

LLAIS POWYS REGION

WHAT WE'VE HEARD IN POWYS



**Community Focused Engagement in Brecon
Locality
April 2024**

ACCESSIBLE FORMATS

This report is also available in Welsh.

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You can download it from our website or ask for a copy by contacting our office.

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ABOUT LLAIS



We believe in a healthier Wales where people get the health and social care services they need in a way that works best for them

We are here to understand your views and experiences of health and social care, and to make sure your feedback is used by decision-makers to shape your services.

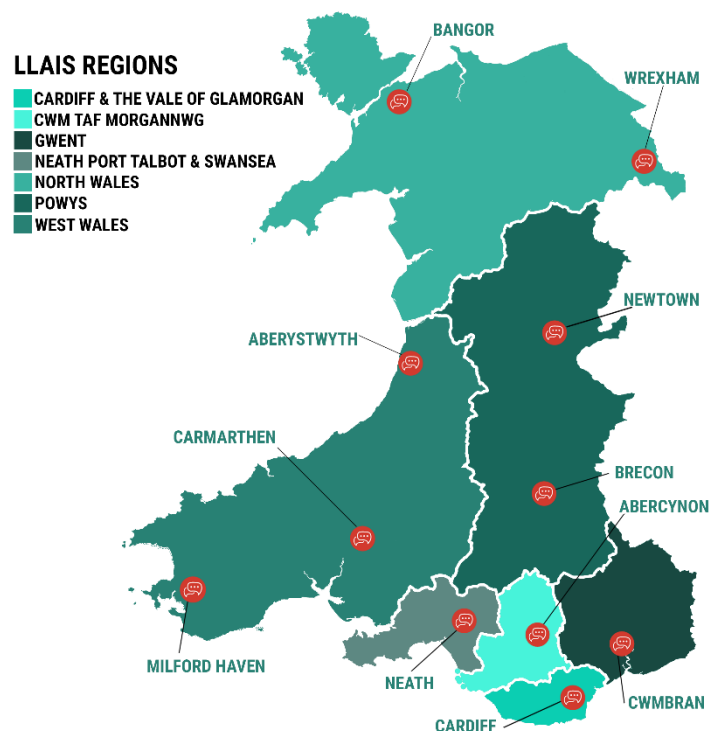
We seek out both good and bad stories so we understand what works well and how services may need to get better. And we look to particularly talk to those whose voices are not often heard.

We also talk to people about their views and experiences by holding events in your local communities or visiting you wherever you're receiving your health or social care service.

We also work with community and interested groups and in line with national initiatives to gather people's views.

And when things go wrong we support you to make complaints.

There are 7 Llais Regions in Wales. Each one represents the "patient and public" voice in different parts of Wales.



EXECUTIVE SUMMARY

During the month of April 2024, Llais Powys engaged with the community of Brecon and the surrounding area, to understand people's experiences of health and social care services. This included various methods of engagement such as surveys, joining various groups and organisations for face-to-face discussion, visiting premises where health and care services are provided and talking to people at community events. We also hosted a free coffee morning for people to come along to chat with us. We spoke to people of different ages and with different health and care needs.

Key findings

- 1. Praise for services within Powys and outside of the county.**
We received very positive feedback about many health and social care services provided locally in the area and in hospitals outside the area.
- 2. Accessing services was often challenging.**
We heard many comments about the difficulty accessing appointments at Brecon Medical Group Practice. We also heard about being unable to obtain NHS dental services; waiting times for planned care; concerns about travel and transport to services, especially for people who do not have their own vehicle.
- 3. Need for better communication.**
People told us that they often had difficulty obtaining the results of their diagnostic tests. We heard about the impact that lack of communication following referral has on patients. There were also comments about difficulties in sharing information between services and with patients or their GPs. This problem was worsened when accessing services across the border in England.
- 4. Need for better support for mental health and well-being.**
We heard reports of people waiting a long time following a referral

for counselling. Some people said they would like more outreach support to help them at home. We also heard about the impact that loneliness and isolation have on people's well-being. We noted that there needs to be better awareness of the ChatHealth service that is available for children and young people.

5. **Workforce issues and capacity.**

We heard about the impact that the shortage of staff in some services has on people. Services highlighted were in social work, care work and specialist services such as neurology.

Actions Taken

We are working closely with Powys Teaching Health Board and Powys County Council to ensure that they understand what people think about health and social care services and can make improvements to services where they are needed.

Once we had drafted the report outlining what we heard, we held a joint workshop with the Health Board, County Council and Powys Association of Voluntary Organisations. The aim of the session was to highlight some of the main themes, discuss areas of work which are already underway, and to jointly identify some actions which will be taken.

The following actions were agreed:

1. The Local Authority and Health Board promote a learning attitude towards complaints and would encourage people to contact their Complaints Teams so that individual concerns and issues can be addressed. Llais will ensure its staff and volunteers have the relevant information about services which people can access and ways for people to be able to contact Social Services or NHS to raise any concerns directly with services.
2. The Health Board Primary Care Team will discuss feedback from the report with Brecon Medical Group Practice to support the continued improvement of services. Llais will arrange a follow-up

visit to the Practice.

3. It was noted that access to NHS dentistry remains a challenge across the UK. A new national Dental Access Portal is being established which will help the NHS in Wales to understand overall demand for NHS dental services. Powys has been identified as a pilot area, and the national launch is expected later this year.
4. Comments regarding the age threshold for MIU were noted. The Health Board must ensure that it meets relevant clinical governance and quality standards, and that staff are trained to provide care for people aged 2 and over. The Health Board does not have training and clinical support in place to provide MIU services for children under 2. It is recognised that this does mean there will be additional travel for children under the age of 2.
5. Feedback about appointments at Brecon War Memorial Hospital will inform the Health Board work to develop a Single Point of Access for appointments.
6. The Health Board will use its Commissioning, Quality and Performance Review Meetings with secondary care providers to share the feedback regarding appointments. All health boards have been asked by Welsh Government to introduce Waiting Well services that support people during their waits for planned care treatment.
7. The Health Board will continue to work with providers in England to identify better ways to share patient information across the border. It must be mindful of the need to ensure data protection requirements are met and address risks of sharing information between different systems, including in relation to cyber security.
8. The Health Board will undertake a refreshed marketing campaign to raise awareness of the ChatHealth service for children and young people.
9. The information within the report about Parkinson's will be shared with the Therapies teams in Powys, to consider the scope for

expanding therapy support.

10. Feedback about the wellbeing teams in schools will be picked up with the Local Authority Education Service for consideration.
11. The Director of Social Services will liaise with the Education Service and provide a response to Llais about the closure of the hydrotherapy pool at Ysgol Penmaes in Brecon.
12. The Director of Social Services will raise the issue of poor communication with the senior leadership team at Powys County Council.

Conclusion

The engagement activities carried out provided valuable insights into the experiences and needs of the Brecon community regarding health and social care services. The positive feedback about many local and external services highlights the strengths within the current system. However, significant challenges were also identified, particularly in accessing services, communication, mental health support, and workforce capacity.

Our findings underscore the need for targeted improvements to ensure that health and social care services in Powys are accessible, responsive, and adequately supported. The actions agreed upon during the joint workshop demonstrate a committed effort to address these challenges and improve services.

We are confident that the collaborative approach taken will lead to meaningful improvements in the areas identified. Continued engagement with the community and stakeholders will be essential to monitor progress and ensure that any changes made meet the needs of the residents of Brecon and surrounding areas.

WHAT WE DID

In Powys, for our local-based engagement, we are mirroring the 13-locality approach which is used by Powys Regional Partnership Board. The localities are centred around Powys' largest towns and their surrounding areas. We work in one locality at a time, usually for about a month. The aim of the engagement is to capture people's lived experience of accessing and receiving health and/or social care services. We want to find out about services provided within Wales or over the border in England.

