

**EITEM AGENDA / AGENDA ITEM: 5**

<b>Cyd-bwyllgor Iechyd a Gofal y Canolbarth / Mid Wales Joint Committee for Health and Care</b>			
<b>Dyddiad y Cyfarfod: Date of Meeting:</b>	14 <sup>th</sup> October 2024		
<b>Teitl yr Adroddiad: Title of Report:</b>	Rural Health and Care Wales Work (RHCW) Programme update report		
<b>Arweinydd: Lead:</b>	Peter Skitt, County Director Ceredigion and Mid Wales Joint Committee Programme Director Anna Prytherch, Head of Rural Health and Care Wales		
<b>Pwrpas yr adroddiad: Purpose of the Report:</b>	To receive an update report on the RHCW Work Programme 2024/25	<b>Ar gyfer cytundeb For Agreement</b>	
		<b>Ar gyfer trafodaeth For Discussion</b>	
		<b>Ar gyfer gwybodaeth For Information</b>	✓
<b><u>Crynodeb / Summary</u></b>			
This report provides an update of progress made to date by RHCW in achieving its Work Programme for 2024/25.			
<b><u>Argymhelliad / Recommendation</u></b>			
<b>For information</b> - The Mid Wales Joint Committee for Health and Care is asked to note for information progress made in achieving the RHCW Work Programme 2024/25.			



IECHYD A GOFAL GWLEDIG CYMRU  
RURAL HEALTH AND CARE WALES

## RHCW Progress Report September 2024

### Aim 1: Health, Wellbeing and Prevention

- *Improve the health and wellbeing of the Mid Wales population*

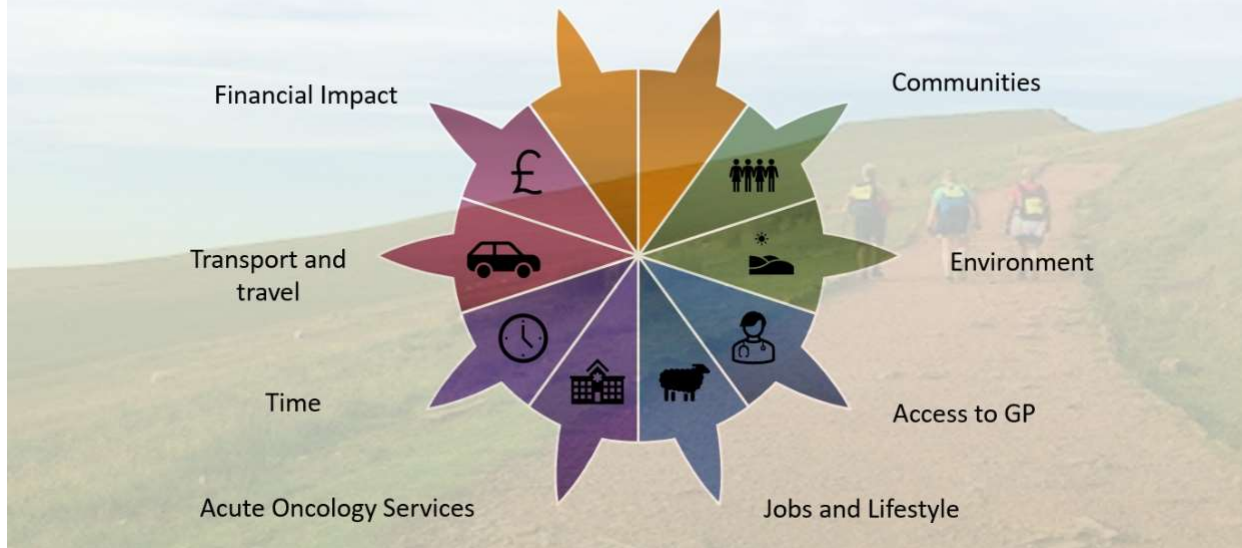
- The leads of **Cymru Wledig LPIP Rural Wales** met at Gregynnog on 20<sup>th</sup> June 2024 to confirm, amongst other matters, the Thematic Groups' Terms of Reference, frequency of meetings, membership, equalities mainstreaming and the process for proposing Responsive Research projects. The project itself was then officially launched at the Senedd on 10<sup>th</sup> July 2024, at an event hosted by Rt. Hon. Elin Jones MS (Llywydd), with RHCW involvement. [AP (RHCW) is co-chair with Paul Milbourne, Cardiff University, of the *Enhancing the Wellbeing in Place Thematic Group*].

