

## Spotlight on rural health and social care in Wales

Llais has been hearing from lots of people in rural areas across all of Wales who have shared what they see as the strengths but also the struggles of accessing health and social care. With roughly 1 in 3 people in Wales living in areas classified as rural, it is important that these voices are heard and acted on to avoid further health inequities.

We've heard about informal networks, local initiatives, community connectors, and community-led solutions stepping in where formal services aren't meeting people's needs.

These examples highlight the resourcefulness and innovation that rural communities bring to health and care, and they offer valuable lessons for everyone.

But we have also heard about lots of challenges. While some challenges are shared across Wales, rural communities often face extra difficulties, such as long travel distances, limited transport options, and fewer nearby services.

These issues can be especially difficult for agricultural workers, carers, older people, and disabled people. For example, we've heard of older couples who retire to rural areas and find themselves isolated if their partner passes away, with limited informal support or social connections nearby.

In recent public consultations, including proposals to change services provided by Hywel Dda University Health Board, our regional teams in Powys, North Wales, and West Wales have heard a recurring message: rural communities often feel overlooked and that they must 'fight' to retain the services they rely on.

Wales has a real opportunity to support rural communities in shaping more joined-up, locally rooted health and care services. With the right support, collaboration, and flexibility, rural areas can demonstrate how services built around community strengths, rather than one-size-fits-all models, can deliver better outcomes for local people.

Llais has heard from rural communities across Wales about what matters most to them. The opportunity now is to act on that insight and to share the principles of what works in a sustainable way, so good practice can be adapted and applied across different regions. This will help build a more connected, equitable, and responsive health and care system for everyone.

## What we have heard

The key issues we have heard about are:

### Access to care

People often tell us they value the care they receive once they can access it. However, getting to that point can be difficult, especially in rural areas.

Many people told us they struggle to get appointments with GPs or NHS dentists. We've also heard that long waiting times for surgeries, such as knee or eye operations, can worsen health and disrupt daily life.

As of mid-2025, over 550,000 people were waiting to start treatment in Wales, with more than 200,000 waiting over 36 weeks, delays that are especially difficult for rural patients who must coordinate travel, time off work, and arrangements for their recovery.

Agricultural workers, in particular, said they must carefully plan time away from their farms, and treatment delays can have serious financial and practical consequences.

*"It takes such a long time to get through to the surgery. Suppose it's ok for people who aren't working. But for the rest of us it's a lottery."*

*"Waiting times for surgery is additionally problematic for land and agricultural workers because when they can have treatment risks impacting on income e.g. a simple shoulder op might end up costing a year's salary if done at the wrong time of year by the time you look at waiting time and recovery."*

People in rural areas have told us that transport is one of the biggest barriers to accessing care. We've heard that sparse public transport and

costly taxis make it difficult to attend short-notice appointments or reach hospitals, which may be over an hour away. Some people recovering from procedures like cataract surgery said travel was impossible without support.

We've also heard that the Non-Emergency Patient Transport Service doesn't always work well for rural communities. Some people told us they weren't aware of the service, while others said it starts too late in the day to accommodate early appointments, especially when long travel times are involved. Sometimes, it is cancelled at very short notice, meaning people are stuck.

These challenges are particularly difficult for unpaid carers, who told us they often lack the support they need to care for loved ones with complex needs. People also described limited opportunities for older and disabled individuals to connect socially or access wellbeing support, which they felt contributed to loneliness and isolation.

This is supported by research funded by Health and Care Research Wales that highlights loneliness as a growing concern in rural areas, particularly among older adults and carers.

Despite these difficulties, many people spoke about the resilience of their communities. We've heard how neighbours support one another, and how people value the care they receive once they're able to access it. People told us they want that care to be easier to reach, more consistent, and better aligned with the realities of rural life.

## **Mental health**

We've heard of the important role being played by community connectors and third sector organisations to support mental health and wellbeing in rural communities.

As local organisations, they understand the unique pressures of rural life like isolation, financial uncertainty and cultural barriers to seeking help.

Through awareness raising, peer-to-peer support and outreach programmes people said these groups are helping to reduce stigma around mental health, particularly in farming communities in West Wales and Powys.

