Under both Urgent Care options, an enhanced UCC would be provided in Newtown, supported by seven-day X-ray provision and an expanded range of diagnostic services. This would improve local access to urgent assessment, diagnosis and treatment and reduce the need for some residents to travel outside Powys for care.

Existing primary care delivered urgent care arrangements would continue.

The existing limited local X-ray provision in Machynlleth would transfer to Newtown, where residents would have access to seven-day X-ray services and a broader range of diagnostic tests as part of the enhanced UCC model.

Residents requiring inpatient mental health care would access the Mental Health Centre of Excellence on the Bronllys site or Bronllys and Brecon area and enhanced community mental health services within the locality as described 5.6.1.

5.6.12 Newtown Locality

Under both Physical Health options, community inpatient services would continue to be provided in Newtown and would support an expanded range of inpatient, rehabilitation and recovery services.

Under both Urgent Care options, an enhanced UCC would be provided in Newtown, supported by seven-day X-ray provision and an expanded range of diagnostic services. This would improve local access to urgent assessment, diagnosis and treatment and reduce the need for some residents to travel outside Powys for care.

Existing primary care delivered urgent care arrangements would continue.

Residents requiring inpatient mental health care would access the Mental Health Centre of Excellence on the Bronllys site or Bronllys and Brecon area and enhanced community mental health services within the locality as described 5.6.1.

5.6.13 Welshpool and Montgomery Locality

Under both Physical Health options, residents requiring community inpatient care would access services in Newtown.

Under both Urgent Care options, services currently provided through the MIU in Welshpool would transfer to the proposed UCC in Newtown. Residents would have access to seven-day X-ray provision and an expanded range of diagnostic services in Newtown. Existing X-ray facilities in Welshpool would transfer as part of the wider consolidation of urgent care diagnostics into the enhanced UCC model.

The Health Board would work with local partners to develop strengthened local urgent care arrangements, including primary care and community-based solutions where appropriate, helping to ensure that people continue to have access to urgent care closer to home where this can be delivered safely and sustainably.

Residents requiring inpatient mental health care would access the Mental Health Centre of Excellence on the Bronllys site or Bronllys and Brecon area and enhanced community mental health services within the locality as described 5.6.1.

Figure 85: Moderate Community Model, 90 beds across 3 sites (Option SL IPDO_005b)

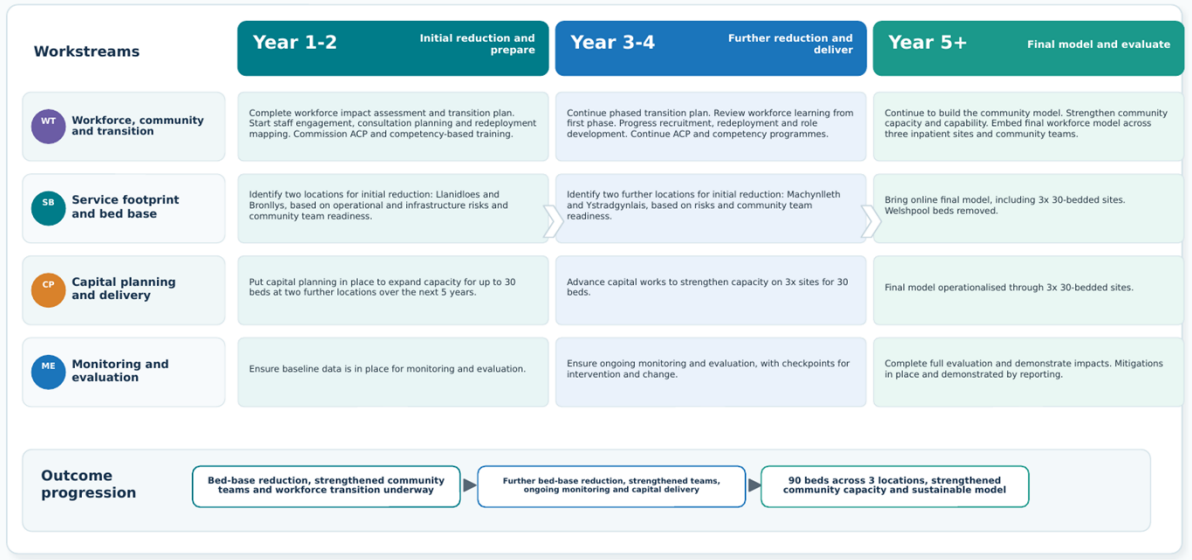
What changes from the current model?	What stays the same as the current model?
• Inpatient physical health beds are consolidated on three sites: Newtown, Llandrindod and Brecon. • Inpatient beds are removed from Welshpool, Llanidloes, Machynlleth and Knighton, and physical health inpatient beds are no longer provided at Bronllys and Ystradgynlais. • Inpatient rehabilitation is concentrated at Brynheulog Ward (Newtown) and Epynt Ward (Brecon). • Step-up, step-down, and inpatient palliative and end of life care are provided at the three core sites. • Reablement beds move away from community hospitals and are provided through alternative settings, such as care homes. • Community provision is strengthened, including proactive prevention, early intervention, enhanced intermediate care, urgent community response services and a phased Hospital@Home model. • A single point of access for services is developed, and diagnostic provision is rationalised, with extended x-ray services concentrated at core sites.	• Inpatient physical health services continue to be provided within Powys, with Newtown and Brecon remaining key inpatient sites as they are now (with Llandrindod added). • The focus on person-centred care, recovery and supporting people to remain at home wherever possible continues. • Community services remain a core component of the model, although delivered at greater scale and intensity than under the current arrangement.