Community activities are now commencing, with one to be held in Newtown on 24<sup>th</sup> September, supported by PAVO (see poster to right).

- Macmillan Rural Cancer Patient Experience** project update: subsequent to the literature review and international scoping, 38 in-depth semi-structured interviews took place (People with cancer n=19, Family/carers n=9, professional n=10) before it was deemed that data saturation had occurred (this is higher than you would expect because the project brief is broad and concerns all issues associated with rurality). These interviews have all been transcribed and a thematic analysis is ongoing. Write up of the interview section is underway, to include an introduction, methodology, ethics, limitations and data storage.

Early identified themes from the interviews include: travel and transport, financial implications, time, Information and support, palliative care, Acute Oncology Services, Rural Jobs and Lifestyles, Communities, G.P and rural environments.

## Macmillan Rural Cancer Evaluation - preliminary interview themes July 2024



The project has worked to make beneficial connections, with Becky connecting the Lead AOS Nurse in Hywel Dda and rural and remote services in Scotland. One of the project case studies is also working separately to provide feedback to Hywel Dda regarding AOS provision. Networking at the RWAS also meant that connections were made with the Farming Community Network co-ordinator and potential rural cancer project links/collaborations for the future discussed. First year project dissemination has been documented alongside the write up to date.

- Work on developing a fifth **Wellbeing Walks** leaflet in Tywyn, with important public health messaging, has commenced, with MS leading. A copy of the Wellbeing Walks report can be obtained by emailing [anna.prytherch@wales.nhs.uk](mailto:anna.prytherch@wales.nhs.uk).
- The **Demographic and Wellbeing Analysis of Mid Wales**, consisting of the 3 Mid Wales Population Needs Assessments, the 3 Wellbeing Plans and ONS data from the last Census covering the region, has been completed; copies can be circulated by emailing [anna.prytherch@wales.nhs.uk](mailto:anna.prytherch@wales.nhs.uk).
- An email was received asking for submission of a modified version of the unsuccessful grant application that was submitted to the UK Shared Prosperity Fund – Mid Wales region on 25<sup>th</sup> March 2024 (£20,635 – only short-term grant available for spend June – December 2024), for a project looking to establish a **Dementia Carers network** across Ceredigion and to undertake research work that would lead to an **Action Plan** for developing the county of Ceredigion as the first **Dementia Friendly County** in Wales. The modified version, which has now been approved (grant of £7k) will consist of a scoping exercise of current dementia support provision across Ceredigion and an international literature review to identify models of best practice in developing dementia-friendly communities in rural areas, culminating in recommendations and an Action Plan to develop Ceredigion as a dementia-friendly county. This work will thereafter be

extended to cover the whole of Mid Wales. Timescales: September – December 2024.

## Aim 2: Care Closer to Home

- *create a sustainable health and social care system for the population of Mid Wales which has greater focus on care closer to home*
- Work continues on the **Sustainable Communities / Cymunedau Cynaliadwy** project being run in Lampeter, Ceredigion and Llanidloes, Powys, funded by the Mid Wales UK Shared Prosperity Fund (£30k). Engagement with both communities is ongoing, with social mornings now being held every Tuesday in the Rugby Clubhouse in Llanidloes and every Wednesday in Neuadd Brondeifi, Lampeter (10am to 1pm). Activities include arts / crafts, singing, Chair Yoga, historic pictures etc. These events will continue until the end of October, when it is hoped the local communities will continue with the initiative.

Exchange visits have been planned between the two towns, with the Lampeter group visiting Llanidloes on 3<sup>rd</sup> September and the Llanidloes group visiting Lampeter on 2<sup>nd</sup> October 2024. The Lampeter visit to Llanidloes was very successful and attended by 39 people, including the local Tenovus choir who demonstrated the health and wellbeing benefits of singing. Participants joined in the singing and tried their hand at pottery



painting, with a very positive atmosphere and great response from those that attended, including the comment “*you’ve set the bar high*”, from one of the visiting Lampeter residents.

