

The development of Nevill Hall Hospital and our enhanced local general hospitals

Briefing document

Introduction

This document has been produced to describe the latest stage of our 'Clinical Futures' plan, with the aim of ensuring that the services delivered in what we call our enhanced local general hospitals (such as Nevill Hall Hospital, Royal Gwent Hospital and Ysbyty Ystrad Fawr) are as effective as possible to respond to the needs of our communities and support our critical care centre at the Grange University Hospital and our community services. It is important for us to make sure that everyone who has an interest in how our services are delivered has an opportunity to understand the proposals and to let us know their views.

Background

We opened our specialist and critical care centre (the Grange University Hospital) early (in autumn 2020) during the COVID 19 pandemic. Our plan has been to provide most healthcare across Gwent as close to local communities as possible, whilst ensuring that more specialist and complex care was provided according to best practice, usually at the Grange University Hospital or on one other site in the Health Board.

We now have experience of our newest hospital providing the specialist services for the whole of our population, and an understanding of the challenges that services are experiencing, and this has helped us to consider the latest stage of our clinical plan to make our whole healthcare system as efficient and effective as possible so as to provide the best care for the population that we serve.

Current service challenges

The challenges that we have faced since the opening of the Grange University Hospital are significant and include the following:

- Some of our services are under severe pressure and are not as efficient and effective as they are currently arranged.
- Whilst workforce challenges for a number of specialties have been improved due to the consolidation at the Grange University Hospital (for example cardiology, maternity services, emergency department staff and critical care), some

specialities are still spread too thinly across our hospitals and therefore it is very difficult to staff all of the rotas reliably in some services.

- We still have extra beds in our system that were opened during COVID (above what was originally planned under the Clinical Futures strategy), and this is not sustainable both in terms of staffing and cost
- Whilst we have some modern and new facilities (for example the Grange University Hospital, Ysbyty Ystrad Fawr and new health and wellbeing centres) a number of our hospitals and community facilities are provided from out of date and unreliable buildings. (for example, the presence of reinforced autoclaved aeriated concrete (RAAC) in Nevill Hall Hospital means that we need a plan to repair or remove this in the longer term.
- We are increasingly working with the other Health Boards in South East Wales to plan and deliver services on a regional basis
- The Health Board is facing increasing financial challenges, affecting our ability to invest in priority service areas and requiring us to look at the best value from investment

For the system to operate successfully, our enhanced local general hospitals must be fit for purpose, with a safe and sustainable workforce that delivers the best possible care to meet the needs of the local population.

Our New Strategy

We have recently sought views from the public on our new long-term strategy for the Health Board ('A conversation for a healthy future') to find out what was important to the communities we serve. This was looking at what we need to do over the next ten years and beyond, particularly looking at public health, illness prevention and a focus on 'what's important to you to feel healthy' – you can see the details here:

<https://abuhb.nhs.wales/about-us/10-year-plan/>

We are very grateful for all the feedback we received, which has provided valuable information on what our priorities should be, including the following:

Priorities for the individual

- Looking after physical health, including eating well and exercising
- Looking after mental health, including spending time with loved ones, hobbies, spending time outside and being creative

Priorities for the Health Board

- Easier access to primary care such as GP and dental appointments
- Shorter waiting times for surgery such as knee and hip replacements
- Feeling listened to by healthcare professionals
- Care closer to home

Priorities for the wider environment

- Access to public transport

- Access to green spaces
- Safe communities with affordable housing
- Affordable and accessible gyms / exercise classes
- Access to social and wellbeing groups

Lessons for Planning our Future Services

Whilst many people agreed that it was important to consider everything that affects our health and wellbeing, there was also a significant emphasis on easier access to care and having as many locally based services as possible. This has confirmed the need for us to progress the next phase of our original Clinical Futures strategy – to ensure that our enhanced local general hospitals (such as Nevill Hall Hospital, Royal Gwent Hospital and Ysbyty Ystrad Fawr) are set up to provide the best support to patients and our whole healthcare system. To do this, we need to:

- Ensure that our key services have enough capacity to meet expected demand
- Ensure that as many services as possible are provided close to home, whilst also recognising that where more complex acute care is required, this is provided according to best practice and the highest clinical standards
- Ensure all services are efficient and sustainable (this will help us to improve patient experience and reduce the amount of time patients are staying in hospital)
- Ensure we have enough staff / teams in the services that are needed the most
- Work more on a regional basis where this offers opportunities to improve local access and sustainability of services

Although these objectives apply to all our enhanced local general hospitals, our first priority is to develop the services provided at Nevill Hall Hospital in Abergavenny. There are several reasons for this:

- The hospital is important not just for the local communities but for the wider region, including patients from south Powys and from the Heads of the Valleys area
- Exciting investment and development is already taking place on the Nevill Hall Hospital site, with the opening of a radiotherapy centre in partnership with Velindre NHS Trust, to serve the populations from across south east Wales and South Powys, bringing cancer care closer to home.
- Nevill Hall has recently become a hub for providing cataract services to not only the Gwent population but the wider south east Wales population
- We need to consider if the current staffing arrangements best meet the needs of the local populations, particularly those who are older and more frail
- As highlighted above, some of the buildings on the site contain reinforced autoclaved aerated concrete (RAAC), which is requiring attention to ensure that all our services are provided in safe and comfortable buildings

Taken together, these issues provide a significant need and opportunity for us to review effective service delivery across the wider area in the north of the health board area served by Nevill Hall Hospital.

