Supporting Appendices

Wed 19 July 2023, 09:30 - 13:00

Agenda

1. General Medical Services – New GMS Contract - LFR 101-105

1. ABUHB FR 101-105 2022-23 Final.pdf (9 pages)

2. Analysis of Expenditure by Type - FR3

2. ABUHB FR3 2022-23 Anal of Exp by Type - Final.pdf (3 pages)

3. Losses and Special Payments Financial Return - FR4

3. ABUHB FR4 Report 2022-23.pdf (1 pages)

4. Losses and Special Payments Financial Return - FR5

4. ABUHB FR5 Report 2022-23.pdf (4 pages)

5. NHS Interparty Eliminations - FR6

5. ABUHB FR6 2022-23 NHS Interparty Eliminations - Final.pdf (14 pages)

6. Analysis of Impairments and reversals recognised in 2022/23 - FR7

6. ABUHB FR7 2022-23 Impairments Summarised - Final.pdf (3 pages)

7. NHS Wales FHoT Extract for WG - FR9

7. ABUHB FR9 2022-23 Charities Return - Final.pdf (2 pages)

8. Whole of Government Accounts - FR10

8. ABUHB FR10 2022-23 Whole of Government Accounts - Final.pdf (4 pages)

9. Miscellaneous - FR14

9. ABUHB FR14 2022-23 Miscellaneous Information - Final.pdf (3 pages)

10. Right of Use of Assets Impact - IFRS16

10.0ABUHB FR16 2022-23 IFRS 16 Right of Use Assets Impact - Final.pdf (1 pages)

11. ABUHB LMS 2022-23

11. ABUHB LMS 2022-23.pdf (5 pages)

12. ABUHB LMS 2 2022-23

12. ABUHB LMS 2 2022-23.pdf (1 pages)

13. Monnow Vale Memorandum Statement

13. ABUHB Monnow Vale Memorandum Statement 2022-23.pdf (1 pages)

14. Agenda Item 4.1.2 Vacant Practice Panel: Deri

Appendix 1 - Patient Engagement

Appendix 2 – Equality Impact Assessment (EQiA)

4.1.2 b Patient Engagement.pdf (12 pages)
4.1.2 c Enc 3 EqIA Meddygfa Cwm Rhymni Practice.pdf (15 pages)

15. Agenda Item 4.2: WHSSC Cochlear and Bone Conduction Hearing Implant Engagement and Next Steps

Appendix 1 - Presentation of data against questions asked
Appendix 2 - Thematic analysis
Appendix 3 - Professional Community response

4.3 b Appendix 1 - Presentation of Data Against Questions Asked.pdf (34 pages)
4.3 c Appendix 2 - Thematic Analysis.pdf (38 pages)
4.3 d Appendix 3 - ASSAG Professional Community Response.pdf (11 pages)

GENERAL MEDICAL SERVICES - NEW GMS CONTRACT

	HB £000
Global Sum	66,978
Practice Support payment	164
TOTAL GLOBAL SUM & Practice Support	**67,142**
QAIF Aspiration Payments	3,171
QAIF Achievement Payments	905
QAIF Access Achievement Payments	1,253
TOTAL QUALITY (QAIF)	**5,329**
Direct Enhanced Services	4,091
National Enhanced Services	634
Local Enhanced Services	2,119
TOTAL ENHANCED SERVICES	**6,844**
LHB Administered	10,715
Premises	7,451
IM & T	1,788
Out of Hours	7,681
Cost of Drugs and Appliances After Discounts and Plus Container Allowances	
Dispensing Doctors	4,038
Prescribing Medical Practitioners - Personal Administration	2,389
Dispensing Service Quality Payment	67
Professional Fees	
Dispensing Doctors	1,710
Prescribing Medical Practitioners - Personal Administration	1,063
Dispensing Doctors Prescribing Incentive schemes	0
TOTAL DISPENSING	9,267
TOTAL NEW GMS CONTRACT	**116,217**
Residuals: Cash Limited	0
Residuals: Non Cash Limited	0
TOTAL RESIDUALS	**0**
TOTAL	**116,217**

GENERAL MEDICAL SERVICES - NEW GMS CONTRACT

	HB £000
Directed Enhanced Services	
Learning Disabilities	43
Childhood Immunisation Scheme	388
Mental Health (Residual costs only 2019-20)	(61)
Influenza & Pneumococcal Immunisations Scheme	1,744
Services for Violent Patients	56
Minor Surgery Fee	256
Menu of Agreed DES	
Asylum Seekers & Refugees (from 1st April 2008)	123
Care of Diabetes	494
Care Homes	540
Extended Surgery Opening	(95)
Gender Identity	67
Homeless	22
Oral Anticoagulation with Warfarin	514
TOTAL DIRECTED ENHANCED SERVICES	**4,091**
National Enhanced Services	
INR Monitoring	0
Shared Care Drug Monitoring (near patient testing)	264
Drug Misuse	57
IUCD	98
Alcohol Misuse	0
Depression	4
Minor Injury Services	0
Diabetes Modules	211
Services to the Homeless	0
Non-routine Imms for at-risk Groups	0
Unscheduled Vaccinations	0
TOTAL NATIONAL ENHANCED SERVICES	**634**

Analysis of Local Enhanced Services

Additional Clinical Sessions	0
ADHD	0
Ancillary Clinical services	0
Asylum Seekers & Refugess (from 1st April 2008)	0
Cardiology	0
Diabetes	0
Chiropody	0
Counselling	92
Depo - Provera **(including Implanon and other Contraceptive services)**	232
Care Homes	0
DOAC/ NOAC	417
Drugs Misuse	0
Gonaderlins	81
Homeless (including homeless nurses)	0
HPV Vaccinations	0
Immunisations **(excluding DES - Childhood Imm & Influenza & Pneumococcal Imm)**	284
Learning Disabilities	0
Lifestyle Advice	0
Lithium / INR Monitoring	0
Local Development Schemes	0
Long Covid	14
Mental Health	124
MMR	0
Mulitiple Sclerosis	0
Nurse Triage	0
Orthopaedic (Upper Limb GPwSi Service/Clinical assessments)	0
Osteopathy/ Osteoporosis	0
Phlebotomy	297
Physiotherapy	0
Prescribing Enhanced Service	0
Respiratory (inc COPD)	0
Ring Pessaries	0
Sexual Health Services	0
Shared Care	0
Shingles	0
Smoking Cessation	0
Student Patient Registration	0
Substance Misuse	0
Suturing	0
Treatment room	0
Vasectomy	0
Weight Loss Clinic	0
Wound Care	0
Zoladex	0
COVID - Payments for relaxed enhanced services	0

Other

Additional Clinical Sessions	543
Covid Bank Holiday DES	35
	0
	0
	0
TOTAL LOCAL ENHANCED SERVICES	**2,119**
TOTAL ENHANCED SERVICES	**6,844**

Memorandum item

Enhanced Services included above but in dispute with LMC (TOTAL)	0
Enhanced Services included above but not yet formally agreed LMC	0

GENERAL MEDICAL SERVICES - NEW GMS CONTRACT

	HB £000
LHB Administered	
Seniority	832
Doctors Retention Scheme Payments	29
Locum Allowances: consists of adoptive, paternity & maternity	298
Locum Allowances: cover for sick leave	84
Locum Allowances: cover for suspended doctors	0
Prolonged Study Leave	0
Recruitment and Retention (including Golden Hello)	0
Appraisal - appraiser costs	0
Primary Care Development Scheme	0
Partnership Premium - GP Partners	1,225
Partnership Premium - Non GP Partners	0
Supply of syringes and needles	0
Other (please detail below)	8,153
TOTAL LHB ADMINISTERED	**10,621**
Analysis of Other Payments	
Additional Managed Practice costs **(costs in excess of Global Sum/MPIG)**	4,658
CRB checks	2
GP Locum payments	0
LHB Locality group costs	0
Managing Practice costs **(LHB employed staff working in GP practices to improve GP services)**	0
Primary Care Initiatives	733
Salaried GP costs	0
Stationery & Distribution	155
Training	0
Translation fees	121
COVID vaccination payments to GP practices	1,652
Additional Capacity Payment	762
Other	
PPV Recovery	(8)
Printing & Postage of Practice Letters	61
GP Medical Equipment	0
GP Practice support costs	17
Store & Scan	0
Legal costs	0
	0
	0
	0
	0
	0
TOTAL OTHER PAYMENTS	**8,153**

GENERAL MEDICAL SERVICES - NEW GMS CONTRACT

	HB £000
Premises	
Notional Rents	2,865
Actual Rents: health centres	235
Actual Rents: others	2,482
Cost Rent	16
Clinical Waste/Trade Refuse	264
Rates, water, sewerage etc	759
Health Centre Charges	254
Improvement Grants	513
All Other Premises (please detail below)	63
TOTAL PREMISES	**7,451**
Analysis of Other Premises	
Premises Fees (Legal/Professional/ DV)	27
District Valuer Fees	36
Maintenance Allowance	0
Dilapidations	0
TOTAL OTHER PREMISES	**63**

PHARMACEUTICAL / NON CASH LIMITED ANALYSIS / PRESCRIBING EXPENDITURE ANALYSIS

	HB £000
Pharmacy Contract	
Professional fees	14,634
Special fees and allowances	1,141
Establishment payment (dispensing)	3,267
Practice payment	7,139
Quality Scheme	676
Continuity Payment	838
Collaborative Working Scheme	420
Workforce incentive	204
Clinical Community Pharmacy Service	
Establishment payment (clincial services)	0
Contraception	0
Influenza vaccination	0
Common ailment service	0
Emergency medicine supply	0
Directed services	
Discharge Medicine Review Service	106
Independent prescribing service	100
Rota and access	
Bank Holiday	0
Additional Hours Service (including Rotas)	690
Essential Small Pharmacy Service	0
Locally commissioned services	
1. Commissioned Enhanced Services - Cost of Service Fee (Remuneration) - Reimbursement costs charged to Prescribing	
Emergency hormonal contraception (EHC)	159
Common Ailments Service	1,380
Sore throat test and treat	0
On demand availability of specialist drugs (e.g. palliative care)	60
Stop smoking	352
Supervised administration (opiates)	(25)
Needle and syringe exchange	29
Medicine Assessment and Compliance Support (other than MUR)	0
Gluten free food supply	0
Language Access Service	0
Seasonal flu immunisation	576
Blood pressure testing	0
Sexually transmitted disease testing (excluding Chlamydia)	0
Home delivery	0
Weight management	0
Support for alcohol misuse	0
Blood glucose testing	0
Cholesterol testing	0
Anticoagulant monitoring	0
Chlamydia testing and treatment	0
Condom supply (unless part of EHC)	0
Disease specific medicines management	0
Medication review (other than MUR)	2
Support around hospital discharge (other than DMR)	0
Pharmacy Dressings Scheme (e.g. ONPOS Dressings scheme)	0
Non Dispensed Scheme	66
Pharmacy Waste reduction scheme	0
Virtual Consultation	0
COVID vaccine administration	0
Lateral Flow Test distribution	0
Ringfenced Enhanced Serv Top Up & CPCF Fair Return	0
Self Isolating & Sheilding Payments	0
PCC Led attendance role	0
Serious Shortage Protocol	0
Common Ailments Additonals - Winter Pressures	0
Patient Sharps	0
TB - Medicines Compliance Programme	0
Other clinical service(s)	0
IP ACS Transistional	0
Total Pharmacy Contractually Funded Expenditure	**31,814**

Other Payments (Please detail below) **not including Difference between Dispensing & Prescribing**	0
Total Other Payments	**0**
Pharmacy - Non contractually funded expenditure	
Associated Service Delivery costs	
Clinical Waste	73
CRB Checks	0
Pre-Registration Trainees	35
Pre-Registration Trainees income	(35)
Travel Expenses	0
Printing & Stationery	0
Office Equipment	0
Postage	0
Advertising	0
Workforce Development	71
Training	0
Other	0
Sub Total	144
3. Other Miscellaneous Expenditure	
HB staff associated with the delivery/monitoring of the pharmacy contract	0
Lateral Flow Tests	0
Lead Role Payment	0
Covid Vaccination Service	41
Patient Sharps	0
Emergency Supply of Drugs	0
Care Home Support	0
Covid Vaccines & LFTs	0
6.3% increase to employers superannuation contributions	0
Other	(36)
Sub Total	5
4. Patient refunds	0
Total "Non Contractually funded items" expenditure	149
TOTAL PHARMACEUTICAL SERVICES EXPENDITURE	**31,963**
NON CASH LIMITED	
Appliance Contractor Costs	0
Difference Between Dispensing and Prescribing	(6,686)
TOTAL NON CASH LIMITED	**(6,686)**
TOTAL PHARMACEUTICAL INCOME	(4)
PRESCRIBING COSTS	
GP Prescribing Costs	112,288
Home Oxygen Therapy Service (Cost of the Air Products Contract - do not include Assessment Centre costs)	1,798
Scriptswitch costs	161
Prescribing Incentive Scheme	84
TOTAL GP PRESCRIBING COSTS	**114,331**

Revenue Allocation for DENTAL CONTRACT (Table F)

	HB £000
Expenditure / activities included in a GDS contract and /or PDS agreement	
Gross Contract Value - General Dental Services	33,705
Gross Contract Value - Personal Dental Services	0
Emergency Dental Services (inc Out of Hours)	853
Additional Access	22
Business Rates	151
Domiciliary Services	1
Maternity/Sickness etc.	115
Sedation services including GA	617
Seniority payments	79
Employer's Superannuation	1,564
Oral Surgery	0
Enhanced Bank Holiday	0
Other **(Please detail below)**	3,549
TOTAL DENTAL SERVICES EXPENDITURE	**40,656**

Analysis of Other Payments: Activities/expenditure not included in a GDS contract and/or PDS agreement. This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training

Emergency Dental Services (inc Out of Hours)	0
Additional Access	0
Sedation services including GA	268
Continuing professional development	0
Occupational Health / Hepatitis B	0
Gwen Am Byth-oral health in care homes	97
Refund of patient charges	(11)
Design to Smile	721
Other Community Dental Services	0
Dental Foundation Training/Vocational Training	839
DBS/CRB checks	0
Health Board staff costs associated with the delivery / monitoring of the dental contract	1,332
Oral Surgery	0
Orthodontics	0
Special care dentistry e.g. WHC/2015/002	87
Oral Health Promotion/Education	96
Dental Helpline	69
Dental Health for Care Homes	0
Access to specialist services	0
Dental Advisors	0
Translation/Interpreter Fees	0
Dental Innnovation Payments	(7)
Dental Equipment	0
Reg11	0
Prison Dental Service	0
Dental Nurse Grant	0
Other Premises Costs	0
DTU	0
Dental Contract - Paediatric posts	0
Additional access	0
Other	58
	0
TOTAL OTHER PAYMENTS	**3,549**

Receipts	
Patient Fee Income	(4,848)
Trainers Grant/VDP Service Cost Income	(839)
Other Income	0
	0
	0
	0
TOTAL DENTAL SERVICES INCOME	**(5,687)**

GENERAL OPHTHALMIC SERVICES EXPENDITURE

	HB £000
Enhanced Bank Holiday	0
Ophthalmic Medical Practitioner Sight Test Fees - Gross payments	3,302
Ophthalmic Medical Practitioner Domiciliary Visit Fees - Gross payments	237
Employers Superannuation Contributions (including Reg 79 optant payments)	0
Ophthalmic Optician Sight Test Fees	0
Ophthalmic Optician Domiciliary Visit Fees	0
Payment for HC 3 Holders Towards Cost of Private Sight Test and Domiciliary Visit Fees	0
Grants to Supervisors of Ophthalmic Opticians Trainees	41
Replacement and Repair of Children's and Handicapped Adults' Glasses	251
Cost of Vouchers for Supply of Spectacles	2,660
Superannuation	0
Patient Refunds	1
Continuing Education & Training (CET) payments	45
Low Vision Service	128
Welsh Eye Care Examinations	2,206
Other Payments **(Please detail below)**	(5)
TOTAL OPHTHALMIC SERVICES EXPENDITURE	**8,866**

Analysis of Other Payments

Diabetic screening costs	0
Translation Costs	0
Legal/Professional Fees	0
Domiciliary Emergency Eye Care Services	0
Optometrist Independent Prescriber Service	0
Financial support top up payment	0
PPV Recovery	(1)
Other	(4)
	0
	0
TOTAL OTHER PAYMENTS	**(5)**

INCOME:

Incorrect Voucher Payments Recovered from Patients and Suppliers and Incorrect NHS Sight Test Fees Recovered from Patients	**0**

ANALYSIS OF EXPENDITURE BY TYPE

	SLE Trainees / Collaborative Bank	All Other Expenditure	**Total Expenditure**
(A) REVENUE - PAY EXPENDITURE	£000	£000	**£000**
Executive board members and senior managers		2,085	2,085
Medical staff			
Foundation Programme Doctors (FH01and FH02)	6,063	2,119	8,182
Fixed Term Speciality Registrar Appointments (FTStRA)	0	0	0
Consultants	105	86,667	86,772
Other career grades	3	11,131	11,134
Registrar Group Doctors	23,487	17,920	41,407
Other medical hospital grades	0	2,196	2,196
Total medical staff (including locums)	29,658	120,033	149,691
Dental staff			
Foundation Programme Doctors (FH01and FH02)	446	0	446
Fixed Term Speciality Registrar Appointments (FTStRA)	0	0	0
Consultants	0	0	0
Other career grades	0	0	0
Registrar Group	0	0	0
Other dental hospital grades	0	140	140
Total dental staff (including locums)	446	140	586
Nursing, midwifery and health visiting staff			
Nurse consultants	0	442	442
Nurse managers	0	6,306	6,306
Registered Nurses	0	209,123	209,123
Total nursing, midwifery and health visiting staff	0	215,871	215,871
Additional Clinical Services Staff			
Additional Clinical Services - Unqualified Nurses	0	85,935	85,935
Additional Clinical Services - All Other Staff	0	18,869	18,869
Additional Clinical Services - Ambulance Staff	0	142	142
Total Additional Clinical Services Staff	0	104,946	104,946
Scientific, Technical and Allied Health Professional Staff			
Allied Health Professionals	0	43,308	43,308
Professional, Scientific and Technical Staff	0	27,709	27,709
Healthcare Scientists	0	12,633	12,633
Total Scientific, Technicaland Allied Health Professional Staff	0	83,650	83,650
Administrative and clerical	0	109,658	109,658
Estates and Ancillary staff	0	35,864	35,864
Students	0	101	101
TOTAL NHS STAFF SALARIES AND WAGES	**30,104**	**672,348**	**702,452**
Non NHS staff (agency etc)			
Medical			14,686
Dental			0
Nursing, midwifery and health visiting staff			22,000
Additional Clinical Services - Unqualified Nurses			10,592
Additional Clinical Services - All Other Staff			8
Additional Clinical Services - Ambulance Staff			0
Allied Health Professionals			2,073
Professional, Scientific and Technical Staff			160
Healthcare Scientists			795
Maintenance & works staff			0
Administrative and clerical			1,315
Estates and Ancillary staff			7,711
TOTAL NON NHS STAFF SALARIES AND WAGES			**59,340**
Chairman's and non-executive members' remuneration			289
TOTAL REVENUE EXPENDITURE ON SALARIES AND WAGES			762,081

	£000
(B) REVENUE - NON-PAY EXPENDITURE	
Clinical supplies and services	
Drugs	65,583
Dressings	1,225
Medical & surgical equipment - purchase	29,822
Medical & surgical equipment - maintenance	3,971
X - ray equipment - purchase	63
X - ray film & chemicals - purchase	301
X - ray equipment - maintenance	1,436
Appliances	9,747
Laboratory equipment - purchase	7,702
Laboratory equipment - maintenance	431
Other clinical supplies	376
Total clinical supplies	120,657
General supplies and services	
Provisions & kitchen	6,686
Contract & hotel services (incl. cleaning & catering)	1,959
Uniforms & clothing	2,038
Laundry & cleaning equipment	1,559
Bedding & linen	352
Other general supplies and services	7,529
Total general supplies and services	20,123
Establishment expenditure	
Printing & stationery	1,311
Postage	1,183
Telephones	935
Advertising	961
Travel, subsistence & removal expenses	2,333
Other transport costs (includes transport & moveable plant)	1,942
Other establishment expenditure	205
Total establishment expenditure	8,870
Premises and fixed plant	
Electricity	10,869
Gas	11,247
Other fuels (including oil & coal)	172
Water & sewerage	1,342
External general services contracts	0
Furniture, office & computer equipment	8,910
Computer hardware maintenance contracts & data processing contracts	5,517
Business rates	5,797
Rent	250
Building & engineering equipment	2,435
Building & engineering contracts	1,771
Total premises and fixed plant	48,310
Depreciation	
Depreciation on owned assets (capital charges)	49,953
Depreciation on donated assets	321
Total depreciation	50,274
Sub-total non-pay revenue expenditure	**248,234**

(B) REVENUE - NON-PAY EXPENDITURE (cont.)

	Sub-total brought forward			248,234
	Fixed asset impairments and reversals			(19,470)
	Total purchase of healthcare from non-NHS bodies			0
	Capital charge interest			0
	External contracts			0
	Total external consultancy staffing and consultancy			327
	Miscellaneous expenditure			
	Auditors remuneration			421
	Research and development			0
	Other miscellaneous			12,474
	Total miscellaneous			12,895
	TOTAL NON-PAY REVENUE EXPENDITURE			**241,986**

(C) SUMMARY

				£000
	TOTAL salaries and wages			**762,081**
	TOTAL non-pay revenue expenditure			**241,986**
	Sub-total			**1,004,067**
	Expenditure on Primary Healthcare Services (note 3.1 LHB)	0	307,116	**307,116**
	Expenditure on Healthcare from other providers (per note 3.2 LHB)			474,153
DHCW	Expenditure on GMS (Note 3.1)			0
	Services from other NHS bodies (not recharges) non-healthcare			0
	Services from other NHS bodies (not recharges) subcon'd healthcare			0
	Services from foundation Trusts			0
HEIW	HEIW Non Medical Education and Training Note 3.1	0	0	**0**
HEIW	HEIW Postgraduate Medical, Dental & Pharmacy Education Note 3.2	0	0	**0**
	TOTAL REVENUE EXPENDITURE			**1,785,336**

LOSSES AND SPECIAL PAYMENTS FINANCIAL RETURN FR4

Part 1a:

		Number of cases	Amount of loss or payment
Analysis of losses and special payments where approval for case write off has been received in financial year (including cash and non-cash write offs). Cash written off may include amounts paid in previous years.			
LOSSES:			
1	**Losses of cash due to:**	**Number**	**£**
1a	Theft, Fraud, etc.	**0**	**0**
1b	Overpayment of salaries, wages, fees, allowances	**15**	**2,512**
1c	Other causes	**0**	**0**
2	**Fruitless payments**	**0**	**0**
3	**Bad debts and claims abandoned:**		
3a	Private Patients	**0**	**0**
3b	Overseas visitors	**0**	**0**
3c	Other	**1**	**208**
4	**Damage to buildings, property etc:**		
4a	Theft, Fraud, etc.	**0**	**0**
4b	Other	**0**	**0**
SPECIAL PAYMENTS:			
5	**Compensation under legal obligation**		
5(a)	Directed by the Courts	**0**	**0**
5(b)	Directed by the NHS Pension Agency	**0**	**0**
5(c)	Other compensation payments made under legal obligation	**0**	**0**
6	**Extra contractual to contractors**	**0**	**0**
7	**Ex gratia payments:**		
7a	Loss of personal effects	**30**	**13,299**
7b	Clinical negligence with advice	**57**	**20,881,774**
7c	Personal injury with advice	**16**	**647,276**
7d	Other clinical nelgligence and personal injury	**34**	**545,142**
7e	Other	**16**	**623,895**
7f	Maladministration, no financial loss by claimant	**0**	**0**
7g	Patient referrals outside UK & EEA guidelines	**0**	**0**
8	**Extra statutory and regulationary**	**0**	**0**
TOTAL LOSSES AND SPECIAL PAYMENTS		**169**	**22,714,106**
	Of which, cases of £250,000 or more:		
1a/4a	Fraud Cases	**0**	**0**
2	Fruitless payments	**0**	**0**
4	Damage to buildings, property, etc.	**0**	**0**
5(a)	Directed by the Courts	**0**	**0**
5(b)	Directed by NHS Pension Agency	**0**	**0**
5(c)	Other compensation payments made under legal obligation	**0**	**0**
7b	Clinical negligence with advice	**10**	**17,468,812**
7c	Personal injury with advice	**0**	**0**
	All other cases	**1**	**603,145**

LOSSES AND SPECIAL PAYMENTS FINANCIAL RETURN FR5

a: Analysis of provisions for clinical negligence cases	Number of cases	Excess met by Health Body	Settlement from Risk Pool	Total
(i). Clinical negligence special payment provisions	**Number**	**£**	**£**	**£**
At 1st April 2022				**180,630,680**
Structured settlement cases transferred to the Welsh Risk Pool				**0**
Transfer of provisions to creditors				**-9,091,640**
Arising during the year				**41,951,693**
Utilised during the year				**-22,051,355**
Reversed unused				**-35,624,886**
Unwinding of discount				**0**
At 31st March 2023				**155,814,493**

(ii) Clinical negligence defence costs provisions

At 1st April 2022				**3,151,671**
Structured settlement cases transferred to the Welsh Risk Pool				**0**
Transfer of provisions to creditors				**0**
Arising during the year				**1,598,637**
Utilised during the year				**-1,140,973**
Reversed unused				**-891,338**
Unwinding of discount				**0**
At 31st March 2023				**2,717,998**

(iii) Total clinical negligence provisions

At 1st April 2022		**429**	**2,168,584**	**181,613,768**	**183,782,352**
Structured settlement cases transferred to the Welsh Risk Pool		**0**	**0**	**0**	**0**
Transfer of provisions to creditors		**0**	**-0**	**-9,091,640**	**-9,091,640**
Arising during the year		**169**	**1,689,392**	**41,860,939**	**43,550,331**
Utilised during the year					
	(a)	**(93)**	**-1,416,379**	**-21,775,949**	**-23,192,328**
Reversed unused					
	(b)	**(59)**	**-285,957**	**-36,230,267**	**-36,516,224**
Unwinding of discount			**0**	**0**	**0**
At 31st March 2023		**446**	**2,155,640**	**156,376,850**	**158,532,491**
Expected timing of cash flows					
Within 1 year			**1,834,850**	**81,396,339**	**83,231,189**
Between 1 and 5 years			**320,790**	**74,980,511**	**75,301,301**
After 5 years			**0**	**0**	**0**

(a) Number of cases column only includes cases that were utilsed and closed during the financial year

(b) Number of cases column only includes cases that were cancelled during the financial year

LOSSES AND SPECIAL PAYMENTS FINANCIAL RETURN FR5

b: Analysis of provisions for personal injury cases	Number of cases	Excess met by Health Body	Settlement from Risk Pool	Total
(i). Personal injury special payment provisions	**Number**	**£**	**£**	**£**
At 1st April 2022				**3,861,588**
Structured settlement cases transferred to the Welsh Risk Pool				**0**
Transfer of provisions to creditors				**0**
Arising during the year				**1,017,693**
Utilised during the year				**-1,055,159**
Reversed unused				**-629,862**
Unwinding of discount				**55,450**
At 31st March 2023				**3,249,710**

(ii) Personal injury defence costs provisions

At 1st April 2022				**129,012**
Structured settlement cases transferred to the Welsh Risk Pool				**0**
Transfer of provisions to creditors				**0**
Arising during the year				**498,541**
Utilised during the year				**-242,479**
Reversed unused				**-22,140**
Unwinding of discount				**0**
At 31st March 2023				**362,935**

(iii) Total personal injury provisions

At 1st April 2022		**105**	**3,518,572**	**472,028**	**3,990,601**
Structured settlement cases transferred to the Welsh Risk Pool		**0**	**0**	**0**	**0**
Transfer of provisions to creditors		**0**	**0**	**0**	**0**
Arising during the year		**26**	**423,971**	**1,092,263**	**1,516,234**
Utilised during the year					
	(a)	**(16)**	**-649,086**	**-648,552**	**-1,297,638**
Reversed unused					
	(b)	**(24)**	**-353,299**	**-298,703**	**-652,002**
Unwinding of discount			**55,450**	**0**	**55,450**
At 31st March 2023		**91**	**2,995,608**	**617,037**	**3,612,645**
Expected timing of cash flows					
Within 1 year			**490,168**	**617,037**	**1,107,205**
Between 1 and 5 years			**1,058,545**	**0**	**1,058,545**
After 5 years			**1,446,895**	**0**	**1,446,895**

(a) Number of cases column only includes cases that were utilsed and closed during the financial year

(b) Number of cases column only includes cases that were cancelled during the financial year

LOSSES AND SPECIAL PAYMENTS FINANCIAL RETURN FR5

c: Analysis of all other losses and special payments provisions	Number of cases	Excess met by Health Body	Settlement from Risk Pool	Total
(i). All other loss or special payment provisions	**Number**	**£**	**£**	**£**
At 1st April 2022				**603,145**
Structured settlement cases transferred to the Welsh Risk Pool				**0**
Transfer of provisions to creditors				**0**
Arising during the year				**34,798**
Utilised during the year				**-637,143**
Reversed unused				**-800**
Unwinding of discount				**0**
At 31st March 2023				**0**

(ii) All other defence costs provisions

At 1st April 2022	**0**
Structured settlement cases transferred to the Welsh Risk Pool	**0**
Transfer of provisions to creditors	**0**
Arising during the year	**0**
Utilised during the year	**0**
Reversed unused	**0**
Unwinding of discount	**0**
At 31st March 2023	**0**

(iii) Total all other losses and special payments provisions

At 1st April 2022		**2**	**603,145**	**0**	**603,145**
Structured settlement cases transferred to the Welsh Risk Pool		**0**	**0**	**0**	**0**
Transfer of provisions to creditors		**0**	**0**	**0**	**0**
Arising during the year		**62**	**34,798**	**0**	**34,798**
Utilised during the year					
	(a)	**(62)**	**-637,143**	**0**	**-637,143**
Reversed unused					
	(b)	**(2)**	**-800**	**0**	**-800**
Unwinding of discount			**0**	**0**	**0**
At 31st March 2023		**0**	**0**	**0**	**0**
Expected timing of cash flows					
Within 1 year			**0**	**0**	**0**
Between 1 and 5 years			**0**	**0**	**0**
After 5 years			**0**	**0**	**0**

(a) Number of cases column only includes cases that were utilsed and closed during the financial year

(b) Number of cases column only includes cases that were cancelled during the financial year

LOSSES AND SPECIAL PAYMENTS FINANCIAL RETURN FR5

d: Analysis of total provisions	Number of cases	Excess met by Health Body	Settlement from Risk Pool	Total
(i). Total loss or special payment provisions	**Number**	**£**	**£**	**£**
At 1st April 2022				**185,095,414**
Structured settlement cases transferred to the Welsh Risk Pool				**0**
Transfer of provisions to creditors				**-9,091,640**
Arising during the year				**43,004,185**
Utilised during the year				**-23,743,658**
Reversed unused				**-36,255,548**
Unwinding of discount				**55,450**
At 31st March 2023				**159,064,203**

(ii) Total defence costs provisions

At 1st April 2022				**3,280,684**
Structured settlement cases transferred to the Welsh Risk Pool				**0**
Transfer of provisions to creditors				**0**
Arising during the year				**2,097,179**
Utilised during the year				**-1,383,452**
Reversed unused				**-913,477**
Unwinding of discount				**0**
At 31st March 2023				**3,080,932**

(iii) Total losses and special payments provisions

At 1st April 2022		**536**	**6,290,301**	**182,085,796**	**188,376,097**
Structured settlement cases transferred to the Welsh Risk Pool		**0**	**0**	**0**	**0**
Transfer of provisions to creditors		**0**	**-0**	**-9,091,640**	**-9,091,640**
Arising during the year		**257**	**2,148,162**	**42,953,202**	**45,101,363**
Utilised during the year					
	(a)	**(171)**	**-2,702,609**	**-22,424,501**	**-25,127,110**
Reversed unused					
	(b)	**(85)**	**-640,056**	**-36,528,970**	**-37,169,025**
Unwinding of discount			**55,450**	**0**	**55,450**
At 31st March 2023		**537**	**5,151,248**	**156,993,887**	**162,145,135**
Expected timing of cash flows					
Within 1 year			**2,325,018**	**82,013,376**	**84,338,394**
Between 1 and 5 years			**1,379,335**	**74,980,511**	**76,359,846**
After 5 years			**1,446,895**	**0**	**1,446,895**

(a) Number of cases column only includes cases that were utilsed and closed during the financial year

(b) Number of cases column only includes cases that were cancelled during the financial year

Aneurin Bevan University LHB

FR 6 MS Totals 2022-23

	6872	20551	11521	13696	13788	47	67537	198719	91453	6199
Inside Agreement Process	WG Income	LHB Income	WHSSC Income	NHS Trust Income	SHA Income	WG Expenditure	LHB Expenditure	WHSSC Expenditure	NHS Trust Expenditure	SHA Expenditure
Account Total	6,872	20,551	11,521	13,696	13,788	47	67,537	198,719	91,453	6,199
Difference	0	0	0	0	0	0	0	0	0	0

Reconciliation details must be provided of any difference between TMS and accounts disclosures and submitted with the FR6.

