quality of services

+ Positive impacts	Unintended consequences -
• None identified	• Breast surgery – travel an issue from West to YGC – overnight stay • Increased risk to mum and baby with distance from consultant unit (supported by evidence) Welsh Birth Place Study

	• Transfers between hospitals for any patient – traumatic • Massive impact on development of SuRNICC – support for centralisation • Challenge of recruitment because of threat to temp changes

Questions:

- What will happen when radiology support not in place in YGC?
- Transfer of patients for 'guide wire' (radiology) between hospitals totally unacceptable
- Card 37 – Image system for transfer of patients between sites → impact on all midwifery led units (personalisation in process). Concern about high risk women not in hospital

6 Macro-economic, environmental and sustainability factors

+ Positive impacts	Unintended consequences -
• None identified	• None identified

Key Messages

- Travel/transport (apart from Option 1)
- Safety and Risk
- Staff – change temporary – need for stability – alignment required
- Changes wider than Maternity

Appendix Six

WHIASU

Health Impact Assessment
Participatory Workshop Evaluation
Proposed Options for temporary Changes to Women's and Maternity Services in North Wales
Friday 23rd October 2015
25 responses

1. What did you learn during the workshop?

1	All the other services departments affected by these options
2	A fuller appreciation of the issues
3	How common the concerns expressed were across all contributors
4	Both sides of the argument. Good to hear from other sides positives and negatives
5	The wider impact of proposed changes. Everybody comes with their own agenda. HB should support services.
6	Patient wellbeing + safety & staff support foremost
7	There is a lot of confusion + mixed messages regarding the purpose of the session
8	Opinions of staff/service users from all 3 sites had similar opinions for different reasons, I had no idea the 'changes' being considered had such an effect on the ambulance service.
9	The comprehensive nature of HIA.
10	The impact of change on the different services i.e. Breast
11	Concerns over services and supporting services affected by change.
12	Varied opinions across BCU. Everyone participated in giving views. Good layout to ensure all aspects covered, by using the HIA checklist.
13	What all 4 options actually entail- need better understanding on the impact of services.
14	Different 'groups' all have common concerns and worries.
15	It's extremely difficult to herd cats!
16	What HIA is! And experienced it. Interesting to observe how the facilitators managed the comments and participants in the session
17	That there is an overwhelming desire from staff to keep things going as they are.
18	Better knowledge of the BCU departments.
19	There are multiple issues effecting differing services.
20	More about impact on breast services which is not detailed in consultation document
21	The importance of each option from various people (profession)
22	There is no easy option. All options will impact on sites & services differently.
23	Wider impact for other services Uncertainty of driver for change
24	Range of concerns is wide for all options HIA for several options is very mentally draining!!
25	Understanding the health Impact Assessment process. Far more information around the 4 options on the table, and the impact on all stakeholders attending the session.

2. What do you feel were the positive outcomes resulting from this workshop?

1	A better understanding of all points of views
2	Main issues highlighted Discrepancies & unknowns also highlighted
3	Finally managing to state the obvious
4	Its not easy to define the positives but at least the 'workers' side of the process is heard clearly and fairly
5	Option 1 is preferred option
6	Networking amongst 3 Trusts and meeting colleagues from other specialities
7	We feel we have a common aim. With least disruption to services.
8	I have a more holistic view of the 'changes' being considered.
9	Unsure- Such a emotive issue and ultimately will we have any influence on the final decision
10	Agreement on Option 1
11	Everybody had the opportunity to raise their concerns and have their voices heard. Impartial service listening to people's views.
12	Open and honest conversations/comments. Clear points made that will affect patients, carers, staff and anyone having care within BCU.
13	Fantastic opportunity to discuss our ideas, concerns + issues. Thank you for consulting staff + service users as it is these 2 key stakeholders that would be affected.
14	Sharing concerns
15	People could express their thoughts and feelings
16	Better understanding from my point of view of the 'whole' picture. Feeding into the process of decision making (or at least the pretence of this)
17	That the clinicians got the opportunity to voice their respective opinions but arguments were distorted in favour of current practice. No acceptance of the need to change.
18	Good networking
19	Discussion with other disciplines Group work
20	Facilitated well
21	Listening to other views on the maternity service review. However name badges and occupation would have helped.
22	Good to hear other views.
23	Enthusiasm and motivated stakeholders demonstrating commitment to achieve best possible service for patients.
24	Able to work through all concerns from professionals and service users
25	Having a formalised process, which meant that each option was reviewed equitably

