LLANDUDNO HOSPITAL REVIEW

FINAL REPORT

Llandudno Hospital Project Board

March 2009
Executive Summary

Background

A review regarding the future of Llandudno General Hospital was undertaken by Frank Burns between May and December 2007 which made 50 recommendations of a clinical and non-clinical nature. The review identified a range of service enhancements that the hospital could develop, given its geographical location, to meet both the needs of the local community and a broader population.

A project board was established in June 2008 to consider the recommendations made in the Frank Burns Review. The project board membership involved a broad range of stakeholders with an interest in the future of the hospital.

Consideration of Frank Burns’ recommendations was undertaken by 8 workgroups that considered the themes in the report. The workgroups included staff from both NHS Trusts and other stakeholders from the CHC, Hospital Action Group and League of Friends. These workgroups brought in their clinical, professional and community perspectives to the likely practical consequences of the implementation of the recommendations to form the report.

The Report recommends that Llandudno Hospital becomes a diagnostic, treatment and rehabilitation centre for both the immediate Llandudno area and, for certain services, the four counties of central and western North Wales. The hospital would deliver a wide range of health care that supports local primary and community services, as well as the acute hospital sites at Bangor and Glan Clwyd. Through this it would be able to play its full part as one of the network of hospitals across North Wales.

The main themes of the report are:

- Supporting local unscheduled care by providing local access to Minor Injuries Unit aligned to the GP Out of Hours service for the County.
- Providing an elective treatment centre for planned out patient, in patient and day case services.
- Providing an elective and unscheduled diagnostic centre featuring simple and complex radiology and non radiological screening, scanning and testing.
- Supporting a post acute specialist rehabilitation centre for the intensive rehabilitation of stroke, other neurological, orthopaedic and cardiac patients, with rehabilitation of elderly medically frail patients and those with a co-morbidity including delirium.
- A women’s health centre building on the breast care services on the site.
Recommendations

Unscheduled Care

- The hospital ceases to admit those emergency medical patients whose clinical needs are beyond the agreed safety limits for the hospital. As a consequence the Coronary Care Unit could provide a monitored bed facility for the hospital.

- The hospital ceases to take emergency medical admissions after midnight as soon as practical and those patients sent directly to Ysbyty Gwynedd and Ysbyty Glan Clwyd.

- Rapid Access Chest Pain Clinics are developed in Llandudno Hospital.

- Further specialist clinical advice will be sought with regard to the Minor Injuries Unit (MIU) based on the following options:
  - The service over night is nurse led with medical support from GPs working as part of the Out of Hours Service
  - The MIU be developed as an Out of Hours Centre for Conwy County when the contract is re-let in October 2010.

- The MIU is redeveloped with a new build.

Elective Treatment and Diagnosis

- A redesigned and upgraded Endoscopy Unit at Llandudno Hospital becomes the elective centre for the catchment area for a widened range of diagnostic endoscopy procedures.

- The existing manometry service at the hospital to be developed and formally recognised as a sub regional service.

- The establishment of an elective surgical daycase centre, with additional theatres, to be developed alongside the Endoscopy Unit to create an elective diagnostic & surgical centre.

- That the outpatients facility in Llandudno Hospital is either:
  - Reprovided in a purpose built unit or
  - Substantially redesigned & refurbished to modern standards
To support the developments in the hospital additional capacity will be required in the following areas:

- x-ray
- Ultrasound
- MRI
- Equipment for Rapid Access Chest Pain clinics
- Pathology Investigations (‘Point of care Facility’)
- Audiology

MRI services are established at Llandudno Hospital, and possibly CT scanning, depending upon the concomitant development of other services at the hospital.

Additional ultrasound and x-ray facilities are developed to support the increased outpatient activity.

Rapid Access Chest Pain Clinics are established in appropriate accommodation provided in a redeveloped outpatients department.

**Rehabilitation**

- Specialist stroke rehabilitation services supporting the two local DGH acute stroke units is developed.
- ‘Routine’ stroke rehabilitation is continued for Llandudno Hospital catchment residents.
- Support for the development of a neuro rehabilitation centre at the hospital. (Currently subject to a separate N Wales review) with associated clinical staff and facilities.
- Development of a facility on site for the diagnosis and treatment of delirium.

**Women’s Health**

- A Midwife Led Birthing Unit will not be developed at Llandudno Hospital at present because of the limited interest demonstrated by a local audit of prospective mothers.
- An early medical termination of pregnancy service should be established in Llandudno to serve the local area and the neighbouring counties in North Wales.

Proposals for the future of Breast Care Services have emerged from a separate element of work taken forward by a task group of clinicians, public health specialists and stakeholders. The main recommendations relating to Llandudno Hospital are that:
- Breast surgery continues to be undertaken at the hospital.
- Sentinel Node Biopsy procedures for breast surgery are introduced at the hospital.
- A Multi Disciplinary Team, meeting weekly, to consider both screening and symptomatic patients, established at and administered from the hospital.

**Finances and Resources**

In his final report Frank Burns made a rough estimate that the investment required to implement his recommendations were in the order of £20 million.

Whilst detailed costings have not been produced within the timescale for the project and will need to be firmed up in a business case, estimates provided are that the total investment required to support all the recommendations is in a range from £20 million to £45 million depending on the range of services and final configuration of the hospital.
1. Introduction

After consideration of the Burns review, the project board recommends that Llandudno Hospital should become a diagnostic, treatment and rehabilitation centre for both the immediate Llanduno area and for the four counties of central and western North Wales, delivering a wide range of health care that supports local primary and community services as well as the acute hospital sites at Bangor and Glan Clwyd. The key features would be:

- Supporting local unscheduled care by providing local access to Minor Injuries Unit aligned to the GP Out of Hours service for the County.
- An elective treatment centre for planned out patient, in patient and day case services.
- An elective and unscheduled diagnostic centre featuring simple and complex radiology and non radiological screening, scanning and testing.
- A post acute specialist rehabilitation centre for the intensive rehabilitation of stroke, other neurological, orthopaedic and cardiac patients, with rehabilitation of elderly medically frail patients and those with a co-morbidity including delirium.
- A women's health centre building on the breast care services on site.
- A focus on musculoskeletal care building on the bone densitometry service and rheumatology service.

2. Background

‘Designed for North Wales’, 2006 recommended that:

‘Acute services requiring a hospital base in North Wales will only be provided from the three main North Wales hospital sites, namely Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor Hospital supported by the Countess of Chester, Bronlais Hospital and the Robert Jones and Agnes Hunt hospitals. This consolidation will be achieved by the transfer of the small number of acute services currently provided at the three satellite sites (at Llandudno, Abergele and HM Stanley) to one or more of the three major sites.

The main implications of this to Llandudno Hospital were:

- The transfer of coronary care beds from Llandudno to the major sites
- That Llandudno no longer receives unselected medical emergencies
- That breast surgery services transfer to the main site(s)
- That the development of Llandudno as a centre of excellence for enhanced rehabilitation services is explored.
Following a period of consultation, at its public meeting in September 2007 Conwy Local Health Board resolved that:

‘The acute medical and coronary care services currently provided at Llandudno Hospital site will transfer to Ysbyty Gwynedd and/or Ysbyty Glan Clwyd once the Board is assured by North West Wales, Conwy & Denbighshire and the Welsh Ambulance Services NHS Trusts that effective services are in place to meet the needs of the population.

Given clinical and public concern about the transfer of breast surgery from Llandudno Hospital, the Board was not persuaded that the case had adequately been made for the transfer of this work to a district general hospital, and asked that; further work was done to consider the clinical, operational and financial consequences of developing Llandudno as the breast surgery centre for the North West Wales and Conwy & Denbighshire health communities’.

Following the above two independent reviews were established to consider breast surgery and the future of the hospital.

The review of breast surgery services was undertaken by Holcombe and Raynor in 2007 and concluded that Llandudno should not provide breast surgery services and that surgery should transfer to Ysbyty Glan Clwyd and Ysbyty Gwynedd. The Minister for Health and Social Services expressed concern regarding the completeness of the consultation process and directed that the Community Health Council should carry out a rapid exercise of stakeholders’ views.

This survey disclosed a division of opinion amongst stakeholders. It was noted that the North Wales Cancer Network, which convened a meeting on the 5th December to consider the Holcombe Raynor report, concluded that surgery was probably not sustainable at Llandudno Hospital. In March 2008 the Minister advised the LHB that breast care services should remain at Llandudno for the foreseeable future whilst further work and advice is provided on a model of breast care services in North Wales.

A further piece of work was undertaken in 2008 to consider the future of breast care services at Llandudno Hospital by the North Wales Cancer Network with support by the National Public Health Service for Wales and involving the Community Health Council. Whilst outside the scope of this project the outcome is relevant and the draft recommendations are presented later in the report.

The review regarding the future of the hospital was undertaken by Frank Burns between May and December 2007 and made 50 recommendations of a clinical and non-clinical nature. The review identified a range of service enhancements that the hospital could develop to meet both the needs of the local community and a broader population given its geographical location.
3. **Process**

A project board was established in June 2008 to consider the recommendations made in the Frank Burns Review. The agreed Project Initiation document set out the objectives to be achieved by 31st March 2009 which were to:

1. Confirm the agreed service model for Llandudno General Hospital
2. Identify Capital Investment Implications of the model
3. Identify the Revenue Implications of the model
4. Agree an action plan for implementation

The project board membership involved a broad range of stakeholders with an interest in the future of the hospital, detailed in appendix 1 and a project manager was appointed to take forward the necessary work. In addition to the project board a communications group was established to ensure that the project had an effective communication process supporting it, and that a consistent and accurate message was presented to the local population and staff working at the hospital.

Consideration of Frank Burns’ recommendations was undertaken by 8 workgroups that considered the themes in the report. The workgroups included staff from both Trusts and other stakeholders from the CHC, Hospital Action Group and League of Friends. (Membership detailed in Appendix 2). The methodology employed is set out in Appendix 3.

4. **Proposals for the Future of Llandudno Hospital**

This section will bring the different workgroups outputs together into a vision for how the Hospital should look to the patients and public. It will do this by grouping the workgroups into the themes expressed in the introduction.

