

# LLAIS POWYS REGION

## WHAT WE'VE HEARD IN POWYS



**Community Focused Engagement in  
Llanidloes Locality  
February 2024**

# ACCESSIBLE FORMATS

**This report is also available in Welsh.**

**If you would like this publication in an alternative format and/or language, please contact us.**

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

# CONTENTS

About Llais .....	4
Executive Summary .....	5
What we did.....	8
What We Heard from conversations with people .....	11
What We Heard from the Surveys .....	25
Thanks .....	46
Contact Details .....	46
Feedback .....	46

# 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.

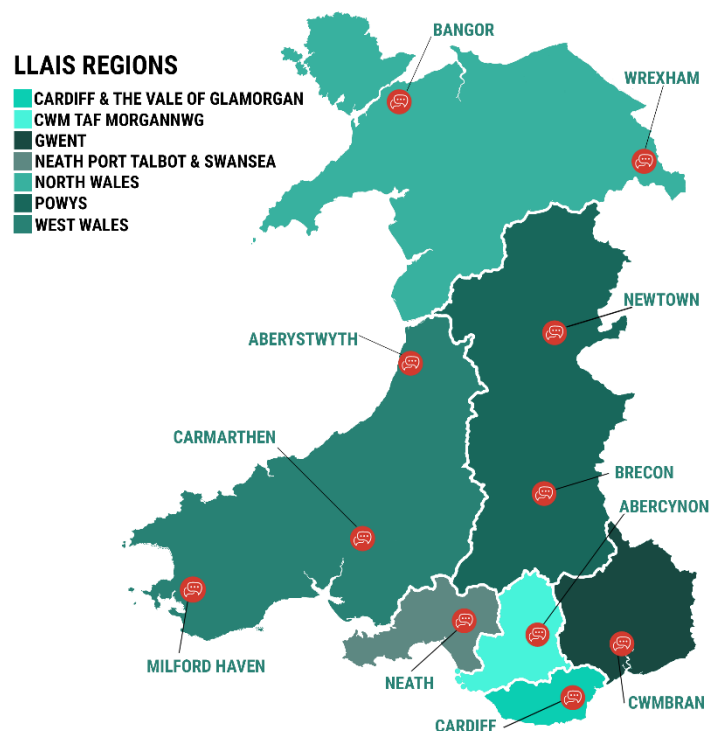
We seek out both good and bad stories so we understand what works well and how services may need to get better. And we look to particularly talk to those whose voices are not often heard.

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 February 2024, Llais Powys engaged with the community of Llanidloes and its 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 spoke to people of different ages and with different health and care needs.

## Key Findings

1. **Appreciation for Local Services** – Many people praised the local health services, especially the care and dedication of staff at Llanidloes War Memorial Hospital, Llanidloes Pharmacy and Arwystli Medical Practice.
2. **Access to Services** – There were significant concerns about accessing services, particularly difficulty obtaining NHS dental care, concerns about the length of wait for planned care and challenges related to the rural setting – distance to travel for routine and emergency care and difficulties for older adults and people who do not have their own transport.
3. **Service Delivery Concerns** – Issues in obtaining appointments with GP services were noted, with a desire for more opportunities for face-to-face appointments, worries about diagnosis over the telephone and the feeling that telephone triage does not work for everyone. We also heard about the need for better communication between different service providers and between the services and patients.
4. **Social Care Needs** – Feedback highlighted the need for social care services that are accessible and tailored to meet the needs of the community. There were concerns about the availability of care packages and support for the most vulnerable, including older



people and people with disabilities.

5. **Holistic Approach to Healthcare** – The community expressed a desire for a healthcare system that provides high quality clinical care but also focuses on holistic, accessible healthcare that supports the broader well-being of individuals.

## **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. A number of commitments were made during the workshop.

1. Llais to make a representation to Trusts and Health Boards to remind them about arranging suitable appointment times for patients who have a distance to travel.
2. Information from the report will be addressed with NHS Trusts in England and other Health Boards in Wales, as part of Powys Teaching Health Board commissioning review meetings.
3. The Health Board will raise awareness of the Learning Disability Liaison Nurse in Powys with Shrewsbury & Telford Hospital NHS Trust through the contractor/commissioner meetings.
4. Transition and handover from children's to adult healthcare services is a key programme area of work for the Health Board and the feedback in the Llais report will be valuable as this work continues.
5. The Health Board will use feedback about planned care appointments to inform their work when implementing Waiting Well services.
6. There are specialist services which it is not possible to provide in Powys because of patient safety and clinical governance. However, the Health Board has a fundamental principle at the heart of its

strategy to provide care closer to home where it is prudent, safe and viable to do so.

7. It is accepted that there is a shortage of care workers in Llanidloes area. This is an issue which Powys County Council is attempting to address and will be an ongoing conversation for the foreseeable future.
8. The County Council will provide information to the public about how and when to seek advice or support services.
9. The Council made a commitment to provide better information and explanation to individuals and their families about the processes for putting supported living arrangements in place.
10. Engagement insights to be shared with Powys Regional Partnership Board to support the continued planning and delivery of priorities for joint working between health and social care services.

## **Conclusion**

The feedback we received shows that people are grateful for the services they receive and they are happy with the care provided. The importance of community came through strongly and it is a very resilient community. The concerns highlighted that, when people need acute services or social care services, there is a worry that they won't be able to get the care they need.

Powys Teaching Health Board is working towards its ambition to provide care closer to home where it is clinically safe and sustainable to provide services in a rural community setting.

## 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.

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

**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.**



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 Arwystli Medical Practice, Llanidloes Pharmacy and Llanidloes Community Hospital. We also met with the Manager of Maes y Wennol Care Home, to explain the role of Llais and start to build relationships. The Manager confirmed she would be happy to assist Llais in engaging with residents and their relatives in the future.

For this engagement, we wanted to try some different ways to promote what we were doing. An article and advertisements about Llais were published in the Cambrian News and we arranged for Royal Mail to deliver a leaflet to about 6400 households in the area. We recorded a short video, explaining what we were doing, and this was shared on our Facebook page. Throughout the month, we shared posts on Facebook about each of the engagement sessions we were holding.

