Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Stroke Services
Consultation Report
Phase 2



About this document

This document has been produced in response to the findings of the Phase 2 Consultation on the future model for stroke services across Hywel Dda University Health Board.

It has been produced to support the 'conscientious consideration' process by summarising the feedback shared by participants across the consultation. The document may be updated if any element of the feedback requires further clarification.

The main part of the document provides a summary of the feedback heard during the eight-week consultation. The appendices contain the source data and supporting analysis.

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1. Executive summary

Background and context

In March 2023, the Board of Hywel Dda University Health Board (Hywel Dda) approved a programme approach to develop a clinical services plan in response to service fragilities. This was based on the principles of care that is safe, sustainable, accessible and kind.

Stroke was one of the nine clinical services considered through the first phase of consultation. Following that consultation, the Board considered the consultation report alongside a range of other information. This included workforce and service resilience, quality and performance metrics, estate condition, operational pressures, regional working, new national clinical standards and how services link to each other.

At its extraordinary meeting, held over two days in February 2026, the Board reached final decisions for the other eight services included in the Clinical Services Plan. For stroke, the Board selected an alternative idea, to combine alternative options 106 and 210, that came from communities, as a model to be taken forward for further consideration. This was a new idea that was not included in the original consultation process. The Board agreed that further assessment and engagement was required before a final decision could be made. This was due to the scale of the proposed change and the need to better understand the possible impact on patients, families, staff, communities and stakeholders.

This Phase 2 Consultation report therefore focuses specifically on feedback received about the future model for stroke services across Hywel Dda.

Stroke services

A stroke is a serious life-threatening medical condition that happens when the blood supply to part of the brain is cut off by a blood clot or bleeding from a blood vessel. Strokes are a medical emergency and urgent treatment is essential. The sooner a person receives specialist treatment for a stroke, the better their chance of recovery.

Currently, stroke services across the Health Board do not meet clinical standards, and we do not have seven-day specialist cover. This can lead to patient outcomes that are not as good as they could be. Although staff work incredibly hard to provide the best care they can, changing the way stroke services are delivered gives us an opportunity to strengthen specialist care, improve outcomes and provide more consistent support for patients, families and staff. Learning from around the world and the United Kingdom has shown that centralisation to a specialist stroke service delivers improved outcomes.

Consultation scope

This Phase 2 Consultation focused specifically on the future model for stroke services, following the Board's decision that further engagement was needed before making a final decision. The consultation sought views on:

- the new preferred option
- the previously considered stroke options
- potential impacts, mitigations or practical considerations that should inform Board decision-making

The preferred option and previously considered options

The preferred option consulted on was:

- a stroke unit at Glangwili Hospital with 24-hour specialist cover, seven days a week
- Bronglais, Prince Philip and Withybush hospitals would become treat and transfer hospitals. Stroke patients would be transferred to Glangwili Hospital from these hospitals for their acute stroke care, following initial assessment and treatment
- Bronglais Hospital would also have a stroke rehabilitation unit, meaning patients closest to this hospital would be transferred back to Bronglais Hospital from Glangwili Hospital for their stroke-specific rehabilitation

If respondents disagreed with the preferred option, they could tell us if a previously considered option by Board would work better for stroke services. These previously considered options were:

- **Option A** - Prince Philip and Withybush hospitals would have stroke units, with specialist cover 12-hours a day. This means stroke patients from Bronglais and Glangwili hospitals would be transferred to Prince Philip or Withybush hospitals for their inpatient stroke care
- **Option B** - Prince Philip Hospital would have a stroke unit with specialist cover 24-hours a day. This means stroke patients from Bronglais, Glangwili and Withybush hospitals would be transferred to Prince Philip Hospital typically for 72 hours of inpatient care. Following this, patients' ongoing inpatient care would be provided either within Prince Philip Hospital, or at the stroke unit at Withybush Hospital, where there would be specialist cover 12-hours a day
- **Option 106** - Prince Philip and Withybush hospitals would have stroke units, with specialist cover 12-hours a day. Bronglais and Glangwili hospitals would be treat and transfer hospitals. Bronglais Hospital would also have a stroke rehabilitation unit, meaning patients closest to this hospital would be transferred back to Bronglais from either Withybush or Prince Philip hospitals, for their stroke-specific rehabilitation
- **Option 210** - Glangwili Hospital would have a stroke unit with specialist cover 24-hours a day. This means stroke patients from Bronglais, Prince Philip and Withybush hospitals would be transferred to Glangwili Hospital typically for 72 hours of inpatient care. Following this, patients' ongoing inpatient care would be provided either within Glangwili Hospital, or at the stroke unit at Bronglais Hospital, where there would be specialist cover 12-hours a day

Consultation process

The eight-week stroke Phase 2 Consultation period began on 28 May 2026 and ended on 26 July 2026. During this time, members of the public, people with lived experience of stroke, families and carers, Health Board staff, partner organisations, neighbouring health boards and other stakeholders were invited to give feedback on the preferred option for stroke services, the previously considered options, and anything else they felt the Health Board should consider before a final decision is made.

Llais and the Welsh Ambulance Services University NHS Trust were key partners in enabling the consultation, and supported through attendance at events and in sharing information.

Throughout the consultation, stakeholders were signposted to the dedicated consultation website or provided with paper documentation. Bilingual consultation materials were available in a range of formats, including Easy Read, British Sign Language, audio and large print. The consultation document and the questionnaire were also translated into Arabic, Bengali, Kurdish Sorani and Polish.

Feedback was gathered through a wide range of routes, including online and paper questionnaires, public drop-in events, public online events, staff walkarounds and drop-ins, meetings, written submissions and email submissions.

Engagement activity also included meetings or discussions with staff and healthcare professional groups, local stroke groups, county councillors across Carmarthenshire, Ceredigion, Pembrokeshire and neighbouring Powys and south Gwynedd, a dedicated session for town and community councillors, regional and local stakeholder groups, public services boards, partner organisations and other stakeholders.

Assurance of the process

External assurance of the Phase 2 Consultation process has continued to be provided by HICO; an independent public service consultancy that provides advice, assurance and practical support on engagement, consultation and service improvement.

HICO has provided advice and assurance throughout the consultation process. Any Consultation Mark award decision will be considered independently through the Centre for Consultation.

Assurance has been received on all stages of the process to date, including mid-point and closing point quality assurance reviews.

The mid-point review considered whether the consultation was progressing in line with the planned approach and whether any adjustments were needed to support inclusivity, transparency and the quality of engagement.

The closing point review considered whether the consultation had been delivered in line with the agreed standards and objectives, whether it was ready to close, and whether any further activity was required.

The assurance process also considered alignment with legal obligations, the Gunning Principles and consultation quality standards. Further advice has also been provided in relation to good practice for this consultation report.

Consultation responses

Summary of consultation

Questionnaire responses:

- 751 total questionnaire responses
- 676 online responses
  - 10 in Welsh
  - 652 in English
  - 14 on behalf of an organisation or group
- 75 paper copies
  - 3 in Welsh
  - 66 in English
  - 6 Easy Read responses

Public events and activities:

- Public drop-in events held across Carmarthenshire, Ceredigion and Pembrokeshire, with an additional session in Machynlleth
- Two public online events held on 18 June and 7 July 2026
- Engagement at community events, including vaccination drop-in clinics and the Royal Welsh Agricultural Show

Stroke group engagement:

- Seven stroke support groups attended across Carmarthenshire, Ceredigion and Pembrokeshire - groups included Aberystwyth Stroke Club, Aberystwyth Stroke and Neuro Café, Newcastle Emlyn Stroke Group, Hubberston Stroke Survivors Bowls Group, Llanelli Ladies' Stroke Group, Llanelli Men's Stroke Group and Carmarthen Stroke Club

Staff engagement:

- Engagement with stroke ward staff at Bronglais, Glangwili, Prince Philip and Withybush hospitals
- Staff walkarounds and drop-ins across the four acute hospital sites
- Community site walkarounds at community hospitals and integrated care centres
- Meetings with staff and healthcare professional groups

Stakeholder engagement:

- Meetings with regional stakeholder groups, including the Mid Wales Stroke Service Change Group and Regional Clinical Services Plan Group
- Meetings with local stakeholder groups and community organisations
- Engagement with county councillors across Carmarthenshire, Ceredigion, Pembrokeshire and neighbouring Powys and south Gwynedd, and a dedicated session for town and community councillors
- Meetings with public services boards in Carmarthenshire, Ceredigion and Pembrokeshire

Other feedback routes:

- 30 written and email submissions
- Social media feedback – within the consultation plan social media was identified as a way of signposting, promoting events and information, but not as a formal method to respond to the consultation
- Feedback from named organisations and wider group responses captured through the questionnaire

Across the consultation programme, engagement activity reached 3,076 people through recorded attendance, targeted outreach and wider face-to-face promotional activity. This included 1,936 across consultation events, meetings and community events:

- 1,025 through staff sessions and meetings
- 317 through public sessions
- 77 through councillor sessions
- 101 through stroke groups
- 15 through regional meetings
- 401 through community groups, events and other meetings

In addition, the consultation was promoted directly to 1,140 people from seldom-heard groups through targeted outreach by the Community Development Outreach Team. This demonstrates that the consultation used a wide range of routes to reach staff, members of the public, people with lived experience, community representatives and groups who may be less likely to take part through standard consultation methods.

Further representations and group feedback

In addition to individual questionnaire responses and feedback gathered through engagement events, the consultation received responses submitted on behalf of organisations and groups. Of the 751 questionnaire responses received, 14 were submitted on behalf of an organisation or wider group.

Named organisation responses were received from Aberystwyth Town Council, Carno Community Council, Church in Wales in Bro Ystumanner, Dream Team, Dyfi U3A, Extinction Rebellion, Llangeitho Community Council, Pembroke Dock Town Council and SOSPPAN.

Responses were also submitted on behalf of wider staff, service or partner groups, including Community Neuro Physiotherapy at Withybush Hospital, Community Rehabilitation Occupational Therapy in Ceredigion, Gwenllian Ward Acute Stroke Unit at Glangwili Hospital, the Hospital Social Care Team at Pembrokeshire County Council, and the Stroke Therapies Team at Glangwili Hospital.

These responses have been considered alongside individual questionnaire responses, public and staff engagement feedback, stakeholder discussions, along with written and email submissions. Postal responses received after the formal consultation closing date were included where they were received by 4 August 2026, to enable consideration of responses posted close to, or on 26 July 2026.

Where relevant, the themes raised through these organisational, group and written responses are included in the summary findings and in the detailed analysis within the full report. The list of named organisations and wider group responses submitted through the questionnaire is reported in the consultation questionnaire chapter.

Other written and email submission feedback is reported in the relevant feedback sections of the full report, with supporting data included in the appendices where available.

See Appendix 5: List of written submissions, for full submissions.

Main findings

The consultation showed many people recognised the need to improve specialist stroke care. This was alongside consistent concern about how a more centralised model would work in practice, especially when considering Hywel Dda's geography. Across feedback channels, people often accepted the need to improve standards and strengthen specialist care, but wanted greater assurance about access, ambulance transfers, rehabilitation, family support, staffing, capacity and implementation, before any change is made.

Across all channels of feedback, there was broad recognition that current stroke services are fragile and that patients should have access to consistent, high-quality specialist stroke care. Many participants accepted the clinical rationale for change, particularly the need for 24-hour specialist input, improved standards, stronger pathways and better outcomes. However, support for the preferred option was generally conditional on clear assurance that the model can be delivered safely, equitably and sustainably across Hywel Dda's rural geography.

The main areas of concern were consistent across questionnaire responses, public events, online sessions, staff engagement, stroke groups and stakeholder meetings. These related to:

- travel and transport
- ambulance capacity
- family access
- rehabilitation closer to home
- workforce and staffing
- capacity at Glangwili Hospital, and
- confidence that the necessary infrastructure and support would be in place before implementation

There was also a clear geographical pattern in the feedback. Respondents and participants closer to Glangwili Hospital, particularly in parts of Carmarthenshire, were more likely to support or accept the preferred option. Concerns were stronger in Ceredigion, Pembrokeshire, Powys and Gwynedd, where people were more likely to focus on the loss or reduction of local acute stroke provision, longer journeys, rural access, the role of Bronglais and Withybush hospitals, and the practical impact on families and carers.

Engagement with stroke groups and people with lived experience was particularly important in shaping the findings on recovery after stroke. This feedback highlighted that good stroke care is not only about the acute phase, but also about rehabilitation, emotional support, communication with patients and families, the role of carers, returning home safely, and continuity of care after discharge.

Summary views from the consultation feedback

The preferred option:

Feedback showed a divided response. Some people supported the principle of a single specialist stroke unit at Glangwili Hospital with 24-hour specialist cover, seeing this as a way to improve clinical standards, patient safety and workforce sustainability. However, questionnaire responses showed more disagreement than agreement, with 69% (per cent) of respondents either tending to disagree or strongly disagree that the preferred option would help improve clinical standards, patient safety and staff shortages. This was compared with 24% who tended to agree or strongly agree with the preferred option. Concerns focused on travel, transfer times, ambulance capacity, Glangwili Hospital capacity, family access and whether rehabilitation would be available closer to home.

Option A:

Option A attracted some support, particularly from respondents who wanted acute stroke services to remain in both Prince Philip and Withybush hospitals. Feedback linked to this option often reflected concern about maintaining local access in south Carmarthenshire / the Llanelli area and Pembrokeshire. However, it also raised questions about whether 12-hour specialist cover would sufficiently address the clinical, workforce and standards issues that prompted the need for change.

Option B:

Option B attracted some support from respondents who favoured Prince Philip Hospital's location and existing role. Support tended to relate to existing confidence in services there, and a perception that Llanelli would offer more accessible care for some communities, particularly in Carmarthenshire. Concerns remained about the impact on patients from other parts of Hywel Dda, the relationship with Withybush Hospital, and whether this model would provide an equitable solution across the whole Health Board area.

Option 106:

Option 106 attracted support from some respondents, including those who wanted to retain stroke services at Prince Philip and Withybush hospitals, while also recognising the importance of rehabilitation at Bronglais Hospital. It was particularly relevant in feedback from Pembrokeshire, where concern about Withybush Hospital was strong. However, as with Option A, concerns remained about whether the model would deliver the level of specialist cover and service sustainability required.

Option 210:

Of the previously considered options, Option 210 received the highest level of support in questionnaire responses. It was often favoured by respondents in Ceredigion, Powys and Gwynedd after "none of these", as it retained a stroke unit at Bronglais Hospital and provided a rehabilitation role there while also offering 24-hour specialist cover at Glangwili Hospital. Feedback suggested this option was seen by some as a better balance between specialist care and retaining a role for Bronglais Hospital, although concerns remained about travel, transfers and deliverability.

None of these:

The most common response to the question about previous options was "none of these", selected by 50% of respondents. This indicates that a significant proportion of respondents did not feel the preferred option or the previously considered options adequately addressed their concerns. This feedback was often linked to requests for stronger local provision, more developed transport and ambulance plans, clearer evidence of clinical benefit, and further consideration of geography, rurality and family access.

Although views differed by option and geography, the same core issues appeared repeatedly across all feedback channels. These issues help to explain both opposition to the preferred option, and the conditions people felt would need to be met if any change is progressed.

Key issues across the consultation

- **Travel, transport and accessibility:** This was one of the strongest and most consistent themes across all feedback routes. People raised concerns about longer journeys for patients and families, poor public transport, rural road networks, parking, the financial cost of visiting, and the impact on people who do not drive. Concerns were particularly strong in Ceredigion, Pembrokeshire, Powys and Gwynedd
- **Ambulance capacity and treat and transfer:** Many participants questioned whether ambulance services and inter-hospital transfer arrangements could safely support the preferred model. Feedback frequently referred to existing ambulance delays and concern that the benefits of specialist care could be undermined if patients cannot be transferred quickly and reliably. People asked for dedicated stroke transfer arrangements, clear pathways, and evidence that emergency response times would be protected
- **Rehabilitation and care closer to home:** Feedback consistently emphasised that stroke recovery does not end after acute treatment. Patients, families,

staff and stakeholders wanted stronger rehabilitation, early supported discharge, therapy services, community support and clear repatriation arrangements. There was strong support for rehabilitation being delivered as close to home as clinically appropriate, including at Bronglais for those closest to that hospital

Further to this is the delivery of medical inpatient care from Bronglais Hospital either within option 210 following the hyper acute phase (first 72 hours) or acute phase (within 10 days), seen as delivering care closer to home for those living in north Ceredigion, south Gwynedd and Powys. Views were shared that providing this medically-led inpatient care closer to home would allow greater family involvement, while supporting existing established cross-border discharge arrangements

- **Workforce, sustainability and staff impact:** There was broad recognition that current workforce pressures are a key reason for change. However, staff and public respondents questioned whether the preferred model would be sufficiently staffed, particularly in relation to consultants, nurses, therapists and rehabilitation teams. Staff also raised concerns about uncertainty, relocation, retention, deskilling of local teams and the need for workforce planning before implementation
- **Capacity and implementation readiness:** Many people asked whether Glangwili Hospital would have the beds, space, estate, parking, workforce and supporting services needed to take on a larger specialist stroke role. Respondents frequently said that any change should not happen until infrastructure, staffing, transfer arrangements, rehabilitation pathways and contingency plans are in place
- **Patients, families and carers:** Across the consultation, people emphasised the role of families and carers in recovery, wellbeing and discharge. Concerns focused on older spouses, unpaid carers, people without transport, and families who may struggle to visit if patients are treated further from home. Practical mitigations suggested included travel support, accommodation options, better communication with families and digital options to maintain contact
- **Local access versus specialist care:** A consistent theme across the findings was how to balance local access with the benefits of specialist care. Many people accepted that specialist stroke care may need to be concentrated to improve outcomes and meet standards. However, others were concerned that this would reduce local access and weaken the role of hospitals such as Bronglais, Prince Philip and Withybush. The main issue for many was not opposition to specialist care, but whether the benefits outweighed the practical and equality impacts of travelling further
- **Public confidence, communication and transparency:** Feedback showed a need for clearer, ongoing communication. There was a level of misunderstanding about current pathways of care, and concern that proposed options would see the removal of the initial diagnosis and treatment from the appropriate hospitals. Respondents wanted to know what would change, what would remain locally, how the pathway would work, and how consultation feedback will influence Board decision-making. Some participants felt reassured after speaking to Health Board staff, while others expressed mistrust or concern that decisions had already been made. Plain language, clear information showing what would happen and when, and continued engagement were repeatedly suggested

Equality, rurality and Welsh language impacts

Equality, rurality and Welsh language impacts were closely linked throughout the consultation. The main concerns related to whether the preferred option could be delivered fairly across a large rural area, particularly for older people, disabled people, people without access to private transport, unpaid carers, Welsh speakers and communities further from Glangwili Hospital.

- **Rurality and geography:** Rurality was one of the strongest equality-related themes. Feedback from respondents in Ceredigion, Pembrokeshire, Powys and Gwynedd repeatedly highlighted longer journeys, limited public transport, poor road networks, winter travel, summer and tourist travel, and the practical difference between delivering a centralised model in an urban area and in dispersed rural communities. Respondents from these areas were more likely to disagree with the preferred option and to raise concerns about the loss or reduction of local acute stroke provision
- **Older people and people with disabilities:** Stroke disproportionately affects older people. Many respondents highlighted the impact on older patients, people with disabilities, people with cognitive or communication needs, and those who may be frail or less able to manage longer journeys. Concerns included transfer times, distress caused by being treated further from home, access to rehabilitation, and the importance of support from familiar family members and carers
- **Carers, families and people without transport:** The impact on families and unpaid carers was a consistent theme across the consultation. Respondents emphasised that family involvement supports recovery, communication, rehabilitation and discharge planning. Longer distances to Glangwili Hospital could increase financial, practical and emotional pressures for carers, particularly older spouses, people on low incomes and those without access to a car
- **Access to rehabilitation and support closer to home:** Equality concerns were strongly linked to rehabilitation, particularly in feedback from Ceredigion, Pembrokeshire, Powys and south Gwynedd. Longer travel distances and reduced family access were raised most often. Many people felt that the preferred option would only be equitable if patients could return closer to home for rehabilitation, as soon as clinically appropriate. Strong early supported discharge, community stroke services, therapy provision and clear repatriation arrangements were mentioned as ways this could be achieved. Rehabilitation at or near Bronglais Hospital was especially important in feedback from Ceredigion, Powys and south Gwynedd, while Pembrokeshire feedback emphasised the need for strong local rehabilitation and community support following acute care
- **Welsh language:** Welsh language impacts were raised most clearly in Ceredigion and among staff and stakeholder groups. Feedback emphasised the importance of patients being able to communicate in their first language, particularly during rehabilitation, speech and language therapy, emotional support and recovery. Respondents asked that Welsh language provision is built into the pathway, rather than being treated as an additional consideration

Suggested mitigations

The issues above informed a series of suggested mitigations that respondents felt would be needed to reduce impact, improve confidence and support safe implementation.

Across the consultation, people did not identify a single mitigation that would address all concerns. Instead, feedback pointed to a range of practical actions that would be needed to reduce the potential negative impacts of any stroke service change, and increase confidence in deliverability.

While respondents were able to comment on the preferred option and the previously considered options, the Phase 2 Consultation did not invite new alternative options for stroke services. Where respondents suggested different approaches or additional ideas, these have been reported as feedback and considered as part of the wider themes, mitigations and issues for Board consideration.

- **Transport, travel and family access:** A detailed transport and access plan was one of the most commonly requested mitigations. This included dedicated or strengthened stroke transfer arrangements, clarity on how inter-hospital transfers would work, visitor travel support, community transport, taxi or shuttle options, parking arrangements, and practical support for families and carers who may need to travel further or more often. Concerns were also raised around how families and visitors would be supported if they needed to stay overnight due to travel time, availability of transport or weariness and safety to travel, as well as access to services nearby such as supermarkets and shops for clothing and food, or laundry services if needed
- **Ambulance and emergency pathways:** Respondents asked for clear assurance that ambulance capacity, emergency response times and treat and transfer arrangements would be in place before implementation. This included requests for modelling of transfer times, dedicated stroke transfer capacity, escalation plans when ambulances or beds are unavailable, and clear public information on what happens when someone has a suspected stroke
- **Rehabilitation, repatriation and care closer to home:** The strongest mitigation linked to equality and rurality was to ensure patients can return closer to home for rehabilitation as soon as clinically appropriate. Feedback called for clear repatriation arrangements, strengthened early supported discharge, community stroke teams, therapy capacity, local rehabilitation beds and support through community hospitals or services closer to where people live
- **Workforce and implementation planning:** Staff, clinicians and public respondents asked for a detailed workforce plan before any change is made. This included recruitment and retention plans for consultants, nurses, therapists and rehabilitation staff, protection of specialist skills at local hospitals, training and rotation opportunities, and assurance that workforce, therapy and community capacity would be in place before service transition
- **Capacity, infrastructure and site readiness:** Many people asked for evidence that Glangwili Hospital would have the beds, ward space, monitoring equipment, parking, staffing and supporting services needed to take on a larger specialist stroke role. Suggested mitigations included ring-fenced stroke and rehabilitation beds, clear contingency arrangements if beds are unavailable, capital and estate plans, and phased implementation linked to readiness criteria

- **Local hospital roles and continuity of care:** Feedback from Ceredigion, Pembrokeshire, Powys and south Gwynedd repeatedly asked for clarity on what would remain at Bronglais, Withybush and Prince Philip hospitals. Respondents wanted clear public information on local assessment, stabilisation, thrombolysis, transfer, rehabilitation, outpatient follow-up, Transient Ischemic Attack (TIA) pathways, end-of-life care and links with community services
- **Welsh language, equality and rurality:** Respondents asked for Welsh language, equality and rurality impacts to be monitored and mitigated throughout implementation. This included ensuring Welsh-speaking staff and Welsh language support within acute care, rehabilitation, speech and language therapy and community follow-up. This was alongside specific mitigations for older people, disabled people, unpaid carers, people without access to a car and communities with limited public transport
- **Communication, transparency and ongoing engagement:** Many suggested that clearer communication would be essential to maintain public and staff confidence. This included plain-language pathway diagrams, frequently asked questions, and clearer explanations of which patients would go where and why. It also included continued engagement with affected communities and stroke groups, and regular public reporting on implementation, patient outcomes, transfer times, rehabilitation access and equality impacts

2. Consultation overview

Introduction

Hywel Dda University Health Board (Hywel Dda) is the local NHS organisation.

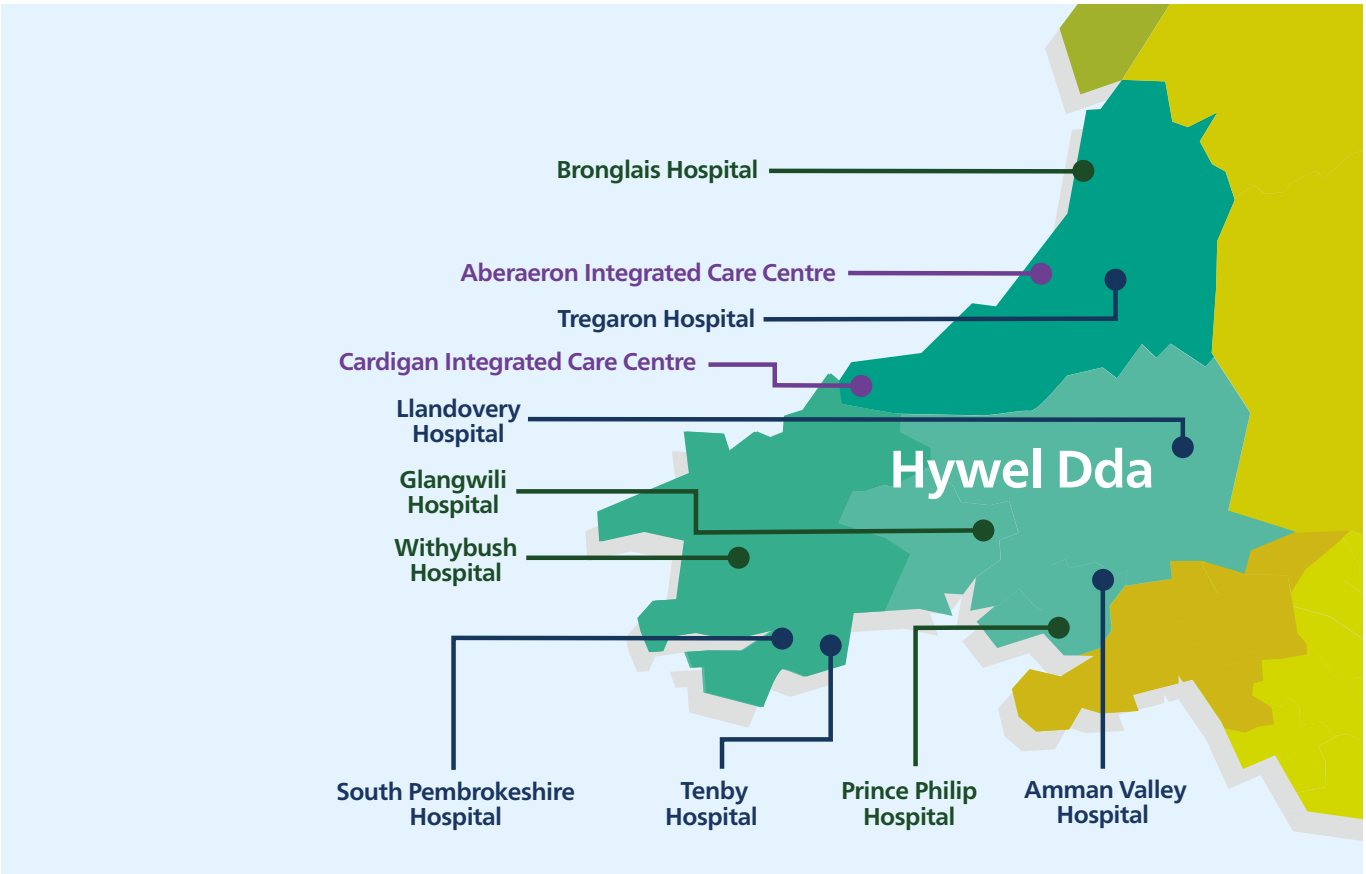
Hywel Dda plans, organises, and provides health services for almost 400,000 people in Carmarthenshire, Ceredigion, and Pembrokeshire. Some of the services are also used by communities in bordering areas of south Gwynedd, parts of Powys and Swansea/ Neath Port Talbot.