**Theme 1 - Unscheduled Care**

**Urgent Medical Admissions**

‘Designed for North Wales’ recommended that Llandudno Hospital should not receive unselected medical emergencies. This would mean that some 3,500 patients per annum would be diverted to Ysbyty Gwynedd or Ysbyty Glan Clwyd for their assessment and treatment.

During the review period, a protocol was developed by Dr J Hindle at Llandudno Hospital to identify how many of those 3500 medical emergencies that were suitable for safe admission to Llandudno Hospital and conversely those that should be diverted because of theseriousness of their condition (based on clinical severity or diagnosis) or the timing of their admission.
The audit identified that, across the entire 24 hour period, an estimated total of 1,050 patients per annum that would need to be diverted due to their condition, leaving 2,450 that could still be admitted to Llandudno.

It also demonstrated that, of the 1050 patients, 550 would be diverted because they were above the clinical threshold of the protocol, and 500 would have arrived between midnight and 8 am (and may or may not have been above the clinical threshold). Of these 500, some would be suitable for transfer back to Llandudno the next day.

Those who were above the protocol's clinical threshold could be transferred back to Llandudno Hospital once they were safely stabilised or had the necessary investigations carried out and the results reviewed. Llandudno catchment patients in the two receiving hospitals (not necessarily those who had been subject to the protocol) who were stable could also be transferred to Llandudno Hospital, thus freeing the acute beds. The assumption has been made that the release of the bed capacity as a result of the 1,050 patients not being admitted would be taken up by patients repatriated for rehabilitation or admitted directly to Llandudno where safe to do so under the protocol.

The workgroup members felt that clinical governance concerns require this change to happen as soon as practical, and will require an additional coronary care bed to be provided at both DGHs to deal with the increased number of coronary patients admitted there following these changes.

From the 2nd of February 2009, acute stroke patients and those with TIA ceased to be admitted to Llandudno General Hospital. Following treatment for the acute phase, patients from the Aberconwy and Colwyn area are returned to Llandudno Hospital for rehabilitation.

There is a suggestion that for more seriously disabled patients, Llandudno could also provide specialist stroke rehabilitation for a wider area on a sub regional basis. This suggestion has been considered elsewhere in this document by the Rehabilitation Workgroup.

The application of the protocol has demonstrated that the CCU facility (3 beds) in Llandudno would no longer be needed as such. However, it would mean that patients who were in the hospital already had the safety net of more intense facility on site should their condition deteriorate (‘step up’ beds).

This course of action is seen as a favoured way forward for the hospital because:

- The hospital is not being deskilled, as beds for acutely ill patients will still be in place, along with the skills to nurse them.

- Clinical governance and patient safety issues that have concerned clinicians about the admission of seriously acutely ill people to Llandudno have been addressed.
To ensure this could be done safely, it will be necessary to ensure that staff can maintain and develop their skills through rotation through the District General Hospitals as part of their ongoing education and development.

**Rapid Access Chest Pain Clinics**

A rapid access chest pain clinic provides a specialist assessment of people who present to their GP with symptoms suggestive of new onset angina. All patients should be seen within a maximum waiting time of two weeks as described in the cardiac NSF for Wales. It is often a nurse lead service with cardiologist support and provides:

- prompt specialist assessment to confirm or refute angina as a cause of symptoms
- estimates of cardiac risk and assess merits of revascularisation
- initiates treatment to relieve symptoms and reduce risk
- information on treatment options available regarding their diagnosis
- information regarding modifiable risk factors
- reassurance to patients and their families who are believed to not have significant coronary artery disease

Establishing these clinics in Llandudno hospital would clearly fulfill both a need in the population (especially given the number of elderly in the area) and fulfill a requirement of the cardiac NSF. Local general practitioners also support developing such a service. There are already nursing staff in the CCU who are extremely experienced in cardiac work and have knowledge of the local population and area – it makes absolute sense to involve these staff developing these clinics as well as the step up beds if they wish to be involved. Obviously further work would need to be done to establish the local demand to set the frequency of the clinics to maintain the maximum wait target, but initial estimates indicate at least one clinic per week.

The strengthening of the current cardiac rehabilitation service that is explored in the rehabilitation section of this report compliments this service development.

The Outpatient Workgroup has picked up the provision of these clinics in terms of facilities and equipment needed as part of their work.

**Minor Injuries Unit (MIU)**

The Frank Burns Review highlights the fact that the MIU sees on average 6 patients per night after midnight. In fact the average attending for minor injuries between January to December 2008 was 3.6 (95% confidence limits = 0 to 8.4 people). In the same year a total of 1,623 people were admitted to
Llandudno General Hospital through MIU, with a further 327 sent to YG and 258 sent to YGC from MIU

The Review states that the half seen for minor injuries could be treated by the Out of Hours provider, currently Morfadoc, and half have minor cuts and bruises. The following options were considered by the workgroup:

- No change
- Nurse led service
- Nurse led service with GP Out of Hours support
- Nurse led service with full time GP cover
- Close the Unit after midnight

Any options apart from leaving the current level of service in place would require a robust protocol and measures to ensure patient safety.

The view of the workgroup was that the MIU should close after midnight and that patients would either:

- Make their own way to A&E in either Ysbyty Glan Clwyd or Ysbyty Gwynedd where the full range of facilities are already available.
- Call an ambulance or others may call an ambulance, to treat them and take them to A&E. There may be a role for the Ambulance Service to treat and discharge at scene with training.
- Wait until the unit opened in the morning and call back.
- Their view in the main was based on the fact that if the hospital ceases taking emergency admissions after midnight (discussed in the Acute Admissions section of this report) and the MIU closes after midnight, there is simplicity of understanding that the hospital is closed and patients self direct or are directed to appropriate DGHs. It is probably fair to say that, while any part of the hospital is open at this time, one cannot legislate about what will turn up at the door. If the MIU is kept open after midnight, and the hospital closed to emergency admissions, patients will have to be redirected to the two District General Hospitals by way of the Ambulance Service.

The Project Board accepted there are difficulties in maintaining the current medical staffing levels over night, which will increase as the requirements of the European Working Time Directive are implemented, but felt that the Unit does provide an important service for the local community and its geographic position would enable it to see more patients out of hours if they were directed or signposted there. The Board’s recommendation is therefore to further investigate the operational and clinical issues of a nurse led service after midnight with medical support by the GP Out of Hours service.

The renegotiation of the current Out of Hours GP service from October 2010 gives an opportunity to focus more of this activity for the county of Conwy on the Llandudno Hospital site than the current arrangements, and enable a more nurse led service with GP support to continue into the future. The increased activity would improve the overall efficiency of the unit in cost terms.
There is an argument that if the above changes release any resources they should be reinvested in the unit to strengthen the service through the daytime and evening sessions. This is when the unit is at its busiest and patients subject to longer waits. Moving this resource from nighttime to daytime could reduce the number of patients having long waits to receive treatment in the MIU.

The group felt that a purpose built unit (Recommendation 8 in the Burns review) would enable a more efficient flow through of work; by rights this should mean shorter waiting times for patients to be seen, which would in turn increase the value of the unit to local people who could be seen quicker at Llandudno than the other two larger units and deter some from making their way to those busy A&E Departments. Any re-provision of the MIU would need to take into account its role as an Out of Hours centre in the future.

The outpatient workgroup is considering the out patient needs of the population, but if MIU did move to a purpose built unit, it would free some space for both the modernisation and possible expansion of outpatient activity. The new MIU could continue to host fracture clinics, because of its proximity to x-ray on the suggested rebuild site in the Review, as well as having a plaster room and staff familiar with these treatments.

In light of the recommendations of the workgroup, the following actions were agreed by the Llandudno Hospital Project Board:

- The hospital ceases to admit emergency medical patients who are above the clinical threshold set by the protocol as soon as practical.

- The hospital ceases to take emergency medical admissions after midnight as soon as practical and linked to the above recommendation. In light of the above, the Coronary Care Unit would no longer be required.

- A small monitored beds facility is established within Llandudno Hospital.

- Rapid Access Chest Pain Clinics are developed in Llandudno Hospital.

- The Unscheduled Admissions Protocol will be audited and reviewed periodically to ensure patient safety issues are addressed, based on evidence or changes in clinical practice.

- Given the clinical issues related to MIU that advice be sought from Professor Mike Harmer on the future model of MIU specifically the option that:
The service over night is nurse led with medical support from GPs working as part of the Out of Hours Service

The MIU is developed as an Out of Hours Centre for Conwy County when the contract is re-let in October 2010

The Minor Injuries Unit is redeveloped with a new build.

Theme 2 - Elective Treatment & Diagnostics

Gastroenterology

Both of the Trusts recognise the pressure they are under to maintain the current 14 week waiting time target. In April 2009 this will fall to 8 weeks. This alone makes developing the Unit in Llandudno Hospital in line with Recommendation 9 in the Burns Review an attractive proposition. An analysis of the current utilisation of resources indicates:

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of procedures being done now in Llandudno Hospital</td>
<td>1700</td>
</tr>
<tr>
<td>Number that would have to be done as the elective sub regional service</td>
<td>3200</td>
</tr>
<tr>
<td>Number that could be done if the service were developed further</td>
<td>3400</td>
</tr>
</tbody>
</table>

To achieve the number indicated above with any degree of certainty and to future proof the service, the other recommendations of additional consultant time and expansion of the unit to two rooms will be necessary.

The data includes the open access element that is currently a sub regional service.

The consensus in the workgroup was that the current structural changes taking place in NHS Wales would remove organisational barriers to clinicians from YGC either using the Llandudno site themselves or enabling an onward referral requesting the procedure following an outpatient attendance at YGC or Colwyn Bay community hospital.

The remaining barriers to adopting the recommendation would be:

- the facilities at present could not cope with additional work,
- the unit, by virtue of its design is not easy to work with and does not aid ‘patient flow’.