Brecon was the fifth locality in which we have undertaken focused engagement. We wanted to find ways to engage with people of all ages and with different interests and to listen to their views about health and social care services.



We carried out research to find out what activities would be happening in the area. We made contact with the Community Connector for the area to check what groups or activities they were aware of. We also researched what organisations operate in the area so that we could ask them to help raise awareness of Llais. We provided organisations with leaflets and paper copies of surveys for them to share with people who used their services. We informed the Town Council and local Community

We had two surveys available for people to complete – one was a general survey for people to provide comments about any aspect of health or social care and the other was a survey about accessing GP services. These surveys were available online and in paper copy.

Councils and the local County Councillors that we would be working in the area.

We promoted what we were doing via an article in the Brecon & Radnor Express. We recorded a short video which was shared on our Facebook page. Throughout the month, we shared posts on Facebook about the engagement sessions we were attending.

For the first time, we hosted a coffee morning where people could come along to chat with us over a cuppa and cake. This was a successful, busy event, with at least one member of the public at each table talking to Llais representatives for the whole time that it was running.

We were able to arrange visits under the Welsh Government Code of Practice on Access to Premises and Engagement with Individuals. This allowed us to talk to people about the services they were receiving at the setting we visited and also about other services they received. These visits included both the surgery sites of Brecon Medical Group Practice (Tŷ Henry Vaughan and Sennybridge) and Brecon War Memorial Hospital. We also met with the Manager of a nursing and residential care home for older people and the Manager of a care home for learning disabilities. The visits to the care homes were to introduce Llais and the work we do, and to discuss ways that we may be able to work together in the future to collect the views of residents and their families.

We carried out face-to-face engagement in the following locations or with the following groups:

Engagement in Brecon Library
Lunch & Craft Group at Brecon Volunteer Centre
Engagement at Sennybridge Post Office
Leaflet drop in Sennybridge
Poetry in Mind (Brecon MIND)
Crafternoon (Brecon MIND)
Brecon Medical Centre

Green Minds, Brecon Cathedral
Meeting with Brecon Access Group
Meeting with Manager at Care Home for Older People
Meeting with Manager at Care Home for Learning Disability
Brecon Men's Shed
Brecon Hospital – X-Ray Department and Outpatients Department
King's Meadow Travellers' Site, Brecon
Engagement outside Co-op Store, Brecon
Brecon Youth Club
South Powys Parkinsons Support Group, Llangorse Community Centre
Tea, Toast & Talk at Trecastle Community Centre
Leaflet drop in Trecastle
'Cuppa and Chat' Coffee Morning, The Guildhall, Brecon
Uplift Singing Session, Theatr Brycheiniog
Brecon College – Conversation with students attending the English for Students of Other Languages course

WHAT WE HEARD FROM CONVERSATIONS WITH PEOPLE

The overwhelming sentiment that we heard in the community was that people felt that services were generally very good once they were able to start using them.



Positive comments were provided about the following services:

- Care received from Brecon Medical Practice once an appointment was obtained.
- Non-emergency patient transport services very good.
- Services and care provided at Brecon Hospital, Ystradgynlais Hospital, Prince Charles Hospital, Royal Glamorgan Hospital, Nevill Hall Hospital, The Grange Hospital.
- Minor Injuries services.
- Physiotherapy services.
- Reablement services.
- Care and Repair service.
- Care and compassion shown by Ambulance staff.
- Cancer care.
- Cardiac care.
- NHS 111.
- Powys maternity services.
- Palliative/end of life care.

- Community dental service.
- Credu Carers' Support.
- Powys Youth Services.
- Parkinson's Nurse in South Powys.

However, people told us that accessing services was often challenging. In many cases this was about difficulties accessing GP services, in some cases it was about being unable to obtain NHS dental services and, in some instances, it was about difficulties with access to care in hospital and waiting times for planned care. We also heard concerns about travel and transport to services, especially for people who do not have their own vehicle.

GP Services

In every engagement session, we were told that contacting Brecon Medical Group Practice by telephone and obtaining appointments was very difficult. The long recorded message at the start of the call was wearisome. Many people said that, when calling, there was frequently 30/40/50 people in the queue ahead of them and this led to them holding on the phone for a long time, often more than an hour. This caused difficulties for wide sections of the community, including people with pay-as-you-go mobiles, older people, neurodiverse people and people with mental health conditions or learning disabilities.

People explained that, often, when they did manage to get through on the telephone, they were advised that there were no appointments available and asked to call back the next day. This was happening for people who were trying to get through to the Practice from early in the morning and it caused much frustration.

We also heard that people were unable to make routine appointments in advance – they were told that they had to telephone for an appointment on the day.

Only being able to request same-day appointments was very difficult for people who did not have their own transport. Dial-a-Ride is a community transport scheme but it is not available at school transport times (morning and afternoon) because they provide a school transport service. We were told that taxi firms do not take wheelchairs. Buses

were not an easy option for some people because of where they lived. Some people reported that they had a long walk to get to the surgery.

Some people reported that they had worries about confidentiality when they were asked to explain the reason for their call to the GP receptionists. This was especially the case for people who knew the receptionists personally.

Many people reported problems with not being given an estimated time for a call back from the GP or nurse. It was particularly trying for working people, people with children who they needed to get to school and people with poor mobile signal, as they were worried that they would miss the call. People told us about missing calls and then having to get back in the long telephone queue to start the process again. This was reported to be very stressful for some.

People told us that it would be preferable if the practice staff could give them a time slot of when to expect a call back from the GP or practitioner.

Lack of continuity and not seeing the same GP caused difficulty for some people, especially if it was a locum doctor they were seeing. People commented that they were not able to develop relationships with the doctors. People with ADHD, Autism, Mental Health problems and chronic health conditions reported this as a real concern for them.

We heard from people who live in Brecon but were puzzled when they were asked to travel to the surgery in Sennybridge for their appointment.

We were told that Sennybridge surgery still uses an outside hatch for the dispensary which meant that people were sometimes waiting outside in the rain, without any shelter. They did not understand why they could not collect their prescriptions inside the surgery.

A concern about the recording of childhood vaccinations was raised. A mother had been asked what vaccinations her child had received but she did not know what vaccination the child had been given at school. She believed that the GP records should have been up-to-date to include this information.

There was a perception that Brecon Medical Practice was less welcoming since the COVID pandemic. People explained that it seems to have lost the personal touch.

At three different events, we heard that there is a rumour that Brecon Medical Practice is closing. When we visited the surgery in Sennybridge, we were told that some people in the community thought the surgery there was closed.