Communities within Hywel Dda are quite spread out, often in rural areas.

Hywel Dda provides services through:

- four main hospitals (Bronglais Hospital in Aberystwyth, Glangwili Hospital in Carmarthen, Prince Philip Hospital in Llanelli, and Withybush Hospital in Haverfordwest)
- five community hospitals (Amman Valley Hospital and Llandovery Hospital in Carmarthenshire, Tregaron Hospital in Ceredigion, Tenby Hospital and South Pembrokeshire Hospital in Pembrokeshire)
- two integrated care centres (Aberaeron and Cardigan, both in Ceredigion)
- community facilities, including GP surgeries, dental practices, community pharmacies, ophthalmic (eye care) practices and sites providing mental health and learning disability services care within people's own homes

Highly specialised services can be provided outside of the Hywel Dda area, for example, in Swansea, Cardiff, or even outside Wales such as in Bristol.



Challenges facing stroke services

Currently, Hywel Dda's stroke services do not meet clinical standards, and do not have seven-day specialist cover. This can lead to patient outcomes that are not as good as they could be. This is why Hywel Dda needs to change the way stroke services are delivered so they are safe, sustainable, accessible and kind for patients and staff.

Quality Statement for Stroke

The Quality Statement for Stroke sets out what high-quality, person-centred stroke care should look like across Wales. It provides a framework for health boards to plan and deliver consistent, safe, and modern stroke services. Currently, the stroke service resources are spread thinly across multiple sites.

For Hywel Dda this means:

- inadequate staffing levels in nursing, allied health professionals, and specialist stroke consultants
- relying on single-handed locum consultants at Bronglais and Glangwili hospitals that makes the service fragile
- not having seven-day specialist cover
- not having access to a specialised Comprehensive Regional Stroke Centre (CRSC) within the Carmarthenshire, Ceredigion and Pembrokeshire area
- not being able to meet the evidence-based standards recommended by the Royal College of Physicians and measured by the Sentinel Stroke National Audit Programme (SSNAP)
- having an over-reliance on individuals and a risk of service collapse; this means services are not resilient
- not having a hospital rehabilitation service that meets the stroke standards to provide therapy provision five days in seven, for three hours a day
- not having a community rehabilitation service that meets the stroke standards for Integrated Community Stroke Services
- not having a seven-day (or five-day) Transient Ischemic Attack (TIA) service as recommended by the stroke standards
- unequal participation in research studies due to staffing shortages

This suggests that the population of Hywel Dda is not getting the best possible outcomes following a stroke, which may contribute to avoidable deaths and disability. It also shows that, although the staff work incredibly hard to provide the best care they can, the nearest hospital for patients may not be able to support a patient throughout their whole care and treatment or offer the best outcomes.

Hywel Dda recognises that the specialism of stroke services, and the national development of specialist Comprehensive Regional Stroke Centres (CRSCs), may mean some patients receive their ongoing care in a different hospital to the one they are currently familiar with. For families and carers, this could mean travelling further to visit loved ones who are in hospital. Hywel Dda understands the impact this can have, and it is something the Health Board takes seriously as part of its decision-making.

Progress so far

In March 2023, Hywel Dda's Board approved a programme approach to develop a clinical services plan in response to service fragilities. This was based on the principles of care that is safe, sustainable, accessible, and kind.

The development of a clinical services plan was to provide a set of plans for nine clinical services that were considered to be the most fragile.

These included:

- critical care
- dermatology

- emergency general surgery
- endoscopy
- ophthalmology
- orthopaedics
- radiology
- stroke
- urology

It was necessary to look at change in these nine services as there are risks to those services being able to continue to offer safe, quality services or timely care.

Hywel Dda recognised for several years that some of our hospital services are fragile. This is mainly because the clinical teams are spread across multiple sites, with an over-reliance on a small number of staff.

For all services Hywel Dda looked at the factors affecting each service. This included considering any temporary changes, clinical guidelines and policies, staffing issues and cost challenges.

Given the challenges, Hywel Dda developed the Clinical Services Plan with options to change these nine clinical services. Any option developed needed to be delivered within four years from any decision. The Board also considered what further changes could be made in more than four years.

Hywel Dda involved members of staff and public, identifying people and organisations (stakeholders) who should be part of the conversation. Read more information in the Clinical Services Plan Consultation Document by going online at: hduhb.nhs.wales/clinical-services-consultation

As a result of the first phase of consultation, an independent report was prepared by Opinion Research Services (ORS), also available on our website which can be accessed at: https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2026/extraordinary-board-agenda-and-papers-18-and-19-february-2026/extraordinary-board-agenda-and-papers-18-february-2026/hdduhb-clinical-services-plan-consultation-report/. The report summarises more than 4,000 questionnaire responses, in addition to feedback shared at public, staff and stakeholder events attended by over 4,000 people.

At its extraordinary meeting, held over two days in February 2026, the Board carefully considered the independent consultation report alongside a range of other information. This included the latest information on workforce and service resilience, estate condition, operational pressures, regional working, new clinical standards and how services link to each other.

The Board also considered the 22 alternative options for all nine services that were suggested as part of the consultation process and met the hurdle criteria.

Hurdle criteria are the essential conditions an alternative idea needed to meet before it progressed for further consideration as an option presented to the Board.

All draft options, and any new ideas that were suggested as part of the Clinical Services Plan consultation, needed to meet the following criteria:

- **Clinically sustainable** – Does the option allow for progress towards delivering quality standards? Does it consider any co-dependencies? Will the workforce be able to deliver it?
- **Deliverable** – Is the option clinically and operationally deliverable within the timeframe of two to four years? Are there capital or building requirements that can be secured and delivered in that timeframe?

- **Accessible** – Does the option provide access for people within an appropriate timeframe? Does the option support a reduction in waiting times for patients? Is there equity in access?
- **Strategically aligned** – Does the option support the direction set out in the 'A Healthier Mid and West Wales - Healthier lives, well lived' strategy, or at least not contradict it? Does the option support joint prevention work to improve population health, or at least not contradict it?
- **Financially sustainable** – Does the option support effective use of our finances?

During the meeting, consideration was given to the practical steps needed for implementation, including how changes would need to be phased over time.

The Board reached final decisions for eight of the nine services included in the Clinical Services Plan. For stroke, a new merged idea was explored. It combined elements from two alternative options, to progress towards a 24-hour acute stroke unit in Glangwili Hospital and a stroke rehabilitation unit in Bronglais Hospital.

Due to the scale of change, the Board identified that further assessment and engagement was required with staff, communities and stakeholders before any decisions could be made for the future model of stroke services across Hywel Dda.

More information about the decisions made for the other eight services included in the Clinical Services Plan is available to view on our website which can be accessed at: https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/clinical-services-plan/

Purpose of the Phase 2 Consultation on stroke services

This second phase of the Clinical Services Plan consultation is specifically about how Hywel Dda could deliver stroke services in the future. Stroke is a serious, time-critical condition where access to specialist care, rehabilitation and support can affect recovery and outcomes.

Who we wanted to talk with

We are grateful to everyone who took the time to share their views. This second phase of the consultation was open to all members of the public who live, work, receive services, or have an interest in our area.

People took part from a range of perspectives, including patients, families and carers, staff, students, volunteers, partner organisations, community representatives and people with an interest in health and wellbeing. Hywel Dda also worked with neighbouring health boards and encouraged residents and organisations in bordering areas to share their views.

The consultation questions

- whether you support the preferred option and why
- if you didn't support the preferred option, whether a previously considered option by Board would work better and why
- anything else you think we needed to consider to make stroke services work better in the future. This included any mitigations or improvements, and potential Welsh language impacts if the service operates differently in the future

What was outside of the scope of the Phase 2 Consultation

The following points are decided and were not open to influence in this second phase of the consultation:

- The future roles of our four main hospital sites and the future service models for the other eight services included in the Clinical Services Plan consultation:
  - critical care
  - dermatology
  - emergency general surgery
  - endoscopy
  - ophthalmology
  - orthopaedics
  - radiology, and
  - urology
- We were not accepting alternative new ideas for how stroke services could be delivered in Hywel Dda. These were received during the first phase of consultation
- The overall direction of our strategy 'A Healthier Mid and West Wales: Healthier lives, well lived':
  - moving towards a wellness service rather than an illness service
  - developing a social model for health
  - supporting people, through technology and other means, to stay healthy, independent, and in their own homes
  - significant capital investment to improve or replace old buildings
  - bringing together acute hospital services to make them stronger and improve standards of care

Consultation methodology and response

Each chapter in this report provides detailed information about the consultation methods from which feedback has been reported. The following section provides a brief overview.

To provide relevant information that might inform respondents' views, information about the preferred option for stroke services was included in the main consultation document and supporting documentation, including Easy Read format. After being encouraged to familiarise themselves with the background information, members of the public, staff, and other stakeholders were invited to provide feedback through a wide range of methods, including the following:

- A bilingual consultation questionnaire that was available online (hosted on Dweud Eich Dweud / Have Your Say website) and via paper copies, which were circulated widely and available on request
- Alternative language and Easy Read formats were also provided
- Engagement activities undertaken by the Health Board, including:
  - online webinars and face-to-face public drop-in events
  - staff drop-in events, hospital walkarounds and meetings
  - meetings with statutory and non-statutory stakeholders/partners
  - attendance at and visits to existing stroke groups, community groups, vaccination drop-in clinics, and public events like the Royal Welsh Agricultural Show
  - written and email submissions
  - social media for awareness raising of events and signposting

Feedback was gathered through public drop-in events, public online sessions, staff walkarounds and drop-ins, meetings with staff and healthcare professionals, stroke groups engagement, wider stakeholder meetings, and engagement with county councillors across Carmarthenshire, Ceredigion, Pembrokeshire and neighbouring Powys and south Gwynedd. Also a dedicated session for town and community councillors, public service board discussions, written submissions and email submissions. A total of 751 questionnaires were completed, including 676 online responses and 75 paper copies.

Artificial intelligence (Copilot) has been used to support the analysis of consultation responses. The outputs of this work were cross-checked by people working on the consultation to ensure that the responses are accurate, balanced, and reflect what was heard during the consultation.

Communication activity and reach

A programme of communications activity supported the Phase 2 Consultation. The aim of this activity was to raise awareness of the consultation, promote opportunities to take part and make consultation materials available in accessible formats.

Consultation materials were produced in Welsh and English, with additional accessible and alternative formats including Easy Read, British Sign Language, audio and large print. The consultation document and the questionnaire were also translated into the most commonly used additional languages in our communities: Arabic, Bengali, Kurdish Sorani and Polish. Supporting resources included promotional posters and postcards, and a Teulu Jones document illustrating case studies that set out practical patient scenarios across the current model, the previously considered options and the preferred option.

Dedicated public and staff webpages were launched to bring together the consultation documents, questionnaire, supporting information, event details, frequently asked questions and video explainer content, available at hduhb.nhs.wales/stroke-consultation. Consultation opportunities were promoted through paid radio and newspaper advertising across the Hywel Dda area, paid social media targeted to localities for events, and regular organic social media activity to raise awareness of the consultation, available materials and opportunities to participate.

Staff communications included Team Brief, four SharePoint news items, 20 all-staff emails, Viva Engage updates, staff Facebook updates and information cascaded through staff networks. Information distributed through staff networks reached approximately 1,293 staff members, and an all-staff online Town Hall session was attended by 185 staff. In total there were 10,581 printed materials produced for the consultation, including posters, factsheets, and consultation documents.

Media and stakeholder updates were issued at key points, including ahead of the Board's consideration of the next phase of consultation, at the launch of the consultation, at the mid-point, and in the final week of the consultation. The Health Board also responded to media enquiries relating to local concerns about stroke provision and the future of services. By the close of consultation, proactive media releases and enquiries had resulted in 36 news items across 18 publications. Around 60% of coverage directly reproduced or reflected Health Board messaging, while around 40% focused on opposition, campaign activity and political commentary.

Digital activity also supported consultation reach. Between 28 May and 26 July 2026, the public consultation landing page received 4,345 views and 3,166 active users.

The questionnaire page received 1,049 views and 928 active users, while the consultation document received 835 views and 736 active users. The events page received 441 views and 345 active users. Accessible and supporting

materials were also accessed online, including Easy Read (255 views), Teulu Jones case studies (195 views), supporting documents (221 views), alternative language materials (89 views), audio content (52 views), British Sign Language content (69 views) and frequently asked questions (188 views).

Social media activity included both paid and organic promotion. Paid social media helped extend reach and visibility, contributing between 30% and 55% of total reach across most high-performing posts and often accounting for around half of all views. Social media adverts for in-person and online events generated reach of 222,389 and 1,871 link clicks. Overall, the Facebook campaign reached more than 481,500 people, generated almost 840,000 content views, over 8,700 reactions, comments and shares, more than 33,000 clicks, and over 860 shares.

Communications activity also responded to issues emerging through the consultation. Concerns raised through social media included mistrust in the Health Board and consultation process. There were also concerns about removal of services, travel, Welsh language, ambulance availability and the preferred option. In response, the Health Board continued to emphasise that no decisions had been made, encouraged people to complete the questionnaire and added to the frequently asked questions web resource. The Health Board also used media releases and social media to provide reassurance on stroke pathways, transfer arrangements, ambulance and transport planning, and how feedback would inform decision-making.

Targeted outreach was also supported through the engagement database, primary care, public and stakeholder events, staff channels and community networks. The Community Development Outreach Team supported engagement with seldom-heard groups including people experiencing socio-economic disadvantage or housing insecurity, diverse communities and migrant workers, veterans, people with disabilities, rural communities and refugees. By the end of the eight-week consultation period, the consultation had been promoted by the Community Development Outreach Team to 1,140 people.

The nature of public consultation

Public consultation promotes accountability and assists decision-making; public bodies give an account of their plans or proposals and listen to feedback. Consultation has therefore been described as a dialogue, based on a genuine and purposeful exchange of views.

However, it should be noted that consultations are not referenda or votes where the loudest voices or the greatest numbers automatically determine the outcome. The feedback received often reflects widely varied and sometimes polarised views. It is important to report these concerns and contrary views robustly, in order for decision-makers to be able to conscientiously take into account the issues raised.

The consultation report

In contrast to the more thematic approach in the executive summary, the full report considers feedback from each element of the consultation in turn, because it is important that the overall report provides a full evidence base for those considering the consultation and its findings.

All types of consultation responses are important. The report also identifies where strength of feeling may be particularly strong, either in relation to specific themes, possible outcomes, geography or particular groups of consultees. This will enable decision-makers to conscientiously consider the issues raised in line with the fourth Gunning Principle.

'The product of consultation must be conscientiously taken into account when finalising the decision.'

The Gunning Principles are four legal standards for fair public consultation in the UK, established in the 1985 case R v London Borough of Brent ex parte Gunning. They require consultations to be formative, informed, timely, and conscientiously considered.

It should be recognised that consultation respondents are self-selecting and the findings should not be interpreted as statistically representative of the wider population. People who feel directly affected or hold strong views may be more likely to participate and to provide detailed responses. Nevertheless, all feedback received has been reported fully and fairly and the issues raised will be conscientiously considered, alongside the other evidence available to decision-makers.

In relation to strength of feeling, when reporting the qualitative research findings we have used standard descriptors like 'most,' 'many,' 'some,' 'several,' and 'a few' to convey the relative prevalence of themes and strength of feeling within the data. While the terms do not indicate precise proportions, broadly speaking their meaning is as follows:

- most: a large majority of consultees, but not all
- many: a slight majority or large minority of consultees
- some/several: a minority of consultees, but more than a handful
- a few: a handful of consultees

Quotations are used throughout the report, but it is important to note that these are used for illustrative purposes only. In some cases, the quotations may not be fully supported by the available evidence, and while in reporting we have not sought to highlight or correct incorrect statements or assumptions. This should be borne in mind when considering the findings.

Finally, this report does not seek to 'make a case' for or against the proposals, or to make any recommendations as to how decision-makers should use the reported results. It is for Board members to take decisions based on all the evidence available, of which consultation feedback is one part.

3. Consultation questionnaire

Introduction

Throughout the eight-week consultation, which began on 28 May 2026 and ended on 26 July 2026, stakeholders were signposted to Hywel Dda's bilingual consultation website, which can be accessed at hduhb.nhs.wales/stroke-consultation, or provided with bilingual paper documentation. The consultation materials were available in a range of formats including an Easy Read version, a British Sign Language video, audio and large print. The consultation materials were also translated into the most commonly used languages within Hywel Dda: Arabic, Bengali, Kurdish Sorani and Polish. The materials and communication and engagement plan were shared with Llais, ahead of the launch of the consultation, for their awareness and engagement.

The questionnaire was designed to gather stakeholder feedback in a consistent way to support analysis of findings, with summary information given to support the questions, but linking back to the main consultation document for full information.

Stakeholders were asked to share their views on the preferred option. If they did not agree with the preferred option, whether one of the previously considered options would better meet the challenges faced by stroke services. Additional questions were included to understand whether there were any other issues that we should be aware of, whether there were any Welsh language or equality impacts not already identified, or other mitigations that should be considered by Board members when making a final decision.

The questionnaire was shared with a readers' panel during development and to help identify improvements to its accessibility. The readers' panel requested that an additional question be included, asking whether respondents had read the main consultation document before completing the questionnaire. It is important to note that some respondents may have selected "yes" because they were concerned that a "no" response could affect how their feedback was viewed. However, responses were handled and analysed in the same way regardless of the answer given to this question.

The final part of the questionnaire included equality monitoring questions, to enable us to understand where responses had come from and better understand how the options were received by different demographic groups.

Methodology and questionnaire responses

The consultation questionnaire was available online in Welsh and English. It was also distributed widely through stakeholder networks, including Siarad Iechyd/Talking Health members, Clinical Services Plan stroke participants, GP practices, libraries and Llais. Consultation materials were shared by email and post, with 2,728 stakeholder emails and 1,600 postal distributions issued, including questionnaires, consultation documents, letters and posters. Further questionnaires were distributed through staff and public engagement events, with alternative formats and paper copies available on request by contacting the Communications Hub and the Engagement Team.

All questionnaires submitted online by the closing date were accepted and included in the analysis. Freepost responses with a datemark before consultation closure were also accepted, including postal responses received up to 4 August 2026. Responses were included regardless of whether any equality monitoring questions were answered.

A total of 751 questionnaires were completed, which included 676 online responses (10 of which were Welsh) and 75 paper copies (including three Welsh responses and six Easy Read versions).

Responses received in Welsh were translated prior to coding and were analysed following translation.

As part of the analysis of questionnaire responses, we checked to see whether there were any duplicate responses. The 'Have Your Say' platform used to host the consultation questionnaire, provides each response submitted with a unique user identification number. This is generated using a process called 'pseudonymisation', meaning that no personal identifiable information is used to create it.

The user identification number can identify if a response came from the same Internet Protocol (IP) address, which is a unique set of numbers for any device connected to the internet. While we identified that some responses were likely to have shared the same IP address, such as where a family used the same device, there were no multiple submissions from the same address that would affect the integrity of the response or subsequent reporting. No responses were therefore removed from the analysis or the consultation reporting.

Each response was read by two people (coders) who assigned a sentiment and a theme to the response to support with analysis. Each person completed the sentiment analysis and theming individually.

The themes were generated as the submissions were read and the framework for themes developed as the responses came in, rather than using a pre-existing framework. Where someone raised a theme that had already been shared, this was counted as a multiple of that theme. Where someone raised a theme that hadn't already been shared, this was recorded as a new theme.

Each response was matched to a summary theme that best described what was shared within the response. Where both coders identified only a single theme, this was only recorded once for that response. Where the coders believed that there was a different theme arising, a second theme was attached to the response, which means that two coded themes could be identified for responses.

Where multiple issues were identified in a response, a theme was developed to capture these issues as appropriately as possible. For example, where a response included issues around public transport availability, ambulance availability and road infrastructure, this was themed as 'Travel, transport and infrastructure' rather than making a judgement on which of the three issues should be included within the theming.

Where no text was present this was not coded, and where there were characters included but no response, or the person stated there were no further comments, this was noted as 'No further comments.'

Once each response was read and themed, a cross-check took place between the two coders, using a square root sample of responses to confirm that the coding was accurately completed. This meant that 28 responses were included within the sample after rounding up, and included one Welsh response, one Easy Read response, and 26 online or paper responses all chosen at random.

During this session, both coders read the sampled responses and reviewed the codes and sentiment. Where they disagreed, they discussed whether another theme better reflected the response. Once agreement was reached, they moved on to the next sampled response.

Once both coders were in agreement with the final coding, a further check was undertaken once the analysis of all responses was completed. The purpose of this was to remove any accidental duplication of themes, where typing errors had taken place in coding.

Use of Artificial Intelligence (AI) to support analysis

For the thematic analysis of open text questions within the consultation questionnaire, and for the engagement notes recorded at sessions, Artificial Intelligence (AI) (Copilot) was used to read the responses, identify further insights and highlight relevant supporting quotes.

The AI analysis did not have access to any personal or identifiable information which may have been included in the questionnaire response or engagement notes. For questionnaire analysis, the AI only reviewed the response to the relevant question. It did not review the full questionnaire response or any demographic information.

For engagement notes, no personally identifiable information was recorded when the notes were taken.

These themes were generated independently of the themes identified by the two coders, which can be found in the graphs and appendices.

See Appendix 4: Full list of thematic coding identified for further information. Where responses were provided in Welsh, the translated response was used as part of the AI analysis.

These were then reviewed by people who took the notes, or were present at the sessions, to ensure that they reflected what was heard during the consultation and were an accurate representation of the questionnaire responses. Further sampling of the thematic analysis also took place to ensure that the generated analysis reflected the notes directly.

Use of quotes

To support the analysis of consultation responses, illustrative quotes have been included to highlight particular issues raised. Where quotes have been used, source information is also included to provide additional context. As part of the review process, quotes were checked against the questionnaire responses or engagement notes. This was to ensure they retained the respondent's intended meaning. In some instances, multiple quotes have been used where there was a difference of opinion or views.

Where quotes have been used from the questionnaire, these have been included in the respondent's original style and not amended. As a result, quotes may include uncorrected spelling mistakes or errors. Where corrections have been made or additional clarification provided to help understand the context, square brackets have been used [ ] to indicate these changes.

It is important to note that the views shared in the questionnaire are from individuals, organisations and groups and may not be the views of the wider population.

Respondent profile

Of the 751 responses, 14 were from respondents identifying as completing the questionnaire on behalf of an organisation or a group.

Of the remaining 737 responses to the questionnaire, 17 identified themselves as members of staff within Hywel Dda or NHS Wales. The remaining 720 responses are believed to be from individuals.

The table below shows the list of questionnaire responses received by named organisations or groups. Written submissions from individuals and other organisations have been reported on separately, later in the report, and included in their entirety in Appendix 5.

Named organisations:
Aberystwyth Town Council
Carno Community Council
Church in Wales in Bro Ystumanner
Dream Team
Dyfi U3A
Extinction Rebellion
Llangeitho Community Council
Pembroke Dock Town Council
SOSPPAN
Responses made on behalf of a wider group:
Community Neuro Physiotherapy – Withybush Hospital
Community Rehabilitation Occupational Therapy – Ceredigion
Gwenllian Ward Acute Stroke Unit – Glangwili Hospital
Hospital Social Care Team – Pembrokeshire County Council
Stroke Therapies Team – Glangwili Hospital

The table on page 27 provides the demographic profile of respondents where they completed the equality monitoring questions. All responses have been included in this table, and where possible compared to the (18+) population of Hywel Dda, although some responses may have been received from outside of the Hywel Dda area.

Where the percentage of responses is greater than 0% but less than 1% an asterisk (*) has been used and totals may not reach 100% due to rounding.

Characteristic		Questionnaire responses Number of respondents	%	Population aged 18+
By age	18-24	13	2%	10%
	25-34	56	8%	13%
	35-44	69	10%	13%
	45-54	96	14%	15%
	55-64	181	26%	18%
	65-74	176	25%	17%
	75 and above	117	17%	14%
	Total responses	708	100%	100%
	Not known/Prefer not to say	43	-	-
By gender	Male	183	27%	48%
	Female	501	73%	52%
	Non-binary	2	*	-
	Uses another term	4	*	-
	Total responses	690	100%	100%
	Not known/Prefer not to say	61	-	-
By long-term limiting illness/ disability	Has a disability	132	20%	25%
	No disability	541	80%	75%
	Total responses	673	100%	100%
	Not known/Prefer not to say	78	-	-
By ethnic group	White	645	98%	97%
	Mixed or multiple ethnic groups	6	*	1%
	Asian or Asian British	5	*	1%
	Other	4	*	*
	Total responses	660	100%	100%
	Not known/Prefer not to say	91	-	-

The next table summarises other demographic information linked to responses, but has no comparator to the local population. As on page 27, where the percentage of responses is greater than 0% but less than 1% an asterisk (*) has been used and totals may not reach 100% due to rounding.