Note 3 -LHB- Please provide split of expenditure to NHS Trusts/SHAs on reconciliation sheet

	31 March 2023 £000	31 March 2023 £000	31 March 2023 £000	31 March 2023 £000	31 March 2023 £000	31 March 2023 £000	31 March 2023 £000	31 March 2023 £000	31 March 2023 £000	31 March 2023 £000
3.1 Expenditure on Primary Healthcare Services										
Cash Limited										
General Medical Services	0	0	0	724	0	0	0	0	321	1780
Pharmaceutical Services	0	0	0	112	0	0	20	0	35	0
General Dental Services	0	0	0	839	0	0	0	0	0	0
General Ophthalmic Services	0	0	0	0	0	0	2	0	0	0
Other Primary Health Care expenditure	0	0	0	0	0	0	0	0	0	0
Prescribed drugs and appliances	0	0	0	1467	0	0	0	0	3	0
Total	0	0	0	3142	0	0	22	0	359	1780
Non Cash Limited										
General Medical Services	0	0	0	0	0	0	0	0	0	0
Pharmaceutical Services	0	0	0	0	0	0	0	0	0	0
General Dental Services	0	0	0	0	0	0	0	0	0	0
General Ophthalmic Services	0	0	0	0	0	0	0	0	0	0
Other Primary Health Care expenditure	0	0	0	0	0	0	0	0	0	0
Prescribed drugs and appliances	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
TOTAL										
General Medical Services	0	0	0	724	0	0	0	0	321	1780
Pharmaceutical Services	0	0	0	112	0	0	20	0	35	0
General Dental Services	0	0	0	839	0	0	0	0	0	0
General Ophthalmic Services	0	0	0	0	0	0	2	0	0	0
Other Primary Health Care expenditure	0	0	0	0	0	0	0	0	0	0
Prescribed drugs and appliances	0	0	0	1467	0	0	0	0	3	0
Total	0	0	0	3142	0	0	22	0	359	1780
3.2 Expenditure on healthcare from other providers										
Goods and services from other NHS Wales Health Boards	0	0	0	0	0	0	63968	0	0	0
Goods and services from other NHS Wales Trusts	0	0	0	0	0	0	0	0	43527	0
Goods and services from Welsh Special Health Authorities	0	0	0	0	0	0	0	198320	0	0
Goods and services from other non Welsh NHS bodies	0	0	0	0	0	0	0	0	0	0
Goods and services from WHSSC/EASC	0	0	0	0	0	0	0	0	0	0
Local Authorities	0	0	0	0	0	0	0	0	0	0
Voluntary organisations	0	0	0	0	0	0	0	0	0	0
NHS Funded Nursing Care	0	0	0	0	0	0	0	0	0	0
Continuing Care	0	0	0	0	0	0	0	0	0	0
Private providers	0	0	0	0	0	0	0	0	0	0
Specific projects funded by the Welsh Government	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	63968	198320	43527	0

3.3 Expenditure on Hospital and Community Health Services

Directors' costs	0	0	0	0	0	0	0	0	0	0
Operational Staff costs	0	0	0	0	0	39	961	30	31700	0
Single lead employer Staff Trainee Cost	0	0	0	0	0	0	0	0	0	0
Collaborative Bank Staff Cost	0	0	0	0	0	0	0	0	0	0
Supplies and services - clinical	0	0	0	0	0	0	1476	0	12513	1
Supplies and services - general	0	0	0	0	0	0	21	369	138	0
Consultancy Services	0	0	0	0	0	0	8	0	7	0
Establishment	0	0	0	0	0	0	313	0	1148	0
Transport	0	0	0	0	0	0	0	0	0	0
Premises	0	0	0	0	0	0	715	0	1539	4375
External Contractors	0	0	0	0	0	0	0	0	0	0
Depreciation	0	0	0	0	0	0	0	0	0	0
Depreciation RoU Asset	0	0	0	0	0	0	0	0	0	0
Amortisation	0	0	0	0	0	0	0	0	0	0
Fixed asset impairments and reversals (Property, plant & equipment)	0	0	0	0	0	0	0	0	0	0
Fixed asset impairments and reversals (RoU Assets)	0	0	0	0	0	0	0	0	0	0
Fixed asset impairments and reversals (Intangible assets)	0	0	0	0	0	0	0	0	0	0
Impairments & reversals of financial assets (by class)	0	0	0	0	0	0	0	0	0	0
Impairments and reversals of non-current assets held for sale	0	0	0	0	0	0	0	0	0	0
Audit fees	0	0	0	0	0	0	0	0	0	0
Other auditors' remuneration	0	0	0	0	0	0	0	0	0	0
Losses, special payments and irrecoverable debts										
Research and Development	0	0	0	0	0	0	0	0	0	0
Expense related to short-term leases	0	0	0	0	0	0	0	0	0	0
Expense related to low-value asset leases (excluding short-term leases)	0	0	0	0	0	0	0	0	0	0
Other operating expenses	0	0	0	0	0	8	53	0	522	43
Total	0	0	0	0	0	47	3547	399	47567	4419

4. Miscellaneous Income

Local Health Boards	0	20509	0	0	0	0	0	0	0	0
WHSSC/EASC	0	0	11521	0	0	0	0	0	0	0
NHS Wales trusts	0	0	0	10652	0	0	0	0	0	0
Welsh Special Health Authorities	0	0	0	0	13782	0	0	0	0	0
Foundation Trusts	0	0	0	0	0	0	0	0	0	0
Other NHS England bodies	0	0	0	0	0	0	0	0	0	0
Other NHS Bodies	0	0	0	0	0	0	0	0	0	0
Local authorities	0	0	0	0	0	0	0	0	0	0
Welsh Government	4622	0	0	0	0	0	0	0	0	0
Welsh Government Hosted bodies	0	0	0	0	0	0	0	0	0	0
Non NHS:	0	0	0	0	0	0	0	0	0	0
Prescription charge income	0	0	0	0	0	0	0	0	0	0
Dental fee income	0	0	0	0	0	0	0	0	0	0
Private patient income	0	0	0	0	0	0	0	0	0	0
Overseas patients (non-reciprocal)	0	0	0	0	0	0	0	0	0	0
Injury Costs Recovery (ICR) Scheme	0	0	0	0	0	0	0	0	0	0
Other income from activities	0	0	0	0	0	0	0	0	0	0
Patient transport services	0	0	0	0	0	0	0	0	0	0
Education, training and research	2040	0	0	0	0	0	0	0	0	0
Charitable and other contributions to expenditure										
Receipt of NWSSP Covid centrally purchased assets	0	0	0	0	0	0	0	0	0	0
Receipt of Covid centrally purchased assets from other organisations	0	0	0	0	0	0	0	0	0	0
Receipt of donated assets										

Receipt of Government granted assets										
Right of Use Grant (Peppercorn Lease)	0	0	0	0	0	0	0	0	0	0
Non-patient care income generation schemes	0	0	0	0	0	0	0	0	0	0
NWSSP	0	0	0	0	0	0	0	0	0	0
Deferred income released to revenue	0	0	0	0	0	0	0	0	0	0
Right of Use Asset Sub-leasing rental income	0	0	0	0	0	0	0	0	0	0
Contingent rental income from finance leases	0	0	0	0	0	0	0	0	0	0
Rental income from operating leases	0	0	0	0	0	0	0	0	0	0
Other income:										
Provision of laundry, pathology, payroll services	0	0	0	99	0	0	0	0	0	0
Accommodation and catering charges	0	0	0	10	0	0	0	0	0	0
Mortuary fees	0	0	0	0	0	0	0	0	0	0
Staff payments for use of cars	0	0	0	0	0	0	0	0	0	0
Business units	0	0	0	0	0	0	0	0	0	0
Scheme Pays Reimbursement Notional	0	0	0	0	0	0	0	0	0	0
Other	210	42	0	-207	6	0	0	0	0	0
Total	6872	20551	11521	10554	13788	0	0	0	0	0

Aneurin Bevan University LHB

FR 6

Notional Totals	**-615**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**963**	**0**
2022-23										
Outside Agreement Process	**WG**	**WG**	**WG**	**WG**	**WG**	**WG**	**LHB**	**WHSSC**	**NHS Trust**	**SHA**
Notional amounts	**Income**	**Income**	**Income**	**Income**	**Income**	**Expenditure**	**Expenditure**	**Expenditure**	**Expenditure**	**Expenditure**
Account Total	**(615)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**963**	**0**
Difference	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Reconciliation details must be provided of any difference between TMS and accounts disclosures and submitted with the FR6.

Note 3 -LHB- Please provide split of expenditure to NHS Trusts/SHAs on reconciliation sheet

3.1 Expenditure on Primary Healthcare Services										
Cash Limited										
General Medical Services	0	0	0	0	0	0	0	0	0	0
Pharmaceutical Services	0	0	0	0	0	0	0	0	0	0
General Dental Services	0	0	0	0	0	0	0	0	0	0
General Ophthalmic Services	0	0	0	0	0	0	0	0	0	0
Other Primary Health Care expenditure	0	0	0	0	0	0	0	0	0	0
Prescribed drugs and appliances	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
Non Cash Limited										
General Medical Services	0	0	0	0	0	0	0	0	0	0
Pharmaceutical Services	0	0	0	0	0	0	0	0	0	0
General Dental Services	0	0	0	0	0	0	0	0	0	0
General Ophthalmic Services	0	0	0	0	0	0	0	0	0	0
Other Primary Health Care expenditure	0	0	0	0	0	0	0	0	0	0
Prescribed drugs and appliances	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
TOTAL										
General Medical Services	0	0	0	0	0	0	0	0	0	0
Pharmaceutical Services	0	0	0	0	0	0	0	0	0	0
General Dental Services	0	0	0	0	0	0	0	0	0	0
General Ophthalmic Services	0	0	0	0	0	0	0	0	0	0
Other Primary Health Care expenditure	0	0	0	0	0	0	0	0	0	0
Prescribed drugs and appliances	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
3.2 Expenditure on healthcare from other providers										
Goods and services from other NHS Wales Health Boards	0	0	0	0	0	0	0	0	0	0
Goods and services from other NHS Wales Trusts	0	0	0	0	0	0	0	0	0	0
Goods and services from Welsh Special Health Authorities	0	0	0	0	0	0	0	0	0	0
Goods and services from other non Welsh NHS bodies	0	0	0	0	0	0	0	0	0	0
Goods and services from WHSSC/EASC	0	0	0	0	0	0	0	0	0	0
Local Authorities	0	0	0	0	0	0	0	0	0	0
Voluntary organisations	0	0	0	0	0	0	0	0	0	0
NHS Funded Nursing Care	0	0	0	0	0	0	0	0	0	0
Continuing Care	0	0	0	0	0	0	0	0	0	0
Private providers	0	0	0	0	0	0	0	0	0	0
Specific projects funded by the Welsh Government	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0

3.3 Expenditure on Hospital and Community Health Services

Directors' costs	0	0	0	0	0	0	0	0	0	0
Operational Staff costs	0	0	0	0	0	0	0	0	0	0
Single lead employer Staff Trainee Cost	0	0	0	0	0	0	0	0	963	0
Collaborative Bank Staff Cost	0	0	0	0	0	0	0	0	0	0
Supplies and services - clinical	0	0	0	0	0	0	0	0	0	0
Supplies and services - general	0	0	0	0	0	0	0	0	0	0
Consultancy Services	0	0	0	0	0	0	0	0	0	0
Establishment	0	0	0	0	0	0	0	0	0	0
Transport	0	0	0	0	0	0	0	0	0	0
Premises	0	0	0	0	0	0	0	0	0	0
External Contractors	0	0	0	0	0	0	0	0	0	0
Depreciation	0	0	0	0	0	0	0	0	0	0
Depreciation RoU Asset	0	0	0	0	0	0	0	0	0	0
Amortisation	0	0	0	0	0	0	0	0	0	0
Fixed asset impairments and reversals (Property, plant & equipment)	0	0	0	0	0	0	0	0	0	0
Fixed asset impairments and reversals (RoU Assets)	0	0	0	0	0	0	0	0	0	0
Fixed asset impairments and reversals (Intangible assets)	0	0	0	0	0	0	0	0	0	0
Impairments & reversals of financial assets (by class)	0	0	0	0	0	0	0	0	0	0
Impairments and reversals of non-current assets held for sale	0	0	0	0	0	0	0	0	0	0
Audit fees	0	0	0	0	0	0	0	0	0	0
Other auditors' remuneration	0	0	0	0	0	0	0	0	0	0
Losses, special payments and irrecoverable debts										
Research and Development	0	0	0	0	0	0	0	0	0	0
Expense related to short-term leases	0	0	0	0	0	0	0	0	0	0
Expense related to low-value asset leases (excluding short-term leases)	0	0	0	0	0	0	0	0	0	0
Other operating expenses	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	963	0

4. Miscellaneous Income

Local Health Boards	0	0	0	0	0	0	0	0	0	0
WHSSC/EASC	0	0	0	0	0	0	0	0	0	0
NHS Wales trusts	0	0	0	0	0	0	0	0	0	0
Welsh Special Health Authorities	0	0	0	0	0	0	0	0	0	0
Foundation Trusts	0	0	0	0	0	0	0	0	0	0
Other NHS England bodies	0	0	0	0	0	0	0	0	0	0
Other NHS Bodies	0	0	0	0	0	0	0	0	0	0
Local authorities	0	0	0	0	0	0	0	0	0	0
Welsh Government	0	0	0	0	0	0	0	0	0	0
Welsh Government Hosted bodies	0	0	0	0	0	0	0	0	0	0
Non NHS:	0	0	0	0	0	0	0	0	0	0
Prescription charge income	0	0	0	0	0	0	0	0	0	0
Dental fee income	0	0	0	0	0	0	0	0	0	0
Private patient income	0	0	0	0	0	0	0	0	0	0
Overseas patients (non-reciprocal)	0	0	0	0	0	0	0	0	0	0
Injury Costs Recovery (ICR) Scheme	0	0	0	0	0	0	0	0	0	0
Other income from activities	0	0	0	0	0	0	0	0	0	0
Patient transport services	0	0	0	0	0	0	0	0	0	0
Education, training and research	0	0	0	0	0	0	0	0	0	0
Charitable and other contributions to expenditure										
Receipt of NWSSP Covid centrally purchased assets	0	0	0	0	0	0	0	0	0	0
Receipt of Covid centrally purchased assets from other organisations	0	0	0	0	0	0	0	0	0	0
Receipt of donated assets										

Receipt of Government granted assets										
Right of Use Grant (Peppercorn Lease)	0	0	0	0	0	0	0	0	0	0
Non-patient care income generation schemes	0	0	0	0	0	0	0	0	0	0
NWSSP	0	0	0	0	0	0	0	0	0	0
Deferred income released to revenue	0	0	0	0	0	0	0	0	0	0
Right of Use Asset Sub-leasing rental income	0	0	0	0	0	0	0	0	0	0
Contingent rental income from finance leases	0	0	0	0	0	0	0	0	0	0
Rental income from operating leases	0	0	0	0	0	0	0	0	0	0
Other income:										
Provision of laundry, pathology, payroll services	0	0	0	0	0	0	0	0	0	0
Accommodation and catering charges	0	0	0	0	0	0	0	0	0	0
Mortuary fees	0	0	0	0	0	0	0	0	0	0
Staff payments for use of cars	0	0	0	0	0	0	0	0	0	0
Business units	0	0	0	0	0	0	0	0	0	0
Scheme Pays Reimbursement Notional	-615	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Total	-615	0	0	0	0	0	0	0	0	0

Aneurin Bevan University LHB

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2022-23

Inside Agreement Process

	MS Totals	1517	3176	1019	4310	29277	1011	44	3472	3125	6156	80
		CY	CY	CY	CY	CY	CY	CY	CY	CY	CY	CY
		WG	LHB	WHSSC	NHS Trust	WRP	SHA	WG	LHB	WHSSC	NHS Trust	SHA
		Debtor	Debtor	Debtor	Debtor	Debtor	Debtor	Creditor	Creditor	Creditor	Creditor	Creditor
	Account Tot	1,517	3,175	1,019	4,309	29,276	1,010	44	3,472	3,125	6,156	80
	Difference	0	1	0	1	1	1	0	0	0	0	0

Reconciliation details must be provided of any difference between TMS and accounts disclosures and submitted with the FR6.

	31 March 2023 £000	31 March 2023 £000	31 March 2023 £000	31 March 2023 £000	31 March 2023 £000	31 March 2023 £000	31 March 2023 £000	31 March 2023 £000	31 March 2023 £000	31 March 2023 £000	31 March 2023 £000
15. Trade and other receivables											
Current											
Welsh Government	1517	0	0	0	0	0	0	0	0	0	0
WHSSC /EASC	0	0	1019	0	0	0	0	0	0	0	0
Welsh Health Boards	0	3175	0	0	0	0	0	0	0	0	0
Welsh NHS Trusts	0	0	0	4309	0	0	0	0	0	0	0
Welsh Special Health Authorities	0	0	0	0	0	1010	0	0	0	0	0
Non - Welsh Trusts	0	0	0	0	0	0	0	0	0	0	0
Other NHS	0	0	0	0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0	0	0	0	0	0	0	0	0	0
Welsh Risk Pool Claim Reimbursements											
NHS Wales Secondary Health Sector	0	0	0	0	29002	0	0	0	0	0	0
NHS Wales Primary Sector FLS Reimbursement	0	0	0	0	7	0	0	0	0	0	0
NHS Wales Redress	0	0	0	0	267	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
Local Authorities	0	0	0	0	0	0	0	0	0	0	0
Capital debtors - Tangibles	0	0	0	0	0	0	0	0	0	0	0
Capital debtors - Intangibles	0	0	0	0	0	0	0	0	0	0	0
Other debtors	0	0	0	0	0	0	0	0	0	0	0
Provision for irrecoverable debts	0	0	0	0	0	0	0	0	0	0	0
Pension Prepayments NHS Pensions	0	0	0	0	0	0	0	0	0	0	0
Pension Prepayments NEST	0	0	0	0	0	0	0	0	0	0	0
Other prepayments	0	0	0	0	0	0	0	0	0	0	0
Other accrued income	0	0	0	0	0	0	0	0	0	0	0
Sub total	1517	3175	1019	4309	29276	1010	0	0	0	0	0
Non-current											
Welsh Government	0	0	0	0	0	0	0	0	0	0	0
WHSSC /EASC	0	0	0	0	0	0	0	0	0	0	0
Welsh Health Boards	0	0	0	0	0	0	0	0	0	0	0
Welsh NHS Trusts	0	0	0	0	0	0	0	0	0	0	0
Welsh Special Health Authorities	0	0	0	0	0	0	0	0	0	0	0
Non - Welsh Trusts	0	0	0	0	0	0	0	0	0	0	0
Other NHS	0	0	0	0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0	0	0	0	0	0	0	0	0	0
Welsh Risk Pool Claim Reimbursements											
NHS Wales Secondary Health Sector	0	0	0	0	0	0	0	0	0	0	0
NHS Wales Primary Sector FLS Reimbursement	0	0	0	0	0	0	0	0	0	0	0
NHS Wales Redress	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
Local Authorities	0	0	0	0	0	0	0	0	0	0	0
Capital debtors - Tangibles	0	0	0	0	0	0	0	0	0	0	0

Capital debtors - Intangibles	0	0	0	0	0	0	0	0	0	0	0	0
Other debtors	0	0	0	0	0	0	0	0	0	0	0	0
Provision for irrecoverable debts	0	0	0	0	0	0	0	0	0	0	0	0
Pension Prepayments NHS Pensions	0	0	0	0	0	0	0	0	0	0	0	0
Pension Prepayments NEST	0	0	0	0	0	0	0	0	0	0	0	0
Other prepayments	0	0	0	0	0	0	0	0	0	0	0	0
Other accrued income	0	0	0	0	0	0	0	0	0	0	0	0
Sub total	0	0	0	0	0	0	0	0	0	0	0	0
Total	1517	3175	1019	4309	29276	1010	0	0	0	0	0	0

18. Trade and other payables

Current											
Welsh Government	0	0	0	0	0	0	44	0	0	0	0
WHSSC /EASC	0	0	0	0	0	0	0	0	3125	0	0
Welsh Health Boards	0	0	0	0	0	0	0	3461	0	0	0
Welsh NHS Trusts	0	0	0	0	0	0	0	0	0	6088	0
Welsh Special Health Authorities	0	0	0	0	0	0	0	0	0	0	80
Other NHS	0	0	0	0	0	0	0	0	0	0	0
Taxation and social security payable / refunds	0	0	0	0	0	0	0	0	0	0	0
Refunds of taxation by HMRC	0	0	0	0	0	0	0	0	0	0	0
VAT payable to HMRC	0	0	0	0	0	0	0	0	0	0	0
Other taxes payable to HMRC	0	0	0	0	0	0	0	0	0	0	0
NI contributions payable to HMRC	0	0	0	0	0	0	0	0	0	0	0
Non-NHS Payables- Revenue	0	0	0	0	0	0	0	0	0	0	0
Local Authorities	0	0	0	0	0	0	0	0	0	0	0
Capital Creditors - Tangibles	0	0	0	0	0	0	0	11	0	68	0
Capital Creditors - Intangibles	0	0	0	0	0	0	0	0	0	0	0
Overdraft	0	0	0	0	0	0	0	0	0	0	0
Rentals due under operating leases	0	0	0	0	0	0	0	0	0	0	0
RoU Lease Liability	0	0	0	0	0	0	0	0	0	0	0
Obligations under finance leases, HP contracts	0	0	0	0	0	0	0	0	0	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0	0	0	0	0	0	0	0	0	0
Pensions: staff	0	0	0	0	0	0	0	0	0	0	0
Non NHS Accruals	0	0	0	0	0	0	0	0	0	0	0
Deferred Income:											
Deferred Income brought forward	0	0	0	0	0	0	0	0	0	0	0
Deferred Income Additions	0	0	0	0	0	0	0	0	0	0	0
Transfer to / from current/non current deferred income	0	0	0	0	0	0	0	0	0	0	0
Released to SoCNE	0	0	0	0	0	0	0	0	0	0	0
Other creditors	0	0	0	0	0	0	0	0	0	0	0
PFI assets – deferred credits	0	0	0	0	0	0	0	0	0	0	0
Payments on account	0	0	0	0	0	0	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**	**44**	**3472**	**3125**	**6156**	**80**
Non-current											
Welsh Government	0	0	0	0	0	0	0	0	0	0	0
WHSSC /EASC	0	0	0	0	0	0	0	0	0	0	0
Welsh Health Boards	0	0	0	0	0	0	0	0	0	0	0
Welsh NHS Trusts	0	0	0	0	0	0	0	0	0	0	0
Welsh Special Health Authorities	0	0	0	0	0	0	0	0	0	0	0
Other NHS	0	0	0	0	0	0	0	0	0	0	0
Taxation and social security payable / refunds	0	0	0	0	0	0	0	0	0	0	0
Refunds of taxation by HMRC	0	0	0	0	0	0	0	0	0	0	0
VAT payable to HMRC	0	0	0	0	0	0	0	0	0	0	0
Other taxes payable to HMRC	0	0	0	0	0	0	0	0	0	0	0
NI contributions payable to HMRC	0	0	0	0	0	0	0	0	0	0	0
Non-NHS payables - Revenue	0	0	0	0	0	0	0	0	0	0	0
Local Authorities	0	0	0	0	0	0	0	0	0	0	0
Capital Creditors - Tangibles	0	0	0	0	0	0	0	0	0	0	0
Capital Creditors - Intangibles	0	0	0	0	0	0	0	0	0	0	0
Overdraft	0	0	0	0	0	0	0	0	0	0	0
Rentals due under operating leases	0	0	0	0	0	0	0	0	0	0	0
RoU Lease Liability	0	0	0	0	0	0	0	0	0	0	0

Obligations under finance leases, HP contracts	0	0	0	0	0	0	0	0	0	0	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0	0	0	0	0	0	0	0	0	0	0
Pensions: staff	0	0	0	0	0	0	0	0	0	0	0	0
Non NHS Accruals	0	0	0	0	0	0	0	0	0	0	0	0
Deferred Income:												
Deferred Income brought forward	0	0	0	0	0	0	0	0	0	0	0	0
Deferred Income Additions	0	0	0	0	0	0	0	0	0	0	0	0
Transfer to / from current/non current deferred income	0	0	0	0	0	0	0	0	0	0	0	0
Released to SoCNE	0	0	0	0	0	0	0	0	0	0	0	0
Other creditors	0	0	0	0	0	0	0	0	0	0	0	0
PFI assets –deferred credits	0	0	0	0	0	0	0	0	0	0	0	0
Payments on account	0	0	0	0	0	0	0	0	0	0	0	0
Sub-total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**44**	**3472**	**3125**	**6156**	**80**	

Aneurin Bevan University LHB

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Notional Totals	**LMS Totals**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
2022-23		**CY WG Debtor**	**CY LHB Debtor**	**CY WHSSC Debtor**	**CY NHS Trust Debtor**	**CY WRP Debtor**	**CY SHA Debtor**	**CY WG Creditor**	**CY LHB Creditor**	**CY WHSSC Creditor**	**CY NHS Trust Creditor**	**CY SHA Creditor**
Outside Agreement Process	**Account Tot**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Notional amounts	**Difference**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Reconciliation details must be provided of any difference between TMS and accounts disclosures and submitted with the FR6.

	31 March 2022 £000	31 March 2022 £000	31 March 2022 £000	31 March 2022 £000	31 March 2022 £000	31 March 2022 £000	31 March 2022 £000	31 March 2022 £000	31 March 2022 £000	31 March 2022 £000	31 March 2022 £000
15. Trade and other receivables											
Current											
Welsh Government	0	0	0	0	0	0	0	0	0	0	0
WHSSC /EASC	0	0	0	0	0	0	0	0	0	0	0
Welsh Health Boards	0	0	0	0	0	0	0	0	0	0	0
Welsh NHS Trusts	0	0	0	0	0	0	0	0	0	0	0
Welsh Special Health Authorities	0	0	0	0	0	0	0	0	0	0	0
Non - Welsh Trusts	0	0	0	0	0	0	0	0	0	0	0
Other NHS	0	0	0	0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0	0	0	0	0	0	0	0	0	0
Welsh Risk Pool Claim Reimbursements											
NHS Wales Secondary Health Sector	0	0	0	0	0	0	0	0	0	0	0
NHS Wales Primary Sector FLS Reimbursement	0	0	0	0	0	0	0	0	0	0	0
NHS Wales Redress	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
Local Authorities	0	0	0	0	0	0	0	0	0	0	0
Capital debtors - Tangibles	0	0	0	0	0	0	0	0	0	0	0
Capital debtors - Intangibles	0	0	0	0	0	0	0	0	0	0	0
Other debtors	0	0	0	0	0	0	0	0	0	0	0
Provision for irrecoverable debts	0	0	0	0	0	0	0	0	0	0	0
Pension Prepayments NHS Pensions	0	0	0	0	0	0	0	0	0	0	0
Pension Prepayments NEST	0	0	0	0	0	0	0	0	0	0	0
Other prepayments	0	0	0	0	0	0	0	0	0	0	0
Other accrued income	0	0	0	0	0	0	0	0	0	0	0
Sub total	0	0	0	0	0	0	0	0	0	0	0
Non-current											
Welsh Government	0	0	0	0	0	0	0	0	0	0	0
WHSSC /EASC	0	0	0	0	0	0	0	0	0	0	0
Welsh Health Boards	0	0	0	0	0	0	0	0	0	0	0
Welsh NHS Trusts	0	0	0	0	0	0	0	0	0	0	0
Welsh Special Health Authorities	0	0	0	0	0	0	0	0	0	0	0
Non - Welsh Trusts	0	0	0	0	0	0	0	0	0	0	0
Other NHS	0	0	0	0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0	0	0	0	0	0	0	0	0	0
Welsh Risk Pool Claim Reimbursements											
NHS Wales Secondary Health Sector	0	0	0	0	0	0	0	0	0	0	0
NHS Wales Primary Sector FLS Reimbursement	0	0	0	0	0	0	0	0	0	0	0
NHS Wales Redress	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
Local Authorities	0	0	0	0	0	0	0	0	0	0	0
Capital debtors - Tangibles	0	0	0	0	0	0	0	0	0	0	0

Capital debtors - Intangibles	0	0	0	0	0	0	0	0	0	0	0	0
Other debtors	0	0	0	0	0	0	0	0	0	0	0	0
Provision for irrecoverable debts	0	0	0	0	0	0	0	0	0	0	0	0
Pension Prepayments NHS Pensions	0	0	0	0	0	0	0	0	0	0	0	0
Pension Prepayments NEST	0	0	0	0	0	0	0	0	0	0	0	0
Other prepayments	0	0	0	0	0	0	0	0	0	0	0	0
Other accrued income	0	0	0	0	0	0	0	0	0	0	0	0
Sub total	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0

18. Trade and other payables

Current											
Welsh Government	0	0	0	0	0	0	0	0	0	0	0
WHSSC /EASC	0	0	0	0	0	0	0	0	0	0	0
Welsh Health Boards	0	0	0	0	0	0	0	0	0	0	0
Welsh NHS Trusts	0	0	0	0	0	0	0	0	0	0	0
Welsh Special Health Authorities	0	0	0	0	0	0	0	0	0	0	0
Other NHS	0	0	0	0	0	0	0	0	0	0	0
Taxation and social security payable / refunds	0	0	0	0	0	0	0	0	0	0	0
Refunds of taxation by HMRC	0	0	0	0	0	0	0	0	0	0	0
VAT payable to HMRC	0	0	0	0	0	0	0	0	0	0	0
Other taxes payable to HMRC	0	0	0	0	0	0	0	0	0	0	0
NI contributions payable to HMRC	0	0	0	0	0	0	0	0	0	0	0
Non-NHS Payables- Revenue	0	0	0	0	0	0	0	0	0	0	0
Local Authorities	0	0	0	0	0	0	0	0	0	0	0
Capital Creditors - Tangibles	0	0	0	0	0	0	0	0	0	0	0
Capital Creditors - Intangibles	0	0	0	0	0	0	0	0	0	0	0
Overdraft	0	0	0	0	0	0	0	0	0	0	0
Rentals due under operating leases	0	0	0	0	0	0	0	0	0	0	0
RoU Lease Liability	0	0	0	0	0	0	0	0	0	0	0
Obligations under finance leases, HP contracts	0	0	0	0	0	0	0	0	0	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0	0	0	0	0	0	0	0	0	0
Pensions: staff	0	0	0	0	0	0	0	0	0	0	0
Non NHS Accruals	0	0	0	0	0	0	0	0	0	0	0
Deferred Income:											
Deferred Income brought forward	0	0	0	0	0	0	0	0	0	0	0
Deferred Income Additions	0	0	0	0	0	0	0	0	0	0	0
Transfer to / from current/non current deferred income	0	0	0	0	0	0	0	0	0	0	0
Released to SoCNE	0	0	0	0	0	0	0	0	0	0	0
Other creditors	0	0	0	0	0	0	0	0	0	0	0
PFI assets – deferred credits	0	0	0	0	0	0	0	0	0	0	0
Payments on account	0	0	0	0	0	0	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Non-current											
Welsh Government	0	0	0	0	0	0	0	0	0	0	0
WHSSC /EASC	0	0	0	0	0	0	0	0	0	0	0
Welsh Health Boards	0	0	0	0	0	0	0	0	0	0	0
Welsh NHS Trusts	0	0	0	0	0	0	0	0	0	0	0
Welsh Special Health Authorities	0	0	0	0	0	0	0	0	0	0	0
Other NHS	0	0	0	0	0	0	0	0	0	0	0
Taxation and social security payable / refunds	0	0	0	0	0	0	0	0	0	0	0
Refunds of taxation by HMRC	0	0	0	0	0	0	0	0	0	0	0
VAT payable to HMRC	0	0	0	0	0	0	0	0	0	0	0
Other taxes payable to HMRC	0	0	0	0	0	0	0	0	0	0	0
NI contributions payable to HMRC	0	0	0	0	0	0	0	0	0	0	0
Non-NHS payables - Revenue	0	0	0	0	0	0	0	0	0	0	0
Local Authorities	0	0	0	0	0	0	0	0	0	0	0
Capital Creditors - Tangibles	0	0	0	0	0	0	0	0	0	0	0
Capital Creditors - Intangibles	0	0	0	0	0	0	0	0	0	0	0
Overdraft	0	0	0	0	0	0	0	0	0	0	0
Rentals due under operating leases	0	0	0	0	0	0	0	0	0	0	0
RoU Lease Liability	0	0	0	0	0	0	0	0	0	0	0

Obligations under finance leases, HP contracts	0	0	0	0	0	0	0	0	0	0	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0	0	0	0	0	0	0	0	0	0	0
Pensions: staff	0	0	0	0	0	0	0	0	0	0	0	0
Non NHS Accruals	0	0	0	0	0	0	0	0	0	0	0	0
Deferred Income:												
Deferred Income brought forward	0	0	0	0	0	0	0	0	0	0	0	0
Deferred Income Additions	0	0	0	0	0	0	0	0	0	0	0	0
Transfer to / from current/non current deferred income	0	0	0	0	0	0	0	0	0	0	0	0
Released to SoCNE	0	0	0	0	0	0	0	0	0	0	0	0
Other creditors	0	0	0	0	0	0	0	0	0	0	0	0
PFI assets –deferred credits	0	0	0	0	0	0	0	0	0	0	0	0
Payments on account	0	0	0	0	0	0	0	0	0	0	0	0
Sub-total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

ABUHB 2022-23

FR 7 Analysis of impairments and reversals recognised in 2022-23

	2022-23 Total £000
Property, Plant and Equipment impairments and reversals taken to SoCNE/SoCI	
Loss or damage resulting from normal operations	0
Over-specification of assets	0
Abandonment of assets in the course of construction	0
Total charged to Departmental Expenditure Limit	0
Unforeseen obsolescence	0
Loss as a result of catastrophe	0
Other	-19470
Changes in market price	0
Total charged to Annually Managed Expenditure	-19470
Property, Plant and Equipment impairments and reversals charged to the revaluation reserve	
Loss or damage resulting from normal operations	0
Over Specification of Assets	0
Abandonment of assets in the course of construction	0
Unforeseen obsolescence	0
Loss as a result of catastrophe	0
Other	3548
Changes in market price	0
Total impairments for PPE charged to reserves	3548
Total Impairments of Property, Plant and Equipment	-15922
Right of Use (ROU) assets impairments and reversals charged to SoCNE/SoCI	
Loss or damage resulting from normal operations	0
Over-specification of assets	0
Abandonment of assets in the course of construction	0
Total charged to Departmental Expenditure Limit	0
Unforeseen obsolescence	0
Loss as a result of catastrophe	0
Other	0
Changes in market price	0
Total charged to Annually Managed Expenditure	0
ROU assets impairments and reversals charged to the Revaluation Reserve	
Loss or damage resulting from normal operations	0
Over-specification of assets	0
Abandonment of assets in the course of construction	0
Unforeseen obsolescence	0
Loss as a result of catastrophe	0
Other	0
Changes in market price	0
Total impairments for ROU assets charged to Reserves	0

Intangible assets impairments and reversals charged to SoCNE/SoCI	
Loss or damage resulting from normal operations	0
Over-specification of assets	0
Abandonment of assets in the course of construction	0
Total charged to Departmental Expenditure Limit	0
Unforeseen obsolescence	0
Loss as a result of catastrophe	0
Other	0
Changes in market price	0
Total charged to Annually Managed Expenditure	0
Intangible Assets impairments and reversals charged to the Revaluation Reserve	
Loss or damage resulting from normal operations	0
Over-specification of assets	0
Abandonment of assets in the course of construction	0
Unforeseen obsolescence	0
Loss as a result of catastrophe	0
Other	0
Changes in market price	0
Total impairments for Intangible Assets charged to Reserves	0
Total Impairments of Intangibles	0
Financial Assets charged to SoCNE/SoCI	
Loss or damage resulting from normal operations	0
Total charged to Departmental Expenditure Limit	0
Loss as a result of catastrophe	0
Other	0
Total charged to Annually Managed Expenditure	0
Financial Assets impairments and reversals charged to the Revaluation Reserve	
Loss or damage resulting from normal operations	0
Loss as a result of catastrophe	0
Other	0
TOTAL impairments for Financial Assets charged to reserves	0
Total Impairments of Financial Assets	0
Non-current assets held for sale - impairments and reversals charged to SoCNE/SoCI.	
Loss or damage resulting from normal operations	0
Abandonment of assets in the course of construction	0
Total charged to Departmental Expenditure Limit	0
Unforeseen obsolescence	0
Loss as a result of catastrophe	0
Other	0
Changes in market price	0
Total charged to Annually Managed Expenditure	0

Total impairments of non-current assets held for sale	0
Investment Property impairments charged to SoCNE/SoCI	
Loss as a result of catastrophe	0
Other	0
Changes in market price	0
Total charged to Annually Managed Expenditure	0
Total Investment Property impairments charged to SoCNE/SoCI	0
Total Impairments charged to Revaluation Reserve	**3548**
Total Impairments charged to SoCI - DEL	**0**
Total Impairments charged to SoCI - AME	**-19470**
Overall Total Impairments	**-15922**
Of which:	
Impairment on revaluation to "modern equivalent asset" basis	0
Donated and Gov Granted Assets, included above	
Donated Asset Impairments: amount charged to SoCNE/SoCI - DEL	0
Donated Asset Impairments: amount charged to SoCNE/SoCI - AME	0
Donated Asset Impairments: amount charged to revaluation reserve	0
Total Donated Asset Impairments	0
Government Granted Asset Impairments: amount charged to SoCNE/SoCI - DEL	0
Government Granted Asset Impairments: amount charged to SoCNE/SoCI - AME	0
Government Granted Asset Impairments: amount charged to revaluation reserve	0
Total Gov Granted asset Impairments.	0
TOTAL DONATED/GOVERNMENT GRANTED ASSET IMPAIRMENTS	0

The impairment losses disclosed as 'other ' above compromise :	
Impairments:	
Quinquennial District Valuer Revaluation Exercise	3,760
Indexation - Land	2,397
SDEC, Grange University Hospital	3,429
SRU Enabling Ante Natal, NHH	454
CAEU, Grange University Hospital	379
Ward B6, RGH	138
Reversals of Impairment:	
Quinquennial District Valuer Revaluation Exercise	-11,793
Grange University Hospital	-12,471
Ysbyty Aneurin Bevan	-1,789
St Cadocs	-143
Llanfrechfa Grange	-104
Royal Gwent	-70
Neville Hall	-62
Various Community Sites	-47
	-15922

The balance comprises:

Aneurin Bevan University LHB 2022-23
FR 9 NHS Wales FHoT Extract for Welsh Government

Please check and confirm that the LHB Charity does not have any leases that if accounted for under the FReM would fall within the scope of IFRS 16.