These barriers arise because the current facilities were not principally designed as an endoscopy unit – it was designed as a surgical unit which has been adapted to fit its current purpose. Consequently there are shortfalls in some of the basic amenities that an endoscopy unit needs.
These shortfalls, along with the clinical governance concerns about the lack of surgical and anaesthetic cover in the hospital, have led to the unit not being used for screening until the criteria for Bowel Screening defined by Bowel Screening Wales could be met. The NWW Trust also had to invest in its Gastroenterology service on its main site to ensure that screening services were available in North West Wales. However, developments proposed elsewhere in this document, as well as those in this section, will enable the hospital to work towards being a screening site for its catchment population.

The workgroup felt that the following measures would benefit the catchment population, primarily, but also to attract clinicians to the unit:

- To establish an improved purpose built unit that would serve the entire catchment and possibly beyond as discussed above. The design of the unit would be in line with GRS, JAG and Bowel Screening Wales guidelines.

- An estates assessment was carried out some time ago that identified the changes needed to make the unit compliant with the above guidelines. There may have to be some utilisation of Tudno ward adjacent to the current endoscopy unit (currently under utilised, but oversubscribed with proposals for its future use). The estates assessment was not progressed but could easily be revisited and used as a first stage to carry forward the recommendation.

Redesigning the unit would mean that the 3400 endoscopic procedures could be performed, which would fulfil the current catchment's needs, and those of the Colwyn Bay area that currently travel to Ysbyty Glan Clwyd for these procedures. This means that Llandudno could be the diagnostic site, while the two larger hospitals, with their greater extent of medical and anaesthetic cover, could focus their attention upon the more high dependency procedures. It is felt that demand for these procedures will increase due to the demography of the area and the impact of the Bowel Cancer Screening Programme. Llandudno unit has a role in future proofing access to these services for the population.

This would fit in with the recommendation in the Burns Review, and maintain an important, sustainable service for the people within the catchment. It would also allow the hospital to play its part in delivering services as part of the wider picture.

As part of this wider picture the workgroup group suggests that;

- Manometry services, now better described as gastrointestinal physiology services (these services carry out physiological function tests on the upper and lower gastrointestinal tract) should be integrated with daycase and diagnostic endoscopy. The current manometry service is sub regional, in that it takes referrals from YG and YGC, and currently relies on one person to deliver these services. The service needs strengthening to ensure
continuity. Integration would allow for training and cross cover to strengthen the provision of this service.

- The provision of a Diagnostic and Treatment Bay. This would consolidate services that are currently carried out in outpatients and the assessment and treatment unit. Such a bay could be created by utilising about half of the current Tudno Ward, which would place it adjacent to endoscopy and manometry. The Bay would be used by gastroenterology, and also by haematology for venesection, marrow aspiration and chemotherapy; by rheumatology for biologic drugs and chemotherapy, as well as treatments associated with bone services. Current facilities are now considered unsuitable to deliver these services. The provision of such a bay would ensure ‘future proofing’ for these services on site, and enable consolidation of staff that are trained in these treatments on one site in the hospital.

- This would allow the current assessment and treatment unit to become a base for specialist rehabilitation treatment.

Although Llandudno Hospital is not currently participating in the bowel cancer screening programme, the delivery of the screening program from both Ysbyty Gwynedd and Ysbyty Glan Clwyd for the catchment patients will place a strain on service provision from those sites. The joint appointment suggested in the Burns Review would enable some of the elective work to be moved from YGC/YG to Llandudno without concomitant shifting of clinical time to carry out the procedures.

A dedicated nursing team also suggested in the Burns Review, has been established.

**Surgical Inpatients & Daycases**

From the British Association of Day Surgery (BADS) list of Daycases, 2600 daycase operations were carried out in 2007/08 on Llandudno catchment residents across the three hospital sites. Of these over 1000 were ophthalmology procedures leaving 1600 procedures. Just short of 600 daycase procedures were actually carried out in Llandudno Hospital in the same year.

Across the two acute hospitals 4500 daycase procedures were carried out in the same timeframe (not including ophthalmology). Were all of these to be done in Llandudno this would certainly necessitate four operating theatres.

An elective daycase unit development in the hospital is supported, (Burns recommendation 20) to carry out daycases on the catchment in the first instance, and potentially increasing the geographical area and the spread of specialties over an agreed timeframe.

The Unit would compliment the proposals for the endoscopy unit earlier in this section. Combined with the proposed elective daycase diagnostic endoscopy
facility, this part of the Hospital, (all geographically adjacent to one another) the unit would comprise:

- Operating theatres
- Endoscopy unit
- Ward Areas – (Tudno and Maesdu)
- Dedicated pre-assessment service in the remodelled outpatients department proposed later in this document
- Its own administration office for both theatre and Endoscopy which would hold responsibility for managing the waiting lists and admissions to the unit.

These proposals would enable:

- Efficient planning of admissions and scheduling of operating lists for day case elective surgery and endoscopy
- Guaranteed admission dates
- A contained and dedicated administration process.

Decisions around the nature of the Breast Surgery activity will enable the calculation of total surgical bed space required for this proposal.

To establish an elective day case unit at Llandudno that could carry out the day case procedures above would require more capacity than bringing the smaller theatre up to standard (Burns recommendation 14). It is estimated that there would have to be at least four theatres in place, one or two with laminar flow technology for orthopaedic procedures, to carry out the level of activity suggested in later recommendations.

The redevelopment of outpatients detailed later in this section will establish capacity in the outpatients department for surgeons to carry out their pre-operative assessment clinics in Llandudno hospital. It will also provide surgeons with the diagnostic equipment required to keep the patient experience on the Llandudno site.

The appointment of a Clinical Director to the day case unit (Burns recommendation 21) would bring clinical leadership and clinical input into patient safety issues to overcome any resistance to carrying out surgery in Llandudno Hospital from some quarters.

Both the publications ‘Day Surgery: Operational Guide’ (Department of Health, 2002) and ‘Skill Mix and Nursing Establishment for Day Surgery (British Association of Day Surgery, 2003) regard the appointment of a clinical director as essential. Llandudno would be no exception in this; the unit would need strong clinical lead to establish itself.

A day unit team would also consist of:

- Administrative & Clerical Staff
- Medical Staff – anaesthetists and surgeons
- Qualified Nurses
- Operating Department assistants
- Support workers
- A manager
- Physiotherapy input

The Frank Burns review recommended (Burns recommendation 23) moving cataract services to Llandudno. It is now accepted in the area that ophthalmology services move as a unit, rather than by procedure. Moving the Unit from HM Stanley Hospital would solve a number of problems associated with the estate at HM Stanley Hospital, but would then clearly necessitate patients (apart from those living in Llandudno), travelling further to the centralised site. This seems to be against the flow of the review, which aims to secure services being delivered as locally as possible. This option is being further investigated separately to this project.

**Outpatient Services**

The body text of the Burns Review highlighted the number of journeys made by patients to both Ysbyty Gwynedd and Ysbyty Glan Clwyd sites. This is a round trip of at least 50 miles to visit outpatients in Ysbyty Gwynedd or 37 miles to Ysbyty Glan Clwyd.

The top sixteen clinical specialties (in terms of first attendances) for the people living in the catchment area of Llandudno Hospital and the hospital they attended in order of total at all sites are shown below (April-2007-March 2008):

<table>
<thead>
<tr>
<th>Specialty</th>
<th>First Attendance</th>
<th>Total for all Sites</th>
<th>Total not attending Llandudno</th>
<th>% Attending Llandudno</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma and Orthopaedics</td>
<td>785</td>
<td>1280</td>
<td>613</td>
<td>2678</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>811</td>
<td>220</td>
<td>1371</td>
<td>2402</td>
</tr>
<tr>
<td>ENT</td>
<td>454</td>
<td>531</td>
<td>701</td>
<td>1686</td>
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<td>General Surgery</td>
<td>510</td>
<td>819</td>
<td>317</td>
<td>1646</td>
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<tr>
<td>Gynaecology</td>
<td>453</td>
<td>244</td>
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<td>1124</td>
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<tr>
<td>Dermatology</td>
<td>159</td>
<td>724</td>
<td>222</td>
<td>1105</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>156</td>
<td>320</td>
<td>352</td>
<td>828</td>
</tr>
<tr>
<td>Cardiology</td>
<td>158</td>
<td>394</td>
<td>226</td>
<td>778</td>
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<td>Urology</td>
<td>157</td>
<td>306</td>
<td>144</td>
<td>607</td>
</tr>
<tr>
<td>Rheumatology</td>
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<td>Gastroenterology</td>
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<td>35</td>
<td>467</td>
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<td>Paediatrics</td>
<td>62</td>
<td>87</td>
<td>250</td>
<td>399</td>
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<tr>
<td>Geriatric Medicine</td>
<td>61</td>
<td>334</td>
<td>39</td>
<td>373</td>
</tr>
<tr>
<td>Thoracic Medicine</td>
<td>61</td>
<td>72</td>
<td>62</td>
<td>195</td>
</tr>
</tbody>
</table>
The traditionally high volume specialties (Trauma & Orthopaedics, ENT, and General Surgery) are only attracting 50% or less of the possible attendances. Lower volume specialties show a varied picture.