Characteristic		Questionnaire responses	
		Number of respondents	%
By main language spoken/used at home	English	563	84%
	Welsh	105	16%
	Other	3	*
	Total responses	671	100%
	Not known/Prefer not to say	80	-
By whether respondent provides unpaid care	Yes	206	31%
	No	450	69%
	Total responses	656	100%
	Not known/Prefer not to say	95	-
By whether respondent is currently pregnant or given birth within the last year	Yes	11	2%
	No	491	98%
	Total responses	502	100%
	Not known/Prefer not to say	249	-
By whether gender is the same as that assigned at birth	Yes	686	99%
	No	5	*
	Total responses	691	100%
	Not known/Prefer not to say	60	-
By sexual orientation	Asexual	28	5%
	Bisexual	17	3%
	Gay or lesbian	10	2%
	Heterosexual or straight	546	90%
	Other	3	*
	Total responses	604	100%
	Not known/Prefer not to say	147	-

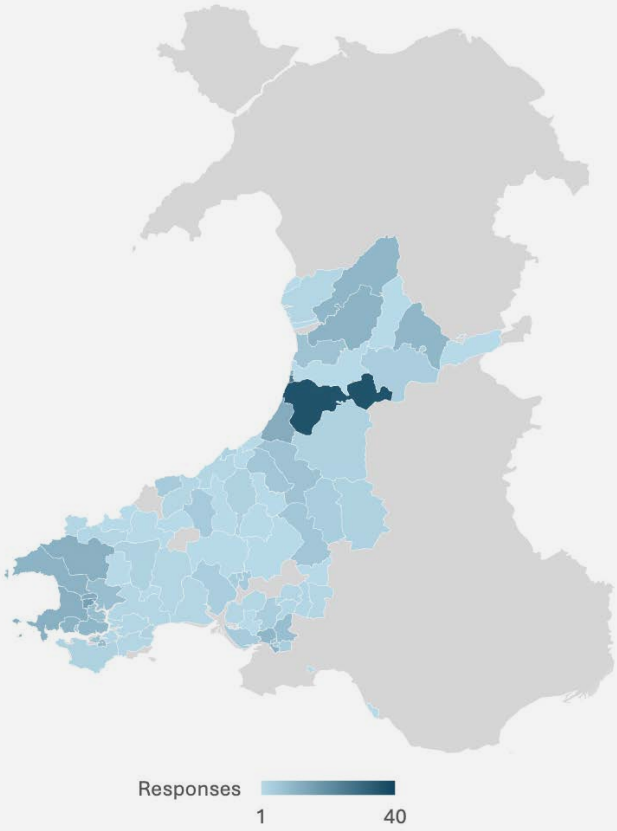
The final tables summarise responses based on location, where people provided their partial postcode in the questionnaire response. Due to having only a partial postcode, where a postcode district covers local authority boundaries, an assumption has been made on their county. Again, where the percentage of responses is greater than 0% but less than 1% an asterisk (*) has been used, and totals may not reach 100% due to rounding.

Characteristic		Questionnaire responses		Population aged 18+
		Number of respondents	%	
By local authority	Carmarthenshire	143	20%	49%
	Ceredigion	244	34%	19%
	Pembrokeshire	214	30%	32%
	Powys	98	14%	-
	Gwynedd	19	3%	-
	Swansea	1	*	-
	Total responses	719	100%	100%
	Not known/Prefer not to say	32	-	-

Characteristic		Questionnaire responses	
		Number of respondents	%
By health board	Hywel Dda	601	84%
	Powys	98	14%
	Betsi Cadwaladr	19	3%
	Swansea Bay	1	*
	Total responses	719	100%
	Not known/Prefer not to say	32	-

Using partial post code responses, these have been used to produce a map of response density by postcode district.

What are the first five digits of your postcode?



The greatest density of responses focused around Bronglais Hospital, reaching into Powys and south Gwynedd. The second greatest density focuses around Withybush Hospital in Pembrokeshire, while the Carmarthenshire responses are more heavily focused around Prince Philip Hospital in Llanelli.

Interpretation of the data

The results for some of the consultation questions have been shown in a graphical format and the charts show numbers of people responding to the question. The colours of the charts hold no relevance or meaning but have been used consistently across charts to allow for comparison.

The total number of responses to each question may vary, as people may have chosen not to answer all questions. The total number of responses for each question is included in that section of the report.

Questionnaire feedback

Questions 1 and 2

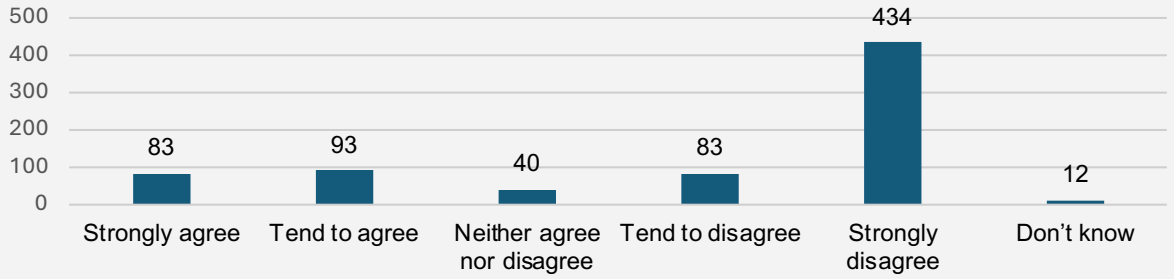
In Question 1, respondents were first provided with a summary of the current stroke service, the issues faced, and how services would look under the preferred option. They were then asked, 'To what extent do you agree or disagree that the preferred option for stroke services will help improve clinical standards, patient safety and staff shortages?'.

Respondents could choose to answer: 'Strongly agree', 'Tend to agree', 'Neither agree nor disagree', 'Tend to disagree' or 'Strongly disagree' and they also had the opportunity to select 'Don't know'.

By overall response

745 responses (approximately 99%) were received for the question, with the graph below showing their responses.

To what extent do you agree or disagree that the preferred option for stroke services will help improve clinical standards, patient safety and staff shortages?

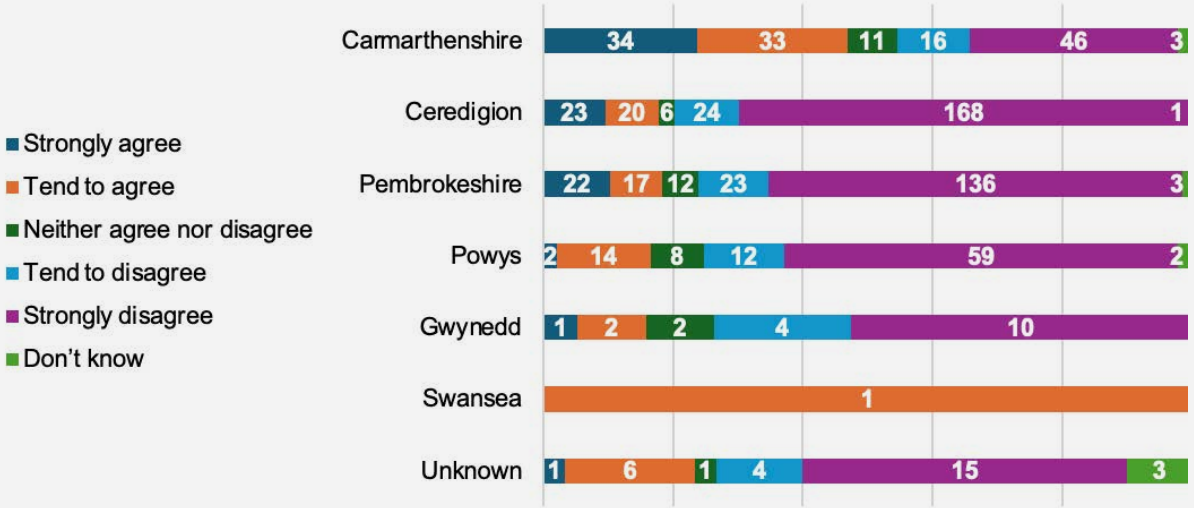


The majority of respondents strongly disagreed with the preferred option, with 69% either choosing 'Tend to disagree' or 'Strongly disagree'. In contrast, 24% of respondents chose either 'Tend to agree' or 'Strongly agree' with the preferred option.

By assumed county

715 responses (approximately 95%) were received for the question with postcode information, with the graph below showing how their preference corresponds with their assumed county.

To what extent do you agree with the preferred option (by assumed county)?



People living in Carmarthenshire were more likely to agree with the preferred option, while those living in other areas were more likely to disagree with the preferred option, particularly in Ceredigion, Pembrokeshire, Powys and south Gwynedd.

By other demographics

When looking at responses to the question by age, younger people (under 25) and older people (over 75) were more likely to agree with the preferred option than other age groups.

Younger people (18-24) were the most likely to agree (46%), the 55-64 age group were most likely to disagree (76%), while older people (75+) were least likely to disagree or strongly disagree (55%).

When looking at responses to the question by gender, there was only a slight variation between people who identified as male or female, with men slightly more likely to agree with the preferred option, and women slightly more likely to disagree with the preferred option.

100% of people (six) who identified as a gender other than male or female disagreed or strongly disagreed with the preferred option, however the low sample size means it is not possible to make meaningful conclusions.

There were some variations in responses based on ethnicity. However, the low sample sizes mean it is not possible to make meaningful conclusions. No other variations between demographics were noted for Question 1.

Reason for choice

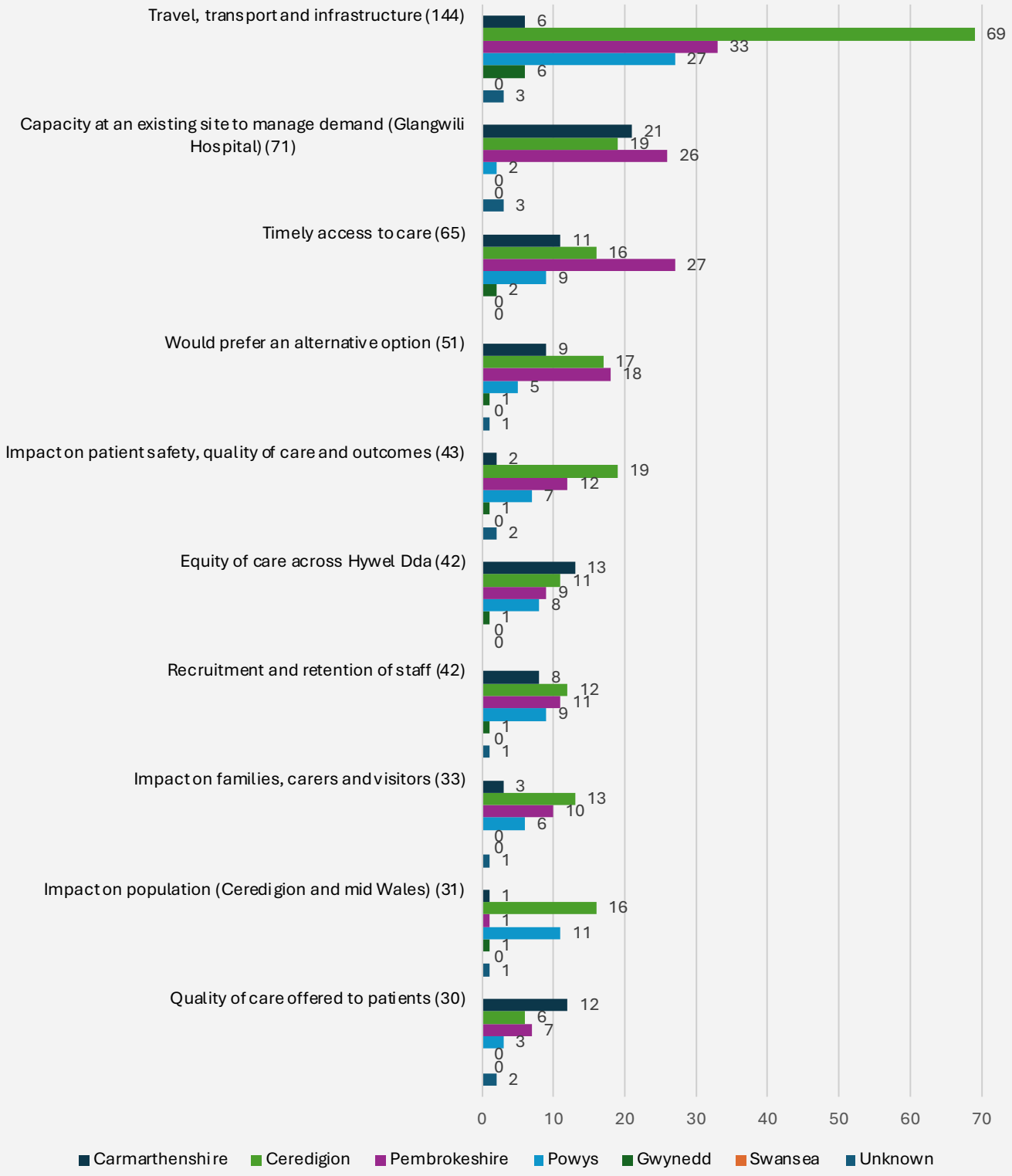
In Question 2, respondents were then asked 'Please share why you gave this answer. How could we improve the preferred option or reduce any negative impact?' in an open text box. It generated 998 responses and 92 themes.

By reviewing responses by sentiment there were 152 positive responses (15%), 139 neutral responses (14%) and 707 negative responses (71%).

Below is a graph of the 10 most frequently coded themes, which may appear as positive, neutral or negative sentiments. There were 24 positive themes (19%), 49 neutral themes (39%) and 54 negative themes (43%). The themes are identified by assumed county. A full list of themes, by sentiment and count can be found in the appendices.

See Appendix 4: Full list of thematic coding identified.

Most frequently identified coded themes by assumed county for 'Please share why you gave this answer. How could we improve the preferred option or reduce any negative impact?' Total amount of comments by theme shared in brackets after theme title.



Thematic summary

A strong and recurring theme across most responses was concern about the impact of service centralisation on rural communities. In particular, around travel times, ambulance availability, access to timely treatment, and the burden on families and carers. A minority supported a single 24/7 specialist stroke unit because of potential improvements in clinical standards, workforce sustainability and specialist expertise. However, these views often included caveats about transport, rehabilitation, funding and implementation risks.

Travel times, geography and rural inequality

The most prominent theme was concern that long travel distances across mid and west Wales could delay time-critical stroke treatment and worsen health inequalities. Respondents highlighted rural geography, poor road links, limited public transport, and the distance between Bronglais and Glangwili hospitals as major risks to patient outcomes.

> **"The principle that 'time is brain' is well established in stroke care."** - Individual response

> **"Carno Community Council believes that the preferred option will not service the needs of our local community. We are seeing more and more services removed from this area without regard to the problems relating to the distance services will now be from us."** - Carno Community Council

Ambulance capacity and patient transfers

Many respondents questioned whether ambulance services have enough capacity to support a treat and transfer model. Concerns focused on existing delays, increased inter-hospital transfers, and the risk that patients could miss critical treatment windows while waiting for transport.

> **"The proposed model relies heavily on ambulance availability."** - Individual response

> **"The hospital [Bronglais Hospital] serves a large and dispersed population, and access to stroke services remains particularly sensitive to distance, travel time, and transport availability."** – Aberystwyth Town Council

Support for local stroke services and Bronglais Hospital

A significant number of responses advocated retaining acute stroke services at Bronglais Hospital. Respondents described the existing service as high-performing and essential for the communities it serves. Respondents were concerned that removing specialist services could undermine the hospital's long-term sustainability and further centralise care away from rural populations.

> **"The stroke outcome in Bronglais Hospital is currently one of the best in Wales."** - Individual response

> **"The Council remains unable to support any proposal which results in a reduction or downgrading of services at Bronglais General Hospital."** – Aberystwyth Town Council

Impact on families, carers and visitors

Respondents frequently stressed that stroke recovery depends on support from family and friends. Increased travel costs, limited public transport, parking concerns, and the practical difficulties faced by elderly relatives and carers were identified as significant consequences of centralising services.

> **"Having to make families travel to Glangwili and back to visit a relative or a friend would make life very difficult."** - Individual response

"The only negative impacts would be relative travelling back and for, to visit. The elderly would suffer."
– Pembroke Dock Town Council

Clinical benefits of a single specialist unit

Some respondents accepted that a single specialist unit could deliver more consistent 24/7 stroke care, improve access to specialist staff, support training, strengthen recruitment, and provide better compliance with clinical standards. Supporters still tended to emphasise the need for robust mitigation to address rural access concerns.

"24 hour specialist cover, 7 days a week, albeit on one site only would result in fairer outcomes for patients." - Individual response

"I think 24/7 care is preferred but it is hard to know for sure. Changes will need more services, either help for transport or help with care once out of the hospital." – Dream Team

Workforce, recruitment and service sustainability

Workforce challenges were a major theme. Some respondents agreed that centralisation could help address staffing shortages and create a sustainable specialist workforce. Other respondents argued that removing services from local hospitals would make recruitment and retention harder and could shift workforce pressures elsewhere.

"I understand the need to encourage and retain staff by having a 'centre of excellence'." - Individual response

"It will have a negative impact on community and acute services and deter people away from coming to work for HDUHB [Hywel Dda University Health Board] as there are limited to specialist jobs/services."
- Community Neuro Physiotherapy – Withybush Hospital

Rehabilitation and care closer to home

There was broad support for retaining or expanding local rehabilitation services, particularly at Bronglais Hospital. Many respondents viewed specialist acute treatment followed by rehabilitation nearer home as more acceptable, provided rehabilitation services are properly resourced and accessible to local communities. Other respondents thought that Option 210 would be able to provide a return close to home sooner.

"I prefer option 210 where patients are transferred nearer to home after 72 hours initial care for their ongoing care." – Individual response

"The preferred option works but could be improved by giving patients equipment so that relatives can speak to them over the internet for the first 12 days. Anyone who needs more than 12 days treatment for them to be re-patriated to their "Home Hospital" to allow for their family to help their recuperation." – SOSPPAN

Funding, infrastructure and deliverability

Respondents questioned whether sufficient funding, facilities and infrastructure exist to make the preferred model successful. Concerns included the condition and capacity of Glangwili Hospital, therapy staffing requirements, revenue implications, transfer arrangements, and the absence of detailed implementation plans.

"Without proper funding and recruitment of clinical staff and how this is going to be achieved I don't see the preferred option making any difference." – Individual response

"Glangwili is falling apart and a nightmare to get around."
– Dream Team

Stronger planning and mitigation

Several responses focused less on opposition or support and more on the need for clearer implementation arrangements. Suggested mitigations included guaranteed transfer capacity, workforce planning, equality impact assessment, transport support for visitors, cross-board working, and ongoing monitoring of service impacts.

"Overall, I support the aim of improving stroke standards and sustainability, but I do not feel able to fully agree with the preferred option at this stage unless the implementation plan provides much clearer detail." - Individual response

Questions 3 and 4

Question 3, respondents were then asked 'If you disagree with the preferred option, do you prefer one of the previous options considered by Board? If so, which option do you think would work better for stroke services?'.

They were provided with a summary of the previously considered options. This included the two previously consulted options, alongside the two alternative options that came from communities during the consultation.

The previously considered options were described as follows:

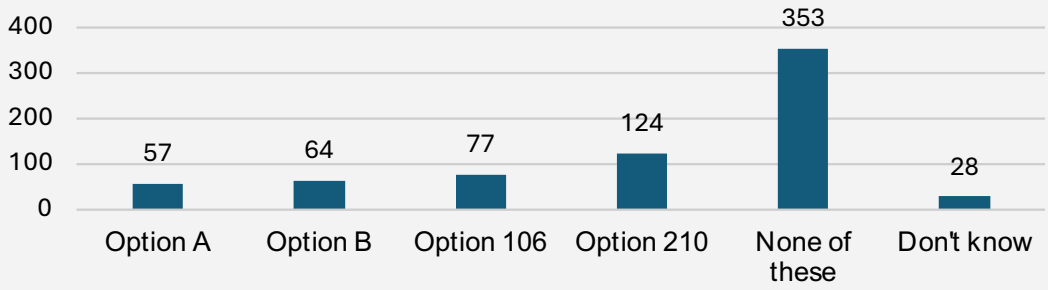
- **Option A** - Prince Philip and Withybush hospitals would have stroke units, with specialist cover 12-hours a day. This means, stroke patients from Bronglais and Glangwili hospitals would be transferred to Prince Philip or Withybush hospitals for their inpatient stroke care
- **Option B** - Prince Philip Hospital would have a stroke unit with specialist cover 24-hours a day. This means, stroke patients from Bronglais and Glangwili hospitals, and from Withybush Hospital stroke unit, would be transferred to Prince Philip Hospital typically for 72 hours of inpatient care. Following this, patients' ongoing inpatient care would be provided either within Prince Philip, or at the stroke unit at Withybush Hospital
- **Option 106** - Prince Philip and Withybush hospitals would have stroke units, with specialist cover 12-hours a day. Bronglais and Glangwili would be treat and transfer hospitals, and Bronglais would also have a stroke rehabilitation unit, meaning patients closest to this hospital, would be transferred back to Bronglais from either Withybush or Prince Philip hospitals for their stroke-specific rehabilitation
- **Option 210** - Glangwili Hospital would have a stroke unit with specialist cover 24-hours a day. This means, stroke patients from Bronglais stroke unit, and from Prince Philip and Withybush hospitals, would be transferred to Glangwili Hospital typically for 72 hours of inpatient care. Following this, patients' ongoing inpatient care would be provided either within Glangwili Hospital, or at the stroke unit at Bronglais Hospital.

Respondents could choose to answer: Option A, Option B, Option 106 or Option 210 and they also had the opportunity to select 'None of these' and 'Don't know'.

By overall response

703 responses (approximately 95%) were received for the question, with the graph below showing their responses.

If you disagree with the preferred option, do you prefer one of the previous options considered by Board? If so, which option do you think would work better for stroke services?



The largest single proportion of respondents (50%) selected 'None of these'. Of the four previously considered options - Option 210 had the most support (18%), followed by Option 106 (11%), Option B (9%) then Option A (8%). The next table compares respondents' answers to this question with the answer they gave to Question 1.

Cross tabulation of options previously considered against response to Preferred Option

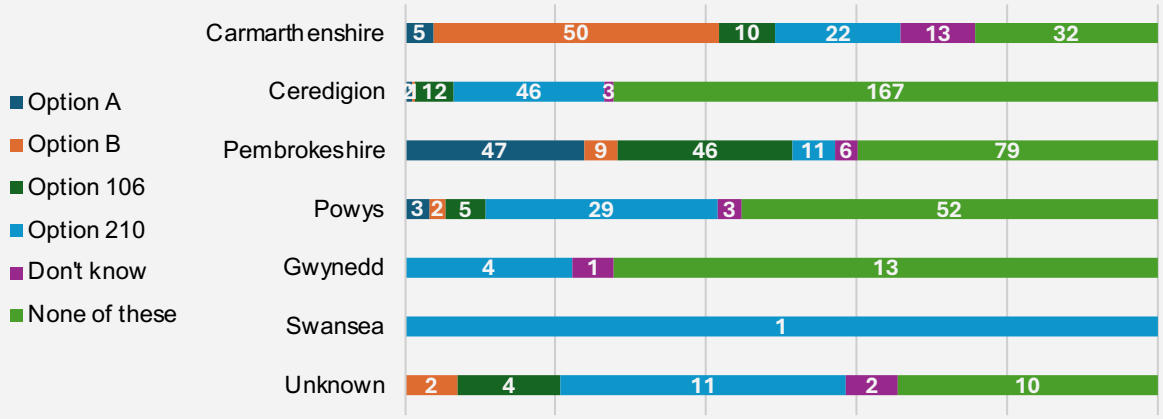
Preferred Option choice	Option A	Option B	Option 106	Option 210	None of these	Don't know
Strongly agree	4	5	9	19	27	4
Tend to agree	4	3	6	32	24	8
Neither agree nor disagree	3	6	3	11	8	6
Tend to disagree	7	10	11	18	32	1
Strongly disagree	38	39	48	37	259	8
Don't know	1	1	0	6	2	1

Those who chose 'Strongly agree' or 'Tend to disagree' for the preferred option, most commonly selected 'None of these', followed by 'Option 210'. Those who chose 'Tend to agree', 'Neither agree nor disagree' or 'Don't know' for the preferred option most commonly selected 'Option 210' followed by 'None of these'. Among those who chose 'Strongly disagree' for the preferred option, 'None of these' was by far the most common response, followed by 'Option 106'.

By assumed county

674 responses (approximately 96%) were received for the question with postcode information, with the graph below showing how their preference corresponds with their assumed county.

Is there a previously considered option which better meets the issues for stroke services (by assumed county)?



The prevalence in Carmarthenshire for a previously considered option was 'Option B'. In Ceredigion, Powys and Gwynedd the prevalence was 'None of these' followed by 'Option 210'. In Pembrokeshire, the prevalence was for 'None of these' followed by either 'Option A' or 'Option 106'.

By other demographics

No variations between demographics and responses were noted for this question.

