Insight | Change | Management

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Tywyn Community Hospital Balanced Room No. 2

Outcomes Report

November 2025

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1 INTRODUCTION

Background and Context

1.1 Introduction

This report sets out the summary record of the deliberations and outcomes of a second balanced room session, to help shape the future of inpatient services at Tywyn Community Hospital. The workshop was convened by Betsi Cadwaladr University Health Board (BCUHB) and held in Aberdyfi on the 16th of October 2025.

The purpose of the workshop was to:

- Agree a list of desirable criteria and consensus weightings for scoring the medium list of option.
- Complete scoring of the medium list of options
- Ensure balanced participation by working in diverse groups with facilitators and scribes so all voices are heard and captured.

The event was held at Neuadd Dyfi; Aberdyfi; LL35 0NR, between 09:30 and 15:30

1.1.1 Background

The series of balanced room workshops (1 and 2) was set against the potential service change at Tywyn community hospital following the temporary closure of the Dyfi ward in April 2023 and the development of mitigating services, namely:

- **Four extra inpatient beds** were added at Dolgellau & Barmouth District Hospital to meet demand from the Tywyn area.
- The reopening of the **Minor Injuries Unit** (MIU) in July 2023.
- A new **Treatment Room** has opened, offering comprehensive wound care, dressing services, blood tests, and catheter management.
- The **Tuag Adref (Homeward Bound)** service which increases community capacity by helping people stay at home, avoid unnecessary hospital admissions, leave hospital earlier, and receive support and rehabilitation after discharge.
- In July 2023, Tywyn Hospital staff opened a **Wellbeing Hub** offering health promotion, social support, and regular community activities.

The first balanced room developed a long list of potential scenarios and collectively applied the essential criteria (the minimum viable tests set by BCUHB) to this to develop a medium list, which comprised five options, as shown below.

- **Option A:**
  - Reopen the ward as it was in 2023, without ‘new services’
- **Option B:**
  - Maintain the current position of no beds plus ‘new services’
- **Option C:**
  - Use Dyfi ward as a day treatment centre.
  - Provision of beds for Tywyn by nursing and residential homes (including end-of-life beds)

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- Develop Tywyn as a hub for community services (without beds) building on existing service provision (including end-of-life at home)

- **Option D:**
  - Maintain the current position of no beds plus ‘new services.’
  - Use Dyfi ward as a day treatment centre.
  - Provision of beds for Tywyn by nursing and residential homes (including end-of-life beds)
  - Develop Tywyn as a hub for community services (without beds) building on existing service provision (including end-of-life at home)
- **Option E:**
  - Use the ward as a reablement facility

Balanced room 2 aimed to collaboratively establish the essential criteria and scoring to create a shortlist of options for further review.

1.2 Participants

Participation in the event was recruited on the basis of creating a ‘balanced room.’ The balanced room approach ensures that a diverse mix of perspectives is represented when developing and appraising options. Rather than allowing one group or viewpoint to dominate, participants are selected to reflect different stakeholder interests, levels of influence, and lived experience. This creates a fairer, more transparent process where evidence, values, and practical considerations are weighed collectively. The aim is not consensus at all costs, but a balanced discussion that tests assumptions, highlights trade-offs, and strengthens the legitimacy of the final outcomes.

The participants were in three broad categories:

- **Scoring participants:** a mix of stakeholders and representatives of BCUHB, all of whom have equal voice and influence in deliberations and appraisal scoring.
- **Technical Advisers:** representatives of BCUHB on hand to provide expert opinion and input to deliberations as and when needed by participants.
- **Facilitation team:** the team who enabled discussions without taking part in decision making.

1.2.1 Scoring Participants

In total there were 14 participants who developed the essential criteria, their weighting and applied them to developing the short list of options, of those:

- Eight were external stakeholders.
- Six were members of BCUHB staff with specialist knowledge and experience.