There is a similar picture exhibited in the review attendances taking place in the hospital:

<table>
<thead>
<tr>
<th></th>
<th>Review Attendance</th>
<th>Total for all Sites</th>
<th>Total not attending Llandudno</th>
<th>% Attending Llandudno</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YG</td>
<td>Llandudno</td>
<td>NW Trust</td>
<td></td>
</tr>
<tr>
<td>Trauma and Orthopaedics</td>
<td>2291</td>
<td>1285</td>
<td>1731</td>
<td>5307</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>1441</td>
<td>1474</td>
<td>2348</td>
<td>5263</td>
</tr>
<tr>
<td>ENT</td>
<td>589</td>
<td>873</td>
<td>1725</td>
<td>3187</td>
</tr>
<tr>
<td>General Surgery</td>
<td>939</td>
<td>1325</td>
<td>419</td>
<td>2683</td>
</tr>
<tr>
<td>Dermatology</td>
<td>334</td>
<td>1550</td>
<td>780</td>
<td>2664</td>
</tr>
<tr>
<td>Haematology</td>
<td>790</td>
<td>663</td>
<td>516</td>
<td>1969</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>677</td>
<td>418</td>
<td>784</td>
<td>1879</td>
</tr>
<tr>
<td>Geriatric Medicine</td>
<td>-</td>
<td>1454</td>
<td>74</td>
<td>1528</td>
</tr>
<tr>
<td>Cardiology</td>
<td>126</td>
<td>598</td>
<td>757</td>
<td>1481</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>160</td>
<td>1082</td>
<td>221</td>
<td>1463</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>185</td>
<td>334</td>
<td>899</td>
<td>1418</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>239</td>
<td>228</td>
<td>767</td>
<td>1234</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>241</td>
<td>708</td>
<td>106</td>
<td>1055</td>
</tr>
<tr>
<td>Urology</td>
<td>292</td>
<td>574</td>
<td>129</td>
<td>995</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>-</td>
<td>-</td>
<td>841</td>
<td>841</td>
</tr>
<tr>
<td>Nephrology</td>
<td>315</td>
<td>-</td>
<td>376</td>
<td>691</td>
</tr>
</tbody>
</table>

**General Practitioner Referrals**

An analysis of the referral patterns of General Practitioners in the catchment area was also carried out:
The underlying pattern of referrals is complex, but shows some geographical characteristics:

<table>
<thead>
<tr>
<th>Hospital referred to</th>
<th>Number of referrals 2007-08</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ysbyty Gwynedd</td>
<td>3369</td>
<td>47</td>
</tr>
<tr>
<td>Ysbyty Glan Clwyd</td>
<td>2383</td>
<td>33</td>
</tr>
<tr>
<td>Llandudno</td>
<td>1413</td>
<td>20</td>
</tr>
<tr>
<td>Wrexham Maelor</td>
<td>22</td>
<td>&lt;0.5</td>
</tr>
<tr>
<td>Other sites</td>
<td>2</td>
<td>&lt;0.5</td>
</tr>
</tbody>
</table>

Llandudno and Plas Menai (the surgery that serves Llanfairfechan and Penmaenmawr) as expected refer to Llandudno and Bangor, while the Conwy Valley and Conwy Town practices roughly divide their referrals equally between the two local Trusts. Conwy town is only 3½ miles from Llandudno Hospital; consequently a referral pattern weighted towards Llandudno Hospital might be expected, but around 50% of referrals are directed towards Ysbyty Glan Clwyd.

Outpatient Booking and Llandudno Hospital

The allocation of a referral to Llandudno is dependent upon a number of processes and situations. The referrals for Llandudno in theory should be received at one central point in Ysbyty Gwynedd. Their allocation to Llandudno Hospital depends upon:

- Whether the consultant carries out first appointments at Llandudno Hospital - there may be a number of reasons why not, including:
- The Outpatients Department in Llandudno does not have the necessary equipment
- The environment of the Outpatients Department does not suit the clinic therefore the consultant is not happy to go to Llandudno
- There is insufficient accommodation in Llandudno.

- The consultant may carry out clinics at the hospital, but the patient is not be seen there because:
  - The need to comply with targets for referral to treatment time has meant the patient has to be offered the earliest available appointment, which is in Ysbyty Gwynedd
  - The patient chooses, under the ‘Guide to Good Practice’ not to be seen at Llandudno. Of course patient choice works in the other direction, and patients can choose to be seen at Llandudno, and this choice will override the time to treatment target if they take an option that has a longer wait.

The implementation of an electronic booking form, currently being discussed, gives the referrer the option of selecting Llandudno hospital by site.

The review recommendations proposed contractual solutions to the drift of outpatients away from the hospital. As said elsewhere in this document, these contractual solutions would need monitoring and enforcement. This may have its place, but to encourage long term sustainability there are more constructive ways to encourage general practice to refer to Llandudno Hospital and hospital clinicians to use the facilities offered.

The outpatients department needs designing and equipping in such a way that both referring and hospital clinicians feel that it can deliver 21st century healthcare to the patients. This is not the case at the moment. A tour around the outpatients department will reveal small rooms, underequipped facilities and general shabbiness. A ‘portakabin’ that is alleged to be over 20 years old provides one of the consulting rooms.

It is not really surprising that some NWW Trust consultants are reluctant to see patients there, especially if relatively commonplace diagnostic equipment is not available.

The table below shows that if we have a relatively modest target of seeing around 70% of all those patients who reside in the Llandudno catchment, almost 50,000 attendances will have to be accommodated, in contrast to the current total of almost 20,000.
There are some small sub-specialty clinics that deal with small numbers that would take an inordinate amount of time to build up a clinic within the target timescale. It may be though that some of these patients could be seen by the specialist, but not in a special clinic.

The study of referrals from general practitioners earlier in this section has shown a significant number of patients being referred to YGC, even from settlements very close to Llandudno Hospital. This may be because of patient choice, or it may be GP choice arising from the professional links between GP and YGC based consultants. The organisational barriers that deter YGC consultants carrying out outpatient clinics at Llandudno Hospital have been mentioned to the author a number of times, although a dermatology consultant from YGC runs a busy clinic in Llandudno Hospital. It is also worth mentioning that this consultant has also asked for more clinic time, but this has not been possible because the accommodation is so limited. The new structures currently being set up in NHS Wales will remove those barriers, whether real or perceived, and enable those consultants to run clinics at Llandudno if they wished and there was space/capacity in the department for them to do so.

To achieve the above, the space occupied by the outpatients department needs to be redesigned, including the space currently occupied by the current Minor Injuries Unit. The current Minor Injuries Unit moving to a new building in line with this report’s recommendations would expedite this. The benefits will be at least five fold:

- It would then provide the patients with a 21st century environment for the delivery of their healthcare.
- It would start to rebuild the confidence of general practitioners and consultants in the hospital.
- It would allow the development of joint clinics between related specialties.
- It would allow the development of one stop shops such as Rapid Access Chest Pain Clinics.
- The hospital would be in a position to play its proper part in the network of more specialist services either at a regional or sub regional level with the three District General Hospitals in North Wales.

<table>
<thead>
<tr>
<th></th>
<th>First</th>
<th>Review</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of OP attendances at Llandudno</td>
<td>6274</td>
<td>13129</td>
<td>19403</td>
</tr>
<tr>
<td>Total number being seen elsewhere</td>
<td>14974</td>
<td>34761</td>
<td>49735</td>
</tr>
<tr>
<td>Total number theoretically available to be seen</td>
<td>21248</td>
<td>47890</td>
<td>69138</td>
</tr>
<tr>
<td>Achieving 70% would mean an annual attendance of</td>
<td>14874</td>
<td>33523</td>
<td>48397</td>
</tr>
<tr>
<td>Achieving 50% would mean an annual attendance of</td>
<td>10624</td>
<td>23945</td>
<td>34569</td>
</tr>
</tbody>
</table>

Given the points above, all outpatient specialties would benefit from being able to deliver their services to patients in the proposed improved
environment. There are some specialties that would directly benefit from investment in diagnostic equipment, either specific to the specialty or more generic. These, together with the percentage of first attendances being delivered to catchment residents are:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>% First Attendance</th>
<th>% Review Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma and Orthopaedics</td>
<td>48</td>
<td>24</td>
</tr>
<tr>
<td>ENT</td>
<td>31</td>
<td>27</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Urology</td>
<td>50</td>
<td>58</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>9</td>
<td>28</td>
</tr>
<tr>
<td>General Surgery</td>
<td>50</td>
<td>49</td>
</tr>
<tr>
<td>Oral Surgery/Maxillary-Facial</td>
<td>39</td>
<td>24</td>
</tr>
<tr>
<td>Cardiology</td>
<td>51</td>
<td>40</td>
</tr>
</tbody>
</table>

The Burns Review recommends the provision of Rapid Access Chest Pain Clinics (Burns Recommendation 4), and the Unscheduled Care section of this report encourages the provision of this service as part of the enhancement of cardiology services for the population. The equipment and accommodation needs of these clinics would, if they were carried out in outpatients, require the investment there to be carried out.

The current policy of services being supplied safely as locally as possible is reflected in the Burns review recommendations for outpatient services. The development of a significant fourth outpatient service across North Wales will inevitably result in a transfer of patients from the existing outpatient services in Glan Clwyd Hospital and Bangor Hospital. Notwithstanding any difficult discussions about the transfer of financial resources from these units to Llandudno, it may be a fair conclusion that there will be a corresponding reduction in efficiency at the two existing hospitals due to a reduction in the economy of scale achievable over two sites instead of three.

Breast services (Burns Recommendations 37 & 38) are, at the time of writing, subject to a North Wales review process, and the part that Llandudno will play in breast services is part of that review. It is worth stating that redesigned outpatients could play a strong part in offering one stop shops across more specialties, and there is a good working model of this in the Rapid Access Breast Clinic provided at Llandudno Hospital.

**Diagnostic Services**
The diagnostics workgroup examined the outputs of the other groups to
determine, as near as possible, what this would mean for both radiology and
pathology services in Llandudno Hospital (Burns Recommendation 33).

- **Computerised Tomography Scanning**

CT scanning support to Llandudno General Hospital Inpatients and
Outpatients is currently provided at Ysbyty Gwynedd, Bangor. It is considered
that this facility adequately services this need within the current climate and it
was not supported by the Burns review. However the developments being
considered in this document, such as Orthopaedic surgery, the possibility of a
Neurophysiology Centre and Breast Surgery strengthens the case for a CT
scanner to service the proposed services and the catchment areas elective
needs.

- **Magnetic Resonance Imaging**

Patients in the Llandudno catchment area access CT scanning and MRI
services from Ysbyty Gwynedd or Ysbyty Glan Clwyd. Clinicians based at
Llandudno have identified a need for MRI services to be provided at
Llandudno. The current demand for MRI support is growing at the rate of 20%
per annum and the two current sites will not be able to cope with the current
demand growth. There is clearly a need for increased service provision and
Llandudno Hospital is strategically placed between Ysbyty Gwynedd and
Ysbyty Glan Clwyd; the provision of MRI support at Llandudno would increase
capacity and provide a convenient overflow site for elective scanning from the
wider area.