Reason for choice

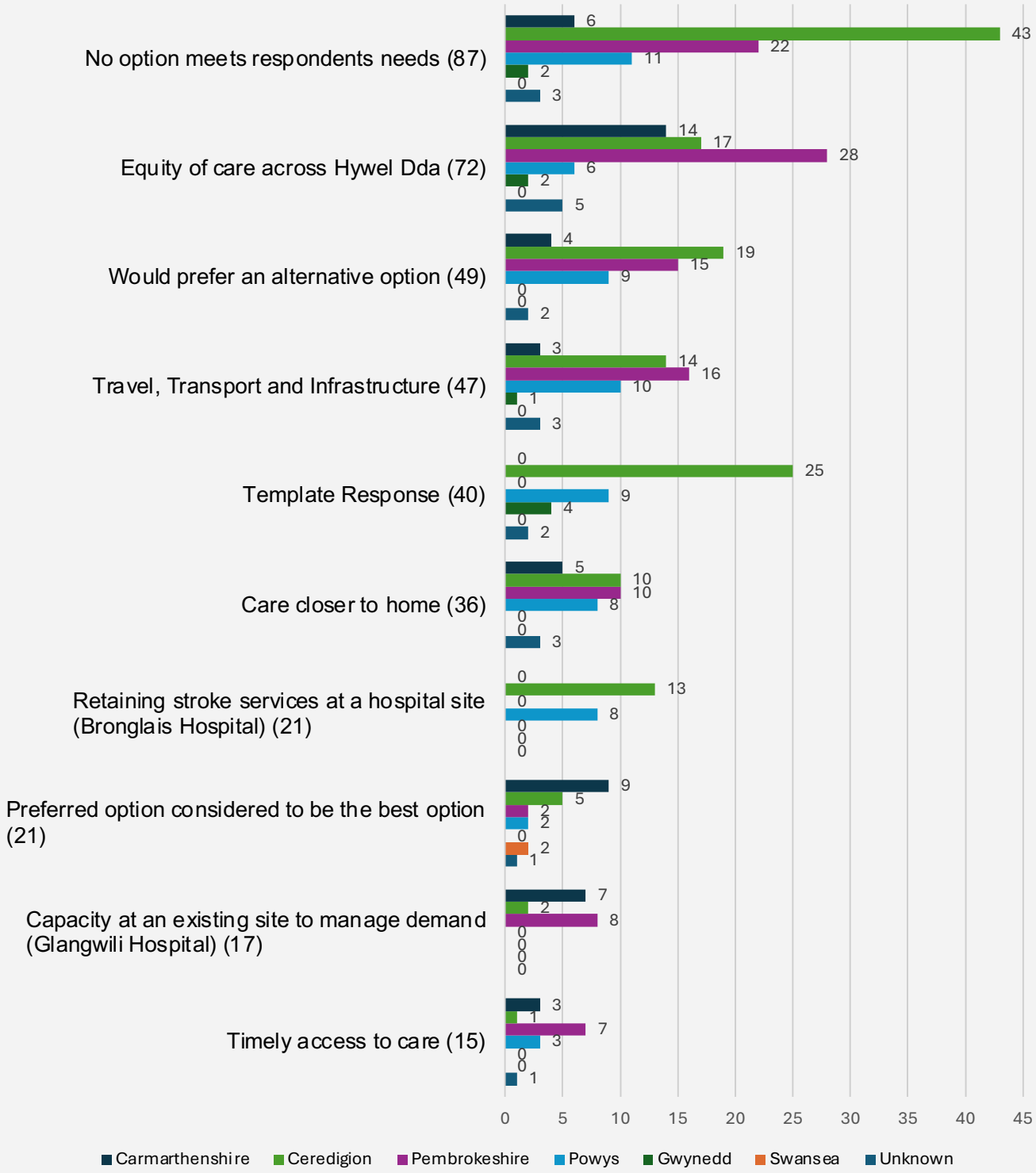
In Question 4, respondents were asked 'Please share why you prefer a previous option.' in an open text box. It generated 676 responses and 129 themes.

By reviewing responses by sentiment there were 209 positive responses (31%), 136 neutral responses (20%) and 331 negative responses (49%).

On page 39 is a graph of the 10 most frequently coded themes, which may appear as positive, neutral or negative sentiments. There were 38 positive themes (29%), 38 neutral themes (29%) and 53 negative themes (41%). The themes are identified by assumed county. A full list of themes, by sentiment and count can be found in the appendices.

See Appendix 4: Full list of thematic coding identified.

Most frequently identified coded themes by assumed county for 'Please share why you prefer a previous option.' Total amount of comments by theme shared in brackets after theme title.



Thematic summary

Responses show a clear common thread around access, rurality, transfer risk and the need for care closer to home, although views differ on the preferred service model. Many respondents oppose models that reduce local provision, particularly at Bronglais and Withybush hospitals.

Some respondents supported centralised 24/7 specialist care, if rehabilitation and safe transfer arrangements are robust. A smaller number of respondents favoured specific alternatives such as Options 106, 210 or B, noting they believe these provide a better balance between specialist care and geography.

Rural access and geography

A dominant theme was that rural geography should shape the stroke model. Respondents repeatedly state that communities served by Bronglais Hospital include Ceredigion, Powys and south Gwynedd, with long travel distances and limited transport infrastructure. Many argue that models developed for urban settings are unsuitable for mid and west Wales.

> **"A model developed for urban centres cannot simply be applied here."** – Individual response

> **"Given the rurality of the region and the known limitations in transport infrastructure, centralising services at Glangwili General Hospital raises significant concerns. Increased travel distances and journey times may heighten the risk of patients missing critical time windows for urgent imaging (such as CT scanning) and interventions such as thrombolysis, which are highly time-dependent."** - Community Rehabilitation Occupational Therapy – Ceredigion

Bronglais as a local stroke hub

Many responses argued that Bronglais Hospital should retain or strengthen stroke services, including emergency assessment, imaging, acute treatment, inpatient care and rehabilitation. Bronglais Hospital is frequently described as the only hospital serving a large mid Wales catchment, with respondents concerned that it should not become only a "treat and transfer" point.

> **"Bronglais Hospital should instead remain a rural stroke hub, providing emergency assessment, imaging, acute treatment, ongoing inpatient care and rehabilitation…"** – Individual response

> **"Allocations relating to Bronglais specify "treat and transfer." This is not an option for the people of mid Wales."** - Church in Wales in Bro Ystumanner

Concerns about treat and transfer

The treat and transfer model was a major concern. Respondents questioned whether time-critical transfers can be delivered safely over rural roads and whether the ambulance service has sufficient capacity. Several comments argued that transfer delays could undermine the intended benefits of specialist care.

> **"All four options rely on transferring patients from Bronglais to another hospital… This is unacceptable due to the journey time, the standard of the roads, the reality of frequent delays…"** – Individual response

Need for 24/7 specialist cover

There is strong concern about any model offering only 12-hour specialist cover. This was alongside confusion around the model, with some believing that stroke services would be unavailable outside of those 12 hours.

Respondents stressed that strokes could occur at any time and that time-sensitive diagnosis and treatment require reliable specialist input. Some argued for 24-hour cover at all hospitals, while others accepted one 24/7 centre only if local access and rehabilitation are protected.

> **"A unit should provide 24hr care wherever it is. People don't have a stroke to opening times."** – Individual response

Family support and rehabilitation close to home

Many respondents link recovery to proximity to family, carers and community support. They argued that long journeys for relatives could reduce visiting, increase distress and affect rehabilitation, particularly for older patients and those with communication difficulties. Local rehabilitation at Bronglais and Withybush hospitals or other community-accessible sites is frequently supported.

> **"Family involvement is recognised as an essential part of stroke recovery…"** – Individual response

> **"Travel to Glangwili General Hospital is not feasible for many relatives due to distance, cost, and limited public transport options. This may result in reduced or absent visiting, which can negatively affect a patient's emotional wellbeing, recovery, and overall mental health during what is already a highly vulnerable time."** - Community Rehabilitation Occupational Therapy – Ceredigion

Withybush and Pembrokeshire provision

A significant group of respondents argued for retaining or strengthening stroke services at Withybush Hospital. Respondents cited Pembrokeshire's geography, older population, travel distances and previous positive experiences of care. Some prefer Option 106 or local rehabilitation at Withybush Hospital because they believe it provides fairer access for western communities.

> **"A Stroke Unit must be retained at Withybush and should be 24 hour, not 12 hour specialist cover."** - Individual response

> **"All hospitals need a specialist stroke unit." - Hospital Social Care Team –** Pembrokeshire County Council

Prince Philip and Llanelli considerations

Some respondents supported Prince Philip Hospital as a 24-hour specialist site, referencing Llanelli's population, existing facilities and concerns about service loss. Others questioned reliance on Prince Philip Hospital because of emergency service configuration, showing divided views on whether it should host acute stroke provision.

> **"I believe Prince Philip Hospital should retain a 24-hour specialist stroke unit to serve Llanelli and the wider Hywel Dda area."** – Individual response

> **"PPH does not have an intensive care unit or an A&E. We frequently assess patients in these areas, so not having easy access to them would make it more difficult to meet our SSNAP targets."** - Stroke Therapies Team – Glangwili Hospital

Pressure on Glangwili and centralisation risk

Several responses raised concerns about concentrating services at Glangwili Hospital, citing existing pressure, estate constraints, parking, bed flow and resilience. Some respondents considered Glangwili Hospital geographically central, but many argued that a single unit serving a large rural area creates operational and access risks.

"Centralising almost all stroke services at Glangwili Hospital also creates unnecessary risk." – Individual response

"I prefer the previous option [the preferred option] - GGH and BGH are better placed geographically to meet the needs of the Hywel Dda population." - Stroke Therapies Team – Glangwili Hospital

Workforce, funding and deliverability

Respondents asked for clearer details on staffing, capital investment, implementation timescales and operational safeguards. Some comments stated that quality improvement requires investment in staff, infrastructure, ward design, rehabilitation space and equipment, rather than simply reducing the number of sites.

"Improving compliance with national stroke quality standards requires more than simply reducing the number of sites delivering care." – Individual response

Conditional or alternative support

Although many rejected the available options, some expressed conditional support for the preferred option, Option 106, Option 210 or Option B. These views usually depend on safeguards such as strengthened Bronglais Hospital rehabilitation, robust transport, clearer workforce modelling, local access, and a balance between clinical standards and rural equity.

"My concern is less about choosing one of the earlier configurations and more about ensuring that whichever model is taken forward has sufficiently detailed operational, workforce, transport and rural-site safeguards." – Individual response

"There needs to be support for dependents when carers are being treated and vice versa. Transport needs improving for this to work." – Dream Team

Question 5

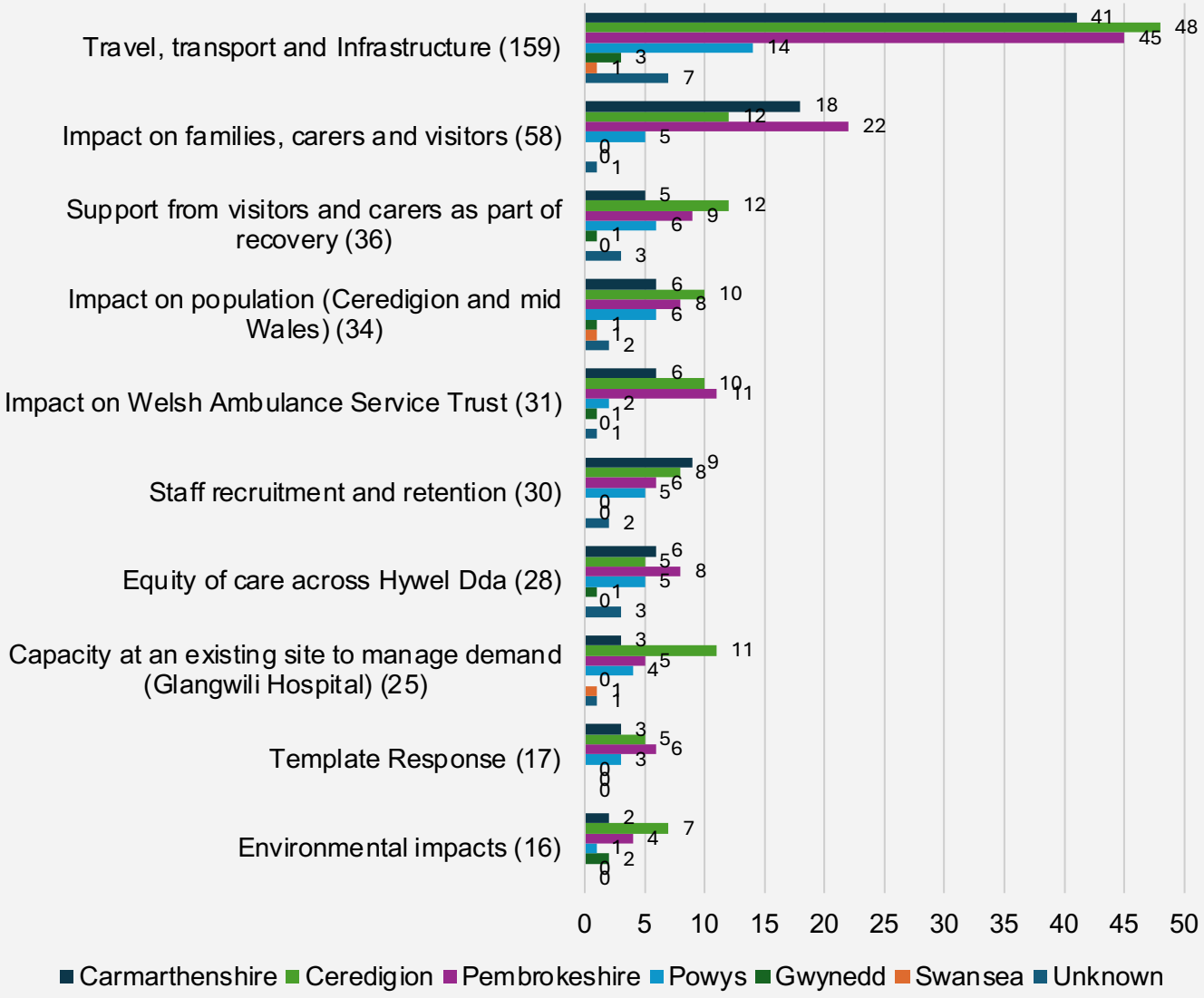
In an open text box, people were asked 'If you have any further comments please share them below. For example, things that you think we have not considered, comments about the hospitals, transport and access, environmental impacts and opportunities, local facilities to support patients, families and carers, staff and the wider community'. It generated 800 responses and 169 themes.

By reviewing responses by sentiment there were 36 positive responses (5%), 149 neutral responses (19%) and 615 negative responses (77%).

On page 43 is a graph of the 10 most frequently coded themes, which may appear as positive, neutral or negative sentiments. There were 21 positive themes (12%), 63 neutral themes (37%) and 85 negative themes (50%). The themes are identified by assumed county. A full list of themes, by sentiment and count can be found in the appendices.

See Appendix 4: Full list of thematic coding identified.

Most frequently identified coded themes by assumed county for 'If you have any further comments please share them below.' Total amount of comments by theme shared in brackets after theme title.



Thematic summary

Across the responses, there was strong commonality around concern that centralising stroke care, particularly at Glangwili Hospital, may not reflect the rural geography, transport limitations and family support needs of communities served by Bronglais, Withybush and Prince Philip hospitals. However, there were some opposing views; a smaller number of respondents support centralisation where it secures specialist care, 24-hour expertise or improved clinical standards. Overall, the dominant view is that clinical benefits must be balanced against access, equity, transport, workforce and implementation risks.

Transport, travel time and ambulance capacity

Transport was the most consistently raised theme. Respondents describe rural roads, poor public transport, seasonal congestion, winter conditions and long transfer times as major risks for time-critical stroke care. Many also question whether ambulance capacity is sufficient to support additional inter-hospital transfers without affecting emergency response.

> **"Transport and access to hospital is always and has always been a problem with such a dispersed network and still has not been solved."** – Individual response

> **"Transport: more and newer ambulances, more paramedics and drivers will be needed. Study how to attract staff into the area and increase training for local people. (including Welsh speakers). Travel in Wales is becoming more difficult with climate changes and increasing numbers of accidents closing roads. How long does it take to drive to Bristol and Cardiff."** - Extinction Rebellion

Family, carers and recovery

Many responses stressed that family involvement is integral to stroke recovery, rehabilitation, communication and discharge planning. Respondents fear that longer journeys, cost, lack of public transport and parking difficulties would reduce visiting, particularly for older spouses, carers, disabled relatives and people without access to a car.

> **"Stroke patients require love and care from love[d] ones to assist with their recovery. Is [If] distance becomes an issue this will have an impact in patients recovery."** – Individual response

> **"Travelling from the Aberystwyth area to Carmarthen is not a good option for elderly relatives of stroke patients, which is what these are in the main."** – Llangeitho Community Council

Rurality and equity of access

A substantial theme is that an urban-style model is not viewed as suitable for rural mid and west Wales. Respondents argue that communities in Ceredigion, Pembrokeshire, Powys and south Gwynedd face different conditions from urban areas, and that longer travel may create inequity compared with populations closer to specialist sites.

> **"A model developed for urban centres cannot simply be applied here."** – Individual response

> **"The Council is afraid that you have probably considered all of these and dismissed them. In Carno it is an aging population many of whom lack transport, relative support and an understanding of computers. There appears to be a failing of the requirements of mid Wales (Montgomeryshire area of Powys)."** – Carno Community Council

Retaining or strengthening local stroke services

Many respondents called for local stroke services to be retained, particularly at Bronglais and Withybush hospitals. Some describe Bronglais Hospital as strategically important for mid Wales and suggest it should be developed as a rural stroke hub, supported by telemedicine and specialist networks, rather than downgraded.

> **"Bronglais Hospital should instead remain a rural stroke hub, providing emergency assessment, imaging, acute treatment, ongoing inpatient care and rehabilitation."** – Individual response

Concerns about Glangwili Hospital capacity and suitability

Respondents repeatedly raise concerns about Glangwili Hospital's estate, parking, congestion and ability to absorb additional stroke activity. Several responses describe the site as busy, constrained or already under pressure, and question whether further centralisation there is practical without major investment.

> **"Glangwili is a very busy hospital, waiting times parking and staffing levels are already at breaking point."** – Individual response

Workforce, staffing and service resilience

Workforce concerns include recruitment, retention, therapy staffing, specialist cover and the potential effect of service changes on current staff. Some respondents argue that uncertainty or downgrading at local hospitals may make recruitment harder, while others emphasise that any revised model must ensure sufficient medical, nursing, therapy and multidisciplinary staffing.

> **"If GGH are to double their stroke admissions, then therapy staffing must be given proper attention."** – Stroke Therapies Team, Glangwili Hospital

Rehabilitation and care closer to home

Respondents distinguish between acute specialist care and longer-term rehabilitation, with many arguing that rehabilitation should be close to home and supported by local services. Several comments ask for clarity on how rehabilitation units would differ from acute stroke units, how patients would be repatriated, and how community support would be organised after discharge. There were also suggestions to include similar rehabilitation units in Prince Philip and Withybush hospitals as a mitigation to travel distance, with a greater call for Withybush Hospital than Prince Philip Hospital.

> **"Rehabilitation neds [needs] to be offered at Bronglais, Withybush and GLangwili [Glangwili] limiting travel times and distance."** – Individual response

Environmental and financial impacts

A recurring concern was that additional patient transfers and family journeys would increase emissions, fuel costs and financial pressure on families. Some respondents also questioned value for money if capital investment is required at Glangwili Hospital, while longer-term hospital plans remain uncertain.

> **"Travelling and transferring patients would take significantly more time and create much more pollution. It would also cost a lot of money."** – Individual response

> **"Investing almost £20 million in a new stroke unit at Glangwili only to relocate services again within a few years raises serious questions about value for money and long-term planning."** – Individual response

Implementation detail, evidence and assurance

Many respondents asked for more detail on transfer arrangements, transport planning, staffing, beds, discharge pathways, monitoring and the evidence base for treat and transfer in rural settings. Concern was also raised that implementation risks should be resolved before any service change proceeds.

> **"There is a complete lack of detail on patient transfers and visitor transport, which are core aspects of the 'preferred option'."** – Individual response

Question 6

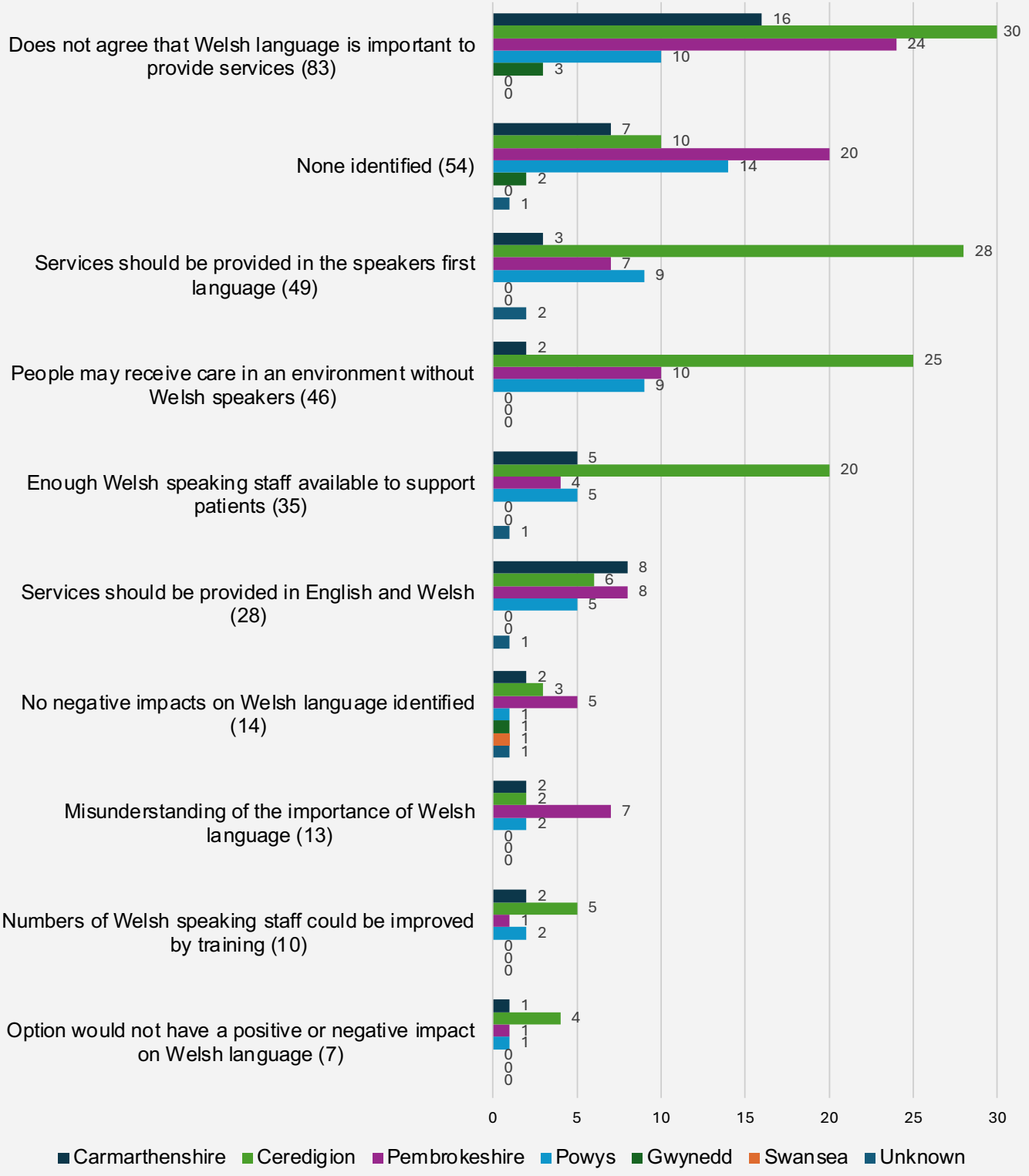
In an open text box, people were asked 'Please share your views on any positive or negative impacts on the Welsh language for the preferred option, and how these could be improved or reduced'. It generated 409 responses and 59 themes.

By reviewing responses by sentiment there were 38 positive responses (9%), 286 neutral responses (70%) and 85 negative responses (21%).

Below is a graph of the 10 most frequently coded themes, which may appear as positive, neutral or negative sentiments. There were 16 positive themes (27%), 24 neutral themes (41%) and 19 negative themes (32%). The themes are identified by assumed county. A full list of themes, by sentiment and count can be found in the appendices.

See Appendix 4: Full list of thematic coding identified.

Most frequently identified coded themes by assumed county for 'Please share your views on any positive or negative impacts on the Welsh language for the preferred option, and how these could be improved or reduced.' Total amount of comments by theme share



Thematic summary

Across responses, there was clear commonality that patient safety, timely treatment and effective communication are central concerns. However, views were strongly divided on whether Welsh language provision should materially influence the preferred stroke service option.

Many respondents see Welsh language access as essential to safe, dignified stroke care, particularly for people whose first-language is Welsh. Other respondents regarded language as secondary or irrelevant compared with urgent clinical treatment.

Welsh language as part of safe, person-centred stroke care

A recurring theme was that stroke can affect speech, cognition and confidence, making communication in a patient's first or preferred language especially important. Respondents linked Welsh language access to reassurance, rehabilitation, emotional wellbeing and the ability to understand care during a frightening and clinically complex episode.

> **"Welsh is my first language & I think it is very important to have Welsh speaking staff available to look after & communicate with patients who have had a stroke & who prefer to speak Welsh. This will improve their recovery & rehabilitation."** – Individual response

> **"Issues for transfer could be extremely confusing especially Welsh only speakers without careful explanation."** – Dream Team

Concern about centralising services away from Welsh-speaking communities

Many respondents argued that moving care away from areas such as Bronglais Hospital, Ceredigion and mid Wales could weaken Welsh language provision. Concerns focused on patients being treated further from familiar communities, in settings perceived as having fewer Welsh speakers or different Welsh dialects, especially if acute care is moved towards Glangwili Hospital.

> **"Bronglais is at the heart of one of the main Welsh-speaking areas, reducing services, and transferring them to areas where the Welsh language is less strong, is bound to negatively impact on Welsh language provision."** – Individual response

> **"Moving services away from the heartland of the Welsh language to areas where (it is assumed) the number of Welsh Speakers is less."** – Carno Community Council

Workforce capacity and availability of Welsh speaking staff

Several responses questioned whether there would be enough Welsh-speaking clinical and support staff across the whole pathway, including acute care, rehabilitation, speech and language therapy, transport and transfer. Some respondents specifically raised uncertainty about whether Welsh-speaking staff from Bronglais Hospital would relocate to Glangwili Hospital.

> **"There is no guarantee that staff would relocate to Glangwili, and it is unclear whether the impact on Welsh-language provision has been fully assessed."** – Aberystwyth Town Council

Family, carers and local support as language advocates

Respondents frequently connected language provision with family involvement, noting that relatives may help patients communicate in Welsh during recovery. Increased travel distances were seen as reducing access to this informal support, particularly for older, confused or distressed patients and for families without reliable transport.

"For Welsh-speaking patients and families, increased distance from home may also reduce access to important language support from relatives and carers." – Individual response

Clinical priority over language considerations

A substantial opposing theme was that the Welsh language should not determine stroke service configuration. These respondents argued that preserving life, rapid treatment, clinical expertise and safe local access should take precedence. Some respondents described the language question as irrelevant, political, or a diversion from urgent healthcare priorities.