Confirmed **Yes**

SoFA Extract for Welsh Government

	@ 31 March 2023	@ 31 March 2022
	£000	£000
Total incoming resources	**1,144**	981
Total resources (expended)	**- 1,048**	- 930
Net incoming/(outgoing) resources	**96**	51
Gross transfers between funds	**-**	-
Other recognised gains and (losses)	**- 370**	577
Net movement in funds	**- 274**	628

Balance Sheet Extract for Welsh Government

Fixed assets	**2022-23**	2021-22
Tangible Assets	**-**	-
Investments	**5,457**	5,827
Total fixed assets	**5,457**	5,827
Current assets		
Debtors	**206**	204
Investments	**-**	-
Cash at bank and in hand	**527**	373
Prepayments	**22**	27
Total current assets	**755**	604
(Liabilities)		
Current		
Creditors: Amounts falling due within one year	**- 442**	- 387
Current Provisions for liabilities and charges	**-**	-
Total current liabilities	**- 442**	- 387
Net current assets / (liabilities)	**313**	217
Total assets less current liabilities	**5,770**	6,044
Non Current		
Creditors: Amounts falling due greater than one year	**-**	-
Non Current Provisions for liabilities and charges	**-**	-
Total non-current liabilities	**-**	-
Total net assets	**5,770**	6,044

X check -

Statement of Cash Flows

	2022-23 Total Funds £000	2021-22 Total Funds £000
Cash flows from operating activities:		
Net cash provided by (used in) operating activities	- 46	- 52
Cash flows from investing activities:		
Dividend, interest and rents from investments	200	187
Proceeds from the sale of investments	-	-
Purchase of investments	-	-
(Increase) / decrease in cash awaiting investment	-	-
Net cash provided by (used in) investing activities	200	187
Change in cash and cash equivalents in the Reporting Period	154	135
Cash and cash equivalents at the beginning of the Reporting Period	373	238
Cash and cash equivalents at the end of the Reporting Period	527	373

Note

1. X check value must = 0

The FR 9 return has been signed as properly prepared by the LHB Director of Finance, in lieu of formal certified accounts for the funds held on trust. Formal accounts supporting the returns will be subject to independent audit certification during autumn 2023.

Director of Finance Signature Date

Anuerin Bevan University Local Health Board 2022-23 WGA Additional Requirements

This return is required for WGA in a different format to what has been presented in your Annual accounts. Please ensure that the figures on this return match your Annual accounts.
Please complete the blue cells

WGA Input Sheet (All entries must be in round £000 unless otherwise stated)

		2022-23
		£000
1	**Sales of Goods and Services and Other Operating Income (remember to enter negative numbers)**	
	Recovery of Secondee costs	-2,354
	Revenue from Contracts with customers (IFRS15)	0
	PFI Grant Income from Central Gov	0
2	**Operating Costs for the Year Ended (remember to enter positive numbers)**	
	Business rates	5,797
3	**Property, plant & equipment (remember to enter positive numbers)**	
	Payments on account & assets under construction	
	Additions - dwellings (improvements, acquisitions & new construction)	0
	Additions - buildings (improvements, acquisitions & new construction)	22,262
	Additions - land (improvements & acquisitions)	0
	Additions - plant, machinery & equipment (new construction)	0
4	**Total Receivables (remember to enter positive numbers)**	
	External outside WGA boundary trade and other receivables (net of any impairment allowance) at	
	Carrying Amount	179,046
	Fair Value	0
	Contract Receivables IFRS15 (Current)	0
	Contract Receivables IFRS15 (Non-Current)	0
	Contract Assets IFRS15 (Current)	0
	Contract Assets IFRS15 (Non-Current)	0

Significant changes in the contract assets and the contract liabilities balance during the period are as follows	Assets	Liabilities
Contract assets/liabilities at the beginning of the period	0	0
Increases/decreases due to cash received/paid	0	0
Transfers from contract assets/liabilities to receivables/payables	0	0
Changes in the measure of progress	0	0
Contract assets/liabilities at the end of the period	0	0

5	**Trade and other payables at the SoFP date (remember to enter negative numbers)**	
	Contract Payables IFRS15 (Current)	0
	Contract Payables IFRS15 (Non Current)	0
	External outside WGA boundary financial liabilities at amortised cost at	
	Carrying Amount	-186,004
	Fair Value	0
6	**Financial assets (remember to enter positive numbers)**	

Total Financial Assets

Analysis of **External (External Outside of WGA boundary)** element of other financial assets required, only complete if you have external balances for current loans or current deposits

Exernal Balances table

Categorisation of Assets for Current Deposits and Current Loans ONLY	FVPL 31 March 2022 £'000	FVOCI 31 March 2022 £'000	TOTAL 31 March 2022 £'000
Current Deposits- Designated	0	0	0
Current Deposits- Initial Recognition	0	0	0
Current Loans- Designated	0	0	0
Current Loans- Initial Recognition	0	0	0

7 Other Current Financial Assets	External - Outside WGA Boundary £000	Internal - Inside WGA Boundary £000	Total £000
Shares and equity type investments	0	0	0
Deposits	0	0	0
Loans	34	0	34
Derivatives	0	0	0
Other	24	0	24
Total	**58**	**0**	**58**
Fair Value of External Other Current Financial Assets	0	0	**0**

Other Non-Current Financial Assets	£000	£000	£000
Shares and equity type investments	0	0	0
Deposits	0	0	0
Loans	487	0	487
Derivatives	0	0	0
Other	239	0	239
Total	**726**	**0**	**726**
Fair Value of External Other Non-Current Financial Assets	0	0	**0**

8 Total Financial Liabilities	£000
Analysis of external element of other financial assets required	**0**

Other Current Financial Liabilities	External - Outside WGA Boundary £000	Internal - Inside WGA Boundary £000	Total £000
Financial guarantees	0	0	0
Derivatives	0	0	0
Other	0	0	0
Total	0	**0**	**0**
Fair Value of External Other Current Financial Liabilities	0	0	**0**

Other Non-Current Financial Liabilities	£000	£000	
Financial guarantees	0	0	0
Derivatives	0	0	0
Other	0	0	0
Total	**0**	**0**	**0**
Fair Value of External Other Non Current Financial Liabilities	0	0	**0**

8 Financial instruments Please provide additional information on Financial instruments risk worksheet if you answer yes to Questions 1-5

Were your total financial assets or total financial liabilities at 31 March greater than £50m and:	yes
(1) did you need to disclose "Credit Risk" as a material risk in your accounts	no
If "Yes" Are there any identified expected credit losses impacting the financial assets held at amortised cost?	
(2) did you need to disclose "Liquidity Risk" as a material risk in your accounts	no
(3) did you need to disclose "Interest Rate Risk" as a material risk in your accounts	no
(4) did you need to disclose "Foreign-exchange Rate Risk" as a material risk in your accounts	no
(5) did you need to disclose "Market Price Risk" as a material risk in your accounts	no

ECL assts held at amortised cost table

Financial Assets- expected credit loss for assets held at amortised cost Identify expected credit loss Impacting financial assets held at amortised cost, split between the categories shown Enter negative balances for amounts external to the WGA boundary only	Gross Financial Assets	ECL STAGE 1 where loss allowance = 12 month ECL	ECL STAGE 2 where loss allowance = lifetime expected loss, as credit risk > significantly	ECL STAGE 3 where loss allowance = lifetime expected loss, as asset now credit impaired	paragraph 5.5.15 &Simplified impairment rule	Net Financial Assets
	£'000	£'000	£'000	£'000	£'000	£'000
Trade and Other Receivables	0	0	0	0	-1763	**0**
Loans held at amortised cost	0	0	0	0	0	**0**
Total financial assets	0	0	0	0	-1763	0

9 Inventories

	Goods for Resale & Finished Goods £000	Raw Materials & Consumables £000	Total
Carried forward at 31 March (as shown in last year's accounts)	0	8,726	**8,726**
Adjustment	0	0	**0**
Restated balance	0	8,726	**8,726**
Balance brought forward at 1 April	0	8,726	**8,726**
Additions	0	850	**850**
Disposals	0	0	**0**
Impairment	0	0	**0**
Revaluation	0	0	**0**
Reclassification	0	0	**0**
At 31 March	**0**	**9,576**	**9,576**
			0

10 Cash balances & cash equivalents

	External - Outside WGA Boundary £000	Internal - Inside WGA Boundary £000	Total £000
Liquid deposits - definition short term investments that mature within 3 months	0	0	**0**

Other additional information

11 Please answer all five questions.

Adjusting Post Balance Sheet Events > than £100m?	no	
Non-adjusting Post Balance Sheet Events > than £100m?	no	
What accounting policies have you adopted during the year?	FReM	
Did you have to disclose in your accounts any deviations from the accounting policies you have adopted?	no	If 'Yes please provide details of the deviations below
Were your statutory accounts for the current year qualified? (Please select one of the below)		
Audit opinion of st. Accounts - unqualified opinion (yes=1; No=0)		
Audit opinion of st. Accounts - qualified except for opinion. Limitation of scope. (yes=1; No=0)		
Audit opinion of st. Accounts - qualified except for opinion. Disagreement. (yes=1; No=0)		
Audit opinion of st. Accounts - adverse opinion (yes=1; No=0)		
Audit opinion of st. Accounts - disclaimer of opinion (yes=1; No=0)		If you answer YES please provide details of the qualification
Has notional income/expenditure been reversed?	no	
Are all provisions charged to I&E?	yes	
Note WG should be notified of any local restatements before accounts are submitted at unaudited stage		
Have any prior year figures restated impacted on primary statements?	no	If yes please list categories restated

Central /Local restatement	Primary Statement	Category	Amount £000		Reason
			Restated	As previously stated	Accounting Policy/ Machinery of Government /Other

12 Other contractually binding commitments

Record any other non-cancellable contracts that are not leases, PFI contracts or capital contracts.
Enter the total payments committed, analysed on a cash flow basis.

	£'000
Total payments due within one year	0
Total payments due between 1 to 5 years	0
Total payment due after 5 years	0
Total Commitments	0

ABUHB

Funding Streams for Current Year Provisions
Consolidated

	At 1 April 2022	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer of provisions between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2023
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current									
Funded by AME	89	0	0	0	-14	0	0	0	75
Funded by DEL	63194	-16033	-9092	53710	46489	-14334	-36792	63	87205
Total	**63283**	**-16033**	**-9092**	**53710**	**46475**	**-14334**	**-36792**	**63**	**87280**
Non-Current									
Funded by AME	405	0	0	0	136	-97	-93	0	351
Funded by DEL	132019	0	0	-53710	5561	-1011	-2079	55	80835
Total	**132424**	**0**	**0**	**-53710**	**5697**	**-1108**	**-2172**	**55**	**81186**
TOTAL									
Funded by AME	494	0	0	0	122	-97	-93	0	426
Funded by DEL	195213	-16033	-9092	0	52050	-15345	-38871	118	168040
Total	**195707**	**-16033**	**-9092**	**0**	**52172**	**-15442**	**-38964**	**118**	**168466**

AME Annually Managed Expenditure
DEL Delegated Expenditure Limit

Cash /Non Cash Spilt of Assets Debited / Credited to Expenditure / Revenue

	Cash Backed transaction £000	Non-Cash backed transaction £000	Total £000
NWSSP Covid assets issued debited to expenditure	0	0	**0**
Covid assets received credited to revenue	0	0	**0**
Donated assets received credited to revenue	0	210	**210**
Government Grant assets received credited to revenue	62	0	**62**
Right of Use Grant (Peppercorn Lease) credited to revenue	0	17	**17**
Total Credited to Revenue	**62**	**227**	**289**

Where your organisation is acting as an agent for another Wales NHS Body(ies) and **Not** netting off the transactions in your accounts please give details.
Example of such transactions -drug rebates

NHS Body (AGENT)	AGENT acting on behalf of:	Amount	Capital/Revenue	brief description of agency transaction	any other information
NWSSP - Velindre	ABUHB	£6,313,769.18	Revenue	Drug rebates received by NWSSP on behalf of ABUHB	Invoices raised to NWSSP by ABUHB for reimbursement of drug rebates received by NWSSP from the pharmaceutical companies. Currently the income is not netted off the expenditure in the HB accounts

IFRS 16 Right of Use (RoU) Assets Impact

	As reported in 2021-22 Accounts £000 AB 23,147	Opening Transitioning Value Forecast in 2021-22	Opening Transitioning Value as at 1 April 2022	Difference
		£000	£000	£000
Total		**23147**	**24663**	-1515
Lease Identification				
Aberbeeg Medical Centre, The Square, Woodland Terrace, Ab		339	339	0
Blaenavon Primary Care Resource Centre, Tonmawr Road, Bl		1532	1596	-64
Ebbw Vale Health Centre, Bridge Street, Ebbw Vale, NP23 6E		11	11	0
Gelligaer Surgery, Heol Hen Ysgol, Gelligaer, CF82		219	225	-5
Llanarth House		490	556	-65
Mamhilad House - Block A, 1st Floor North		36	48	-12
Mamhilad House - Block A, Ground Floor North		103	107	-4
Mamhilad House - Block B, Ground Floor South		138	145	-6
Mamhilad House - Block C, 2nd Floor North & South		264	275	-12
Brecon House - 2nd Floor		43	57	-14
Cwmbran House		210	238	-29
Nantgarw Road Medical Centre		140	155	-14
Bargoed Clinic - Oldway House		673	1038	-365
Park Square Multi Storey Car Park		622	621	1
Raglan House - Suite 11, Ground Floor		5	10	-5
Raglan House - Unit 2		5	10	-5
Red Dragon Court - Suite 7		16	22	-6
Rhymney Integrated Health & Social Care - LHB Space		2629	2794	-166
Rhymney Integrated Health & Social Care - Dentistry		276	287	-11
Rhymney Integrated Health & Social Care - Optometry		273	293	-21
Unit 2 Austin Friars		25	30	-5
Brynmawr Medical Practice - Brynmawr Wellbeing Centre - LHI		879	896	-18
Brynmawr Medical Practice - Brynmawr Wellbeing Centre - GM		2967	3026	-59
Crumlin Health Centre - Design to Smile		139	149	-10
Crisis House, Welland Crescent		55	72	-17
Kingsway Car Park		622	621	1
Llanhilleth Miners Institute		27	27	0
Caerleon House, Cleppa Park		617	0	617
Markham Medical Centre		154	221	-67
Online House		550	630	-80
Chepstow Community Hospital		205	155	50
Monnow Vale Health & Social Care Facility		233	600	-367
Always HC		46	47	-1
Bettws HC		317	0	317
19 Bridge Street		0	35	-35
13 Clytha Square		0	28	-28
Bryntirion Surgery		0	786	-786
Chrystal Werfen Blood Gas Monitoring		86	86	0
Biochemistry MSC - Siemans Healthcare Diagnostics Ltd		2978	2978	0
PACS Radiology MSC		944	919	25
GP IM&T		241	223	17
Sysmex - Haematology MSC		385	385	0
Chrystal - Blood Glucose & Keytones		135	147	-12
NHH Honeywell Energy Management Scheme (currently off bal		3273	3413	-140
Vehicle Leases		246	360	-115

2022-23
Month 12

MEMORANDUM STATEMENTS

	Creditors (Due to) Total £000	Creditors (Due to) Of which over 12 months £000	Debtors (Due from) Total £000	Debtors (Due from) Of which over 12 months £000	Expenditure (Due to) Total £000	Income (Due from) Total £000
Summary Sheet:						
Welsh Government	44	0	1,517	0	47	1,674,082
Welsh local health boards	3,461	0	3,176	0	67,526	20,551
Welsh NHS Trusts	6,088	0	33,587	0	91,385	13,696
Special Health Authorities (HEIW and DHCW)	80	0	1,011	0	6,199	13,788
WHSSC	3,125	0	1,019	0	198,719	11,521
All English health bodies	4,491	1,321	287	0	15,186	0
All N. Ireland health bodies	14	2	0	0	48	0
All Scottish health bodies	52	0	29	0	111	0
Miscellaneous	0	0	0	0	0	0
Credit note provision	0	0	0	0	0	0
Sub total	17,355	1,323	40,626	0	379,221	1,733,638
Other Central Government Bodies						
Other Government Departments*	6,300	75	170	0	70,984	1,999
Revenue & Customs	6,100	0	0	0	59,535	0
Local Authorities	27,058	486	9,786	0	56,442	18,106
Welsh Government Hosted Bodies	0	0	0	0	0	0
Balances with Public Corporations and trading funds	0	0	0	0	0	0
Balances with bodies external to Government	186,004	0	179,046	0	1,219,065	29,816
TOTAL	242,817	1,884	229,628	0	1,785,247	1,783,559

*** Other Government Departments with Balances > £1,000k**

NHS Supply Chain					8,107	
NHS Business Services Authority	5,201				62,669	
Department of Work and Pensions						1,273

Month 12

MEMORANDUM STATEMENTS

2022-23

Please complete in round £000s not decimals of £000s

Refer to Guidance Tab before entering transactions into this section

	Creditors (Due to) Total £000 Revenue	Creditors (Due to) Of which over 12 months £000 Revenue	Debtors (Due from) Total £000 Revenue	Debtors (Due from) Of which over 12 months £000 Revenue	Creditors (Due to) Total £000 Capital	Creditors (Due to) Of which over 12 months £000 Capital	Debtors (Due from) Total £000 Capital	Debtors (Due from) Of which over 12 months £000 Capital	Reason	Combination expenditure split Expenditure Agent	Expenditure Recharge	Expenditure Secondment
Balances with Welsh Local Health Boards												
Aneurin Bevan	0	0	0	0	0	0	0	0		0	0	0
Betsi Cadwaladwr LHB	727	0	2	0	0	0	0	0		0	0	0
Cardiff and Vale	1,266	0	807	0	11	0	0	0		11	0	0
Cwm Taf Morgannwg	475	0	306	0	0	0	0	0		0	0	0
Hywel Dda	273	0	12	0	0	0	0	0		0	0	0
Powys	121	0	1,827	0	0	0	0	0		0	0	0
Swansea Bay	598	0	222	0	0	0	0	0		0	0	0
Adjustment for roundings	1	0	0	0	0	0						
TOTAL	**3,461**	**0**	**3,176**	**0**	**11**	**0**	**0**	**0**				
Balance with WHSSC:												
WHSSC	3,125	0	1,019	0	0	0	0	0		0	0	0
Adjustment for roundings	0	0	0	0	0	0						
TOTAL	**3,125**	**0**	**1,019**	**0**	**0**	**0**	**0**	**0**				
Balances with Welsh NHS Trusts:												
Public Health Wales	233	0	397	0	16	0	0	0		16	0	0
Velindre	2,991	0	3,879	7	52	0	0	0		0	0	52
Welsh Ambulance Services	2,865	0	34	0	0	0	0	0		0	0	0
Adjustment for roundings	(1)	0	0	0	0	0						
TOTAL	**6,088**	**0**	**4,310**	**7**	**68**	**0**	**0**	**0**				
Balances with Special Health Authorities												
HEIW	13	0	780	0	0	0	0	0		0	0	0
Digital Health & Care Wales (DHCW)	67	0	231	0	0	0	0	0		0	0	0
	80	**0**	**1,011**	**0**	**0**	**0**	**0**	**0**				
Balance with WRP:												
Welsh Risk Pool (claims submitted but not yet paid by WRP)	0	0	2,742	0								
Welsh Risk Pool (expenses incurred by Trust but not yet claimed from WRP)	0	0	26,536	0								
Welsh Risk Pool other (for use by host body only)	0	0	0	0								
Adjustment for roundings	0	0	(1)	0								
TOTAL	**0**	**0**	**29,277**	**0**								
Balance with WG												
(Note LHB debtors and creditors with WG relate to Trading Income and Expenditure only)												
Welsh Government	44	0	1,517	0	0	0	0	0		0	0	0
WRP Non cash relating to debtor of last resort	0	0	0	0					**For completion by WRP at month 12 only**			
Adjustment for roundings	0	0	0	0								
TOTAL	**44**	**0**	**1,517**	**0**								

Month 12

Please complete in round £000s not decimals of £000s

MEMORANDUM STATEMENTS

2022-23

Refer to Guidance Tab before entering transactions into this section

	Expenditure Total	Income Total	Expenditure Total	Income Total		Combination expenditure split		
	£000 Revenue	£000 Revenue	£000 Capital	£000 Capital	Reason	Expenditure Agent	Expenditure Recharge	Expenditure Secondment
Transactions with Welsh Local Health Boards								
Aneurin Bevan	0	0	0	0		0	0	0
Betsi Cadwaladwr LHB	1,260	61	0	0		0	0	0
Cardiff and Vale	38,299	2,569	11	0		11	0	0
Cwm Taf Morgannwg	22,402	1,821	0	0		0	0	0
Hywel Dda	1,250	327	0	0		0	0	0
Powys	323	14,754	0	0		0	0	0
Swansea Bay	3,992	1,018	0	0		0	0	0
Adjustment for roundings	0	1	0	0				
	67,526	**20,551**	**11**	**0**				
Transactions with WHSSC:								
WHSCC	198,719	11,521	0	0		0	0	0
Adjustment for roundings	0	0	0	0				
TOTAL	**198,719**	**11,521**	**0**	**0**				
Transactions with Welsh NHS Trusts:								
Public Health Wales	1,749	4,156	16	0		16	0	0
Velindre	78,800	9,289	52	0		0	0	52
Welsh Ambulance Services	10,837	251	0	0		0	0	0
Adjustment for roundings	(1)	0	0	0				
TOTAL	**91,385**	**13,696**	**68**	**0**				
Balances with Special Health Authority								
HEIW	43	12,720	0	0		0	0	0
Digital Health and Care Wales (DHCW)	6,156	1,068	0	0		0	0	0
	6,199	**13,788**	**0**	**0**				
Health Board Transactions with WG:								
Welsh Government **Trading Invoiced & Non Inv**	47	6,872	0	0		0	0	0
Welsh Government **FIS Funding Revenue (Cash)**		1,441,068						
Welsh Government **FIS Funding Capital (Cash)**		45,284						
Welsh Government **FIS Funding - GMS (Cash)**		113,051						
Welsh Government **FIS Funding - Pharmacy (Cash)**		33,407						
Welsh Government **FIS Funding - Dental (Cash)**		34,962						
Welsh Government **FIS Funding - FHS NCL (Cash)**		(562)						
Adjustment for roundings	0	0						
TOTAL	**47**	**1,674,082**						
NHST Transactions with WG:								
Welsh Government **Trading Invoiced & Non Inv**	0	0	0	0		0	0	0
Welsh Government **Short term loans**	0	0						
Welsh Government **PDC Capital**	0	0						
Welsh Government **WRP Non cash relating to d**	0	0						
Adjustment for roundings	0	0						
TOTAL	**0**	**0**						

Month 12	Values excluding Rates		Rates		Values excluding Rates		Rates	
	As per Agreement				As per Accounts			
	(Cr)	(Dr)	(Cr)	(Dr)	(Cr)	(Dr)	(Cr)	(Dr)
Local Authority	£k	£k	£k	£k	£k	£k	£k	£k
Blaenau Gwent County Borough Council	0	0	0	0	2361	350	0	0
Brecon Beacons National Park Authority	0	0	0	0	0	0	0	0
Bridgend County Borough Council	0	0	0	0	0	0	0	0
Caerphilly County Borough Council	0	0	0	0	12750	7766	0	0
Cardiff City and County Council	0	0	0	0	101	0	0	0
Carmarthenshire County Council	0	0	0	0	9	0	0	0
Ceredigion County Council	0	0	0	0	0	0	0	0
Conwy County Borough Council	0	0	0	0	0	0	0	0
Denbighshire County Council	0	0	0	0	0	0	0	0
Dyfed Powys Police Authority	0	0	0	0	0	0	0	0
Flintshire County Council	0	0	0	0	0	0	0	0
Gwent Police Authority	0	0	0	0	0	0	0	0
Gwynedd County Council	0	0	0	0	0	0	0	0
Isle of Anglesey County Council	0	0	0	0	0	0	0	0
Merthyr Tydfil County Borough Council	0	0	0	0	0	0	0	0
Mid and West Wales Fire Authority	0	0	0	0	0	0	0	0
Monmouthshire County Council	0	0	0	0	4408	1071	37	0
Neath Port Talbot County Borough Council	0	0	0	0	0	0	0	0
Newport City Council	0	0	0	0	4851	318	90	0
North Wales Fire Authority	0	0	0	0	0	0	0	0
North Wales Police Authority	0	0	0	0	0	0	0	0
Pembrokeshire Coast National Park Authority	0	0	0	0	0	0	0	0
Pembrokeshire County Council	0	0	0	0	0	0	0	0
Powys County Council	0	0	0	0	0	0	0	0
Rhondda Cynon Taff County Borough Council	0	0	0	0	0	0	0	0
Snowdonia National Park Authority	0	0	0	0	0	0	0	0
South Wales Fire Authority	0	0	0	0	0	12	0	0
South Wales Police Authority	0	0	0	0	0	0	0	0
Swansea City and County Council	0	0	0	0	0	0	0	0
Torfaen County Borough Council	0	0	0	0	2285	283	18	0
Vale of Glamorgan County Council	0	0	0	0	0	0	0	0
Wrexham County Borough Council	0	0	0	0	0	0	0	0
	0	**0**	**0**	**0**	**26765**	**9800**	**145**	**0**

Month 12	As per Agreement				As per Accounts			
	Values excluding Rates		Rates		Values excluding Rates		Rates	
Local Authority	Exp/ Issued £000	Inc/ Receipted £000	Exp/ Issued £000	Inc/ Receipted £000	Exp/ Issued £000	Inc/ Receipted £000	Exp/ Issued £000	Inc/ Receipted £000
Blaenau Gwent County Borough Council	0	0	0	0	4771	942	415	0
Brecon Beacons National Park Authority	0	0	0	0	0	0	0	0
Bridgend County Borough Council	0	0	0	0	0	0	0	0
Caerphilly County Borough Council	0	0	0	0	18212	12090	836	0
Cardiff City and County Council	0	0	0	0	353	0	0	0
Carmarthenshire County Council	0	0	0	0	9	0	0	0
Ceredigion County Council	0	0	0	0	0	0	0	0
Conwy County Borough Council	0	0	0	0	0	0	0	0
Denbighshire County Council	0	0	0	0	0	0	0	0
Dyfed Powys Police Authority	0	0	0	0	0	0	0	0
Flintshire County Council	0	0	0	0	0	0	0	0
Gwent Police Authority	0	0	0	0	0	0	0	0
Gwynedd County Council	0	0	0	0	0	0	0	0
Isle of Anglesey County Council	0	0	0	0	0	0	0	0
Merthyr Tydfil County Borough Council	0	0	0	0	0	0	0	0
Mid and West Wales Fire Authority	0	0	0	0	0	0	0	0
Monmouthshire County Council	0	0	0	0	9220	1120	461	0
Neath Port Talbot County Borough Council	0	0	0	0	0	0	0	0
Newport City Council	0	0	0	0	11593	2152	1240	0
North Wales Fire Authority	0	0	0	0	0	0	0	0
North Wales Police Authority	0	0	0	0	0	0	0	0
Pembrokeshire Coast National Park Authority	0	0	0	0	0	0	0	0
Pembrokeshire County Council	0	0	0	0	0	0	0	0
Powys County Council	0	0	0	0	0	0	0	0
Rhondda Cynon Taff County Borough Council	0	0	0	0	0	0	0	0
Snowdonia National Park Authority	0	0	0	0	0	0	0	0
South Wales Fire Authority	0	0	0	0	0	72	0	0
South Wales Police Authority	0	0	0	0	0	0	0	0
Swansea City and County Council	0	0	0	0	0	0	0	0
Torfaen County Borough Council	0	0	0	0	7221	1730	2003	0
Vale of Glamorgan County Council	0	0	0	0	0	0	0	0
Wrexham County Borough Council	0	0	0	0	0	0	0	0
	0	**0**	**0**	**0**	**51379**	**18106**	**4955**	**0**

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

TMS 2

2022-23 Month 12

WGA disclosure signage	**Positive**	**Positive**	**Negative**	**Negative**	**Negative**	**Positive**
	Receivables: Current	**Receivables: Non-current**	**Payables: Current**	**Payables: Non-current**	**Income**	**Expenditure**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
2022-23						
Welsh Government						
FIS Funding					(1,667,210)	
Welsh Government (exc FIS funding)	1,517	0	(44)	0	(6,872)	47
Welsh Local Health Boards	3,176	0	(3,461)	0	(20,551)	67,526
Welsh NHS Trusts	33,587	0	(6,088)	0	(13,696)	91,385
WHSSC	1,019	0	(3,125)	0	(11,521)	198,719
Welsh SHAs	1,011	0	(80)	0	(13,788)	6,199
All English Health Bodies	287	0	(4,491)	0	(1,162)	15,186
All N. Ireland Health Bodies	0	0	(14)	0	(1)	48
All Scottish Health Bodies	29	0	(52)	0	(54)	111
Credit note provision	0	0	0	0	0	0
Sub total	40,626	0	(17,355)	0	(67,645)	379,221
Other Central Government Bodies						
Other Government Departments	170	0	(6,300)	0	(1,999)	70,984
Revenue & Customs	0	0	(6,100)	0	0	59,535
Pension Funding (WG)	0	0	0	0	0	0
Notional Funding (WG)	0	0	0	0	0	0
Welsh Local Authorities	9,786	0	(27,058)	0	(18,106)	56,442
Other Local Authorities	0	0	0	0	0	0
Balances with Public Corporations and trading funds	0	0	0	0	0	0
Balances with bodies external to Government	101,580	77,466	(165,312)	(20,692)	(21,727)	1,219,065
TOTAL Excluding FIS Funding	**152,162**	**77,466**	**(222,125)**	**(20,692)**	**(109,477)**	**1,785,247**
TOTAL Including FIS Funding Expenditure						**1,785,247**

Figures disclosed must match those stated in underlying accounts

Monnow Vale Health and Social Care Unit
The Health Board has entered into a pooled budget with Monmouthshire County Council. Under the arrangement funds are pooled under section 33 of the NHS (Wales) Act 2006 to provide health and social care inpatient, outpatient, clinic and day care facilities to individuals who have medical, social, community or rehabilitaion needs.

The pool is hosted by Aneurin Bevan University Health Board. The financial operation of the pool is governed by a pooled budget agreement between the Local Health Board and Monmouthshire County Council. The income from Monmouthshire County Council is recorded as Local Authority Income in the Health Boards accounts.
Expenditure for services provided under the arrangement are recorded under the appropriate expense headings in the Health Boards accounts.

The property in which the unit is housed has been provided by a Private Finance Partner; the contract with the PFI partner is for 30 years and is categorised as an on balance sheet PFI scheme. The asset value of property, plant & equipment is **£5,304K** which is split 72% Aneurin Bevan University Health Board and 28% Monmouthshire County Council.

The costs incurred under the pooled budget are declared in the memorandum trading account.

Pooled Budget memorandum account for the period 1st April 2022 - 31st March 2023

Monnow Vale

	Cash	Own Contribution	Grants	Total
	£	£	£	£
Funding				
Aneurin Bevan Health Board	0	2,639,617	0	2,639,617
Monmouthshire County Council	368,347	837,095	0	1,205,442
Total Funding	**368,347**	**3,476,712**	**0**	**3,845,059**
Expenditure				
Aneurin Bevan Health Board	0	2,944,250	0	2,944,250
Monmouthshire County Council	587,559	740,549	0	1,328,107
Total Expenditure	**587,559**	**3,684,799**	**0**	**4,272,357**
Net (under)/over spend	**219,212**	**208,087**	**0**	**427,298**

Certificate of Director of Finance
I certify that the above pooled fund memorandum account accurately discloses the income received and the expenditure incurred in accordance with the partnership agreement, as amended by any subsequent agreed variations, entered into under Section 33 of the Health Act 2006.

Director of Finance …… Date: 19 July 2023

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Meddygfa Cwm Rhymni Practice - Deri Branch Closure

Patient Engagement Responses

1 Introduction

The following paper provides information regarding the outcome of the eight-week patient engagement, which was undertaken following the request made by Meddygfa Cwm Rhymni Practice to close Deri branch at Riverside Walk, Bargoed.

2 Background

On 27th February 2023, the Health Board received a request from Meddygfa Cwm Rhymni Practice, Caerphilly North, to close their Deri branch site at Riverside Walk, Deri, Bargoed, Caerphilly North. All branch surgery closure requests are subject to consideration under the process for "Considering Branch Surgery Closure Applications".

As part of this process, a patient engagement exercise was undertaken to collect the views from patients in respect of how often they use the branch and main surgery, and the transport used to attend the surgeries. It is also used to gauge whether patients would have any difficulties in attending the main surgery at Meddygfa Cwm Rhymni Practice and how far patients that use the branch surgery would have to travel to the main surgery or the alternative branch site at White Rose, New Tredegar.

3 Patient Engagement

The Health Board, in conjunction with Llais Cymru, agreed an 8-week engagement period between 27th March 2023 to 22nd May 2023. Meddygfa Cwm Rhymni Practice were able to clearly identify a specific cohort of approximately 777 registered patients who access services at the Deri branch. Therefore, all patients within this specified cohort aged 16 and over were sent a letter with a link to the approved questionnaire (Appendix A) which provides patients with the opportunity to consider how any potential change in service delivery may affect them.

Patients were also advised that they could contact the Health Board where a member of the team could complete the form on their behalf, over the telephone. Alternatively, patients could request for a paper copy of the questionnaire to be posted to their home address. Paper copies were also available at the practice for patients to complete and were collected by the Health Board.

In addition to the questionnaire the Health Board conducted 2 face to face patient engagement events. These were held on the 10th and 18th May at the Deri branch site.

5 patients attended the first meeting and 6 patients attended the second meeting.

The main points raised at the engagement events were:

- Patients were only offered appointments at the main surgery or New Tredegar branch surgery and patients were not aware that the Deri branch was open.
- Bus service is unreliable and only one every hour. Taxi costs are expensive.
- Issues for older people accessing transport.
- Patients felt they were receiving an inferior service to those in Rhymney and New Tredegar.