What is Important for Us to Consider?

There are some important considerations that will guide our work:

1. We want to meet as many patients' needs as possible closer to home. For example, we have made or are planning significant investments into a number of health, social care and wellbeing centres and services. The Bevan Health and Well Being Centre in Tredegar now gives us the opportunity to bring together a range of services from different agencies in a modern and comfortable building in the heart of a community, helping people to stay healthy and well close to home. We also have effective community hospital type services in Ebbw Vale, Chepstow and Monnow Vale, and we would like to have this type of model in more communities, so that having to use services in hospitals further away is a last resort. We are working closely with our partners in local authorities and voluntary groups to make this happen.
2. Whilst specialist acute (short-term) inpatient care is likely to be best delivered at the Grange University Hospital, there may also be areas where other care is most effectively delivered from one of our enhanced local general hospital sites, rather than all of them. Centralisation of some services in this way can enable the development of centres of excellence and ensure that patients receive the best possible care. Examples of this might include the following
 - a. Radiotherapy and cancer outpatient services at Nevill Hall Hospital
 - b. Stroke rehabilitation services (which recently needed to be centralised at Ysbyty Ystrad Fawr as an urgent measure, as staff were spread too thinly to provide adequate post-stroke therapy and care). The permanent service arrangements for this service will form part of a separate engagement exercise later this year)
3. We are then able to provide state of the art inpatient care at our specialist and critical care centre (the Grange University Hospital) for those who need this.
4. There may be areas where care can be enhanced by reviewing a range of services that are currently split up for historical reasons and consolidating them on an enhanced local general hospital site in new modern accommodation. An example may be some Mental Health and Learning Disabilities services, which could be grouped effectively from across parts of north Gwent into Nevill Hall Hospital.

5. We will aim to minimise any potential travel implications e.g. managing needs locally where we can, whilst accepting the need to travel to one site within the Health Board for more involved and complex attention such as described above.

What Might the Future Nevill Hall Hospital look like?

Nevill Hall Hospital is an important site for the Health Board, and using the above examples, we would like to extend and develop the widest range of services on the Nevill Hall Hospital site.



The table below sets out the main services that we would wish to provide in the future:-

Planned 'elective' care services, such as day surgery for orthopaedics, ophthalmology and general surgery	A wide range of outpatient services, brought together into an integrated unit with access to diagnostics and same day treatment space plus pre-assessment for proposed surgery
An integrated 'front door' model for urgent care, with an emphasis on meeting the needs of older people closer to their home	Inpatient beds to cover a range of medical and other conditions requiring hospital admission
Children's services for young people with particular needs	A women's health hub providing dedicated outpatient, diagnostics, and treatment services in one place
Mental health and learning disability services, forming part of wider provision across the north of the county	Comprehensive diagnostic services, including x-rays, MRI, CT scanning, ultrasound, nuclear medicine and endoscopy
A new range of services for cancer patients, including advanced anti-cancer therapies, haematology and a new unit (run in partnership with Velindre Hospital colleagues) for specialist radiotherapy	Accommodation and facilities for partner organisations e.g. social services, to allow us to work closer together and ensure high quality joined up planning and care
A minor injury unit, providing a wide range of services for non-critical care, including simple fractures, dislocations, wounds and dressings	Inpatient and outpatient therapy services such as occupational therapy, speech and language therapy and physiotherapy.

	(alongside community provision providing care closer to home)
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Delivering all these services to the level and standard that we wish will require new investment, and we are preparing an investment case for the Welsh Government to consider.

What Might this Mean for Patients?

We know that there is always a balance to be struck between ensuring that health care is provided as close to home as possible on the one hand and ensuring safe and sustainable specialist services on the other. The way that we want to achieve that balance (using Nevill Hall Hospital as the first example) would therefore generally be as follows:

1. Maximising the services available in communities and in local facilities.
2. Ensuring that as many assessment, diagnostic and ambulatory (not requiring admission) services as possible are provided across all our local general hospitals, so minimising the need to travel for routine non-specialist care.
3. Where services do not need to be in the Grange University Hospital but cannot be provided in all local general hospitals, creating centres of excellence and strong identities. For example, in Nevill Hall Hospital, this would include cancer services and day-case surgery. This will help with recruitment to these services as well as driving up standards of care in these areas.
4. Ensuring that our more complex and specialist inpatient services such as stroke, chest medicine and heart conditions are then available in dedicated high quality facilities at the Grange University Hospital for those who need that level of care.