"While I believe the Welsh language should be preserved, it should not have any influence on who gets to survive a stroke." – Individual response

"Cannot believe the question language is an issue when it comes to health. The priority should be the best service possible for local needs regardless of language." – Carno Community Council

Bilingual provision supported, but with practical limits

Some respondents took a balanced position: Welsh should be available where possible, but not at the expense of recruiting suitably skilled clinicians or delivering urgent care. Suggestions included bilingual rotas, Welsh-speaking staff on each shift, staff language training, Welsh language information, badges identifying Welsh speakers and use of interpreters or translation support.

"Within the specialist team there should be Welsh speakers available on every shift as there will be patients whose first language is Welsh and would be happier communicating in Welsh." – Individual response

Rehabilitation and recovery close to home

Respondents often saw Welsh language impact as particularly important during rehabilitation, when communication, confidence and family support are central to recovery. Retaining rehabilitation closer to Welsh-speaking communities, particularly around Bronglais Hospital, was presented as a way to reduce negative language and cultural impacts.

"This is more important on the rehabilitation phase of their strokes than acute phase." – Individual response

Wider community and cultural impacts

Some responses went beyond individual patient care, arguing that moving services and jobs away from Welsh-speaking areas could weaken local communities, employment opportunities and the long-term viability of the Welsh language. Others challenged this, suggesting that Welsh language considerations should not drive decisions about specialist healthcare services.

"Getting rid of jobs from Aberystwyth has a negative impact on the Welsh language as fewer professional jobs are going to be available."
– Individual response

Question 7

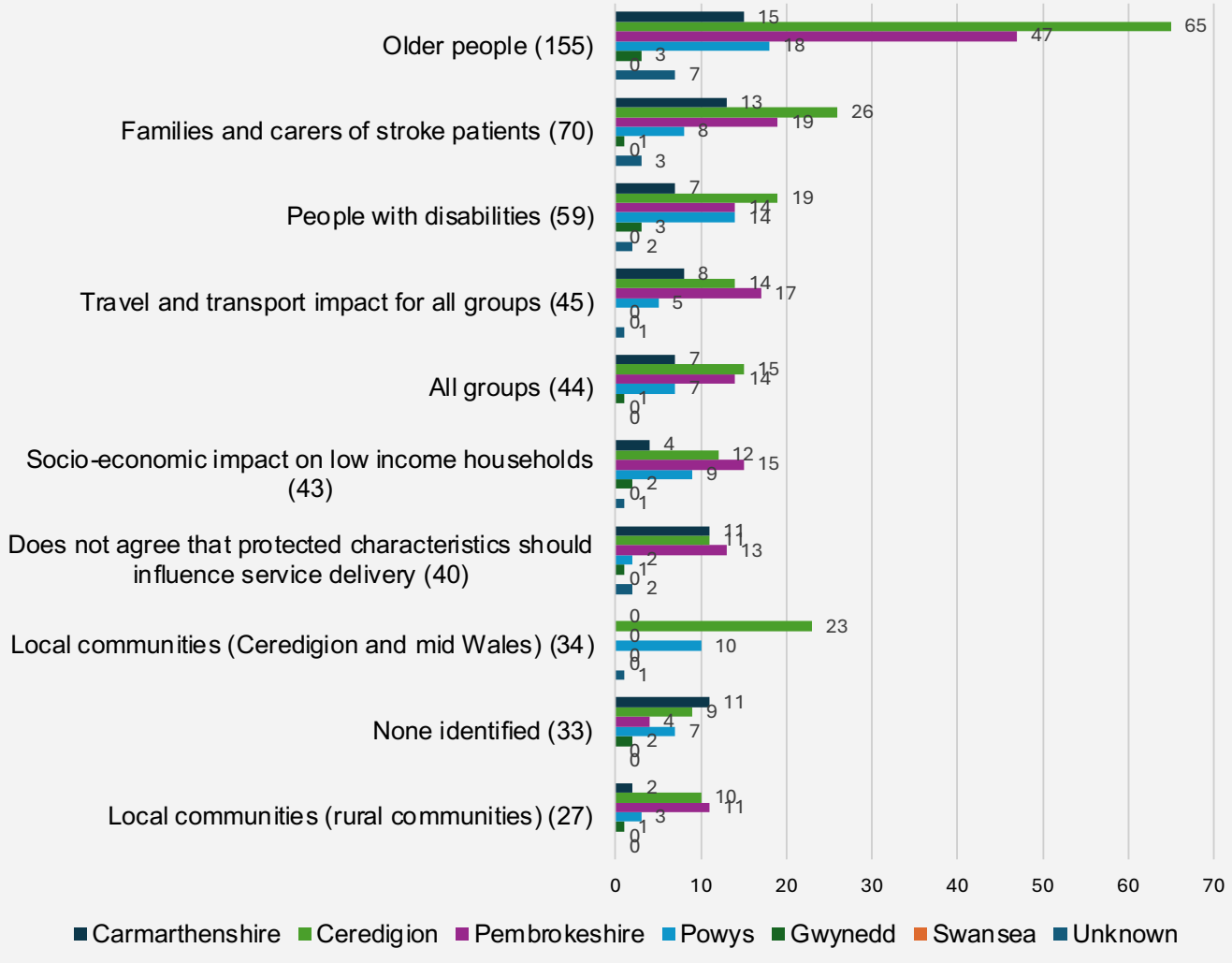
In an open text box, people were asked 'Are there particular groups of people that you believe might be positively or negatively affected by the preferred option being considered? If so, what groups are these and how might any positive impacts be improved or any negative impacts reduced?'. It generated 645 responses and 51 themes.

By reviewing responses by sentiment there were 9 positive responses (1%), 102 neutral responses (16%) and 534 negative responses (83%).

Below is a graph of the 10 most frequently coded themes, which may appear as positive, neutral or negative sentiments. There were 7 positive themes (14%), 18 neutral themes (35%) and 26 negative themes (51%). The themes are identified by assumed county. A full list of themes, by sentiment and count can be found in the appendices.

See Appendix 4: Full list of thematic coding identified.

Most frequently identified coded themes by assumed county for asked 'Are there particular groups of people that you believe might be positively or negatively affected by the preferred option being considered?'. Total amount of comments by theme share



Thematic summary

Across responses, there was strong commonality that the preferred option is perceived as creating negative impacts. Respondents mentioned increased travel distance, reduced local access, and difficulty maintaining family support. Many respondents identified older people, disabled people, rural communities, people without private transport, low-income households, carers, and Welsh-speaking patients as particularly affected. A smaller opposing view argued that equality considerations are less relevant than providing the best clinical treatment equally to all patients, or that no particular group would be affected differently.

Older people and frailty

Older people were repeatedly identified as the group most likely to be negatively affected, both because stroke is seen as more common in older age, and because older patients and their partners may be less able to travel long distances. Respondents linked this to isolation, reduced visiting, stress, confusion, poorer mental wellbeing, and difficulty sustaining recovery away from familiar support networks.

> **"Older people - it may be difficult for relatives to visit stroke patients at a specialist care unit, which in turn may have bearing on patient recovery."** – Individual response

> **"Groups who have rarely travelled from home- mostly older people. Bronglais is very local and you always know people working and receiving care when you are admitted so it feels familiar and safe."** – Extinction Rebellion

Disability, mobility and additional needs

Many responses stated that disabled people, people with mobility issues, learning disabilities, sensory loss, autism, mental health conditions, or other long-term conditions may face greater barriers if services are further from home. Concerns included accessible transport, fatigue, communication, anxiety, unfamiliar settings, and reliance on carers or family members.

> **"Anyone with mobility issues or relying on public transport or disability will be discriminated against and financially disadvantaged."** – Individual response

> **"Also if someone has had a stroke what is the process for them getting their house suitable for them if they are left with a condition that limits their functionality at home or with speech impediments. What is the Social Care impact and County Council links?"** – SOSPPAN

Rurality, geography and access

A dominant theme was that rural communities in mid and west Wales would experience unequal access because of distance, road conditions, poor public transport, and longer transfer times. Respondents referred to Ceredigion, Pembrokeshire, Powys, south Gwynedd, north Ceredigion, and the Bronglais Hospital catchment area, arguing that geography should not determine access to timely stroke care.

> **"There is also a clear risk of widening health inequalities. Rural communities already face barriers in accessing healthcare."** – Individual response

> **"All people will be affected negatively because of the issues of transport to hospitals at a greater distance. This will impact upon families as well as patients, causing financial, emotional and mental distress. Again, abuse behaviours on the part of the management. None of the options are viable, but skewed to suit management."** – Church in Wales in Bro Ystumanner

Transport, cost and public transport limitations

Transport was one of the most consistent concerns. Respondents described barriers for people who do not drive, cannot afford taxis, rely on limited public transport, or would face repeated fuel, time, childcare, accommodation, or lost income costs when visiting relatives. Some call for funded transport, shuttle services, reimbursement, accessible vehicles, and better hospital site access.

> **"All groups of people will be impacted. How will people get home from the stroke units? How will family visit them? We have a cost of living crisis on."** – Individual response

Family, carers and recovery support

Responses frequently emphasised that family, carers and friends are central to emotional support, information sharing, rehabilitation, advocacy, discharge planning and recovery. Longer distances are seen as reducing visiting and increasing pressure on elderly spouses, unpaid carers, working-age relatives, parents with childcare responsibilities, and those already caring for others.

> **"Carers and family members could be significantly affected. Family support is often central to recovery after a stroke, but longer travel distances may make regular visiting difficult or impossible…"** – Individual response

> **"Relatives and carers may experience significant difficulty visiting patients admitted to Glangwilli due to distance, travel time, and cost. This could lead to reduced involvement in care, limited support for patients, and increased stress for families. Family presence is known to play an important role in emotional wellbeing and recovery."** – Community Rehabilitation Occupational Therapy, Ceredigion

Low income, deprivation and financial hardship

Several responses identify low-income households, people in poverty, socially deprived communities, students, working families, and those without cars as being disproportionately affected by centralisation. The financial impact was described as extending beyond travel fares to lost work time, food, childcare, accommodation, and repeated journeys.

> **"Low-Income Households… Limited access to private transport… Greater financial burden from: Fuel costs, Public transport fares, Parking charges."** – Individual response

Welsh language and communication

Welsh-speaking patients were identified as potentially negatively affected, particularly older or vulnerable patients whose first language is Welsh and who may have communication difficulties after stroke. Respondents stressed that language support is important for dignity, understanding, rehabilitation and recovery, and should apply across the whole pathway.

> **"Patients recovering from a stroke may feel more vulnerable, confused or distressed, and being able to communicate in their first language can be important for dignity, understanding and recovery."** – Individual response

Timely emergency care, transfers and ambulance pressure

Some responses focused on the clinical risks of longer journeys and transfers, particularly for urgent stroke treatment, thrombolysis, diagnosis, the "golden hour", ambulance availability, and pressure on emergency services. Some acknowledged potential benefits from specialist care if timely and equitable access can be guaranteed.

> **"Everybody will be negatively affected because the transfer service will pull ambulances away from the emergency care."** – Individual response

Local services and preferred mitigations

A repeated mitigation proposed by respondents was retaining or strengthening local stroke services, particularly at Bronglais, Withybush, Prince Philip hospitals, or across more than one site. Other suggestions included funded transport, flexible visiting, financial support, rural equity planning, monitoring of travel times and outcomes, and strengthened Welsh language provision.

> **"Keep services local and work with guidelines which take rurality of HDUHB into account. This would ensure equity and protection of all particular groups."** – Individual response

Opposing or qualifying views

A minority of responses challenged the premise of the equality question, arguing that all patients should be treated the same, that clinical treatment should be the overriding priority, or that no particular group would be affected differently. Some also accepted that specialist services may be distant in other pathways, or that difficult decisions may be needed for the greater good.

> **"If a person has a stroke, all the other considerations under these two acts should not get in the way of medical treatment."** – Individual response

Question 8

People were asked 'Please let us know if you read the main document' and were able to choose either a 'Yes' or 'No' response.

As previously noted earlier in the report, a 'No' response did not affect the handling of the response in any way. We cannot assume that people who selected 'Yes' also read the document, as they may have been concerned that their response would not have been accepted.

712 respondents answered this question, with 88% answering 'Yes' and 12% answering 'No'. In reviewing the profile of responses received by those who said 'No' to this question, there is no discernible difference in responses to those who said 'Yes'.

People who selected 'No' did not have a shared preference for the preferred option or any alternative option. Neither did they have similarity of feedback to any open text questions. There was a mixture of support for and against the preferred option, and alternative preferences were similar to others where partial postcode information was provided.

4. Consultation engagement activities and feedback

During the eight-week Phase 2 Consultation, the Health Board provided engagement events and different ways for members of the public, Health Board staff and stakeholders to give feedback. Alongside sessions organised by the Health Board, staff also attended events, group meetings and activities to share information and gather views on the consultation.

During these events we captured comments and questions from the session and recorded these in a structured template. The responses were themed around the questionnaire, capturing views on the preferred option, the previously considered options, potential impacts on Welsh language or people with protected characteristics, and any other comments that people wanted to share with us about the consultation.

At public drop-in events we also shared event evaluation forms and demographic monitoring forms to understand who attended and what they felt about the events. This included questions on; the suitability of the venue and whether they felt heard. Details can be found in the appendix section.

See Appendix 7: Public drop-in event evaluation form and Appendix 8: Public drop-in event demographic monitoring for further information.

Some of the engagement events have been grouped together where there were discussions between similar groups, for example, staff working in acute hospitals or people attending online drop-in sessions. Where there may be differing views, we have reported on these separately, such as public drop-in events by county.

The notes from these events were analysed using AI (Copilot) to read the responses and generate themes and highlight relevant supporting quotes. These were then reviewed to ensure that they reflected what was heard in the consultation and were an accurate representation of the responses shared.

Where quotes have been used, these have been included in the respondent's original style and not amended, so may include uncorrected spelling mistakes or errors.

5. Public drop-in events

Who was involved?

Public drop-in events were held across Carmarthenshire, Ceredigion and Pembrokeshire, with an additional session in Machynlleth for communities outside the Health Board area who may use Hywel Dda's stroke services. The sessions were open to members of the public, staff and stakeholders, and provided an opportunity to share information about the consultation, explain the proposals, support people to take part and respond to questions.

By demographics

The majority of respondents were older adults (71% are aged 65 and over), predominantly identify as 'Woman' (63%) or 'Man' (36%), and 92% describe themselves as 'Heterosexual or Straight' and 87% describe themselves as 'White: British'. Most prefer to communicate in English (72%), and a significant portion report Christian (55%) or no religious belief (36%).

Around three in ten (29%) reported having a disability or long-term health condition, of those who declared a disability, the most prevalent was 'a physical impairment or mobility issues' (29%). A small group of respondents (20%) provide unpaid care for others, the most prevalent category of unpaid care being 'Primary carer or assistant for an older person/people (aged 65+)' (38%).

In contrast to the questionnaire response profile, there was a wider range of demographic profile at the events, with people with different beliefs and ethnic backgrounds not observed in the questionnaire respondents. Those who attended events were older than those who completed the questionnaire, were less likely to have caring responsibilities and more likely to have a disability.

Thematic summary

Across the public drop-in events groups, the strongest commonality was concern about whether the preferred option can be delivered safely and equitably across a large rural geography. In particular, ambulance availability, travel distances, family access, rehabilitation close to home, staffing, funding and confidence in implementation. There was disagreement about centralisation: some participants accepted that specialist care may require consolidation, while others saw movement of acute stroke services from local hospitals as a loss of local provision and a risk to timely care. Concern was particularly strong where communities felt services were already being moved away from Bronglais, Withybush or Prince Philip hospitals. However, some participants became more reassured when they understood that initial assessment and treatment would still happen locally.

> **"Everyone wants 24/7 in each place, but you can't get it. I see what you try to do. The only way you can do it is with one specialist area. I don't think there is any other way to do it."** – Pembroke Dock, Key themes from public and patient events

Stroke services Consultation - Carmarthenshire public drop-in events

The sessions in Carmarthenshire took place in the Ivy Bush Hotel, Carmarthen on 14 July 2026 and the Selwyn Samuel Centre, Llanelli on 15 June 2026 between 2pm and 7pm.

Thematic summary

Across both Carmarthenshire public drop-in events there was broad recognition of the challenges facing current stroke services. In particular, workforce recruitment, service sustainability and the potential benefits of specialist stroke care were mentioned. However, there was significant disagreement about the preferred option's impact on local access, especially in Llanelli, where many participants expressed concern about the transfer of inpatient stroke services to Glangwili Hospital. Whilst some participants supported centralisation if it improved outcomes and specialist care, others feared increased travel, reduced family access, pressure on Glangwili Hospital and the loss of well-regarded local services.

> **"I think most people would, in a time of need, go to the place where the best care is provided, wherever that may be."** – Carmarthen public drop-in event

Support for specialist stroke care

A recurring theme was support for the principle of specialist stroke services where this could improve clinical outcomes, attract specialist staff and provide more consistent standards of care. Participants at the Carmarthen event were generally receptive to the idea of a dedicated specialist unit and recognised the difficulties in meeting current stroke standards. Some felt that centralisation was justified if it provided faster access to specialist expertise and improved patient outcomes.

> **"I love the idea of a specialist unit down here… where you've got that set up, it's a game changer."**
> – Carmarthen public drop-in event

Travel, access and rurality

Concerns about travel were one of the strongest themes across both events. Participants highlighted Hywel Dda's large geography, poor road networks, limited public transport and ambulance delays. Many felt that increased travel distances could create difficulties for patients and visitors, particularly those living in rural communities, while others acknowledged the need to travel if specialist care led to better outcomes.

> **"I'm all for it. If you need to travel for specialist care. It's the infrastructure that needs to be considered."**
> – Carmarthen public drop-in event

Impact on families and carers

Participants consistently emphasised the value of family involvement during rehabilitation and recovery after stroke. Concerns were raised about longer travel times affecting visiting, particularly for relatives who do not drive, elderly spouses and families living in remote communities. There was a strong view that any service change should include support mechanisms to maintain family involvement in patient recovery.

> **"Family is a big part of rehabilitation, helping with feeding etc. This will be a challenge if people have to travel."**
> – Carmarthen public drop-in event

Confidence in existing local services

At the Llanelli event, participants frequently praised the care they had received at Prince Philip Hospital and expressed concern about losing services they regarded as successful. This generated significant resistance to the preferred option, with some questioning why change was required when current services

were viewed positively. Concerns focused not only on stroke care but also on a wider perception of declining services in Llanelli.

> **"The stroke unit in Prince Philip Hospital was excellent."** – Llanelli public drop-in event

Workforce and recruitment challenges

There was widespread recognition that workforce shortages are a major factor driving service change. Participants questioned whether sufficient medical, nursing and therapy staff could be recruited and retained under the preferred model. Others accepted that concentrating specialist staff could help build a more sustainable service and improve recruitment prospects.

> **"It's a difficult position to be in, I understand the struggle with recruitment."** – Llanelli public drop-in event

Rehabilitation and community support

Both events highlighted the importance of therapy, rehabilitation and community-based support. Participants described positive experiences with therapists, but also raised concerns about delays in accessing rehabilitation, shortages of therapy staff and inconsistent access to community services. There was strong support for investment in rehabilitation, community follow-up and early supported discharge.

> **"The support [therapists] were brilliant. There just aren't enough of them."** – Carmarthen public drop-in event

Ambulance services and patient transfers

Many participants expressed concern about ambulance capacity and its ability to support the preferred option. Examples were shared of long waits for ambulances and concerns were raised about whether transport arrangements could reliably support transfers between hospitals, while maintaining timely treatment. Participants stressed that ambulance provision would be critical to the success of any new model.

> **"Lack of ambulances is a deep concern."** – Llanelli public drop-in event

Concerns about Glangwili Hospital capacity and infrastructure

A significant theme, particularly in Llanelli, was concern about the capacity and condition of Glangwili Hospital. Participants questioned whether there was sufficient space, staffing and parking to accommodate a larger specialist service. Some expressed concerns that concentrating more services at Glangwili Hospital could increase existing pressures on the hospital.

> **"I am concerned about the pressure being added to Glangwili Hospital."** – Llanelli public drop-in event

Consultation process and trust

Questions about the consultation process were raised at both events. Participants sought clarity on timelines, decision-making and how feedback would influence the final decision. In Llanelli particularly, some attendees expressed scepticism about whether consultation feedback would genuinely affect the outcome, and requested continued engagement and transparency.

> **"I want the Board to listen and come up with a fair decision not a political decision."** – Llanelli public drop-in event

Suggested alternatives and mitigations for Board consideration

- Ensure clear public communication that emergency stroke assessment and initial treatment will remain available locally where applicable
- Develop a comprehensive transport and travel support package for patients, families and carers affected by increased travel distances
- Introduce consistent repatriation arrangements so patients can return closer to home for rehabilitation when clinically appropriate
- Increase investment in community rehabilitation, speech and language therapy, physiotherapy and early supported discharge services
- Strengthen ambulance capacity and inter-hospital transfer arrangements before implementation
- Publish a detailed workforce plan covering recruitment, retention and staff movement between sites
- Provide transparent implementation milestones, monitoring measures and regular public reporting on outcomes
- Address capacity, estate and parking issues at Glangwili Hospital before service consolidation
- Expand stroke prevention initiatives, public awareness campaigns and support for management of risk factors, such as hypertension and diabetes
- Explore greater use of digital technology, virtual consultations and family communication tools to reduce some of the impacts of distance
- Continue engagement with communities that are most affected by service relocation to maintain confidence and address misconceptions

Stroke services consultation - Ceredigion public drop-in events

The sessions in Ceredigion took place at Aberystwyth Rugby Club on 24 June 2026 and Canolfan Creuddyn, Lampeter on 6 July 2026 between 2pm and 7pm.

Thematic summary

Across both the Aberystwyth and Lampeter public drop-ins, there was commonality in recognising the importance of timely specialist stroke care, rehabilitation, and clear information for patients and families. However, there was significant disagreement about whether centralising specialist acute stroke care at Glangwili Hospital is the right way to deliver this. There was strong concern that this could reduce the role of Bronglais Hospital, increase travel burdens, and depend on transport, staffing and bed capacity that participants felt were not yet assured.

> **"Because things are being moved to South, it means a lot more travel, but I agree that is important to provide the best care possible."** – Lampeter public drop-in event

> **"The theory of it [the preferred option] sounds brilliant. It's what happens in practice."** – Aberystwyth public drop-in event

Transport, ambulance capacity and access

Transport and access were the most consistent concerns across both groups. Participants questioned how patients would be transferred safely between Bronglais and Glangwili hospitals and whether the Welsh Ambulance Services University NHS Trust had capacity. Also raised was how families, especially those without cars or access to good public transport, would visit and support patients.

Concerns also included road conditions, winter travel, parking at Glangwili Hospital, and journeys from areas such as Tywyn, Machynlleth, Powys and north Ceredigion.

> **"Travel and transport are a big issue."** – Lampeter public drop-in event

> **"You cannot consider an option without looking at transport."** – Aberystwyth public drop-in event

The role and future of Bronglais Hospital

Both groups expressed strong attachment to Bronglais Hospital and concern that the preferred option could be perceived as further downgrading services in mid Wales. Participants at Aberystwyth repeatedly described Bronglais Hospital as important, local, trusted and geographically necessary. Participants in Lampeter also emphasised its importance and asked whether services could be retained or strengthened there.

> **"Bronglais is extremely important to us."** – Lampeter public drop-in event

> **"We want services here in Bronglais and Hywel Dda is not hearing us – we want services kept here."** – Aberystwyth public drop-in event

Family involvement and rehabilitation

Participants in both groups stressed that recovery from stroke is not only clinical but also depends on rehabilitation, family involvement and familiar local support. There was concern that transferring patients to Glangwili Hospital, even for a short period, could isolate people from relatives and carers, particularly where families cannot drive or afford repeated travel. Rehabilitation at or near Bronglais Hospital was seen as important because family presence was viewed as part of recovery.

> **"We need to be minded of the value that friends and family have on the rehabilitation of patients."** – Lampeter public drop-in event

> **"Recovery depends on friends and family."** – Aberystwyth public drop-in event

Staffing, recruitment and deliverability

Both groups questioned whether the proposed model could be delivered in practice. In particular, rural recruitment challenges, specialist staffing requirements, therapy capacity and the need for services to be available beyond weekday office hours was mentioned. Participants asked whether the model would attract consultants and other specialists. Also, if staff would need to move sites, and whether rehabilitation at Bronglais Hospital could be guaranteed if staffing proved difficult.

> **"Issue recruiting to the rural area and this effects consultants, nursing, health professionals it is across the board."** – Lampeter public drop-in event

> **"If you can't get the staff, it's going to be even harder."** – Aberystwyth public drop-in event

Bed capacity, site readiness and confidence in implementation

Participants raised concerns about whether there would be sufficient beds at Glangwili and Bronglais hospitals. Participants also questioned whether the proposed new unit at Glangwili Hospital would be ready before any service change, and what would happen if no bed was available. Some comments at Aberystwyth questioned the current condition and capacity of Glangwili Hospital. In Lampeter, participants asked whether there would be beds in Bronglais Hospital and whether Glangwili Hospital had space for a purpose-built stroke unit.

"The big issue is bed blocking. Will there be beds in Bronglais?" – Lampeter public drop-in event

"Can you guarantee that there will be a bed in Glangwili? What happens if there's no bed in Glangwili?" – Aberystwyth public drop-in event

Rurality, geography and equity

The feedback from both events placed strong emphasis on rural geography and equity of access. Participants questioned whether a model designed around centralisation could work for dispersed communities in mid Wales, especially where journeys are long, public transport is limited, and populations are older. There was a clear concern that people in rural areas may experience different impacts from those living closer to larger hospitals, or where there were stronger transport networks.

"The rurality of our area is a real challenge." – Lampeter public drop-in event

"These plans would work in the city, but we are rural." – Aberystwyth public drop-in event

Welsh language, equalities and vulnerable groups

Welsh language impacts were particularly raised at Aberystwyth. Participants said people need to speak in their mother tongue and highlighted the importance of Welsh language provision in physiotherapy, speech and language therapy and community support. Attendees at both Aberystwyth and Lampeter also raised concerns about older people, people with disabilities, lonely people, unpaid carers, and families unable to travel, indicating that equalities impacts should be considered alongside clinical pathway design.