People tell us that it is often difficult, especially for children and teenagers, to get mental health support through public services. Long wait times and complicated processes were described as common barriers.

*“School and GP advised that Child and Adolescent Mental Health Services (CAMHS) would not provide support unless my daughter was physically cutting herself.”*

*“Mental health services are extremely underfunded and understaffed, resulting in a service that adds to the trauma, rather than reduces, the original problem.”*

Travelling for mental health support was also reported to us as a major challenge, especially in rural areas where public transport is limited and distances are much longer. Adults and young people told us they often aren't able to travel alone and need someone to come with them, which can mean a family member or carer has to take time off work. We've heard that this creates financial pressure and adds stress to an already difficult situation.

### **Workforce pressures**

People often tell us how kind, skilled, and helpful health and care staff are in rural Wales. Their support makes a big difference to those receiving care and their families.

At the same time, we've heard concerns about workforce shortages, and evidence from the [GMC Workplace experiences 2025 report](#) shows that 81% of doctors in Wales report inadequate NHS staffing. Additionally, we hear that rural social care faces persistent recruitment challenges due to low pay and long travel times.

People told us there aren't enough domiciliary carers to meet demand in rural areas, which can lead to reduced quality of care.

*"I was told she needed 24/7 care, but they couldn't give any home support (even for 30 minutes) as we were 'too rural'. Living one mile from the A5!"*

We've heard that carers are often not fully paid for the time spent travelling between calls, and that some feel unsafe or reluctant to work in isolated areas, especially in poor weather or after dark. Others said low pay and lack of recognition make it harder to recruit and retain staff.

*"Social care is under pressure; too few carers, too low paid, not appreciated. Hard to complain because of risk of losing care completely."*

People also told us about the importance of receiving care in their preferred language. We've heard that Welsh language services in health and social care are improving, but access still varies depending on location and service type. When people can't communicate in the language they're most comfortable with, it can negatively affect their experience.

*"Psychiatric care is really important in Welsh language. People with schizophrenia, dementia or thought disorders in particular need to communicate in the way they hear words or explain things because it can get twisted in translation."*

## Integration of services

We've heard from people in rural communities about the importance of services working well together. Some told us about positive experiences with integrated reablement teams, where health and social care professionals coordinate support to help people recover at home. These examples show what's possible when services are joined up.

However, many people said that coordination and communication between different parts of the health and care system is patchy.

We've heard that travelling from rural areas to access services in other parts of Wales or England can make things even more difficult.

*“Process of getting care is not an appropriate path. Having to repeat things with GP is an issue - should be a joined-up service in hospital and community and social care.”*

## Emergency and hospital services

Staff are regularly praised by those we hear from, but we also heard it takes a long time to get an ambulance or to be seen by a doctor in emergency departments, and the wait can be uncomfortable.

*“Great service when actually being seen but was waiting in an ambulance for 20 hours.”*

People were worried about hospital conditions and facilities. Some described experiences of patients sleeping on chairs overnight, with limited access to food, drink, or basic comfort.

*“A&E wait for beds is lengthy... Nothing to eat or drink. No blanket offered. Had to ask at 11pm at night for something. Arrived at 11.15am (12 hours earlier) got bed following evening.”*

While these issues affect people across Wales, they can be especially difficult for those in rural areas, where long travel distances and limited transport options add further strain. For rural patients, delays in emergency care can mean longer waits for ambulances to arrive, greater discomfort during transfers, and more complex logistics for family support and followup care.

## Our calls for change

### 1. Scale what works, and build on community strengths

**Call:** We are calling on Welsh Government, Health Boards, and Local Authorities to find a better way to share and scale up approaches that reflect what’s already working in other parts of rural Wales, including community-led mental health initiatives, co-produced care models, and

integrated reablement teams.

**Why:** People told us they value services that are flexible, locally rooted, and built around community strengths. Getting help early, in communities, came through strongly in our engagement, with examples like wellbeing hubs, outreach clinics, and early intervention helping people stay well closer to home. There is an opportunity to embed principles like flexibility, co-design, and local ownership across the system.