As part of the engagement process, during the week commencing 20th March 2023, a questionnaire was delivered to 673 patients aged 16 and over, of the cohort of patients identified as accessing the Deri branch of Meddygfa Cwm Rhymni Practice, requesting the following information:

1. The patient's postcode
2. Do you attend the Deri branch surgery at Riverside Walk, Bargoed to see a doctor and/or Nurse?
3. In the last twelve months, how often have you attended the Deri branch surgery for any type of appointment?
4. How do you usually get to the branch surgery at Deri, Bargoed?
5. Do you attend the main surgery at Rhymney to see a doctor and/or Nurse?
6. In the last twelve months, how often have you attended the main surgery at Rhymney for any type of appointment?
7. How do you usually get to the main surgery at Rhymney?
8. Do you attend the branch surgery at New Tredegar to see a doctor and/or Nurse?
9. In the last twelve months, how often have you attended the branch surgery at New Tredegar for any type of appointment?
10. How do you usually get to the branch surgery in New Tredegar?
11. Would you have any specific difficulty in travelling to either the main surgery in Rhymney or the branch surgery in New Tredegar?
12. Do you have any concerns about accessing the services at the main surgery in Rhymney or the branch surgery in New Tredegar?
13. Additional Comments

The questionnaire also asked patients to provide any further information which they felt should be considered as part of the engagement process. Patient name and address is optional.

4 Patient Engagement Responses

4.1 Patient Questionnaires Received

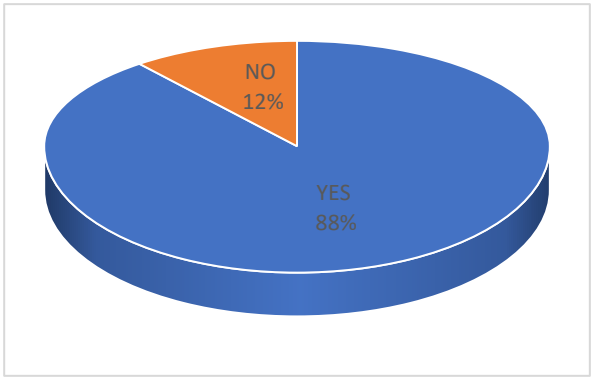
Out of the 673 letters issued to patients over the age of 16 years, 105 completed online responses were received plus a further 2 paper questionnaires by the closing date of 22nd May 2023, giving a response rate of 15.6%.

Additionally, we received a further 62 responses from patients that had devised their own questionnaire. There are a number of patients that have completed both questionnaires and it is not possible to clearly identify how many duplicates have been received. This information has been reported separately.

Using the information in the responses received, the following analysis was undertaken.

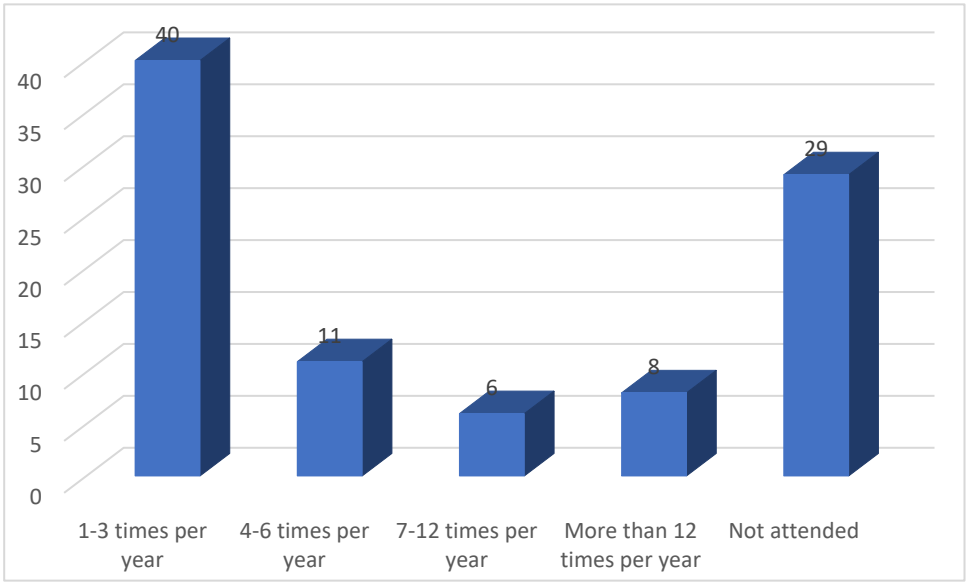
Do you attend the Deri branch surgery at Riverside Walk, Bargoed to see a doctor and/or nurse?

Of the 107 completed responses received, Table 1 illustrates that 94 (88%) patients attend the branch surgery and 13 (12%) patients do not attend the branch surgery.

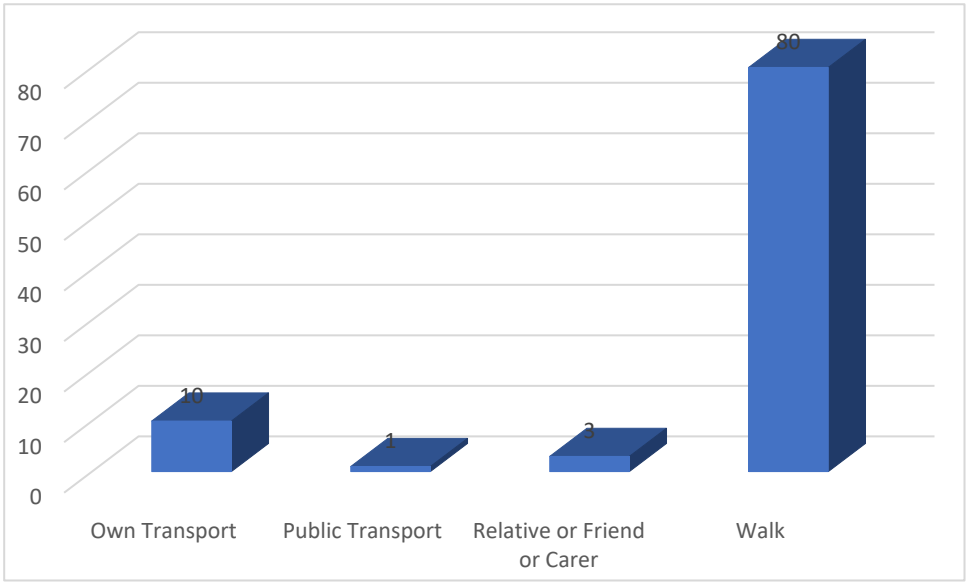


In the last twelve months, how often have you attended the Deri branch surgery for any type of appointment?

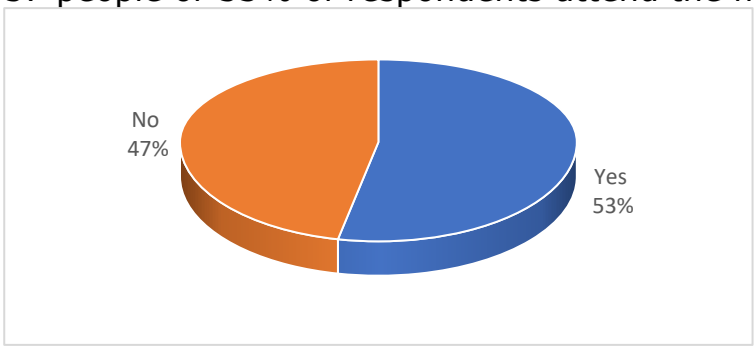
43% of respondents stated that they attended the branch surgery one to three times in the last year. 31% of patients have not attended the practice in the last twelve months.



How do you usually get to the branch surgery at Deri, Bargoed?
The majority (85%) of patients walk to the branch surgery at Deri.

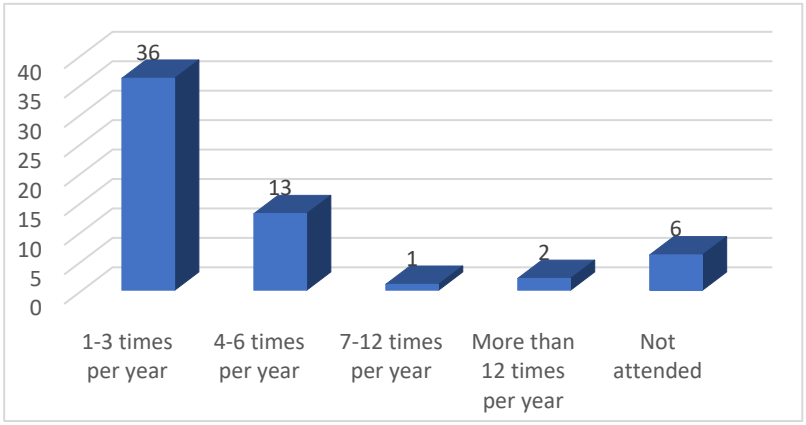


Do you attend the main surgery at Rhymney to see a doctor and/or nurse?
57 people or 53% of respondents attend the main surgery at Rhymney.



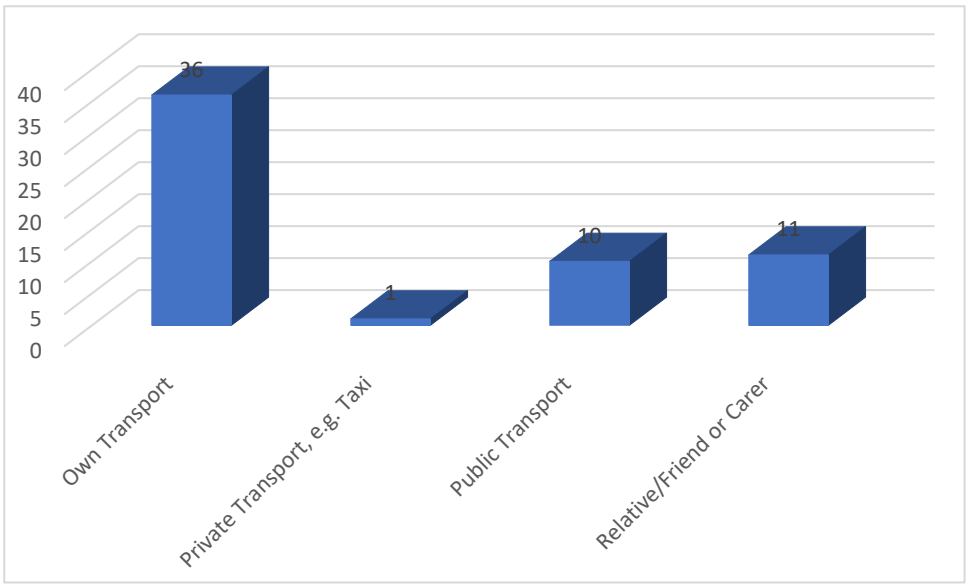
In the last twelve months, how often have you attended the main surgery at Rhymney for any type of appointment?

58 people responded to this question, of these 84% attended between 1 and 6 times in the last year. 10% of respondents have not attended the main surgery in the last year.



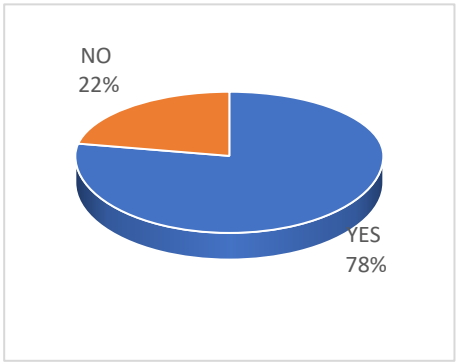
How do you usually get to the main surgery at Rhymney?

The majority of patients that attend the main surgery, use a car to make their appointment. 17% use public transport and 1 person out of the 58 respondents used a taxi.



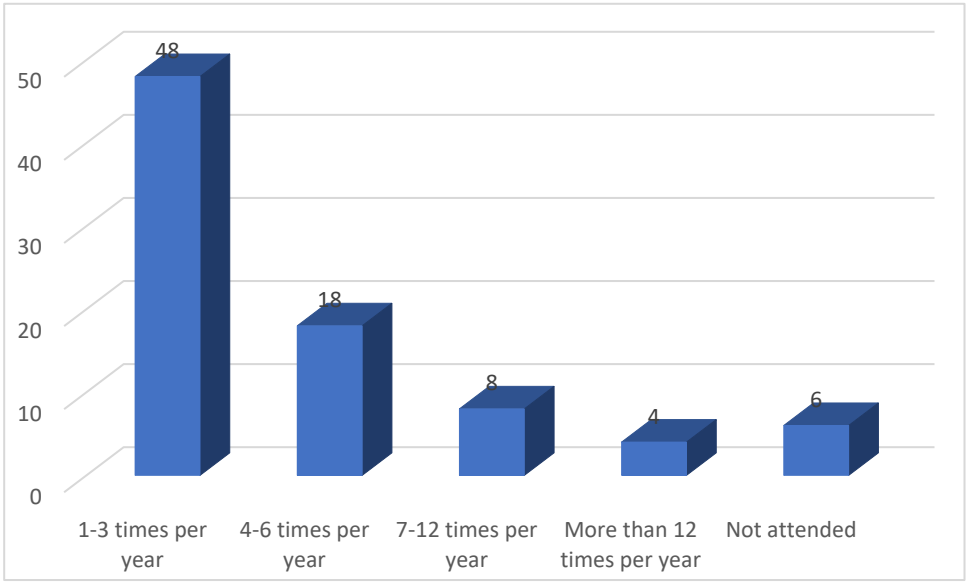
Do you attend the branch surgery at New Tredegar to see a doctor and/or nurse?

78% of the 107 respondents have attended the New Tredegar branch.



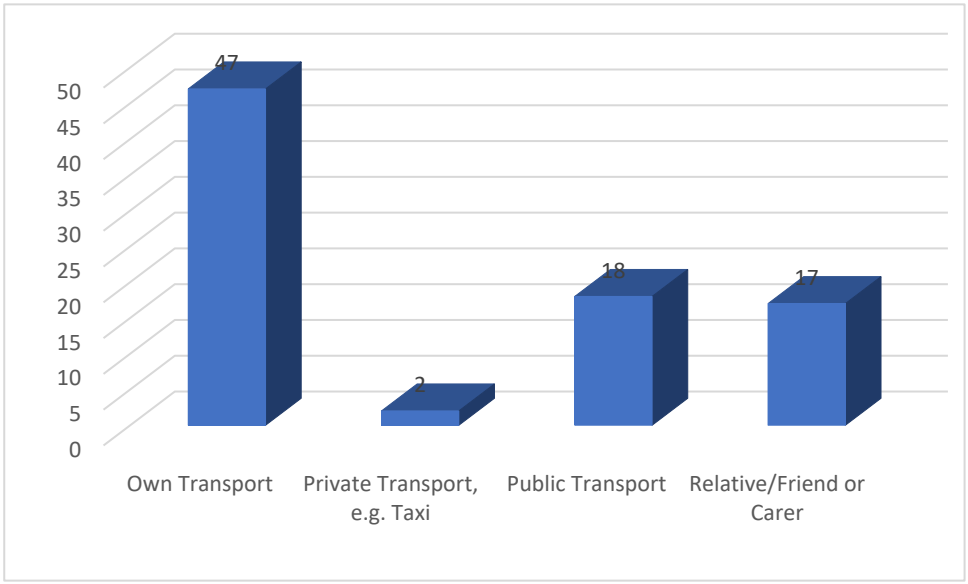
In the last twelve months, how often have you attended the branch surgery at New Tredegar for any type of appointment?

57% of the 84 respondents to this question attended the branch surgery at New Tredegar. 6 people have not attended this branch of Meddygfa Cwm Rhymni Practice.



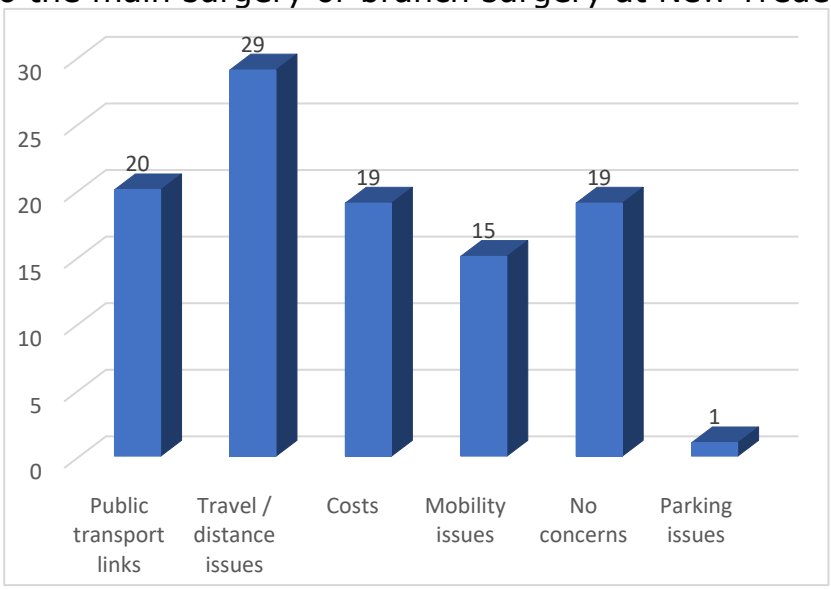
How do you usually get to the branch surgery in New Tredegar?

The majority of patients attend the branch using their own transport or that of a friend/relative. 2 people attended using a taxi and 18 people attend using public transport. This is a higher number than those attending the main surgery.



Would you have any specific difficulty in travelling to either the main surgery in Rhymney or the branch surgery in New Tredegar?

The majority of people feel that they would have issues with travel or distance from their home. Public transport was also a concern followed closely by costs to travel. 18% of respondents did not have any specific difficulties in travelling to the main surgery or branch surgery at New Tredegar.



Do you have any concerns about accessing the services at the main surgery in Rhymney or the branch surgery in New Tredegar?

101 patients responded to this question. 28 (28%) respondents had no issues and 35 (35%) respondents had concerns of getting an appointment. The other 38 returns were individual concerns, with the majority around travel issues.

Patients were also given the opportunity to make any **additional comments** on the questionaire. There were 86 (80% of all respondents) individual comments.

These comments were categorised and reflect recurring themes:

- 26 of the respondents' comments reflect the current perception that the Deri branch is not open and that patients have been directed to the alternative sites since the Covid pandemic. This was also reflected in comments regarding the question that asked 'how often have you attended the Deri branch surgery', with respondents stating that this question was misleading as the branch was not open for them to attend.

- 14 respondents were concerned about the impact on the local community. It was felt that the surgery played an important part of the village and patients had fought hard to keep it open. 2 respondents felt that it was more convenient to them for the Deri branch to remain open.

- 16 respondents were concerned about unreliable public transport. The bus service is seen as very poor and unreliable. In addition, two buses are needed on occasion to return from the alternative sites.

- A number of people mentioned the impact on older or sick people and the ability to travel such a distance on public transport, particularly if they are feeling unwell.

4.2 Patient designed questionnaire

Following the second face to face patient engagement event on the 18th May a patient devised her own questionnaire. 62 questionnaires were scanned and sent by email to the Contracting Team. Whilst the name, address and postcode were included in this questionnaire it is not possible to confirm how many have also completed the Health Board questionnaire. Therefore, the responses have been kept separate.

The individual questions and corresponding response are in the following section

Age Range

18-24	6
25-34	7
35-44	10
45-54	13
55-64	11
65-74	8
75 and over	6

1) Postcode

All postcodes were in the Deri area and we assume based on the responses that they are from patients of Meddygfa Cwm Rhymni Practice.

2) Were you aware that the practice has requested to close the Deri branch surgery at Riverside Walk?

42 patients confirmed they were aware of the request and 20 stated that they were not aware.

3) Are you given the opportunity to have an appointment at the Deri branch surgery at Riverside Walk, to see a doctor or nurse?

Yes	12
No	50

4) In the last twelve months, how often have you been given the opportunity to attend the Deri branch surgery at Riverside Walk, Bargoed for any kind of appointment?

1-3 times	19
4-6 times	3
7-12 times	3
more than 12	1
Not attended	36

Comments in this section included visits were not made as they were not offered or made available.

5) Out of choice, do you attend the main surgery at Rhymney to see a doctor and/or nurse

Yes	52
No	10

6) In the last twelve months, how often have you attended the main surgery at Rhymney for any type of appointment due to unavailability in Deri?

1-3 times	26
4-6 times	11
7-12 times	4
more than 12	4
Not attended	17

7) Given the choice, which surgery would you prefer to attend?

60 patients responded that they would choose Deri. Two patients did not complete one page on the questionnaire, so this was missing data. Two patients who ticked Deri, also ticked New Tredegar.

8) In the last twelve months, how often have you attended the branch surgery at New Tredegar for any type of appointment due to unavailability in Deri?

1-3 times	20
4-6 times	16
7-12 times	6
more than 12	5
Not attended	13

9) Would you have any specific difficulty in travelling to either the main surgery in Rhymney or the branch surgery in New Tredegar?

Costs	13
Mobility issues	19
No Concerns	7
Other	1
Parking Issues	2
Public Transport	14
Travel/distance issues	4

10) Were you informed of the opening of Deri surgery by the practice once Covid restrictions had ended?

Yes	5
No	56

11) In the last year, have you been offered to see a doctor or nurse in Deri?

Yes	14
No	46

12) After phone triage, if a doctor's appointment is required, have you been told there are no doctors available at the Deri branch surgery at Riverside Walk?

Yes	43
No	17

13) How many times in the last year have you been told that there are no doctor appointments available in Deri branch surgery at Riverside walk?

1-3 times	22
4-6 times	16
7-12 times	7
more than 12	11
None	3

14) Comments

Twenty individual comments were received in relation to the patient designed questionnaire. They focussed on the perception that Deri branch is closed and that appointments cannot be accessed, the difficulty travelling when ill and the problems with the unreliable bus service. One of the respondents stated that it cost them £20 for a taxi to the main surgery.

5. Public and Political Correspondence

There has not been any significant public and political interest in relation to this application and to date, the Primary Care Contracting Team has not received any concerns from local MS/MPs.

Two letters were received from patients and one of the correspondents also completed a questionnaire. The letters focussed on a similar basis to the comments received. This included the lack of knowledge that the Deri branch has been offering appointments since the end of COVID restrictions. They both mention the impact on the local community and the issues for older people in accessing the sites at Rhymney and New Tredegar. Finally, they request that a full public meeting inviting all circa 700 patients to the meeting.

6. Conclusion

A number of respondents raised concerns regarding the impact if the application is approved including:

- The convenience of the local branch and ability to access the other sites, particularly due to unreliable public transport.
- The issues currently in accessing Deri branch, with many not knowing that it was possible to get an appointment at this location. Additionally, patients state that they have not been offered appointments at Deri and this impacts the results of some of the questions with the survey.
- Branch site convenient – an aging population with mobility issues and the impact on the village.

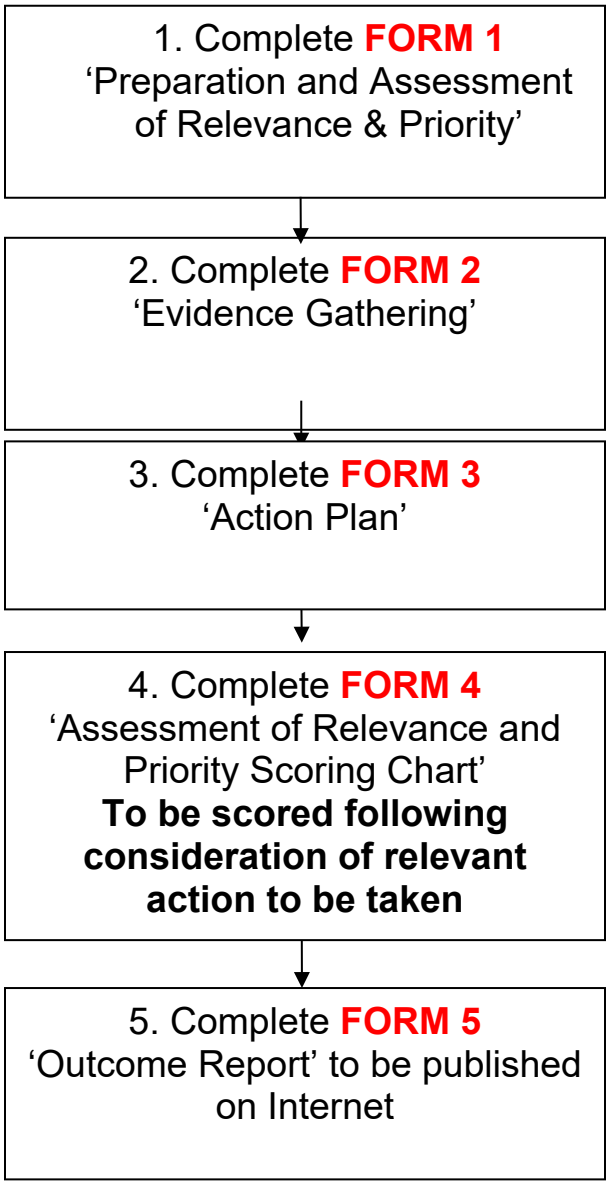
Report Prepared by: Jo Green, Senior Primary Care Manager

Sponsored by: **Rachel Prangley, Deputy Head of Primary Care**

Date prepared: **24th May 2023**

Aneurin Bevan University Health Board

Procedure for the Completion of Equality Impact Assessment



FORM 1

Equality Impact Assessment (EqIA)

Form 1

Part A: Preparation and Assessment of Relevance & Priority

Step1: Preparation

Title of Policy/strategy/action plan/proposal – Deri Branch Surgery Closure Application

1. What are you equality impact assessing?

Assessing the impact of the proposed closure of the branch site of Deri Medical Centre located in Deri and who will be affected by the closure.

2. Policy Aims and Brief Description - What are its aims, give a brief description.

Aim:
To identify what the impact will be if the application to close the branch site is approved.

Objectives:

- Analyse responses from the patient questionnaire
- Consider access at the main site (demand and capacity)
- Consider demands on neighbouring practices

Background:
Premises:

- Meddygfa Cwm Rhymni Practice is a 7 GP Partner practice with a registered list size of 12,787 (1st April 2023) and currently provides services across three sites as below:
    - Rhymney main branch – RIHSCC, Rhymney, Caerphilly North
    - New Tredegar branch site – White Rose Medical Centre, White Rose Way, New Tredegar, Caerphilly North

- Deri branch site – Deri medical Centre, 5 Riverside Walk, Deri, Bargoed, Caerphilly North

Reasons for closure stated as:
Maintaining a Safe and Efficient Service Provision:

- Consolidating across two sites, would result in the existing services currently offered from the Deri branch surgery being relocated to the Rhymney and New Tredegar sites. Staff that currently work in the Deri branch surgery would re-locate to the other sites.
- The practice feels that consolidating services between the Rhymney and New Tredegar sites would support the delivery of the full range of services to their registered population.
- There would be no reduction in service as patients would continue to be able to access a full range of General Medical Services from the other two sites. This would also support the longer-term sustainability of GMS services to ensure patients can access service provision close to where they reside.
- Many patients residing in Deri already travel to the main site in Rhymney or the branch in New Tredegar to be seen and the practice advises that the Deri branch site is their quietest site as there are no pre-bookable appointments provided and patients only access for appointments following triage four mornings per week.
- A survey conducted by the Oakleaf Group on behalf of ABUHB in March 2019 has highlighted multiple issues with the Deri branch surgery premises which identified that a substantial amount of improvement works was required to ensure the branch is fit for purpose. A cost of £67,559 over 5 years was estimated for building improvements/maintenance and a cost of £55,489 to adapt the building to become compliant with The Equality Act 2010. The practice secured Covid Improvement Grant funding to replace the carpet with vinyl flooring in the clinical rooms in 2020.

Recruitment Issues and Sustainability:

- The practice feels that the struggle to recruit makes them vulnerable. Nursing deficits are mainly due to retirement. Over the past few years, the practice has lost 1 Salaried GP and 2 practice nurses resulting in an immediate deficit of 10 GP sessions per week across all sites.

- Recruitment issues in the region have reached crisis point with widespread failure of recruitment and retention leading to the collapse of many long-established practices which resulted in the merger with White Rose Medical Centre 8 years ago to avert the practice collapse.

- Clinicians prefer to come to practices that are cohesive and allow engagement with the practice care team, therefore constant movement between the sites is not attractive and is a barrier to recruitment and the practice has recently seen a loss of nursing staff that is attributable to this.

- There are financial viability issues inherent in running three surgeries which are indelibly linked to recruitment and clinical sustainability, with the funding of extra staff, leased building, energy and maintenance costs across all three sites.

- The practice is a training practice which has contributed to its survival, with most of the doctors recruited to the practice and the local area coming from those they have trained. There is, however, some evidence now that fewer numbers of trainees are now listing Meddygfa Cwm Rhymni Practice as a preferred choice because of their preference to work alongside their Educational Supervisor in one locality/site and this is a potential problem for the practice and for the local Primary Care Community as a whole.

- The practice feels locum GPs only have a minimal effect in supporting the practice as locums will often place restrictions on the number of patients they contractually will agree to see.

- The practice finds themselves in a situation whereby they feel stretching their limited resources across all 3 sites is totally unsustainable and they need to consolidate all resources

between the other two sites. This should ensure a sustainable and stable practice and workforce that can provide continuity of care to its patients. The GP Partners are seriously concerned about how they will continue to provide any service at all should the application to close the branch site be unsuccessful and feels that the reduction in sites may help attract new GPs to the practice in the future and encourage potential new Partners.

3. Who Owns the Proposal? - Who is responsible for the work?

Decision Maker: Branch Closure Panel/Board
Owner: Divisional Director of Primary Care & Community Services Division

4. Who is involved in undertaking this EqIA? - Who are the key contributors to the EqIA and what are their roles in the process?

The following parties have been involved in determining the application to close the branch site:

Branch Closure Panel Members (includes the following):

- Divisional Director/Assistant Divisional Director Primary Care & Community/ General Manager
- Deputy/ Assistant Deputy Medical Director/Clinical Director
- Llais Cymru (non-voting)
- Local Medical Committee (non-voting)
- Head of Primary Care/ Deputy Head of Primary Care
- Senior Primary Care Manager
- NCN Lead / Head of Service

Decision of the application to be ratified by the Aneurin Bevan University Health Board

5. Other Policies- Describe where this policy/work fits in a wider context.

The National Health Service (General Medical Service Contracts) (Wales) Regulations 2004

Welsh Health Circular (2006) 063: General Medical Services Practice Vacancies – a Guide to Good Practice

ABUHB's Process for Considering Branch Surgery Closure Applications

6. Stakeholders – Who is involved with or affected by this policy?

- Patients
- Staff
- Deri Medical Centre
- Local Pharmacies
- Local Practices
- Llais Cymru
- Local Medical Committee
- Premises Landlord
- Main Surgery in Rhymney
- Branch Surgery in New Tredegar

7. What factors may contribute to the outcomes of the policy? What factors may detract from the outcomes? These could be internal or external factors.

Factors that have contributed to the impact:

The Aneurin Bevan University Health Board (ABUHB) has:

- Communicated the Regulations and issues with members of the Branch Closure Panel regarding the application submitted by Meddygfa Cwm Rhymni Practice.

- As part of the process an 8-week patient engagement exercise was undertaken, questionnaires circulated, and responses collated to identify any potential difficulties in accessing the main site. English and Welsh versions of the letter/questionnaire were sent to registered patients over the age of 16 years asking patients to respond via an on-line form. ABUHB has undertaken an analysis of all responses. Drop-in

patient engagement sessions were undertaken on 10th and 18th May 2023. Patient feedback will be sought during the outcome notification process including demographic details.

- Communication was sent to interested parties informing them of the application received and the process to be undertaken, (local practices and pharmacies, Caerphilly North NCNs, Llais Cymru, LMC, Local Councilors, MS and MP's).

Benefits of Closure

- Consolidating across three sites, would result in the existing services currently offered from the Deri branch surgery being relocated to the Rhymney and new Tredegar sites. Staff that currently work in the branch surgery would re-locate to the other sites.
- The practice feels that by consolidating services between Rhymney and New Tredegar this would support the delivery of the full range of services to their registered population.
- There would be no reduction in service as patients would continue to be able to access a full range of General Medical Services from the other sites. This would also support the longer-term sustainability of GMS services to ensure patients can access service provision close to where they reside.
- Many patients residing in Deri already travel to the main site in Rhymney or the branch in New Tredegar for pre-booked appointments and the practice advises that the Deri branch site is their quietest site.

- The transfer of services from the branch and the reduction in travel between the 3 surgeries means GPs will be able to increase their availability to all patients of the practice. It will also be beneficial during the holiday periods when it is difficult for the practice to cover staff on annual leave.

- Consolidating the resources should ensure a sustainable and stable practice and workforce that can provide continuity of

care to its patients. It may also help with the recruitment of new GPs/GP Partners to the practice.

Negatives of Closure:

- Out of the 107 responses 94 patients identified that they attend the branch Surgery in Deri
- The majority (85%) of those patients walk to the branch surgery at Deri
- The majority of people feel that they would have issues with travel or distance from their home. Public transport was also a concern followed closely by costs to travel.

Other comments from the questionnaire:

- 26 of the respondents' comments reflect the perception that the Deri branch is not open and that patients have been directed to the two alternative sites since the Covid pandemic.
- 14 respondents were concerned about the impact on the local community. It was felt that the surgery played an important part in the village and patients had fought hard to keep it open.
- 16 respondents were concerned about unreliable public transport. The bus service is seen as very poor and unreliable. In addition, two buses are needed on occasion to return from the alternative sites.
- A number of people mentioned the impact on older or sick people and the ability to travel such a distance on public transport, particularly if they are feeling unwell.

Next Steps

For the next stage of the EqIA process please see form:
Part A, Step 2 - Evidence Gathering.

FORM 2

Aneurin Bevan University Health Board
Equality Impact Assessment: Part A Step 2 Evidence Gathering
Proposal – Application to close Deri Branch Surgery Site

Equality Strand	**Evidence Gathered**	**Does the evidence apply to the following with regard to this work? Tick as appropriate**									
		t		**Equality of Opportunity**		**Good Relations and Positive Attitudes**		**g Participation in Public Life**		**unt of difference even if it involves treating some individuals more favorably***	
Race	There is no evidence to suggest that race is relevant to this process and patients will not be discriminated against on the service change.				√		√		√		
Disability	There is evidence disabled people may be disadvantaged if reasonable adjustments are not made. This process will therefore, take into consideration a patient's disability when reviewing the application and questionnaire responses as to whether the patient would have difficulty in accessing GMS services from main / branch site if the branch site in Deri closes.						√				√
Gender	There is no evidence to suggest that gender is relevant to this process and patients will not be discriminated against on the service change.				√		√		√		
Sexual Orientation	There is no evidence to suggest that sexual orientation is relevant to this process and patients will not be discriminated against on the service change.				√		√		√		
Age	There is evidence to suggest that frail and elderly people may be disadvantaged if appropriate provision is not available. This process will therefore take into consideration questionnaire responses as to whether the patient would have difficulty in accessing GMS services from the main / branch site if the branch site in Deri closes.						√				
Religion/ Belief	There is no evidence to suggest that Religion/Belief is relevant to this process and patients will not be discriminated against on the service change.				√		√		√		

Welsh Language	It is recognized, that in accordance with the statutory requirements of the Welsh Language Measure (2011), patients have the right to have all information in Welsh. Decisions on each application can be translated into Welsh.				√		√		√		
Human Rights	There is no evidence that Human Rights issues are relevant to this process and patients will not be discriminated against on the service change.										

