

Better Together: What People Told Us

Llais Powys Feedback Report | October 2026

Katie Blackburn – Regional Director, Llais Powys

Why we are sharing this report

Llais will share an update each month during the Better Together consultation. We want people across Powys to know what we are hearing, what we are raising with Powys Teaching Health Board and how the Health Board responds. This is part of our role as the independent body that makes sure people's voices are heard in health and social care.

This report brings together what Llais heard and observed at Better Together events in Builth Wells, Machynlleth, Knighton, Llanfyllin, Crickhowell and online during October 2026. It describes the issues people raised across Powys, including concerns specific to individual communities, and what we noticed about how the events were run. It is based on Llais' notes from discussions led by Powys Teaching Health Board. It reflects the views shared at these events; it is not a survey of everyone in Powys.

What we heard

People who came to the events cared about the future of health services in Powys and wanted to have a say. Views differed on some of the proposals, but similar concerns came up in communities across the county.

People talked about getting to services, whether there would be enough staff and support in the community, the future of local hospital beds, and access to urgent care and tests such as X-rays. Many welcomed the idea of providing more care closer to home. But they wanted to know that new or expanded services would be ready and working safely before existing services were reduced.

People wanted to know not just what might change, but how services would work in practice. They asked how the needs of rural communities had been considered and what support would be in place while changes were made. Travel, staffing, social care and access to local services came up repeatedly.

How the engagement events worked

Llais also looked at how the events were run and whether people had a fair opportunity to take part. We saw things that worked well, as well as areas where more could be done.

The events were generally well organised. Displays, presentations and time for discussion helped explain the proposals. Facilitators encouraged people to ask questions and share their views. People were generally respectful of one another, including when they disagreed.

In some venues, it was difficult to hear presentations or conversations around the tables. Some tables were crowded, which may have made it harder for everyone to join in. At one event, echo and background noise made it difficult for some people using hearing aids to follow the discussion. A hearing loop was available, but did not fully solve the problem.

The consultation postcards we saw did not appear to ask people for equality, diversity or inclusion information. The Health Board may collect this information in other ways. Without it on the postcards, however, it may be harder to understand whose views are included in postcard responses.

Health Board staff were not routinely seen taking notes of discussions at tables. People could submit a formal consultation response, but it was not clear how comments, questions and other ideas shared in conversation would be recorded and considered. Llais raised this with the Health Board separately. Our observation does not tell us whether comments were being recorded elsewhere.

Attendance varied between locations, and some events attracted considerable interest. Across the events, people asked whether the proposals could be delivered, whether there would be enough staff, how travel and cross-border care would work, and how their feedback would be used. They wanted to know what would be recorded and how their views would be considered.

There were opportunities for people to hear about the proposals and take part in discussions. But our observations suggest more could be done to make the events accessible, record what people say and show how people whose voices are not always heard are being included.

The main issues people raised

1. Getting to health services

Travel was one of the issues people raised most often.

People questioned how patients, carers and family members would access services if care was provided from fewer sites or further from home.

People highlighted:

- Long journeys and travel times in rural areas.
- Limited public and community transport.
- The cost of fuel and whether travel would be affordable.
- The impact of poor winter road conditions and limited community transport on patients, visitors and families travelling to more distant services.

- The needs of people without access to a car.
- The effect on families who want to visit someone in hospital, particularly when they may receive an urgent call to attend because a loved one is approaching the end of life.
- Travel across the Wales–England border and ambulance transfers.

People said that distance alone does not show how easy it is to reach healthcare in rural Powys. Journey times, transport, cost and whether people can make the journey when they need to all matter. They spoke about long journeys, limited bus services, winter roads and getting home safely after treatment. Families were also worried that if beds were further away, they might struggle to get to hospital quickly when called because someone was nearing the end of life. They wanted to be able to spend that time with their loved one.

2. Having the staff and support services in place

People wanted to know whether services in the community could be put in place and kept going.

Across discussions about mental health, physical health and urgent care, people asked:

- How more nurses, carers and specialist staff would be recruited.
- Whether community services could grow quickly enough.
- Whether home care and social care would be available.
- How staff would be recruited and retained in rural areas.
- Whether the proposed services could be maintained in the longer term.