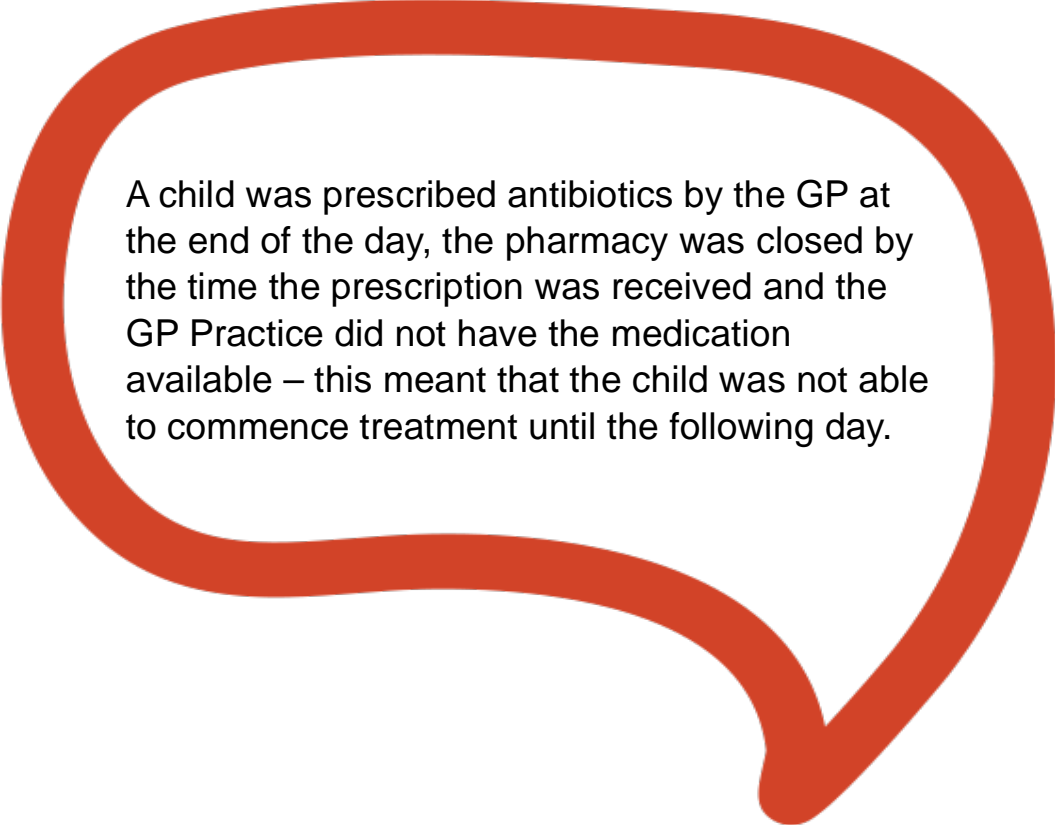
A number of people felt that there was a need to explain to the public how the system to access GP services now works.

We also heard from people who were happy with the care and treatment provided at the GP Practice; they felt that they were able to obtain appointments when they needed them and that they were well cared for. Someone who had been asked to email a photograph to the surgery thought this was good as it speeded up the process. It was a new experience for them but they liked that flexibility. It was noted that some people would not be able to use the technology for this.

Community Pharmacy

The main issue we heard about community pharmacy services related to the unavailability of prescription medications when people went to collect.

People also expressed a desire for pharmacies to be open for longer hours.



A child was prescribed antibiotics by the GP at the end of the day, the pharmacy was closed by the time the prescription was received and the GP Practice did not have the medication available – this meant that the child was not able to commence treatment until the following day.

There was a concern raised about perceived lack of communication between pharmacy and GP practice. An example provided was about a patient ticking only what was required on the repeat prescription slip but everything on the list was being supplied and this had led to a stockpile.

People reported positive experiences of accessing the pharmacy for treatment and advice. Examples were flu vaccination and medication reviews.

NHS Dental Services

As in other localities we have worked in, we heard about difficulties in accessing NHS dental services.

We were told that people were able to get their children registered with an NHS dentist but they were unable to register themselves. Some people told us that they were offered private dental care but many of them thought this was not affordable.

We heard from a number of women who had not been able to access NHS dental care whilst they were pregnant or during the 12 months after giving birth.

We met with representatives of the Brecknock Access Group about their concerns regarding disability access to the NHS dentist which had opened in Castle Street approximately six months ago. They raised a number of issues:

- A narrow pavement outside the building with no dropped kerb. Turning for a wheelchair is very difficult in that space.
- A shallow step up to the surgery entrance which is difficult for wheelchair access.
- People with mobility scooters have reported that they are unable to get into the building.
- Most of the treatment rooms and waiting rooms are on the first or second floor. The stairs are worn stone steps with a lip. They are not easily accessible for anyone who is elderly or who has mobility or sight impairment. There is no lift to the upper floors.
- There is one treatment room on the ground floor but people are not asked or advised to let the Practice know if they are unable to use upper floors.
- When people have attended the Practice, who can only access a ground floor treatment room, they have been left to wait.
- People believe there has been no communication about this new dental practice. There is a new telephone number but people have

not been informed about it. It is reported that a number of people have turned up at the wrong building for appointments.

We wrote to the Health Board to raise the concerns about disability access. In response we were advised:

- *The Practice has looked at options with regard to access into the premises but they are limited to improvements that can be made due to the listed building status.*
- *With regard to progressing a dropped kerb, this would need to be done through Powys County Council.*
- *For patients who experience difficulties accessing the Practice, the Practice is able to signpost them to PTHB Community Dental Service for treatment.*
- *If a patient with mobility issues is unable to access a practice then they can ring the Powys Teaching Health Board Dental Helpline for assistance/referral to the Community Dental Service. The helpline number is 01686 252808.*
- *Patient records are flagged to inform when the ground floor surgery is required and patients are encouraged to let the Practice know if they will need to use the ground floor surgery.*
- *The Practice confirmed the building meets the required building regulations for public access, including the staircase. As it is a stone canti-levered staircase, it is not possible to drill into it to install nosings. They have been advised that it is not possible to paint the stairs with a non-slip paint.*
- *If at the time of an appointment, the Practice was unaware that a patient could only access the ground floor surgery, every effort is made to move that appointment to the ground floor. This may result in a delay whilst the surgery is set up. If it is not possible for the patient to be seen in the ground floor surgery at that time, they would be given another appointment for as soon as possible.*
- *There is a new telephone number for the Practice but all the previous telephone numbers are still in service and are re-directed to the new*

number.

- *The Practice acknowledged that telephones are extremely busy with their registered patients ringing for appointments and with people looking to access an NHS dentist. The phone lines are always manned but, if the reception team is dealing with patients at the desk, there will be occasions when they are unable to answer the telephone.*
- *The Practice has passed all relevant fire safety inspections. An external fire escape is not possible due to the location and listing of the building.*

Brecon War Memorial Hospital

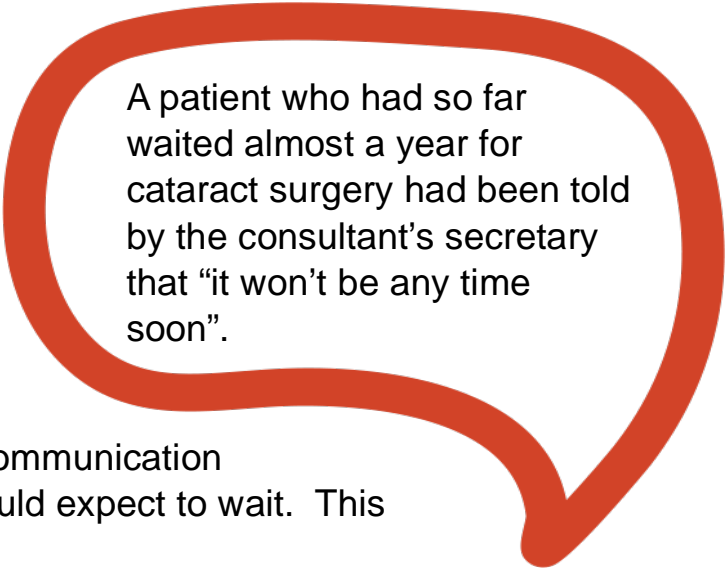
We held one engagement session at the community hospital and spoke to people who were attending Outpatient appointments.

People complimented services they received at the hospital – such as the Minor Injuries Unit, day surgery carried out at the hospital, staff and care has always been excellent, audiology clinic, endoscopy, midwifery-led maternity unit, end of life care, physiotherapy, community dental service. People were pleased that consultants from hospitals outside the county were providing outpatient services at Brecon Hospital.

We were told that it was difficult to make contact with the hospital if it was necessary for a patient to change an appointment.