The full list of those participants who took part in the scoring was:

1. Abby Smith (BCUHB)
2. Anne Lloyd-Jones (Tywyn Town Council and Gwynedd County Council)
3. Bethan Williams (Alexandra Nursing Home)
4. Carys Norgan (BCUHB);

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5. Chris Wood (Town Clerk, Tywyn Town Council)
6. Dr Tim Ryder (GP)
7. Eirion Lloyd-Williams (BCUHB)
8. Emma Williams (BCUHB)
9. Geoff Ryall-Harvey (Llais - morning only)
10. Jane Barraclough (Tywyn Hospital Action Group)
11. Karen Bampfield (BCUHB)
12. Sandy Andrews (Aberdyfi Community Council and Gwynedd Couty Council)
13. Sioned Rees (BCUHB)
14. Sue Irlam (Llais)

1.2.2 Technical Advisers (non-voting)

There were a group of BCUHB staff present to provide technical advice to participants from the clinical, operational, equalities and estates perspectives, they were:

- Jane Owens BCUHB
- Sharon Jones Bullock BCUHB
- Paul Andrew BCUHB
- Steve Doore BCUHB
- Jason Dean BCUHB

1.2.3 Event Facilitation Team (non-voting)

The facilitation team supporting the event's running consisted of:

- Independent Facilitator Andy Wright, ASV
- Senior Responsible Officer (SRO) Tehmeena Ajmal (BCUHB)
- Table Facilitator Helen Stevens-Jones (BCUHB)
- Table Facilitator Patrick Roberts (BCUHB)
- Table Facilitator Sophie Stevens-Jones (BCUHB)
- Table Scribe Wendy Hooson (BCUHB)
- Table Scribe Alan Morris (BCUHB)
- Table Scribe Becky Jones (BCUHB)

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2 THEMATIC DISCUSSIONS

Group conversations informing the development of desirable criteria.

2.1 Introduction

This section presents an overview of the day's discussions organised by major themes: Staffing and Workforce, Access and Transport, Community Needs, and Service Design.

It refers to specific options (A–E) and outlines areas of agreement, points of contention, and notable concerns or suggestions raised by participants.

2.2 Staffing and Workforce

Staffing emerged as a critical factor in evaluating the options. Participants emphasised the difficulty of recruiting and retaining healthcare staff in Tywyn, unless clear professional development pathways and varied work opportunities are available locally.

Safe staffing levels were a particular concern for several participants. Reopening the 10-bed inpatient ward (Option A) would likely mean only one nurse would be on duty at night. This situation was considered potentially unsafe because there would be no immediate backup in case of an emergency, and working alone in such a small, isolated ward was described as even "scarier than working in ED (the Emergency Department)" due to the lack of on-site support. Several staff members stressed that their own wellbeing and safety are as important as patient safety in such scenarios. This highlights a key workforce challenge, reopening Tywyn's ward may breach safe staffing standards. Although the Nurse Staffing Levels (Wales) Act 2016 has not yet been legally implemented in Community Hospitals, the Health Board is still responsible for maintaining safe and appropriate nurse staffing levels. Indeed, it was noted that on-site GP medical cover could be reliably provided for Options B, C, and D but not for Options A or E, underscoring that the more resource-intensive inpatient models would struggle with clinical coverage.

Another issue is recruitment and retention of staff in this rural area. Accommodation in Tywyn is limited, even when housing was sought for incoming international nurses, it was difficult to find options suitable for their whole families. Additionally, the lack of other local employment opportunities for family members can deter potential staff from settling in Tywyn. Participants pointed out that reopening the ward without addressing these support issues would be challenging.

The importance of recruiting Welsh-speaking staff (and supporting staff to learn Welsh) was also raised, both to make the hospital more welcoming culturally and because, for patients with dementia, receiving care in their native language is especially beneficial.

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All these considerations fed into one of the group's agreed criteria for evaluating options: the future service model should make Tywyn an attractive and supportive place to work for staff. Options that involve a greater variety of services (such as B, C, and D) were seen as positive in this regard, since a mix of clinics and programmes on-site can enrich job roles, allow skill development, and combat professional isolation.