"People need to speak in their mother tongue." – Aberystwyth public drop-in event

"Elderly husbands and wives are not being able to see their loved ones, as they don't drive it's not acceptable." – Lampeter public drop-in event

Communication, consultation and public confidence

There was a notable difference in tone between the two groups. Some Lampeter participants said they had gained reassurance and understood more after attending, while many Aberystwyth comments expressed mistrust, concern that decisions had already been made, and frustration that the message about what would remain at Bronglais Hospital was not clear. Some participants said they felt more reassured after conversations in Aberystwyth, particularly once the proposed pathway had been explained more clearly. However, this did not always amount to full support for the preferred option. In many cases, support remained conditional on clear assurance that the model could be delivered safely and reliably, and some participants remained sceptical about whether it could be implemented in practice. Both groups indicated that plain language, accessible information and clarity about the pathway are essential.

"I have had more reassurance by coming today. Really important that we explain things as simplified and written in plain English." – Lampeter public drop-in event

"The theory of it sounds brilliant. It's what happens in practice" – Aberystwyth public drop-in event

"People want assurance that nothing will change until the new service is ready" – Aberystwyth public drop-in event

Technology, remote specialist input and alternatives to transfer

Participants, particularly in the Aberystwyth feedback, suggested exploring telemedicine, remote ward rounds, remote specialist monitoring, image sharing and support from specialists based elsewhere as ways to reduce avoidable transfers. Lampeter participants also asked about image sharing with consultants for thrombectomy decisions and queried whether initial treatment would still happen locally. These comments suggest interest in clinical models that maximise local assessment and care while accessing specialist expertise remotely where appropriate.

> **"You need to look at telemedicine so patients can be monitored at Bronglais."** – Aberystwyth public drop-in event

> **"Would you be sharing images with the consultants in Cardiff to help make the decision around whether a patient should be transferred?"** – Lampeter public drop-in event

Prevention, community support and discharge

Participants at both events referred to prevention, community support, discharge and care at home. The feedback included comments about healthy lifestyles, primary care, district nursing, community hospitals, social care, aids on discharge and the need to support patients after they return home. Concerns were also raised that community services and care packages may not be sufficiently available to support the proposed pathway.

> **"It is important to support patients when they are home."** – Lampeter public drop-in event

> **"If you have primary care and prevention in right will reduce the risk of stroke."** – Aberystwyth public drop-in event

Suggested alternatives and mitigations for Board consideration

- Develop and publish a transport and access plan before implementation, including inter-hospital ambulance transfer, family travel, public transport, parking, and arrangements for rural communities such as Tywyn, Machynlleth, north Ceredigion and Powys
- Consider a dedicated transfer vehicle or dedicated transport arrangement for stroke patients between Bronglais and Glangwili hospitals to avoid over-reliance on existing ambulance capacity
- Provide a clear implementation trigger stating that no service change will take place until the receiving unit, transport arrangements, staffing model, rehabilitation beds and repatriation arrangements are in place
- Strengthen and clearly describe the ongoing role of Bronglais Hospital, including what initial assessment, treatment, rehabilitation and specialist input will remain there
- Explore whether additional specialist input could be delivered at Bronglais Hospital through remote ward rounds, telemedicine, image sharing, visiting specialists or a hybrid model that reduces avoidable transfers
- Assess whether a strengthened rehabilitation model at Bronglais Hospital could be expanded or protected as a formal mitigation
- Produce a family and carer support plan covering travel assistance, overnight accommodation options, information about visiting, financial impacts and support for those who cannot drive
- Undertake and publish a rurality and equality impact assessment that specifically addresses older people, disabled people, visually impaired patients, unpaid carers, Welsh speakers, people without cars and people living in communities with limited or no public transport

- Ensure Welsh language provision is built into the pathway, including Welsh-speaking rehabilitation, physiotherapy, speech and language therapy and patient communication wherever possible
- Set out the workforce plan for the preferred option, including how specialist consultants, nurses, therapists and rehabilitation staff will be recruited, retained and deployed across sites
- Provide a capacity plan for Glangwili and Bronglais Hospitals, including beds, site readiness, parking, discharge flow and contingency arrangements if beds are unavailable
- Improve public communication using plain language, pathway diagrams, frequently asked questions, and clear explanation of which patients would go where, when and why
- Commit to post-implementation evaluation and public reporting on the impact of any change, including patient outcomes, transfer times, family access, rehabilitation provision, Welsh language experience and rural equity.

Stroke services consultation - Pembrokeshire public drop-in events

The sessions in Pembrokeshire took place in Haverfordwest Rugby Club on 16 June 2026, St Davids City Hall on 22 June 2026, and Pater Hall, Pembroke Dock on 8 July 2026 between 2pm and 7pm.

Thematic summary

Across the three public engagement events, there was consistent recognition that stroke services require improvement and that access to specialist expertise, therapy and rehabilitation should meet national standards. However, there was significant concern about the impact of centralising specialist stroke services away from Withybush Hospital. The strongest areas of agreement across all groups were concerns about travel distances, ambulance availability, access for families and carers, rehabilitation close to home, and a lack of trust that service changes would not result in a further reduction of services at Withybush Hospital. While some participants supported a single specialist centre if it demonstrably improved outcomes, others remained strongly opposed to any perceived removal of local services.

> **"Everyone wants 24/7 in each place, but you can't get it. I see what you try to do. The only way you can do it is with one specialist area. I don't think there is any other way to do it."**
> – Pembroke Dock public drop-in event

Travel, transport and ambulance capacity

Travel and transport concerns were the most frequently raised theme across all Pembrokeshire locations. Participants expressed anxiety about longer ambulance journeys, delays in emergency response, poor public transport links, parking difficulties at Glangwili Hospital and the impact on family members who would need to travel longer distances to visit loved ones. Rurality was repeatedly referenced as a factor which differentiates Pembrokeshire from more urban areas and increases concern about transfer times and access to care.

> **"Main concern is the emergency side of stroke – the first hour. This concerns me deeply. It's essential to receive care as quickly as possible."**
> – St Davids public drop-in event

Rehabilitation and support close to home

Participants consistently highlighted the importance of rehabilitation and community support following discharge. Many people shared personal experiences of limited therapy provision, concerns about insufficient follow-up support and the challenges faced by families providing care at home. There was widespread support for enhanced rehabilitation services, but strong concern that any centralisation of acute stroke care should not result in rehabilitation being delivered further from home. Families emphasised the need for timely therapy, support packages, and clear rehabilitation pathways, as well as exploring the potential to have rehabilitation closer to home in either Withybush Hospital or South Pembrokeshire Hospital.

> **"Keeping services as local as possible is key. My mother-in-law didn't have any rehab care close to home here."**
> – St Davids public drop-in event

> **"But not for Pembrokeshire? That's a no-no for me" [In relation to rehabilitation beds being provided in Bronglais and Glangwili hospitals only]**
> – Pembroke Dock public drop-in event

> **"Rehab – are there plans to look at South Pembs hospital for rehab?"**
> – Pembroke Dock public drop-in event

Concerns about the future of Withybush Hospital

A recurring theme was the perception that services have gradually been removed from Withybush Hospital over a number of years. Participants frequently referenced previous changes to services and expressed concern that the preferred option represented another step in the reduction of local provision. Many questioned what services would remain at Withybush Hospital and sought reassurance that emergency assessment and treatment would continue to be available locally.

> **"Death by a thousand cuts. Needs to stop and bring services back."**
> – Pembroke Dock public drop-in event

Clinical outcomes and specialist care

Alongside concerns about travel, many participants acknowledged the clinical case for concentrating specialist stroke expertise. Some respondents accepted that achieving a sustainable 24/7 specialist workforce across multiple sites may not be possible, and indicated they would support greater travel if it resulted in demonstrably better patient outcomes. Participants sought assurance that treat and transfer arrangements would be effective and that rapid assessment, scanning and thrombolysis would remain available locally.

> **"I would prefer to travel and get better care."** – Pembroke Dock public drop-in event

Confidence in delivery and capacity

Across all three events, people questioned whether the Health Board, ambulance service and Glangwili Hospital had sufficient capacity to deliver the proposed model successfully. Concerns were raised regarding staffing levels, recruitment challenges, bed capacity, therapy workforce availability, ambulance resources and timescales for implementation. Participants commonly stated that the proposed model would depend on these supporting services being strengthened prior to implementation.

> **"Theoretically it sounds good."**
> – Haverfordwest public drop-in event

Trust, engagement and consultation process

Many attendees questioned whether decisions had already been made before consultation and whether public feedback would meaningfully influence outcomes. Comments describing the process as a "tick box exercise" or expressing concerns that views would not

be heard were recorded at all three events. Conversely, some participants welcomed the opportunity to engage directly with Health Board representatives and reported that discussions improved their understanding of the proposals.

> **"Responses not being weighted is not acceptable, it feels like a tick box exercise."** – St Davids public drop-in event

Suggested alternatives and mitigations for Board consideration

- Provide clear guarantees regarding the future role, capability and investment in Withybush Hospital following implementation
- Strengthen and clearly communicate local rehabilitation pathways, including community therapy and early supported discharge
- Consider providing rehabilitation beds in Withybush Hospital and/or South Pembrokeshire Hospital for patients needing extended rehabilitation so it can be provided closer to home
- Develop dedicated patient transfer arrangements to ensure timely movement between hospitals without impacting emergency ambulance availability
- Demonstrate ambulance capacity modelling and provide assurance regarding emergency response times in rural Pembrokeshire
- Explore transport assistance, visitor travel support and family accommodation arrangements to reduce the burden on carers and relatives
- Address parking capacity concerns at Glangwili Hospital before implementation.
- Provide further evidence demonstrating expected improvements in patient outcomes from a centralised specialist service
- Publish clear implementation milestones, workforce plans and capacity assumptions to improve confidence in deliverability
- Increase communication with staff and communities throughout implementation to address concerns regarding service sustainability and workforce retention
- Enhance public information on stroke prevention, recognition of symptoms and available support services before and after discharge

Stroke services consultation - Powys and south Gwynedd public drop-in event

A session was organised to capture the views of those who live outside of Hywel Dda but access its stroke services. This session was also promoted to those living in Powys and south Gwynedd and took place in y Plas, Machynlleth on 30 June 2026 between 2pm and 7pm.

Thematic summary

The feedback from attendees was highly consistent with what was heard from other groups. Some participants recognised the clinical reason for concentrating specialist stroke care. Some also acknowledged the challenges of recruiting staff in rural areas. However, the main concern was the impact of travel, transport availability and distance from family support if acute stroke services are centralised. There was also widespread scepticism about whether the preferred option could be delivered in practice. This reflected concerns about existing workforce, ambulances, and financial pressures. Participants were also concerned that consultation and transport planning had not progressed far enough to support informed decision-making.

Transport, travel and access

The most prominent theme was concern about the practical implications of travel to and from specialist stroke services. Participants repeatedly highlighted the rural geography of mid Wales, poor public transport links, long travel times, difficult road conditions, and the lack of certainty regarding ambulance capacity. Many felt that transport arrangements for patients, relatives and carers had not been adequately developed and that the option could not be fully assessed without this information.

> **"You can't assess the option before you know what the transport options are."** – Machynlleth public drop-in event

Importance of family support during recovery

Participants consistently emphasised the importance of family and social support during the acute and rehabilitation phases following a stroke. There was concern that transferring patients significant distances away from their communities would adversely affect wellbeing, recovery, and family involvement, particularly for elderly patients whose relatives may be unable to travel.

> **"When you have a 75+ years old patient, you want to have friendly faces around you. Main worry is that they end up three hours from their families."** – Machynlleth public drop-in event

Confidence in local services and Bronglais Hospital

Many attendees expressed strong confidence in services currently provided at Bronglais Hospital and questioned why specialist stroke services could not continue there. Several contributors described Bronglais as providing excellent care, and raised concerns that centralisation could be perceived as further downgrading of services available to mid Wales communities.

> **"Why is Bronglais stroke unit not being kept as a specialist unit if it is the best in Hywel Dda?"** – Machynlleth public drop-in event

Workforce recruitment and sustainability

A recurring theme was scepticism regarding workforce assumptions within the preferred option. Participants questioned whether recruitment efforts had been sufficiently explored, challenged assertions that specialists could not be recruited to rural areas and suggested alternative approaches to attract and retain staff. Some attendees accepted that workforce constraints are a genuine challenge, but many felt stronger efforts should be made before reducing local specialist provision.

> **"I keep hearing you can't get the staff; but someone told me – well, they are not advertising [in Bronglais Hospital]."** – Machynlleth public drop-in event

Financial viability and affordability

Attendees frequently questioned the affordability and deliverability of the proposed model. Concerns focused on the costs of additional infrastructure, technology, ambulance provision and workforce investment, alongside broader concerns about Health Board finances. Some participants also argued that costs would effectively be transferred to patients and families through increased travel and accommodation expenses.

> **"You are chasing a gold standard (for stroke) with copper pennies. I don't shop in Harrods when I can't afford to."** – Machynlleth public drop-in event

Rehabilitation closer to home

While concerns were raised about acute care centralisation, participants were generally supportive of proposals to strengthen local rehabilitation services and early supported discharge. There was a strong preference for rehabilitation and ongoing recovery support to be delivered as close to home as possible, enabling greater involvement of family and community networks.

> **"Very important that rehab is undertaken closer to home with support of family and friends."**
> – Machynlleth public drop-in event

Consultation process and public confidence

Many participants expressed concerns about the consultation process. This included perceptions that decisions may already have been made, insufficient engagement with communities and the continuing absence of detailed transport information. Some questioned whether feedback from previous consultations had influenced proposals and called for the stronger involvement of neighbouring health boards and local stakeholders.

> **"You are asking the same question hoping you are going to get a different answer!"** – Machynlleth public drop-in event

Suggested alternatives and mitigations for Board consideration

- Publish a fully developed transport and access plan before any implementation decision, covering patient transfers, family travel and visitor support
- Develop funded transport assistance schemes, including community transport, visitor transport support, taxi assistance or accommodation support for families of patients receiving acute care away from home
- Consider family accommodation, family rooms or practical support packages for relatives during the acute phase of treatment
- Retain and strengthen rehabilitation services at Bronglais Hospital, alongside robust early supported discharge arrangements
- Provide clearer evidence demonstrating the clinical benefits, expected outcomes and differences between current and proposed service models
- Demonstrate how ambulance capacity and inter-site transfer arrangements would be safely delivered before service changes are implemented
- Explore additional workforce recruitment and retention initiatives targeted specifically at rural specialist practice before reducing local specialist provision
- Strengthen communication and collaboration with Powys Teaching Health Board and Betsi Cadwaladr University Health Board to address cross-border patient pathways and rehabilitation provision
- Improve public communication, including clearer explanations of the proposed pathway, implementation timescales and how community concerns will influence final decisions
- Consider additional prevention, wellbeing, social prescribing and community-based interventions to reduce future demand for stroke services

6. Public online sessions

Two public online events were held during the consultation, providing an opportunity for members of the public, staff and stakeholders to hear more about the consultation, ask questions and share feedback. The sessions took place on 18 June 2026 and 7 July 2026, from 6.30pm to 8pm.

Thematic summary

Across both public online events, there was broad recognition of the clinical case for specialist stroke services and the importance of delivering consistent, high-quality care 24 hours a day. However, this support was tempered by significant concerns regarding accessibility, travel times, ambulance availability, transfer arrangements, and rehabilitation provision. Participants generally accepted the benefits of specialist services, but questioned whether supporting systems, particularly transport, emergency response, and community rehabilitation were sufficiently robust to make the preferred option successful for rural populations.

> **"We do need a dedicated 24-hour stroke unit and if people have to travel further to access it or to visit loved ones, then so be it."** – Public online event, 18 June 2026

Access, travel and rurality

A dominant theme across both groups was concern about the impact of additional travel on patients and families, particularly those living in rural communities. Participants highlighted the time-critical nature of stroke treatment and questioned the practicality of transferring patients longer distances to specialist units. There were also concerns about the financial and emotional burden on relatives who may need to travel regularly for visiting and support.

> **"Timing is crucial with strokes. The significant hour might be used in reaching Withybush from more remote parts of Pembrokeshire. How fast would be the transfer to a specialist unit?"** – Public online event, 18 June 2026

Ambulance services and emergency pathways

Participants repeatedly questioned whether ambulance capacity and transfer arrangements could support the preferred model. Concerns centred on existing delays in ambulance response times, the ability of emergency services to move stroke patients rapidly, and whether rural residents would receive timely treatment. Attendees also sought clearer public information regarding the expected pathway following a suspected stroke, including what actions individuals should take while awaiting emergency assistance.

> **"The biggest concern for residents in mid Wales... is the lack of ambulances."** – Public online event, 7 July 2026

Rehabilitation and care closer to home

Many comments focused on the period after acute treatment. Participants expressed concern that the consultation was heavily focused on specialist acute care while giving less attention to rehabilitation, community beds, step-down care, and recovery support. There was particular interest in whether local community hospitals could provide rehabilitation services to reduce travel and support recovery nearer to home.

> **"Has Hywel Dda considered using local community hospitals, such as Llandovery Hospital, for stroke rehabilitation or step-down care once patients are medically stable?"** – Public online event, 7 July 2026

Confidence in supporting infrastructure

Participants questioned whether existing hospital infrastructure, emergency departments, workforce capacity and bed availability were sufficient to support the proposed changes. Queries were raised regarding specialist recruitment, future capacity, emergency department pressures and whether planned facilities would be adequate to manage expected patient volumes. These comments reflected a desire for assurance that service reconfiguration would be accompanied by the necessary staffing and infrastructure investment.

> **"Why can't specialists be recruited? Money? Availability?"** – Public online event, 18 June 2026

Local services versus specialist care

A notable area of differing opinion concerned the balance between local access and specialist expertise. Some participants strongly supported centralisation if it resulted in consistently high-quality specialist care, arguing that clinical outcomes should outweigh convenience. Others expressed concern that moving services further from communities could create barriers to access and increase inequalities for rural populations. This represented the clearest area of disagreement between participants.

> **"Local people don't realise that having a local hospital isn't important if it doesn't deliver the right or best care for patients all the time."**
> – Public online event, 18 June 2026

Consultation process and public engagement

Feedback regarding the consultation process was largely positive, with participants valuing opportunities to engage and ask questions. At the same time, some attendees expressed concern regarding the appraisal of options, the treatment of alternative proposals, and whether new ideas could be introduced during the consultation process. Participants sought reassurance regarding the transparency and completeness of the option development process.

> **"Great opportunity to engage. The way Hywel Dda University Health Board runs these events is very good."**
> – Public online event, 18 June 2026

Suggested alternatives and mitigations for Board consideration

- Strengthen public communication on the end-to-end stroke pathway, including clear information on emergency response, transfers, treatment and rehabilitation
- Develop and publish specific assurances regarding ambulance capacity, transfer protocols and expected transfer times for rural communities
- Explore enhanced rehabilitation and step-down care provision in community hospitals closer to patients' homes
- Consider dedicated rehabilitation hubs or outreach rehabilitation services within rural Carmarthenshire, Ceredigion and Pembrokeshire
- Provide financial and practical support options for families facing increased travel requirements
- Publish detailed workforce and recruitment plans demonstrating how specialist staffing requirements will be achieved
- Provide further evidence on bed capacity modelling and future demand assumptions.
- Continue engagement with rural communities, including those outside the Health Board area who may be affected by the proposals
- Consider additional measures to maintain local access to assessment, follow-up and rehabilitation services even if specialist acute services are centralised
- Ensure ongoing monitoring of travel impacts, inequalities and patient outcomes following implementation, with clear review mechanisms if unintended consequences emerge

7. Staff walkaround and drop-in events

During the consultation we spoke with staff working in the stroke wards and visited staff in the acute hospitals (Bronglais, Glangwili, Prince Philip and Withybush) and community sites (Aberaeron Integrated Care Centre, Amman Valley Hospital, Cardigan Integrated Care Centre, Llandovery Hospital, South Pembrokeshire Hospital and Tenby Hospital). We met with these staff ahead of the public-facing engagement sessions to understand their views and raise awareness of the public sessions should they wish to attend.

Stroke ward staff engagement

There are currently stroke wards in each of the four acute hospitals. These are Ystwyth Ward in Bronglais Hospital, Gwenllian Ward in Glangwili Hospital, Ward 9 in Prince Philip Hospital and Ward 11 in Withybush Hospital. During each of the acute hospital walkarounds time was spent in each of the stroke wards to gather views and respond to questions raised.

Thematic summary

Across all four staff groups there was broad agreement that the current model of stroke services is under significant pressure and that change is required to improve outcomes, standards of care and service sustainability. However, there was disagreement regarding the preferred model and location of services. Staff generally supported the principle of enhancing specialist stroke care through centralisation and improved pathways. At the same time, concerns were consistently raised about workforce capacity, travel and access, implementation risks, the availability of funding, infrastructure and rehabilitation capacity, to support the proposed model.

> **"The Health Board needed to make a decision. Can't carry on with 4 stroke units. It's not sustainable."** – Ward 9, Prince Philip Hospital

Parity of care during implementation

Staff working in Glangwili and Withybush hospitals raised concerns around how parity of care would be provided during the implementation, noting that the staffing base at Withybush Hospital would remain unchanged during the implementation and the service would not change until there was capacity at Glangwili Hospital to bring the services together. This raised concerns that people in Pembrokeshire would receive a poorer service compared to those accessing care in Glangwili Hospital.

> **"Would there be 7-day cover for Glangwili but not in Pembrokeshire? So Pembrokeshire would have poorer service?"** – Ward 11, Withybush Hospital

> **"Would it be less of a service?" [in relation to medical cover and rehabilitation services at Withybush Hospital during implementation]** – Gwenllian Ward, Glangwili Hospital

Workforce capacity and recruitment

A dominant theme across all sites was concern regarding staffing levels and the ability to recruit and retain the workforce needed to deliver the proposed model. Staff highlighted existing vacancies, funding reductions, difficulties recruiting therapists and uncertainty regarding future roles. Concerns that services could not safely deliver enhanced standards, including seven-day therapy provision, without

significant workforce investment were also raised. Staff emphasised that workforce planning must precede service change rather than follow it.

> **"You need to ensure that therapy staff are in place before the new service starts. If not we will not be able to meet expectations."**
> – Gwenllian Ward, Glangwili Hospital

Quality of care and patient outcomes

Staff were united in expressing a desire to improve patient outcomes and provide equitable, high-quality stroke care. Staff described current services as struggling to consistently meet expectations due to resource constraints. Many supported change where it could deliver earlier specialist intervention, improved diagnostics, enhanced therapy provision and more consistent stroke pathways, although some questioned whether the proposed model would achieve these benefits in practice.

> **"By changing it will provide equity of treatment for patients and better service. I want the best for patients."**
> – Ward 9, Prince Philip Hospital

Travel, transport and access

Travel and access concerns featured heavily across the discussions. Staff highlighted the impact on patients, families and carers who may face longer journeys, particularly in rural areas and among older populations. Concerns included transport affordability, visiting difficulties, parking capacity at receiving sites, transfer arrangements and the effect on rehabilitation and family involvement in recovery. Staff also raised concerns about increased travel times and costs for employees.

> **"There needs to be some way of supporting families especially around transport."** – Ward 11, Withybush Hospital

Rehabilitation and community services

Participants repeatedly stressed that improvements in acute stroke care must be matched by investment in rehabilitation, community services and discharge pathways. Staff emphasised the importance of therapy services, social work support, community rehabilitation capacity and effective repatriation arrangements. There was concern that better acute care alone would not deliver intended benefits unless the wider pathway was strengthened.

> **"You need to invest in the community getting people home quicker."**
> – Ward 9, Prince Philip Hospital

Service model, pathways and clinical evidence

Staff discussions frequently focused on pathway design and the evidence supporting the preferred option. There was support for improving specialist pathways, particularly where this could facilitate access to thrombolysis, thrombectomy and faster diagnosis. However, some participants questioned whether the proposed hub-and-spoke arrangements were supported by sufficient evidence and sought reassurance regarding transfer arrangements, emergency pathways and future rehabilitation models.

> **"The model going forward is pathways. Pathways would make things better. We create pathways to get out of ED."** – Ystwyth Ward, Bronglais Hospital

Infrastructure, facilities and capital investment

Staff emphasised the need for suitable facilities, capital investment, and clarity regarding future estate developments. Questions were raised about accommodation for additional beds, rehabilitation environments, parking capacity, ward redesign,

therapy spaces, and the overall suitability of existing facilities to support the new model. Many staff indicated that confidence in the proposal depended on visible investment in infrastructure.

> **"Is the new service going to come with appropriate space and finance to develop Glangwili?"** – Ward 9, Prince Philip Hospital

Staff anxiety and managing change

A consistent theme was uncertainty about future roles, workplace locations and the implementation process. Staff reported anxiety arising from workforce instability, concerns about relocation, and uncertainty over timescales and service configuration. Participants requested clear communication, engagement and ongoing involvement in service planning and transition arrangements.

> **"It's aspirational, but very much overwhelming, the not knowing."** – Ward 11, Withybush Hospital

Suggested alternatives and mitigations for Board consideration

- Develop and publish a detailed workforce implementation plan, including recruitment targets, training arrangements and retention measures before service transition
- Phase implementation so workforce, therapy services and infrastructure are established before full centralisation
- Retain or strengthen local rehabilitation provision and clear repatriation pathways closer to home where clinically appropriate
- Increase investment in community rehabilitation, discharge support and social work capacity to reduce delays and improve patient flow
- Introduce patient, carer and staff transport support measures, including shuttle services, travel assistance schemes or dedicated patient transfer arrangements
- Develop a clear parking and access strategy at receiving sites to accommodate increased demand
- Publish detailed clinical pathways covering thrombolysis, thrombectomy, transfers, rehabilitation and end-of-life care to provide assurance regarding patient flows
- Confirm capital investment plans, estate development requirements and timelines before implementation
- Establish comprehensive staff engagement and communication arrangements throughout implementation to reduce uncertainty and support retention
- Explore greater use of digital support, specialist outreach and remote clinical input to strengthen access for rural populations and rehabilitation services

Wider staff engagement - acute hospital walkaround and drop-ins

The acute hospital walkarounds and drop-in sessions followed the same format at each of the four acute hospital sites (Bronglais, Glangwili, Prince Philip and Withybush). The consultation team visited wards and staff teams at each site to share information, answer questions and gather comments. A drop-in session was also held at midday at each hospital, giving any member of staff the opportunity to speak to the team, ask questions and share their views. Consultation documents and questionnaires were also left on wards so staff could complete them or be signposted to other opportunities to take part.

See Appendix 2: Consultation methods and attendance, for a full breakdown of session dates, locations and number of people engaged.