People welcomed the aim of providing more care at home and in the community. But they questioned whether the staff, facilities and support would be there when needed. They asked how quickly community teams could grow, who would provide visits and how health and social care would work together. They also said unpaid carers should not be expected to take the place of professional support, and that people without family support must not be overlooked.

3. Local hospital beds and care closer to home

The future of community hospital beds prompted strong views.

People explained how local inpatient beds can support:

- Rehabilitation after treatment in an acute hospital.
- Recovery close to family and friends.
- End-of-life and palliative care.
- Older people and people who are frail.
- People who cannot safely be cared for at home.

People saw the benefits of avoiding unnecessary hospital stays and providing more care at home. But they questioned whether community services could meet everyone's needs or take the place of local beds. They were concerned that existing services might be reduced before alternatives were ready and working well. They also asked what would happen to rehabilitation and discharge support, including services such as Ready to Go Home, and where people would go if they could not safely be cared for at home or had little family support. The detail of each option matters.

4. Urgent care and diagnostic services

People wanted to know what urgent care would look like in practice under the proposed options.

Their questions included:

- Which conditions would be treated locally.
- Whether X-ray and other diagnostic tests would be available.
- Where people could go with minor injuries.
- Opening hours.
- How NHS 111 would link to local services.
- How urgent care would work with GP services and emergency departments.

Some of the words used in the consultation were difficult to understand. People wanted clear explanations of how services would work and where they should go in different situations.



5. A clear and open consultation

People also raised questions about how the consultation is being run.

They wanted to understand:

- How the options were developed.
- Whether other options were still being considered.
- How people's feedback would be considered when decisions are made.
- What evidence supports the proposals.
- Whether decisions had already been made in practice.

People wanted to know how their responses would be used and how decisions would be made. They also wanted to understand what the changes could mean for their own communities. Some questioned whether their feedback could change the options and how the effects on different communities would be weighed up.

What people raised in different communities

Builth Wells – 14th October 2026

At Builth Wells, people spoke about:

- The proposal to bring adult and older adult mental health inpatient care together at one site, and whether longer journeys, limited rural transport and winter weather would make it harder for relatives and friends to visit.
- Whether crisis teams, specialist staff, access to medicines and sanctuary-style support would have enough capacity, and whether strengthened community alternatives would be in place before inpatient services changed.
- Concerns about reducing the number of community inpatient beds when demand was perceived to be rising, alongside questions about whether concentrating provision was necessary and safe.

- Reported concerns about ambulance delays and transfers, including how patients would access urgent or inpatient care when services were further away.
- The cost of travelling to appointments and treatment, including the financial burden of longer journeys.
- How people without a car, or who rely on family, neighbours or community transport, would reach services further away.
- Whether local diagnostic tests and urgent assessment, including access to X-rays and minor injury services, would remain available and where people would need to go under the proposed options.

People were concerned about what it would mean to bring mental health inpatient care together at one site, reduce community beds and rely more on crisis and community services. They asked whether those services would have enough staff and capacity, and whether they would be ready before inpatient services changed. They also spoke about longer journeys for families, appointments and urgent care, particularly for people without their own transport. The notes record these questions and concerns; they do not show whether community or crisis support is currently adequate.

Machynlleth – 15th October 2026

At Machynlleth, the main issues included:

- The distance and practicalities of travelling from Machynlleth to Newtown and Bronglais Hospital for inpatient care, urgent assessment and other services, particularly for people without a car.
- Whether more diagnostic services could be provided locally, including X-ray, ultrasound and blood tests; people also raised concerns about the limited routine X-ray provision in Machynlleth.
- The availability of Welsh-language services and whether people living away from larger towns could access support in their preferred language.
- How care would be coordinated with neighbouring providers across the Wales–England border, including how patients would access services and how organisations would work together.

- The risk that people who cannot easily use digital services or online information could face additional barriers to accessing care and taking part in the consultation.
- Concern that reducing local inpatient beds could make rehabilitation, discharge from larger hospitals and palliative or end-of-life care harder to access close to home.