- **MRI and Breast Surgery**

Increased Breast Surgery at Llandudno (and the possible co-location of
Screening and Symptomatic Breast Services) will result in the need for
enhanced imaging support from the Llandudno site. This would include the
need for additional Mammography units and other Imaging modalities. Breast
MRI and MRI guided breast biopsy are becoming standard in the care
pathway for breast cancer patients and it would seem reasonable to include
sentinel node imaging provision within the service; such development would
require MRI and Radionuclide Imaging on-site.

- **MRI and Orthopaedics**

There are well developed plans by the North West Wales NHS Trust to
increase appropriate and clinically safe orthopaedic surgery at the hospital.

Orthopaedic services are high volume users of imaging services and are
dependent upon high-technology diagnostics for initial diagnosis of acute and
chronic conditions and also for complex treatment planning. Transfer of
Orthopaedic services to Llandudno will result in the need for CT and MRI as
well as conventional imaging support. Radiologists within the NWW Trust do
not consider Orthopaedic Surgery to be viable at Llandudno without CT and MRI being available on site.

As well as the need for high-end technological imaging support, orthopaedic demand for general x-ray support will require additional general x-ray rooms. Similarly, the demand for musculo-skeletal ultrasound from orthopaedic services has grown at a high rate. It is therefore likely that there will be a need for additional ultrasound capacity at Llandudno.

### Pathology Services

There are limited laboratory services (haematology and cytology) currently on site. Pathology samples are transported to Ysbyty Gwynedd for analysis after venepuncture in a room in the outpatient department. One phlebotomist in one phlebotomy room is the current service level which does not include open access.

Increasing outpatient attendances from around 20,000 to 50,000 will require an increase in this provision to at least two phlebotomists. The room requirements will need to be planned into the outpatient redesign as a phlebotomy suite.

The proposals for the hospital to act as an elective centre for endoscopy and increasing the amount of elective surgery have led the group to recommend establishing ‘Point of Care’ testing in the hospital for these developments and the current hospital provision. The suggested analytes/analysers are:

- Full blood count
- Coagulometer
- Blood glucose
- Urea & electrolytes
- Blood gases (this is currently provided in the laboratory in Llandudno).

This would ensure that the most common tests that are likely to be needed urgently could be performed on site without the need to transport samples to YG by taxi. The point of care testing site would be part of the phlebotomy suite discussed above. This would mean that the equipment would be maintained and quality controlled by specific staff.

Increasing the outpatient attendances by this amount will undoubtedly mean larger numbers of samples arriving later in the pathology laboratory reception. This will mean altering some of the shift patterns of laboratory reception staff, and some reorganisation of current transport arrangements.

### Radiology

The radiology department has around 26,000 visits per year. Of these visits around 3000 come from outpatients or outpatient related activity. It follows then that increasing the attendances as discussed would generate around an extra 4500 visits per year to take the activity up to 30,500 visits.
There are 5 rooms at the moment. The department estimate that another two rooms would accommodate the increase in outpatient attendances and those addressed in the previous section.

- **Rapid Access Chest Pain Clinics**

Recommendation 4 in the Burns Review suggested the establishment of at least one clinic per week at Llandudno Hospital. Because of the diagnostic nature of this service, it has been addressed in this section.

If the outpatients department was to be redesigned, the accommodation for the clinic would be built into the design.

The workgroup agreed with the assessment in the Review that one clinic per week would fulfil the current demonstrated demand for such a clinic. This would see around 6 patients. The establishment of a local service may generate its own demand.

There are a number of models for the delivery of this service, and in fact the two local Trusts use different models. There would have to be some further thought about the model and the role that the visiting cardiologist would play in supporting the clinic allowing for any changes made to the provision of coronary care.

In light of the recommendations of the workgroups, the following actions were agreed by the Llandudno Hospital Project Board:

- The Endoscopy Unit at Llandudno Hospital becomes the elective centre for the catchment area for diagnostic endoscopy procedures indicated in this section. The catchment will include patients from the Colwyn Bay area that currently travel to YGC.

- The centralised booking for these procedures would be carried out on the Llandudno site as part of the elective treatment centre.

- The unit is redesigned so that it can fulfil this requirement. The redesign will be compliant with GRS and JAG guidelines.

- The redesigned unit will widen its range of procedures to an agreed, defined list.

- The redesign includes part of Tudno Ward and the existing manometry service. The provision of a Diagnostic and Treatment Bay for use by Gastroenterology and other specialties such as Haematology, Rheumatology and bone services would be included in this design.

- The existing manometry service be developed and formally recognised as a sub regional service.
- An elective daycase centre is established at Llandudno Hospital with up to 4 new theatres (dependant on final planned surgical activity numbers), developed alongside the proposed endoscopy unit to create an elective centre.

- Accommodation for ‘one stop’ preoperative assessment clinics is essential if the proposed expansion of Daycase work is accepted.

- A clinical lead is established, along with a dedicated team. This needs to link with the proposed consultant appointment raised in Recommendation 11 (Gastroenterology) of the Burns Review.

- That the outpatients facility in Llandudno Hospital is either:
  - Reprovided in a purpose built unit or
  - Substantially redesigned & refurbished to modern standards
to enable significant increase in out patient attendances to be accommodated in modern facilities.

- Additional capacity would have to be provided to support the expansion in services in the following areas:
  - X-Ray
  - Ultrasound
  - MRI
  - Equipment for Rapid access Chest Pain clinics – Treadmill, ECG etc.
  - Pathology Investigations (‘Point of care Facility’)
  - In situ equipment (e.g. ENT Console, Slit lamp)
  - Audiology

- MRI services are established at Llandudno Hospital, and CT services if proposals around orthopaedics, neurosciences and breast surgery are accepted.

- CT scanning, in terms of accommodation should be prepared for now regardless of the decision on orthopaedic services and proposed neurosciences facility.

- Additional ultrasound and x-ray facilities are developed to support the increased outpatient activity.

- Additional phlebotomy accommodation to modern standards is designed into the redeveloped outpatients.
The proposals for elective daycases would require some strengthening of the current inpatient phlebotomy service.

‘Point of care’ pathology testing is developed in Llandudno outpatients department.

Pathology transport and subsequent reception for routine pathology samples will need to be addressed as the development proceeds.

Rapid Access Chest Pain Clinics are established (at least one per week initially) and the appropriate accommodation is provided in the redeveloped outpatients.

Theme 3 - Rehabilitation

Stroke Rehabilitation

It was suggested in the Burns Review that Llandudno could become a dedicated stroke rehabilitation centre (Burns recommendation 27). The workgroup supported this recommendation, and has indicated the specialist stroke rehabilitation would include:

- Younger people
- Cognitive impairment
- Basal ganglia
- Vision
- Sensory Neglect

Acquired Brain Injury

The review also suggested that Llandudno could develop an inpatient facility for a North Wales acquired brain injury service (Burns recommendation 28). The rehabilitation workgroup supported this recommendation, and understand this is now being considered as part of the North Wales Neurosciences Project Group which will report in July 2009. If the hospital is chosen as the location for such a unit, it will need to be incorporated into the final hospital service model and capital investment plan.

Without wishing to pre-empt the outcome, the workgroup stressed that the establishment of such a unit in Llandudno would complement other Neuroscience based services that exist or are proposed for development by this report in Llandudno Hospital:

- Current movement disorder clinics
- Proposed specialised stroke rehabilitation
- Proposed EMH/Delirium Unit
- Strengthen the case for a Hydrotherapy Pool
- Strengthen the case for CT scanning on site.
Rehabilitation Services

There is agreement to establish a footprint of rehabilitation services that will make Llandudno a leading centre in specialist rehabilitation. This will include stroke, orthopaedics and strengthening the current cardiac rehabilitation service by extending capacity to prepare for Phase 2 implementation of this service for the Cardiac NSF, as well as pulmonary rehabilitation services.

A diagram of how specialist rehabilitation, the proposed changes in other areas and the current service profile of the hospital could work together is set out at the end of this section.

These are services that are relevant to the population the hospital serves and allow the hospital to play its part in the network of services across North Wales. In this way the portfolio of rehabilitation services proposed offers long term sustainability and scope for expansion in the future.

Education Centre

As part of planning for sustainability, and following the philosophy of the hospital playing an active role in the provision of service across North Wales, the establishment of an education centre for clinical and non clinical staff is proposed. This would consolidate the limited resources currently on site and provide an academic and training focus for staff working in the hospital, and those being ‘rotated through’ as part of their development.

Delirium Services

During the course of the project, in-patient elderly mental health service beds in the Bodnant Unit were transferred to the Bryn Hesketh Unit in Colwyn Bay following concerns raised by the Mental Health Act Commissioner.

Due to local concerns about the loss of this facility in Llandudno, the project was requested to consider the potential role of Llandudno Hospital in treating elderly patients with co-morbidities.

People with a dementing illness, but only in the early stages of cognitive decline, can suffer from episodes of acute delirium due to a multitude of medical conditions. These medical conditions can be resolved successfully to allow the patient to return to full independence. This can take weeks, and can require rehabilitation services.

These patients can find themselves on acute wards because of their medical problem. However, acute medical wards are often too busy, unlit at night and are certainly not designed to allow patients to wander in safety. Wandering, confused people also pose a danger to other patients and may be resistive to nursing interventions.
Having a catchment with a well documented elderly population, Llandudno Hospital frequently finds it has to look after people with delirium on its acute wards.

A small working party has looked at the establishment of a specialist delirium facility as part of the portfolio of services for dementia and delirium. The facility will have the following attributes:

- It would be a separately provided inpatient facility
- It would act as a safe place for people with delirium to be admitted
- Their acute condition would be identified and treated
- This treatment will be multi disciplinary in its nature, with input from Care of the Elderly specialists, psychiatrists, rehabilitation and others as appropriate.

It would, by nature of being sited at Llandudno Hospital, be well placed to provide patients with rehabilitation to maintain independence upon recovery from their acute illness.