The Steering Group meetings continue and are giving valuable input into the project in both towns. Initially, it was difficult to ensure the right representation in both groups, however the balance now seems to be right. The last Llanidloes Steering Group meeting was held on 12<sup>th</sup> September, with the Lampeter meeting held on 18<sup>th</sup> September 2024.

The closing date of the residents’ survey in both towns was been extended to the 20<sup>th</sup> September, when a clearer picture of residents needs will be provided, along with interest in volunteering. Around 100 responses received to date.

Community engagement continues in both towns, with the project having a stand at the town Carnival in Llanidloes (13/07/24) and Llanidloes Market (28/09/24), whereas in Lampeter the project participated in the town Food Festival (27/07/24) and will be taking part in the Volunteer Fair arranged by CAVO in October.

- The review of review of GP / Primary Care provision across Mid Wales (“**A review and Action Plan for GP / Primary Care provision across Mid Wales: exploring best practice examples of alternative models of delivering primary care interventions in rural areas**”) is ongoing, with an initial report received from SAIL, which is awaiting further data and analysis. SAIL data, and Swansea University, are keen to build on their analysis of GP patients and their illness records across Mid Wales on a bigger, longer term project in the future. Early findings will be presented to the RHCW Conference in November 2024.
- A further drafted proposal for the **Virtual Rural “Hospital”** for Mid, North and West Wales was circulated to RHCW Stakeholder Group members at the meeting held on 17<sup>th</sup> September 2024, with some changes requested. Partners continue to engage at executive level within their organisations to ensure full support is confirmed for the proposed initiative, which will seek external funding to explore the options for virtual delivery of health and care services across the Mid Wales region.
- The final report on the **multi-agency responses during the Covid-19 Pandemic (vulnerable groups)** in the Hywel Dda UHB and Powys THB regions was presented to the Mid and West Wales Safeguarding Board on the 16<sup>th</sup> July 2024, with the report now accepted and the work completed, albeit that the contents of the report are to remain confidential to the commissioners.

### **Aim 3: Rural Health and Care Workforce**

- *Create a flexible and sustainable rural health and care workforce for the delivery of high quality services which support the healthcare needs of rural communities across Mid Wales*
- AP attended the INTERREG funded **Peer Review** addressing shortage of health professionals in rural areas, in particular GPs, focusing on the Loire valley, France (the host) on 3<sup>rd</sup> and 4<sup>th</sup> July 2024, sharing examples of research findings and work being undertaken in Mid Wales to address healthcare professional shortages. The issue was common across Europe and the 2-day workshops enabled cross-border comparisons and sharing of best practice. There were 6 invited “peers” that participated, the other 5 coming from Croatia, Finland, Sweden, the Netherlands and Scotland. A summary of the review report is attached as Appendix 1.

# The Peers



**Anna Prytherc**  
Rural Health  
and Care Wales,  
United Kingdom



**Ivana Đerek  
Dubravčić**  
City of Zagreb,  
Croatia



**Satu Pirskanen**  
Savonia university of  
applied sciences,  
Kuopio, Finland



**Veronika Rasic**  
Rural Health Compass,  
Scotland,  
United Kingdom



**Nils Sandberg**  
Region Västerbotten,  
Sweden



**Gréanne Leeftink**  
University of Twente,  
the Netherlands



The map data is a derivative of the geographical information system (GIS) data provided by the European Commission. The map data is a derivative of the geographical information system (GIS) data provided by the European Commission. The map data is a derivative of the geographical information system (GIS) data provided by the European Commission.

## Aim 4: Hospital Based Care and Treatment

- *Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales, with robust outreach services and clinical networks*
- A draft report on the **Community Hospitals across Mid Wales** has been completed however, due to the consultations ongoing across Mid Wales regarding changes to services in a number of community hospitals, it is currently in abeyance. In the meantime, a factual infographic on the history of community hospitals has been developed (see Appendix 2) as an educational tool, which has been well received. A compendium of services delivered by Community Hospitals in Mid Wales has also been produced and will be circulated to the RHCW Stakeholder Group shortly.