There was some tension between community advocates and staff on the staffing question. A representative of the Tywyn Hospital Action Group argued passionately in favour of Option A (reopening the ward), citing community sentiment and pledging to find the necessary staff, whereas many staff members voiced scepticism about the feasibility of safely staffing a standalone 24/7 ward. For instance, staff noted that a small ward would draw nurses away from other duties and still only care for up to 10 inpatients, versus the dozens of patients served weekly by existing outpatient services. The wellbeing of lone nurses and lack of immediate medical backup in Option A was a major concern for the clinical staff. This difference highlights the importance of balancing community interests with workforce challenges.

There was broad consensus that whichever option is chosen must ensure a sustainable staffing model, one that supports staff development, guarantees safe staffing levels, and addresses practical barriers like housing. In the words of one agreed criterion, staff "need to be looked after" and not overworked by any new arrangement.

2.3 Access and Transport

Geographical and transportation barriers present significant challenges to healthcare access for the Tywyn community. Consensus emerged among all participant groups that healthcare services should be restructured to better serve this remote population by bringing care closer to home. Participants provided accounts highlighting the difficulties Tywyn residents encounter when traveling to the nearest hospitals. For instance, an elderly patient hospitalised in Dolgellau (more than 30 miles from Tywyn) creates substantial obstacles for family visits. Public transport options are limited; accessing Dolgellau hospital requires taking a bus followed by traversing a steep incline, which is particularly challenging for older visitors. Additionally, taxi availability is minimal, as most local service providers have contracts dedicated to school transportation and are not available for hospital journeys. Consequently, many individuals are unable to visit relatives admitted to distant facilities on a regular basis. This situation strongly supports the case against relying on inpatient beds outside Tywyn for the care of local patients.

Additionally, Tywyn residents frequently face the necessity of travelling significant distances for outpatient and specialist healthcare services. Bronglais Hospital in Aberystwyth, located approximately 1.5 hours south by road, is generally more accessible than hospitals situated to the north or east (such as Alltwen or Bangor), owing to superior train and bus connections. Nevertheless, these journeys remain

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both inconvenient and expensive. There was broad agreement that Tywyn should strive to offer as many healthcare services locally as possible to reduce the frequency with which patients must travel. All participants agreed that population-based services should be located as near Tywyn as possible.

There was considerable discussion regarding the positive impact of newly introduced services at Tywyn Hospital since the closure of the ward, particularly in terms of improved access to care. For example, the hospital's Treatment Room now accommodates procedures that previously required patients to travel considerable distances. One participant highlighted that certain urology interventions, such as catheter removals, formerly necessitated a 2.5-hour journey to Glangwili Hospital in Carmarthen, but can now be performed locally at Tywyn. This reduces travel time and centralises services within the community.

Participants expressed strong support for further enhancing these developments. For instance, the addition of a Doppler ultrasound machine at Tywyn Hospital would eliminate the need for patient referral to Shrewsbury for vascular scans, as such diagnostics could be conducted on site. Additionally, establishing a local sexual health clinic was recommended, noting that the closest clinic is presently located an hour away in Aberystwyth. These proposals (reflective of Options B, C, and D) demonstrate how expanding outpatient and diagnostic services at Tywyn Hospital has the potential to significantly improve access for the surrounding population.

Access to urgent and emergency care was also discussed. Tywyn has a Minor Injury Unit (MIU) that the community values highly. Many expressed a strong wish to keep the MIU open and expand its hours to seven days a week, instead of the current limited schedule. Locals would rather use the MIU for minor ailments than travel to A&E in Bronglais or elsewhere, especially on weekends.

By contrast, reintroducing an inpatient ward (Option A) in Tywyn would not by itself solve emergency access issues, seriously ill patients would still need transfer to district general hospitals. Consequently, it was widely believed that enhancing the MIU and outpatient services would more effectively meet routine access requirements.