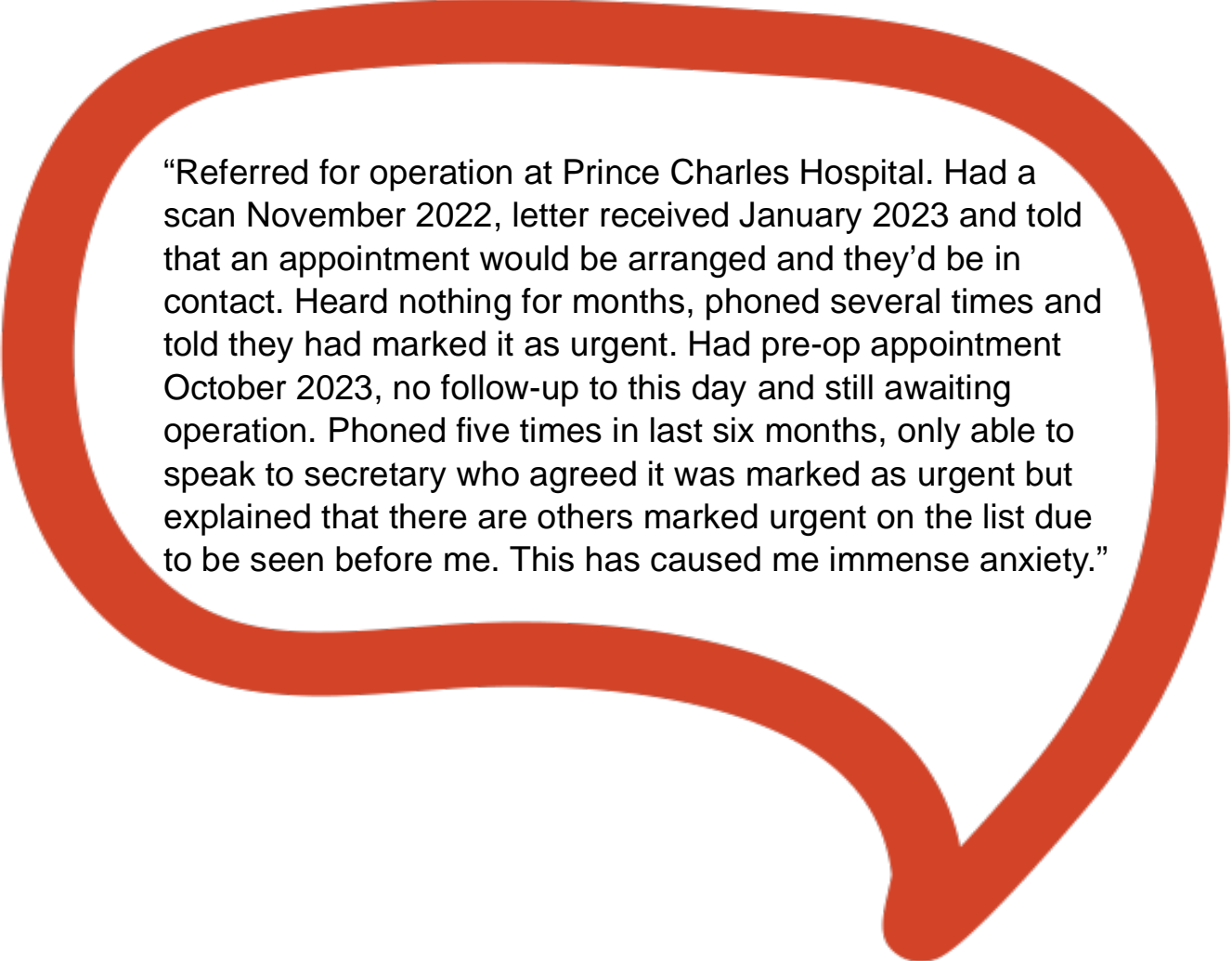
Secondary Care (General Hospitals)

Many people commented on the long waits for planned care. We heard about people paying to have surgery done privately, with some people travelling abroad to access treatment and some people paying for more than one surgical procedure at significant cost.



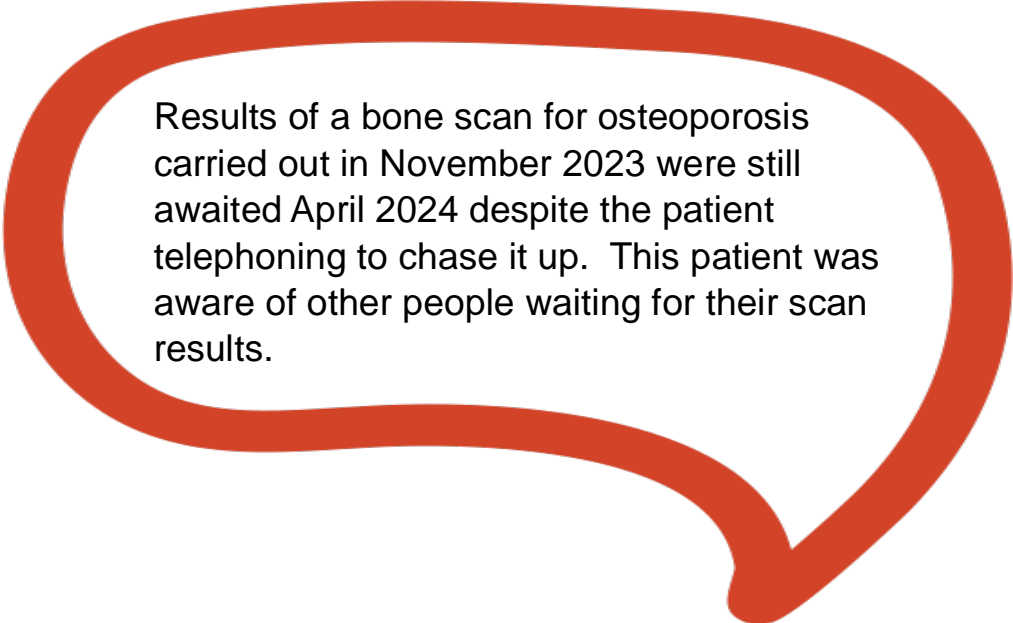
A patient who had so far waited almost a year for cataract surgery had been told by the consultant's secretary that "it won't be any time soon".

People felt that there was poor communication about the length of time they should expect to wait. This causes uncertainty and stress.



"Referred for operation at Prince Charles Hospital. Had a scan November 2022, letter received January 2023 and told that an appointment would be arranged and they'd be in contact. Heard nothing for months, phoned several times and told they had marked it as urgent. Had pre-op appointment October 2023, no follow-up to this day and still awaiting operation. Phoned five times in last six months, only able to speak to secretary who agreed it was marked as urgent but explained that there are others marked urgent on the list due to be seen before me. This has caused me immense anxiety."

We also heard about difficulties obtaining results following diagnostic tests. People often have to follow up to try to obtain results.