## Aim 5: Communications, Involvement and Engagement

- ensure there is a continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners
- The 3-day RHCW Conference will be held in 2024 on the 5, 6 and 7<sup>th</sup> November 2024 at the Royal Welsh showground as normal (hybrid option), with the additional day to provide more networking / informal socializing opportunities, along with including a special celebratory event to note the 10-year anniversary since the publication of the Mid Wales Healthcare Study (Longley et al, 2014).



**Rural Health and Care  
Wales Conference 2024**  
November 5,6 & 7 2024, 10am-4pm  
Royal Welsh Showground,  
Builth Wells, Powys LD2 3SY

**IECHYD A GOFAL GWLEDIG CYMRU  
RURAL HEALTH AND CARE WALES**

*A conference for health and care professionals, academics, practitioners, patients and the public with an interest in rural health, well-being and care*



## Reflection and Future Direction

*- achievements in rural health, care and wellbeing over the last 10 years and what lies ahead*

The delivery of Integrated Health and Care services in Rural areas, including cross-sector, multi-agency and / or multi-disciplinary working	The role of Rural Communities and unpaid Carers in Health and Care	Advances in Artificial Intelligence (AI), Telehealth / Telemedicine and the remote delivery of Health and Care services in Rural areas	Social / Green Prescribing and the impact of Art, Crafts and other non-clinical interventions on Health and Wellbeing	Recruitment and Retention of Health and Care professionals in Rural areas	Education, Training and Continuous Professional Development for Health and Care professionals working in Rural areas	The "Mid Wales Healthcare Study" (Longley et al, 2014) – a reflection of achievements, current and future relevance, and issues still to address
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### Presentations from:

- Dr Angela Curl, Otago University in New Zealand, and the SAIL data team at Swansea University, on rural vs urban GP / primary care data
  - Prof. Michael Woods on the Cymru Wledig LPIP Rural Wales project that is consulting with rural communities on their needs
  - Assistant Prof. Greanne Laeftink and the medical team from Isala Virtual Care Centre, operating in The Netherlands
  - Hazel Lloyd-Lubran, Chief Exec. Of CAVO outlining the important role of the third sector in supporting the health of individuals
- ...and many more!

The Conference is a hybrid event, so you can choose whether to attend in person or online.

To attend online (free) or in person you will need to book tickets at:

[www.ruralhealthandcare.wales/conference](http://www.ruralhealthandcare.wales/conference)

For more information, please contact Anna Prytherch, Head of RHCW by emailing:  
[anna.prytherch@wales.nhs.uk](mailto:anna.prytherch@wales.nhs.uk)

The themes/strands this year are:

- *The delivery of Integrated Health and Care services in Rural areas, including cross-sector, multi-agency and / or multi-disciplinary working*
- *The role of Rural Communities and unpaid Carers in Health and Care*
- *Advances in Artificial Intelligence (AI), Telehealth / Telemedicine and the remote delivery of Health and Care services in Rural areas*
- *Social / Green Prescribing and the impact of Art, Crafts and other non-clinical interventions on Health and Wellbeing*
- *Recruitment and Retention of Health and Care professionals in Rural areas*
- *Education, Training and Continuous Professional Development for Health and Care professionals working in Rural areas*
- *The “Mid Wales Healthcare Study” (Longley et al, 2014) – a reflection of achievements, current and future relevance, and issues still to address*

The Call for Papers and Posters closes on the 27<sup>th</sup> September 2024.

The first day of the Conference will focus on clinical / medical issues, the second day (6<sup>th</sup>) will focus more on prevention, care and social prescribing, with the third day reflecting on achievements across Mid Wales since the Mid Wales Healthcare Study was produced.

Booking for the Conference is open via <https://ruralhealthandcare.wales/conference>.

- This year, RHCW had a stand at the **Royal Welsh Agricultural Show (22-25 July 2024)**, which displayed a number of research projects that had / were taking place across Mid Wales, also hosting events for the Macmillan Cancer Research project and the Sustainable Communities projects, along with a section on the Mid Wales Joint Committee.