Examples of how this might look for someone needing assessment / care (sometimes known as a patient 'pathway') are shown below: -

What respiratory (chest) care do I need?	Where might this be provided?
Routine check-up for a chest condition e.g. asthma	Local GP surgery and / or local general hospital
More detailed assessment if suddenly feeling unwell with a chest condition	Royal Gwent Hospital as our lead site for 'walk in' respiratory care
Admission to a bed for specialist care by a Consultant Chest Physician	Grange University Hospital as our critical care centre

What cardiology (heart) care do I need?	Where might this be provided?
Routine check-up for a heart condition e.g.	Local GP surgery and / or local general hospital
Any diagnostic tests, other than those needing the cardiac catheter laboratory, plus outpatient clinic and rehabilitation reviews	All local general hospitals
Admission to a bed for specialist care by a Consultant Heart Physician	Grange University Hospital as our critical care centre

What diabetes care do I need?	Where might this be provided?
Routine check-up or test for a diabetes condition	Local GP surgery and / or local general hospital
More detailed assessment and specialist treatments for a diabetic condition (not requiring admission)	Specialist diabetic unit at Nevill Hall Hospital (or outpatient assessment at other local general hospitals)
Admission to a bed for specialist care by a specialist diabetes consultant	All local general hospitals (on a visiting consultant basis at Ysbyty Ystrad Fawr)

What urgent care do I need?	Where might this be provided?
Minor injury	Minor injury unit at each of our local general hospitals
Injury concern out of hours	Minor injury units (as per opening hours) at each of our local general hospitals or dial 111/999
Accident or emergency requiring specialist urgent care (including an urgent operation)	Grange University Hospital as our critical care centre

Seeking Your Views

Although we believe that adopting these principles and ideas will help us to deliver the best possible care within our resources, before final decisions are made, we wish to involve and hear from residents, staff, supporting services, voluntary groups and all others with an interest in our services. It is important that everyone has the opportunity to understand the proposals, to provide feedback and to raise any queries or concerns for response. Examples of where we would like your views include: -

- Is our current thinking clear and sensible?
- What do you think of our aims and principles?
- Do you have any concerns about our plans?
- What other factors would you like us to consider?

This will provide valuable information that will influence final decisions and service details. We will also use the information received to update the Equalities Impact Assessment.

How will the Health Board do this?

To ensure that everyone has the opportunity to make their views known, the Health Board is initiating an eight-week period of engagement, involving the following: -

- Prominent display of information in service areas, to include posters and displays
- Information / survey forms provided for those using our services
- Dedicated information page on Health Board website, to include FAQs, access to survey (with option of paper version), contact points / numbers and updates as plans progress
- Face to face public information sessions / engagement events
- Social media messaging
- Presentations to key interested groups and organisations
- Management meetings for internal NHS stakeholders

It is planned that the engagement period will run from **Tuesday 24 June 2025 until Friday 15 August 2025**

How can people make their views known?

Views can be shared by any of the following means: -

- Complete our survey which can be accessed via the Health Board web site or via this QR and URL code below:



URL: <https://forms.office.com/e/FkXFZxxPPy>

- Attend a public engagement session, where you can listen to a presentation, find out more about the proposal and ask any questions of Health Board staff. These have been arranged as follows:

Date	Time	Venue
Thursday 3 rd July	5.30pm – 7.30pm	Lecture theatre, Education Centre Nevill Hall Hospital, NP7 7EG
Wednesday 9 th July	2pm – 3.30pm	On-line via MS Teams (please register via the email below)
Tuesday 15 th July	4pm – 6pm	Stocktonville Hall, Gelli Road, Tredegar NP22 3RD
Wednesday 23 rd July	5.30pm – 7.30pm	Multi Function Room Pontypool Active Living Centre, Trosnant St, Pontypool, NP4 8AT
Wednesday 30 th July	3.30pm – 5.30pm	Stow Park Community Centre 1 Brynhyfryd Rd, Newport, NP20 4FX
Wednesday 6 th August	4pm – 6pm	Education Centre, Ysbyty Ystrad Fawr, Ystrad Fawr Way, Ystrad Mynach, Hengoed, CF82 7EP (Please enter via Entrance 2 and proceed to Level 02)
Thursday 7 th August	5.30pm – 7pm	On-line via MS Teams (Please register via the email below)
Tuesday 12 th August	5.30pm – 7.30pm	Kymin Room, Bridges Centre Drybridge House, Drybridge Park, Monmouth, NP25 5AS

- Contact Us** by e-mail with any comments or if you would like to join one of the on-line sessions above register your attendance at ABB.PlanningDepartment@wales.nhs.uk and we will arrange to send you a link for the session.
- Contribute to any social media conversations via the Health Board's pages on **Facebook and Instagram**

What will happen after the engagement period?

Once the engagement period is complete, all responses and views will be collated and an engagement report prepared. This will be shared with the local region of Llais (the citizen's voice body that replaced Community Health Councils in Wales) and conclusions reached regarding whether a final decision can be made on future service provision, or whether further actions are required. Subject to further discussions with Llais, we may wish to enter a period of formal consultation on our specific proposals, and should we do that we will once again invite your views.