Benefits	• Concentrating inpatient beds on three sites improves clinical sustainability, safety and continuity of care • Enables robust workforce models, improving resilience through critical mass, skill mix and rota sustainability. • Improves patient flow and reduces risk of patients deconditioning. • Strengthens joined up working between physical health, mental health and community services. • Shifts care closer to home through enhanced community provision, urgent community response and Hospital@Home, reducing avoidable admissions into acute settings. • Improves access to diagnostics at core sites, supporting timely assessment and decision-making.
Risks	• Loss of inpatient beds at some sites may impact travel distance and accessibility for patients, families and carers. • Delivery is dependent on successful investment in community services; delays could increase system pressure. • Workforce transition and service reconfiguration present significant change management and engagement risks. • Requires capital investment and estate readiness, introducing delivery and timing risk. • Potential short-term instability during transition as services are consolidated. • Social care and care home capacity to support whole system model
Trade-off(s)	• Reduced local inpatient access at some sites in return for higher quality, more sustainable services overall. • Moves away from a familiar hospital-led model to enable longer-term system resilience. • Balances ambition and deliverability, but does not maximise consolidation benefits

6.9.3.1 Indicative Phasing for this Option

The below timeline shows the indicative phasing for this option

Figure 86: Indicative phasing Moderate Community Model, 90 beds across 3 sites (Option SL IPDO_005b)



6.9.3.2 Commissioning Assumptions

The proposal would see a reduction in acute emergency admissions, shorter LOS and reduced associated excess bed day costs (trim point) saving approximately £1.1m per year in commissioning costs and would result in no Powys patients staying in out of area community hospitals. Modelling assumes:

Realisation of benefits would depend on enhanced community services, including Hospital at Home, rehabilitation, reablement and wider health and care support, being sufficiently developed before inpatient capacity is reduced. The transition would need to be carefully phased and monitored to manage risks relating to bed capacity, workforce change, service continuity and the availability of community and partner capacity. A full Integrated Impact Assessment for this option is found in appendix Z.2.

6.9.4 SL IPDO_008: Improve quality of care with significantly enhanced community model and better join up with mental health, resulting in even fewer Community Inpatient beds across 2 sites

There would be more support to help people stay and recover at home, and closer working between mental and physical health services. There would be fewer community hospital beds (60 beds) in Powys than there are now, and they would be moved to fewer places to improve the quality of care.

This option is the most significant transformation of services, reducing inpatient provision from eight community hospital sites to two inpatient centres supported by a major expansion of community-based, home-first and integrated physical and mental health services. The model offers the greatest potential efficiencies and longest-term sustainability but also presents the greatest risks relating to access, travel, equality and implementation.

This option provides approximately 60 inpatient beds consolidated onto two sites, most likely Newtown and Brecon. The significantly expanded and enhanced community offer would mean that more people could be supported to remain well and recover at home, with fewer needing to travel to a hospital bed at all.

Figure 90: Enhanced Community Model, 60 beds across 2 sites (Option SL IPDO_008)

What changes from the current model?	What stays the same as the current model?
• Inpatient physical health beds are consolidated onto two sites only: Newtown and Brecon. • There are no inpatient beds at Welshpool, Llanidloes, Machynlleth, Llandrindod or Knighton, and no physical health inpatient beds at Bronllys or Ystradgynlais. • Inpatient rehabilitation is delivered at Newtown and Brecon, alongside step-up, step-down, palliative and end of life care. • Reablement beds are no longer provided within community hospitals and are delivered through alternative settings such as care homes. • The community model is significantly expanded, with a strong emphasis on prevention, early intervention, urgent community response, Hospital@Home and closer integration between physical and mental health services to support people at home. • A single point of access operates for triage and coordination, and diagnostic services are fully rationalised, with extended access concentrated at core sites.	• Powys continues to provide inpatient physical health services locally, albeit on fewer sites. • The overarching aim of supporting people to stay well at home, reducing unnecessary hospital admissions, and delivering high-quality, person-centred care remains unchanged. • Community services continue to play a central role, but as part of a much more community-first system.