There will need to be an audit or research work to determine the level of need to establish the size of the facility, as the incidence of delirium is not as well documented as that for dementia.

In light of the recommendations of the workgroups, the following actions were agreed by the Llandudno Hospital Project Board:

- Specialist stroke rehabilitation services for the two local acute stroke units are developed for the defined conditions.
- ‘Routine’ stroke rehabilitation is continued for Llandudno Hospital catchment residents.
- Support for considering the Hospital as the location for the establishment of an inpatient ABI facility, as it would have synergy with other pre existing services on site and enhance the development of further services, such as a hydrotherapy pool.
- The current Assessment and Treatment Unit would have freed space to provide a base for the provision of rehabilitation services if the proposed therapy unit adjacent to the Endoscopy unit is developed.
- The establishment of an education centre at the hospital.
- A facility is developed on site for the diagnosis and treatment of delirium.
Service Relationships between Rehabilitation and core hospital services

- Rapid Access Chest Pain
- General Outpatients
- Surgery
- Breast Surgery (+? reconstruction)
- Daycases
  - Orthopaedics
  - Maxillo-facial
  - ? Ophthalmology
  - ? Other specialties
- Elective
- Core Rehab Services
  - Physiotherapy
  - Speech & Language
  - Occupational Therapy
  - Psychology
- Semi-acute
- Rehabilitation
- Gastroenterology
  - (sub regional diagnostic elective)
- Bone Services
- Proposed Therapy Unit
- MIU
  - Selected Admissions as per protocol
  - Transferred back to LLGH after stabilisation
  - Monitored Beds Facility
- Proposed Neurosciences Facility
  - Movement disorders
    - (Outpatient & Inpatient)
  - ABI
    - (Inpatient Services)
  - Specialised Stroke Rehabilitation
    - (young patients, cognitive, basal ganglia, neglect)
  - EMH/Delirium Unit
    - (Inpatient and outpatient specialised clinic)
- Rapid Access Chest Pain
- Current Assessment & Treatment Unit
  - Cardiac Rehabilitation
  - Pulmonary Rehabilitation
- Proposed Hydrotherapy Pool
- MIU
  - Selected Admissions as per protocol
  - Transferred back to LLGH after stabilisation
  - Monitored Beds Facility
- Proposed Neurosciences Facility
  - Movement disorders
    - (Outpatient & Inpatient)
  - ABI
    - (Inpatient Services)
  - Specialised Stroke Rehabilitation
    - (young patients, cognitive, basal ganglia, neglect)
  - EMH/Delirium Unit
    - (Inpatient and outpatient specialised clinic)
- MIU
  - Selected Admissions as per protocol
  - Transferred back to LLGH after stabilisation
  - Monitored Beds Facility
- Proposed Neurosciences Facility
  - Movement disorders
    - (Outpatient & Inpatient)
  - ABI
    - (Inpatient Services)
  - Specialised Stroke Rehabilitation
    - (young patients, cognitive, basal ganglia, neglect)
  - EMH/Delirium Unit
    - (Inpatient and outpatient specialised clinic)
Theme 4 – Women’s Health

Maternity and Obstetrics

Burns Recommendation 34 suggested that the level of interest in a Midwife Led Birthing Unit being available on the Llandudno site should be at least explored through a careful audit of the views of local women.

The body text of the review is clear that, in the vast majority of cases, hospital delivery is the preferred option for Llandudno mothers. The review also goes on to say that, in 2006/07, of the 750 babies born to women in Llandudno, audit work carried out by NWW Trust midwives indicated that 40 percent would have been suitable for total midwife care, i.e. a birth at home or in a midwife led unit (MLU).

Suitability is not an indicator of patient preference however, and the review maintained that prospective mothers in the Llandudno area had a preference for a hospital delivery.

A midwife led birthing unit holds no clinical advantage over a home birth. The facilities supplied in such a centre are no greater than those in the patients own home. The reasons given verbally for the utility of such a unit are:

- That the prospective mother wants a degree of privacy during labour that is not afforded to her by her own home circumstance. The availability of a centre gives her a choice if she does not want a hospital delivery.

- The prospective mother that does not want a hospital delivery lives in an area that is seen as relatively inaccessible. If something starts to ‘go wrong’ with the delivery, she could be transferred to an obstetric unit more easily from the MLU than she could from her home with its access or location problems.

The recommendations in the review suggested a careful audit of the views of local women to gauge the uptake if a midwife led unit was available in Llandudno Hospital. The audit was carried out from the 13th January to the 23rd February 2009. The findings follow:

| Number of prospective mothers interviewed | 177 |
| Total Caseload in Llandudno Area¹ | 275 |
| Percentage Interviewed | 64% |

<table>
<thead>
<tr>
<th>Stated Preference</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Delivery</td>
<td>163</td>
<td>92%</td>
</tr>
</tbody>
</table>

¹ Llandudno Area in this case is represented by the GP Surgeries in Llanfairfechan, Gyffin, Mostyn House, Penrhyn Bay, Deganwy, West Shore, Llandudno Junction, Conwy and Craig y Don
The uptake by prospective mothers of existing units is shown below:

<table>
<thead>
<tr>
<th>Trust</th>
<th>MLU Site</th>
<th>Beds in MLU</th>
<th>Number of births per annum MLU</th>
<th>Obstetric Deliveries per annum (Trust)</th>
<th>MLU Uptake Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>NW Trust</td>
<td>Denbigh</td>
<td>1</td>
<td>21 (Actual)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NW Trust</td>
<td>Glan Clwyd</td>
<td>2</td>
<td>65 (Projected)</td>
<td>2509</td>
<td>1 : 29</td>
</tr>
<tr>
<td>NWW Trust</td>
<td>Pwllheli</td>
<td>1</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NWW Trust</td>
<td>Dolgellau</td>
<td>1</td>
<td>6</td>
<td>2100</td>
<td>1 : 124</td>
</tr>
<tr>
<td>NWW Trust</td>
<td>Towyn</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
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</table>

There are limitations to the audit. Discussion with the midwife that runs such a unit in Bryn Beryl (Pwllheli) emphasised the need for patients to see the unit and understand it, as part of their ante natal classes, before they saw it as a viable option. This has obviously not been possible to do as part of the audit in this area.

There is evidence of a marked preference for Ysbyty Glan Clwyd as the site for obstetric deliveries for the Llandudno catchment population irrespective of the fact that the Llandudno midwives are employed by NWW Trust. There also seems to be about four times the uptake of MLU facilities in NW Trust, but the reasons for both of these are beyond the current scope of this project.

Given the above it is not recommended that a MLU be developed at the hospital.

There is however acknowledgement that the midwives in the locality have no base to deliver the parent craft, drop in, breastfeeding and exercise workshops mentioned in the recommendation.

These services used to be delivered by the midwives from the Argyll Road Clinic, which is a North Wales Trust (formerly Conwy and Denbighshire Trust) property. They were moved out because of pressure on space in the clinic.

There is obviously a real need to find a base to deliver these services to the prospective mothers of the Llandudno area. At the moment the service survives with the educative materials and resources stored in the Outpatient Sister’s office in Llandudno Hospital, with the outpatients department and the hospital boardroom being pressed into service to deliver the sessions. This is
clearly unsatisfactory for patients and staff and a more permanent arrangement must be found, as per the recommendations in the Burns Review.

Current thinking is that the Integrated Health and Social Care Centre (IHSCC), planned for a site 50 yards away from the hospital will be the ideal and appropriate place to deliver these services in the future.

**Termination of Pregnancy Service**

Discussions have progressed since the publication of the Burns Review (Burns recommendation 36), and a consultant led service, initially to provide early medical terminations to the populations of Anglesey, Gwynedd, Conwy and Denbighshire is supported and could commence quickly, subject to this proposal being approved. This service will be funded by reducing activity with the current provider (bpas).

There has been notional allocation of space on Tudno Ward (a surgical inpatient ward used intermittently for a number of clinics) to carry out this service. Tudno ward has also been indicated for use by other service areas in this report.

The option to go to the current bpas provider in Liverpool will remain open to those who wish to travel out of area.

**Proposals for the Future of Breast Care Services**

As set out in the Background section above this discrete element of work was taken forward by a task group of clinicians, public health specialists and stakeholders and a three-stage approach developed, namely:

- A rapid review of current breast care services and needs assessment in North Wales led by the National Public Health Service for Wales (NPHS);
- The development of an agreed future model of care, looking at the whole clinical pathway and describing how services should be provided;
- An option appraisal process, developing and considering options of how the agreed model could be delivered in North Wales.

Following the completion of these stages, a summary of the preferred option for the future provision of services in North Wales over the next 3-8 years was developed. It suggests that a two-phased approach for the delivery of the required changes and developments is appropriate. The final report has yet to be formally considered by North Wales NHS organisations nor the Minister for Health.

- Phase One: includes service developments and re-design that can be implemented within three years from approval of the model.
Phase Two: provides further surgical developments that should then be introduced within the subsequent three to four years.

Phase 1: Up to three years

The main recommendations are that:

1. Llandudno General Hospital (LGH) will provide the administrative centre for the North Wales Breast Service.

2. The symptomatic service will be a North Wales service and managed as a unified team.

3. The symptomatic service and Breast Test Wales (BTW) will work together to develop joint operational management at LGH and WM, ensuring that the priorities of the screening service are met whilst ensuring that the discrete identity of the screening service is also maintained.

4. It is proposed a new ‘health centre’ for breast services will be developed on the LGH site to house the better integrated services as well as other developments such as MDTs and outpatient clinics.

5. Though the main diagnostic services will be provided at WM and LGH, the mammography and breast ultrasound will continue to be provided on the main hospital sites at Ysbyty Glan Clwyd (YGC) and Ysbyty Gwynedd (YG) supporting a local diagnostic service and ongoing follow up clinics for patients unable to travel to Llandudno and Wrexham, as well as support for the surgical services on these sites.

6. Two MDTs per week will be established to consider both the screening and symptomatic patients. One would be in Wrexham and one in Llandudno, replacing the four MDTs currently held.