The stand was very busy and proved to be an excellent means of engagement and networking, with several contacts made. An interactive element of the stand that proved very popular was a children's

colouring competition, which had over 80 entries. The final competition for most impactful picture was judged by Ben Lake, MP for Ceredigion Preseli.



Winners of the children's colouring competition: 1<sup>st</sup> Hefin (10), 2<sup>nd</sup> Evie (6), 3<sup>rd</sup> Lois (6)

- The RHCW Summer Webinar was held on 16<sup>th</sup> July 2024 (10am – 12 noon), with a presentation by Dr Fiona Liddell on the WCVA / Bevan Commission report on the Value of Volunteering to the health and care sector and a second presentation by John Goudie on the use of Drone technology in healthcare, focusing on the work of SLiNK-TECH Ltd. in developing a pan-Wales “flight path” for drones which crosses Powys air-space and will be able to service Mid Wales, which outlined potential uses for drones and the security element which gave reassurance as to the safety of launch and retrieval.



**GWEMINAR WEBINAR**

## Rural Health & Care Wales Summer Webinar

Tuesday 16th July 2024  
10am – 12 noon

**Volunteering for Health and Care outcomes**



**Dr Fiona Liddell**  
Helpforce Cymru Lead, Wales Council for Voluntary Action

A paper entitled “The values and value of volunteering – our hidden asset” was written for and published by the Bevan Commission in 2022.

During the session we will outline key concepts and recommendations from this paper including, for example, what we mean by volunteering, how we assess its value and impact and where volunteering can play a valuable role within our health and care system in Wales.

The wider context of this work is WCVA's Health and Care project, which aims to improve connection and collaboration between the voluntary sector and our health and care system. Helpforce Cymru focusses in particular on the strategic development and embedding of volunteering.

**Improving NHS Wales' Supply Chain Resilience with Drone Infrastructure**



**John Goudie**  
CEO, SLiNK-TECH Ltd (Project Partner on UKRI's Future Flight Challenge)

We have received funding from UKRI's Future Flight Challenge, in partnership with the Department of Health and Social Care, to explore the need and feasibility of a drone-based delivery system in Wales, to support NHS Wales supply chains. We'll present our findings in the form of draft SOPs and a business case in December 2024.

We've partnered with Snowdonia Aerospace Centre, and together have been speaking to organisations within NHS Wales to gather insights about how supply chains could be improved to ease pressures and ensure better access to healthcare for all.

Wales' low population density, rural road network, weather and geography pose challenges for land-based logistics. Furthermore, this translates into health inequalities between people living in rural Wales and the urban centres.

We're keen to explore how frontline workers and NHS innovators could see drones complementing existing supply chains to overcome these hurdles. So far, we have worked with WAST, WBS and EMRTS to develop a number of interesting use-cases that we will present to UKRI at the end of our project.

These range from a system to restock ambulances, thus preventing the need for skilled crews to drive long distances out-of-area to replenish kit; to a drone-based cross-matching service, which could shave days off the lead time for complex cross-matches in North Wales.

We'd like to share more about our work with you and invite you to share your insights and ideas about how we can harness emerging technologies for the benefit of the NHS.

**Agenda**

<b>10am</b>	Welcome & Introduction
<b>10.15am</b>	Volunteering for Health and Care outcomes
<b>11am</b>	Improving NHS Wales' Supply Chain Resilience with Drone Infrastructure
<b>12 noon</b>	Close

The Webinar is free of charge to attend but you will need to register for your place by completing the booking form that can be found at [www.ruralhealthandcare.wales/webinar](http://www.ruralhealthandcare.wales/webinar)