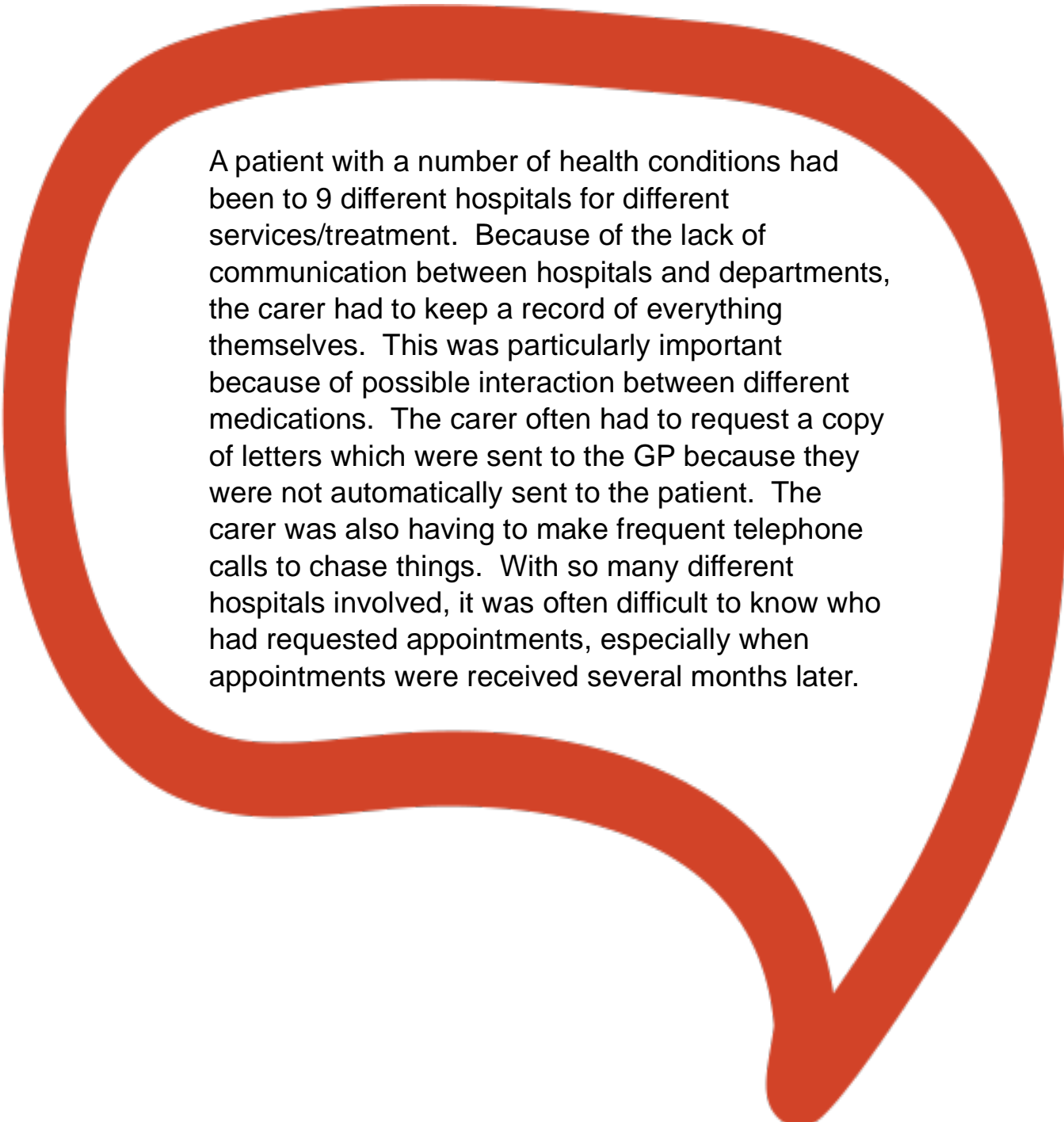


Results of a bone scan for osteoporosis carried out in November 2023 were still awaited April 2024 despite the patient telephoning to chase it up. This patient was aware of other people waiting for their scan results.

People told us about very long waits in Emergency Departments, often sitting in uncomfortable chairs. One person had experience of attending ED at Prince Charles Hospital on two occasions, the first was a wait of 9 hours and the second was a wait of 13 hours after triage. Another patient who was in ED overnight was transferred to a ward the next morning but there was no bed available on the ward so they were still in a chair. Another patient who had a history of strokes was taken to ED with suspected stroke – they were in a chair for over 48 hours and wanted to go home. Another patient reported that they spent two nights at The Grange Hospital and had to sleep upright in a chair. The person next to them had spent four nights in a chair.

Since services had moved from Nevill Hall Hospital, residents from Brecon area have to go to Prince Charles Hospital or The Grange and it was reported that transport links to enable people to get there were difficult.

People spoke about the lack of patient record and information sharing between different hospitals, between hospitals and their GP and with themselves. This problem was exacerbated when accessing services across the border in England.



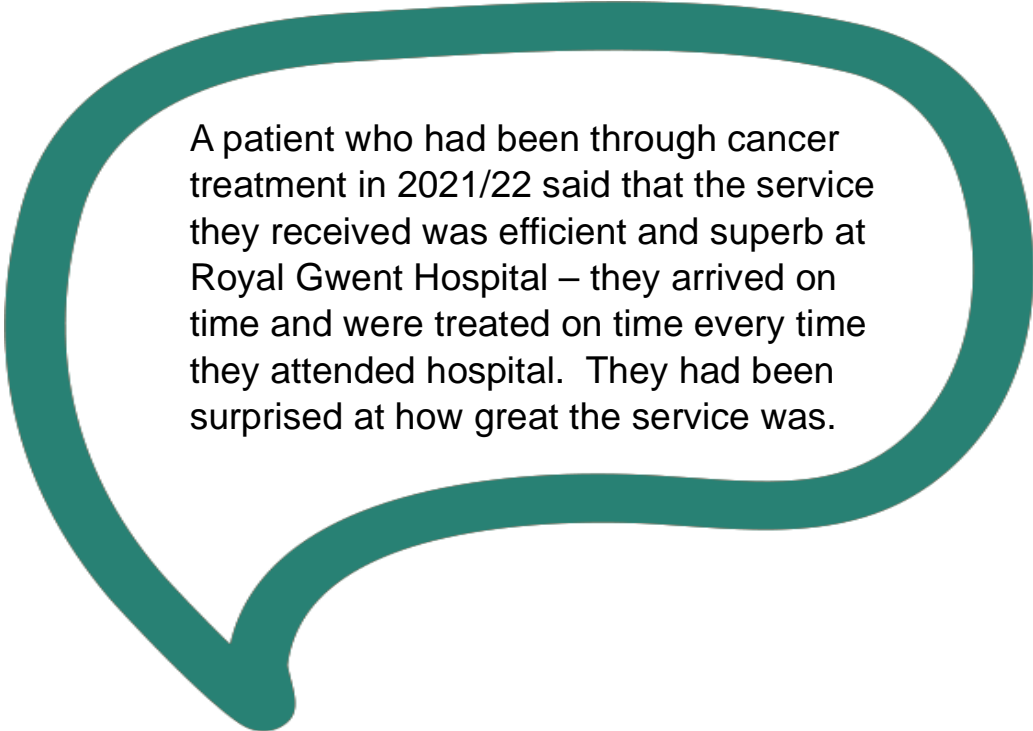
A patient with a number of health conditions had been to 9 different hospitals for different services/treatment. Because of the lack of communication between hospitals and departments, the carer had to keep a record of everything themselves. This was particularly important because of possible interaction between different medications. The carer often had to request a copy of letters which were sent to the GP because they were not automatically sent to the patient. The carer was also having to make frequent telephone calls to chase things. With so many different hospitals involved, it was often difficult to know who had requested appointments, especially when appointments were received several months later.

In some engagement sessions we attended, the consensus was that the administration systems were a weak link – we had reports of people attending hospital to find that the clinic was not running, not being on the list when attending an appointment, waiting for follow-up appointments, appointments given for unsuitable times, no understanding of distance to travel. Where the next appointment was booked whilst the patient was present, people felt that this was very good practice.

It was suggested that there should be a system where patients are offered a range of appointment times to choose from.

Some people spoke positively about being given a choice about which hospitals to attend.

People told us about feeling anxious after reading in the press about delays in hospital and waiting times for treatment during lockdown and in the following years. However, they reported that their hospital experiences during that time were brilliant.



A patient who had been through cancer treatment in 2021/22 said that the service they received was efficient and superb at Royal Gwent Hospital – they arrived on time and were treated on time every time they attended hospital. They had been surprised at how great the service was.

People told us that they felt the cancer care they received was very good – examples were provided about fantastic treatment at Velindre, in Prince Charles Hospital, palliative care at Llandrindod Hospital was wonderful, care at home provided by Macmillan was superb, Bracken Trust support and counselling was excellent and a very quick appointment was given following referral from a dentist.

Mental Health Services

Several people spoke about mental health services. There was a general consensus that there needs to be more support for people with mental health problems.