Overall, there was unanimous community consensus that Tywyn's future model must prevent people from having to travel long distances for routine care. Even those who supported reopening the ward agreed that, in general, "Tywyn needs to provide care closer to home" to spare people unnecessary journeys.

2.4 Community Needs and Perspectives

The discussion underscored that any service changes must align with the needs and values of the community. Tywyn's population includes a significant proportion of older adults, including individuals who have retired to the area. One participant observed that the population is increasing, which may lead to higher local healthcare demand in the near future. A challenge specific to Tywyn's elderly residents is that they often lack

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nearby family support. having moved into the area, their adult children might live far away. Staff members observed that this means some patients have no local carer to help them at home, making “wraparound care” difficult. Although, in this respect, the Tuag Adref programme has helped support patients at home, gaps in home care and respite services remain.

Social isolation was identified as a major issue in the community, with participants mentioning that some people visit their GP simply because they are lonely rather than acutely unwell. These points indicate that the community’s health needs go beyond immediate medical treatment, they also include social care, respite, and end-of-life support.

End-of-life care and the desire for people to be cared for near home was an emotionally charged topic. A Tywyn Hospital Action Group campaigner on one table strongly advocated for Option A (reopen the ward), emphasising the heartfelt wish of many residents to be able to spend their final days in a local hospital, close to family and friends. They stressed that not everyone wants to die at home, especially those who live alone might prefer the care and company available in a community hospital ward. This perspective was backed by a petition signed by over 5,000 residents calling for the inpatient ward’s reinstatement. The Action Group urged that these voices be “considered and listened to” in the decision-making. Indeed, community pride and investment in the hospital are strong: local people have historically raised funds for the hospital (even buying equipment and beds for it), reflecting a deep sense of ownership and support.

However, community opinion was not unanimous. Alongside the calls to restore the ward, other community members, and patient representatives (including members of Llais) raised critical questions. They challenged the Health Board’s portrayal of the “new services” added since the ward’s closure, one participant argued these services were not truly new, noting that many were previously provided at the GP surgery, and questioned whether the community was even aware that they are now available at the hospital. This suggests a communication gap (addressed more in Service Design below).

There was also an acknowledgment that if reopening the inpatient ward proved unviable, efforts should refocus on broader health improvements for the community. In other words, rather than endlessly debating the ward, the Health Board and community could work together to identify Tywyn’s top health priorities and co-design services to meet those needs. One participant remarked that if Option A is off the table, time would be better spent engaging locals on what other health services would most benefit the area. This pragmatic view was shared by many staff and community representatives who wanted to ensure that energy goes into solutions that help the wider population, not just a small number of patients.

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Notably, all sides agreed on the fundamental goal of “care closer to home.” Regardless of differing opinions on the ward, there was unanimity that Tywyn should not lose any more services and, if possible, should expand the range of care provided locally. Even the campaigners for Option A supported retaining existing services like the MIU and clinics in Tywyn. Another point of consensus was the importance of culturally appropriate services – for example, making sure Welsh-speaking residents can be cared for in their language. Participants saw recruiting Welsh-speaking staff and offering language support as part of meeting the community’s needs, especially for vulnerable groups like dementia patients who respond better in Welsh.

In summary, the community’s needs as identified in this workshop include:

- access to care without long travel;
- support for the elderly and isolated;
- culturally sensitive care; and
- involvement in shaping local services.

The community’s sense of ownership of Tywyn Hospital is strong, and any future model must honour that, whether by reopening beds or by providing excellent alternative services. Trust will be key: as one suggestion noted, the hospital and the adjacent GP health centre should “work better together” in the future, presenting a united, community-focused front. Ensuring transparency and listening to public input (like the petition) will help maintain community trust as plans move forward.

2.5 Service Design and Future Model Ideas

When it came to designing the future service model for Tywyn, participants shared many ideas and examples. A clear theme was expanding the role of Tywyn Hospital as a community health hub. This means offering a broad spectrum of outpatient, diagnostic, therapy, and day services to serve people of all ages in the Tywyn area, rather than focusing primarily on inpatient beds. There was enthusiasm for how the hospital’s role has already evolved, the creation of the Treatment Room and introduction of new clinics have benefited patients (as described earlier, saving long journeys).