7. It is proposed that surgery continues to be undertaken at the four hospital sites in North Wales (YG, LGH, YGC & WM).

8. Further expansion of surgical services on the LGH site will also be dependent on the future proposals for the hospital which are currently being developed.

9. SNB will be made available at LGH using the blue dye/radio isotope /gamma detection probe approach and cases audited for efficacy.

10. In this phase it is proposed that reconstruction surgery continues to be undertaken at the four hospital sites in North Wales (YG, LGH, YGC & WM).

11. Psychological support services will be available at every stage of the care pathway to help patients and their families cope with the effects of the
12. Oncology services will remain as currently provided, with services continuing to be provided by clinicians based at the North Wales Cancer Centre and the Alaw Unit in Ysbyty Gwynedd.

13. Follow up clinics will be provided as locally as possible to the patients home and would therefore be available from all the hospital sites.

**Phase 2: Subsequent three year to five years**

Phase 2 of the delivery of this service model will follow once Phase 1 developments and service changes have been fully implemented. This phase, in the main relates to the further potential provision of surgical services at LGH. This is seen to be key to the success of the co-location of the screening and symptomatic diagnostic services on the same site.

As described in Phase 1, the further development of surgery at LGH for breast services is reliant on various other key factors, some which would require additional revenue support, which will become clearer during the Phase 1 period.

Most importantly these relate to the final outcome of this review of LGH and agreed developments and investment.

**In light of the recommendations of the workgroups, the following actions were agreed by the Llandudno Hospital Project Board:**

- That a Midwife Lead Unit is not developed in Llandudno Hospital because of the limited interest demonstrated by the audit.

- The workgroup would wish to see accommodation for the midwifery team in the Llandudno IHSCC when it is developed.

- An early medical TOP service should be established in LGH to serve the local area, with an element of choice offered through the availability of surgical TOP and continued access to the bpas facility in Liverpool.

5. **Finance and Resource Implications**

The Burns Review states:

“Without the benefit of a professional assessment it is difficult to do anything other than guess the overall capital cost of these proposals and in these terms an overall figure of £20 million has been suggested”.


Detailed costings have not been produced within the timescale for the project and will therefore need to be firmed up as part of the Strategic Outline Case for capital investment that will need to be completed subject to Ministerial approval of the recommendations in this report.

There are also overlaps and shared costs associated with taking forward the breast care services and the broader Frank Burns recommendations in areas such as diagnostics, theatres and medical cover.

In summary the key areas identified in the project requiring capital investment are set out below:

<table>
<thead>
<tr>
<th>Capital Proposals</th>
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</thead>
<tbody>
<tr>
<td>MIU Reprovision</td>
</tr>
<tr>
<td>Endoscopy/Therapy Bay/Manometry</td>
</tr>
<tr>
<td>Delirium Unit</td>
</tr>
<tr>
<td>MRI/CT/x-ray</td>
</tr>
<tr>
<td>Outpatients Reprovision</td>
</tr>
<tr>
<td>Theatre Provision (up to 4 theatres)</td>
</tr>
<tr>
<td>General Infrastructure &amp; Refurbishment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equipment Proposals</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT Scanner</td>
</tr>
<tr>
<td>MRI</td>
</tr>
<tr>
<td>Rapid Access Chest Pain</td>
</tr>
<tr>
<td>Hydrotherapy Pool</td>
</tr>
<tr>
<td>Point of Care Testing</td>
</tr>
</tbody>
</table>

The total estimated capital investment required ranges from £20 million to £45 million depending on the range of services and the final configuration of the hospital. The top end of the estimated investment quoted reflects the inclusion of a ‘delerium’ unit, not part of the original Burns review and the need to support investment in specific areas and equipment with improvements and enhancements to the hospital and site, including additional car parking.

It is worth emphasising here, that the proposals have identified a real gap in the treatment of delirium, and the establishment of the unit in Llandudno is aligned with the current service model and the future one proposed here. It
would, to the best of our knowledge, be the first one in North Wales, and enable the hospital to pioneer this service in and for the local area.

It is generally accepted that the revenue implications of these proposals would have to be found within the North Wales Health Community through efficiencies and the redeployment of staff across sites.

6. Conclusion and Next Steps

The project has involved a significant number of clinicians and stakeholders in considering the recommendations made by Frank Burns in his report.

This paper has highlighted clinical agreement for the majority of the recommendations and can be viewed as a significant step forward in securing an important role for the hospital as a local and sub-regional health facility into the future.

The estimated capital costs excluding revenue and capital charges at this time range from £20m to £45m depending on the range of services and final configuration. Figures will be subject to rigorous value for money in particular within the context of the economic climate, current capital availability and planned developments. Therefore the capital costs should be taken only as indicative at this point with further refinement once services and their delivery is confirmed.

There is a significant level of staff, public, political and clinical interest in the outcome of the review and the implementation process. Subject to the Minister’s agreement it is proposed that the findings and recommendations of the review are disseminated widely to test their acceptability on a broader basis and to describe the positive vision for the future.
## Appendix 1

### Llandudno Hospital Project Board Members

<table>
<thead>
<tr>
<th>Individual</th>
<th>Role or Representing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr David Scott</td>
<td>Project Chair, Conwy LHB</td>
</tr>
<tr>
<td>Mr Wyn Thomas</td>
<td>Project Director, Conwy LHB</td>
</tr>
<tr>
<td>Dr Martin Duerden</td>
<td>Conwy LHB Medical Director</td>
</tr>
<tr>
<td>Craig Barton</td>
<td>NWW NHST</td>
</tr>
<tr>
<td>Mary Burrows</td>
<td>NW NHST</td>
</tr>
<tr>
<td>Iain Howard</td>
<td>Deputy Director of Planning NW</td>
</tr>
<tr>
<td>Dr John Hindle</td>
<td>NHST</td>
</tr>
<tr>
<td>Dr Ian Johnson</td>
<td>NWW Consultant</td>
</tr>
<tr>
<td>Dr Wyn Greenway</td>
<td>NWW Consultant</td>
</tr>
<tr>
<td>Sandra Jones</td>
<td>NW NHST Consultant</td>
</tr>
<tr>
<td>Cllr Liz Roberts</td>
<td>Llandudno Hospital Manager</td>
</tr>
<tr>
<td>Dafydd Jones-Morris/Sonia</td>
<td>Conwy County Borough Council</td>
</tr>
<tr>
<td>Thompson</td>
<td>WAST Representatives</td>
</tr>
<tr>
<td>Dr Rosemary Fox</td>
<td>Velindre NHST (Screening)</td>
</tr>
<tr>
<td>Dr Paul Emmett</td>
<td>GP Representative</td>
</tr>
<tr>
<td>Dr Sanjay Ingerlay</td>
<td>EMH Consultant NW NHST</td>
</tr>
<tr>
<td>Stormont Murray/Keith Davies</td>
<td>NWWT</td>
</tr>
<tr>
<td>Mrs Lindsey Price</td>
<td>Hospital Action Group Representative</td>
</tr>
<tr>
<td>Clive Blackburn</td>
<td>Llandudno Hospital League of Friends</td>
</tr>
<tr>
<td>Mr John McLennan</td>
<td></td>
</tr>
<tr>
<td>Mr David Owen</td>
<td>Conwy East CHC Representative</td>
</tr>
<tr>
<td>Viv Vandenbink</td>
<td>Conwy West CHC Representative</td>
</tr>
<tr>
<td>Sally Baxter</td>
<td>Finance Lead, NWWT</td>
</tr>
<tr>
<td>Stan Nuttall</td>
<td>Denbighshire LHB CEO</td>
</tr>
<tr>
<td>Iain Mitchell</td>
<td>NWWT Estate Lead</td>
</tr>
<tr>
<td>Elwyn Price-Morris/Brian Green</td>
<td>Therapy NW NHST</td>
</tr>
<tr>
<td>Joanna Griffiths</td>
<td>Welsh Assembly Government</td>
</tr>
<tr>
<td>Dr Brian Tehan</td>
<td>Conwy County Council Social Services</td>
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<tr>
<td>Hilary Owen</td>
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<tr>
<td>Chris Jones/Dawn Yorke</td>
<td>NW NHST</td>
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<tr>
<td>Stephanie Greenway/Jill Galvani</td>
<td>NW NHST</td>
</tr>
<tr>
<td>Brian Pickles</td>
<td>Conwy CHC</td>
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<tr>
<td>Ian Turner</td>
<td>NW NHST</td>
</tr>
<tr>
<td></td>
<td>Project Manager, Conwy LHB</td>
</tr>
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<td></td>
<td>Conwy East CHC</td>
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## Appendix 2