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

Friday Friends Group (an art group for people with learning difficulties) at the Hanging Gardens
Gynaecology and Ophthalmology Outpatient Clinics at Llanidloes Community Hospital
Arwystli Medical Practice – Llanidloes Health Centre
Llandinam Pop-up Post Office and Coffee Shop
Llanidloes Pharmacy
Graham Davies Ward, Llanidloes Community Hospital
Llanidloes Friends Together at St Idloes Church Hall
Trefeglwys Lunch Club

Llangurig Coffee Morning
Versus Arthritis Support Group at the Hanging Gardens
Llanidloes Leg Club at Y Fan Institute
Llanidloes High School

## WHAT WE HEARD FROM CONVERSATIONS WITH PEOPLE



We heard many positive comments about a range of services which people used. These included:

- Arwystli Medical Practice
- Local District Nursing Team
- Llanidloes Pharmacy
- Llanidloes Leg Club
- Services provided at Llanidloes Community Hospital
- Physiotherapy Service
- Occupational Therapy Service
- Ambulance Staff / Paramedics
- Bodlondeb Home Support
- Mencap Day Centre in Llanfyllin
- Sylfaen Day Centre in Llanidloes
- Llanidloes Dial-A-Ride
- Bethshan Nursing Home in Newtown
- Bronglais Hospital in Aberystwyth
- Robert Jones & Agnes Hunt Hospital in Gobowen
- Shrewsbury & Telford Hospitals
- Care & Repair

- Cancer care – Birmingham Queen Elizabeth Hospital, Hereford Hospital, Princess Royal Hospital Telford, Royal Shrewsbury Hospital,
- Age Concern Powys
- Rheumatoid Arthritis service at Robert Jones & Agnes Hunt Hospital

## GP Services

We spent some time in the surgery in Llanidloes, speaking to people and giving them the opportunity to share their experiences of any health or social care services. The waiting area was very busy during the visit and, because of refurbishment work, space was limited. Most people were reluctant to share their views whilst we were there.

The majority of people we spoke to during the month of engagement expressed positive experiences of accessing GP services from Arwystli Medical Practice, with people saying that they felt able to obtain appointments when needed. Some people commented on the friendliness of reception staff. There was praise for the minor injury service provided at the medical practice. People were happy to see refurbishment happening at both Llanidloes and Caersws surgeries.

However, we received comments from some people who were not so satisfied:

- Some people reported that it was difficult to obtain face-to-face appointments with a doctor.
- Some people reported that check-up appointments they had prior to COVID had not been happening since the pandemic. An example was a patient with a heart condition.
- There were concerns about diagnosis made over the phone and the fear of misdiagnosis or missing important symptoms.
- Some people reported that they thought the initial telephone message when phoning the practice was too long and it was confusing to hear the message in both English and Welsh.
- There was a delay in transfer of medical records between GP practices when a patient moved to the area – reported as four

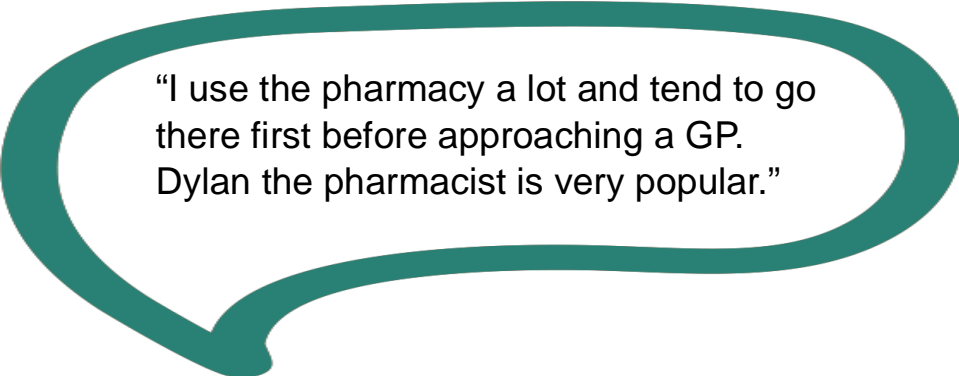
months.

- We heard concerns that some older people may not make contact with the GP because they are worried about being a burden and do not wish to add to GP pressures.
- There were comments about some locum GPs lacking in empathy.
- We received comments about lack of Welsh speaking staff available in the practice. It was considered that this was an issue for people whose first language was Welsh and who had lived in remote areas but had to move to Llanidloes or into the care home.
- The Practice advises patients to allow five working days to process repeat prescription requests and some people told us that they felt this was too long.
- Concerns were expressed about the GP practice being overrun because of people moving into the area and because of the number of holiday sites being developed.

## Community Pharmacy


At every engagement session we attended, we heard very positive comments about Llanidloes Pharmacy and the pharmacist, Dylan Jones.

We spent time in the Pharmacy on 12 February, when we learned more about what it means for the pharmacist to be an independent prescriber. The pharmacist is able to provide services and support for a range of health conditions and acute illnesses including skin infections, ear nose and throat infections, chest infections, urinary tract infections, rashes and sore throats. This helps to relieve pressure on the local GP practice.

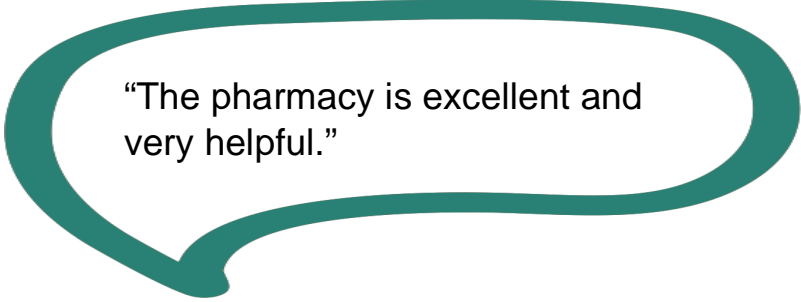


“I use the pharmacy a lot and tend to go there first before approaching a GP. Dylan the pharmacist is very popular.”





“The place is fantastic. Staff very friendly and knowledgeable. Prefer to come here to seek advice rather than GP. Have used treatment room for ear condition. Feel very fortunate to have this modern pharmacist just down the road.”



“The pharmacy is excellent and very helpful.”

Negative comments about pharmacy services were in relation to prescribed medications not being available when patients take prescriptions in. This was not just in relation to the pharmacy in Llanidloes.

### **NHS Dental Services**

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

We heard from people who had not been called for a check-up and then discovered that they had been removed from the NHS list. Some people told us that they had to start using a private dentist.

### **Services for People with Learning Disabilities**

We were able to engage with some people with learning disabilities and their carers.

A carer expressed the feeling that there was inequity in the provision of dental services for people with learning disabilities. They felt that children were given access to the service but people with learning disabilities were not given the same privilege.

A carer explained that their daughter had spent time in Royal Shrewsbury Hospital last year, initially spending several hours on a bed in the corridor. They had been refused access to a Learning Disability Nurse in the hospital because they were a patient from Wales. This had caused distress for the patient. The carer had discovered many months later that there is a telephone number to call to request a Learning Disability Liaison Nurse from Powys. They felt that this should have been known by the hospital and the contact number provided.

We were told that people who live in supported living accommodation do not get a choice of whom they live with. This can be challenging if a younger person has to live with older people as it can limit their opportunities for socialising. We spoke to someone who would prefer to live on their own.

We heard about the GP allowing extra time during an appointment for a person with learning difficulties to explain their symptoms in their own way. The carer said that the GPs “go above and beyond”.