FORM 3

Aneurin Bevan University Health Board
Equality Impact Assessment Action Plan

Name of Proposal: Assessing the impact of the proposed closure of the Deri Branch Surgery

Recommendation	Expected Outcome	Response	Responsible person	Progress to date
Health Board to collate all the questionnaire responses submitted from patients and other relevant information which includes comments received from interested parties.	The panel will be informed of comments and the questionnaire responses and key themes identified.	Health Board to arrange a panel meeting to consider application and impact.	Divisional Director of Primary Care and Community Services	**Completed:** • Application received and acknowledged • Letters and questionnaire sent to patients informing of the application request • EqIA on the process undertaken • Patient questionnaire responses collated and analysed • Business case drafted
Consider business case.	Decision to be made on the application from the evidence provided: • Practice to present their case for closure • Business Case • Engagement responses • EqIA.	The decision will be recommended to the Board for ratification. The practice, patients and interested parties will then be informed of the decision. If the application is approved patients will be informed, they have the choice to remain with Meddygfa Cwm Rhymni Practice or register with an alternative GP of their		**Further Action:** • Panel convened for 07/06/2023. Practice representatives will be in attendance to present their case. • Report to Board for ratification. • Inform practice, patients and interested parties of Board's decision. • If closure approved confirm date of closure. • Inform SSP of closure. • Practice to administrate closure.

The Health Board to communicate the decision made by the Board to practice, patients and interested parties.	Ensure that the practice have been informed of the decision by the Health Board. Ensure all patients and interested parties have been consulted regarding the outcome of the Board decision.	choice, providing they reside in the practice boundary. The Health Board to send a letter to the GPs regarding the outcome of the application. The Health Board to send a letter to all patients and interested parties regarding the outcome of the application.		**Actions:** • Draft a letter to inform GP practice. • Draft Patient letter informing them of outcome. • Draft letter to interested parties. • Patients letter to be distributed via NWSSP. • The Health Board to send out letter to interested parties.

FORM 4

Aneurin Bevan University Health Board: Equality Impact Assessment
Assessment of Relevance and Priority – Scoring Chart

Proposal – Deri Branch Surgery Serious Difficulty Applications

Equality Strand	Evidence: Existing evidence to suggest some groups affected gathered from Part A Step 2.	Potential Impact: Nature, profile, scale, cost, numbers affected, significance.	Decision: Multiply 'Evidence' score by 'Potential Impact' score.
Race	1	0	0
Disability	3	-3	-9
Gender	1	0	0
Sexual Orientation	1	0	0
Age	3	-3	-9
Religion/ Belief	1	0	0
Welsh Language	1	0	0
Human Rights	1	0	0

Evidence Available	
3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Potential Impact	
-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Impact Decision	
-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

Equality Impact Assessment (EqIA) Outcome Report

Policy Title	The Impact of Closure of Deri Branch site of Meddygfa Cwm Rhymni Practice
Organisation	Aneurin Bevan University Health Board
Name of proposal Assessors:	Primary Care & Community Services Division Branch Closure Panel
Division/ Department	Primary Care & Community Services Division
Proceed to Full EqIA:	It has been noted that if the application is approved and the branch site closes, this would impact significantly on the ageing population of the Deri area. The assessors are satisfied that providing the EqIA action plan is implemented there will be no negative differential impacts from the implementation of this proposal. Therefore, a full EqIA is not recommended at this stage. However, the document will be reviewed through the monitoring mechanisms in place.
Summary of the EqIA process and key points to be actioned (if any)	This EqIA has been undertaken based on the guidance in the toolkit designed by the NHS Centre for Equality & Human Rights. The toolkit gives due consideration to each of the protected characteristics covered by the Equality Act (2010). In the interest of promoting an inclusive equality agenda, the toolkit also applies the same rigorous standards to the Welsh language and human rights. This report is not intended to provide a definitive account of the content and outcome of the EqIA screening process but offers a summary of the findings.
Responsibility for validation of the EqIA	Branch Closure Panel
Date:	07.06.2023

Monitoring Arrangements:	Action plan developed and implemented to ensure process is followed.
Policy expiry date:	**N/A**

This information is available on request in a range of accessible formats, Welsh and other community languages as required. For more information please contact: Aneurin Bevan University Health Board Policy Coordinator

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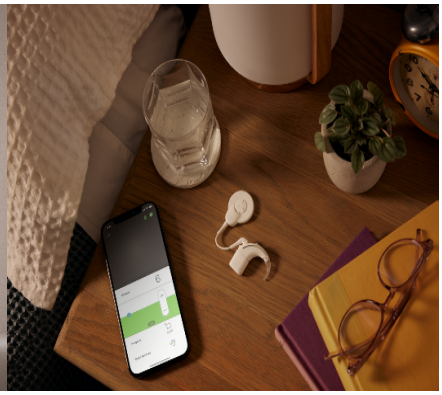
GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

APPENDIX 1 QUESTIONNAIRE RESPONSES

ENGAGEMENT ON FUTURE PROVISION OF COCHLEAR AND BONE CONDUCTION HEARING IMPLANTS FOR SOUTH EAST WALES, SOUTH WEST WALES, & SOUTH POWYS



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Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

PRESENTATION OF DATA AGAINST QUESTIONNAIRE

1. Presentation of data

There were 201 responses received to the engagement process.

Table: 1 Total Number of respondents.

	Out of **201** responses, received: **191** responded individually and **10** responded as a group.

There were 10 group responses however, were from the following organisations:

- 6 were from Audiology departments across South East, South West and South Powys
- 1 was from the National Deaf Children's Society
- 1 was from RCT People First
- 1 was from the Audiology Standing Specialist Advisory Group/Audiology Heads of Service Group
- 1 was from the Centre of sign, sight and sound

Demographics and Geographic Profile of Respondents

The age, gender and national identity profile of respondents is shown below:

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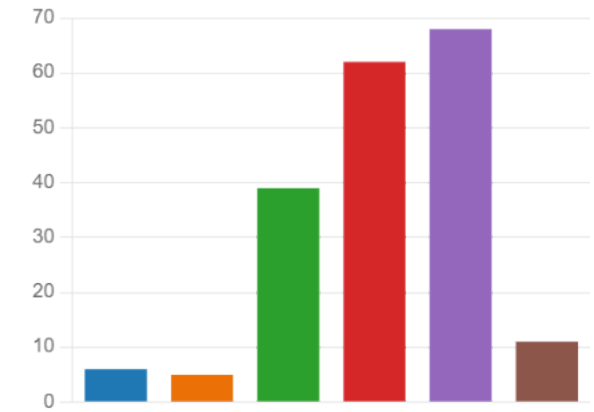
Table 2: Age Profile



Of the **191** individual responses:

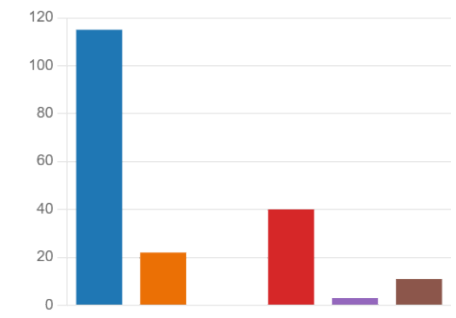
- **6** patients were under 16
- **5** patients were between 16-18 years old
- **39** patients were between 19-49 years
- **62** patients were between 50-69 years old
- **68** patients were 70 years old
- **11** preferred not to say

Table 3: Gender Profile

of the **191** individual responses:

- **65** were male,
- **115** were female and
- **11** preferred not to say.

Table 4: National Identity



Out of the **191** individual responses received:

- **115** patients were Welsh,
- **22** were English,
- **40** were British,
- **3** patients advised as other
- **11** preferred not to say.

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Table 5: Ethnicity

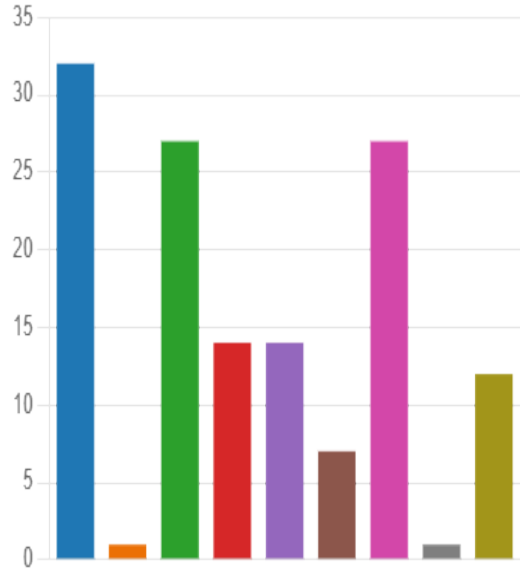
	Out of the **191 individual** responses received:- • **178** patients described themselves as White, • **2** responses described themselves as Asian, Asian Welsh, Asian British and • **11** preferred not to say.

Post Code Reach

Question 6 requested the respondents post code, a more granular method of testing the reach of the response. 191 responses were received.

Table 6: Health Board Area

Not all respondents completed this question, 135 responses were received

	**32** Aneurin Bevan University Health Board **1**Betsi Cadwaladr University Health Board **27** Cardiff & Vale University Health Board **14** Cwm Taf Morgannwg University Health Board **14** Hywel Dda University Health Board **7** Powys Teaching Health Board **27** Swansea Bay University Health Board **1** NHS England **12** Other

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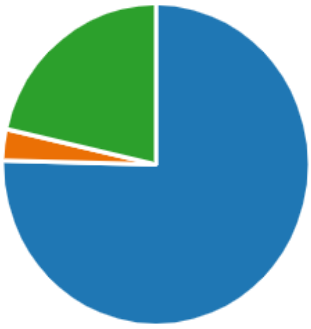
Understanding of how services are organised

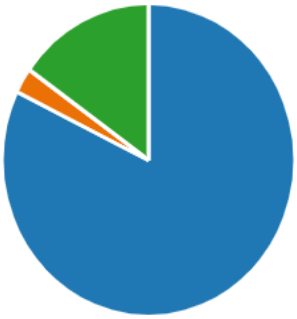
8. As a result of reading this information:



After reading, the information:

- **144** patients had a better understanding of how Bone Conduction Hearing Implants and Cochlear services are currently organised.
- **6** patients had no understanding of how the Bone Conduction Hearing Implants and Cochlear services are currently organised and
- **41** patients understanding of the service remained the same.

9. Understanding of the issues facing the service



After reading the information:

- **157** patients had a better understanding of the issues facing the service
- **5** have no understanding of the issues facing the service
- **29** patients understanding of the issues is the same

Respondents were also asked to comment on any issues facing the service.

From those that suggested that as a result of reading the document, they had a better understanding of the service, the following comments were made

If possible could we have Baha Bone Anchored Hearing Aid facilities in the Ceredigion area as travelling on a bus to Neath or Cardiff hospital would be too much for a pensioner even myself when during COVID I had to pop into A&E as I developed an infection and not one person seen one of these so thankfully I had a work colleague with me and between us was able to explain what is required but it was a struggle
I have a cochlear implant. The reorganisation of this service is necessary, to create the best service possible to give the service users the best quality of life available. I think it should all come under one central unit with all the surgeons and after care can be carried out.

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The only objection I would make is the location of this unit, you have stated that you are using Cardiff as a temporary base but that is where you intend it to be. I will object to this location and I think it should be moved back the Bridgend, it is extremely difficult to travel from any part of West and Mid Wales to Cardiff by road or rail, parking is impossible, taxi fare from the station is £15 to £20, Bridgend is more central to all.
Understandably, patients want local access to services and are reluctant to travel far for those services. Similarly, the health boards also want local services but the specialist nature of the service limits the extent to which each health board can keep the service within its own boundaries.
Yes, the service offered needs to be cost effective (to obtain ongoing funding). Accessible through all stages of delivery and safe. A good robust service not a smattering.
I find the low level of patients described in this document difficult to accept.
Years ago, when my son needed his operations the waiting lists were quite long & funding was difficult. It seems better that these issues are less now.
Yes very much so. Taking away Bridgend causes so many travel problems: 1. a train & then 2. A bus. Parking at Cardiff Hospital is ridiculous and not up to standard for such a large hospital. As I am a pensioner, this means paying high train fares.
Future patients able to be referred to hearing Implant centres by their doctors or consultants for further assessments.
Would travel arrangements/costs for out of area be available?
Some patients will be less likely to opt for BAHA due to travel commitments. I struggle with a small minority of CI candidates who do not want to travel to Cardiff for an assessment. It provides a barrier to some. Otherwise, it is a good idea.
Availability of workforce. Easy access. Parking.
Personal concerns that the issues may affect my own access for any issues, concerns and follow-ups in the future. I have thus far since March 2021 had exemplary care, communication and access to the CI Team at UHW.
There are less patients with BAHAs than I expected
I am wondering if this will have a positive impact on waiting times.
Yes I do. The wait for cochlear implant was long and I had a complication after surgery, which could not be resolved by the operative time. This was very frightening indeed! The Team was not accessible, and they should have been.
Waiting times for appointments
Young persons should have priority.
The arguments are not convincing. There are movements in Wales into having things done centrally. Generally, patients like things done closer to home. The NHS is under pressure at all points. It has coped well, everywhere, with covid

No issues as such but I do think Bridgend Hospital should still be seeing patients that had their operation there with Mr Backhouse. A wonderful service and Cardiff is too far to travel to.
Centralisation - no mention of transportation arrangements.
Only issue I have is I am not seen for 12-18 months.
I was fitted with my BAHA at the QE Hospital 10+years ago in Birmingham. When I moved to South Wales in 2017, I went to Audiology at Gwent Hospital a few times for re-programming as I was experiencing problems. At this time, I had a hearing aid for my other ear. I have recently had a letter from QE Hospital Birmingham to inform me that my device is now obsolete. I have an appointment on the 27/01/2023 at Gwent Hospital to address this problem.
Sustainable hubs for outreach support model for patients needed. Many will be concerned regarding access to local facilities.
If this means that children/adults are able to be assessed and acted on more promptly, it has to be a good change. It has changed my life for the better.
Yes - waiting times are too long.
After being referred to ENT, I was initially told I did not fulfil the requirements for Cochlear Implant, was referred to the Coach Trial - who declined me and said I was eligible for Cochlear Surgery!! What a roundabout!! As soon as I saw a different ENT Surgeon everything went very smoothly.
Having a single centre for CI/BAHA is challenging, surely, for staff intervention. It's a huge catchment area, meaning travel eats into staff hours (for QTOD visiting children).
Not really, but having an implant changed my life and I am eternally grateful. THANK YOU.
ease of access and good communication with clinicians is a key issue
No - just trying to make an appointment with Audiology, messages not passed on.
I am currently waiting for surgery to remove painful and swollen skin around implant - I was placed as Category 2 for surgery in September 2022. I am still waiting and currently on antibiotics for infection - it is vital I have surgery; my fear is when will this happen?
Had my BAHA operation in 1992 with Mr Phillips of The Welsh Hearing Institute. I was the 7th person to have the operation. Before COVID started, I was seen at the hospital once a year for a check-up, which I was always glad of. So I knew there was no infection with the scar in my skull. We no longer get that treatment now.
It would be a good thing if Cochlear were done in more hospitals.
I can understand it but needs some more organisation and regular dates.
To provide a more sustainable and effective service it makes sense to consolidate the main service to one area.
Long term, consistent funding is a concern, especially for training, retaining and replacing specialist staff within a multidisciplinary cochlear/audiological team.

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Accessibility for patients
Patients could be asked if they can make a donation towards costs. Whenever greater expenditure would create greater savings this should be looked at.
Still a very poor understanding of Hearing Impairment and Deafness within the community at large.
If this facility is too far away, how are people going to get there?
It is obviously very difficult to maintain a good service with smaller units and lack of staff and expertise.
I could understand that in smaller areas around wales, would also have a smaller amount of patients compared to a big area such as Cardiff. I do understand that in smaller areas may have less qualified specialists/doctors in the area.
I agree that having all the specialist support in one place can benefit surgical procedures and implant recipients.
More of a local service - no further than Cardiff.
Having somewhere local and tidy somewhere service as everywhere else would be a bonus. Many people have recommended this but I have a awaiting a second option in May 2023
I feel those working in this area should have at the very least basic sign language skills.
Funding for these services and location.
The cochlear implant service has been working under 'urgent temporary arrangements' for three and a half years. This could and should have been resolved by now, but putting CI and BCHI has complicated matters. These are different devices for different populations with different needs. The ongoing situation has put enormous strain on the service and staff.
The CI service has been working under temporary arrangements for a long time. This needs to be resolved as it is impacting planning and service development. There is no question that the CI service needs to be in one centralised hub, but the BCHI is not so clear-cut. Putting them both together is just prolonging the difficult situation facing the CI Service. BCHIs require a much simpler surgical procedure and provide a different way of amplifying sound, but the listening experience is essentially the same as with a conventional hearing aid. CI surgery is much more complex and carries more risks. The way sound is delivered by a CI is entirely different to a hearing aid/BCHI and patients need to learn to listen in a different way, which causes physical changes in the brain. This is why additional rehabilitation is needed. The needs of CI and BCHI patients and the services they require are very different. I'm not sure that WHSSC fully understands the differences.
The service needs to be established, as a single centre for cochlear implants in south wales - the talks of mergers has been ongoing for too long. By trying to add in Baha now against clinical judgment it is adding a complexity needlessly.

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I work as a Stakeholder Lead for an NHS organisation undergoing a Transformation Programme to determine a Future Service Model. Totally appreciate all the issues facing the service and they are very relatable.
In table1 Referral's there seems to be enough numbers for cochlear implants and bone conduction hearing implants to meet the criteria for number of patients per surgeons?
Yes, we feel the service was much better previously. The Bridgend Service was fantastic.
The Bridgend Service was significantly better, providing excellent services to me and my family.
I understand more about issues facing the service

From those that stated they had no understanding of the issues facing the service, the following comments were made:

I understand more about issues facing the service Really disappointed that the cochlear implant service was removed from the Princess of Wales Bridgend. The Heath is not easily accessible I feel like the service is being diluted and isn't as comprehensive as it used to be.

From those that felt their understanding was the same, the following comments were made:

Make a weekly hub
The issues described are common to many aspects of life. A centralised service provides more options but inevitably makes it slightly less convenient for customers/clients. This is analogous to the closing of rural primary schools in favour of larger schools with more facilities.
The shortage of fully trained staff and the one hospital closed is awful. We need more staff and more money to enable this much-needed work to be achieved.
If this means that children/adults are able to be assessed and acted on more promptly, it has to be a good change. It has changed my life for the better.
The lack of qualified staff for the demands. The long waiting times involved.
The Government needs to fund services better.
Enough staff is essential.
No privatisation of services should take place.
I can see the problems with staffing. Would the staff from the other hospital be employed by the Heath Hospital?
The treatment I receive is very good. Staff brilliant.
Don't sink to the standards of QA Hospital Portsmouth!

APPENDIX 1

10.Would you agree/disagree with the following aims for a future Cochlear Implant and Bone Conduction Hearing Implant service:
The service: • can deliver a safe and sustainable hearing implant device service for the adult and children in South Wales • has equitable access • meets national standards • has staff in the right place with the right specialist skills • facilitates timely access to surgery **160** patients agreed **12** patients disagreed **19** patients neither agreed or disagreed

Of those that agreed with the service aims, the following comments were made:

I have a dedicated cochlear support nurse
I personally can't fault the care and service I have received
The local service provides timely and effective care. Continuity of patient and specialist relationship is important. I am known to the service by name and not just a NHS number.
My hearing has fallen rapidly in recent years and I would assess my hearing as only being around a 5 - 10 on a scale of 100; whereas with my BAHA I would estimate my hearing to be an 85 - 95. to this end I am scared of losing my BAHA (it can easily be knocked off) and therefore, selfishly, hope that future services will be in my locality should I have some sort of problem. I know that I could not cope without the BAHA.
I have used hearing implant more than five years and I can feel better using hearing implant (Cochlear Implant System).
I am very happy.
If waiting lists and funding are long then the longer it takes for the person to adjust to the implants, causing further issues.
As long as I and others can get the help we need.
Fully aware of the difficult of Cochlear Service in South Wales
I have high confidence
Essential that the service be maintained and available as required.
It has to be accessible to all ages, socioeconomic groups.
It is a very loaded question! No-one will disagree with the premise that you wish to improve the service.
More people in one place will be better.

APPENDIX 1

The access to timely surgery would be a great outcome here. We also struggle as a small team to dedicate all the admin time to provide figures for the BCIG meetings, if this is managed by one team this would be great.
Right to have one 'Facility' for children and adults. Should make no difference.
I would like to place on record the contribution to cochlear implant hearing service made by Heidi Williams at University Hospital of Wales, Cardiff. She is an immense credit to the service..
I feel the care I've received from the CI Team at Cardiff (UHW) have achieved all the above.
Having everyone (staff) in one place makes more sense to everyone.
From a patient's perspective, all of the above 5 bullet points are vital.
There is NO service for specialist skills to remove implant for MRIC for comer patients in South Wales.
Access may be an issue as some patients and their families will have to travel further but to get excellent standards of care the service needs to be centralised
I think that this will be a positive move, everything will be easily accessible and all at one place.
Multi-disciplinary patient assessment, education, surgery details, skilfully performed implant operation, post-operative follow-ups, early and ongoing support for the implant recipient will work better.
My experience of the team at the Heath hospital has been excellent
I think this will be a positive move, everything will be easily accessible and all at one place.
The issue for those with BCHI/BAHA is how the arrangements for dealing with regular infection flare-ups is CLEARLY stated to BAHA patients, and early entry to deal with infections is paramount!
Centralising a service which serves a small number of the population allows resources to be pooled and staff to gain more experience. This also gives a fairer service and safer.
This would be a brilliant idea.
It's difficult to achieve a cost effective process balancing the needs of a small percentage of the population.
Having the facilities for adults and children under one roof would make more financial sense.
I have access to UHW which is convenient for me but many others will have travel difficulties.
Like all new ideas obviously we need to find out in practice.
By agreeing to the above wording, it suggests that the aims can be met. I would prefer 'aims to' to be added to beginning of each of the above statements rather than 'can, has, meets, has, facilitates'.

APPENDIX 1

This depends on better communication access - I had to fight for live professional captions for a remote consultation. Meeting communication needs must be a priority and not a battle!
Have doubts about equitable service from my personal experience. At my initial appointment, I immediately knew that I was not going to be referred for surgery from the consultant's attitude and apparent lack of interest. Fortunately, it all changed when I saw the ENT Cochlear Surgeon.
From my experience as a deaf person, it was important for me to have familiar staff who I knew well and trusted, therefore a more family type atmosphere, easily accessible.
See above. I am aware that the NHS is under huge pressures. Having one hospital, as a centre for surgery will surely put compromise on availability of beds.
My only problem is getting to the University of Wales due to a walking problem so I have to ask the Ambulance Service for help; they have always obliged.
Local outreach and access, including audiology appointments and rehabilitation appointments would enable ease of access
I agree with what is proposed.
Reassuring that a wider range of specialist skills would be available.
Adults should have better support and more therapy.
I would like to agree because the problem I had before my op. was that I had to wear 2 aids in my ears, the hearing aids caused a lot of infection and irritation, had to go to the hospital every week to have treatment. When I had the chance to have the op., it was great. No more infections and irritations, and a better quality of hearing.
It would be more beneficial to the MDT to be able to maintain their skills/experience and share knowledge by coming together in one location.
Currently I attend the BCHI Unit within the ENT Clinic at Cardiff University Hospital. I live near Pontypool and would NOT wish to travel further than I have to in the future.
I agree with the aims above, but would still prefer to have the services at Bridgend to reduce the need for travelling a long distance for children and the elderly.
A main (one Hub) is the way forward for a seamless approach and understanding.
My National Identity is Scottish (Scottish tick box missing on DB so I couldn't add this! Sarah J)
Having experience of having had my preoperative assessment many years ago i.e. 1996 for a cochlear implant at the old Bridgend Hospital followed by being the 1st to have the implant at the then new in 1997 Princess of Wales Hospital. I agree wholeheartedly with there being one centre with the required service listed.

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It makes sense to rationalise the service and retention of specialists. Post-implementation I would still like to see more D/deaf specialist mental health provision including counselling.
Feel the expertise would be in one place which should be a good thing.
The standard of service keeps improving and I am pleased with the service I have received.
All under one roof would be better and to see consultants quicker would be great (I have no problem with the Royal Gwent Hospital).
It makes sense to provide one central hub for patients and staff.
Whilst Cochlear Implants can benefit from one centre I'm not convinced just having one BCHI Centre is beneficial.
Hope it would give more people with hearing problems access to either implants, As Doctors, Nurses and hearing .specialist available to help.
Please assure people on their own can access appointments in a timely and not costly manner. I have to go to Bristol Eye Hospital - no appointments after 3.00 pm - or transport won't accept. The single from Bristol home is about £200! Not on a pension it isn't - I won't/can't afford it!
If everything was in a central place then standards would improve and the service provided to patients would be better.
No-one is going to argue with these aims, the argument is what services need to look like to deliver these aims.
These are common-sense aims for any service; I can't imagine that anyone is going to disagree with this in principle!
Staffing shortage with Princess of Wales Hospital Cwm Taf Morgannwg being closed
My daughter who is 4 has received outstanding care and support through the process of having her cochlear implants 2 years ago.

Of those that disagreed with the service aims:

I am concerned about the apparent travelling difficulties created by the proposal.
Centralisation doesn't work. Staff are wonderful but getting to you is not good and there's many much further away than us. If you need to save cash get rid of Managers, etc and get more nurses and doctors.
I could not agree with a proposal for one centre given the difficulties for many of your customers to travel. It is already too far for me to travel to Cardiff as it is.
Timely access to surgery: In my case, this is not happening. Category 2 patient seen by surgeon who implanted the new cochlear implant. Still waiting for surgery.
I cannot fault the service but it’s a shame that I have to travel to Cardiff to be seen as they closed POW.

Cochlear Implant Services do not need to be grouped with BAHAs. They are very different and do not require the same care pre or post operatively. Trying to merge services in this way will be of detriment to patient care. The consultation process sought the views of professionals working within the field and yet you admit in the paperwork that their clinical opinion has been ignored.
Travelling from West Wales to Cardiff is just too far. My family travelled miles to Bridgend but Cardiff is ridiculous. Why if there is to be one centre does it have to be in Cardiff? Why can't it be more central?
Residents from West Wales to Cardiff would have to make a long and often tiring journey. Bridgend is quite far already, but travelling further to Cardiff would take an entire day. A service that is located in a more central region of Wales would be ideal and accessible.

Of those that neither agreed nor disagreed with the service aims

I don't know. I have always thought, highly, of the services.
I have not seen anyone for 12-18 months so cannot agree or disagree.
For all of the above to be achieved I think will take a long time. It needs much more funding.
Like all new ideas, obviously, we need to find out in practice.
the success of delivering the future aims is very much dependable upon consistent funding
It's hard to predict the outcome as this could be overwhelming to move into one location. I do understand that there will be more specialists at hand to do the surgeries/appointments and etc. The concern is the wait time to have these surgeries as there is now going to be a vast amount of people going into one place. I am optimistic that this would work.

11. As a result of reading this information, what was peoples understanding of the process that had been followed to arrive at the preferred option?

172 Patients have an understanding of the process that has been followed to arrive at the preferred option

- **5** have no understanding of the process that has been followed to arrive at the preferred option

- **14** patients advised this was not applicable

Of those that commented in this area:

Needs to be robust centralised service, not piecemeal.
I understand the processes but it is always best for everything to be started asap.
No what's the point you won't listen.
Easy on papers. Will it work?
My understanding is that it has been practiced and tried with a positive outcome. That will benefit patients and staff with hopefully the best outcome.
They are used to making very difficult decisions in the NHS. I can't really comment about the process followed.
Financial was a main consideration.
I do not think the needs of the patients have been prioritised, ie the need to go to a near, accessible quiet hospital.
My treatment was 100% professional and caring.
Every children and adult (if deaf) should receive a chance of both operations i.e. whatever they need.
Robust and comprehensively/clearly explained.
I believe a single unit designed to treat all BCHI patients would enable all patients and staff to concentrate on this specialist area of medical treatment.
Many people did not come forward during the pandemic to get advice about their hearing. The number could increase as time goes by, needing more operations.
I can't criticise it and I can't say no.
Have to consider number of CI and BC patients which are very small considering population of Wales.
Perhaps some patients could have been included in this process.
If it means that more operations can be carried out then yes it's definitely needed.
The process followed appears to have been a fair consideration of the views of all parties involved.

12. What do you think about the preferred option of a single implantable device hub for both children and adults with an outreach support model?

- **141** respondents agreed with the preferred option
- **16** respondents disagreed with the preferred option
- **34** respondents had no particular view on the preferred option

From those that agreed with the preferred option, the following comments were made:

It would be great for Adults and children to have one unit
Nice that children and adults can communicate, can help.
I agree with this option because both Cochlear and BCHI, Bone Conduction Hearing Aids, would all be under one umbrella. With the right staff who understand how people with profound hearing loss feel, cope and deal with every day with this very real disability.
I feel centralised services would be more joined up and accountable
This sounds fantastic to have this facility all under one roof. I don't disagree but please consider people who live in rural areas and the valleys where I live, as transport isn't easily available especially if you don't drive. At the moment I go to the Royal Gwent which is easy for me and I could get a bus there. But Cardiff and further afield would be a problem especially if you can't drive (I do drive) so please consider this when deciding where you're going to place it.
It is good. It is better to be in one place so people know where to go. Staff will be with a specialised team. If it is in one place, it may be difficult for some people to get to. One member said she doesn't use hearing aids so she doesn't know much about them. It is a good idea to have a single implant centre. Good thing for children and adults to use the same centre. Keep the same staff as it is good to have the same nurses.
I agree, more service users would benefit
Although I understand the preferred option, I am concerned about the location and travelling further for treatment. I already travel to London for treatment that cannot be met in wales. I am struggling financially because of this, as I am not entitled to travel expenses. However, you dress this up it is a down scaling of services. I had to go to Cardiff for brain surgery as the centre at Morriston hospital was closed. I have also had to attend Cardiff for other services because they cannot be provided locally and the waiting times are longer than local and not acceptable.

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I agree that specialist services would be better served where more staff can be accommodated in one or two centres but, as explained above, hope that this is in my areas.
As the number of patients using the CI and BCHI service is relatively small it is reasonable to centralise the Inpatient aspect of the service. However, there are many of the Outpatient aspects that should be provided at a more local site to reduce the impact of travel particularly for patients living in rural areas of West and Mid Wales. For example, initial assessment with Hearing Tests, CT and MRI scans should be available locally. Similarly, post-op assessments could be carried out near to the patients' home.
I have no comment about the preferred option and I agree with the preferred option as a positive option.
All the required skill set in one place.
The professionals doing this work know what they do and know best; they are second to none.
Travelling difficulties and a possible greater inflexibility in the availability of appointments.
We need more hubs; I have no problem with children & adults being together but what next? Will we be going to Bristol next to save cash?
It is biased. While less strain on services, some people find it difficult to travel and a single hub may result in people not getting the help they need. You would not have one optician for the whole country, why should ears be different?
Finance prevents more than two hubs
It is disappointing that this may cause any Implant Centre's to close with further hardship to staff and patients. I feel it is important to maintain the service in the best way possible for everyone involved.
I am not clear how the proposed change will affect me. The change to the service seems aimed at those people yet to receive an implant. So it would be better to ask them - except you can't as you don't know who they are. For myself as a patient with an existing BCHI (BAHA) I have periodic reviews and check. These currently take place in the Royal Gwent. Will this still be the case or will I need to travel further to the new central centre?
You mention a central hub. Where would this be based and at what cost to the Sennydd? Would this be part private funding? Will existing staff be prepared to move to provide same service? If not, what skill base can be retained? In the current climate within the health service, how far down the list for this vital service do you see yourselves?
The only disadvantage is the additional travelling expense where patients reside far from the hub.
I agree however, I think the location in which you choose to put the centre is very important, as it needs to be accessible to all patients.
I am currently happy with the care I receive from UHW/Cardiff but fully understand the issues with the current service. My only concerns are accessibility, communication for my own future CI journey.

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Easier for everyone to liaise & patients.
I hope this option will improve the quality of care and I also hope that I can attend a specialist closer to my home.
It is the only option to achieve the aims stated.
It would have to be in the Swansea/Bridgend area as Cardiff is too far East and with older patients and less public transport, the appointment would take a full day.
My only question is WHERE? There was nothing in the report to suggest where the new care centre will be
I have always been pleased with the service for my sister and would be willing to go wherever is convenient for the staff. We are so grateful for all their help.
Centralised services for Cochlear and Bone Conduction Implants will get together highly specialised equipment, resources and specialist expertise in one place. This is a recognised model of delivery highly specialised services to relatively small number of patients, but all of the recipients have got a new lease of life! I would like to benefit from more timely resolution of problems - technical and clinical. A centralised service will have better connections with the industry and more timely upgrades of process and novelties. It is necessary to have accurate information as to who and how to call with any problems and the response service to have a patient advisor present.
Where will the hub be? It must be easily accessible by public transport as well as by car. Will there be dedicated parking spaces for clinic/surgery attendances? Will attendance times take travel distance into account?
Only concern is transportation for non-drivers, low income/elderly
Better to have a central team at one location
Cochlear Implant Clinic needs to be more Central Cardiff - is too far East for most people.
My concern will be accessibility for patients who will have further to travel. Will the additional travel costs be funded? I agree with idea of all services under one roof but will this lead to staff being made redundant?
I have the Cochlear Implant and I became independent since they gave me the implant. I used to be dependent on other people. I know it would be better for every patient to get better services and support for South East and South West Wales and South Powys. I also agree that a single centre would be better and able to provide a high quality service too. At present the hospital service is not able to provide good quality service due to the NHS funding cuts.
As an implanted adult I am happy to continue with the service from Cardiff Heath Hospital.
I think it will make more sense than in the previous options, it will be able to budget and also allow/include the much needed help that will be offered with this new option.
Whilst I agree, the clear arrangements for self-referral for ear infections (BAHA) MUST be made to patients as they will probably be life-long clients.

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I agree and understand why services need to be centralised, for financial reasons and also the usage of services by the clients. I visit Cardiff University Hospital and have been for over 25 years even though I live in Carmarthenshire. I do have a worry of integrating children and adults in the one hub/department unless appointments are staggered.
In an ideal world with money no-object a number of centres is the answer. I can understand that for some people travelling further can be difficult but to access this excellent service we should be prepared to pay additionally towards it. Maybe there could be some funding provided for travelling for patients who would struggle to meet the costs.
The outreach support model in Neath Port Talbot will be accessible to myself.
Preferred Option: I would hope that it will be sustainable to fund the change of staff to implement this preferred option.
I understand the need for a single implantable device hub for children and adults with an outreach support model but am concerned at the level of service that will be provided having experienced a deterioration as a consequence of moving from Bridgend to UHW.
Whilst I agree that a single centre is best, I would want to see NO reduction in staffing resource by centralising. We have seen that centralising other services has worsened service. If the same full time equivalent resource is centralised then it may work. Ideally, I want more time available for CI mapping and enquiries.
Although the preferred option appears to be the most suitable, until I know where the Main Hub will be situated, it is difficult to pass a comment.
One Hub will make travel harder for patients.
I can only say how it changed my life to be able to hear again and to be able to speak to some people on the telephone.
Easier access, locally provision of service, less travel to the centre which can be difficult for some patients, may encourage improved joint working and knowledge of the implants amongst local health board services
I agree that after service of the BAHA in local hospitals or local surgeries are a good thing for transport costs and convenient for patients.
Although it may be useful to have this you would have to think about whether it would have an effect on the surrounding communities.
I agree one place does everything for deaf people.
The most important thing is the experience of the person setting up the hearing aid to give maximum benefit. If you have to travel for this it is worth it.
As long as it provides a first class service to all - and completes necessary operations in expected time scales.
Although I do agree with the preferred option and its supporting arguments, I do find it disappointing that as it is all centred in one place then it will obviously have a significant impact on travelling time for many people.