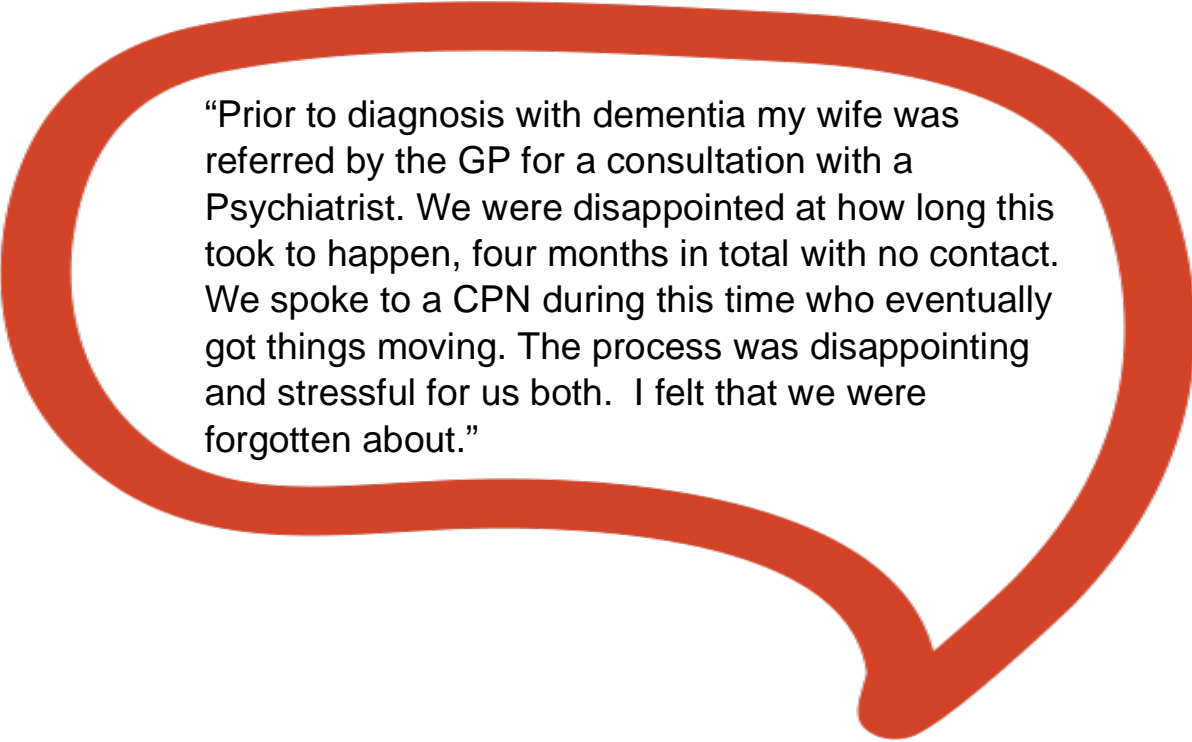
There were reports of people having a long wait following a referral for counselling, with some people reporting that referrals had been lost in the system.

People described mixed experiences of using mental health services. Some people praised services at Tŷ Illtyd Mental Health Resource Centre whilst others felt that they did not get the support they needed. Some people would like more outreach support to help them at home.

There was praise for care provided on Felindre Ward at Bronllys Hospital, following a mental health crisis.

Dementia Care

We heard about long waits before receiving a diagnosis of Dementia.



“Prior to diagnosis with dementia my wife was referred by the GP for a consultation with a Psychiatrist. We were disappointed at how long this took to happen, four months in total with no contact. We spoke to a CPN during this time who eventually got things moving. The process was disappointing and stressful for us both. I felt that we were forgotten about.”

Some people commented that the care for people with Dementia was inadequate at Brecon Hospital.

Care for People with Parkinson's

We met with members of South Powys Parkinson's Support Group. They said that the Parkinson's Nurse in South Powys was excellent but they had concerns about continuity and asked what plans are in place for continuity of the service. They were aware that the north of the county had been without a Parkinson's Nurse for a long time.

The Group talked about long waits for neurologist appointments which meant that there was a delay in diagnosis. They reported that the wait for an appointment was about 46 weeks. They explained that there was a shortage of neurologists. The neurologist in Gwent is part time. This meant that it was also difficult to get follow-up neurology appointments.

Because of the lack of neurologists, it was suggested that it would be beneficial to have a geriatrician in post with specialist knowledge of Parkinson's.

Once a diagnosis of Parkinson's was received, people felt that there was a disconnect about ongoing care. There was lack of information and guidance for people who were newly diagnosed.

The Group believed that Parkinson's is very misunderstood. They thought that many GPs have limited knowledge about it and there was sometimes a reluctance to refer to a neurologist.

Members spoke about the importance of regular exercise and movement for people with Parkinson's but, for many people there was a lack of opportunity to be able to attend regular sessions to help with movement or rehab. They explained that some people received physiotherapy but that was for a relatively short time and then it dropped off. The Parkinson's Support Group funds an exercise group which is run by a retired physiotherapist but it was difficult for many people to be able to get to the sessions.

The Group asked whether there was a requirement or any plans for Health Boards to provide exercise and movement sessions for people with Parkinson's.

A member of the Group explained that they used to attend meetings of Neuro Voice Powys, which did work around information and advice for people with neurological conditions. The Group ceased running when the clinician left and was not replaced.

Information was provided about 'The Parky Charter' and the Movers & Shakers Podcast.¹

Discussions with Young People

Most of the young people we spoke to had received annual dental check-ups and treatment if needed, although they spoke about long waiting lists for some dental treatment, eg tooth removal and brace fitting.

In the sessions, we heard about the difficulty in getting through to the GP Practice on the phone. Young people spoke positively about care and treatment from the Practice, with examples being asthma care and support with ADHD. The diagnosis for ADHD had taken more than a year.

The young people who were on repeat medication said that, sometimes, their medication was not available from the pharmacy and it seemed to be an increasing issue.

People spoke about long waiting times in A&E.

Some of the young people said that there was not much information on where to get sexual health advice or health advice in general. There was a lack of awareness of the ChatHealth service. The Youth Club leaders were not all aware of ChatHealth. **They would welcome someone from the service going along to the Youth Club to talk about it.**

¹ <https://www.moversandshakerspodcast.com/post/charter-2>

A number of young people expressed dissatisfaction with the wellbeing team in school. They reported that they do not call home and young people felt that they were not taken seriously when they went to the team.

We heard about very positive experiences with Credu Young Carers and the young people promoted the service to their peers who were also young carers.

People outlined positive experiences of the Powys Youth Service.

Discussion with Care Home Managers

We had positive meetings with the Care Home Managers. They were welcoming for Llais to go in to engage with residents and families.

Regarding NHS services, we were told that:

- The GP ward round is done over the phone and this was not perceived as best practice.
- The nursing home did not often require District Nursing services but the District Nurses were always available for advice.
- There were long waits for physiotherapy.
- Occupational therapy assessments were usually done quite quickly but the wait for equipment was delayed. We were advised that a resident had waited over a year for a wheelchair assessment but, because of deterioration in their mobility, they were then unable to use a wheelchair.
- It was reported that the community dentist provided great service to the nursing home but, for people with learning disabilities, it was reported that there were lengthy waits for dental care provided by the community dental service, particularly for people who were awaiting surgery or dentures.
- There was good support from the Learning Disabilities Team at Bronllys.

Regarding Social Care, we were told that:

- Most residents did not have a named social worker and a social worker was normally allocated upon need.
- Generally, annual reviews were completed on time and were carried out by a Reviewing Officer rather than a social worker.
- There was a feeling that this meant that continuity was compromised.
- It was reported that there were problems with contact/referrals for out-of-county social workers, particularly Cwm Taf and Swansea areas.
- There were issues around finances for people who are unable to manage their own savings accounts. They are in need of someone who is able to take Deputyship but the Local Authority does not have capacity to do it.