The carer of a person with Autism commented that, since leaving education, all of the specialist services and support that used to be provided had dropped away. This had been a very hard adjustment because of complex needs. The carer felt that they had been left to cope on their own and did not feel that there was the possibility of support with independent living options.

On the subject of care workers, we heard that it was difficult to form relationships because of the number of different carers attending.

We were told that the Mencap Day Centre in Llanfyllin is incredible and the staff fantastic. It felt like a family for those who attend and is a lifeline and, for some, the only familiar social setting available.

There was also praise for Sylfaen Day Centre in Llanidloes, which was seen as a great asset and making a difference for the people using it and their carers. People felt that it was important to keep it open.

## **Llanidloes Hospital**

A number of people at different events gave praise for care and services provided at Llanidloes Hospital. There were comments specifically

about the outpatient gynaecology clinic being an excellent service which saved a journey to Bronglais Hospital. People were also very happy that the eye clinic was provided at the hospital, again saving on travel.

We heard positive comments about audiology services at the hospital. Some people asked when the RNID hearing aid support service would be returning to the hospital – *we are seeking information on this from the Royal National Institute for Deaf People who provide the service across Powys.*

People expressed the hope that more services could be provided at the hospital.

Some people thought that there should be more palliative care provided in Llanidloes.

We were able to engage with people at the hospital, those attending outpatient appointments and patients on the ward.

- Two patients on the ward live out of the area (more than an hour's drive away) and they were hoping they could be transferred to a hospital nearer to their home. One of these patients was waiting for a care package to be put in place so that they could go home.
- All of the patients commented on the kindness and attention of the staff.
- Patients felt that there was a good variety of food.
- The relative of a patient felt that there was not enough care or services available for patients with dementia. They said there were 10 beds available in Llandrindod Wells and, if they were full, then it meant long distances for people to travel. They explained that their relative had been in four different hospitals since August, before transferring to Llanidloes. The relative also commented about poor communication from hospital staff to themselves.
- One patient said that they would benefit from access to a computer. When this was raised with a staff member, they explained that there is equipment available but there is no capacity for staff to sit with patients whilst they use the equipment. A system whereby volunteers could help patients had been in place for a while previously, but it did not take off.

## **Are there any plans for volunteers to help patients in such circumstances in the future?**

We spoke to a member of staff who explained some of the challenges that staff face.

We were advised that 9 out of 14 patients currently on the ward were ready for discharge but not able to leave because care packages were required. There is a Discharge Liaison Officer in place for one day a week, to help with this.

### **Llanidloes Leg Club**

During the month we heard positive comments about Llanidloes Leg Club. We were able to attend a session of the Leg Club and everyone in attendance was very happy with the service that they received. It was not only used by people who required medical help but it was also a social activity for some people and it was evident that people enjoyed attending. The session included a series of chair exercises which most people joined in with. We witnessed the care and compassion shown to people attending.

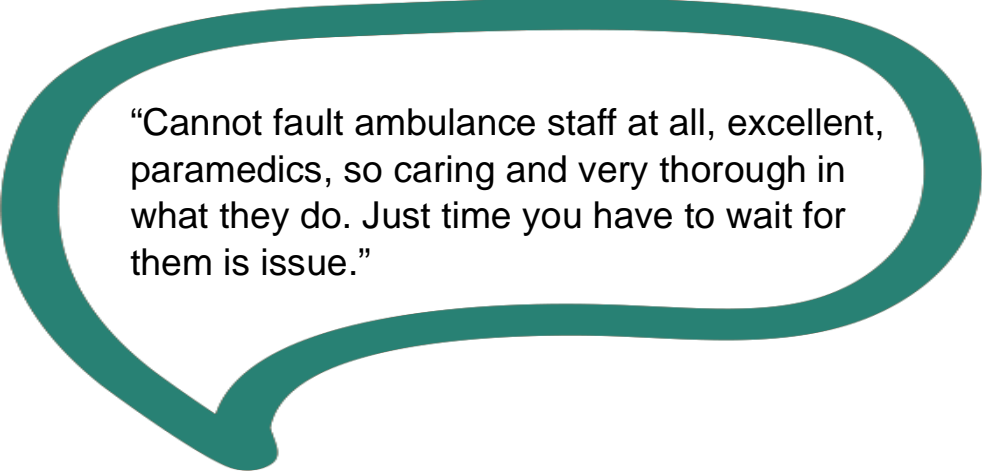
We spoke to someone who had been in hospital following a fall and subsequent treatment for a heart condition. There had been a delay in them being discharged from hospital because they lived alone and it was considered that they would require a care package during their recovery. A care package was arranged and the person discharged. However, no care workers had ever turned up. The person was trying to get support to help with household tasks and daily living but, because they lived a distance from Llanidloes, they were struggling to find anyone to help. The District Nurse was aware of someone who might be able to help and details were provided. The telephone number for Age Cymru Powys was also provided so that they could request a benefits check.

### **Ambulance Services**

A number of people expressed concerns about the waiting times for ambulances. Being asked to transport someone to hospital themselves was very stressful for people.

We received comments about the distance to A&E and discomfort experienced in the back of an ambulance because of the state of roads.

There was praise for the care provided by ambulance staff.



“Cannot fault ambulance staff at all, excellent, paramedics, so caring and very thorough in what they do. Just time you have to wait for them is issue.”

### **Non-Emergency Patient Transport**

A patient who was receiving cancer care explained to us that, whilst he was receiving treatment in Birmingham, the car drivers providing his transport were local to the Llanidloes area. Since being transferred to Hereford Hospital for his treatment, the car drivers have been travelling from Cheltenham or Birmingham to pick up and take to hospital. This seems like false economy to the patient.

Another patient who was receiving cancer care explained that they had to attend Telford Hospital for surgery and they were requested to be there for 7.30am. When the patient telephoned the Contact Centre to request transport, they were bluntly told that it would not be possible to get them to hospital for 7.30am. The patient then arranged transport via a friend but this fell through because the friend was taken ill. The patient telephoned the Contact Centre again and the person they spoke to said they may not be able to get them to hospital for 7.30 but they would get the patient there as close to that time as possible. There was a completely different attitude on each call.

### **Social Care Services**



- We heard about people who struggled to secure packages of care and people said that this was something which needed to improve. They were aware of staffing issues and lack of care workers in this rural area.
- An unpaid carer spoke about their elderly mother, who has a physical disability, not having a social worker and they felt unsupported. They were waiting for a social care assessment, which was anticipated to be a four week wait, but they feared that this may not result in a care package because of the lack of care workers locally.
- Loneliness is an issue for some people, especially for people who do not have easy access to or do not wish to use public transport.

### Discussion with Care Home Manager

We met with the Manager at Maes-y-Wennol Care Home. The meeting was to introduce Llais and the work that we do and to discuss opportunities for us to engage with residents and their families. The Manager was very welcoming and would be happy to assist us in engaging with residents and their relatives.