Benefits	• Concentrates inpatient beds on two sites (Newtown and Brecon), maximising clinical safety, workforce sustainability and service standardisation. • Enables the strongest and most resilient workforce model, with improved recruitment, retention and reduced reliance on temporary staffing. • Improves patient flow and reduces risk of patients deconditioning. • Strengthens joined up working between physical health, mental health and community services. • Releases greatest opportunity to reinvest in enhanced community-based care, prevention, Hospital@Home and early intervention. • Simplifies the inpatient estate, supporting long-term financial sustainability and capital prioritisation.
Risks	• Loss of inpatient beds at some sites may impact travel distance and accessibility for patients, families and carers. • Highest level of public, political and staff concern, requiring significant engagement and mitigation. • Most reliant on successful and timely delivery of community services to avoid increased pressure elsewhere in the system. • Significant capital investment and delivery dependencies, with longer timescales and higher implementation risk. • Potential for disruption during transition if enabling services are not fully in place • Impact assessment needs to recognise higher risk in variance for workforce • Social care and care home capacity to support whole system model
Trade-off(s)	• Maximises quality, sustainability and efficiency at the expense of locality-based inpatient provision. • Moves away from a familiar hospital-led model to enable longer-term system benefits and resilience, requires strong leadership, assurance and sequencing to manage risk.

As with option 1, over time, more care would be delivered through community-based support and integrated pathways as community provision develops, keeping people supported at home more effectively. The approach aims to improve coordination of care for people with complex needs while supporting more joined-up physical and mental health services across

7.9.2 Service Configuration Currently

The following figure summarises the current urgent care and diagnostic configuration.

Figure 110: Summary of the current urgent care and diagnostic configuration

Service	Locations	Current Provision
Minor Injury Units (MIUs)	Welshpool, Llandrindod Wells, Brecon	Open 08:00-20:00, 7 days per week
	Ystradgynlais	Open 08:30-16:30, Monday-Friday
X-ray Services	Welshpool, Newtown, Llandrindod Wells, Brecon, Ystradgynlais	Weekday provision
Weekend X-ray	Brecon	Weekend morning provision
Additional X-ray Provision	Machynlleth	One day per week
Ultrasound Services	Main diagnostic sites	Part-week provision
Point of Care Testing (POCT)	Selected sites	Limited provision

Urgent care continues to be delivered through participating GP providing minor injury services, alongside PTHB MIU provision across the four sites, including daytime provision at Ystradgynlais. GP out-of-hours urgent care remains available from the four PTHB Minor Injury Sites, with home visiting for patients unable to travel. Other urgent primary care services continue to be delivered in the community, including urgent dental care, urgent eye care through optometry, and the Common Ailments Scheme delivered through community pharmacies.

Figure 111: Urgent Care Service Configuration Currently

What changes from the current model?	What stays the same as the current model?
• No change to current minor injury service configuration	• Welshpool Unit continues to operate • Llandrindod Wells Unit continues to operate • Brecon Unit continues to operate • Ystradgynlais Unit continues to operate • Existing MIU opening hours remain unchanged • Diagnostic services continue across existing sites and schedules • GP practices continue to deliver urgent care through GMS • Minor injury supplementary services continue in GP practices currently delivering this service • GP Out of Hours continues to operate from MIU sites • Urgent Eye Care through Opticians continues to operate • Common Ailment Scheme through Pharmacies continues to operate • Limited Point of Care Testing provision remains in place

Benefits	• Maintains geographic access to urgent care services • Maintains travel times for most populations accessing urgent care • Maintains established service delivery model and patient pathways • Retains local access to Minor Injury Units across 4 sites
Risks	• Limited resilience across multiple sites remains • Variation in service offer across sites continues • Inability to standardise service model across sites • Limited clinical governance and leadership capacity • High cost per patients associated with current service model remains
Trade-off(s)	• Maintains local access at the expense of service development and leadership capacity • Retains current model at the expense of service standardisation • Maintains local access at the expense of cost efficiency

This configuration does not meet future demand or provide the required improvement and resilience. It is retained as a baseline comparator only.

7.9.3 Local Urgent Care Services on 3 Sites (UC013)

This proposal establishes UCCs in Newtown and Brecon, and a MIIU in Llandrindod Wells, operating from 08:00- 20:00, seven days a week. POCT and blood testing facilities would be available at all three sites throughout operating hours, with X-ray services available from 9:00 am to 6:00 pm, seven days a week.

