

### 3.2 Appendix 2

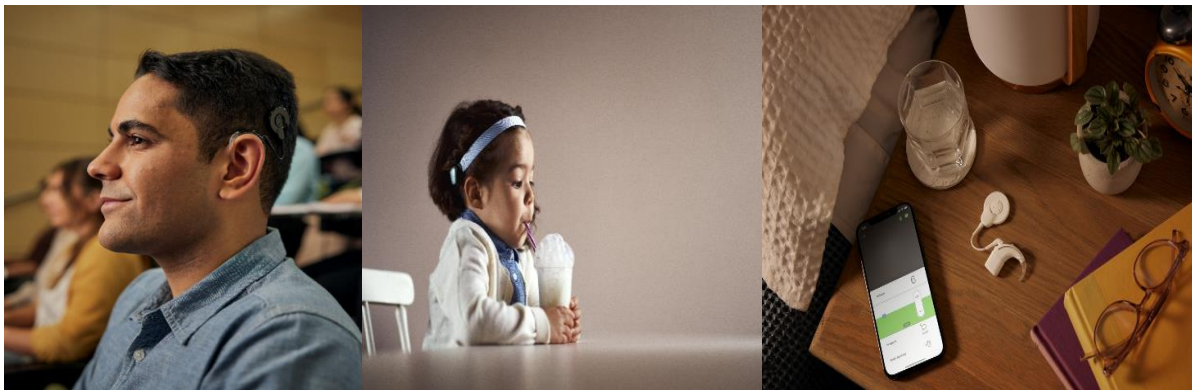


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Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)



## **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**



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## 3.2 Appendix 2

### 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.

### 3.2 Appendix 2

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

### 3.2 Appendix 2

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

### 3.2 Appendix 2

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.

### 3.2 Appendix 2

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.

### 3.2 Appendix 2

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

### 3.2 Appendix 2

	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.

### 3.2 Appendix 2

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 and 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.

### 3.2 Appendix 2

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

### 3.2 Appendix 2

	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

### 3.2 Appendix 2

	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

### 3.2 Appendix 2

	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).

## 3.2 Appendix 2

### 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.

### 3.2 Appendix 2

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.

### 3.2 Appendix 2

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.

### 3.2 Appendix 2

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.

### 3.2 Appendix 2

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

### 3.2 Appendix 2

	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 professional 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.

### 3.2 Appendix 2

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

### 3.2 Appendix 2

	without them we simply lose confidence, can't join in, have difficulty at work and can be stressful.
Parking	Easier parking than the Heath Hospital. More help needed to those living alone 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.

### 3.2 Appendix 2

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.

## 3.2 Appendix 2

### 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

### 3.2 Appendix 2

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

### 3.2 Appendix 2

	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 (Morrison) 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

### 3.2 Appendix 2

	if they are specialising and they would come to know the difficulties facing the patients better.
Service design	<p>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.</p> <ul style="list-style-type: none"> <li>• Continued investments to ensure effective communications between local systems and the host database systems should be considered.</li> <li>• 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.</li> <li>• 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.</li> </ul>
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.

### 3.2 Appendix 2

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.

### 3.2 Appendix 2

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

### 3.2 Appendix 2

	<p>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 &amp; 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 (<i>name</i>) 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.</p>
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

### 3.2 Appendix 2

General comment	Still a very poor understanding of Hearing Impairment and Deafness within the community at large.
General patient position	<p>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.</p>
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.
<p>General patient comment</p> <p>Support for change</p>	<p>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</p>

### 3.2 Appendix 2

	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.

### 3.2 Appendix 2

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.

### 3.2 Appendix 2

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.

### 3.2 Appendix 2

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.

### 3.2 Appendix 2

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

### 3.2 Appendix 2

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.

### 3.2 Appendix 2

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	<ol style="list-style-type: none"> <li>1) We support the preferred option for CI services in South Wales.</li> <li>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.</li> </ol>

### 3.2 Appendix 2

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.