Participants want to see this trend continue, with additional clinics and services brought to Tywyn. For instance, beyond urology and wound care services already present, they suggested adding things like on-site ultrasound/Doppler scanning and a sexual health clinic, as well as more specialist outpatient clinics so that “people don’t have to travel” for routine appointments.

Each of the community hub options (B, C, D) were felt to bring in a variety of new services closer to more people. The vision is to make Tywyn a one-stop hub for as many healthcare needs as possible, within the scope of a community hospital.

- **Learning from other models:** One powerful example discussed was the transformation of Blaenau Ffestiniog’s old community hospital into a modern

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"wellness hub." A participant described how Blaenau Ffestiniog, after a difficult transition, now hosts an integrated health and social care centre with GP surgery, physiotherapy, social services, mental health services (CAMHS), and specialist clinics all co-located. This was cited as "a great example of what could be achieved" in Tywyn, and some even suggested arranging a visit to Blaenau Ffestiniog to gather inspiration.

The idea of a "community hub with no beds" was favourably discussed, several felt that a hub model (like Options B, C or especially D) could deliver more value to Tywyn's population than trying to re-establish inpatient beds. In fact, there was a stated preference for a hub without beds among many participants. Such a model would focus on robust outpatient/day services, possibly partnering with local care homes for any necessary bed-based care. (It was mentioned that care delivery should not be confined to the hospital building, services might also be delivered in the community or in nursing homes, as appropriate.)

At the same time, participants recognised that certain services which used to be available in Tywyn have been lost and could be worth reintroducing in a new form. For example, respite care and a day hospital/day care facility were previously offered in Tywyn (years ago) and addressed important needs. While these were discontinued, the underlying needs (carer respite, social day activities for frail residents, etc.) still exist. In the workshop, concepts were discussed including a day centre operating 5 days a week with different themes each day (e.g., rehabilitation exercises, social activities, chronic disease management sessions). This could help combat social isolation and reduce inappropriate use of GP services by providing a place for people to go for support and companionship. If Tywyn were to implement such a facility, it should serve all age groups (not just the elderly), becoming a community wellness hub rather than an old-style day room. These ideas align most closely with Option D (the most extensive option), but elements could potentially be incorporated into Options B or C as well.

- **Communication and integration:** A recurring theme was the need for better communication about existing services. Community members admitted that many locals are not aware of all the services now available at Tywyn Hospital – there has been a "lack of advertisement around them." For the future, participants urged that the Health Board improve public awareness so that people utilise the local clinics and facilities.

  Additionally, any new service model should come with clear information for the community. For example, if inpatient or bed-based services are provided, it is important to clearly explain the type of care offered and how it operates, so individuals have an accurate understanding and realistic expectations.

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Integrating the hospital's services with primary care was also mentioned: the on-site GP practice (Tywyn Health Centre) and the hospital should coordinate closely. It was felt that there's room for the hospital and health centre to work more closely together to provide seamless care – for example, ensuring GPs inform patients of hospital clinics, and hospital staff and community nurses collaborate on follow-up care.

- **Trade-offs – breadth of services vs. beds:** The discussions made clear that there is an inherent trade-off in these options. Re-opening the ward (Option A) would consume significant staffing and resources to look after up to 10 inpatients at a time, but those might not even be 10 local people, since historically Tywyn's beds often got filled by patients from other areas when local demand was low. By contrast, keeping the ward closed allows the same staff to care for dozens of people each week through outpatient clinics, day treatments, and home-visiting services.

