

What We Are Hearing

Summary of people's experiences of health and social care in Wales

This summary gives the Board the main findings from our analysis of what people told Llais between April and September 2026. It draws on community engagement, complaints advocacy, representations and regional work, tested against regulatory, scrutiny and policy evidence. The full analysis will be developed into a What We Are Hearing publication for Welsh Ministers, partners and the public.

KEY MESSAGES

Getting care is hard, but navigating it is often harder. People describe chasing referrals, repeating their story and not knowing who is responsible, with families left to coordinate care themselves.

What happens once care begins matters as much as getting in. Treatment, diagnosis and staff attitude are the most common reasons people come to our complaints advocacy service (1,064 records, April to September).

Social care is a smaller share of what we hear but often more serious in its consequences, and it sits behind many NHS experiences such as delayed discharge and pressure on unpaid carers.

National changes are being felt locally: the pause to gender-affirming surgery, stricter eligibility for non-emergency patient transport, and ambulance handover delays.

Good care looks the same everywhere: people are listened to, information follows them, barriers are recognised and someone follows through for the person using the service. We hear this in every region.

SECTION 1

Against the People's Principles

The strongest signals are about access, communication, joined-up care and support while waiting. Dignity and whole-person care show the most mixed picture, and are where many of the most positive experiences sit.

Principle	Signal	In brief
1. Access that works for everyone	Very strong Mainly concerns	Waits for GP, dental and diagnostics; rural distance and transport; patient transport eligibility
2. Dignity and respect	Strong Mixed	Feeling dismissed, corridor care, alongside much praise for kind, compassionate staff
3. Clear and honest communication	Very strong Mainly concerns	Chasing results; cancellations without explanation; service changes people were not told about
4. Joined-up care	Very strong Mainly concerns	Gaps between GP, hospital and social care; discharge; cross-border care
5. Timely care and support while waiting	Very strong Mainly concerns	Mental health, ADHD and autism, orthopaedics, gynaecology; little support while waiting and long waits
6. Whole-person care	Strong Mixed, leaning to concerns	Physical and mental health treated separately; carers overlooked; good care homes reported to us.
7. Enables independence	Moderate Mixed	Delays in care packages and equipment; adjustments secured when raised, but support needed to achieve better outcomes
8. Inclusive and fair services	Strong Mixed, leaning to concerns	Disability, Welsh language, communication needs, digital exclusion, rurality

Signal strength is a qualitative judgement of how often and how widely a theme appears across regions and sources, not a score.

SECTION 2

National issues

- **Welsh Gender Service:** the pause to referrals for gender-affirming surgery and scheduled surgeries during an independent review has caused distress and uncertainty. People want clear, timely information.

- **Non-emergency patient transport:** stricter eligibility from April led to short-notice cancellations, missed appointments and people paying for taxis. Following our representation, the Welsh Ambulance Service agreed to publish clearer information and contact people directly.
- **Ambulance handovers and rural urgent care:** handover delays affect patients outside emergency departments and people waiting in the community, with sharper concern in rural areas. We are reviewing health board winter plans from people's perspective.
- **Service change:** proposals in Powys, Swansea Bay, West Wales, North Wales and South-East Wales raise common questions about travel, alternatives closer to home and whether people's views will shape decisions.

SECTION 3

Social care

People tell us about delays in assessment, difficulty arranging care packages and respite, and gaps in continuity. Social care also shapes NHS experiences, through discharge and the pressure on unpaid carers. CIW findings in Flintshire, Bridgend and Monmouthshire on assessment, carers' support and advocacy match what we hear. Our evidence on social care is not yet as rich as on the NHS, so we will record it more consistently, focus more engagement on people receiving care and unpaid carers, and work more closely with partners who hear from them.

SECTION 4

What is working

People consistently value kind, respectful and responsive staff, and we hear positive experiences of hospital, maternity, cancer and GP care, dentistry and care homes. Clear GP callback and triage arrangements are welcomed in local areas, staff who explain and follow up, and practical adjustments for disabled people all make a marked difference. Good practice is already there to build on.

SECTION 5

Next steps

We will develop the full analysis into a What We Are Hearing publication by the end of October. This will then become a regular quarterly publication that we hope are used by policy makers, and service decision makers, in improving health and social care services.