Maes-y-Wennol is part of the Shaw Healthcare Group. It offers residential, mild to moderate dementia and respite care for people aged 65+. It has 29 beds, 16 of which are contracted to Powys County Council and 13 are self-funded (private).

The home employs approximately 40 staff and does not have particular issues with recruitment or retention of staff.

We spoke to the Manager about the home's experience of receiving services from NHS and Social Services.

- The Manager explained that the home receives excellent support from the GPs and District Nursing team and this includes end of life support. They also have good links with the Physiotherapy and Occupational Therapy teams and referrals usually take about 1-2 weeks.
- From a health perspective, the Manager considered that the weaknesses were around chiropody (no NHS chiropody so residents pay to use services of a private chiropodist) and mental health

services.

- Staffing issues in relation to social care caused challenges for the home because residents no longer have a named social worker. Annual care plan reviews are not always completed in a timely manner. The Manager explained that the County Council had recently appointed a Reviewing Officer and it was understood that they would be conducting annual reviews. The in-home care plans are reviewed by the care home staff every three months and the resident's family is invited to be involved in the process.
- There were some operational issues around allocations for the contracted beds.

### Discussion at School

Unfortunately, the High School was not able to organise a group of students to meet with us but we did meet with the Deputy Head and the Head of Wellbeing. Key themes from discussion were:


- Good links with school nursing service – the nurse visits school once a week and has an allocated room to meet with students. Staff will refer young people to the nurse. The school has the ChatHealth cards available for young people.
- Area 43 provides an independent school and community based counselling service for children and young people in Powys. Counsellors offer sessions in school for individuals (6-8 weeks or more if needed) – school and parents can refer to this service.
- Young Carers – the school no longer has a link with Credu. Prior to Covid, there was a worker attending school on a weekly basis.  
**The school would welcome this support re-starting.**
- With regards to Social Services, it was reported that social workers are continually changing. This means that there is a lack of consistency and it is leading to a lack of trust by young people and their parents/guardians which, in turn, leads to them disengaging with services.
- Team Around the Family – An Early Help worker provides support to families. This is a good prevention service. However, due to staffing

issues, there is a limited time to meet with families.

- CRUSE provides bereavement counselling support via Zoom and the school is able to support this by providing the necessary equipment and quiet space.
- The school would welcome a way for CAMHS to be able to feed back to the school what strategies are being suggested to young people so that the school staff can provide appropriate and suitable support to them. Once CAMHS becomes involved, often young people stop attending school, sometimes for an extended period of time.
- There has been an increase in home education because of mental health issues.
- There are increasing numbers of students on reduced timetables because of mental health issues – this is affecting Year 8 mostly.

### Other Comments

- We received a patient experience story which has been anonymised and shared with Powys Teaching Health Board.  
*The story will inform the commissioning review meetings they hold with other Health Boards.*
- We received comments about the length of wait for planned care, with one person explaining that they had been waiting 12 months for an operation and they were in constant pain. They had only recently been made aware that they could self-refer for physiotherapy.



“I am in pain and feel I am constantly waiting for Royal Mail to deliver some good news”.

One person said they had been waiting just over two years for knee surgery at Bronglais Hospital. Their spouse was on the waiting list for knee surgery at Robert Jones & Agnes Hunt Hospital (RJAH) and it was expected that the wait would be much shorter at RJAH.

People spoke about the distance to travel for hospital care outside of Powys.

**They said that hospital staff need to take account of distance to travel when setting appointment times.**

One example provided was an appointment given at Robert Jones & Agnes Hunt Hospital in Gobowen for 8am but it was impossible to get public transport to Oswestry for that time of day.

Another example was someone who had an appointment at 1pm at Morriston Hospital in Swansea. The patient was not discharged until 5pm by which time it was not possible to get public transport back to Llanidloes and the patient had to seek accommodation for the night. They reported:



“It was a nightmare”.

- Another person spoke about receiving treatment in Liverpool. Several months later, they were asked to attend Liverpool for a follow-up MRI scan and were given a 9am appointment. The patient queried why they could not have a scan in a hospital closer to their home. The Liverpool staff explained they had not realised the geography and referred the patient to Shrewsbury instead. **This patient felt that there should be better communication between Welsh Health Boards and English Trusts in order to avoid inconveniencing patients unnecessarily.**
- We were told that there is no Stoma Nurse in Powys and people have to travel to Shrewsbury for that care. This caused worry for people if

there were any issues with the Stoma because of the risk of infection and the need for urgent treatment.

- Some people commented that there was a need for greater support for people who have had a stroke. One person explained that they had received no advice or support after discharge from hospital following a mild stroke.
- People commented that a Parkinsons Nurse had started working in North Powys again but there was a long waiting list for them to work through so people were still struggling to get the support they needed.
- More support is needed for people with mental health issues – this is very important in a rural community where people can feel isolated but it seems to be overlooked.

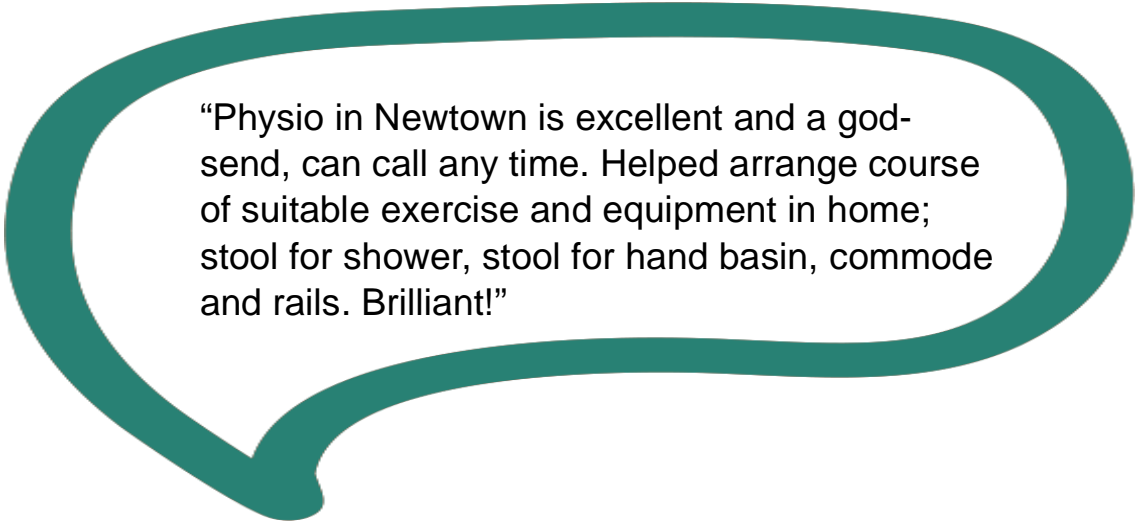
We heard examples of services working in a seamless and joined up way.