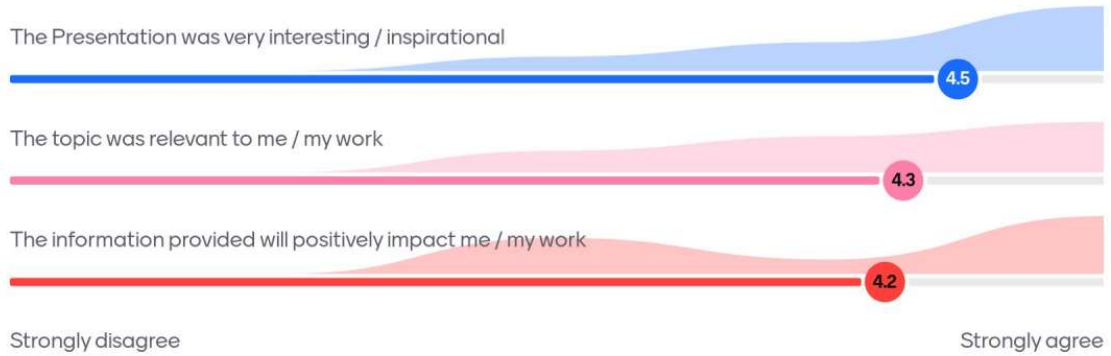
[www.ruralhealthandcare.wales](http://www.ruralhealthandcare.wales)  
[contact@ruralhealthandcare.wales](mailto:contact@ruralhealthandcare.wales)

9

Mentimeter evaluations were again very positive, as illustrated below:



## Volunteering for Health and Care outcomes



## Improving NHS Wales' supply chain resilience with drone infrastructure



## Questions from the host region

How to measures to mitigate effects of the shortage of health professionals make the best possible use of available resources

- Developing / implementing methods and practices to "free up medical time", i.e. allow health professionals to spend as much time as possible with patients and doing other clinical work,
- Applying organisational innovation in the health sector,
- Using digital tools, e.g through the promotion of telemedicine,
- Training and education of health professionals,
- Developing Measures to attract and retain health professionals,
- Designing and implementing policies to assign new roles to health professionals (e.g. pharmacists, nurses),
- Making disease prevention and health promotion measures more effective.

### 1. Innovation as the key factor of regional health sector attractiveness

- Enable Centre Val de Loire to spearhead innovation in rural healthcare
- Develop sound regional models for digital transitions in healthcare
- Put Rural health at the heart of the regional medical and paramedical education system

#### 1.1 Enable Centre Val de Loire to spearhead innovation in rural healthcare

- Nurture academic excellence at regional university hospitals, ensure that their leading role in specific fields is acknowledged nationally and globally
- Make it a component of the regional **smart specialisation strategy** (use momentum from the new pole in Orléans)
- Promote/Fund targeted research in rural areas,
- Generate **ecosystems** involving local companies, entrepreneurs, healthcare providers and local authorities,
- Encourage health practitioners to pursue parallel academic careers.
- Make innovation a visible argument to attract and retain talents

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## 1.2 Develop sound regional models for digital transitions in healthcare

- Establish frameworks for co-creation and collective adoption of digital solutions,
- Support organisational rethinking building on digital tools,  
→ Drawing on good practices across Europe, e.g. **Virtual Rural Hospital in Wales, Isala virtual care centre (Netherlands), small rural hospital centres in Sweden, integrated emergency posts (Netherlands)**
- Facilitate dialogues on remote working, remote recruitment.
- Use existing Living Lab (Tours)

## 1.3 Put Rural health at the heart of the regional medical and paramedical education system

- Encourage Tours and Orléans CHU to specialise in rural health,
- Early exposure to rural health in curricula,
- Recruit teachers with experience from rural practice. You need **champion(s)** to promote the topic,
- Recruit students locally, motivate high-school students to enrol in medical education courses,
- Identify and mobilise rural role models (e.g. among those recruited by GIP Santé).

## 2. Alternative distributions of roles

- Make better health a local collective endeavour (“community care model”)
- Proactive regional strategies to shift role distributions between healthcare workers

## **2.1 Make better health a local collective endeavour (“community care model”)**

- Include health in integrated territorial approaches, community-led local development
- Measures to address social isolation, mental health
- Actively involve communities in addressing non-clinical individual needs, to reduce pressure on GPs and Emergency Care services
- Need for a community coordinator
  
- Welsh “Solva Toolkit”
- Example from Croatia

## **2.2 Implement Proactive regional strategies to shift role distributions between healthcare workers**

- Strategy to encourage acceptance changes of roles in Health system under tension
- “Infirmières de pratique avancée - IPA nurses and “other” nurses,
- Possible roles of volunteers,
- Relations with carers (family...),
- Information/Education across professions/practitioners,
- Possible inspiration from UK social prescribing strategy.