Other comments:

- There were challenges for the care of people with learning disabilities, particularly around their changing needs as they got older. There was a need to future-proof residential services for people when the desire is for them to be offered a home for life. Not all residential premises were suitable for people as they got older.
- There was a good sense of connection with the community for the people with learning disabilities.
- The hydrotherapy pool at Penmaes School used to be available for people with learning disabilities who have need of a tracking hoist. The pool has closed which means that the residents are no longer able to go swimming.
- Employment opportunities for people with learning disabilities are very limited because there is a shortage of Job Coaches.

Social Care Services

- People had concerns about the lack of consistency with social workers. They referred to frequent changes in social workers which, for some people, made it difficult to build trust. It made some people feel anxious that they would not receive the support they needed.
- People were aware that the shortage of care workers and the difficulty in arranging care packages was causing significant delays in hospital discharges for patients ready to go home.

- We heard instances of poor communication from Social Services causing anxiety and distress for people.

Experience 1:

“My parents have been together for 67 years, currently separated. Father had a fracture and has been cared for in hospital. He has been assessed to go back home. We cannot get a full care package in place and the bridging team are aware of this. We were given 3 options to choose from and if we did not accept one, we were warned he would go into a home. In the end we felt forced into accepting an option as we were concerned for our mother. The package we chose was then cancelled as he had been kept in hospital and the care package was given to someone else. We have since spoken to 2 care agencies and have been told they will not cover our area. We cannot even get private care now and have been told “we will put him in an interim care home,” this could be anywhere there is a gap. We spoke to the social worker, and we were assured we were not at a disadvantage despite the fact that he has been in various hospitals for several months. Our parents just want to spend the rest of their lives together. At the hospital he is currently being “de-skilled” (he used to change his own stoma bag, but they are telling him, he must let them do it.)”

Experience 2:

“Our Powys Carers were wonderful, visited four times a day. So friendly and couldn’t do enough. Team Leader was also brilliant. Husband formed a good bond and they got him through dark times.

After six weeks we received a sudden phone call (on a Wednesday) from a private company called Pheonix, explaining that they were taking over care package from Monday. We had

no prior warning or communication from Powys that this would be taking place. We later discovered this is what's known as a bridging service and Powys staff only provide care until a private company can take over. This was never explained in advance, very poor communication and caused us much distress. We complained to both Powys and PTHB and received no acknowledgement of complaint. Husband unhappy at prospect of changing carers, mood changed and he began to shut down completely. I rang social services, lady visited and we broke down, very upset. Lady arranged for phoenix Area Manager to visit us and discuss care package, telling us we had no choice in the matter. Manager of Pheonix subsequently never turned up at agreed time/date. Called social services to chase and they explained that Pheonix had withdrawn from the contract. We were put under Powys care for another six weeks and given assurance we'd be fully involved if another change were proposed. Three weeks in to care we received another phone call out-of-the-blue from a company called Spectrum, explaining that they would be taking over the care package the following week! I contacted Social Services and spoke to the Senior Team Manager, explained this was causing much stress and sleepless nights. She informed me that she would put in a Business Case to prevent transfer from happening. It's been two months since this phone call and we remain under Powys Care, but there has been no communication and we are in constant fear of another phone call from a private firm. Social services have been so poor with communication."

- People believed that care workers should receive better pay and conditions and the role should be more highly respected.
- In some sessions, we heard about the lack of clarity and understanding of the structure of social care services, versus the knowledge of NHS services. It was agreed that education on social care services and how to contact and engage services was required. Some feelings of stigma were expressed about using social care

services. Some people are fiercely independent and would not want to admit that they may be struggling.

- There was a feeling that social care seems to be working in crisis management.

Other Comments

- Women provided positive comments about maternity services, provided in Powys and at Prince Charles Hospital. Women were pleased to be offered a choice of where to give birth. They felt that they had a much more personal service when able to give birth at home or in a local birthing unit.
- People told us that they did not think there was enough support after a stroke. The immediate care was good but, once someone was discharged home, they did not feel supported. There was no local stroke club.
- We heard mixed experiences of using NHS 111 – people had used it to access urgent dental care, GP out-of-hours services, urgent care/advice and health information. Some people believed they had received the information or support they needed but others felt that the advice they received was not helpful. People raised concerns that they had been advised to attend A&E with their young children when they believed that it did not warrant A&E, especially at night and weekends. It was not possible to take young children to Brecon MIU. Some people explained that they had given up trying to call 111 on occasions because of the long wait on the telephone.
- People expressed their worries about the recent decision for the Wales Air Ambulance base to be moved from Welshpool to North Wales.
- We heard from third sector organisations and community funded projects about the difficulties they had in obtaining the funding needed to keep social care projects running.
- Loneliness and isolation in rural areas such as Powys is a significant issue. It can impact on people's mental health and well-being.

WHAT WE HEARD FROM THE SURVEYS

We had two surveys available for people to complete, either online or via paper copy. We had a general survey where people could tell us about any health or social care service they received, and a survey about GP services.

The online links to the surveys were included on flyers which were circulated at all engagement sessions and copies were sent to organisations to share publicly. They were also shared on our Facebook page.

General Survey – Tell us about health and social care services you've received

We received **31** responses to this survey.

The services people commented on were:

Service	Number of Comments
Dental Services	8
GP Services	7
Mental Health Services	4
Wales Air Ambulance	3
NHS General	3
Social Services Provision	2
Brecon Hospital	1
Morrison Hospital	1
Public Transport	1
Shropdoc	1
Midwifery Services	1
Community Pharmacy	1

A summary of what we heard within the survey responses is below:

Survey Responses about Dental Services

Many patients reported difficulty in accessing NHS dental services, with people often stating that they were having to travel outside of Powys or seeking private dental care. For many people, private dental care was not affordable.

People reported long waiting times for appointments, even for treatment which they felt should be urgent.

There were mixed reviews on the quality of care, with some patients reporting excellent experiences and others noting rushed consultations or inadequate explanations.

There was a perceived lack of emphasis on preventive care and oral hygiene education.

Survey Responses about GP Services

There was generally positive feedback about Brecon GP Practice, although access was described as poor with no means to make routine appointments in advance. Long wait times on the telephone were a common complaint. Patients often needed to repeatedly call, sometimes waiting over an hour to speak to someone. The uncertainty of call back times caused inconvenience for people.

Once an appointment was secured, patients described doctors and nurses as helpful and caring.

People commented that Sennybridge Surgery was under-utilised with limited GP availability.

Survey Responses about Mental Health Services

Mental Health Services were described as disjointed and difficult to access, leaving patients feeling unsupported. There was a belief that there had been a decline in the availability of regular mental health support since the onset of the Covid-19 pandemic.

Patients highlighted delays in receiving counselling services. People with less severe issues thought they were blocked from necessary treatment.

Survey Responses about Social Care

People described the struggle with trying to get sufficient packages of care set up. This was often leading to unnecessary hospital admissions and delays in discharge from hospital.

People said that care workers should be better paid and there was a need to actively recruit more.

Positive experience of social care was reported by someone whose spouse has dementia, with wonderful and supportive care workers and social worker.

Survey Responses about Emergency Care

People expressed concerns about the Wales Air Ambulance base moving from Welshpool to North Wales.

The lengthy ambulance response times was upsetting for people, especially in cases where patients were lying on the floor for several hours.

Patient Survey about GP Services

We received **36** completed surveys.

Name of GP Practice

Ty Henry Vaughan (Brecon)	29
Sennybridge Health Centre	4
Crickhowell Medical Centre	1
Talgarth Medical Centre	1
Wylcwm Street, Knighton	1

A summary is below of the results of the survey.

Access to Appointments

Brecon Practice is criticised for its telephone triage system with long queues on the telephone and the inability to make routine appointments in advance.

Patients would like to see Sennybridge Surgery fully re-opened.

Continuity of Care

Patients find it frustrating to see different doctors as they feel this affects continuity of care. There is a strong desire for seeing the same doctor for ongoing issues.

People reported concerns about the irregularity of routine medication checks.

Communication

Patients reported that obtaining test results was not satisfactory. They often have to prompt the surgery for information that they believed should be proactively sent.