One was for someone who had fallen down steps in their garden – the ambulance staff noted that there was no handrail alongside the steps and a referral was made to Care & Repair. A handrail was installed within a short timescale.

Another person explained that they had been in hospital following a fall and, once discharged, they had been visited by the OT and were provided with equipment to aid their day-to-day activities. They thought the service was fantastic.

Another person had emergency surgery in Royal Shrewsbury Hospital following a fall. They had regular physiotherapy before leaving hospital and, since returning home, the OT and local GPs had done everything possible to help them.





“Physio in Newtown is excellent and a god-send, can call any time. Helped arrange course of suitable exercise and equipment in home; stool for shower, stool for hand basin, commode and rails. Brilliant!”

- A gentleman thought that prostate screening should be available – he said he “had to pile on the pressure” when he had a concern about his health.  
*It is noted that there is currently no screening programme for prostate cancer in the UK and anyone who is worried about prostate cancer should contact their GP.*
- The Dial-A-Ride service in Llanidloes was praised, with people stating that it was much needed in the community. People commented that it was possible to ring the day before to book the service.
- In a number of the engagement sessions, people expressed their concerns about the review of the Emergency Medical Retrieval & Transfer Service (EMRTS) and the proposal to close the Air Ambulance bases in Welshpool and Caernarfon. We also received comments from people who had decided to stop donating to the Wales Air Ambulance Charity as a consequence.

## 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 **42** responses to this survey.

The services people commented on were:

Service	Number of Comments
Planned Care	11
Social Care	11
GP Services	8
Dental Services	6
Emergency Care	4
Other	2

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

### Survey Responses about Planned Care

Based on the feedback provided, experiences with planned care (hospital care) vary significantly.

In numerous accounts, there was a recurring theme of frustration with delayed communications and a lack of co-ordination in the healthcare system. Patients expressed feelings of being left in limbo, not only concerning follow-up procedures such as CT scans but also in important

aspects of care co-ordination, like understanding the nature of their medical procedures and receiving timely post-operative information.

While the clinical care is often praised for its quality - highlighting particularly attentive and responsive nurses and competent hospital staff - the path to accessing such care is fraught with obstacles. Individuals report a disheartening lack of support from assigned patient support services, such as the Macmillan cancer buddy, leading them to seek information independently.

Moreover, the administrative processes seem to be problematic, resulting in not only delays but also in potentially distressing situations, like the instance of a patient's advance directive not being consulted in an emergency. The testimonies paint a picture of a system that can, and should, offer more personalised and timely patient care management.

Despite these challenges, there are also instances of very good service. We received accounts of hospital staff providing excellent care and the mention of support groups that offer both medical care and socialising opportunities, underscoring the importance of holistic approaches to health and well-being.

## **Survey Responses about Social Care**

The feedback on social care services from the community highlights both commendable efforts and significant areas of concern. From the commendations for local centres supporting adults with complex needs to the distressing stories of individuals left without support, these experiences underscore the importance of a robust, responsive social care system that understands the diverse and evolving needs of the community.

The praise for local day centres points to the vital role these services play, not only in providing care but also in facilitating community integration for service users. This positive feedback indicates that, when social care services are accessible and well-executed, they significantly enhance the quality of life for individuals with complex needs.

On the other hand, a common thread in the responses is the struggle to navigate the social care system, especially after hospital discharge. The lack of continuity in social work support, the absence of adult social care provisions beyond short stay hours, and the challenges in arranging sustainable living situations for adults with learning difficulties illustrate

systemic gaps. Parents and carers, often the backbone of support for adults with disabilities, are frequently left exhausted, seeking better housing solutions and advocating for more substantial assistance.

The narratives also reveal a troubling scenario where the discontinuation of care and support due to administrative decisions or system limitations has led to severe personal crises, including homelessness. These stories emphasise the need for a more empathetic approach that truly listens to and assesses the needs of individuals before making critical decisions affecting their care.

The feedback from healthcare professionals at the coalface, such as the district nurse with two decades of experience, reflects a disconnection between health and social care that can lead to contentious situations and inefficient care co-ordination. This speaks to a broader issue of integration between health and social services, which is essential for delivering holistic care, especially for the terminally ill who wish to spend their final days in comfort and dignity, not in hospitals.

For those benefiting from social care, the fear of losing such services looms large, with concerns about isolation and the potential deterioration of their well-being if these services were to be discontinued. Additionally, the sudden loss of contact with social workers and the daunting task of navigating the system to find new support further illustrates the need for a more reliable and user-friendly system.

### **Survey Responses about GP Services**

The feedback concerning GP services in the community is a blend of both positive experiences and significant difficulties that patients face in accessing care.

Many patients have expressed concern over the challenges in securing GP appointments. There's an evident desire for face-to-face consultations, not just for the personal touch but because some patients prefer confidentiality regarding their health issues, especially in small communities where personal connections are common.

The issue of prescription availability, including incidents of inappropriate prescriptions, adds to patient frustrations.

Communication breakdowns between health centres, hospitals, and pharmacies have been a recurrent problem, leading to missed tests and

appointment mishaps. Such lapses in communication can have grave consequences, especially for less able individuals who rely on the system for essential health services.

While there are these concerns, many positive experiences have also been reported. Some patients commend the quality of care received from their local GP surgery and pharmacy, with notable mentions of efficient telephone systems and satisfactory service.

However, a contrasting narrative also exists where patients feel their conditions are not taken seriously, leading to a feeling of mistrust in the healthcare system. Cases of perceived misdiagnosis or lack of diagnosis, especially concerning complex conditions, indicate a need for improved diagnostic processes and patient support systems.

Amidst these reports, there are glowing testimonials for individual practitioners who provide comprehensive care, including arranging necessary tests and scans, giving reassurance, and facilitating physiotherapy. Accessibility to such dedicated professionals and the ability to secure appointments quickly, including for home visits, reflect positively on the parts of the health system that work well.

## **Survey Responses about Dental Services**

The community feedback on dental services reveals a significant struggle with accessing NHS dental care. The inability to register with an NHS dentist is a common thread, leaving many to rely on private dentistry, which, despite the quality of care, raises concerns about equity and access.

Family experiences at the dentist have been mixed, with particular concern for the care of elderly patients and children. Cases of poor treatment, dismissiveness, and cancellations contribute to a sense of neglect and disregard for patient welfare. The story of an elderly woman being refused further service without explanation, alongside the distress over her ill-fitting dentures, underscores a lack of compassion and respect for patients.

The difficulty in securing necessary dental treatments, such as braces for children, coupled with the practice of cancelling appointments, adds to the systemic strain and personal distress. The suggestion to seek



private care is not seen as a viable solution due to the cost, leaving patients feeling devalued and ignored.