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Neath Port Talbot ENT has been and still is a very good clinic, and I hope it will continue to be the clinic that I can attend.
Children need both implants in order to develop their speech.
As I have BAHA fitted I know the value. I had my BAHA fitted over 11 years ago when I lived in Barnsley. When in Barnsley I only had to attend 1 hospital for all ENT. But since moving back to Wales I've got to go to the Heath for BAHA, Llwynypia for Audiology and ear cleaning. When I first moved back I had to go to Mountain Ash for ear cleaning which meant I was attending 3 hospitals.
I think it's better to have Option B.
The effectiveness and efficiency delivery of the preferred option is dependent upon the availability of specialist staff
Any future upgrades in technology and or surgical methods can be practised at this hub.
A single hub would streamline the problems faced by all patients with various/different levels of hearing loss. All patients and staff would only be focussing on deafness leading to a superior service than is currently available.
Accountable, joined up, patient focussed.
If there were enough referrals and enough staff, Bridgend would be my choice to continue to have the 2 hospitals giving a service to hard of hearing children and Adults.
As stated above and cost effective service will maximise professionalism. A "Centre of Excellence" in Cardiff.
If I may be so bold as to give my personal view on the location of a central Hospital, then The Princess of Wales Hospital in Bridgend would be my choice. Clients living in Pembrokeshire or even the rural areas of Carmarthenshire find it quite stressful driving so far east to Cardiff.
My BAHA was fitted in Birmingham so I have no experience of the implant service in this region. A single hub for the surgery and implants seems a sensible idea. If the ongoing support remains in the same place as now, then there will be no change for where I access my audiologist. Having most appointments closer to home is better for most people.
I think it’s a good idea to have all the right staff and experience in one location instead of being spread between several sites. This would benefit peoples’ aftercare and when the patient needs advice on any problems that may occur. Cost of one location would be easier and reduce travel costs for staff between sites.
Understand the need of people having to travel to centers. Make it easier for rural patients and for those who find access to one center difficult. It could be done.
A single center at Cardiff would suit me as I live close by.
I think all the proposals and actions are ok.
It would be a good idea to the BCHI and Cochlear Implant Services in one hospital, but I can drive!
Any change for the deaf and hard of hearing would be amazing! The BAHA team do amazing work and to have a unit would be a great help to

the team and patients. The difference the NAHA service has made to my life was that I can still work and enjoy life and not live in the "quiet world" feeling patronized. There is still a long way to go for a better understanding of the effects of loss of hearing and disability. Mr Williams and his team do amazing work, it transforms lives. So anything that can benefit research, funding and a specialist unit would get my support and am available if you need a "voice" to help.
I believe this would make the service more of a nucleus for the S Wales area and consolidate the skills of hearing/audiologists/D/deaf specialists across this part of NHS Wales. By bringing staff and expertise together, better care can be practiced. A trained and responsive Outreach service at local audiologist deaf units would enhance the hub. This is very important especially as someone who was referred by an audiologist with strong knowledge of Cochlear Implants.
I agree with the option if this means more patients can be seen. Would it mean an enlargement of unit at the Heath to accommodate extra staff/patients? Hopefully more cost effective. Would there be more outreach units?
No proper instructions on how to use the kit provided. I am 84 and my wife who has a Cochlear Implant is 83. And so getting to the Heath Hospital would be very testing. It is also hard by telephone to get to the Cochlear Department to order spares to batteries.
I understand the issues the services are facing. I do agree that it should be moved into one location. My main worry is that the wait time to have the appointments and surgeries may be longer. As stated before in the survey, it already took 8 weeks for an adult to be seen for a referral? This fact is based on the hospital in Cardiff, the highest population in Wales. This could take much longer now as more patients are going to one location. Although the Activity rate should now be increased which would be the positive.
I am very sorry that the unit at Bridgend is closed. As a person who has been deaf for many years my confidence levels was very low and I become reluctant to attend medical appointments. However, the small group was friendly and warm I was immediately put at ease and was happy and relaxed throughout the procedure and actually looked forward to the visits. The hospital was easy to get to and parking was not a problem. I have found the opposite to be true of Cardiff, it is extremely busy hospital where you have to wait to be seen for a long time. It's impossible to park and have to drive out of the hospital grounds and park on the roads outside. I am confined to a wheelchair and makes life very difficult.
I had my CI in March 2021 during the pandemic at UHW. From the first consultation I was received by a great team of highly trained and professionals individuals who helped me make my decision into accepting CI which was done 3 months after my evaluation and clinical decision making appointments. UHW is easily accessible for me although I live 34 miles away, parking is a nightmare. i have had amazing support from all

of the CI team at Cardiff and hope that will continue in the future, wherever you decide to base the unit.
If it means more staff and more people having the op. Yes I'm all for it they are just wonderful at the UHW Cardiff but transport getting to the hospital not everyone has a car but having one place makes sense.
I agree if there is a single center they will provide a high quality service but in my experience they need to have regular dates and appointments. My sons appointments were cancelled several times and one of the reasons was because they were short staffed in a "big hospital"
I do think this is a great idea especially if it helps people get the quality care they need and a shorter waiting time will be helpful for many patients.
Having one team of skilled experienced specialists in one hub can be a huge benefit to implant surgery. It is however vital that regional outreach support is maintained as access from across Wales to one central hub is not practical for all.
Suitably trained staff and facilities at one location.
I think it will make referrals easier and give a more equitable service
On the basis that the central service provides enhanced care then this can only be a positive step.
I agree that it would be beneficial if there was a centre of excellence. My concern would be location as the area covered in these proposals would mean travelling when transport is not the most reliable without a car.
OK but note my comments i.e. Welsh Ambulance times! I'm on my own, as many older people will be; transport in a taxi is beyond my means. No public transport. Even the community transport costs are beyond my means. QA Portsmouth did my surgery & was left in a ward under the care of my aunt for 5 hours! Aftercare didn't exist. Lost my Notes, refused even to remove my stitches. No follow-up. Now they tell Cardiff (excellent treatment) that I never existed! I had different hearing tests by default at QA. I could hear noise though not words properly. Now have a BAHA fitted though no ear chords - bent over.
By having everything in one place ensures that staff are trained to the highest standard and that patients can access everything in one place without the possibility of "falling through the cracks". Patients will know exactly where to go if they have questions or need advice. However, I do believe that follow up is important. After having my BAHA fitted last year I have had one follow up and that's it. I feel like I have been left to my own devices now. It would have been helpful to talk to other people who have an implant for support and real life advice afterwards. I do believe that patients would benefit a lot from being part of a community before and after the surgery and not just left to "get on with things"
Alongside the changes proposed we suggest some families will face additional time and financial costs associated with travel into Cardiff. Whilst some may be entitled to a travel reimbursement, they will still be required to fund the up-front costs associated with the journey. Additionally, for some families, the appointments will require a full day

away from school / work and this may negatively affect patient experience. Any unforeseen problems arising from surgery will not be dealt with locally; therefore, some families may be required to commit to additional journeys to receive the right care and support. Investment to support communication from the host site to local services will likely be required to ensure local service systems can be automatically updated. Families' emotional needs should be considered in these proposals and responded to as appropriate.
I agree that a single hub is appropriate for CI. I do not think it is necessary for BCHI, although it depends what exactly the proposal is. A centralised MDT could be helpful, but it is unnecessary to make patients travel large distances for such a simple surgical procedure.
I do not think it necessary for all BCHI surgeries to be carried out in one hospital. The team who 'independently' assessed the situation and recommended one hub for BCHIs do not even run their own service this way, with surgeries carried out in several hospitals.
From our perspective we already feel that we are part of a single hub set up.
It is better to have all staff in one place instead of having to bounce around hospitals. However it must be central and easily accessible.
I think that by having a single hub you will have access to specialist surgeons and better facilities to better help patients.
As stated the preferred option is not the preferred option of those working in the field with clinical knowledge of the needs of the service. Please reconsider with this pertinent information in mind.
1. Would provide a service with an equitable level of quality and standards across Wales. 2. Would have the same level of governance and accountability. 3. Sustainable - if the financial appraisal has shown Option D to be most cost effective. 4. Opportunities for service development along with technological development. Negative: Socio-economic issues with increased travel times and potential lack of local engagement to CI and BCHI users who may be negatively impacted by loss of local hubs.
'High volume surgical sites' are key for good outcomes. At the same time follow up services should be 'local to a patient' for better compliance & outcomes
Because waiting times would hopefully improve and staff shortages decrease

From those that disagreed with the preferred option, the following comments were made:

Preferred Option: A single device hub ensures and maintains professional input & status, and the outreach support enables access for all service users. It prevents a watering down of the service.
I agree mainly because I think it is very important to employ and keep the highly qualified staff necessary for the service to be provided.

APPENDIX 1

I think if we could converse/relay our problems to an accessible Audiologist quickly it would take away some of the panic one seems to suffer if we have a problem with our aid. Because it is such a life dependency item. Also a specialised hub would be solely beneficial for us patients. I actually waited 7 years in between my upgrade of my aid.
Too large, anonymous, patients are not familiar with staff and feel insecure and apprehensive. Harder for relatives to visit.
I agree because there are specialists who know their job. So I believe they will make the right decision on a preferred option.
I also agree with Option E as well as Option D. Option D appears to be better than Option E because it has an outreach support model.
I had a cochlear implant at the Heath Hospital in Cardiff (deferred from Bridgend). As I live in South Pembrokeshire it was a long way to travel. However, the benefit of having the Implant far outweighs problems of distance. Help towards travel expenses is available from the NHS if needed.
I would rather have an Adult Hub separate from children.
It is an unnecessary complication to include bone conduction devices. Not all bone conduction hearing aids require surgery yet have similar requirements for follow up and serve a similar population. The follow up required for Cochlear implants is significantly different, requiring users to adapt to an electronic rather than an acoustic signal.
No matter where in Wales the hub is. The travel is a small price for me personally to pay to receive my care.
I consider the change in service to be prudent and the only sensible option
Financially better to have adults and children together to keep the service going. Better qualified staff with the skills that are needed, and more implants can be offered to people who need them.
It would all depend on where the centre is based. At present some of my patients refuse to travel from NHH to RGH so if it's based in the Heath or Bridgend I think a lot of my patients may decline BAHA.
I have been a user of cochlear implants for the last 27 years. I would agree I have had regular appointments with consultants, surgeons and audiology. My only concern going forward is for follow up procedures when things go wrong as a user we heavily rely on them and without them we simply lose confidence, can't join in, have difficulty at work and can be stressful.
Where do you propose to locate the single hub?
No option

APPENDIX 1

Respondents were asked to comment on the following question 'What do you think the impact of the preferred option would be?'

Again the Heath Hospital has been absolutely amazing ever since I was 4 years old and have always been looked after but now I have moved and would love this facility in the Bronglais Hospital in Aberystwyth as the staff there are amazing and help
As long as it is not in Cardiff a lot of users would benefit, people including myself would be put off with hassle day trips to Cardiff
Impact will be longer travelling, local services will become less patient specific. Waiting times would increase due to everyone treated in one place. Less opportunity for consultants and other medical staff to progress locally and opportunities only available in large centres.
It will leave more travelling for many patients but, ultimately, give a more specialist service and save NHS costs, which can be applied to provision of an even better service.
The quality of the service will be enhanced. Providing outpatient assessments at outreach sites will minimise the impact of inconvenience of travel.
It will be better than before. I am more interested in the Cochlear Implant System than the other old hearing aid.
Hopefully more people would have access to the service or be referred to the service at the appropriate time (I wish I had been referred 30 years earlier). Hopefully the preferred option would provide more awareness medically and within the community, therefore obtaining professional status.
Minimal impact for me. Improved specialism/consistency of service.
Job well done.
Probably not much for me as an individual patient but difficulties for other patients. Thank you for seeking my opinion.
Minor inconvenience for some people, but fairly small number of people affected and most will just be grateful of the opportunity to have cochlear, etc.
I do feel that when patients are separated into children and adults, staff can maybe specialise more easily.
I don't know to be honest and I don't think you do either. Only hope service doesn't suffer as this means we suffer. Employing more nurses on better pay & conditions will improve the service. Less pen pushers. Also bring back Matrons and get rid of Managers.
A lot of people not getting the help they require.
People living in far reaches of the area that provides hearing devices have a hard time reaching one hub, especially in inclement weather
1/ Cause distress and expense for patients who will be required to travel further for all appointments. 2/ Patients referral to be assessed for an implant at a centre living further away may be impacted. 3/ Will training skills for all staff in all areas be maintained at present levels. 4/ Will aftercare following implant and switch-on be affected.

APPENDIX 1

Accessibility is the key problem for me, already having issues with train strikes, limited timetables for all public transport.
1. Hopefully the service will be better as the surgeons will do more procedures and hence gain more experience. The associated equipment should also be better. 2. In general patients will have to travel further. Nothing much you can do about that although maybe some consultations could be done remotely, although clearly not hearing tests. Maybe some assistance with travel could be provided.
Hope better service and regular check ups
I think it will impact patients in a beneficial way in most senses, however I believe they will want all their care closer to home.
I think it would have positive outcomes
Good if it works. Lot of work ahead though. Continuity of staff. To us they are friends. Easier parking than the Heath Hospital. More help needed to those living along to use new devices, etc. Particularly the older element.
Quicker response, better service, skilled staff. I received my implant 12 years ago. Everything went smoothly and I am very grateful to all the staff involved. However, after my operation, I was put on a general ward, which was very difficult for the staff and myself.
Sincerely hoping that you will be able to maintain and offer the high levels of access, communication and care I currently receive at UHW/Cardiff. Benefits of relocation may be easier access, ie parking or access by Public Transport, though doubt that's achievable or realistic for many of your patients. Hoping you keep your current highly trained staff.
So much better for patients to be in one place, we all have different needs, therefore if all specialists are in one place, it would be so much easier all round. It's just a shame Mid Wales is forgotten and it takes 3 hours to get to my hospital appointments one way.
More centralised services would mean that specialist teams would have a better opportunity to maintain their skills and would mean that finances don't have to be split across a number of services; therefore would be more beneficial from a financial perspective.
I feel the service would become more robust ensuring the correct staff are seeing patients
At present I'm seen in Neath Port Talbot Hospital and this is very difficult for me to get to. I would very much prefer to be seen in Singleton Hospital as I did a few years ago as I can get there much easier. I live in Pontarddulais Swansea and if there is a centre for hearing loss closer to my home and on a bus route, that would be much easier for me.
Although the desired level of service should be assured, the main impact will be on patients who have increased distance to travel for appointments and surgery. For some this may discourage them from attending.

I would need details on the location of the single hub before I could answer. Cardiff would be my preference.
It will impact those who live furthest away, might I suggest having extra facilities available for families to stay overnight?
Better continuity of care provided. I do worry about access as living in Swansea and coming to Cardiff has sometimes proved difficult especially on surgery day as we had to find a hotel, etc. The whole Team were nothing short of amazing and the care I received was second to none. By pulling all the services together, it can only improve.
I think it will make more sense than the previous options. It will be able to keep to budget and also allow included the much needed help that will be offered with this new option.
Faster turnover of patients' appointments, less frequent technical issues during clinical appointments. The personnel is likely to be more involved in patient's care and outcomes in comparison to the service "borrowing" personnel from outpatients' departments of general hospital. I believe such service will be able to arrange timely and expertly dealing with emergencies. It can be the hub for training health professionals. It can develop research unit. It can facilitate patients' support groups, further education and training in using the implants for improved quality of life of the recipients. A Centralised Unit will measure up very favourably with other UK and International Units. I have benefitted tremendously from the skills and professional expertise of UHW Cochlear Implant Service. I cannot praise them highly enough for the years of support I have received. I believe that the Cochlear and Bone Conduction Implant Services in Wales have got a bright future and should be supported throughout. .
More difficult for those living at some distance. But a 'Centre of Excellence' is certainly a preferred way forward. Outreach support must be fully supported and not just pay lip service to the idea. Staff must be fully trained and supervised to a high standard wherever they are based.
Essential to enable all patients to take their places in society with no exclusions for any person’s disabilities.
probably a better service, although the current arrangements are excellent
Potential for a more complete service. Longer and more expensive travel for some people. Will staff have to relocate?
I want a good service for everyone who has hearing issues. At this moment there's not much available and it is very difficult to get help and support.
A personal view: I am 85 next month. I was fitted with a BAHA in 2008 at Singleton Hospital. The hearing loss, in the meantime, has been considerable and it is a chronic disease. The Baha does very little for me now but I can't do without it as it does pick up a level of noise. I appreciate the good work that went into getting one of those. I attend Audiology at Carmarthen Hospital every 3 months, or did pre-covid. A local centre would be nice where the BAHA could be serviced or

replaced. As far as I am concerned, it could be Option A still with as you describe on page 19: "Can be delivered through an outreach model closer to home". At my age, the closer to home things are the better. COVID has made us a lot more hesitant about going to busy places. I think the current system is good. Then, there are your groups claiming it could be improved. Despite best attention, I have lost my hearing. There were problems from a very early age. We were in London for 38 years and had regular appointments at Ilford and Whipps Cross Hospital for treatment. We moved here 20 years ago and the transition to Carmarthen and Singleton Hospitals was seamless. The hearing loss has been dramatic. It is as if the nerve endings have eroded away and there is nothing there to work on. There is an impact on our daily lives, of course. It throws a huge burden on my wife, who has to deal with all those day to day things in our lives. She jots things down for me, rather than try to communicate verbally. I wish I could pull my weight and do a share.
It would be a lot better as you are able to see the same people (surgeons and audiologists) whenever you have an appointment, so that you can build up a patient/Doctor relationship that most people like myself miss.
Centralisation = Centre of Excellence. Retain qualified staff, maintain Dr numbers and allow cover therein. Possibility for innovation. Transport arrangements would prove difficult for more people.
I agree as it gives a fairer and safer service for patients; it will no longer be a 'postcode lottery' as to how quickly and effectively a patient is seen. Largely positive, however, it could mean transport difficulties for some patients. Also, I am assuming the service would require fewer specialists going forward and whilst this may be a cost saving, it will mean there may be losses for the staff involved. Also, would current staff relocate, or would it result in staff shortages as it is a specialist area. I want to know whether the Doctors would still have a working partnership with Paediatric Plastics in Swansea Bay (Morriston) to accommodate BCHI and ear reconstruction to happen at the same time.
Hopefully it will improve services for the clients.
It would be very worthwhile building a specialised hospital where it would enable a high end patient care ad understanding. All Doctors and their Team in a central place would benefit everyone, creating more jobs, more specialised care.
You can never please everyone, but this appears to be the most sustainable option.
A far more accessible and specialised service for both the health providers and the patients
Staff moving to central hub and patients' concerns regarding appointments. Difficult to travel to. I myself had a very good experience with very helpful and professional staff when I had my Cochlear Implant.
I'm sure it should be a big improvement, mostly to relay any problem that us current users face. It can only be a good thing if children/adults

who need help with the hearing problems are sorted quickly. I'm lucky enough to have had a BCHI (BAHA) at Singleton almost 30 years ago. Wish it was available when I was a child/teen. So pleased for children today [to be able to receive this Aid].
A poorer service. Increased costs for families living in West Wales. Increased travelling times. Whilst this is couched as a 'consultation', I believe the decision has already been taken.
I worry it will be an excuse to cut overall staffing - if this happens, no progress will be made. I am now in year 2 since my CI. I believe not enough time is given to mapping - as a result, my confidence has eroded as my CI experience has declined through mapping being done in a rush.
The following problems could arise for many people: 1. Distance they will have to travel; 2. If no car available; 3. What will be the bus service to the location. West Wales patients may have a tremendous distance to travel if the hub is situated in Cardiff for example. The principle in respect of expertise and staff levels is good. But at what price to patients? At present, Swansea, Cardiff and Newport Hubs means patients travelling. Could be more suitable and less distances involved.
I find it hard enough to travel to your centres as they are - one centre would be too much.
There will be an impact for both staff and families, particularly for areas further afield. Putting all your eggs into one basket as it were?
If my experience is that a change would be not needed to improve the service and attention I received when I was attended to. Thank you.
Better service access, knowledge imparted and improved links with local services, especially audiology teams, (if outreach audiology appointments), a possible increase in the number of people being referred/ considering implants, consistent approach
It would not be dire that is for certain but overall unsure. I was unaware that these services were in such a mess and would agree having these services centralised but not affecting people is a good idea.
I currently have BAHA 6 Power. Struggling to get settings correct which can be common from comments on Facebook Group. Would be difficult and I imagine patients would persevere less if they had longer to travel. Would you still be able to have settings adjusted locally? This would be important to me. Do you offer the Osia 2?
1. Would have more in-depth skills in one centre. 2. Would provide more consistent appointment fixtures as there would be more specialists on hand to cover unexpected absences. 3. Unfortunately, would mean significant number of people might have a significant increase in travelling time and therefore additional cost, as well as travel stress.
It would be ideal, if you could provide enough support for Adults, as children get plenty of support and therapy. But I was so struggling on my own. It took time for me to get used to it. Important to ask adults what they do seek from you and give your options of support to adults. Also, staff need to learn basic BSL, just in case. And especially reception

staff are awful. They look down at the system whilst talking to us. How rude.
Better all round. Makes sense to keep both sections in one main centre with Outreach Support.
Whichever the option, some patients are going to travel further.
Think it would impact patients as there have been too many changes already. People want to be seen where they have been seen in the past!
Improved individualised care.
I think the impact would be to go for Option B.
A more timely service with waiting times equal for all areas. Whereas now, it varies greatly between the health boards. I have been fortunate to have been treated at The Royal Gwent Hospital and had a BAHA fitted in 2018. I have received excellent care and any issues I am able to access the Audiologists within their department. Only this week I asked for an appointment as experiencing feedback issues. I have been referred back to my ENT Consultant as the abutment made needed to be replaced by a longer one. I have also been given an appointment for a hearing test as last one was 3 years ago. This is to see if I would benefit from the newer version of the BAHA, funding permitting. I am a Nurse Manager working at the Royal Gwent and am very appreciative of the care and treatment I have received. The BAHA has transformed my hearing problems. I would be more than happy to travel to a central hub with follow ups locally.
Yes for clinical reasons it makes sense but not sure if patients would agree
Distance from hub and travel time for patients will be concerning and could be problematic. May result in an increase of patients not attending.
The impact on some would include, increased travelling cost and time. But having said that as a BAHA wearer, the positive impact of having this aid, far outweighs any negatives of slight upheaval of having to travel a little further or taking a day of work instead of say half a day.
Waiting lists would be reduced. GP's would know exactly where a patient would need to be referred. Staff would not be called away to cover other areas - this does happen in multi-disciplinary hospitals/clinics. Improved communication between patients and staff. Allow for longer consultations. Better understanding of complications following cochlear implants. Patients would know exactly where and who to contact should problems arise. Overall a single centre to deal with BCHI simplified referral, consultation, surgery and all future necessary follow-ups which are essential. Adequate parking.
Improved individual patient care.
Congestion in the Heath Hospital making waiting and travelling a problem. Parking in Cardiff is always a problem. Allowing time for catching buses for people from far away could cause stress. Staff shortages causing congestion of patients waiting for attention. Too many

operations for the surgeons to perform. Too many people waiting to be seen.
I support Option D. If that is the preferred option I think the impact would be best. An outreach support model would then be available for everyone, whenever necessary.
To enhance the lives of people with profound hearing loss. More public awareness by being a centralised approach for Wales. A hub for excellence.
For myself I would simply like a conversation regarding the problems I have with my BAHA. An expert whose input I would value.
A one stop 'SHOP' - all in one place. Great!
For me personally, no impact.
Is there any plan to make more use of digital support for follow up care? I have managed very well with my implants using headsets and Bluetooth. More training will be required for both patients and staff on this.
People might have trouble getting to the hospitals and parking is always a nightmare. Help to set up appointments would be helpful.
If the hospital is long way for some patients to get there without a car it could be a big deal for them. I live in the valleys and buses from our village only run every 2 hours and stop at certain times, so for someone without a car would be a big deal unless a transport service was made available for them.
There needs to be more help and understanding of the deaf community and maybe a complete unit dedicated to this would be an asset
Firstly I wouldn't want there to be an impact on the workforce's work/life balance by having to change work place by excessive commuting, etc. This needs to be managed sensibly. Having previously been a patient at West of England Cochlear Implant Programme, I felt at ease and safe in their care. Larger travelling distances for patients might be an issue, but with good care, long travel shouldn't be consistently necessary post-implant. Good workforce/patient relationships should be maintained if a single hub is the option. Some patients may be too used to the current set-up.
A better and quicker service while some of us have to travel further. I think it will be better for us in the long term, with all the right staff and facilities in the right place.
All things considered, it would benefit everyone who needs assisted hearing aids which are essential, as I for one am very grateful for mine. I think if it makes the process easier I'm all for it.
Benefit for all - staff and patients alike. Increase in referrals. Especially important for children as early diagnosis and help is vital. Having been profoundly deaf I consider my Cochlear Implant to be a "Miracle". Any improvement in the future provision of Cochlear and BCHI is to be welcomed. PS: Many thanks to the Cochlear Team at the Heath Hospital!
To make it easier and more accessible for everyone.

As stated earlier, I think there would be an increased amount of patients heading to one location which in turn will have an increase of wait time is the main concern of mine. I do think the positives is that financially, it could all go into one hospital which would be able to cater for all departments.
Having to travel to a central hub may put some people off having the surgery which would be a great loss to patients of the absolutely massive benefits of an implant (it changed my life for the better by an enormous amount). So the correct support may be required even providing accommodation for the accompanying relative if needed. For the surgical procedure, an overnight stay in hospital.
Would it still be the personal service I have now? I have already moved from Bridgend with no choice or option. Cardiff has been very good to me. A service that I have quick access to if I have a problem with my cochlear implant.
Fewer staff & facilities offering higher level of service to patients. Patients having to travel further for treatment etc.
i think it will result in some patients have if to travel further , but they would be seeing a more experienced team
The centre would have to be child friendly. As a child growing up we had a special Ear, Nose and Throat hospital which catered for children so the environment was welcoming and friendly.
It won't be good for many distance-wise. I can drive to Cardiff; I would NOT drive to Newport. If the new service is as good as Cardiff - fantastic. Met a lady working in Tesco - she is over the moon. Saw a little boy with an implant and showed him mine - he was thrilled. It's a good thing to mix children & adults. Let's hope many more will benefit, especially for surgery not to be in a mixed surgical environment. I heard something about teaching the children to speak with 'normal tones', including regional accents, and not sound flat. Fantastic. I just wish I could hear 'the split' and therefore learn to speak Welsh! (Being old doesn't help). Good luck. When I eventually got mine, I cried when I heard birds sing! My (*name*) said it was selective hearing and bad hygiene - I was 24/7 carer to my Mum. Please teach GP's. From my experience in Wales it's better - but it's so so important. I was also refused access to a hearing dog! Thank you for my treatment this past 9-10 years.
The impact should be better support for those with hearing loss. Support to access doctors who use BSL, access to the Deaf community, and a community of those with implants. A follow up to check on quality of life/ what benefit they have had from the implant would be easy to do. Staff could be trained to higher standards if they are specialising and they would come to know the difficulties facing the patients better.
In response to increased travel, time, and financial costs for some families, it will be imperative to monitor equality of access to the specialist provision once available via a single site, adjusting policy continuously to support families access as appropriate.

Continued investments to ensure effective communications between local systems and the host database systems should be considered. We expect the related services to comply with nationally developed standards. National Deaf Children's Society works with government agencies and professional groups in developing good practice guidance and quality standards that reflect the views of parents and young people. We suggest consideration is given to supporting the emotional needs of families opting for implant assessment, procedure, and follow-on care, which is reflected in policy, pathways and practice.
A positive development for the CI service, formalising the current arrangement and enabling the service to move forward. A centralised MDT could be helpful for BCHI, making things more co-ordinated and potentially leading to more people receiving BCHI. However, it could also be detrimental to patients if care is unnecessarily moved away from their local area.
Positive for the CI service, removing uncertainty and allowing the service to move forward. For BCHIs, it will mean that patients will need to travel further for a simple surgical procedure, for no good reason.
The impact would potentially be minimal for us as currently we only attend appointments annually however we appreciate there could be an impact for others.
More convenience and better quality treatment.
Travelling will be a problem for some people. It was hard to adapt when I used hearing aids. I didn't wait a long time for mine. I think it's a good idea to have in one hospital. It is a good idea for both adults and children to be in one hospital. It will be easier for all the staff to be in one place. My house mate wears a hearing aid; you put it in your ear. 3 hospitals to be put into one is not enough. Travelling too far. It can be a long way to travel. It could be a good idea to ease pressure on emergencies. It's a good idea for adults and children in one place. It may be easier to employ staff.
It is likely that fewer patients will benefit from bone conduction devices if a central referral is required.
Detriment to the service provided to both CI and BAHA patients. The needs of patients is not equitable and trying to lump them together will not be in the best interests of the service.
Personally little impact. Potential however, for other service users to feel that there may be: 1.a lack of local support; 2. financial detriment to attend appointments. 3. Feeling of inequality due to location. 4. It would end in essence 'postcode' lottery - not in terms of treatment or expertise but would ensure consistency. 5. There would be a decrease in staff pool for the services provided. This would mean potential staffing issues

should you have retirement/relocation of staff. It would become an extremely specialised service. It will unfortunately mean some staff would also become de-skilled.
A better, more integrated service for children and adults.
An improved service and a higher skilled workforce
enough patients seen to ensure staff skills are adequate
This would depend on the strength of the outreach support model. Visiting Cardiff from West Wales is a big undertaking - can you imagine doing this with a newly implanted Aid on public transport? If the outreach centre was located in an appropriate location then it may be considered more desirable. Also if you have transport the parking at Cardiff is horrendous. I think that people would miss appointments and feel dread at the thought of going to a big impersonal centre. At Bridgend we were known to staff and made to feel welcome and the service was second to none. The hospital was easy to get to with adequate parking. At the moment with one centre it feels impersonal and rushed. The staff seem rushed and there is little time for the care I feel should be provided for such an important part of my life. I think the impact would be very negative and with the number of adults and children with implants increasing it seems illogical to decrease the service - which I feel is already not as good as it was.
I somewhat agree but there are areas to be considered such as the location of the model. As mentioned previously, the location should be more central, such as Carmarthenshire, thus meaning more people have access to facilities. Parking would need to be of a decent quality. Cardiff has poor parking. In addition, public transport would need to be considered, as not all people with cochlear implants or have an implanted child are able to drive. One singular centre would possibly fail to provide efficient facilities and support and time - especially to newly implanted people and their families. I believe going ahead would be a mistake due to the extensive journey which in my experience is very tiring, as well as the tuning sessions being exhausting - adding hours of travel into the mix amplifies my sheer exhaustion. In addition the system feels very rushed, like patients are tasks to complete instead of people. Growing up, Bridgend was personal to me. I recall being greeted, updating staff on my life and felt more than a list. Taking the next step could discourage people from choosing to be implanted as they will have to take constant tests at the hospital in the immediate aftermath of the surgery and the activation of the implant. Prior to taking the next step, I strongly believe consultation with patients and their families would be ideal as relying solely on data and financial costs would be a severe mistake.
care will improve
A quicker response rate to ongoing needs for children

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

APPENDIX 2 THEMATIC ANALYSIS OF RESPONSES ENGAGEMENT ON FUTURE PROVISION OF COCHLEAR AND BONE CONDUCTION HEARING IMPLANTS FOR SOUTH EAST WALES, SOUTH WEST WALES, & SOUTH POWYS

COMMENTS FROM THE RESPONSES PRESENTED WITHIN THEMES
SUPPORT FOR PROPOSED CHANGE

Support for change	I have a cochlear implant. The reorganisation of this service is necessary, to create the best service possible to give the service users the best quality of life available. I think it should all come under one central unit with all the surgeons and after care can be carried out.
Support for change	If this means that children/adults are able to be assessed and acted on more promptly, it has to be a good change. It has changed my life for the better.
Support for change	Yes - waiting times are too long.
Support for change	To provide a more sustainable and effective service it makes sense to consolidate the main service to one area.
Support for change	It is obviously very difficult to maintain a good service with smaller units and lack of staff and expertise.
Support for change	I agree that having all the specialist support in one place can benefit surgical procedures and implant recipients.
Support for change	If this means that children/adults are able to be assessed and acted on more promptly, it has to be a good change. It has changed my life for the better.
Support for change	More people in one place will be better.
Support for change	Right to have one 'Facility' for children and adults. Should make no difference.
Support for change	Having everyone (staff) in one place makes more sense to everyone.
Support for change	I think that this will be a positive move, everything will be easily accessible and all at one place.
Support for change	Multi-disciplinary patient assessment, education, surgery details, skilfully performed implant operation, post-operative follow-ups, early and ongoing support for the implant recipient will work better.
Support for change	I think this will be a positive move, everything will be easily accessible and all at one place.
Support for change	Centralising a service which serves a small number of the population allows resources to be pooled and staff to gain more experience. This also gives a fairer service and safer.
Support for change	This would be a brilliant idea.