Some patients expressed frustration at not receiving test results unless there is a problem. They suggested that it would be beneficial to receive all results, even if normal, via email or letter.

Some people said that they had to fill out a form and wait for an extended period if they wished to receive their results in writing rather than over the telephone.

Patient Experience

The waiting room environment is described as unwelcoming.

Picking up prescriptions from a side window in Sennybridge is considered inconvenient.

There was a call for improvements in customer service, with some mentions that some reception staff were rude and dismissive.

Despite system issues, many patients expressed satisfaction with the care provided by doctors and the overall quality of primary care once they are seen.

Who We Heard From

Our surveys include equality and diversity monitoring questions so that we can get an understanding of the experiences and perceptions of different groups of people in the community.

The following table is a snapshot of the people in Powys who shared their views and experiences. People do not always tell us everything about themselves when they come to share their experiences and views with us.

67 people completed our surveys

We received **0** responses in Welsh

67 people completed some or all of the equality and diversity questions

73% were women and **25%** were men, **2%** preferred not to say

0% identified as a trans person; **88%** identified as heterosexual; **1%** asexual; **2%** bisexual; **0%** Gay; **1%** Lesbian and **8%** preferred not to say

The average age of people sharing their views with us was **64**. The youngest was **28** and the eldest was **88**

94% were White (Welsh, English, Scottish, Northern Irish, British), **3%** were White Irish and **3%** White Other

42% of people stated Christianity as their religion; **2%** Other religion or belief; **43%** No Religion; **3%** Atheism, **2%** Buddhism; **8%** preferred not to say

15% of people said they had a disability or long-term health condition

27% of people were carers

3% of people were pregnant

Regarding financial status, **33%** have just enough for basic necessities and little else; **45%** have more than enough for basic necessities and a small amount of disposable income; **1%** don't have enough for basic necessities and sometimes run out of money; **21%** have more than enough for necessities, and a large amount of disposable income

What We've Done with What We Heard

We are working closely with Powys Teaching Health Board and Powys County Council to ensure that they understand what people think about health and social care services and can make improvements to services where they are needed.

We held a joint workshop so that we could report on the main themes of what we heard from people in Brecon area. The session involved staff and volunteers from Llais and representatives from the Health Board, County Council and Powys Association of Voluntary Organisations. We shared our draft report with them ahead of the session and, during the meeting, we were able to highlight some of the main themes, discuss areas of work which are already underway, and identify some actions which will be taken.

The main themes we considered in the workshop were as follows:

- It was noted that people provided very positive feedback about many health and social care services.
- The key themes that we heard during this period of engagement reflect and mirror a lot of what was heard in the Local Authority Sustainable Powys and Health Board Better Together workshops which were held throughout the county during February and March. The key themes from those workshops are available on the consultation and engagement portal for Powys.²
- Difficulties with access and making appointments with Brecon Medical Group Practice.
- Access to NHS dental care generally and, also, the concerns regarding disability access to the NHS dentist in Castle Street, Brecon.
- The long waits for planned care and the impact that lack of communication following referral has on patients. All health boards in Wales have been asked by Welsh Government to introduce Waiting Well services which will support people during their waits for planned

² This portal brings together partners from local government, the NHS and the voluntary sector. <https://www.haveyoursaypowys.wales/>

care.

- Difficulty obtaining results following diagnostic tests and the sharing of patient information between healthcare providers.
- The challenges people face when they need to access services outside of Powys, including difficulties with transport and the lack of consideration of distance to travel when setting appointment times.
- Therapy support for people living with a diagnosis of Parkinson's.
- The need for more mental health and well-being services.
- Well-being support for children and young people. The need for better awareness of the ChatHealth service which provides confidential information and support to children and young people aged 11-18.
- The impact that recruitment and retention of staff has on people needing services, particularly in the field of social work and domiciliary care. This is a priority for Powys Social Services.
- The increasing demand for deputyship support which is outstripping capacity of the team in Powys County Council.
- Discussion around education to the public and increasing the understanding about social care services.
- The Local Authority and Health Board promote a learning attitude towards complaints and would encourage people to contact their Complaints Teams so that individual concerns and issues can be addressed.

The actions identified during the workshop are shown in the attached Action Log.

Llais will continue engaging with communities and stakeholders to ensure that we are able to monitor progress and make sure that any changes implemented meet the needs of the residents of Brecon and surrounding areas.



**ACTIONS FROM WORKSHOP
ABOUT BRECON LOCALITY ENGAGEMENT REPORT
HELD ON 14 JUNE 2024**

Agreed Action	Responsibility	Follow-up Date
Llais to provide information sheet to its volunteers about services which people can access and ways for people to be able to raise their individual concerns directly with Powys Social Services or Powys Teaching Health Board.	Llais Deputy Regional Director	Powys Social Services Complaints Leaflet shared with Llais 14 June 2024. Review in 3 months (30 September 2024)
Llais to provide contact details for Youth Clubs it has had contact with to Health Board Communications & Engagement Team to enable them to include Youth Clubs in marketing plan for promotion of Chat Health service	Llais Deputy Regional Director	Contact details shared with PTHB Engagement Manager 11 July 2024. Review in 6 months (31 December 2024)
Llais to share report with the Improving Cancer Journey Programme and highlight the positive	Llais Deputy Regional Director	By 31 July 2024

comments about cancer care.		
Feedback about the wellbeing teams in schools to be picked up with Education Service for consideration.	Powys County Council Director of Social Services	The comment about wellbeing teams in school has been shared with the Education Team, who have shared with the school to reflect upon. Review in 6 months (31 December 2024)
To liaise with Education Service and provide a response to Llais about the closure of the hydrotherapy pool at Ysgol Penmaes in Brecon.	Powys County Council Director of Social Services	By 31 July 2024 The comment has been shared with colleagues in Education Transformation, who have shared with their ALN colleagues for information and further consideration.
Positive comments about Credu and Powys Youth Service to be shared with relevant staff teams.	Powys County Council Director of Social Services	By 31 July 2024 The positive remarks have been shared with the relevant managers of those services.

<p>Issue of poor communication to be raised with senior leadership team at Powys County Council.</p>	<p>Powys County Council Director of Social Services</p>	<p>The comment about poor communication will be discussed with the senior management team of Social Services on 15 July 2024. Managers will be asked to remind all staff of the importance of good communication.</p> <p>Review in 6 months (31 December 2024)</p>
<p>Powys Teaching Health Board (PTHB) to discuss feedback with Brecon Medical Practice about difficulty contacting the Practice and the situation regarding patients waiting outside for prescription collection at Sennybridge Surgery.</p> <p>Llais will liaise with PTHB and the Practice about arranging a follow-up visit to the Practice.</p>	<p>PTHB Primary Care Team</p> <p>Llais Deputy Regional Director</p>	<p>Within 3 months (by 30 September 2024)</p> <p>Within 6 months (by 31 December 2024)</p>
<p>PTHB to share the comments about Parkinson's to the Therapies team to consider the scope for expanding therapy support.</p>	<p>PTHB Head of Therapies for Community Services</p>	<p>Review in 6 months (31 December 2024)</p>

<p>PTHB to share feedback regarding secondary care appointments with Health Boards and Trusts in England.</p>	<p>PTHB Commissioning Team via regular Commissioning, Quality Performance and Review Meetings (CQPRMs)</p>	<p>Review in 6 months (31 December 2024)</p>
<p>PTHB to use feedback on planned care appointments to inform their work to implement the 3Ps (Promote, Prevent and Prepare for Planned Care) Waiting Well Policy</p>	<p>PTHB Senior Manager Planned Care</p>	<p>Review 30 April 2025</p>

THANKS

We thank everyone who took the time to share their views and experiences with us about their health and care services and to share their ideas.

We hope the feedback people have taken time to share influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can to make things better.

FEEDBACK

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.

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