These accounts articulate a clear call for a more accessible, reliable, and empathetic dental service within the NHS. There is an undercurrent of disappointment and disillusionment with a system that fails to meet the essential needs of patients, particularly for those who cannot afford private care. The feedback points towards the necessity for an overhaul in NHS dental services to ensure that they are both accessible and sensitive to the needs of all patients, respecting their dignity and rights to proper dental care.

### **Survey Responses about Emergency Care**

Comments received offer valuable insights into the community's experience with emergency care services. There is a notable concern about the lengthy waiting times and the quality of care received during emergencies. For instance, a long wait in A&E, which extended overnight, shows the strain on resources and the discomfort it can bring to patients. Such experiences can diminish confidence in the system's ability to deliver prompt and comfortable care in times of acute need.

A report of a GP's referral to A&E, leading to an unsatisfactory and unsettling encounter, highlights the crucial need for empathy and professionalism within emergency services. This underscores the importance of not only clinical expertise but also the quality of interaction with patients and the need for better communication and knowledge of cross-border referral capabilities.

The worries about ambulance response times and the potential removal of the Air Ambulance Service from Welshpool shows the anxiety that arises in rural communities when emergency services are distant or threatened. The reliance on these services is amplified by the geographic challenges of living in rural areas, where timely access to general hospitals is not guaranteed.

The community feedback strongly advocates for retaining local emergency services like the Air Ambulance, which is seen as vital for ensuring rapid response and support for residents. The call for LLais to support the continuation of such services illustrates the value placed on having reliable and efficient emergency care systems, particularly in remote areas.

## Patient Survey about GP Services

We received **48** completed surveys.

Name of GP Practice

Arwystli	34
Dyfi Valley Health	4
Rhayader	4
Brecon	1
Caereinion	1
Glandwr Park	1
Haygarth	1
Machynlleth	1
Montgomery	1

A summary is below of the results of the survey.

### **Ease of Making Routine Appointments**

Patients have mixed feelings about scheduling routine appointments. While some find it manageable, a significant number expressed difficulty.

### **Methods of Making Routine Appointments**

The majority of patients use the telephone to make appointments, with very few using in-person visits or online services.

### **Limitation on Discussing Issues**

The survey does not provide explicit data on whether doctors limit discussions to one issue per appointment, but the additional comments suggest a desire for more thorough interactions, indicating that patients may feel restricted during consultations.

### **Wait Times for Routine Appointments**

Patients report varied wait times, from under 48 hours to more than three weeks. This variation suggests inconsistencies in appointment availability, highlighting a potential area for improvement in managing patient expectations and appointment scheduling efficiency.

### **Access to Urgent Appointments**

Accessing urgent appointments seems to be challenging, with a notable number of patients finding it difficult or very difficult. This is a critical area for GP practices to address, ensuring that patients can receive timely care when needed urgently.

### **Ease of Requesting Repeat Prescriptions**

Most patients find it easy to request repeat prescriptions, but there's room for improvement. Enhancing the prescription request process could lead to better patient satisfaction and adherence to medication schedules.

### **Privacy at the Reception Desk**

A significant portion of respondents thought that the privacy at the reception could be improved. This feedback points to the need for better confidentiality measures in the practice's front desk area.

### **Travel to the GP Surgery**

The predominant mode of travel to the GP surgery is by car, followed by walking. This information could be useful in considering parking facilities and accessibility for those who walk or use wheelchairs.

### **Satisfaction with Surgery Opening Times**

Opinions on surgery opening times vary, with a considerable number expressing unhappiness. Reviewing opening hours to align more closely with patient needs could enhance overall satisfaction.

### **Rating of the Waiting Area**

While many are happy with the waiting area, there's a segment of patients who are not, suggesting that the environment could be made more comfortable or accommodating.

## Helpfulness of Staff

Responses indicate a general satisfaction with staff helpfulness, but there are notable grievances that could be addressed to improve patient interactions and satisfaction.

## Communication in Preferred Language

All respondents reported being able to communicate in their preferred language, which is a positive indicator of the practice's inclusivity.

## Communication

5 people reported that they did not feel that the communication they received from the GP surgery was adequate -

Comments about communication were as follows:

Don't think I've ever received anything
There is no guarantee that one will receive a follow-up phone call
Telephone conversations are not always satisfactory for the hard of hearing. It also involves listening to prolonged instructions before getting to speak to a receptionist.
Being notified of the results of tests (blood tests for example) and not having to assume no communication means there are no issues. It's not unusual for results to go missing.
Waiting for a telephone call is not suitable for me as I don't have a phone with me at work so I would need to take the whole morning off work just to speak to a doctor ... then to be given an appointment anyway.

## General Comments

We gave people the opportunity to make any further comments about the service and the information we received is shown below.

Patients have varied experiences, with some praising the staff's effort and others highlighting significant challenges in accessing care, particularly face-to-face appointments. Concerns about continuity of

care, the efficiency of telephone consultations, and the impact of service availability on the community's health indicate areas for potential enhancement.

Find it hard to see an actual G.P. Often it's a associate practitioner.

Getting to actually see a doctor is usually quite difficult, especially the doctor you want to see. Telephone consultations are offered, but at restricted times, which are not always convenient to the patient. The calls are usually done in a rush. The reception staff can be very unhelpful, and you are made to feel a nuisance.

Our surgery (*Rhayader*) is running on two GPs with an increasing population (originally it was three doctors with less patients). More is being done by the Nurses, who are good. The phone line message is a pain. Receptionists are friendly and helpful.

Always have to wait more than 30 minutes in the waiting room.

I feel it's important to have one GP (of choice) allocated to a patient for continuity of care. I recently saw a female locum (having waited 5 weeks for an appointment with my female GP, who was then away on my appointment day) and she clearly hadn't read my notes, and didn't read the notes I'd brought with me as support for my memory. I felt that was a brush off considering advice is that one should make notes if one has difficulty remembering symptoms of a problem.

It's really quite scary having a lack of medical facilities in Powys, e.g. no A&E - the nearest is 30 miles away in Aberystwyth, and cancer patients are sent to Hereford or Cheltenham Hospitals! Our air ambulance is being moved from Welshpool to a destination in north Wales. It seems we're being left to fend for ourselves in Powys.

Staff go over and above to provide an excellent service. Sadly the funding is not adequate to maintain the level of service that people desire

Cannot praise staff enough, it is very good. More than happy with the service. Lovely atmosphere, all very helpful.

Since the pandemic, I appreciate being able to book a phone consultation with a doctor when it isn't necessary to be seen in person eg to discuss queries about treatment or medication or for advice. This is more convenient for me as I live out of town in a rural area.

However, it would be good to be given a time slot for when I could expect the call eg between 2-3pm / afternoon after 4pm.

It has become common that a routine appointment is very likely given over a telephone, which I find unsatisfactory as often things can be missed if you are not seeing somebody in person.

Because I suffer from anxiety I find it very hard to discuss anything over the phone so have an agreement in place that I can Email them. It might take 24hrs or more to get a reply but generally very good.