Thematic summary

The feedback demonstrates significant commonality across staff groups, despite differences in views on the preferred location of acute stroke services. Across all sites there was broad support for delivering the highest quality specialist stroke care and recognition of the benefits of a dedicated specialist unit. However, there was widespread concern regarding the practical delivery of the model. In particular, ambulance availability, transfer times, bed capacity at Glangwili Hospital, impact on families and carers, and the ability to recruit and retain staff at local hospitals were all referenced. Staff from Glangwili Hospital were generally more supportive of a centralised model, while staff at Bronglais, Withybush and Prince Philip hospitals were more likely to question whether the benefits outweighed the risks associated with travel, transfer and service centralisation.

> **"Everyone wants what's best for patients in the end – 'but' there are concerns."** – Bronglais Hospital

Travel, transfer and ambulance capacity

The strongest recurring theme across all staff groups was concern regarding patient transfers and transport infrastructure. Participants questioned whether ambulance services could support additional transfers and whether vulnerable stroke patients should be moved during the most critical phase of their recovery. Many concerns related not only to patients, but also to the impact on family members travelling long distances, particularly in rural areas where public transport is limited. Staff repeatedly cited existing delays in ambulance provision and repatriation as evidence that transport arrangements require significant strengthening before implementation.

> **"I'm all for improved patient care, standardised care, but logistically you can't get a patient to GGH because of the transport."** – Withybush Hospital

Capacity and infrastructure at Glangwili Hospital

Across Bronglais, Withybush and Prince Philip hospitals, staff frequently questioned whether Glangwili Hospital has sufficient physical capacity to accommodate a larger specialist stroke service. Concerns included ward capacity, bed availability, parking, emergency department pressures, availability of monitoring equipment and the practicalities of expanding the site. Even among supportive respondents at Glangwili Hospital, staff highlighted the need for assurance that sufficient beds and infrastructure would be available to prevent delays and bottlenecks in patient flow.

> **"Feel fundamentally not the right thing to do as Glangwili will not cope. Feel putting too much pressure on an already broken system."**
> – Prince Philip Hospital

Impact on patients, families and rural communities

Many staff raised concerns that centralisation could negatively affect patients from rural communities and their relatives. Staff highlighted the importance of family involvement in recovery and rehabilitation and expressed concern that increased travel distances could reduce visiting opportunities. Particular emphasis was placed on the challenges faced by older people, carers, patients from remote areas and those without access to private transport. These concerns were especially prominent in feedback from Bronglais and Withybush hospital staff.

> **"Relatives are important to rehabilitation and recovery. Family visits get stroke survivors through the day."** – Withybush Hospital

Workforce, skills and recruitment

Another recurring theme concerned workforce sustainability. Participants broadly agreed that specialist stroke services require highly skilled staff, but concerns were expressed about the ability to recruit sufficient consultants, nurses and therapists. Staff at Bronglais and Withybush hospitals also worried that removing acute stroke services could lead to deskilling of existing staff, reduce hospital attractiveness as a workplace and create wider recruitment challenges. Conversely, some staff felt that a larger specialist unit could improve opportunities for training, staff development and specialist practice.

> **"People will lose faith in the stroke unit and Withybush in general. You won't be able to recruit."** – Withybush Hospital

Clinical quality and specialist care

There was broad agreement that patients should receive the safest and highest quality stroke care available. Many staff acknowledged the potential advantages of a dedicated specialist stroke unit, including improved access to specialist clinicians, 24-hour care and more consistent standards. Even among those opposed to centralisation, concerns were often focused on implementation rather than the principle of specialist care. Staff at Glangwili Hospital were particularly supportive of a specialist model and viewed change as necessary if national standards were not being achieved.

> **"I like the idea of this option that stroke unit comes to Glangwili – each area can thrombolyse and save lives."** – Glangwili Hospital

Rehabilitation and repatriation

Staff consistently stressed across all four sites the importance of early rehabilitation close to home. Questions were raised regarding the location of rehabilitation beds, the timing of transfers back to local communities and whether sufficient therapy capacity exists to support the proposed model. Staff generally supported specialist acute care but wanted reassurance that rehabilitation pathways would remain local wherever possible and that repatriation processes would be timely and reliable.

> **"What is needed from the patient point of view is early rehabilitation."** – Withybush Hospital

> **"How are you going to get repatriation in a timely way to support this?"** – Prince Philip Hospital

> **"Are they guaranteed to have a rehab bed back here?"** – Bronglais Hospital

> **"Will all acute sites have rehabilitation?"** – Glangwili Hospital

Future of local hospitals and public confidence

A significant theme at Bronglais and Withybush hospitals was concern about the cumulative impact of service centralisation on local hospitals. Some staff feared that moving acute stroke services could be perceived as a reduction in the role of local hospitals and could affect public confidence, staff morale and future recruitment. There was concern that previous service changes had contributed to perceptions of decline and that additional changes could reinforce those views.

> **"I worked here 23 years and bit by bit you're chipping it away."** – Bronglais Hospital

Consultation process and communication

Feedback on the consultation process highlighted a desire for clearer communication regarding how the preferred model would operate in practice. Staff requested more detailed information about patient pathways, transfer arrangements, rehabilitation, infrastructure plans and implementation timelines. Some staff questioned whether decisions had already been made, while others reported valuing opportunities to discuss concerns directly with the consultation team.

> **"I think you're going to do what you're going to do. You already got your mind set. You can have as many consultation as you like."** – Bronglais Hospital

> **"Is it already decided because that's how it's coming across?"** – Withybush Hospital

Suggested alternatives and mitigations for Board consideration

- Develop and publish a fully costed ambulance and transfer model prior to implementation, including dedicated stroke transfer capacity
- Provide clear guarantees regarding repatriation times and local rehabilitation pathways
- Ensure rehabilitation services remain as close to patients' homes as possible and increase therapy staffing where required
- Publish detailed plans demonstrating bed capacity, ward locations and infrastructure requirements at Glangwili Hospital
- Introduce family support measures, including travel assistance, accommodation support or enhanced digital communication for relatives
- Develop workforce plans that protect skills at local hospitals, including rotational posts, training opportunities and specialist outreach support
- Establish clear contingency arrangements when beds are unavailable at Glangwili Hospital
- Strengthen communication materials using visual pathway maps that clearly explain patient journeys from admission through rehabilitation
- Consider phased implementation with formal evaluation of transport, capacity and workforce impacts before full rollout
- Provide ongoing assurance regarding the future role of Bronglais, Withybush and Prince Philip hospitals within the wider stroke pathway to maintain staff and public confidence

Wider staff engagement - community site walkarounds

Community site walkarounds followed a different format to the acute hospital site visits, reflecting the smaller size and layout of these sites. Members of the consultation team visited departments and staff working from each site to share information, answer questions and gather comments directly. This meant staff were able to speak with the consultation team during the walkaround, rather than through a separate drop-in session. Consultation documents and questionnaires were also left in staff areas so staff could complete them or be signposted to other opportunities to take part.

See Appendix 2: Consultation methods and attendance, for a full breakdown of session dates, locations and number of people engaged.

Thematic summary

Across all staff groups engaged with at the community sites, there was consistent recognition that specialist stroke care, co-located expertise and improved compliance with national stroke standards have the potential to improve patient outcomes. However, this support was qualified by significant concerns regarding implementation. The most frequently raised issues were travel times, family access and visiting, ambulance capacity, the ability of Glangwili Hospital to absorb additional demand, the availability of ring-fenced stroke beds, and whether adequate rehabilitation, therapy and community services would be in place to support the new model.

While some staff supported centralisation in principle, others opposed the loss of local services, particularly in Ceredigion and Pembrokeshire, creating a clear tension between achieving better clinical outcomes and maintaining local access to care.

> **"It's patients' outcome. By having a dedicated stroke unit the outcomes would be better. That is most important."** – Amman Valley Hospital

Clinical outcomes and specialist stroke care

A strong theme across multiple staff groups was acceptance that specialist stroke services concentrated in one location could improve patient outcomes. Staff acknowledged the benefits of dedicated expertise, 24/7 specialist input, bypassing emergency departments, improved adherence to stroke standards and a purpose-built environment for stroke care. Staff frequently referred to the value of having specialist teams working together and recognised that the current dispersed model can dilute expertise.

> **"I like the idea of the specialist services being in one place and being brought together."** – South Pembrokeshire Hospital

Travel, transport and family access

The most frequently recurring concern related to travel and access. Staff from rural Carmarthenshire, Ceredigion and Pembrokeshire highlighted long travel distances, poor public transport links and existing ambulance delays. Concerns extended beyond patient transport to the impact on relatives and carers, with many participants emphasising the importance of family involvement in recovery and rehabilitation. Staff feared that centralisation could disproportionately affect rural communities and those without access to private transport.

> **"There will be an impact on friends and family because of the travel distance and limited transport options locally."** – South Pembrokeshire Hospital

Capacity, beds and infrastructure

Many staff questioned whether Glangwili Hospital currently has sufficient physical capacity to accommodate a larger stroke service. Concerns included bed numbers, surge pressures, ring-fenced stroke capacity, overcrowding, parking, and whether investment proposals would be sufficient to support projected activity. Staff repeatedly stated that ring-fenced stroke beds would be essential if the model is to succeed.

> **"Protecting/ring fencing the beds will be key for Glangwili."** – Amman Valley Hospital

Workforce and recruitment

Questions regarding workforce sustainability arose at nearly every community site. Staff sought reassurance regarding consultant availability, nursing and therapy staffing levels, recruitment plans, retention risks and whether existing staff would transfer to the proposed model. Several staff groups noted current difficulties recruiting and retaining skilled staff and questioned how a significantly expanded service would be staffed safely.

> **"Staffing is stretched and can't retain or recruit staffing, doing patients an injustice."** – Amman Valley Hospital

Rehabilitation, community services and repatriation

A consistent message across all areas was that acute stroke care cannot be considered in isolation from rehabilitation and community services. Staff emphasised the need for robust therapy provision, community physiotherapy, occupational therapy, discharge planning and local rehabilitation beds. Participants broadly supported patients returning closer to home following acute treatment but questioned whether community services currently have capacity to support increased demand.

> **"Supporting the community services. Investing in the community is key. Staff are so stretched."** – Cardigan Integrated Care Centre

> **"Therapies sometimes need to see the patients in hospital and then visit at home. Currently the Community Occupational Therapists visit the patient in hospital to assess their function and capabilities and then visit the patients to assess what adaptions and equipment may be needed."** – South Pembrokeshire Hospital

> **"Community Occupational Therapy Team in Pembrokeshire find out of county patients more difficult to support and complex to manage – this adds unnecessary stress to the family and sometimes a delay in care."** – South Pembrokeshire Hospital

Equity between localities

Staff from Ceredigion and Pembrokeshire repeatedly expressed concerns that services continue to move towards Carmarthen, creating a perception that their communities lose services while absorbing the consequences of longer travel times. Some saw centralisation as another example of services being removed from local areas, while others acknowledged that specialist care may require some level of centralisation. The theme centred on achieving equitable access regardless of geography.

> **"Why is it always Aberystwyth that has to go down? Aber' is always the one that gives everything. Everything gravitates to Carmarthen."**
> – Aberaeron Integrated Care Centre

> **"Glangwili is the favourite it seems."**
> – South Pembrokeshire Hospital

> **"Services have been slowly stripped away from Withybush."** – South Pembrokeshire Hospital

> **"If patients don't see their families regularly it does set patients back sometimes only once a week due to poor public transport and not being able to drive. Llandovery is 27 miles from Carmarthen but they do have patients further west than Carmarthen and then visiting is limited."** – Llandovery Hospital

Implementation confidence and consultation

A number of staff indicated support for the clinical rationale but expressed concern about operational delivery. Questions were raised regarding ambulance availability, patient pathways, transfer arrangements, discharge criteria and whether lessons had been learned from previous service changes. Some staff also expressed scepticism regarding whether consultation feedback would influence decisions.

> **"Looks the best idea but it's the logistics of it."** – Aberaeron Integrated Care Centre

Suggested alternatives and mitigations for Board consideration

- Maintain clearly defined rehabilitation pathways with guaranteed repatriation closer to home as soon as clinically appropriate
- Introduce ring-fenced acute stroke beds and ring-fenced rehabilitation beds to protect stroke capacity during periods of operational pressure
- Develop a comprehensive workforce recruitment and retention plan before implementation, covering consultants, nursing staff, therapists and support workers
- Increase investment in community rehabilitation, physiotherapy, occupational therapy and early supported discharge services to avoid delays and deterioration following discharge
- Provide formal assurance regarding ambulance capacity, treat and transfer pathways and rapid access to specialist stroke care from all parts of Hywel Dda
- Develop transport and visitor support arrangements for families travelling longer distances, particularly from rural communities
- Undertake detailed capacity modelling for bed numbers, rehabilitation demand, therapy services and repatriation flow before implementation
- Strengthen communication regarding the future role of local hospitals, rehabilitation beds and community services to address concerns about service erosion
- Monitor access impacts on rural communities and older people, with specific mitigations where travel times create barriers to care or family involvement
- Establish clear patient pathways covering admission, acute treatment, rehabilitation, transfer and discharge, supported by public-facing communication materials

8. Staff and healthcare professional engagement

As well as the staff sessions already reported, we also held 15 additional meetings with staff groups working across the hospital sites, either in person or virtually. Some of these meetings were all-staff calls where any employee could attend. Others were focused on particular groups of staff, such as those working in data science, while others were specific groups of clinicians working at a specific hospital site.

The feedback in this section was received from the following meetings/groups:

- All staff 'town hall' meeting – **185 attendees**
- Withybush Hospital stroke therapy staff meeting – **15 attendees**
- Allied Health Professionals and Health Care Sciences meeting – **17 attendees**
- Communications, Engagement and Welsh Language Directorate – **26 attendees**
- Prince Philip Hospital consultants' meeting – **18 attendees**
- Central Accommodation Group meeting – **14 attendees**
- Data Science Team meeting – **4 attendees**
- Grand Rounds – **37 attendees**
- Medical Staffing Committee meeting **– 13 attendees**
- Healthcare Professionals Forum – **10 attendees**
- Local Medical Committee meeting – **10 attendees**
- Mid Wales Planning and Delivery Executive Group meeting – **9 attendees**
- Pharmacy leadership team meeting – **7 attendees**
- Withybush Hospital consultants' meeting – **9 attendees**
- Senior Nurse Management Team meeting – **14 attendees**

Where we were unable to meet with groups, information about the consultation was shared with them to enable them to submit individual or group responses to the consultation.

Thematic summary

Across the consultation feedback from these meetings there was broad agreement on the clinical rationale for concentrating hyper-acute and specialist stroke expertise to improve outcomes, resilience, and access to specialist care. Support was conditional rather than unconditional. Most frequently shared concerns related to travel and transfers, rehabilitation closer to home, workforce capacity, physical capacity at Glangwili Hospital, and the need for clear implementation plans. There was limited disagreement about the objective, but significant variation in confidence that the preferred option can be delivered safely and sustainably without investment and mitigation.

Clinical benefits of specialist stroke care

Many staff groups recognised the potential benefits of concentrating specialist expertise, improving access to 24-hour specialist input, creating a dedicated stroke unit and improving patient outcomes. Several clinical groups accepted the principle that patients benefit from specialist environments with appropriate staffing, therapy provision and clinical leadership. The main debate centred on deliverability rather than the clinical rationale itself.

> **"I would rather be somewhere that has 24-hour cover than waiting and being stabilized at another site."**
> – Prince Philip Hospital consultants' meeting

Rehabilitation closer to home

A recurring theme across staff, therapists, clinicians and external stakeholders was the importance of maintaining rehabilitation as close to patients' homes as possible. Staff sought clarity on where rehabilitation would occur, how specialist rehabilitation differs from general rehabilitation, and how patients would be repatriated. Concerns were raised that under-developed rehabilitation pathways could affect recovery and discharge.

> **"There was strong support for a rehabilitation model centred on Early Supported Discharge (ESD) and community-based rehabilitation wherever clinically appropriate."**
> – Mid Wales Planning and Delivery Executive Group

Travel, transport and family impact

Transport was one of the most consistent concerns. Staff questioned ambulance availability, transfer arrangements, rural travel times, public transport limitations and parking capacity. Several staff groups highlighted the burden on families and carers visiting patients placed further from home, particularly in rural communities such as Ceredigion, Pembrokeshire and mid Wales.

> **"I've just Googled the distance from Bronglais to Morriston. According to Google Maps this would take over 4 hours via public transport. Not everyone drives."** – All staff 'town hall' meeting

Patient transfers and pathway resilience

Staff consistently sought assurance on how patient transfers would operate. Concerns included ambulance availability, transfer delays, monitoring requirements following thrombolysis, movement between hospitals, stroke mimics and the risk of patients waiting in emergency departments for onward transfer. Staff repeatedly requested more detail on operational pathways.

> **"There is a lot of reference to transferring patients, how will this happen? Will it be via ambulance or will there be a specific transfer services?"** – Medical Staffing Committee meeting

Workforce, staffing and recruitment

Many staff groups questioned whether sufficient workforce exists to support the preferred option. Concerns were raised about recruitment of specialist consultants, therapists and nurses, delivery of therapy standards, development of workforce skills and retention of existing staff. Some staff respondents indicated that uncertainty is already affecting workforce stability.

> **"Already lost 5 senior nursing staff due to this and that puts more pressure on the ward and the staff."**
> – Withybush Hospital Consultants' meeting

Capacity and infrastructure at Glangwili Hospital

Numerous staff groups questioned whether Glangwili Hospital currently has sufficient physical space and infrastructure to accommodate the preferred option. Concerns included bed capacity, estate constraints, parking pressures, displacement of existing services, capital investment requirements and the impact on other services already operating on the site.

> **"Concern would be there is no physical space in Glangwili for a 60 bedded unit, how would this work?"** – Healthcare Professionals Forum

Investment and implementation detail

A common message was that support for the preferred option depends on significant investment, detailed workforce modelling and clear implementation planning. Stakeholders requested clearer information on bed modelling, staffing levels, rehabilitation models, infrastructure requirements, timelines and operational arrangements before implementation proceeds.

> **"It feels somewhat unrealistic to think we will achieve a standalone stroke unit at Glangwili unless we make substantial investment."** – Prince Philip Hospital Consultants' meeting

Community support, discharge and care continuity

Several staff groups highlighted the importance of discharge planning, community rehabilitation, social care integration and maintaining local support systems. Concerns were expressed that additional travel distances and cross-county arrangements could complicate discharge processes and reduce family involvement in recovery.

> **"There is some work to do around patients that are reliant on family and/or friends to support their discharge – this could be impacted by distance if the patient is in Glangwili."** – Withybush Hospital stroke therapy staff meeting

Suggested alternatives and mitigations for Board consideration

- Strengthen and define rehabilitation pathways so specialist and general rehabilitation are delivered as close to home as clinically appropriate
- Develop formal repatriation arrangements back to local facilities or community rehabilitation at the earliest clinically appropriate opportunity
- Invest in early supported discharge and community rehabilitation capacity before implementation
- Establish dedicated transfer arrangements for stroke patients, including clear pathways for post-thrombolysis monitoring during transfer
- Publish detailed patient flow and transfer pathways to support staff and public understanding
- Undertake detailed workforce planning, including recruitment strategies for stroke consultants, therapists, nurses and rehabilitation staff
- Secure ring-fenced therapy, stroke and rehabilitation resources to prevent dilution of specialist services
- Address Glangwili Hospital estate, space, parking and service-displacement risks through a fully funded infrastructure plan
- Retain local elements of care where clinically appropriate, including rehabilitation, outpatient follow-up, TIA pathways and end-of-life care
- Explore innovations raised during consultation, including pre-hospital video triage, mobile stroke imaging concepts and enhanced technology use in the stroke pathway
- Provide additional support and information for families on transport, accommodation and community support services
- Include robust discharge coordination with local authorities and social care services to avoid delays and prolonged hospital stays

9. Stroke group engagement

During the consultation, we met with local stroke groups supporting people with lived experience of stroke across Carmarthenshire, Ceredigion and Pembrokeshire. The sessions provided an opportunity to raise awareness of the consultation, share information about the preferred option and the previously considered options, answer questions, and hear from current and previous service users, their families and carers about the options and consultation process.

The groups we attended were:

- Aberystwyth Stroke Club
- Aberystwyth Stroke and Neuro Café
- Newcastle Emlyn Stroke Group
- Hubberston Stroke Survivors' Bowls Group
- Llanelli Ladies' Stroke Group
- Llanelli Men's Stroke Group
- Carmarthen Stroke Club

Thematic summary

Across the seven stroke support groups, there was broad agreement that patients want access to the highest quality specialist stroke care. In particular 24/7 specialist assessment and treatment, even where this may require centralisation of acute services. However, this support was consistently qualified by concerns regarding longer travel times, ambulance availability, the impact on families visiting patients, and whether community rehabilitation and support services would be sufficiently strengthened.

There was also widespread concern about current delays in diagnosis, therapy provision, rehabilitation, and follow-up care. The principal area of disagreement related to whether the benefits of centralisation would outweigh the disadvantages for residents in rural and geographically remote communities.

> **"You want the best care for the person. As long as they have the best care… You've got to put up with it. There is no way you can win."**
> – Aberystwyth Stroke Club

Access to specialist stroke care

A recurring theme was recognition that specialist stroke expertise should be available at all times. Participants expressed frustration that specialist care is not always available consistently and many accepted the rationale for concentrating expertise to ensure continuous specialist cover. Several groups believed that access to 24-hour specialist care could improve outcomes and help address existing variability in service provision. Nevertheless, participants sought reassurance that capacity, staffing and facilities at Glangwili Hospital would be sufficient to meet increased demand.

> **"Having 24-hour access to expert care is essential. Have the unit in Glangwili as it is central."** – Carmarthen Stroke Club

Travel, rurality and family access

Travel and geography were among the most prominent issues raised. Groups in Ceredigion and Pembrokeshire were particularly concerned about increased journey times, the condition of rural road networks and the effect of travelling further when stroke treatment is time-critical. Stroke group members also highlighted the burden on relatives and carers, particularly when family members do not drive or where patients have lengthy inpatient stays. Many stressed that family presence contributes to recovery and should be considered as part of service design.

"We know we have to travel for specialist care, but why don't the specialist doctors travel to each of the hospitals instead?" – Hubberston Stroke Survivors' Bowls Group

"Relatives are essential for people's recovery from a stroke. They help bring the memories back." – Hubberston Stroke Survivors' Bowls Group

Ambulance response and patient transfers

Concerns regarding ambulance services were raised across several stroke groups and were often described as a more pressing issue, more so than hospital configuration itself. Participants recounted experiences of lengthy waits, inconsistent responses and fears that delays could undermine the benefits of specialist stroke services. There was support for rapid access pathways and recognition that stroke is highly time-sensitive, but many stroke group members wanted assurances that ambulance performance and transfer arrangements would improve alongside any service changes.

"They advertise FAST [Face, Arms, Speech, Time – advice to recognise stroke symptoms and call 999], but useless if the ambulance don't come out." – Newcastle Emlyn Stroke Group

"I live in St Ishmaels in Pembrokeshire and live alone. If I have a stroke, then I won't be able to drive. I will be totally reliant on the ambulance service, which is often facing delays and long waits." – Hubberston Stroke Survivors' Bowls Group

Rehabilitation and community support

There was strong and consistent feedback that rehabilitation services require significant improvement regardless of the preferred configuration of acute stroke services. Stroke group members reported delays in accessing physiotherapy, speech and language therapy, psychology services and ongoing rehabilitation. Many emphasised that recovery extends beyond the acute phase and that successful implementation of the preferred option would depend upon enhanced rehabilitation closer to home, early supported discharge and continuity of support after hospital discharge.

There was also concern that the service model could disadvantage Pembrokeshire residents. Participants felt the appraisal may not have given enough weight to the travel distances faced by people in Pembrokeshire. This concern was linked to questions about how provision for residents outside Hywel Dda, and the proximity of Morriston Hospital in the east, had influenced thinking about the most geographically central location for stroke services within the Health Board area.

"If community support improves that will be a massive improvement." – Llanelli Ladies' Stroke Group

"What rehab would happen for Pembrokeshire patients and where? Bronglais patients and locals have shouted and made the most noise, now they are potentially keeping the rehab unit open there." – Hubberston Stroke Survivors' Bowls Group

Experiences of current care and service quality

Stroke group members provided a mixture of positive and negative experiences of current stroke services. While many praised individual hospitals, clinicians, therapy teams and examples of excellent care, others described delayed diagnoses, poor communication, inconsistent follow-up and difficulties accessing specialist support. The feedback suggested variability in patient experience rather than a consistent view that any one hospital was either wholly successful or unsuccessful. There was a strong desire for greater consistency and reliability of care across the Health Board.

"The follow-up care from Prince Philip has been appalling. I've lost faith. The rehabilitation plan we were given hasn't happened."
– Llanelli Ladies' Stroke Group

"During COVID, I had a poor experience at A&E in Withybush Hospital. We had no support or follow up after being on the stroke unit for a week." – Hubberston Stroke Survivors' Bowls Group

Workforce, capacity and deliverability

Stroke group members frequently questioned how the preferred option would be staffed and whether sufficient workforce capacity exists to support an expanded specialist service. Questions were raised about recruitment, retaining specialist staff, physical capacity within Glangwili Hospital and whether investment would accompany the proposed changes. Some stroke group members acknowledged existing workforce shortages and understood the argument that specialist staff cannot be sustainably spread across multiple sites.

"How will you staff and recruit specialists for this new unit?" – Hubberston Stroke Survivors' Bowls Group

Confidence, trust and consultation

A number of participants expressed scepticism about whether decisions had already been made before the consultation process. Some referenced previous service changes and perceived reductions in services at local hospitals, contributing to concerns about trust and confidence. Conversely, there were examples of participants acknowledging that their feedback had been listened to, and that revised proposals appeared more acceptable than previous options.

"From the last time you met with us you have looked at what we said and have listened to us. Thank you."
– Carmarthen Stroke Club

"The population of Pembrokeshire has lost trust in Hywel Dda University Health Board… We have had services removed from Withybush and talk of a new hospital for around 15 years."
– Hubberston Stroke Survivors' Bowls Group

Suggested alternatives and mitigations for Board consideration

- Establish funded transport, visitor support or accommodation schemes for families travelling long distances to visit stroke patients
- Provide a clear commitment that rehabilitation, outpatient care and community stroke support will remain available locally whenever clinically appropriate
- Accelerate investment in early supported discharge and integrated community stroke teams to reduce time spent away from home
- Develop and publish a detailed ambulance and transfer pathway demonstrating how treatment times will be protected for rural communities
- Increase public communications explaining that emergency stroke assessment and treatment will continue at local hospitals before onward transfer where necessary
- Provide assurance regarding workforce recruitment, specialist staffing levels and future capacity at Glangwili Hospital
- Enhance psychological support, speech and language therapy, physiotherapy and occupational therapy provision as part of the new model
- Strengthen links with community organisations, stroke groups and third-sector partners to support recovery and reduce isolation following discharge
- Consider formal review points after implementation to demonstrate whether promised improvements in outcomes, therapy access and service consistency are being achieved

10. Meetings with wider stakeholder groups

Meetings with regional stakeholder groups

During the consultation we met with the Mid Wales Stroke Service Change Group, with representatives from Betsi Cadwaladr University Health Board and Powys Teaching Health Board, as well as the Regional Clinical Services Plan Group which has representatives from Swansea Bay University Health Board.