The proposal allows the expansion of scope of practice to include both injury and illness across all 3 units and enables the UCCs to deliver same day enhanced urgent care assessment, diagnostics and treatments, with ambulatory referral pathways into the service. The MIU would stay in Welshpool until the UCC opens in Newtown, and then the MIU in Welshpool would close (see section 7.7.3.5).

The following figure summarises the proposed urgent care and diagnostic configuration across three sites.

Figure 112: Summary of the proposed urgent care and diagnostic configuration on 3 sites

Service	Locations	Operating Model
Urgent Care Centres (UCC)	Newtown and Brecon	Open 08:00-20:00, 7 days per week
Minor Injury and Illness Unit (MIIU)	Llandrindod Wells	Open 08:00-20:00, 7 days per week
X-ray Services	Newtown, Llandrindod Wells and Brecon	Open 08:30-18:30, 7 days per week
Weekend X-ray		
Additional X-ray Provision		
Ultrasound Services	Main diagnostic sites	Part-week provision
Point of Care Testing (POCT)	Selected sites	Enhanced provision

This proposal fully supports the enhanced inpatient bed offer to include short stay assessment and treatment beds (step up) in the physical health proposal and is aligned with the creation of an 'urgent community response' service which can see people in their own homes between 8:00-20:00 pm, 7 days a week (as part of the community model).

GP practices would continue to offer urgent care through their GMS contract. GP practices (where there are not PTHB MIUs nearby) would provide minor injuries services. GP out of hours urgent care would continue to be offered. Other urgent primary care services will continue to be delivered in the community, including urgent dental care, urgent eye care through Opticians and the Common Ailments Scheme delivered in community pharmacies.

Figure 113: Local Urgent Care Centres on 2 sites and MIIU on 1 site (UC013)

What changes from the current model?	What stays the same as the current model?
• Reduction in number of Units from four to three • Welshpool Unit relocates to Newtown (following development of the Rural Regional Centre) • Ystradgynlais Minor Injury Unit closes • Brecon Unit becomes an Urgent Care Centre • Newtown Unit established as an Urgent Care Centre • Llandrindod Wells Unit becomes a Minor Injury and Illness Unit • X-ray provision at Ystradgynlais closes • X-ray provision at Machynlleth closes • X-ray provision at Welshpool closes (following relocation to Newtown) • X-ray provision expands to a 7-day service with extended hours • Additional Point of Care Testing introduced across all sites • Additional Blood testing introduced across all sites • Urgent care pathways expanded, including ambulatory referral pathways • Short stay assessment and treatment beds introduced (step-up capacity) • A refinement of Minor Injury Supplementary Services to reflect local population need • Addition of Triage Nurse per site • Addition of dedicated Professional and Clinical Leadership roles • Addition of Advanced Practice roles	• Welshpool Unit continues to operate until relocation to Newtown • Brecon Unit continues to operate • Llandrindod Wells Unit continues to operate • X-ray provision continues at Newtown (with extended hours) • X-ray provision continues at Brecon (with extended hours) • X-ray provision continues at Llandrindod Wells (with extended hours) • GP practices continue to deliver urgent care through GMS • GP Out of Hours continues to operate • Urgent Eye Care through Opticians continues to operate • Common Ailment Scheme through Pharmacies continues to operate • Minor Injury Supplementary Service continues as part of the overall model

Benefits	• Concentrates workforce to support service delivery • Improves ability to staff rotas safely • Increases consistency of service offer across sites • Improved clinical governance and leadership capacity • Reduces reliance on external providers by increasing local capability • Improves clinical capability through expanded diagnostics and treatment • Increases the clinical scope of the service offer • Improves integration of urgent care pathways and patient flow • Supports the strategic direction of more urgent care delivered in the community • Increase in diagnostic access and availability reducing out of county travel
Risks	• Increased travel time for some populations accessing urgent care • Reduced access to PTHB urgent care services within 45-minute travel • Increased reliance on external providers for some populations • Variation in service offer across sites during transition • Dependency on recruitment to new roles • Dependency on workforce training, development and recruitment to deliver expanded service model • Dependency on capital investment to deliver proposed changes
Trade-off(s)	• Improves service quality at the expense of increased overall cost • Improves leadership capacity and service capability at the expense of increased investment

This option provides a significantly improved urgent care service offer compared with the current model and meets all ten NHS Wales delivery expectations for UCCs in Wales (see figure 114). It would strengthen governance, improve pathways integration and provide broader geographic coverage. It would also improve diagnostic provision, reduce unnecessary conveyances and align with the strategic direction for community-based urgent care. However, delivery across three sites would be more expensive than the 2-site option.

7.9.3.1 Indicative Phasing for this Option

The below timeline shows the indicative phasing for this option

Figure 114: Local Urgent Care Centres on 2 sites and MIIU on 1 site: Indicative phasing (UC013)