  One staff member noted that currently over 80 patients per week receive treatment at Tywyn (in various clinics and the MIU), whereas reopening the ward would mean focusing those staff on just 10 inpatients instead. From a service design perspective, many felt that serving 80+ people's needs vs. 10 people's needs was a better use of resources, if those 10 could be cared for in alternate ways. There was also mention that keeping people in a hospital bed longer than necessary can worsen their health (increasing frailty and dependency). Thus, a modern model would aim to hospitalise people only for acute needs and for short durations, relying more on strengthened home care or intermediate care for recovery – which Options B, C, D sought to facilitate.

  Option E, which proposed introducing a small number of step-down or reablement beds in Tywyn at the cost of shutting down the new services, was met with significant scepticisms. Participants struggled to see the benefit of Option E: it was unclear what exactly it offered and how that would outweigh losing the recently established local clinics. When clarified that Option E would indeed mean closing all the new services to staff a few beds, most felt this would "turn back the clock" on progress. Essentially, Option E was viewed as the worst of both worlds – sacrificing the broad community services for very limited bed-based care. This lack of support for Option E was evident across the tables.

In summary, the preferred direction for service design (emerging from the group dialogue) was to continue building Tywyn as a community health hub, enhancing local access to a wide range of services, and addressing community-specific needs like social support and chronic care. While some still hoped for local inpatient beds, most practical ideas focused on innovative outpatient and community solutions. Any inclusion of beds (in a revised Option C, for example) would need to be done without

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undermining the core outpatient services, perhaps via partnership with local nursing homes or dedicated funding (it was noted that other areas that have both community beds and home-care services obtained extra funding to do so).

Finally, participants stressed the importance of involving local people in co-designing whatever new services are developed, to ensure they are tailored to real community health needs.

2.6 Criterion

Following small group collaborative discussions, detailed above, a consensus session produced five core criteria for evaluating service options to meet Tywyn's community needs. The priorities include care closer to home, staff development and wellbeing, system-wide collaboration, reducing travel for patients and staff, and encouraging community participation in designing services. These principles guided objective assessment of each option, leading to scoring and voting to select the most promising approaches for further development and public engagement. In detail the group produced the following for subsequent appraisal of the medium list of options (A-E):

1. **CRITERION 1 Meeting Local Population Health Needs and Enabling Care Closer to Home:** Population health need met through the variety of service offer/ meets the need of the wider population/Allow care closer to home to be developed further/health promotion.
2. **CRITERION 2 Staff Development, Wellbeing, and Service Sustainability:** Allow for staff development/ staff wellbeing and service resilience/ Futureproofing – making the service form attractive as a career path/sustainability of residence of staff.
3. **CRITERION 3 Integrated Care and System-Wide Collaboration:** Viability - allow MDT (multi-disciplinary team) approach /Whole system approach and cross health board border working.
4. **CRITERION 4 Reducing Travel Burden for Patients, Staff and Carers:** Travel impact on staff and patients / potential to reduce the impact of excessive travel time and cost for patients, relatives, and carers.
5. **CRITERION 5 Community Engagement and Co-Production:** Bringing communities along /allow for co-production of services with communities / service users / residents.

Participants were then asked to provide an individual view of the relative weight of each criterion via an online system. The results of this, while close, show that meeting local population health needs is viewed as highest priority for consideration, with reducing travel burden seen as lowest priority.

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Criterion	Weight (%)
Criterion 1: Meeting Local Population Health Needs and Enabling Care Closer to Home	21.8%
Criterion 2: Staff Development, Wellbeing, and Service Sustainability	19.5%
Criterion 3: Integrated Care and System-Wide Collaboration	20.8%
Criterion 4: Reducing Travel Burden for Patients, Staff and Carers	18.5%
Criterion 5: Community Engagement and Co-Production	19.5%

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3 SHORTLISTED OPTIONS

Applying the Desirable Criteria to the Medium List

3.1 Shortlisting Deliberations

After reviewing the criteria, participants ranked the five options in a scored appraisal exercise. The result was a clear consensus to shortlist Options B, C, and D for further development, and to rule out Options A and E at this stage.

- Option D emerged as the highest-scoring option overall, reflecting strong support for the community hub model it represented.
- Options B and C also scored well and were deemed worth taking forward into the next phase of engagement.