## **2. Deliver the 2024 plan for rural parts of Wales**

**Call:** We are calling on Welsh Government to ensure rural communities benefit from the ambitions in the [2024 Plan for Health and Social Care](#).

**Why:** People support the plan's principles but feel overlooked in how services are planned and delivered because it isn't being felt in rural communities.

## **3. Fix rural transport to care**

**Call:** We are calling on the Welsh Ambulance Service Trust and NHS Wales to ensure the current review of the Non-Emergency Patient Transport Service focuses on addressing the issues people face and making the service better for those who rely on it.

**Why:** People told us transport is one of the biggest barriers to accessing care. The Non-Emergency Patient Transport Service is often unavailable, poorly timed, or cancelled at short notice, especially in rural areas. Transport must be part of the solution, not a barrier.

## **4. Plan and communicate changes to specialist services**

**Call:** We are calling on NHS Wales, commissioners, specialist clinical networks, Regional Partnership Boards, and other relevant bodies to ensure that regionalisation of specialist services is co-ordinated in design



and development, communicated transparently, and shaped with meaningful involvement of people and communities.

**Why:** People told us that when services are moved further away, they often face practical challenges, especially around transport and family support. But they also told us they don't always understand why changes are happening. Communities need clear, timely explanations about how safety and quality will be maintained, what will replace local provision, and why regional centres are being located where they are. This applies to both health and social care, including out-of-area placements. Without coordinated planning and communication, changes can feel confusing, unfair, or unsafe.

## **5. Bring care closer to home**

**Call:** We are calling on Welsh Government and NHS Wales to speed up and expand mobile clinics, outreach services, and telemedicine, and to support people to use these services.

**Why:** These options reduce travel burdens and make care more accessible. People want services that reflect rural realities and offer flexible appointment options.

## **6. Embed rural voices in service design**

**Call:** We are calling on Welsh Government, NHS organisations and local authorities, Regional Partnership Boards, and Pan Cluster Planning Groups to involve rural communities in shaping the Integrated Community Care System.

**Why:** People want prevention-focused, locally rooted services, and they want to be part of designing them.

## **7. Make integration a priority**



**Call:** We are calling on Welsh Government and the NHS Wales Performance and Improvement Unit to set clear expectations and performance measures for integration across health and social care, with a specific focus on rural areas.

**Why:** People want joined-up services, but integration is patchy. Performance measures can help focus leadership attention and drive improvement.

## **8. Back the third sector**

**Call:** We are calling on Welsh Government, Health Boards, and Local Authorities to change the funding arrangements and embed the third sector as a core delivery partner in rural health and care.

**Why:** Community groups are delivering vital services, but short-term funding undermines stability and continuity. Multi-year funding, strategic involvement, and genuine partnership are needed.

## **9. Build a rural workforce**

**Call:** We are calling on Welsh Government to work with HEIW, Social Care Wales, and NHS Wales to co-develop a Rural Workforce and Recruitment Plan.

**Why:** National campaigns aren't addressing rural pressures. People want locally trained staff who understand their communities. This plan should invest in rural education, recognise rural service, and ensure no community is left behind.

## **10. Expand Welsh language access**

**Call:** We are calling on Welsh Government, Health Boards, and Local Authorities to work with Welsh language organisations to increase the Active Offer.

**Why:** Language matters especially in mental health and dementia care. People want services in the language they're most comfortable with.

### Llais' action

Over the past year, we've used what rural communities have told us to help shape national policy, influence service change, and make representations for improvement, including submissions to parliamentary inquiries and consultations on general practice, emergency care, dentistry, digital inclusion, and mental health.

In response to what we've heard, we will:

- Share our evidence with the Senedd's Health and Social Care Committee and Welsh Government to support a thematic review of rural health and care.
- Integrate rurality into our own impact assessments and ask services to do the same when planning changes.
- Spotlight what's working and share examples with Regional Partnership Boards to support wider adoption.
- Visit rural services where concerns have been raised and make representations based on what we find.
- Host regional summits to explore what's working, and what isn't, in rural areas.
- Continue engaging rural communities through our *Health and Social Care We Want* project.
- Use our upcoming *Integrated Community Care* project to explore how well joined-up services work for rural people, and what helps or hinders access.