3. What do you think worked and what didn't?

1	Would have preferred if we had all stayed in 1 room
2	Lunch and coffee appreciated * Mental health needs it's own heading
3	Trying to compress multi-options
4	Breast speciality was brought fairly into the debate
5	Too long
6	Would have been better supported by more Breast Team members if not clashed with annual breast Conference in Cardiff
7	Representation from different areas weren't equally represented. The date planned was very short notice + unfortunately many people couldn't attend.
8	I think having a mix of staff/service users worked to represent all aspects of the potential change and effects.
9	2 groups were not equal in 'mix'
10	Thought provoking sessions
11	Opportunity to listen to other people's views and comments. Difficulty in hearing if other people talking. Concerns over whether all specialities were represented and whether comments were true representation of everyone's views.
12	Not knowing time frame for the temporary measure? Needs to be permanent plan.
13	Brilliant idea to have a good mix of staff for discussion. Felt sorry for Sali- felt she was being accused it wasn't that kind of session.
14	Good facilitators
15	The format (appendix 2) too rigid in this instance but did inform discussion
16	Facilitators were effective, followed lead + suggestions for how to run session from the group.
17	There was way too much emphasis on effect on staff – clearly a strong wish from clinicians to protect their own patch. Lack of objectiveness.
18	Opportunity to engage & bring to the table departmental issues & concerns
19	Group work was a benefit
20	Option 1 understanding of no change and including in positives of no change
21	In our group there was no one from SCBU (Special care baby Unit) . This would have helped with regard to the service.
22	Working through each option worked. May have been better doing separate services obstetrics/gynae & breast as very different services.
23	Wrongly directed frustration at times
24	Summarising & working through & comparing options
25	I think the day worked well, and nothing obviously didn't. Time was limited for general discussion, but you could easily have spent a whole day on each option!

4. **What were your expectations prior to the session? Did the session meet them? (Please rate them 1-10 where 1 = not at all, 10=very much met them).**

1	8 – very good facilitators – group 1
2	8
3	Low expectations of solid outcome 5 hopeful
4	A clear point of view Yes the session met them
5	-
6	8
7	5- Not sure what impact our day will have. Is this just a tick box exercise?
8	I expected more presentations rather than discussions , which I feel is much better
9	Had no pre-planned expectations
10	9
11	8
12	To make things fair for all across BCU and accessible within the lowest 'risk' involved 7
13	Be honest ..... I didn't have any expectations.
14	8
15	An interesting day – 8
16	Didn't know what to expect, enjoyed working in the smaller group. Lovely lunch!! Very much appreciated. Good to be given the opportunity to be part of it, Thank you.
17	4
18	8
19	8
20	3 prior 6 met
21	6
22	Expected to find this difficult = 9
23	10
24	That I would have more relevant and accurate information because of all present 8
25	Wasn't sure exactly what to expect, but would rate day at 8/10 (at least)

5. **Any other comments you wish to make?**

1	Unfortunately due to a clash of dates with a Breast conference, breast not represented by some key breast members of the team ?number of breast theatre sessions lost due to Wrexham Breast Surgeons with general surgery and general surgery on call commitments YG Patients currently having surgery in YGC are those having 'oncoplastic reconstructive surgery, which is a small number of patients. These tend to be younger patients who usually find it easier to travel **Ychwanegn – option 4**
2	-
3	-

4	-
5	-
6	Why mend something that's not broke!
7	The evaluation + comments given should receive sufficient regard in the actual decision process.
8	-
9	Boardroom seating not comfortable for all day session
10	-
11	Would like to feel that the views heard are representative of their service however, 'local pride' sometimes means that staff become defensive of their service on their site- which is not necessarily a negative. As previously mentioned Breast service should not be considered as an option to fill void or disrupted on a 'temporary' basis.
12	Distance between DGH's need to be taken into account, and what other DGH's are near.
13	Well chaired! Given everyone an opportunity to discuss. Would like the draft to be emailed to us all Thank you
14	Thank you
15	-
16	Completed prior to final joined up session.
17	-
18	n/a
19	-
20	Would have been useful for a brief who's who.
21	-
22	For me the facilitators did good job and were knowledgeable.
23	Facilitators dealt with the group & emotive conversation very well
24	-
25	I hope to use the process for future operational changes for the future in Pathology