These three options all align with the theme of enhancing local services (clinic-based, diagnostic, preventative, and rehabilitative care) and are considered feasible to staff with available resources (for example, GP medical cover was confirmed to be workable for B, C, D). They also best met the 'desirable criteria' the group had established, such as serving the wider community's needs and creating a positive working environment for staff.

Two options (A and E) were excluded from further consideration for the following reasons:

- **Option A** (reopening the 24/7 inpatient ward) was not shortlisted because it scored significantly lower on the agreed criteria.

  Throughout the discussions, several practical concerns about Option A arose: the difficulty of ensuring safe staffing (only one nurse on nights without guaranteed backup), the strain it could place on a small team, and the relatively limited benefit (only a handful of patients would be in the ward at a time, and they might not all be from Tywyn).

  While community sentiment for the Dyfi Ward was acknowledged (the 5,000-signature petition was noted[1]), the consensus was that simply reinstating the old model would not solve the broader access issues and could even undermine the newer services that help many more people weekly.

  In short, Option A did not perform well against criteria like sustainability, impact, and workforce, and so it was set aside despite the passionate advocacy from the Hospital Action Group.

- **Option E** fared poorly as well, ending up with a very low weighted score. The rationale for ruling out Option E was clear from participant feedback: lack of clarity and support.

[1] Signatures collected to the petition are 1,314 online and 4,214 signatures on paper. Source: Senedd Petitions Re-open Dyfi Ward at Tywyn Hospital now - Petitions

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Option E would have effectively meant shutting down the successful treatment room and other new services to open a few “reablement” beds, a trade-off that few if any participants favoured. Many questioned how that would benefit Tywyn at all.

Once it was understood that all the new services would be lost under Option E, the option lost credibility in the room.

Additionally, Option E shared the same medical cover problem as Option A in that it did not have a clear plan for who would staff those beds medically (GPs had indicated they could not cover an inpatient unit under this scenario). Given these issues, Option E was eliminated from further consideration.

3.1.1 Consensus

The key areas of consensus emerging from this Balanced Room discussion (including preferences for care closer to home, the necessity for sustainable staffing, and the importance of introducing new services) will guide the engagement process.

Additionally, concerns such as transportation challenges, the need for respite care, and end-of-life preferences will be considered to further refine the available options.

3.2 Outcomes: Shortlisted Options

Balanced Room 2 worked collaboratively to address workforce, access, and community needs in planning Tywyn’s healthcare. The discussions underscored that stakeholders seek local, high-quality services delivered sustainably, and they place importance on participating in the development of these services. While there was disagreement, especially about the inpatient ward, discussions remained respectful and focused on improving services. Options B, C, and D (community hub models) received support, whereas Options A and E were excluded from further consideration at this stage.

The feedback provided by residents, stakeholders and staff who actively participated in scoring Options A-E will be incorporated for subsequent evaluation and consideration.

Each participant independently evaluated the options using an online platform, and the corresponding weighted appraisal scores are displayed in the table on the following page.

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	Weighted Average Score					Total (Weighted Scores)
	Criterion 1	**Criterion 2**	**Criterion 3**	**Criterion 4**	**Criterion 5**	
Option D	**4.29**	**4.36**	**4.29**	**3.71**	**3.79**	**20.43**
Option C	**4.00**	**4.07**	**3.86**	**3.71**	**3.43**	**19.07**
Option B	**3.50**	**3.50**	**3.50**	**3.07**	**2.93**	**16.50**
Option A	1.86	2.00	2.00	3.14	2.29	11.29
Option E	1.64	1.86	2.21	2.29	2.00	10.00

Based on these outcomes, **the Health Board will prioritise Options B, C, and D,** at this stage, initiating active public engagement to collect thorough feedback on these options.

Participants agreed that from now on it is imperative to clearly articulate the strengths, limitations, and potential gaps of each shortlisted option, and to incorporate community input before reaching any decisions.

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