## **3. Systematise efforts to make workplaces more attractive**

- Propose tools for self-assessment of health workplaces building on North Savo Model,
- Actively involve healthcare workers in innovation processes  
→ Draw inspiration from “Innovation clinics” in Västerbotten (Sweden) (dental care, emergency care, gerontology)
- Work on understanding the needs/requirements of the workforce (why are they leaving, why are they happy to stay) - understand the target groups
- Focus on retaining existing workforce (not only attracting new ones)

## A CHRONOLOGICAL HISTORY: MID WALES COMMUNITY HOSPITALS



1837  
QUEEN  
VICTORIA  
ASCENDS TO  
THE THRONE



1853 - 1856  
CRIMEAN  
WAR



1901  
QUEEN  
VICTORIA  
DIES



1914 - 1919  
WORLD  
WAR ONE



1922  
THE TOMB OF  
TUTANKHAMUN  
WAS  
DISCOVERED

1837

**Knighon Hospital** opens on the site of the Knighon Union Workhouse

1838

**Llandoverly Hospital** opens on the site of the Llandoverly Union Workhouse and Infirmary

**Aberaeron Hospital** opens on the site of the Aberaeron Union Workhouse

1860

**Machynlleth Hospital** opens on the site of the Machynlleth Union Workhouse

1868

**Montgomeryshire Private Cottage Hospital** opens

1876

**Tregaron Hospital** opens on the site of the Tregaron Union Workhouse

1881

**Llandrindod Wells Cottage Hospital and Convalescent Home** opens

1902

**Victoria Nursing Institution** opens

1911

**Montgomeryshire Private Cottage Hospital** relocated to expanded premises

**WORLD WAR ONE 1914 - 1919**

**Machynlleth and Knighon Hospital** becomes a Red Cross Hospital

1915

**Tregaron Hospital** is renamed **King Edward VII Memorial TB Hospital**

1920

**Dolgellau and Barmouth Hospital** opens as **Dolgellau Union Poorhouse**

**South Wales Sanitorium for TB** opens

**Llanidloes and District War Memorial Hospital** opens

**Machynlleth Hospital** is converted to a TB Hospital

1922

**Tywyn Cottage Hospital** opens

**The Priory** converted into **Cardigan and District Memorial Hospital**



1926  
JOHN  
LOGIE  
BAIRD  
INVENTED  
TELEVISION

1924

**Llandrindod Wells Cottage Hospital and Convalescent Home** is renamed the **Llandrindod Wells Hospital and County War Memorial Hospital**

1927 - 1929

**Dolgellau and Barmouth Hospital** opens as the **Dolgellau and Barmouth Cottage Hospital**

1930

**Llandoverly Hospital** becomes a **Public Assistance Institution** under The Poor Laws

**Public Assistance Institution, Knighon** joined as **Knighon Hospital**

**Aberaeron Hospital** is renamed as a **Cottage Hospital**

1932

**Tywyn Cottage Hospital** has a Maternity Unit added

1933

**Dolgellau and Barmouth Hospital** is extended to incorporate Consulting Rooms

1938

**Dolgellau and Barmouth Hospital** has further extension works to add a Theatre

**WORLD WAR TWO - 1939 - 1945**

Established Hospitals during WWII functioned as chest, TB or rehabilitation services with outpost services being held in converted Country Homes, University buildings and other un- or underused public buildings



1939 - 1945  
WORLD  
WAR TWO

**NHS**

1948  
THE BIRTH  
OF THE  
NATIONAL  
HEALTH  
SERVICE

**5th JULY 1948**

most of the community hospitals in Mid Wales hospitals join the NHS...

