

# LLAIS POWYS ENGAGEMENT REPORT

Newtown Locality –  
April 2025

# Introduction

In April 2025, Llais Powys undertook a focused community engagement programme in the Newtown locality—the ninth in a rolling programme aligned with the 13-locality model of the Powys Regional Partnership Board. The goal was to gather local insight into health and social care experiences, particularly where people access services within Wales or cross-border in England.

We used a multi-method approach including face-to-face conversations, local surveys (both digital and paper-based), and drop-in sessions. We engaged with community groups, held pop-up events, and visited GP surgeries, building on partnerships with local organisations to amplify resident voices.

## What We Heard

Through over 50 conversations and multiple survey responses, we heard feedback that celebrated local staff and services but also revealed systemic issues and gaps in care. Quotes from residents are included below to reflect the strength of feeling and lived experiences.

### Positive Experiences

- Many praised staff for their dedication and kindness, particularly GPs, ambulance crews, and community nurses.

“The memory clinic staff were fantastic—so understanding and patient.”

“I can’t thank the paramedics enough. They were kind and calm during a really difficult time.”



- Ladywell Surgery stood out for mental health care:

“ I moved to Ladywell because of the mental health support – it was the best decision I’ve made. ”

- Timely care for urgent cases was also recognised:

“ I called Newtown Medical Practice at 8:30am and was seen by 10. That’s excellent service. ”

## Areas of Concern

### **GP Access and Continuity**

- Despite some positive experiences, the most common concern was difficulty in accessing non-urgent GP appointments, particularly at Newtown Medical Practice.

“ I’ve waited over five weeks for a routine appointment. For a smear test, they told me the wait was five months—I had to go private while on holiday. ”

- Patients also described poor continuity of care and frustration with triage systems.

“ Certain GPs are more trusted. After a bad experience, I didn’t want to go back. ”

“ I felt dismissed because of my disability. It was used to explain everything. ”



- A particularly serious concern was shared by the family of a young person:

“ My son was told, ‘You’re just down in the dumps—it’ll pass.’ It didn’t. We lost him. ”

### **Mental Health Support**

- People reported difficulty accessing timely, appropriate mental health support.

“ Getting a mental health referral is almost impossible unless you’re at crisis point. ”

“ There’s just not enough local support for young people—it’s too fragmented. ”

### **Dental Services**

- A recurring theme was the lack of NHS dental access. Many people reported being removed from dental lists without explanation.

“ I’ve been with My Dentist for 30 years. Then out of the blue, I got a letter saying I was no longer a patient. ”

“ My whole family—my daughter, her husband, their three kids—we were all struck off without reason. ”

- This issue disproportionately affected older adults and families:

“ Is this ageism? Everyone I know over 70 has had the same letter. ”

- Mothers also struggled:

“ None of the mums at our group had access to NHS dentistry during pregnancy or after birth. ”



## Secondary Care and Hospital Experience

Bronglais and Gobowen Hospitals were commended for quality care. In contrast, multiple concerns were raised about Royal Shrewsbury Hospital, particularly around communication and dignity in care:

“ He went in weighing 13 stone and came out at 10. He couldn’t feed himself, and no one helped. ”

“ I had to clean my husband myself when I visited. He was left in soiled clothing. ”

“ On discharge, the ambulance staff were waiting. But he wasn’t washed, changed, or ready. I had to do it myself. Where’s the dignity in that? ”

Cross-border care coordination was also highlighted as problematic:

“ Powys patients get treated like second-class citizens in England. ”

## Accessibility and Transport

Poor public transport and lack of disabled parking at Newtown Medical Centre were major concerns:

“ I now have to drive to Morrisons for prescriptions because Boots is no longer accessible. ”

“ There are hardly any parking spaces for disabled people—it’s mostly staff. ”



# Key Insights

The feedback received aligns closely with Llais' five strategic priorities:

## **1. Drive a National Conversation**

Residents expressed a strong desire for transparency, equity, and cross-border solutions that put people before systems.

## **2. Push for Services That Meet People's Needs**

There was overwhelming concern about access to NHS dentistry, mental health provision, and GP continuity, particularly among vulnerable groups.

## **3. Work Together Better**

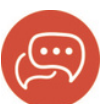
Fragmentation between Welsh and English services emerged repeatedly, particularly around referrals, record sharing, and discharge planning.

## **4. Help People Use Technology That Works for Them**

Some residents supported wider use of online or phone appointments to reduce unnecessary travel.

## **5. Grow and Improve as an Organisation**

Clear appetite for ongoing community feedback mechanisms and transparency about how voices are used to inform change.



# Next Steps

## Stakeholder meeting suggested areas for discussion:

### **GP Services**

- Mental Health services.
- Patient Feedback channels.
- Communication between services.
- Accessibility including demand.

### **Dental Services**

- Deregistration process.
- Services for vulnerable groups.
- Promotion / communication of services.

### **Secondary Care**

- Cross border communication.
- Patient experiences including dignity standards and carer involvement.

### **Access and Equity**

- Transport planning.
- Feedback / patient carer voices.



## Conclusion

Newtown residents shared candid, constructive, and at times heart-breaking reflections. While many praised individual care providers, serious gaps in access, coordination, and dignity were evident. The strength of feeling underscores the need for urgent, systemic action and closer partnership working.

Llais Powys will share these findings with relevant NHS bodies, local authorities, and cross-border partners. We will continue to work alongside the community to ensure their voices shape meaningful, sustainable improvements in health and social care.

Get Involved

To share your views or join future engagement work, visit:

**[www.llaiscymru.org](http://www.llaiscymru.org)** or email: **[powysenquiries@llaiscymru.org](mailto:powysenquiries@llaiscymru.org)**