People questioned whether the proposals took enough account of the distance from Machynlleth to other service centres and the difficulty of travelling for care or visiting family. They were concerned about the possible loss of local beds, whether community services could support people safely at home, and access to tests, including routine X-rays. They also raised Welsh-language services and the needs of people living furthest from larger towns.

Knighton – 19th October 2026

At Knighton, people focused on:

- The possibility of reducing or losing local community hospital beds, despite concerns about demand and the need for inpatient care for people who cannot safely return home.
- The value of returning to Knighton after treatment elsewhere to recover near family and friends, and the role of local beds in rehabilitation, respite, palliative and end-of-life care.
- How patients would be transferred between Powys and hospitals in England, including access to treatment and rehabilitation and arrangements for returning home after discharge.
- The impact of poor winter road conditions and limited community transport on patients, visitors and families travelling to more distant services.
- The difficulty and cost for relatives of visiting someone in hospital if inpatient care is further away, particularly where public transport is limited.
- Whether longer journeys and reduced access to local urgent care could increase reliance on ambulances or emergency departments; these were concerns raised, not established future effects.

- The proposed phased transition, described in discussion as potentially taking five to ten years, and what safeguards would prevent local beds being reduced before staffing, social care and community alternatives were ready.

People placed great importance on being able to receive inpatient care locally while community services are developed. They described how rehabilitation and recovery close to family can help, and raised concerns about what bed reductions could mean for older and seriously ill people, including those needing respite or end-of-life care. They asked whether enough nurses, carers and social care support could be recruited, and how patients, families and ambulances would manage longer journeys, cross-border care and winter travel. They also wanted to know what would happen if replacement services were delayed.

Llanfyllin – 21st October 2026

At Llanfyllin, people focused on:

- Concern that removing beds or X-ray services from Welshpool could undermine the wider hospital and lead to further losses, including outpatient, hearing or gynaecology clinics; people also sought clarity about which services, such as renal provision, would remain.
- Whether people in north Powys would still be able to access suitable inpatient beds, rehabilitation and safe discharge support, and the effect of travelling to Newtown or other locations.
- The proposed changes to local diagnostics, including the proposal for Welshpool X-ray provision to move to Newtown, and questions about access to blood tests and other tests closer to home.
- Whether the proposed urgent community response, including a response within two hours for suitable patients, could be delivered across remote villages and what staffing, triage and backup would be available.
- Whether enough home-care workers and skilled staff could be recruited, and how people with complex needs would be supported when families could not provide care themselves.

- The distance, cost and accessibility of journeys from north Powys to Newtown, Brecon and other services, particularly for people without a car and for family members visiting patients.
- Concern that changes to beds, X-ray, minor injuries and other local services could combine to reduce the range of care available in Welshpool and the surrounding area.

People wanted a clear explanation, option by option, of what would stay at Welshpool and what might move or change. They asked whether people in north Powys would still be able to reach beds, rehabilitation, tests and urgent care, and whether community and social care services could meet any extra demand. They were concerned that losing several services could have a combined effect on the care available locally, as well as increasing travel costs and pressure on staff.

Crickhowell – 27th October 2026

At Crickhowell, people focused on:

- The practical difficulty of reaching services without a private car, including reliance on family or neighbours, long cross-county bus journeys and winter travel.
- Whether reducing local inpatient beds would increase pressure elsewhere or leave people without a suitable bed for rehabilitation, respite or end-of-life care, particularly if they could not safely be supported at home.
- Whether the staffing, social care and practical support needed to deliver the Ready to Go Home model at Bronllys would be available, and whether it could meet the needs of people without family support.
- The proposed concentration of specialist mental health inpatient care at one site, including the effect on family visits, waiting times, crisis and aftercare pathways, and the availability of community support across north and south Powys.
- Uncertainty about which health board people should contact for care or advice, how services would coordinate across the border and whether patient records could be shared reliably.