Stop the telephone consultations, a safe diagnosis needs to be face to face.

Doctors are under too much pressure

The staff are always friendly. My only criticism is that there are no female doctors unless I go to Llandiloes. One or two of the male doctors know nothing about menopause and have no decent mannerism in discussing this subject. Also closed on Thursday and lunchtime (which is when I get time to come down).

My surgery is very helpful and I am glad to have it in our town especially as other community services such as banking is disappearing

The repeat prescription service at Caersws Practise requires alot of personal information to be submitted over an email. As emails are not secure surely this does not align with the current GDPR? Can the practise look to expedite the roll out of the Surgery App to Caersws patients or at least look at what information is actually necessary to request a repeat prescription via email?

This survey form does not adequately reflect the complexity of accessing GP care. For anything new or urgent, it's usually impossible to get an in person appointment at short notice. Instead we have to go to see the pharmacist at the pharmacy in town who triages and refers us on to the GP if needed. Or the GP will offer a phone call within roughly 48-hours, again triaging and booking an in person appointment later if required.

Since Covid it is very difficult to get to see a doctor directly. Always it seems you have to wait for a telephone conversation first, which may entail waiting numerous days. Other health professionals, eg nurses



are much better. Also our local practice is only open four days a week and is quite regularly also shut for 'staff training' purposes on afternoons. So it feels like a service set up for the staff, not the patient.

The waiting area could be more welcoming. Reception is in the main waiting area so only private when nobody is present.

Repeat prescriptions are by email or letter. For an urgent care appt - you phone, give details to receptionist. This is passed to Duty Doctor. You receive a phone call and then you either get a same day appt or collect a prescription from the practice.

My named GP is wonderful, really excellent, but as he is now the GP of two health centres that have now merged, getting to see them, which is really important for continuity, is much harder.

Also, we are supposed to be ill in between office hours Mon-Fri. The body doesn't function like that. To get out of hours or w/e treatment you have to go to an A & E which because everything is centralised is easily a 50 mile round journey, and quite frankly no one wants to go to A & E ever.

The practice is 17miles from my address with no public transport available if I was unable to drive as I am over 70 and this will probably happen I would be unable to carry on living in my home. As picking up prescriptions or attending appointments would be very difficult. When I moved here the surgery was much closer.

We generally have to rely on locums who, for the last few years, have been very good and provided a level of confidence not normally associated with the permanent Dr.

It is fair to say that the nursing and surgery support staff are friendly and supportive although very limited in numbers.

Regarding helpful of staff .. some are lovely but have had a very rude receptionist in the past !

Friendly caring staff who are supportive and helpful even when rushed for time.

It seems the establishment closes to suit its staff rather than needs of the community eg close down for staff training

Almost impossible to get to see a GP, staff are surly at best and you are made to feel unwelcome. Telephone system is poor and frustrating, at every opportunity you are pointed towards the Pharmacist in the local chemist where you are seen on a first come first serve basis (fair enough) but you are sitting in the chemist for everyone to see and for all germs to be spread, while the actual doctors surgery waiting room is empty.

It's ridiculous that the chemist sees more patients than a group of doctors.

Phone calls with doctors especially if you have no idea when they will be, are inadequate. I never remember everything I wanted to discuss and always feel the need to rush through the phone call

I think for me the time it takes to get an appointment with your preferred doctor is shocking.

Secondly, this initial contact by telephone I don't want, it's a waste of time for me, the doctors time could be used better, and afterwards make another appointment to see the doctor in person. It's a complete waste of time that could be used better, especially for doctors seeing more patients instead of time on the telephone.

Friendly, helpful staff

Lived eight miles away in Saint Harmon since 2002. Ever since we have used the surgery and it has been highly beneficial to our well being. Have had to complain to PCC in the past from social workers treatment of my sons who have a disability, leading to at least eight serious attacks endangering life since 2003.

Superb GP practice. Best we have ever used.

This narrative combines the survey data, reflecting the community's diverse experiences and perceptions of their GP services, and suggesting areas where practices could focus improvements to meet patient needs more effectively.

## 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.

**90** people completed our surveys

We received **0** responses in Welsh

**88** people completed some or all of the equality and diversity questions

**60%** were women and **36%** were men, **4%** preferred not to say

**80%** identified as heterosexual; **7%** asexual; **1%** bisexual; **2%** Gay; **10%** preferred not to say

The average age of people sharing their views with us was in the age range of **70-79**

**92%** were White (Welsh, English, Scottish, Northern Irish, British), **5%** White Other and **3%** preferred not to say

**47%** of people stated Christianity as their religion; **37%** No Religion; **6%** Atheism; **2%** Other religion or belief; **8%** preferred not to say

**28%** of people said they had a disability or long-term health condition

**36%** of people were carers

**1%** of people were pregnant

Regarding financial status, **11%** have just enough for basic necessities and little else; **19%** have more than enough for basic necessities and a small amount of disposable income; **5%** don't have enough for basic necessities and sometimes run out of money; **10%** have more than enough for necessities, and a large amount of disposable income; and **55%** gave no answer

## 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 Llanidloes 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:

- The positive feedback about services provided locally, with praise for the staff and care provided.
- The challenges people face when they need to access services outside of Powys – difficulties with transport; lack of consideration of distance to travel when setting appointment times; the need for better communication between Health Boards and Trusts so that patients can be given opportunity to attend for diagnostic tests as close to home as possible.
- The community is very appreciative of the service provided by the local pharmacy.
- Regarding GP services, there is a desire for more face-to-face appointments, with worry about misdiagnosis through telephone appointments. There must be recognition that the telephone triage system does not work for everyone and we heard that it was putting some people off from calling their GP.
- Services for people with Learning Disabilities, in particular the transition from children to adult services, supported living accommodation and support available from the Learning Disability Liaison Nurse.

- Difficulties experienced by patients placed in a community hospital quite a distance from their home and the length of stay in hospital whilst awaiting a care package to be put in place.
- The challenges experienced by individuals and establishments because of lack of continuity with social care staff.

## Observations and Commitments from the Workshop

1. It was agreed that the report provides valuable insight, information and learning for the Health Board and the County Council. It reflects and mirrors a lot of what was heard in the Sustainable Powys/Better Together workshops which were held throughout the county during February and March. Much of the data gathered also mirrors information and feedback received by Powys Association of Voluntary Organisations (PAVO).
2. It was agreed that the Health Board and County Council would share information received from the Sustainable Powys/Better Together workshops, so that Llais is aware of any particular issues when planning to carry out future engagement work in the different localities.
3. It is important that we develop a set of commitments from each workshop. Llais will then arrange a follow-up engagement session in each locality approximately six months after the focused engagement in order to hear from the community whether there have been any changes for people.
4. Llais committed to issue the draft report 2 weeks prior to a workshop date to allow the Health Board and County Council to review in advance of the workshops. This will help to ensure the representatives attending the workshop are able to provide actions and solutions in a partnership way.
5. Llais will consider bringing in officers from other Llais regions to hear what people are saying about services provided in their regions, eg officers from West Wales could be invited to hear what people in Machynlleth say about services provided by Hywel Dda Health Board.