**Aberaeron Cottage Hospital** joins as **Aberaeron Hospital**

**Machynlleth Hospital** joins as the **Machynlleth Chest Hospital**

**Cardigan and District Hospital** joins as **Cardigan and District Hospital**

**Dolgellau and Barmouth Hospital** joins as **Dolgellau and Barmouth Hospital**

**Llandrindod Wells Hospital and County War Memorial Hospital** joins as **Llandrindod Wells War Memorial Hospital**

**Public Assistance Institution, Llandoverly** joins as a Children's Home



1964  
CIVIL  
RIGHTS  
ACT

**Llanidloes and District War Memorial Hospital** joins as **Llanidloes War Memorial Hospital**

**Montgomeryshire Private Cottage Hospital** joins as **Montgomeryshire County Infirmary**

**Victoria Nursing Institution** joins as the **Victoria Memorial Hospital**

**South Wales Sanitorium for TB** joins as **Bronllys Hospital**

**Tywyn Cottage Hospital** joins as **Tywyn Hospital**

**Knighton Hospital** joins as **Knighton Hospital**

**1960**

**Llandoverly Children's Home** was redesignated as a Community Hospital

**Cardigan and District War Memorial Hospital** has its interior completely refitted

**1973**

**Tywyn Hospital** opened a new Continuing Care Ward

**1974**

**Dolgellau and Barmouth Hospital** opened a new General Medical Unit

**1980**

**Tywyn Hospital** underwent further extension works

**Dolgellau and Barmouth Hospital** underwent further extension works

**1998**

**Knighton Hospital** adds a new Maternity Unit

**2004**

**Victoria Memorial Hospital** is substantially rebuilt

**2012**

**Llandrindod Wells War Memorial Hospital** opens a new Renal Unit

**2013**

**Victoria Memorial Hospital** opens a new 12 bed renal unit

**Aberaeron Hospital** inpatient services are closed

**2014**

**Knighton Hospital** reduces inpatient bed capacity from 13 to 7

**2016**

Discussions held on the future of **Tregaron Community Hospital** with possible development of an ICC on the site



1998  
FIRST £2 COIN  
INTRODUCED  
IN BRITAIN



2012  
LONDON  
OLYMPICS



2020  
BRITAIN  
IS HIT  
WITH THE  
COVID-19  
PANDEMIC



2022  
THE QUEEN  
DIES AND  
CHARLES III  
BECOMES  
KING

**2017**

**Llandoverly Community Hospital** opens the new Ithon Birthing Unit

**Montgomeryshire County Infirmary maternity and Birthing Centre** are modernised

**2019**

**Aberaeron Hospital** closes permanently, and **Aberaeron Integrated Care** opens in its place

**Cardigan and District Hospital** closes permanently, and **Cardigan Integrated Care Centre** opens in its place

**2020**

**Nightingale Hospitals** to support the demands of the Covid-19 pandemic are established at **Aberystwyth** and **Cardigan Leisure centres**

Inpatient ward and MIU services at **Tywyn Hospital** are closed

MIU services close at **Llandoverly Community Hospitals**

MIU services close at **Dolgellau and Barmouth Community Hospital**

Inpatient services at **Knighton Community Hospital** are closed and beds relocated to Llandrindod Wells

**2021**

**Aberaeron Hospital** is demolished to make way for housing developments

**2023**

**Bro Ddyfi Community Hospital** redevelopment is opened in Machynlleth across the site of the **Machynlleth Chest Hospital**

**Llanidloes War Memorial hospital** opened a new Birthing unit

**Victoria Memorial Hospital** receives Palliative Care Equipment, Garden Equipment and Changing Facilities for Staff from the Hospitals' League of Friends

**Knighton Community Hospital** repurposes ward space for reablement services

**Montgomeryshire County Infirmary** received memorial benches from the Hospitals League of Friends

**2024**

**Knighton Community Hospital** opens a new Sensory Garden donated by the Hospitals League of Friends

Canolfan Rheidiol, Rhodfa Padarn, Llanbadarn Fawr  
Aberystwyth, Ceredigion SY23 3UE

Tel: 01970 319007

Email: [contact@ruralhealthcare.wales](mailto:contact@ruralhealthcare.wales)

<https://ruralhealthandcare.wales>



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