People raised practical concerns about travel and access, and asked whether fewer inpatient beds could be matched by safe, properly staffed services in the community. They wanted to know what would happen to people who could not be cared for safely at home, how families would stay in touch with patients, and whether mental health crisis and aftercare support would be available across Powys. They also asked how changes might affect nearby communities, including Ystradgynlais, and whether the different experiences of communities would be fairly considered. Llais' notes also recorded positive experiences of existing services and helpful engagement from Health Board staff.



Online Information Event - 29th October 2026

At the online information event, people focused on:

- Whether the proposed community and home-based models could be delivered in practice, with enough staff, social care, funding and infrastructure in place before existing services changed.
- The effect of longer journeys on patients and families, including travel assumptions, access for people without cars and the practicalities of reaching services across rural Powys.
- Whether Hospital at Home could safely meet people's needs and what would happen to those who could not be cared for at home, alongside questions about the future number and location of community hospital beds.
- Whether the options had been selected fairly, whether alternatives remained open and how public feedback could influence the final decision.
- The proposed consolidation of mental health inpatient facilities, the effect on family contact and the role and future capacity of community, crisis and third-sector support.
- How the proposed changes would be funded, whether the workforce and service models were affordable over the longer term and how value for money would be assessed.

People asked about the evidence behind the proposals, staffing, travel assumptions, timescales and how their feedback would affect decisions. They were particularly concerned that community services, Hospital at Home and enough staff would need to be in place before existing services were reduced or moved. They also asked how the options had been chosen, whether other approaches were still possible and how communities could influence the final decision.



Making sure everyone can take part:

Llais also looked at whether people could access the events and take part in them.

The issues we noticed varied by location and included:

Hearing and sound

- In some venues, echo and background noise made it difficult to hear and follow discussions. Questions and answers sometimes had to be repeated, and hearing loops did not always solve the problem.
- Some people experienced difficulties hearing discussions at particular tables.

Information in accessible formats

- Some people also had difficulty using the online questionnaire. It was reported that the consultation booklet was not available in a local library (Crickhowell).
- People asked whether information suitable for children and young people was available.
- People raised questions about opportunities to take part in Welsh.

Online presentation materials

At the online information event, some slides contained a lot of detail and the text was too small to read clearly on screen in places. This made it harder for people to follow the information and comment during the session. The Health Board has since made the slides available on its website. This observation is about how clearly people could see and consider the slides during the live event.

How the events were run

- Some people felt there was not enough time to ask questions.
- At some sessions, people felt that discussion was limited or that the proposals had already been decided.
- The experience varied between venues and discussion tables. Some discussions were constructive, while others included frustration about particular issues.
- Participants raised concerns regarding digital exclusion and ensuring that people unable to attend events were still able to contribute.

What people wrote to Llais

In October, Llais received 16 items of correspondence about Better Together. People wrote about many of the same issues raised at the events, including:

- The importance of local community hospital beds and access to rehabilitation, recovery and end-of-life care close to home.
- Longer journeys, limited transport and the effect on patients, families and carers if services move further away.
- Concerns that beds are already under pressure and reducing local provision could lead to longer waits or more people being placed outside Powys.

- The need for community services, social care and enough staff to be in place before existing services are reduced.
- Questions about whether the consultation is accessible and open, and how people's feedback will be considered.
- Access to British Sign Language support and information in accessible formats.
- People from the Llanidloes area wrote to us about the future of inpatient beds at Llanidloes Hospital and what the changes could mean for their community. They stressed the need to understand the effect on travel and access to services before decisions are made.

Issues Llais raised with the Health Board

As well as listening to people at events and through correspondence, we raised issues directly with the Health Board during October. We shared people's experiences, what we had observed and questions about how the proposals would work in practice. We asked the Health Board to consider these issues as the consultation continues.

A representation is how Llais formally brings an issue, concern or evidence from people's experiences to the attention of a service or decision-maker. It explains why the issue matters and asks them to consider it. A request for information is different. It asks a specific question or seeks facts to help Llais and the public understand a proposal or how the consultation is being run.

During October, we raised the following issues with the Health Board:

- **5 October** – We asked the Health Board to review the consultation at its mid-point. We raised questions about who had been reached, whether people had fair opportunities to take part, the quality of evidence being gathered, gaps in the information and how responses would be used.