6. Llais to make a representation to Trusts and Health Boards to remind them about arranging suitable appointment times for patients who have a distance to travel.
7. The Health Board Primary Care Team and Medicines Management Team to let the GP Practice and Pharmacy know about the positive feedback. Although there is learning to take forward, the affirmation about services working well is powerful for staff.
8. Welsh Government published guidance in 2022<sup>12</sup> about the transition and handover from children's to adult healthcare services. This is a key programme area of work for the Health Board and the feedback in the Llais report will be valuable as this work continues.
9. Information from the report will be addressed with NHS Trusts in England and other Health Boards in Wales, as part of Powys Teaching Health Board commissioning review meetings.
10. There is work underway in the Health Board about expanding the Waiting Well services. This could include a single point of contact to make people more aware of support and services available; to promote the ability for people to self-refer for physiotherapy; advice and support available to help someone be as fit as they can be for any upcoming surgery; signposting to Patient Advice & Liaison Services in neighbouring NHS Trusts to help with arranging suitable appointment times; and the possibility of arranging diagnostic tests closer to home.
11. There are specialist services which it is not possible to provide in Powys because of patient safety and clinical governance – an example of this is the Stoma Nurse which is referenced in the report. For some services, the Health Board is able to arrange outreach clinics in Powys but it is difficult to get a level of consistency. The Health Board has a fundamental principle at the heart of its strategy to provide care closer to home where it is prudent, safe and viable to do so.
12. It is accepted that there is a shortage of care workers in Llanidloes area, and it is recognised that this is particularly difficult for people

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<sup>1</sup> [The Transition and Handover Guidance](#)

<sup>2</sup> [Young People's Version of the Transition and Handover Guidance](#)



who require specialist services and support. Because of finite resources, there is a balance that needs to be struck in ensuring that there is the right care, in the right place, at the right time. This is an issue that the Council is attempting to address and will be an ongoing conversation for the foreseeable future.

The Council's advice to people would be for them to request an assessment at the earliest possible time and not to wait for a crisis situation to develop – this would mean that more advice and intervention support could be put in place in a timely manner, to keep people at home or independent for as long as possible. There is some work for the County Council to inform the public about this.

13. There needs to be a multi-agency approach to help tackle loneliness. Increasing early help, support and inclusion opportunities to reduce loneliness and isolation has been identified as a key priority in the Powys Area Plan for implementation and delivery through the Powys Regional Partnership Board.
14. The situation with Children's Services is improving. There is now a more stable workforce with more permanent staff and less reliance on agency staff. There has been a reduction in the number of complaints about changes of social work staff during the last financial year.
15. There are ongoing conversations about how the health and social care services can work better together. The key mechanism for achieving this is through the Powys Regional Partnership Board, including through the delivery of the Powys Area Plan which sets out key priorities for improved partnership working across health and care services.
16. It is recognised that accessing general dental care is an issue across the UK. The Health Board is attempting to fill the gap for Learning Disabilities with specialist expertise within the Community Dental Service.
17. The Health Board will raise awareness of the Learning Disability Liaison Nurse in Powys with Shrewsbury & Telford Hospital NHS Trust through the contractor/commissioner meetings.

18. Supported living accommodation is a bespoke service. There is legislation which the Council is bound by in relation to Learning Disability services and there are processes that the Council must follow when putting supported living arrangements in place. The Council made a commitment to provide better information and explanation about processes to individuals and their families, and to try to meet people's wishes.
19. It was agreed to use the following terms in relation to carers - unpaid carers when referring to family members or other carers who are not in a paid role and care workers when referring to people providing a care service and being paid for it.
20. It was considered important to share the outcome of the engagement with the community in Llanidloes.



## ACTIONS FROM WORKSHOP ABOUT LLANIDLOES LOCALITY ENGAGEMENT REPORT HELD ON 19 APRIL 2024

Agreed Action	Responsibility	Follow-up Date
To ensure information from Sustainable Powys/Better Together workshops is considered when planning future engagement in localities.	Deputy Regional Director (Llais) Engagement Managers (PTHB and PCC)	Review in 3 months (31 July 2024)
Future reports to be issued to Health Board and County Council 2 weeks prior to the workshop date.	Deputy Regional Director (Llais)	Review in 3 months (31 July 2024)
Llais to consider inviting representatives from other Llais Regions to join engagement events to hear about services provided by organisations from their area.	Regional Director (Llais)	Review in 6 months (31 October 2024)
Llais to make representations to Trusts and Health Boards to remind them about arranging suitable	Deputy Regional Director (Llais)	Issue representation by 15 May 2024

appointment times for patients who have a distance to travel.		
Llais to share the outcome of the engagement with the community in Llanidloes.	Deputy Regional Director (Llais)	End of May 2024
To be clear about the terms used in relation to carers – unpaid carers when referring to family or others who are not paid for the care they provide and care workers when referring to people providing a care service which they are paid for.	All	Review in 6 months (31 October 2024)
Powys Teaching Health Board (PTHB) to let GP Practice and Pharmacy know about positive feedback.	PTHB Primary Care Team and Medicines Management Team	Following notification from Llais of publication of final report
PTHB to address concerns raised in report with NHS Trusts in England.	PTHB Commissioning Team via regular Commissioning, Quality Performance and Review Meetings (CQPRMs)	3 months (31 July 2024)
PTHB to raise awareness of the Learning Disability Liaison Nurse in Powys with Shrewsbury & Telford Hospital NHS Trust.	PTHB Commissioning Team via regular Commissioning, Quality Performance and Review Meetings (CQPRMs)	3 months (31 July 2024)

<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 in 12 months (30 April 2025)</p>
<p>Powys County Council (PCC) to provide information to the public about how and when to seek advice or support services.</p>	<p>Director of Social Services</p>	<p>Review in 6 months (31 October 2024)</p>
<p>PCC to provide better information and explanation to individuals and their families about processes for supported living accommodation.</p>	<p>Director of Social Services</p>	<p>Review in 6 months (31 October 2024)</p>
<p>Powys Regional Partnership Board to progress multi-agency approach to tackling loneliness and isolation in line with Powys Area Plan priority to “Increase early help, support and inclusion opportunities to reduce loneliness and isolation.”</p>	<p>Powys Regional Partnership Board Team</p>	<p>Review progress via RPB Delivery Plan (ongoing)</p>
<p>Llais to share engagement insights with Powys Regional Partnership Board to support the continued planning and delivery of priorities for joint working between health and social care services through the Powys Area Plan.</p>	<p>Llais / Powys Regional Partnership Board Team</p>	<p>Review progress via RPB Delivery Plan (ongoing)</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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