Support for change	Having the facilities for adults and children under one roof would make more financial sense.
Support for change	I agree with what is proposed.
Support for change	Reassuring that a wider range of specialist skills would be available.
Support for change	It would be more beneficial to the MDT to be able to maintain their skills/experience and share knowledge by coming together in one location.
Support for change	A main (one Hub) is the way forward for a seamless approach and understanding.
Support for change	Having experience of having had my preoperative assessment many years ago i.e. 1996 for a cochlear implant at the old Bridgend Hospital followed by being the 1st to have the implant at the then new in 1997 Princess of Wales Hospital. I agree wholeheartedly with there being one centre with the required service listed.
Support for change	Feel the expertise would be in one place which should be a good thing.
Support for change	All under one roof would be better and to see consultants quicker would be great (I have no problem with the Royal Gwent Hospital).
Support for change	It makes sense to provide one central hub for patients and staff.
Support for change	Hope it would give more people with hearing problems access to either implants, As Doctors, Nurses and hearing .specialist available to help.
Support for change	Needs to be robust centralised service, not piecemeal.
Support for change	My understanding is that it has been practiced and tried with a positive outcome. That will benefit patients and staff with hopefully the best outcome.
Support for change	I believe a single unit designed to treat all BCHI patients would enable all patients and staff to concentrate on this specialist area of medical treatment.
Support for change	If it means that more operations can be carried out then yes it's definitely needed.
Support for change	It would be great for Adults and children to have one unit
Support for change	I agree with this option because both Cochlear and BCHI, Bone Conduction Hearing Aids, would all be under one umbrella. With the right staff who understand how people with profound hearing loss feel, cope and deal with every day with this very real disability.
Support for change	I feel centralised services would be more joined up and accountable

Support for change	It is good. It is better to be in one place so people know where to go. Staff will be with a specialised team. If it is in one place, it may be difficult for some people to get to. One member said she doesn't use hearing aids so she doesn't know much about them. It is a good idea to have a single implant centre. Good thing for children and adults to use the same centre. Keep the same staff as it is good to have the same nurses.
Support for change	I agree, more service users would benefit
Support for change	I have no comment about the preferred option and I agree with the preferred option as a positive option.
Support for change	All the required skill set in one place.
Support for change	Easier for everyone to liaise & patients.
Support for change	It is the only option to achieve the aims stated.
Support for change	Centralised services for Cochlear and Bone Conduction Implants will get together highly specialised equipment, resources and specialist expertise in one place. This is a recognised model of delivery highly specialised services to relatively small number of patients, but all of the recipients have got a new lease of life! I would like to benefit from more timely resolution of problems - technical and clinical. A centralised service will have better connections with the industry and more timely upgrades of process and novelties. It is necessary to have accurate information as to who and how to call with any problems and the response service to have a patient advisor present.
Support for change	better to have a central team at one location
Support for change	I think it will make more sense than in the previous options, it will be able to budget and also allow/include the much needed help that will be offered with this new option.
Support for change Service design	I agree and understand why services need to be centralised, for financial reasons and also the usage of services by the clients. I visit Cardiff University Hospital and have been for over 25 years even though I live in Carmarthenshire. I do have a worry of integrating children and adults in the one hub/department unless appointments are staggered.
Support for change	In an ideal world with money no-object a number of centres is the answer. I can understand that for some people travelling further can be difficult but to access

Travel and costs	this excellent service we should be prepared to pay additionally towards it. Maybe there could be some funding provided for travelling for patients who would struggle to meet the costs.
Support for change	I agree one place does everything for deaf people.
Support for change	The most important thing is the experience of the person setting up the hearing aid to give maximum benefit. If you have to travel for this it is worth it.
Support for change	As long as it provides a first class service to all - and completes necessary operations in expected time scales.
Support for change	A single hub would streamline the problems faced by all patients with various/different levels of hearing loss. All patients and staff would only be focussing on deafness leading to a superior service than is currently available.
Support for change	Accountable, joined up, patient focussed.
Support for change	I think it's a good idea to have all the right staff and experience in one location instead of being spread between several sites. This would benefit peoples aftercare and when the patient needs advice on any problems that may occur. Cost of one location would be easier and reduce travel costs for staff between sites.
Support for change	A single center at Cardiff would suit me as I live close by.
Support for change	I think all the proposals and actions are ok.
Support for change	It would be a good idea to the BCHI and Cochlear Implant Services in one hospital, but I can drive!
Support for change	I believe this would make the service more of a nucleus for the S Wales area and consolidate the skills of hearing/audiologists/D/deaf specialists across this part of NHS Wales. By bringing staff and expertise together, better care can be practiced. A trained and responsive Outreach service at local audiologist deaf units would enhance the hub. This is very important especially as someone who was referred by an audiologist with strong knowledge of Cochlear Implants.
Support for change	I do think this is a great idea especially if it helps people get the quality care they need and a shorter waiting time will be helpful for many patients.
Support for change	Having one team of skilled experienced specialists in one hub can be a huge benefit to implant surgery. It is however vital that regional outreach support is maintained as access from across Wales to one central hub is not practical for all.

Support for change	I think it will make referrals easier and give a more equitable service
Support for change	It is better to have all staff in one place instead of having to bounce around hospitals. However it must be central and easily accessible.
Support for change	I think that by having a single hub you will have access to specialist surgeons and better facilities to better help patients.
Support for Change However concerns re increased travel times	1. Would provide a service with an equitable level of quality and standards across Wales. 2. Would have the same level of governance and accountability. 3. Sustainable - if the financial appraisal has shown Option D to be most cost effective. 4. Opportunities for service development along with technological development. Negative: Socio-economic issues with increased travel times and potential lack of local engagement to CI and BCHI users who may be negatively impacted by loss of local hubs.
Support for change	'High volume surgical sites' are key for good outcomes. At the same time follow up services should be 'local to a patient' for better compliance & outcomes
Support for change	Because waiting times would hopefully improve and staff shortages decrease
Support for change	Preferred Option: A single device hub ensures and maintains professional input & status, and the outreach support enables access for all service users. It prevents a watering down of the service.
Support for change	I agree because there are specialists who know their job. So I believe they will make the right decision on a preferred option.
Support for change	No matter where in Wales the hub is. The travel is a small price for me personally to pay to receive my care.
Support for change	I consider the change in service to be prudent and the only sensible option
Support for change	Financially better to have adults and children together to keep the service going. Better qualified staff with the skills that are needed, and more implants can be offered to people who need them.
Support for change	It will leave more travelling for many patients but, ultimately, give a more specialist service and save NHS costs, which can be applied to provision of an even better service.
Support for change	The quality of the service will be enhanced. Providing outpatient assessments at outreach sites will minimise the impact of inconvenience of travel.
Support for change	It will be better than before. I am more interested in the Cochlear Implant System than the other old hearing aid.

Support for change	Hopefully more people would have access to the service or be referred to the service at the appropriate time (I wish I had been referred 30 years earlier). Hopefully the preferred option would provide more awareness medically and within the community, therefore obtaining professional status.
Support for change	Minimal impact for me. Improved specialism/consistency of service.
Support for change	Job well done.
Support for change	Minor inconvenience for some people, but fairly small number of people affected and most will just be grateful of the opportunity to have cochlear, etc.
Support for change	1. Hopefully the service will be better as the surgeons will do more procedures and hence gain more experience. The associated equipment should also be better. 2. In general patients will have to travel further. Nothing much you can do about that although maybe some consultations could be done remotely, although clearly not hearing tests. Maybe some assistance with travel could be provided.
Support for change	I think it will impact patients in a beneficial way in most senses, however I believe they will want all their care closer to home.
Support for change	I think it would have positive outcomes
Support for change Service design	Quicker response, better service, skilled staff. I received my implant 12 years ago. Everything went smoothly and I am very grateful to all the staff involved. However, after my operation, I was put on a general ward, which was very difficult for the staff and myself.
Support for change	Sincerely hoping that you will be able to maintain and offer the high levels of access, communication and care I currently receive at UHW/Cardiff. Benefits of relocation may be easier access, ie parking or access by Public Transport, though doubt that's achievable or realistic for many of your patients. Hoping you keep your current highly trained staff.
Support for change Location	So much better for patients to be in one place, we all have different needs, therefore if all specialists are in one place, it would be so much easier all round. It's just a shame Mid Wales is forgotten and it takes 3 hours to get to my hospital appointments one way.
Support for change	More centralised services would mean that specialist teams would have a better opportunity to maintain their skills and would mean that finances don't have to be

	split across a number of services; therefore would be more beneficial from a financial perspective.
Support for change	I feel the service would become more robust ensuring the correct staff are seeing patients
Support for change Location Service feedback	Better continuity of care provided. I do worry about access as living in Swansea and coming to Cardiff has sometimes proved difficult especially on surgery day as we had to find a hotel, etc. The whole Team were nothing short of amazing and the care I received was second to none. By pulling all the services together, it can only improve.
Support for change	I think it will make more sense than the previous options. It will be able to keep to budget and also allow included the much needed help that will be offered with this new option.
Support for change	Faster turnover of patients' appointments, less frequent technical issues during clinical appointments. The personnel is likely to be more involved in patient's care and outcomes in comparison to the service "borrowing" personnel from outpatients' departments of general hospital. I believe such service will be able to arrange timely and expertly dealing with emergencies. It can be the hub for training health professionals. It can develop research unit. It can facilitate patients' support groups, further education and training in using the implants for improved quality of life of the recipients. A Centralised Unit will measure up very favourably with other UK and International Units. I have benefitted tremendously from the skills and professional expertise of UHW Cochlear Implant Service. I cannot praise them highly enough for the years of support I have received. I believe that the Cochlear and Bone Conduction Implant Services in Wales have got a bright future and should be supported throughout. .
Support for change	More difficult for those living at some distance. But a 'Centre of Excellence' is certainly a preferred way forward. Outreach support must be fully supported and not just pay lip service to the idea. Staff must be fully trained and supervised to a high standard wherever they are based.
Support for change	probably a better service, although the current arrangements are excellent
Support for change	It would be a lot better as you are able to see the same people (surgeons and audiologists) whenever you have an appointment, so that you can build up a patient/Doctor relationship that most people like myself miss.

Support for change	Centralisation = Centre of Excellence. Retain qualified staff, maintain Dr numbers and allow cover therein. Possibility for innovation. Transport arrangements would prove difficult for more people.
Support for change	It would be very worthwhile building a specialised hospital where it would enable a high end patient care ad understanding. All Doctors and their Team in a central place would benefit everyone, creating more jobs, more specialised care.
Support for change	You can never please everyone, but this appears to be the most sustainable option.
Support for change	A far more accessible and specialised service for both the health providers and the patients
Support for change	I'm sure it should be a big improvement, mostly to relay any problem that us current users face. It can only be a good thing if children/adults who need help with the hearing problems are sorted quickly. I'm lucky enough to have had a BCHI (BAHA) at Singleton almost 30 years ago. Wish it was available when I was a child/teen. So pleased for children today [to be able to receive this Aid].
Support for change	Better service access, knowledge imparted and improved links with local services, especially audiology teams, (if outreach audiology appointments), a possible increase in the number of people being referred/ considering implants, consistent approach
Support for change Location	1. Would have more in-depth skills in one centre. 2. Would provide more consistent appointment fixtures as there would be more specialists on hand to cover unexpected absences. 3. Unfortunately, would mean significant number of people might have a significant increase in travelling time and therefore additional cost, as well as travel stress.
Support for change	Better all round. Makes sense to keep both sections in one main centre with Outreach Support.
Support for change	Improved individualised care.
Support for change	I agree mainly because I think it is very important to employ and keep the highly qualified staff necessary for the service to be provided.
Support for change	Yes for clinical reasons it makes sense but not sure if patients would agree
Support for change Location	The impact on some would include, increased travelling cost and time. But having said that as a BAHA wearer, the positive impact of having this aid, far outweighs any negatives of slight upheaval of having to travel a little further or taking a day of work instead of say half a day.

Support for change	Waiting lists would be reduced. GP's would know exactly where a patient would need to be referred. Staff would not be called away to cover other areas - this does happen in multi disciplinary hospitals/clinics. Improved communication between patients and staff. Allow for longer consultations. Better understanding of complications following cochlear implants. Patients would know exactly where and who to contact should problems arise. Overall a single centre to deal with BCHI simplified referral, consultation, surgery and all future necessary follow-ups which are essential. Adequate parking.
Support for change	Improved individual patient care.
Support for change	I support Option D. If that is the preferred option I think the impact would be best. An outreach support model would then be available for everyone, whenever necessary.
Support for change	To enhance the lives of people with profound hearing loss. More public awareness by being a centralised approach for Wales. A hub for excellence.
Support for change	A one stop 'SHOP' - all in one place. Great!
Support for change	There needs to be more help and understanding of the deaf community and maybe a complete unit dedicated to this would be an asset
Support for change Workforce balance	Firstly I wouldn't want there to be an impact on the workforce's work/life balance by having to change work place by excessive commuting, etc. This needs to be managed sensibly. Having previously been a patient at West of England Cochlear Implant Programme, I felt at ease and safe in their care. Larger travelling distances for patients might be an issue, but with good care, long travel shouldn't be consistently necessary post-implant. Good workforce/patient relationships should be maintained if a single hub is the option. Some patients may be too used to the current set-up.
Support for change	A better and quicker service while some of us have to travel further. I think it will be better for us in the long term, with all the right staff and facilities in the right place.
Support for change	All things considered, it would benefit everyone who needs assisted hearing aids which are essential, as I for one am very grateful for mine. I think if it makes the process easier I'm all for it.
Support for change	Benefit for all - staff and patients alike. Increase in referrals. Especially important for children as early

	diagnosis and help is vital. Having been profoundly deaf I consider my Cochlear Implant to be a "Miracle". Any improvement in the future provision of Cochlear and BCHI is to be welcomed. PS: Many thanks to the Cochlear Team at the Heath Hospital!
Support for change	On the basis that the central service provides enhanced care then this can only be a positive step.
Support for change Travel	I think it will result in some patients have if to travel further , but they would be seeing a more experienced team
Support for change	A positive development for the CI service, formalising the current arrangement and enabling the service to move forward. A centralised MDT could be helpful for BCHI, making things more co-ordinated and potentially leading to more people receiving BCHI. However, it could also be detrimental to patients if care is unnecessarily moved away from their local area.
Support for change	A better, more integrated service for children and adults.
Support for change	An improved service and a higher skilled workforce
Support for change but concern on travel cost	The only disadvantage is the additional travelling expense where patients reside far from the hub.
Support for change – though no location determined as yet	As stated above and cost effective service will maximise professionalism. A "Centre of Excellence" in Cardiff.
Support for change – though no location determined as yet	My BAHA was fitted in Birmingham so I have no experience of the implant service in this region. A single hub for the surgery and implants seems a sensible idea. If the ongoing support remains in the same place as now, then there will be no change for where I access my audiologist. Having most appointments closer to home is better for most people.
Support for change – though no location determined as yet	I agree with the option if this means more patients can be seen. Would it mean an enlargement of unit at the Heath to accommodate extra staff/patients? Hopefully more cost effective. Would there be more outreach units?
Support for change & location	I agree that it would be beneficial if there was a centre of excellence. My concern would be location as the area

	covered in these proposals would mean travelling when transport is not the most reliable without a car.
Support for change & resources	I agree if there is a single center they will provide a high quality service but in my experience they need to have regular dates and appointments. My sons appointments were cancelled several times and one of the reasons was because they were short staffed in a "big hospital"
Support for change & Resources	Suitably trained staff and facilities at one location.
Support for change and general patient position	I have the Cochlear Implant and I became independent since they gave me the implant. I used to be dependent on other people. I know it would be better for every patient to get better services and support for South East and South West Wales and South Powys. I also agree that a single centre would be better and able to provide a high quality service too. At present the hospital service is not able to provide good quality service due to the NHS funding cuts.
Support for change and location	If it means more staff and more people having the op. Yes I'm all for it they are just wonderful at the UHW Cardiff but transport getting to the hospital not everyone has a car but having one place makes sense.
Support for change but concerns on location	I agree that specialist services would be better served where more staff can be accommodated in one or two centres but, as explained above, hope that this is in my areas.
Support for change	If everything was in a central place then standards would improve and the service provided to patients would be better.
Support for change – access	Access may be an issue as some patients and their families will have to travel further but to get excellent standards of care the service needs to be centralised
Support for change – general patient position	I would like to agree because the problem I had before my op. was that I had to wear 2 aids in my ears, the hearing aids caused a lot of infection and irritation, had to go to the hospital every week to have treatment. When I had the chance to have the op., it was great. No more infections and irritations, and a better quality of hearing.
Support for Cochlear centralised but not for BCHI	Whilst Cochlear Implants can benefit from one centre I'm not convinced just having one BCHI Centre is beneficial.
Support for proposal	Yes, the service offered needs to be cost effective (to obtain ongoing funding). Accessible through all stages of

	delivery and safe. A good robust service not a smattering.
Support for service	I personally can't fault the care and service I have received
Support for service and service feedback	It makes sense to rationalise the service and retention of specialists. Post-implementation I would still like to see more D/deaf specialist mental health provision including counselling.
Support for single team	The access to timely surgery would be a great outcome here. We also struggle as a small team to dedicate all the admin time to provide figures for the BCIG meetings, if this is managed by one team this would be great.

NON SUPPORT FOR CHANGE

More services needed	It would be a good thing if Cochlear were done in more hospitals.
No support for change	Centralisation doesn't work. Staff are wonderful but getting to you is not good and there's many much further away than us. If you need to save cash get rid of Managers, etc. and get more nurses and doctors.
No support for change	I could not agree with a proposal for one centre given the difficulties for many of your customers to travel. It is already too far for me to travel to Cardiff as it is.
No to centralisation	The arguments are not convincing. There are movements in Wales into having things done centrally. Generally, patients like things done closer to home. The NHS is under pressure at all points. It has coped well, everywhere, with covid
Option suggestion	I think it's better to have Option B.
Option suggestion	I think the impact would be to go for Option B.
Single centre challenging	Having a single centre for CI/BAHA is challenging, surely, for staff intervention. It's a huge catchment area, meaning travel eats into staff hours (for QTOD visiting children).

ACCESS, TRAVEL, LOCATION, PARKING & COSTS

Access	Accessibility for patients
Access	It has to be accessible to all ages, socioeconomic groups.
Access and location	Accessibility is the key problem for me, already having issues with train strikes, limited timetables for all public transport.
Cost	Please assure people on their own can access appointments in a timely and not costly manner. I have to go to Bristol Eye Hospital - no appointments after 3.00 pm - or transport won't accept. The single from Bristol home is about £200! Not on a pension it isn't - I won't/can't afford it!
Costs	Patients could be asked if they can make a donation towards costs. Whenever greater expenditure would create greater savings this should be looked at.
Location Positive team feedback	Personal concerns that the issues may affect my own access for any issues, concerns and follow-ups in the future. I have thus far since March 2021 had exemplary care, communication and access to the CI Team at UHW.
Location	No issues as such but I do think Bridgend Hospital should still be seeing patients that had their operation there with Mr Backhouse. A wonderful service and Cardiff is too far to travel to.
Location	More of a local service - no further than Cardiff.
Location	The only objection I would make is the location of this unit, you have stated that you are using Cardiff as a temporary base but that is where you intend it to be. I will object to this location and I think it should be moved back the Bridgend, it is extremely difficult to travel from any part of West and Mid Wales to Cardiff by road or rail, parking is impossible, taxi fare from the station is £15 to £20, Bridgend is more central to all.
Location	I cannot fault the service but it’s a shame that I have to travel to Cardiff to be seen as they closed POW.
Location	Travelling from West Wales to Cardiff is just too far. My family travelled miles to Bridgend but Cardiff is ridiculous. Why if there is to be one centre does it have to be in Cardiff? Why can't it be more central?
Location	Residents from West Wales to Cardiff would have to make a long and often tiring journey. Bridgend is quite far already, but travelling further to Cardiff would take an entire day. A service that is located in a more central region of Wales would be ideal and accessible.

Location	Understandably, patients want local access to services and are reluctant to travel far for those services. Similarly, the health boards also want local services but the specialist nature of the service limits the extent to which each health board can keep the service within its own boundaries.
Location	If I may be so bold as to give my personal view on the location of a central Hospital, then The Princess of Wales Hospital in Bridgend would be my choice. Clients living in Pembrokeshire or even the rural areas of Carmarthenshire find it quite stressful driving so far east to Cardiff.
Location	I do not think the needs of the patients have been prioritised, i.e. the need to go to a near, accessible quiet hospital.
Location	This sounds fantastic to have this facility all under one roof. I don't disagree but please consider people who live in rural areas and the valleys where I live, as transport isn't easily available especially if you don't drive. At the moment I go to the Royal Gwent which is easy for me and I could get a bus there. But Cardiff and further afield would be a problem especially if you can't drive (I do drive) so please consider this when deciding where you're going to place it.
Location	I am not clear how the proposed change will affect me. The change to the service seems aimed at those people yet to receive an implant. So it would be better to ask them - except you can't as you don't know who they are. For myself as a patient with an existing BCHI (BAHA) I have periodic reviews and check. These currently take place in the Royal Gwent. Will this still be the case or will I need to travel further to the new central centre?
Location	I agree however, I think the location in which you choose to put the centre is very important, as it needs to be accessible to all patients.
Location	I hope this option will improve the quality of care and I also hope that I can attend a specialist closer to my home.
Location	It would have to be in the Swansea/Bridgend area as Cardiff is too far East and with older patients and less public transport, the appointment would take a full day.
Location	My only question is WHERE? There was nothing in the report to suggest where the new care centre will be
Location	Cochlear Implant Clinic needs to be more Central Cardiff - is too far East for most people.

Location	Although the preferred option appears to be the most suitable, until I know where the Main Hub will be situated, it is difficult to pass a comment.
Location	Although I do agree with the preferred option and its supporting arguments, I do find it disappointing that as it is all centred in one place then it will obviously have a significant impact on travelling time for many people.
Location	Neath Port Talbot ENT has been and still is a very good clinic, and I hope it will continue to be the clinic that I can attend.
Location	If there were enough referrals and enough staff, Bridgend would be my choice to continue to have the 2 hospitals giving a service to hard of hearing children and Adults.
Location	It would all depend on where the centre is based. At present some of my patients refuse to travel from NHH to RGH so if it's based in the Heath or Bridgend I think a lot of my patients may decline BAHA.
Location	Where do you propose to locate the single hub?
Location	As long as it is not in Cardiff a lot of users would benefit, people including myself would be put off with hassle day trips to Cardiff
Location	People living in far reaches of the area that provides hearing devices have a hard time reaching one hub, especially in inclement weather
Location	I would need details on the location of the single hub before I could answer. Cardiff would be my preference.
Location	At present I'm seen in Neath Port Talbot Hospital and this is very difficult for me to get to. I would very much prefer to be seen in Singleton Hospital as I did a few years ago as I can get there much easier. I live in Pontarddulais Swansea and if there is a centre for hearing loss closer to my home and on a bus route, that would be much easier for me.
Location	Staff moving to central hub and patients' concerns regarding appointments. Difficult to travel to. I myself had a very good experience with very helpful and professional staff when I had my Cochlear Implant.
Location	I find it hard enough to travel to your centres as they are - one centre would be too much.
Location	I had a cochlear implant at the Heath Hospital in Cardiff (deferred from Bridgend). As I live in South Pembrokeshire it was a long way to travel. However, the benefit of having the Implant far outweighs problems of distance. Help towards travel expenses is available from the NHS if needed.

Location	I currently have BAHA 6 Power. Struggling to get settings correct which can be common from comments on Facebook Group. Would be difficult and I imagine patients would persevere less if they had longer to travel. Would you still be able to have settings adjusted locally? This would be important to me. Do you offer the Osia 2?
Location	Think it would impact patients as there have been too many changes already. People want to be seen where they have been seen in the past!
Location	Distance from hub and travel time for patients will be concerning and could be problematic. May result in an increase of patients not attending.
Location	Too large, anonymous, patients are not familiar with staff and feel insecure and apprehensive. Harder for relatives to visit.
Location Service feedback	This would depend on the strength of the outreach support model. Visiting Cardiff from West Wales is a big undertaking - can you imagine doing this with a newly implanted Aid on public transport? If the outreach centre was located in an appropriate location then it may be considered more desirable. Also if you have transport the parking at Cardiff is horrendous. I think that people would miss appointments and feel dread at the thought of going to a big impersonal centre. At Bridgend we were known to staff and made to feel welcome and the service was second to none. The hospital was easy to get to with adequate parking. At the moment with one centre it feels impersonal and rushed. The staff seem rushed and there is little time for the care I feel should be provided for such an important part of my life. I think the impact would be very negative and with the number of adults and children with implants increasing it seems illogical to decrease the service - which I feel is already not as good as it was.
Location & resources	The following problems could arise for many people: 1. Distance they will have to travel; 2. If no car available; 3. What will be the bus service to the location. West Wales patients may have a tremendous distance to travel if the hub is situated in Cardiff for example. The principle in respect of expertise and staff levels is good. But at what price to patients? At present, Swansea, Cardiff and Newport Hubs means patients travelling. Could be more suitable and less distances involved.

Location & travel	If possible could we have Baha Bone Anchored Hearing Aid facilities in the Ceredigion area as travelling on a bus to Neath or Cardiff hospital would be too much for a pensioner even myself when during COVID I had to pop into A&E as I developed an infection and not one person seen one of these so thankfully I had a work colleague with me and between us was able to explain what is required but it was a struggle
Location and accommodation support	Having to travel to a central hub may put some people off having the surgery which would be a great loss to patients of the absolutely massive benefits of an implant (it changed my life for the better by an enormous amount). So the correct support may be required even providing accommodation for the accompanying relative if needed. For the surgical procedure, an overnight stay in hospital.
Location and parking	I am very sorry that the unit at Bridgend is closed. As a person who has been deaf for many years my confidence levels was very low and I become reluctant to attend medical appointments. However, the small group was friendly and warm I was immediately put at ease and was happy and relaxed throughout the procedure and actually looked forward to the visits. The hospital was easy to get to and parking was not a problem. I have found the opposite to be true of Cardiff, it is extremely busy hospital where you have to wait to be seen for a long time. It's impossible to park and have to drive out of the hospital grounds and park on the roads outside. I am confined to a wheelchair and makes life very difficult.
Location and parking	I somewhat agree but there are areas to be considered such as the location of the model. As mentioned previously, the location should be more central, such as Carmarthenshire, thus meaning more people have access to facilities. Parking would need to be of a decent quality. Cardiff has poor parking. In addition, public transport would need to be considered, as not all people with cochlear implants or have an implanted child are able to drive. One singular centre would possibly fail to provide efficient facilities and support and time - especially to newly implanted people and their families. I believe going ahead would be a mistake due to the extensive journey which in my experience is very tiring, as well as the tuning sessions being exhausting - adding hours of travel into the mix amplifies my sheer exhaustion. In addition the system feels very rushed, like patients are tasks to complete

	instead of people. Growing up, Bridgend was personal to me. I recall being greeted, updating staff on my life and felt more than a list. Taking the next step could discourage people from choosing to be implanted as they will have to take constant tests at the hospital in the immediate aftermath of the surgery and the activation of the implant. Prior to taking the next step, I strongly believe consultation with patients and their families would be ideal as relying solely on data and financial costs would be a severe mistake.
Location and Resources	Fewer staff & facilities offering higher level of service to patients. Patients having to travel further for treatment etc.
Location and service design	It is biased. While less strain on services, some people find it difficult to travel and a single hub may result in people not getting the help they need. You would not have one optician for the whole country, why should ears be different?
Location and service feedback	I had my CI in March 2021 during the pandemic at UHW. From the first consultation I was received by a great team of highly trained and professionals individuals who helped me make my decision into accepting CI which was done 3 months after my evaluation and clinical decision making appointments. UHW is easily accessible for me although I live 34 miles away, parking is a nightmare. i have had amazing support from all of the CI team at Cardiff and hope that will continue in the future, wherever you decide to base the unit.
Location and service model	Sustainable hubs for outreach support model for patients needed. Many will be concerned regarding access to local facilities.
Location and travel	If this facility is too far away, how are people going to get there?
Location and travel	I have access to UHW which is convenient for me but many others will have travel difficulties.
Location and travel	My only problem is getting to the University of Wales due to a walking problem so I have to ask the Ambulance Service for help; they have always obliged.
Location and travel	Currently I attend the BCHI Unit within the ENT Clinic at Cardiff University Hospital. I live near Pontypool and would NOT wish to travel further than I have to in the future.
Location and travel	I agree with the aims above, but would still prefer to have the services at Bridgend to reduce the need for travelling a long distance for children and the elderly.

Location and travel	Although the desired level of service should be assured, the main impact will be on patients who have increased distance to travel for appointments and surgery. For some this may discourage them from attending.
Location travel and cost	My concern will be accessibility for patients who will have further to travel. Will the additional travel costs be funded? I agree with idea of all services under one roof but will this lead to staff being made redundant?
Location, transport and cost	Although I understand the preferred option, I am concerned about the location and travelling further for treatment. I already travel to London for treatment that cannot be met in wales. I am struggling financially because of this, as I am not entitled to travel expenses. However, you dress this up it is a down scaling of services. I had to go to Cardiff for brain surgery as the centre at Morriston hospital was closed. I have also had to attend Cardiff for other services because they cannot be provided locally and the waiting times are longer than local and not acceptable.
Location, transport and training	1/ Cause distress and expense for patients who will be required to travel further for all appointments. 2/ Patients referral to be assessed for an implant at a centre living further away may be impacted. 3/ Will training skills for all staff in all areas be maintained at present levels. 4/ Will aftercare following implant and switch-on be affected.
Location, travel and cost	Yes very much so. Taking away Bridgend causes so many travel problems: 1. a train & then 2. A bus. Parking at Cardiff Hospital is ridiculous and not up to standard for such a large hospital. As I am a pensioner, this means paying high train fares.
Location, waiting times, service feedback	I understand the issues the services are facing. I do agree that it should be moved into one location. My main worry is that the wait time to have the appointments and surgeries may be longer. As stated before in the survey, it already took 8 weeks for a adult to be seen for a referral? This fact is based on the hospital in Cardiff, the highest population in Wales. This could take much longer now as more patients are going to one location. Although the Activity rate should now be increased which would be the positive.
Location/Access	I have been a user of cochlear implants for the last 27 years. I would agree I have had regular appointments with consultants, surgeons and audiology. My only concern going forward is for follow up procedures when things go wrong as a user we heavily rely on them and

	without them we simply loose confidence, cant join in, have difficulty at work and can be stressful.
Parking	Easier parking than the Heath Hospital. More help needed to those living along to use new devices, etc. Particularly the older element.
Transport	Centralisation - no mention of transportation arrangements.
Transport and cost	Only concern is transportation for non-drivers, low income/elderly
Transport and cost	I agree that after service of the BAHA in local hospitals or local surgeries are a good thing for transport costs and convenient for patients.
Travel	Some patients will be less likely to opt for BAHA due to travel commitments. I struggle with a small minority of CI candidates who do not want to travel to Cardiff for an assessment. It provides a barrier to some. Otherwise, it is a good idea.
Travel	I am concerned about the apparent travelling difficulties created by the proposal.
Travel	One Hub will make travel harder for patients.
Travel	Whichever the option, some patients are going to travel further.
Travel & service improvement	Easier access, locally provision of service, less travel to the centre which can be difficult for some patients, may encourage improved joint working and knowledge of the implants amongst local health board services
Travel and cost	Potential for a more complete service. Longer and more expensive travel for some people. Will staff have to relocate?
Travel and cost	Would travel arrangements/costs for out of area be available?
Travel and location	Understand the need of people having to travel to centers. Make it easier for rural patients and for those who find access to one center difficult. It could be done.
Travel and location	There will be an impact for both staff and families, particularly for areas further afield. Putting all your eggs into one basket as it were?
Travel and location	If the hospital is long way for some patients to get there without a car it could be a big deal for them. I live in the valleys and buses from our village only run every 2 hours and stop at certain times, so for someone without a car would be a big deal unless a transport service was made available for them.

Travel and parking	People might have trouble getting to the hospitals and parking is always a nightmare. Help to set up appointments would be helpful.
Travel and parking Resources	Congestion in the Heath Hospital making waiting and travelling a problem. Parking in Cardiff is always a problem. Allowing time for catching buses for people from far away could cause stress. Staff shortages causing congestion of patients waiting for attention. Too many operations for the surgeons to perform. Too many people waiting to be seen.
Travel and waiting times	Travelling difficulties and a possible greater inflexibility in the availability of appointments.
Travel, Service design Process	A poorer service. Increased costs for families living in West Wales. Increased travelling times. Whilst this is couched as a 'consultation', I believe the decision has already been taken.
Travel, resources	Personally little impact. Potential however, for other service users to feel that there may be: 1.a lack of local support; 2. financial detriment to attend appointments. 3. Feeling of inequality due to location. 4. It would end in essence 'postcode' lottery - not in terms of treatment or expertise but would ensure consistency. 5. There would be a decrease in staff pool for the services provided. This would mean potential staffing issues should you have retirement/relocation of staff. It would become an extremely specialised service. It will unfortunately mean some staff would also become de-skilled.
Travel, waiting times and staff development	Impact will be longer travelling, local services will become less patient specific. Waiting times would increase due to everyone treated in one place. Less opportunity for consultants and other medical staff to progress locally and opportunities only available in large centres.

STAFF & RESOURCES

Resource	Financial was a main consideration.
Resource	Whilst I agree that a single centre is best, I would want to see NO reduction in staffing resource by centralising. We have seen that centralising other services has worsened service. If the same full time equivalent resource is centralised then it may work. Ideally, I want more time available for CI mapping and enquiries.
Resource	The effectiveness and efficiency delivery of the preferred option is dependent upon the availability of specialist staff
Resources	The shortage of fully trained staff and the one hospital closed is awful. We need more staff and more money to enable this much-needed work to be achieved.
Resources	The Government needs to fund services better.
Resources	Enough staff is essential.
Resources	See above. I am aware that the NHS is under huge pressures. Having one hospital, as a centre for surgery will surely put compromise on availability of beds.
Resources	For all of the above to be achieved I think will take a long time. It needs much more funding.
Resources	the success of delivering the future aims is very much dependable upon consistent funding
Resources	Finance prevents more than two hubs
Resources	You mention a central hub. Where would this be based and at what cost to the Sennydd? Would this be part private funding? Will existing staff be prepared to move to provide same service? If not, what skill base can be retained? In the current climate within the health service, how far down the list for this vital service do you see yourselves?
Resources	Preferred Option: I would hope that it will be sustainable to fund the change of staff to implement this preferred option.
Resources	I worry it will be an excuse to cut overall staffing - if this happens, no progress will be made. I am now in year 2 since my CI. I believe not enough time is given to mapping - as a result, my confidence has eroded as my CI experience has declined through mapping being done in a rush.
Resources	Staffing shortage with Princess of Wales Hospital Cwm Taf Morgannwg being closed
Resources and training	Enough patients seen to ensure staff skills are adequate

Resources travel and cost	Alongside the changes proposed we suggest some families will face additional time and financial costs associated with travel into Cardiff. Whilst some may be entitled to a travel reimbursement, they will still be required to fund the up-front costs associated with the journey. Additionally, for some families, the appointments will require a full day away from school / work and this may negatively affect patient experience. Any unforeseen problems arising from surgery will not be dealt with locally; therefore, some families may be required to commit to additional journeys to receive the right care and support. Investment to support communication from the host site to local services will likely be required to ensure local service systems can be automatically updated. Families' emotional needs should be considered in these proposals and responded to as appropriate.
Staff	Good if it works. Lot of work ahead though. Continuity of staff. To us they are friends.
Staff, training and funding	long term, consistent funding is a concern, especially for training, retaining and replacing specialist staff within a multidisciplinary cochlear/audiological team
Staffing	I can see the problems with staffing. Would the staff from the other hospital be employed by the Heath Hospital?