### Llandudno Hospital Review: Workgroup Participants

#### Surgical Inpatients & Daycases

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Department</th>
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<tr>
<td>Barbara Middleton</td>
<td>Conwy CHC</td>
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<tr>
<td>Brian Pickles</td>
<td>Conwy LHB</td>
<td></td>
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<tr>
<td>Dafydd Pleming</td>
<td>North West Wales NHS Trust</td>
<td>Theatres</td>
</tr>
<tr>
<td>Debbie Duffy</td>
<td>North Wales Trust</td>
<td>Physiotherapy</td>
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<tr>
<td>Derek Crawford</td>
<td>North West Wales NHS Trust</td>
<td>Surgical</td>
</tr>
<tr>
<td>Sandra Robinson Clark</td>
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<td></td>
</tr>
<tr>
<td>Jones, Huw</td>
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<td></td>
</tr>
<tr>
<td>Jones, Karen</td>
<td>North Wales Trust</td>
<td>Patient Flow Manager</td>
</tr>
<tr>
<td>Llinos Thomas</td>
<td>North Wales Trust</td>
<td>Surgical</td>
</tr>
<tr>
<td>Samra, Mr Walid</td>
<td>North Wales Trust</td>
<td>Surgical</td>
</tr>
<tr>
<td>Syed Shoab</td>
<td>North Wales Trust</td>
<td>Surgical</td>
</tr>
<tr>
<td>Tibor Kovacs</td>
<td>North Wales Trust</td>
<td>Surgical</td>
</tr>
<tr>
<td>Tony Shambrook</td>
<td>North West Wales NHS Trust</td>
<td>Surgical</td>
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#### Rehabilitation Work Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Department</th>
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</thead>
<tbody>
<tr>
<td>Anita Hagin</td>
<td>North West Wales NHS Trust</td>
<td>Medical</td>
</tr>
<tr>
<td>Brian Pickles</td>
<td>Conwy LHB</td>
<td></td>
</tr>
<tr>
<td>Anne Breslin</td>
<td>North West Wales NHS Trust</td>
<td>Medical</td>
</tr>
<tr>
<td>Carol Grimwood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christine Lynes</td>
<td>North West Wales NHS Trust</td>
<td>Medical</td>
</tr>
<tr>
<td>Glynis Tabberer</td>
<td>North Wales Trust</td>
<td></td>
</tr>
<tr>
<td>Helen Thomas</td>
<td>Conwy Council</td>
<td>Social Services</td>
</tr>
<tr>
<td>Iain Mitchell</td>
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<td>Therapy</td>
</tr>
<tr>
<td>John Hindle</td>
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<td>Medical</td>
</tr>
<tr>
<td>Lyn Siebenmann</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pam Mainwaring</td>
<td>North Wales Trust</td>
<td>Therapy</td>
</tr>
<tr>
<td>Robyn Williams</td>
<td>North West Wales NHS Trust</td>
<td>Medical</td>
</tr>
<tr>
<td>Sam Muthusamy</td>
<td>North West Wales NHS Trust</td>
<td>Physiotherapy</td>
</tr>
<tr>
<td>Sandra Jones</td>
<td>North West Wales NHS Trust</td>
<td>Estates</td>
</tr>
<tr>
<td>Stormont Murray</td>
<td>North West Wales NHS Trust</td>
<td>Physiotherapy</td>
</tr>
<tr>
<td>Name</td>
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<td>-----------------------------------</td>
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</tr>
<tr>
<td>Wendy Tee</td>
<td>North West Wales NHS Trust</td>
<td>Medical</td>
</tr>
<tr>
<td>Yasmeen Ahmad</td>
<td>North West Wales NHS Trust</td>
<td>Rheumatology</td>
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</table>

**Outpatient Services workgroup**

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Department</th>
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<tbody>
<tr>
<td>Barry Williams</td>
<td>North West Wales NHS Trust</td>
<td>Surgical</td>
</tr>
<tr>
<td>Brian Pickles</td>
<td>Conwy LHB</td>
<td></td>
</tr>
<tr>
<td>Caroline Adams</td>
<td>North West Wales NHS Trust</td>
<td>Radiology</td>
</tr>
<tr>
<td>Clive Sparkes</td>
<td>North Wales Trust</td>
<td>Audiology</td>
</tr>
<tr>
<td>Helena Thomson</td>
<td>North West Wales NHS Trust</td>
<td>Modernisation</td>
</tr>
<tr>
<td>Lynda Pritchard</td>
<td>North West Wales NHS Trust</td>
<td>Diagnostics</td>
</tr>
<tr>
<td>Peter Jones/Denise Harris Edwards</td>
<td>Conwy CHC</td>
<td>Councillor</td>
</tr>
<tr>
<td>Rajagopal, Ramesh</td>
<td>North Wales Trust</td>
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<tr>
<td>Sandra Jones</td>
<td>North West Wales NHS Trust</td>
<td>Estates</td>
</tr>
<tr>
<td>Sue Wood</td>
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## MIU & Unscheduled Care

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<tr>
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<tbody>
<tr>
<td>Alison Kemp</td>
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<tr>
<td>Brian Pickles</td>
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<tr>
<td>Catherine Lister</td>
<td>LLGH League of Friends</td>
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<tr>
<td>Dilys Percival</td>
<td>North Wales Trust</td>
<td>Therapy</td>
</tr>
<tr>
<td>Dorothy Smith</td>
<td>Hospital Action Group</td>
<td></td>
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<tr>
<td>Eleri Roberts</td>
<td>North West Wales NHS Trust</td>
<td>Diagnostic &amp; Clinical Support</td>
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<tr>
<td>John MacClennan</td>
<td>Conwy CHC</td>
<td>Councillor</td>
</tr>
<tr>
<td>John Hindle</td>
<td>North West Wales NHS Trust</td>
<td>Medical</td>
</tr>
<tr>
<td>Kashif Samin</td>
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<td>A &amp; E</td>
</tr>
<tr>
<td>Llinos Thomas</td>
<td>North West Wales NHS Trust</td>
<td>Surgical</td>
</tr>
<tr>
<td>Malcolm Anglesea</td>
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<td>A &amp; E</td>
</tr>
<tr>
<td>Mark Andrews</td>
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<td>Surgery &amp; Anaesthesia</td>
</tr>
<tr>
<td>Pauline Cutting</td>
<td>North West Wales NHS Trust</td>
<td>Surgical</td>
</tr>
<tr>
<td>Richard Evans</td>
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<td>Gastroenterology</td>
</tr>
<tr>
<td>Robyn Williams</td>
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<td>Medical</td>
</tr>
<tr>
<td>Sandra Jones</td>
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<td>Estates</td>
</tr>
<tr>
<td>Sefton Brennan</td>
<td>Morfa Doc</td>
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</tr>
<tr>
<td>Sian Griffiths</td>
<td>North West Wales NHS Trust</td>
<td>Minor Injuries Unit</td>
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## Maternity Services Workgroup

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<tbody>
<tr>
<td>Brian Pickles</td>
<td>Conwy LHB</td>
<td></td>
</tr>
<tr>
<td>Dawn Cooper</td>
<td>North Wales NHS Trust</td>
<td>Maternity</td>
</tr>
<tr>
<td>Fiona Giraud</td>
<td>North West Wales NHS Trust</td>
<td>Women &amp; Families</td>
</tr>
<tr>
<td>Heledd Wynne Jones</td>
<td>North Wales NHS Trust</td>
<td>Maternity</td>
</tr>
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## Gastroenterology Services Workgroup

<table>
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<tr>
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<th>Location</th>
<th>Department</th>
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</thead>
<tbody>
<tr>
<td>Anil Lala</td>
<td>North West Wales NHS Trust</td>
<td>General Surgery</td>
</tr>
<tr>
<td>Brian Pickles</td>
<td>Conwy LHB</td>
<td>Medical Directorate</td>
</tr>
<tr>
<td>Ffion Johnstone</td>
<td>North West Wales NHS Trust</td>
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<tr>
<td>Name</td>
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</tr>
<tr>
<td>Ian Finnie</td>
<td>North Wales Trust</td>
<td>Surgery</td>
</tr>
<tr>
<td>Mark Andrews/Karen Evans</td>
<td>North Wales Trust</td>
<td>Surgery &amp; Anaesthesia</td>
</tr>
<tr>
<td>Ross Whitehead</td>
<td>North Wales Trust</td>
<td>Surgery &amp; Anaesthesia</td>
</tr>
<tr>
<td>Richard Evans</td>
<td>North West Wales NHS Trust</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>Sandra Jones</td>
<td>North West Wales NHS Trust</td>
<td>Estates</td>
</tr>
<tr>
<td>Sandra Robinson-Clark</td>
<td>North West Wales NHS Trust</td>
<td>Surgical</td>
</tr>
<tr>
<td>Yvonne Johns</td>
<td>Conwy CHC</td>
<td></td>
</tr>
</tbody>
</table>
Llandudno Hospital Review Methodology

The ‘corporate approach’ to assessing the service portfolio of the hospital involves the systematic collection of the knowledge and views of informants on health care services and needs. Valuable information is often available from staff, clinicians, and general practitioners as well as from service users and the public at large (Figure 1). Although this approach does blur the distinction between need and demand as well as between science and vested interest, it does, however, collect the intimate detailed knowledge of interested parties that has been amassed over the years. This qualitative approach is an important aspect of reviewing the service model of the hospital and one may otherwise be overlooked.

Figure 1 – Informants to the corporate approach

<table>
<thead>
<tr>
<th>Patients</th>
<th>General Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practitioners</td>
<td>Special Interest Groups</td>
</tr>
<tr>
<td>Hospital Doctors</td>
<td>Nurses</td>
</tr>
<tr>
<td>Professions Allied to Medicine</td>
<td>Trust Managers</td>
</tr>
<tr>
<td>Public Health Service</td>
<td>Commissioners</td>
</tr>
<tr>
<td>Community Health Council</td>
<td></td>
</tr>
</tbody>
</table>

As Frank Burns separated his recommendations into discrete clinical areas, it seemed sensible to maintain those areas in this further piece of work. This would give continuity for the reader.

The Four Meeting Model

As the timescale for the production of this document was relatively short, with a high level of local interest and the need for meaningful stakeholder involvement the Four Meeting Model was adopted.

This model is used for community engagement projects, and provides a structure for meaningful meetings that are focussed upon particular outcomes in four meetings. This combines the qualitative aspects of the corporate approach outlined above and introduces the quantitative aspect through gathering information, where required, for the group as the model emphasises gathering information to help make good decisions, and it has been adapted to be iterative, in that time is repeatedly built in to think through the consequences to other services and stakeholders and share this information with them.

The structure of the meetings is as follows:

Meeting 1 – Gathering and assessing Information

This first meeting introduces the recommendations/issues to be considered by the group and gives an opportunity for the group to consider its own
membership and nominate any further delegates. Any data that was available and pertinent to the group would be presented and a discussion about further data requirements needed to fulfil the aims of the workgroup.

**Meeting 2 – Framing the ideas**

The group considers the impact of any further data/information brought this time, starts to make recommendations. They are to consider the likely impact of their comments or recommendations on other workgroups or other agencies activities and communicate with them. Identify any further information needed to make a good decision around the recommendations.

**Meeting 3 – Further steps to considering the implications**

Discuss the group’s recommendations in light of further information. Discuss strengths and weaknesses of recommendations. Likely impact on other groups/stakeholders and circulation to them.

**Meeting 4 – Confirming decisions and adding detail**

Consider the ‘measures’ for assessing progress during implementation. Consideration of feedback from other workgroups/stakeholders. Final comments/decision about the recommendation.