- **23 October** – We asked how comments, questions and alternative ideas shared at engagement events would be recorded, analysed and included in the consultation evidence.

- **23 October** – We followed this up because discussions at events did not appear to be routinely recorded or summarised. We asked how the Health Board would show what had been heard and identify and report common themes.

- **23 October** – We brought together recurring concerns about whether the proposals could be delivered. These included staffing, social care, infrastructure, timescales, local authority readiness, cross-border care and whether alternatives were being considered.

- **28 October** – We asked for information about training linked to parts of the proposed future service model, including how this activity related to a consultation that was still underway.

These issues reflected concerns people raised at the events, including:

- how feedback will influence decisions;
- whether proposed services can be delivered;
- workforce and infrastructure constraints;
- the realities of rural travel and access;
- and the need for a clear, open consultation process.

Llais also asked the Health Board about attendance at the online information event on 29 October. The Health Board said that 25 people had registered and 21 attended, including presenters and hosts. It confirmed that the platform could hold up to 10,000 people and that nobody was prevented from joining because of capacity limits. The Health Board said bookings usually close two working days before an event so it can send joining instructions, deal with questions submitted in advance and arrange language or access support. It also said the recording was sent to people who had registered on 30 October and put on its website. These figures tell us about registrations and attendance, but do not show how many people were interested but did not register or attend.

Other information Llais has asked for

We also asked the Health Board about its outreach work and how people were being recruited to the Citizens' Forums. We wanted to understand how it was finding and supporting people and communities whose voices are not always heard in consultations.

We asked how the Health Board was collecting and looking at information about people's circumstances, protected characteristics and inclusion health needs. We also asked how it would know whether the consultation was hearing from people most affected by health inequalities.

These questions matter in Powys, where rurality, limited transport, digital exclusion and social isolation can make it harder for people to take part. We wanted to understand how the Health Board was reaching people beyond those who may find it easiest to get involved.

These requests for information are different from representations. They ask for facts or clarification so we can understand how the consultation is being run. A representation sets out an issue or concern that Llais believes the Health Board needs to consider. Both help make sure people's experiences and the needs of Powys communities are heard.

What this means

People were willing to talk about the future of health services and could see potential benefits in stronger community care, prevention and better joined-up support.

But people were clear that plans need to work in practice. They want to know that staff, social care, transport, crisis support, diagnostic services and community care will be in place and working well before existing services are reduced.

People said that any changes must take account of life in rural Powys. Journey times, transport, geography and family support all affect whether someone can get the care they need. People want to see their experiences and local knowledge taken into account as the Health Board makes decisions. Llais will keep listening, raise the issues people share with us and tell communities how the Health Board responds.

So, what happens next?

This report is part of an ongoing conversation. We will share an update each month with the Health Board and communities across Powys. We will keep listening, gather people's experiences and bring their views and concerns into the Better Together process. Where issues need to be raised formally, we will make representations to the Health Board and publish these alongside its responses. This will help people see what we have raised, what the Health Board has said and what remains unresolved.

We will keep listening as the proposals develop, including to people who may be most affected by the changes. We will report back to communities as the process continues. If concerns remain unresolved, we will say so. If new information comes to light or proposals change, we will reflect that in our updates.

People's voices must count for more than being heard. Their experiences and concerns need to be considered before decisions are made. People also need to know that any alternatives will be safe, accessible and working effectively before existing services are reduced or withdrawn. Llais will keep people's experiences in view, make sure their concerns reach decision-makers and show communities how those concerns have been answered.



Keep in touch

We want to keep hearing from people across Powys. If you have comments or questions about this report or the Better Together consultation, please get in touch.

Email: bettertogetherpowys@llaiscymru.org

Follow Llais on Facebook: Llais Powys | Llais Wales

Llais Powys news and updates: Visit the Powys website https://www.llaiswales.org/in-your-area/powys

Would you like to receive future updates?

This update will also be sent to everyone on our stakeholder list. If you would like to be added to the list and receive future updates, please email: powysenquiries@llaiscymru.org