SERVICE DESIGN

Service design	Make a weekly hub
Service design	The issue for those with BCHI/BAHA is how the arrangements for dealing with regular infection flare-ups is CLEARLY stated to BAHA patients, and early entry to deal with infections is paramount!
Service design	Local outreach and access, including audiology appointments and rehabilitation appointments would enable ease of access
Service design	Is there any plan to make more use of digital support for follow up care? I have managed very well with my implants using headsets and Bluetooth. More training will be required for both patients and staff on this.
Service design	Many people did not come forward during the pandemic to get advice about their hearing. The number could increase as time goes by, needing more operations.
Service design	Have to consider number of CI and BC patients which are very small considering population of Wales.
Service design	As the number of patients using the CI and BCHI service is relatively small it is reasonable to centralise the

	Inpatient aspect of the service. However, there are many of the Outpatient aspects that should be provided at a more local site to reduce the impact of travel particularly for patients living in rural areas of West and Mid Wales. For example, initial assessment with Hearing Tests, CT and MRI scans should be available locally. Similarly, post-op assessments could be carried out near to the patients' home.
Service design	We need more hubs; I have no problem with children & adults being together but what next? Will we be going to Bristol next to save cash?
Service design	Where will the hub be? It must be easily accessible by public transport as well as by car. Will there be dedicated parking spaces for clinic/surgery attendances? Will attendance times take travel distance into account?
Service design	The outreach support model in Neath Port Talbot will be accessible to myself.
Service design	Children need both implants in order to develop their speech.
Service design	Any future upgrades in technology and or surgical methods can be practised at this hub.
Service design	It will impact those who live furthest away, might I suggest having extra facilities available for families to stay overnight?
Service design	I agree as it gives a fairer and safer service for patients; it will no longer be a 'postcode lottery' as to how quickly and effectively a patient is seen. Largely positive, however, it could mean transport difficulties for some patients. Also, I am assuming the service would require fewer specialists going forward and whilst this may be a cost saving, it will mean there may be losses for the staff involved. Also, would current staff relocate, or would it result in staff shortages as it is a specialist area. I want to know whether the Doctors would still have a working partnership with Paediatric Plastics in Swansea Bay (Morriston) to accommodate BCHI and ear reconstruction to happen at the same time.
Service design	The centre would have to be child friendly. As a child growing up we had a special Ear, Nose and Throat hospital which catered for children so the environment was welcoming and friendly.
Service design	The impact should be better support for those with hearing loss. Support to access doctors who use BSL, access to the Deaf community, and a community of those with implants. A follow up to check on quality of life/ what benefit they have had from the implant would be easy to do. Staff could be trained to higher standards

	if they are specialising and they would come to know the difficulties facing the patients better.
Service design	In response to increased travel, time, and financial costs for some families, it will be imperative to monitor equality of access to the specialist provision once available via a single site, adjusting policy continuously to support families access as appropriate. • Continued investments to ensure effective communications between local systems and the host database systems should be considered. •We expect the related services to comply with nationally developed standards. National Deaf Children's Society works with government agencies and professional groups in developing good practice guidance and quality standards that reflect the views of parents and young people. •We suggest consideration is given to supporting the emotional needs of families opting for implant assessment, procedure, and follow-on care, which is reflected in policy, pathways and practice.
Service design	It is likely that fewer patients will benefit from bone conduction devices if a central referral is required.
Service design	No-one is going to argue with these aims, the argument is what services need to look like to deliver these aims.
Service design	Every children and adult (if deaf) should receive a chance of both operations i.e. whatever they need.

SERVICE FEEDBACK/GENERAL COMMENTARY

General comment	Although it may be useful to have this you would have to think about whether it would have an effect on the surrounding communities.
General comment	I don't know. I have always thought, highly, of the services.
General comment	I have not seen anyone for 12-18 months so cannot agree or disagree.
General comment	Like all new ideas, obviously, we need to find out in practice.
General comment	No what's the point you won't listen.
General comment	Easy on papers. Will it work?
General comment	They are used to making very difficult decisions in the NHS. I can't really comment about the process followed.
General comment	Nice that children and adults can communicate, can help.

General comment	It is disappointing that this may cause any Implant Centre's to close with further hardship to staff and patients. I feel it is important to maintain the service in the best way possible for everyone involved.
General comment	Whilst I agree, the clear arrangements for self-referral for ear infections (BAHA) MUST be made to patients as they will probably be life-long clients.
General comment	I can only say how it changed my life to be able to hear again and to be able to speak to some people on the telephone.
General comment	From our perspective we already feel that we are part of a single hub set up.
General comment	Again the Heath Hospital has been absolutely amazing ever since I was 4 years old and have always been looked after but now I have moved and would love this facility in the Bronglais Hospital in Aberystwyth as the staff there are amazing and help
General comment	Probably not much for me as an individual patient but difficulties for other patients. Thank you for seeking my opinion.
General comment	I don't know to be honest and I don't think you do either. Only hope service doesn't suffer as this means we suffer. Employing more nurses on better pay & conditions will improve the service. Less pen pushers. Also bring back Matrons and get rid of Managers.
General comment	A lot of people not getting the help they require.
General comment	Hope better service and regular check ups
General comment	Essential to enable all patients to take their places in society with no exclusions for persons disabilities.
General comment	Hopefully it will improve services for the clients.
General comment	It would not be dire that is for certain but overall unsure. I was unaware that these services were in such a mess and would agree having these services centralised but not affecting people is a good idea.
General comment	For me personally, no impact.
General comment	To make it easier and more accessible for everyone.
General comment	The impact would potentially be minimal for us as currently we only attend appointments annually however we appreciate there could be an impact for others.
General comment	More convenience and better quality treatment.

General comment	care will improve
General comment	A quicker response rate to ongoing needs for children
General comment	By agreeing to the above wording, it suggests that the aims can be met. I would prefer 'aims to' to be added to beginning of each of the above statements rather than 'can, has, meets, has, facilitates'.
General comment	Young persons should have priority.
General patient comment	As I have BAHA fitted I know the value. I had my BAHA fitted over 11 years ago when I lived in Barnsley. When in Barnsley I only had to attend 1 hospital for all ENT. But since moving back to Wales I've got to go to the Heath for BAHA, Llwynypia for Audiology and ear cleaning. When I first moved back I had to go to Mountain Ash for ear cleaning which meant I was attending 3 hospitals.
General Patient comment	OK but note my comments ie Welsh Ambulance times! I'm on my own, as many older people will be; transport in a taxi is beyond my means. No public transport. Even the community transport costs are beyond my means. QA Portsmouth did my surgery & was left in a ward under the care of my aunt for 5 hours! Aftercare didn't exist. Lost my Notes, refused even to remove my stitches. No follow-up. Now they tell Cardiff (excellent treatment) that I never existed! I had different hearing tests by default at QA. I could hear noise though not words properly. Now have a BAHA fitted though no ear chords - bent over.
General patient comment	By having everything in one place ensures that staff are trained to the highest standard and that patients can access everything in one place without the possibility of "falling through the cracks". Patients will know exactly where to go if they have questions or need advice. However, I do believe that follow up is important. After having my BAHA fitted last year I have had one follow up and that's it. I feel like I have been left to my own devices now. It would have been helpful to talk to other people who have an implant for support and real life advice afterwards. I do believe that patients would benefit a lot from being part of a community before and after the surgery and not just left to "get on with things"
General patient position	It won't be good for many distance-wise. I can drive to Cardiff; I would NOT drive to Newport. If the new service is as good as Cardiff - fantastic. Met a lady

	working in Tesco - she is over the moon. Saw a little boy with an implant and showed him mine - he was thrilled. It's a good thing to mix children & adults. Let's hope many more will benefit, especially for surgery not to be in a mixed surgical environment. I heard something about teaching the children to speak with 'normal tones', including regional accents, and not sound flat. Fantastic. I just wish I could hear 'the split' and therefore learn to speak Welsh! (Being old doesn't help). Good luck. When I eventually got mine, I cried when I heard birds sing! My (*name*) said it was selective hearing and bad hygiene - I was 24/7 carer to my Mum. Please teach GP's. From my experience in Wales it's better - but it's so, so important. I was also refused access to a hearing dog! Thank you for my treatment this past 9-10 years.
General patient comment	I am very happy.
General patient comment	Fully aware of the difficult of Cochlear Service in South Wales
General patient comment	Still a very poor understanding of Hearing Impairment and Deafness within the community at large.
General patient comment	The issues described are common to many aspects of life. A centralised service provides more options but inevitably makes it slightly less convenient for customers/clients. This is analogous to the closing of rural primary schools in favour of larger schools with more facilities.
General patient comment	It’s hard to predict the outcome as this could be overwhelming to move into one location. I do understand that there will be more specialists at hand to do the surgeries/appointments and etc. The concern is the wait time to have these surgeries as there is now going to be a vast amount of people going into one place. I am optimistic that this would work.
General comment	The issues described are common to many aspects of life. A centralised service provides more options but inevitably makes it slightly less convenient for customers/clients. This is analogous to the closing of rural primary schools in favour of larger schools with more facilities.
General comment	Fully aware of the difficult of Cochlear Service in South Wales

General comment	Still a very poor understanding of Hearing Impairment and Deafness within the community at large.
General patient position	A personal view: I am 85 next month. I was fitted with a BAHA in 2008 at Singleton Hospital. The hearing loss, in the meantime, has been considerable and it is a chronic disease. The Baha does very little for me now but I can't do without it as it does pick up a level of noise. I appreciate the good work that went into getting one of those. I attend Audiology at Carmarthen Hospital every 3 months, or did pre-covid. A local centre would be nice where the BAHA could be serviced or replaced. As far as I am concerned, it could be Option A still with as you describe on page 19: "Can be delivered through an outreach model closer to home". At my age, the closer to home things are the better. COVID has made us a lot more hesitant about going to busy places. I think the current system is good. Then, there are your groups claiming it could be improved. Despite best attention, I have lost my hearing. There were problems from a very early age. We were in London for 38 years and had regular appointments at Ilford and Whipps Cross Hospital for treatment. We moved here 20 years ago and the transition to Carmarthen and Singleton Hospitals was seamless. The hearing loss has been dramatic. It is as if the nerve endings have eroded away and there is nothing there to work on. There is an impact on our daily lives, of course. It throws a huge burden on my wife, who has to deal with all those day to day things in our lives. She jots things down for me, rather than try to communicate verbally. I wish I could pull my weight and do a share.
General patient comment	I want a good service for everyone who has hearing issues. At this moment there's not much available and it is very difficult to get help and support.
General patient comment Support for change	A more timely service with waiting times equal for all areas. Whereas now, it varies greatly between the health boards. I have been fortunate to have been treated at The Royal Gwent Hospital and had a BAHA fitted in 2018. I have received excellent care and any issues I am able to access the Audiologists within their department. Only this week I asked for an appointment as experiencing feedback issues. I have been referred back to my ENT Consultant as the abutment made needed to be replaced by a longer one. I have also been given an appointment for a hearing test as last one was 3 years ago. This is to see if I would benefit from the newer version of the BAHA, funding permitting. I am a

	Nurse Manager working at (base named) and am very appreciative of the care and treatment I have received. The BAHA has transformed my hearing problems. I would be more than happy to travel to a central hub with follow ups locally.
Question comment	These are common-sense aims for any service; I can't imagine that anyone is going to disagree with this in principle!
Service needed	Essential that the service be maintained and available as required.
General comment	It is a very loaded question! No-one will disagree with the premise that you wish to improve the service.
Comment re Bridgend service	Yes, we feel the service was much better previously. The Bridgend Service was fantastic.
Comment re Bridgend service	The Bridgend Service was significantly better, providing excellent services to me and my family.
Comment re Bridgend service	I understand more about issues facing the service Really disappointed that the cochlear implant service was removed from the Princess of Wales Bridgend. The Heath is not easily accessible I feel like the service is being diluted and isn't as comprehensive as it used to be.
General patient position	I am currently happy with the care I receive from UHW/Cardiff but fully understand the issues with the current service. My only concerns are accessibility, communication for my own future CI journey.
General patient position	I was fitted with my BAHA at the QE Hospital 10+years ago in Birmingham. When I moved to South Wales in 2017, I went to Audiology at Gwent Hospital a few times for re-programming as I was experiencing problems. At this time, I had a hearing aid for my other ear. I have recently had a letter from QE Hospital Birmingham to inform me that my device is now obsolete. I have an appointment on the 27/01/2023 at Gwent Hospital to address this problem.
General patient position	After being referred to ENT, I was initially told I did not fulfil the requirements for Cochlear Implant, was referred to the Coach Trial - who declined me and said I was eligible for Cochlear Surgery!! What a roundabout!! As soon as I saw a different ENT Surgeon everything went very smoothly.
General patient position	Not really, but having an implant changed my life and I am eternally grateful. THANK YOU.

General patient position	I am currently waiting for surgery to remove painful and swollen skin around implant - I was placed as Category 2 for surgery in September 2022. I am still waiting and currently on antibiotics for infection - it is vital I have surgery; my fear is when will this happen?
General patient position	From my experience as a deaf person, it was important for me to have familiar staff who I knew well and trusted, therefore a more family type atmosphere, easily accessible.
Specific patient position	My hearing has fallen rapidly in recent years and I would assess my hearing as only being around a 5 - 10 on a scale of 100; whereas with my BAHA I would estimate my hearing to be an 85 - 95. To this end I am scared of losing my BAHA (it can easily be knocked off) and therefore, selfishly, hope that future services will be in my locality should I have some sort of problem. I know that I could not cope without the BAHA.
General patient position & service feedback	Had my BAHA operation in 1992 with Mr Phillips of The Welsh Hearing Institute. I was the 7th person to have the operation. Before COVID started, I was seen at the hospital once a year for a check-up, which I was always glad of. So I knew there was no infection with the scar in my skull. We no longer get that treatment now.
Service feedback	No - just trying to make an appointment with Audiology, messages not passed on.
Service feedback	I feel those working in this area should have at the very least basic sign language skills.
Service feedback	The treatment I receive is very good. Staff brilliant.
Service feedback	The local service provides timely and effective care. Continuity of patient and specialist relationship is important. I am known to the service by name and not just a NHS number.
Service feedback	I have high confidence
Service feedback	I would like to place on record the contribution to cochlear implant hearing service made by Heidi Williams at University Hospital of Wales, Cardiff. She is an immense credit to the service.
Service feedback	The lack of qualified staff for the demands. The long waiting times involved.
Service feedback	Yes I do. The wait for cochlear implant was long and I had a complication after surgery, which could not be resolved by the operative time. This was very frightening indeed! The Team was not accessible, and they should have been.

Service feedback	I feel the care I've received from the CI Team at Cardiff (UHW) have achieved all the above.
Service feedback	There is NO service for specialist skills to remove implant for MRIC for comer [?coma] patients in South Wales.
Service feedback	My experience of the team at the Heath hospital has been excellent
Service feedback	This depends on better communication access - I had to fight for live professional captions for a remote consultation. Meeting communication needs must be a priority and not a battle!
Service feedback	Have doubts about equitable service from my personal experience. At my initial appointment, I immediately knew that I was not going to be referred for surgery from the consultant's attitude and apparent lack of interest. Fortunately, it all changed when I saw the ENT Cochlear Surgeon.
Service feedback	Adults should have better support and more therapy.
Service feedback	The standard of service keeps improving and I am pleased with the service I have received.
Service feedback	My daughter who is 4 has received outstanding care and support through the process of having her cochlear implants 2 years ago.
Service feedback	It would be ideal, if you could provide enough support for Adults, as children get plenty of support and therapy. But I was so struggling on my own. It took time for me to get used to it. Important to ask adults what they do seek from you and give your options of support to adults. Also, staff need to learn basic BSL, just in case. And especially reception staff are awful. They look down at the system whilst talking to us. How rude.
Service feedback	My treatment was 100% professional and caring.
Service feedback	The professionals doing this work know what they do and know best; they are second to none.
Service feedback	I have always been pleased with the service for my sister and would be willing to go wherever is convenient for the staff. We are so grateful for all their help.
Service feedback	As an implanted adult I am happy to continue with the service from Cardiff Heath Hospital.
Service feedback	I understand the need for a single implantable device hub for children and adults with an outreach support model but am concerned at the level of service that will be provided having experienced a deterioration as a consequence of moving from Bridgend to UHW.

Service feedback	No proper instructions on how to use the kit provided. I am 84 and my wife who has a Cochlear Implant is 83. And so getting to the Heath Hospital would be very testing. It is also hard by telephone to get to the Cochlear Department to order spares to batteries.
Service Feedback	I think if we could converse/relay our problems to an accessible Audiologist quickly it would take away some of the panic one seems to suffer if we have a problem with our aid. Because it is such a life dependency item. Also a specialised hub would be solely beneficial for us patients. I actually waited 7 years in between my upgrade of my aid.
Service feedback	If my experience is that a change would be not needed to improve the service and attention I received when I was attended to. Thank you.
Service feedback	For myself I would simply like a conversation regarding the problems I have with my BAHA. An expert whose input I would value.
Service feedback	Would it still be the personal service I have now? I have already moved from Bridgend with no choice or option. Cardiff has been very good to me. A service that I have quick access to if I have a problem with my cochlear implant.
Service feedback and offer of patient voice	Any change for the deaf and hard of hearing would be amazing! The BAHA team do amazing work and to have a unit would be a great help to the team and patients. The difference the NAHA service has made to my life was that I can still work and enjoy life and not live in the "quiet world" feeling patronized. There is still a long way to go for a better understanding of the effects of loss of hearing and disability. Mr Williams and his team do amazing work, it transforms lives. So anything that can benefit research, funding and a specialist unit would get my support and am available if you need a "voice" to help.
Service feedback	Timely access to surgery: In my case, this is not happening. Category 2 patient seen by surgeon who implanted the new cochlear implant. Still waiting for surgery.
General comment	Availability of workforce. Easy access. Parking.
General comment	There are less patients with BAHAs than I expected
General comment	ease of access and good communication with clinicians is a key issue
General comment	I can understand it but needs some more organisation and regular dates.

General comment	I could understand that in smaller areas around wales, would also have a smaller amount of patients compared to a big area such as Cardiff. I do understand that in smaller areas may have less qualified specialists/doctors in the area.
General comment	Having somewhere local and tidy somewhere service as everywhere else would be a bonus. Many people have recommended this but I have a awaiting a second option in May 2023
General comment	I work as a Stakeholder Lead for an NHS organisation undergoing a Transformation Programme to determine a Future Service Model. Totally appreciate all the issues facing the service and they are very relatable.
General comment	I understand more about issues facing the service
General comment	No privatisation of services should take place.
General comment	Don't sink to the standards of QA Hospital Portsmouth!
General comment	I have a dedicated cochlear support nurse
General comment	As long as I and others can get the help we need.
General comment	It's difficult to achieve a cost effective process balancing the needs of a small percentage of the population.
General comment	Like all new ideas obviously we need to find out in practice.
General comment about the service	Years ago, when my son needed his operations the waiting lists were quite long & funding was difficult. It seems better that these issues are less now.
General comment on the service	Future patients able to be referred to hearing Implant centres by their doctors or consultants for further assessments.
General patient comment	I have used hearing implant more than five years and I can feel better using hearing implant (Cochlear Implant System).

COMMENTS ON PROCESS & OPTIONS

Alternate option	I also agree with Option E as well as Option D. Option D appears to be better than Option E because it has an outreach support model.
Alternate option	Option B

Feedback on form – demographic information	My National Identity is Scottish (Scottish tick box missing on DB so I couldn't add this!)
Patient numbers	In table1 Referral's there seems to be enough numbers for cochlear implants and bone conduction hearing implants to meet the criteria for number of patients per surgeons?
Patient numbers	I find the low level of patients described in this document difficult to accept.
Process	I can't criticise it (process) and I can't say no.
Process	The process followed appears to have been a fair consideration of the views of all parties involved.
Process	I understand the processes but it is always best for everything to be started asap.
Process	Robust and comprehensively/clearly explained.
Process	This could and should have been resolved by now, but putting CI and BCHI has complicated matters. These are different devices for different populations with different needs. The ongoing situation has put enormous strain on the service and staff.
Process	The cochlear implant service has been working under 'urgent temporary arrangements' for three and a half years
Process	Perhaps some patients could have been included in this process.
Process	As stated the preferred option is not the preferred option of those working in the field with clinical knowledge of the needs of the service. Please reconsider with this pertinent information in mind.
Process, timescale and suggestion to split Cochlear and BCHI	The service needs to be established, as a single centre for cochlear implants in south wales - the talks of mergers has been ongoing for too long. By trying to add in Baha now against clinical judgment it is adding a complexity needlessly.
Separate children and adults	I would rather have an Adult Hub separate from children.
Separate Cochlear and BCHI	Positive for the CI service, removing uncertainty and allowing the service to move forward. For BCHIs, it will mean that patients will need to travel further for a simple surgical procedure, for no good reason.
Separate Cochlear and BCHI	Detriment to the service provided to both CI and BAHA patients. The needs of patients is not equitable and trying to lump them together will not be in the best interests of the service.

Separation of BCHI and Cochlear	I agree that a single hub is appropriate for CI. I do not think it is necessary for BCHI, although it depends what exactly the proposal is. A centralised MDT could be helpful, but it is unnecessary to make patients travel large distances for such a simple surgical procedure.
Separation of BCHI and Cochlear	I do not think it necessary for all BCHI surgeries to be carried out in one hospital. The team who 'independently' assessed the situation and recommended one hub for BCHIs do not even run their own service this way, with surgeries carried out in several hospitals.
Separation of BCHI and Cochlear	The CI service has been working under temporary arrangements for a long time. This needs to be resolved as it is impacting planning and service development. There is no question that the CI service needs to be in one centralised hub, but the BCHI is not so clear-cut. Putting them both together is just prolonging the difficult situation facing the CI Service. BCHIs require a much simpler surgical procedure and provide a different way of amplifying sound, but the listening experience is essentially the same as with a conventional hearing aid. CI surgery is much more complex and carries more risks. The way sound is delivered by a CI is entirely different to a hearing aid/BCHI and patients need to learn to listen in a different way, which causes physical changes in the brain. This is why additional rehabilitation is needed. The needs of CI and BCHI patients and the services they require are very different. I'm not sure that WHSSC fully understands the differences.
Separation of BCHI and Cochlear	It is an unnecessary complication to include bone conduction devices. Not all bone conduction hearing aids require surgery yet have similar requirements for follow up and serve a similar population. The follow up required for Cochlear implants is significantly different, requiring users to adapt to an electronic rather than an acoustic signal.
Separation of BCHI and Cochlear	1) We support the preferred option for CI services in South Wales. 2) However, it is not possible to form a view on the preferred option for BCHI services, as there is insufficient evidence presented to support the case for change. It should also be noted that there are BCHI services based within Audiology services in NHS England which operate effectively, with clear cross referral pathways to tertiary services where required.

Separation of children and adults	I do feel that when patients are separated into children and adults, staff can maybe specialise more easily.
Suggest split Cochlear and BAHA –	Cochlear Implant Services do not need to be grouped with BAHAs. They are very different and do not require the same care pre or post operatively. Trying to merge services in this way will be of detriment to patient care. The consultation process sought the views of professionals working within the field and yet you admit in the paperwork that their clinical opinion has been ignored.

WAITING TIMES

Waiting lists	If waiting lists and funding are long then the longer it takes for the person to adjust to the implants, causing further issues.
Waiting times	I am wondering if this will have a positive impact on waiting times.
Waiting times	Only issue I have is I am not seen for 12-18 months.
Waiting times – non specific	Waiting times for appointments
Waiting times and resources	As stated earlier, I think there would be an increased amount of patients heading to one location which in turn will have an increase of wait time is the main concern of mine. I do think the positives is that financially, it could all go into one hospital which would be able to cater for all departments.

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

The Future of Specialist Hearing Implant Device Services in South Wales Questionnaire

We are seeking the views of patients and other members of the public about how specialist hearing implant device services, such as Cochlear Implants and Bone Conducting Hearing Implant (BCHI) are delivered in South Wales. Your contribution to this is valuable, and helps us shape future discussions. If easier for you, you can complete this questionnaire on-line (at https://forms.office.com/r/s8bSYTaU5K)

Please tick one circle for each question.

Section 1: Please tell us about yourself

1. Are you responding on behalf of a group/organisation or as an individual?

○ **Group/Organisation (please state which group or organisation and move to question 7)**

Audiology Standing Specialist Advisory Group / Audiology Heads of Service Group

○ Individual

2. What is your age?

○ Under 16
○ 16 - 18
○ 19 - 49

- ○ 50 – 69
- ○ 70+
- ○ Prefer not to say

3. What is your gender?

- ○ Female
- ○ Male
- ○ Non-binary
- ○ Prefer not to say

4. How would you describe your national identity?

- ○ Welsh
- ○ English
- ○ Scottish
- ○ Northern Irish
- ○ British
- ○ Other
- ○ Prefer not to say

5. How would you describe your ethnic group?

- ○ White
- ○ Mixed or multiple ethnic groups
- ○ Asian, Asian Welsh, Asian British
- ○ Black, Black Welsh, Black British, Caribbean or African
- ○ Other
- ○ Prefer not to say

6. Please tell us the first four characters of your postcode. (This helps us learn where the answers have come from)

7. Which Health Board area do you come under?

- ○ Aneurin Bevan University Health Board
- ○ Betsi Cadwaladr University Health Board
- ○ Cardiff & Vale University Health Board
- ○ Cwm Taf Morgannwg University Health Board
- ○ Hywel Dda University Health Board
- ○ Powys Teaching Health Board
- ○ Swansea Bay University Health Board
- ○ NHS England
- ○ Other

Section 2: About the Service

8. As a result of reading this information:

- ○ I have a better understanding of how Cochlear Implant and BCHI services are currently organised
- ○ I have no understanding of how Cochlear Implant and BCHI services are currently organised
- ○ **My understanding of how services are currently organised is the same:**

9. As a result of reading this information:

- ○ I have a better understanding of the issues facing the service
- ○ I have no understanding of the issues facing the service
- ○ **My understanding of the issues is the same**

Do you have any comments about the issues facing the service?

The paper does not reflect the significant workforce issues and challenges faced by the Cardiff Cochlear implant service as a result of the Bridgend service being suspended since August, 2019 (due to workforce fragility issues). We understand that funding is still being allocated to CTM for staffing despite only one member of staff from Bridgend working on the CI programme on a part time basis.

The Cardiff and Vale UHB (C&V UHB) Audiology service do not currently have the required estate to see all patients for cochlear implant and BCHI assessments, as

there needs to be a sufficient number of large sound proofed room facilities. This situation has impacted on the current service to patients delivered by C&V UHB. The cochlear implant service issues remain unresolved and the addition of BCHI into the engagement has increased the delay of any decision around funding for the CI service at C&V UHB. As a result of unresolved workforce issues, the service at C&V UHB is now vulnerable due to staff sickness and stress. There now needs to be a clear plan around workforce and accommodation. Failing this, it is highly likely that there will be a subsequent collapse of the C&V implant service.

1) Minimum numbers for BCHI

   a) Section 6 states that 'guidance on standards for bone conduction hearing aids require centres to perform at least 15 procedures per year'. Although the paper then references the commissioning policy from which this minimum number has been quoted with a bookmark, the reference to standards is misleading.

   b) The minimum number quoted in the English commissioning policy has been obtained from professional consensus reached in 1998. It is not clear therefore that this is relevant to services today given the policy, technology and workforce changes that have occurred in the last 24 years.

   c) The commissioning policy referred to in the engagement paper is not the latest version of this policy and appears to have been superseded by NHS England 16041/P (england.nhs.uk) which does not refer to minimum numbers and does reference a more contemporary clinical consensus on standards again with no reference to minimum numbers.

2) The paper does not explain what outcomes are not being met by the current service structure i.e. what requires change and improvement.

3) The paper describes that an implant MDT needs to provide all types of implants. This is not true. CI services need to offer all implants, but the bone conduction commissioning document does not state that BCHI centres have to offer any other devices. This statement in the engagement paper is presumably based on the assumption that the MDT must be a joint CI/BCHI MDT. There are no standards or recommendations for this model, and this is not the model found in most BCHI centres in the UK. The most recent Clinical Commissioning Policy, NHS England 16041/P does not reference a joint MDT but only requires that the MDT must consider which implant is the most suitable for each patient which can be achieved without a single MDT for all implantable devices.

4) In the referenced Clinical Commissioning Policy, section 7 (Epidemiology & Needs assessment) it states that 8-10 BCHI per population of 300,000 is the estimated activity in England and this would translate to in the region of 100 BCHI per year in Wales; of which 75% would be in South Wales. This suggests that there is a large unmet need for this intervention in Wales which may present following removal of 'capped funding' for these devices. Based on meeting the recommended numbers of BCHI fittings there would be sufficient

numbers for multiple centres in South Wales to meet the minimum stated in the NHS England CCP.

ASSAG therefore concludes that the population is underserved, and the recommendation would be to reinforce existing services for BCHI and enable them to meet unmet demand and through agreed National pathways for referral. This would solve the problem of minimum numbers and safety without creating additional barriers for patients.

6) The paper states that a large number of patients would be required to adopt new technologies. Adoption of new technology could be adopted for example middle ear implants could be adopted at a centralised CI service without requiring BCHIs services to be centralised also. Separate BCHI services does not prevent the adoption of new BCHI technologies and so this is not considered to be a case for change.

7) The paper states that a centralised service would deliver an improved service comparable to other regional centres. This would suggest that the services are not currently comparable to those regional centres but does not specify what the differences are. It also makes an assumption that the existing regional services are better than any local services but there is no evidence in the paper for this assumption.

There is no reference related to the statement that procedures carried out at larger centres result in better outcomes.

10. Would you agree/disagree with the following aims for a future Cochlear Implant and Bone Conduction Hearing Implant service:

The service:

- can deliver a safe and sustainable hearing implant device service for the adult and children in South Wales
- has equitable access
- meets national standards
- has staff in the right place with the right specialist skills
- facilitates timely access to surgery

○ **Agree**

○ Disagree

○ Neither agree or disagree

We agree with the aims for the service however wish to make it clear that

equitable access should include distance, travel and cost as well as waiting times.
The paper mentions that some people may not have to travel as far as they do now. As it seems unlikely that any site other than Cardiff would be chosen for the centralised service, we are not aware of any circumstances under which travel to a centralised service would be reduced compared to the current situation

11. As a result of reading this information:

- ○ I have an understanding of the process that has been followed to arrive at the preferred option
- ○ I have no understanding of the process that has been followed to arrive at the preferred option
- ○ Not applicable

Do you have any comments about the process followed?

1) This question does allow for responders to have a partial understanding.

2) It is not clear in the engagement paper which external implantable device centre was chosen to complete the evaluation, what service model is delivered at that centre, why they were chosen or whether stakeholders in that region were also asked to contribute to the evaluation. Evaluation by a single centre could inadvertently have introduced bias into the evaluation. There are two models of bone anchored hearing aid delivery in England. One is single auditory implant centre of which there are 16 in England and the other is a standalone bone anchored hearing aid centre within an audiology centre of which there are over 100. What assurance is there that both models have been consulted?

3) The process does not seem to have considered the Welsh context in which services have run, specifically the current development of All Wales implantable device standards and the close working relationships of all centres in Wales.

4) There is some incorrect information in the engagement documents, which will affect the validity of this engagement process, specifically:

a) In the slide summary (slide 10 of the English version) it states that appointments before the hearing implant and after the hearing implant has been programmed and fitted will take place closer to home. This is factually incorrect for CI and may not be possible for BCIG depending on the outcome of the pathway design.

b) In most versions except the core document, eg slide 7 of the English slide summary, is the statement *British Cochlear Implant Group (BCIG) say that Consultants should undertake a minimum of 10 cochlear implants per surgeon, and that a centre should undertake a minimum of 15 BCHI per year. There are not enough patients to support this across multiple centres.* This is factually incorrect. ASSAG would be concerned that the significance of this statement to the case for change may make the engagement invalid.

12. **Please tell us what you think about the preferred option of a single implantable device hub for both children and adults with an outreach support model.**

- ○ I agree with the preferred option
- ○ **I disagree with the preferred option**
- ○ I have no particular view on the preferred option

Do you have any comments about the preferred option (i.e. why you agree/disagree)?

1) There is no option to partially agree with the preferred option

2) It is not possible to provide a final opinion of the preferred option without more information on the specific models being proposed. It is not clear in the engagement paper what the services will look like and the advantages and disadvantages of each model.

3) Cochlear Implants

   A single site for CI in South Wales would resolve the current and urgent issues facing the cochlear implant service. It would allow for sustainable workforce planning and the development of a full and specialist MDT within the service. Travel for some patients will unfortunately be increased compared to the two-centre model previously provided but this would be balanced by the ability to invest in the best staff, equipment, and facilities at a single centre.

   The other advantage of the CI team would be to assist in the robust and efficient management of the cost of this service. This also fits with the model being provided in England. Our view is that middle ear implants would generally fit within an auditory implant programme as per the English model rather than in a standalone centre.

4) For bone conduction implants the advantages of a single centre are less clear.

There is ample precedence of safe and effective standalone centres working within audiology services for bone anchored hearing aids in England with clear cross referral pathways to a tertiary implant centre where required. There are no standards requiring bone anchored hearing aids to be done in large regional sites or for services to be provided only in those providing other implantable hearing devices.

With regards to the creation of a single MDT the advantages of including bone conduction implant services in a single centre **may** provide additional staff resilience and promote the consideration of potential for middle ear implants however, there is no evidence that this is currently or foreseen to be an issue and it is not required in any recent policies or professional consensus. If bone conduction services remain standalone, then the recommendation would be for mitigations and safeguards such as joint MDTs for patients meeting the criteria for more than one type of device (likely to be very few) to ensure equitable access.

The disadvantages of a single centre are the increased travel and cost for patients which ASSAG do not feel are balanced by any advantages for patients requiring this type of device.

13. If the preferred option was progressed, what do you think the impact would be?

1) The impact of the preferred option for bone conduction hearing aid patients is of decreased access, particularly as the level of service to be provided in centres 'closer to home' is not defined in the paper.

2) The impact of the combined MDT which allows for all options to be offered to patients is not obvious as, patients who are candidates for bone conduction hearing aids are generally not candidates for cochlear implantation and vice versa. Robust cross referral pathways are the norm across multiple disciplines in the Welsh NHS.

3) The impact on quality and outcomes of a centralised service for BCHI's is not clear as the issues and required quality improvements required are not clear in these documents particularly as BCHI surgery is significantly less complex than that of cochlear implantation.

4) A move to one centre would require significant investment in facilities, for example large sound-proof clinical rooms, to avoid an ongoing detrimental impact on the core audiology service. This would require a significant capital investment. The need to provide for both CI and BCHI on a South Wales basis may impact on the site's ability to provide the facilities required for CI.

5) Removing the BCHI service from Swansea Bay UHB may have an impact on the South Wales microtia service, as the advice of surgeons with knowledge of BCHI placement and surgery is important in the management of Microtia.

ANNEX B – GLOSSARY OF TERMS

Audiology	The branch of science and medicine concerned with the sense of hearing.
Specialist Audiologist	A Specialist Audiologist specialises in the diagnosis, analysis and treatment of human auditory disorders such as hearing, tinnitus and audio balance deficiencies.
Bone Conduction Hearing Implant	A Bone Conductor Hearing Implant (BCHI) is a hearing aid which uses bone conduction to help sound get to the inner ear. Note many people also call a BCHI a BAHA.
Clinical Child Psychologist for children	Clinical Child psychologists work with children by assessing, diagnosing and treating children and adolescents with psychological or developmental disorders, and they conduct academic and scientific research
Cochlear Implant System	A Cochlear Implant is an implanted electronic hearing device designed to produce useful hearing sensations to a person with severe to profound nerve deafness by electrically stimulating nerves inside the inner ear.
Hearing Therapist	A Hearing Therapist offers counselling to help with hearing difficulties
Multi-Disciplinary Team (MDT)	A Multi-disciplinary Team is a mixture of team of named healthcare professionals (eg Doctors, audiologists, nurses etc) who are responsible for discussing and arranging facilitating communication and coordinating care for patients.
National Institute for Health and Care Excellence (NICE)	National Institute of Clinical Excellence – sets standards and guidance for services
Paediatric Anaesthetist	Paediatric Anaesthetists are responsible for the general anaesthesia, sedation, and pain management needs of infants and children

Qualified Teacher of the Deaf (QTOD)	Qualified Teachers of the Deaf (also known as QToDs) are qualified teachers who provide support to D/deaf children, their parents and family and other professionals who are involved with a child's education.
Specialist Nurses	Specialist Nurses are dedicated to a particular area of nursing; caring for patients suffering from long-term conditions and diseases.
Specialist Radiologists	Specialise Radiologists are medical doctors that specialise in diagnosing and treating injuries and diseases using medical imaging (radiology) procedures (exams/tests) such as X-rays, computed tomography (CT), magnetic resonance imaging (MRI), nuclear medicine, positron emission tomography (PET) and ultrasound.
Speech and Language Therapist	A Speech and Language Therapist provides life- changing treatment, support and care for children and adults who have difficulties with communication, eating, drinking and swallowing.