Thematic summary

Across both stakeholder groups there was broad support for strengthening and centralising aspects of stroke care in order to improve clinical outcomes and service sustainability. Participants generally agreed with the strategic direction of the preferred option, but consistently highlighted concerns regarding implementation, particularly workforce recruitment, transport capacity, inter-hospital transfers, rehabilitation pathways, and the need for regional collaboration. There was little direct opposition to the model itself. Most disagreement centred on whether the necessary supporting infrastructure and resources could realistically be delivered.

> **"There are risks to delivering this model, but there are benefits to delivering this if we're able to work collaboratively and support the model."** – Mid Wales Stroke Service Change Group

Support for improved clinical quality and service sustainability

Participants recognised the rationale for concentrating specialist stroke expertise and strengthening acute stroke services. Both groups acknowledged the potential benefits of developing more sustainable specialist services and agreed that services should be configured to provide the highest quality clinical care. There was support for continued regional development and collaboration to achieve this.

> **"Support the strengthening of the services and building on the regional discussions."** – Regional Clinical Services Plan Group

Workforce recruitment and specialist staffing

A recurring concern was the ability to recruit and retain the specialist workforce required to support the proposed model. Questions were raised about whether 24-hour stroke consultant cover could be achieved and whether the challenges currently being experienced elsewhere would also affect implementation. Participants also highlighted the importance of recruiting therapy staff alongside medical staff.

> **"We [Swansea Bay] are struggling to appoint 24/7 stroke consultant cover and therefore you will also struggle I would imagine."** – Regional Clinical Services Plan Group

Transport, transfers and ambulance capacity

Stakeholders consistently identified patient transport and transfer arrangements as a significant implementation risk. Concerns focused on the impact of additional transfers on patients and families, potential consequences for ambulance availability, and the requirement for additional WAST resources. Participants emphasised that transport implications must be fully understood and funded if the preferred option is implemented.

> **"We've discussed around this previously and we are supportive of what you're trying to do, but we need to realise that there will be an impact on WAST [Welsh Ambulance Service Trust] which will need more funding if we are to provide the transport."** – Mid Wales Stroke Service Change Group

Rehabilitation and step-down care pathways

There was considerable discussion regarding what happens after the acute phase of care. Participants sought clarity about rehabilitation pathways, repatriation arrangements, community services and step-down provision. Concerns were raised that rehabilitation services must be aligned with any acute service changes and that unnecessary transfers should be avoided where possible.

> **"Whatever we do as a regional model we will still require step down facility."** – Regional Clinical Services Plan Group

Cross-border and regional working

Both groups emphasised the importance of collaborative working across organisations and geographical boundaries. Participants identified opportunities to share expertise, support workforce resilience and develop consistent pathways across Wales. Several contributors noted the absence of a clear, national vision and suggested that local partners should continue developing proposals while seeking wider support and direction.

> **"We need to work more collaboratively and across borders to provide the best care possible."** – Mid Wales Stroke Service Change Group

Impact on patients, families and communities

Participants highlighted the practical and emotional effects of travelling longer distances for acute stroke care. Particular concerns related to family visits during the acute phase, patient experience during transfers, and whether some communities could face greater barriers to accessing care. Contributors felt these impacts should be carefully assessed and mitigated as part of implementation planning.

> **"It's a question about families travelling, down to Glangwili during the acute phase, and staying a long time in the acute stroke unit."** – Mid Wales Stroke Service Change Group

Enabling services and future development

Participants stressed that successful implementation would depend on broader system improvements, not simply changes to acute stroke provision. Areas identified included early supported discharge, housing and social care support, technology-enabled care, community rehabilitation capacity and future service development within partner organisations. There was recognition that these wider elements are critical to achieving the intended benefits of the model.

> **"The group generally support the option and view it as a catalyst to support local development of services."** – Mid Wales Stroke Service Change Group

Suggested alternatives and mitigations for Board consideration

- Develop a detailed implementation plan demonstrating how specialist workforce requirements, particularly stroke consultants and therapies, will be achieved
- Secure additional ambulance and patient transport capacity before implementation to support increased transfer activity
- Undertake and publish a comprehensive patient transfer and clinical risk assessment, including the effects of additional journeys and handovers
- Establish clear rehabilitation, repatriation and step-down pathways, with agreed criteria across organisations
- Strengthen early supported discharge and community rehabilitation services to minimise unnecessary hospital stay
- Develop support measures for families affected by longer travel distances, including accommodation, travel support and communication arrangements
- Expand use of digital and remote assessment technologies to support patient care and professional collaboration across sites
- Formalise regional workforce and service-sharing arrangements between health boards to improve sustainability and resilience
- Continue engagement with Welsh Government and regional partners to align local implementation with any future national stroke strategy
- Produce clear public-facing information explaining what services will remain locally, what will change, and how patients will move through the pathway

Meetings with local stakeholder groups

As part of the consultation, we engaged with local community groups by attending existing meetings and events across the Hywel Dda area. This enabled the consultation team to share information, respond to questions and gather feedback in settings that were already familiar and accessible to participants. We also attended third party public events to raise awareness of the consultation, speak with attendees and signpost people to further opportunities to take part.

The groups/events we attended were:

- Ceredigion Disability Forum
- Ray Ceredigion Forget Me Knot Dementia Group
- Aberystwyth and District Visually Impaired Club
- Immunisation and vaccination drop-in clinic – Aberystwyth Rugby Club
- Immunisation and vaccination drop-in clinic – Pembroke Dock

- Royal Welsh Agricultural Show
- Women's Health and Wellbeing Network
- Older People's Network meeting
- Welcome Friends' group coffee morning
- Pembrokeshire 50+ Forum
- Carers Connect event, Scolton Manor
- Dream Team meeting, Haverfordwest
- South East Pembrokeshire Community Health Network
- Amroth Craft Group

Thematic summary

Across the local groups and events there was broad agreement on the potential clinical benefits of a more specialised, centralised stroke service capable of providing consistent expertise and 24/7 care. However, this was balanced by significant concerns about increased travel, transfer between hospitals, impacts on families and carers, transport availability, and capacity at Glangwili Hospital. Support for the preferred option was often conditional on strong mitigations, while some groups opposed any reduction of local stroke services, particularly at Bronglais and Withybush hospitals.

Travel, transport and access

The most consistent theme across almost all groups was concern about longer journeys for patients, relatives and carers. Participants questioned how transfers would work, whether ambulances and patient transport services had sufficient capacity, and how elderly, disabled or non-driving relatives would visit loved ones. Concerns were raised about rural geography, weather conditions, public transport limitations and travelling while seriously unwell.

> **"The preferred option sounds good for patients, but I'm concerned about the travel for the loved ones."** – Welcome Friends' Group coffee morning

> **"You really need strong travel and transport options to support access to services."** – Ray Ceredigion Forget Me Knot Dementia Group

Impact on families and carers

Many participants accepted the argument for specialist care but believed the consequences for carers and families had not been fully addressed. Concerns centred on separation from support networks, affordability and practicality of travel, and challenges faced by carers who themselves have health conditions, disabilities or caring responsibilities. Participants frequently emphasised that recovery involves family support as well as clinical treatment.

> **"Patients are better with family around, unnecessary separation from the family when they needed the most."** – Immunisation and vaccination drop-in clinic, Aberystwyth Rugby Club

> **"My mum had a stroke; I am unable to drive. I wouldn't be able to cope if I had to travel to Carmarthen every day to support her."** – Carers Connect Event, Scolton Manor

Confidence in specialist care and 24/7 services

A number of groups recognised the benefits of concentrating expertise, specialist therapies and consultant staffing. Participants who supported the preferred option frequently did so because they believed better outcomes would result from access to specialist multidisciplinary teams and round-the-clock care. Some respondents acknowledged that not every service could be provided in every hospital.

> **"I think it would be nice to bring the service together to provide 24/7 care."** – Immunisation and vaccination drop-in clinic, Pembroke Dock

> **"We've said before that we'd be happy to travel if it means better care."** – Dream Team meeting

Multiple transfers and patient pathway clarity

Attendees at the sessions frequently sought clarification on the proposed treat and transfer pathway. Concerns centred on whether patients would experience multiple movements between hospitals, when transfers back to local hospitals would happen, and how vulnerable or critically ill patients would cope with repeated journeys. Several groups questioned whether transfer arrangements were sufficiently developed.

> **"Disagree with the transfer. A person is unwell to travel in the back of the ambulance, no fun."** – Immunisation and vaccination drop-in clinic, Aberystwyth Rugby Club

> **"My big worry is the logistics of it. How are you going to be transferring all these patients around?"** – Amroth Craft Group

Glangwili Hospital capacity and infrastructure

There was recurring concern about the ability of Glangwili Hospital to absorb additional activity. Parking problems were mentioned repeatedly, alongside worries about overcrowding, bed capacity and pressure on existing services. Attendees questioned whether sufficient investment would accompany service changes and whether the site could support future demand.

> **"If they want to bring services to Glangwili, they've got to do something about the parking."** – Immunisation and vaccination drop-in clinic, Pembroke Dock

> **"Is there any guarantee that Glangwili will be able to cope?"** – Pembrokeshire 50+ Forum

Retaining local services

Some participants, particularly in Ceredigion and Pembrokeshire groups, expressed concern about the continued loss of services from local hospitals. These respondents believed retaining more stroke care locally would better serve rural communities and older populations. The strongest opposition came from those concerned about further erosion of Bronglais or Withybush hospitals' services.

> **"Leave the full stroke unit in Bronglais General Hospital."** – Immunisation and vaccination drop-in clinic, Aberystwyth Rugby Club

> **"You need to keep services in Pembrokeshire, stop removing them out of the county."** – Pembrokeshire 50+ Forum

> **"I think that's the other concern, the Health Board make their decisions and that's going to happen, and these are the bits that still could go wrong, but these are the bits that have not yet been thought out. It's because it's all been done in dribs and drabs... You get rid of Bronglais, you put it in Glangwili…but you all hear is that Glangwili's A&E is full, you know what we're getting into?"** – Ceredigion Disability Forum

Rehabilitation and community support

Several groups highlighted that successful recovery extends beyond acute treatment. Participants wanted reassurance that rehabilitation services, therapy provision, carers' support and community services would remain accessible locally. Some respondents worried that concentrating specialist services could reduce therapy and support available closer to home.

"What they need to put funding into is community support." – Royal Welsh Agricultural Show

"If you have all therapies in 24/7 unit in Glangwili, my concern is there might not be enough therapists in the community." – Amroth Craft Group

Protected characteristics and vulnerable groups

Specific concerns were raised about the impact on elderly people, disabled people, visually impaired individuals, people with learning disabilities, and those who depend heavily on carers. Attendees emphasised that travel, unfamiliar environments and separation from carers could disproportionately affect these groups.

"If you had a stroke, you need someone you know, and who knows you as well." – Aberystwyth and District Visually Impaired Club

"It's the elderly and disabled that will suffer, how are you going to support the transport options?" – Carers Connect Event

Suggested alternatives and mitigations for Board consideration

- Provide a dedicated stroke transfer service that does not reduce emergency ambulance availability
- Develop enhanced transport support for relatives, carers and visitors, particularly for rural communities, elderly people and disabled people
- Explore accommodation and practical support arrangements for families travelling long distances
- Improve visitor transport, shuttle bus or park-and-ride arrangements for Glangwili Hospital
- Ensure clear communication on when and how patients are transferred back to local hospitals
- Maintain and strengthen local rehabilitation services and community therapy provision
- Establish specific support arrangements for carers, including transport and recognition of caring responsibilities within care planning
- Ensure adequate bed capacity, staffing and parking infrastructure are in place at Glangwili Hospital before implementation
- Continue providing accessible information, simple communications and Easy Read materials for vulnerable groups
- Consider arrangements that allow vulnerable patients to remain supported by carers throughout transfer and admission processes where possible

11. Meetings with public service boards

During the consultation we met with the Carmarthenshire, Ceredigion and Pembrokeshire public service boards. These groups contain representatives from public bodies within the county, as well as other members who support the county to achieve their aims.

Thematic summary

Across the three public service board discussions, there was broad recognition of the need to provide high-quality specialist stroke care. There was also an understanding of the workforce and recruitment challenges associated with sustaining services across multiple sites. There was no clear disagreement with the clinical case for change. However, participants consistently sought reassurance about the decision-making process, the impact on patients, families and protected groups, and the mitigations required should services be consolidated. A recurring theme was the importance of meaningful engagement, transparency and demonstrating how consultation feedback will influence future decisions.

> **"I'm sure we have all know someone who has had a stroke, we would want them to have the best care and if that is on one site then we would be happy to support."** – Carmarthenshire Public Service Board

Clinical quality and sustainability

Participants acknowledged that stroke services are highly specialised and that workforce recruitment presents challenges when services are delivered across multiple sites. Feedback indicated an acceptance that service configuration should be driven by the need to provide the best possible clinical outcomes, provided sufficient evidence and assurance are available. Questions focused on whether capacity would be maintained if services moved from four sites to fewer locations.

> **"Stroke is a very specialised service, it is therefore very hard to recruit to four sites."** – Carmarthenshire Public Service Board

Consultation, governance and decision-making

A significant theme was a desire to understand how consultation responses will be assessed and how they will influence Board decisions. Participants questioned what would happen if consultation feedback was predominantly negative and sought clarity regarding the next stages of the decision-making process. There was also interest in how organisational or group responses would be assessed and how potentially localised or "parochial" views would be considered within the overall assessment and whether weighting would be applied to responses.

Transport, access and impact on families

Transport and accessibility emerged as one of the strongest concerns. Participants highlighted the challenges for families and carers travelling greater distances, the potential need for accommodation when visiting hospitalised relatives, and the financial implications associated with increased travel. Concerns were also raised regarding transport availability for vulnerable groups and the practical impact of accessing services from more remote areas.

> **"Transport for families and carers are a huge concern."** – Pembrokeshire Public Service Board

Impact on protected characteristics groups

Specific concerns were raised about the effect of service changes on people with protected characteristics. Participants highlighted that transport can be particularly challenging for young people and people with learning disabilities, especially where access to specialist services requires longer journeys. Feedback suggested that equality impacts should be carefully assessed and mitigated as part of implementation planning.

Welsh language considerations

The importance of maintaining Welsh language provision within any future model was recognised. Attendees emphasised the need to ensure there is sufficient workforce capacity to meet the needs of patients whose first language is Welsh and to ensure language needs remain an integral consideration within service planning and delivery.

Engagement and partnership working

Feedback from the public service boards highlighted the value of ongoing partnership working and engagement. Participants noted the importance of listening to communities, demonstrating how feedback has informed decisions, and ensuring Health Board representation and participation within partnership structures beyond formal consultation periods. There was also recognition that lessons should be learned from the consultation process to strengthen future engagement activity.

> **"The Board will be monitoring the approach, as we need to do public consultation better, listen better, action better as people are giving their time, to respond."** – Ceredigion Public Service Board

Suggested alternatives and mitigations for Board consideration

- Develop a comprehensive transport mitigation plan covering patients, families and carers, particularly for rural communities
- Explore formal collaboration with community transport providers, including organisations such as Pembrokeshire Association of Community Transport Organisations (PACTO) and other local transport networks
- Consider support arrangements for family members travelling long distances, including information on accommodation and financial assistance where appropriate
- Provide clear assurance that overall stroke service capacity will be maintained or enhanced under the preferred option
- Strengthen Welsh language workforce planning to ensure patients can receive care through the medium of Welsh where required
- Undertake detailed equality impact assessments focused on transport, accessibility and vulnerable groups, including people with learning disabilities
- Continue working through public service boards and other partnership forums to support communication, prevention messaging and public understanding of stroke symptoms
- Clearly communicate how consultation responses are analysed and how they influence Board decisions to maintain public confidence in the process
- Maintain visible senior leadership engagement with partnership organisations and stakeholders throughout implementation

12. Meetings with councillors

As part of the consultation, we engaged with elected members across the three Hywel Dda counties and with representatives from neighbouring areas whose residents may use Hywel Dda stroke services. Separate meetings were held with county councillors in Carmarthenshire, Ceredigion and Pembrokeshire. A further session was held for town and community councillors across the three Hywel Dda counties, with representatives from all three counties invited to attend one shared session.

In addition, a separate session was held for neighbouring representatives from south Gwynedd and north Powys. This included county, town and community councillors, recognising that some residents in these areas may access stroke services provided by Hywel Dda. These meetings provided an opportunity to share information about the consultation, respond to questions and capture feedback from local representatives.

Thematic summary

Across the councillor groups, there was broad agreement on the importance of achieving the best clinical outcomes for stroke patients. There was also recognition of the case for concentrating specialist expertise. However, there was consistent concern about the practical consequences of the preferred model. These concerns focused particularly on transport, ambulance availability, transfer arrangements, rehabilitation capacity, and the perceived reduction of services at local hospitals. Some participants explicitly supported the preferred option. However, support was often conditional on reassurance about patient transfers, staffing, rehabilitation provision, and maintaining local access where possible.

> **"It's the outcomes are important."**
> – south Gwynedd and north Powys councillors' meeting

Transport, ambulance capacity and transfers

Transport was the strongest recurring theme across all groups. Participants questioned whether ambulance services have sufficient capacity to support additional inter-site transfers and whether delays could undermine the clinical benefits of the proposed model. Concerns were also raised about ambulance response times, the effect of transferring vehicles out of rural areas, and the impact on relatives required to travel longer distances. Participants repeatedly sought reassurance that transfer arrangements would be reliable and clinically safe.

> **"The one thing that is fundamental in all of this is transport."** –
> Pembrokeshire county councillors' meeting

Rehabilitation close to home

Rehabilitation provision emerged as a major priority, particularly for communities served by Bronglais Hospital. Participants generally welcomed the principle of acute treatment at a specialist centre if rehabilitation could be delivered closer to patients' homes. Questions focused on rehabilitation bed numbers, capacity, outpatient provision, and whether local patients would be guaranteed access to local rehabilitation services. Participants frequently emphasised the importance of family support during recovery and the benefits of being rehabilitated nearer home.

"I welcome the development and strengthening of rehabilitation, the importance of family and being close to home and intensive rehabilitation."
– Town and community councillors' meeting

Concerns about service reduction and local hospital roles

A recurring concern was that the preferred model could be perceived as a downgrading of services at Bronglais, Prince Philip and Withybush hospitals. Participants sought reassurance that local hospitals would continue to play a meaningful role in stroke care and questioned whether the public would view treat and transfer arrangements as a loss of service. Some participants expressed fears that existing local stroke facilities and expertise would be diminished under the proposals.

"Your proposal suggests a treat and transfer model where patients receiving the initial treatment locally before moving on to Glangwili. This is a concern to Llanelli residents who are raising this concern with several councillors that they are losing access to stroke services." – Llanelli Town Council

Workforce, recruitment and specialist staffing

Questions regarding workforce sustainability were common. Participants wanted clarity on specialist staffing arrangements, particularly at Bronglais Hospital, and asked whether sufficient consultants, therapists and rehabilitation staff would be available under the preferred model. Recruitment challenges in rural areas were acknowledged, with some participants encouraging the Health Board to adopt more ambitious recruitment approaches to attract and retain specialist staff.

"Specialists don't grow on trees. Takes years to have the expertise."
– Ceredigion county councillors' meeting

Capacity, beds and patient flow

Participants repeatedly highlighted concerns about bed availability and the practical operation of patient flow between sites. Questions focused on what would happen when transfer destinations had no available beds, whether corridor care could occur, and whether future demographic growth had been adequately reflected in planning assumptions. There was a clear desire for greater detail about operational arrangements and contingency planning.

"What reassurance is there that it won't happen to stroke patients?"
– Ceredigion county councillors' meeting, referring to delayed transfers and bed availability

The importance of rapid access to specialist care

Participants consistently emphasised the importance of rapid treatment during the early stages of a stroke. Questions focused on the "golden hour", stabilisation processes, transfer timings and how the proposed arrangements would improve or maintain clinical outcomes. Whilst there was recognition of the value of specialist centres, stakeholders wanted assurance that the transfer element would not compromise access to urgent care.

"It's essential that patients are treated within the first hour with first 24 hours being critical." – Llanelli Town Council

Engagement and communication

Many participants welcomed the opportunity to engage and recognized the effort being made through the consultation. However, some requested ongoing dialogue and clearer explanations regarding the role of different hospitals, comparative service models, and future plans. Particular concern was expressed about public perceptions of hospital roles and ensuring communities understood the rationale behind the proposals.

> **"We welcome further conversations, as we have many questions."**
> – Ceredigion county councillors' meeting

Suggested alternatives and mitigations for Board consideration

- Provide a formal and publicly available transfer assurance plan detailing ambulance availability, escalation arrangements and response standards for inter-site transfers
- Commit to protected rehabilitation capacity at Bronglais Hospital and other local rehabilitation sites, including clarity on bed numbers and eligibility criteria
- Develop a patient and family transport support scheme for those affected by longer travel distances
- Publish detailed staffing models showing specialist consultant, nursing, therapy and rehabilitation capacity at each hospital site
- Provide clear clinical pathway illustrations demonstrating how patients move between acute treatment, specialist intervention and rehabilitation
- Establish service guarantees regarding local rehabilitation access wherever clinically appropriate
- Develop contingency plans for occasions when specialist beds are unavailable and publish these arrangements as part of implementation planning
- Work with WAST, local authorities and transport partners to address wider transport and road infrastructure concerns raised during consultation
- Provide stronger communications regarding the continuing role of Bronglais, Prince Philip and Withybush hospitals to address perceptions of service downgrading
- Continue targeted engagement with councillors and communities to address outstanding concerns and test proposed mitigations prior to implementation

13. Written submissions

Introduction

During the consultation 30 submissions were received, as outlined in the table below. Where a bilingual response has been received (there were two bilingual responses within the 30), this has only been counted once. No responses were provided solely in Welsh.

Submissions (30) **Elected representatives/councils (4)**
Plaid Cymru: Submitted by Elin Jones MS, Kerry Ferguson MS, Anna Nicholl MS, Ben Lake MP
Paul Davies MS
Aberystwyth Town Council
Llanelli Town Council
Voluntary and community sector groups (4)
Stroke Association
Protect Bronglais Services
Salvation Army
Ceredigion Disability Forum
Other local health boards and NHS networks (5)
Swansea Bay University Health Board
Powys Teaching Health Board
Betsi Cadwaladr University Health Board
Mid Wales Stroke Service Change Group
NHS Wales Performance and Improvement
Staff groups and networks (2)
Pembrokeshire Multidisciplinary Stroke Team
Consultant body, Glangwili Hospital
Individuals (15)
Including 14 residents and 1 staff member

All the submissions have been read and reported in a thematic summary format. It is important to note that the views expressed may not be fully supported by evidence, and no attempts have been made to verify or validate assertions made.

The table below identifies the main themes arising from the written submissions. This is alongside quotes, which support the theming identified, with the full responses included within the appendices.

See Appendix 5: List of written submissions for further information.

Theme	Supporting quotes
Support for improving specialist acute stroke care, with safeguards	"Overall, there was broad support for the principles underpinning the preferred option, particularly the ambition to provide equitable access to specialist stroke expertise, 24/7 specialist cover, enhanced multidisciplinary team input, earlier specialist interventions, and improved rehabilitation pathways." – Mid Wales Stroke Service Change Group "NHS Wales Performance and Improvement are supportive in principle of the preferred option. We recognise the evidence supporting the consolidation of specialist stroke services and acknowledge the benefits this approach will bring to improving clinical outcomes, enhancing patient safety, and supporting a more sustainable workforce model." – NHS Wales Performance and Improvement "The Phase 2 preferred option was developed as a hybrid of two community generated proposals from the Phase 1 consultation (Options 106 and 210), combining the strongest elements of both into a single model. It centralises 24/7 acute stroke care at Glangwili Hospital while retaining stroke rehabilitation at Bronglais Hospital and maintaining treat and transfer arrangements at the other acute hospitals. The Phase 2 proposal is not perfect, but we believe it is the most workable option available." – Stroke Association
Travel distance, rurality and equitable access	"From the outset, I want to make clear that I strongly support the principle that healthcare should be delivered as close to people's homes as possible. This principle is especially important in rural areas such as Pembrokeshire and Ceredigion, where geography, poor transport links and long journey times already create significant barriers to accessing healthcare." – Paul Davies MS "The proposed centralisation of stroke services is based on models developed for large urban areas and does not reflect the geography, transport challenges and the population density of Mid Wales." – Protect Bronglais Services

Theme	Supporting quotes
Transport, ambulance and inter-hospital transfer capacity	"Before any changes are implemented, the Council believes the Health Board must clearly demonstrate how transport arrangements will operate in practice and provide robust evidence that sufficient resources are available to ensure patients receive safe, timely, and equitable care." – Aberystwyth Town Council "Successful implementation will be dependent upon: Sufficient and sustainable patient transport arrangements. Dedicated transfer capacity that does not adversely affect emergency ambulance availability. Clear funding arrangements for any additional transfer activity associated with the model." - Mid Wales Stroke Service Change Group
Family and carer involvement in recovery	"I believe that the proposals would also have a significant impact on stroke patients' families and carers. The support provided by loved ones is often an essential part of a stroke patient's recovery and rehabilitation." – Paul Davies MS "Family involvement plays a vital role in stroke recovery, both during the acute phase and throughout ongoing medical treatment and rehabilitation." – Betsi Cadwaladr University Health Board
Local, integrated and properly resourced rehabilitation	"The group strongly supported the principle that improvements to acute stroke care must be matched by equivalent investment in rehabilitation and community stroke services." – Mid Wales Stroke Service Change Group "The team considers that maintaining local stroke rehabilitation capacity is essential to support timely recovery, maximise independence, facilitate discharge closer to home, and enable meaningful involvement of families and carers throughout the rehabilitation journey." – Pembrokeshire Multi-Disciplinary Stroke Team
Concerns about reducing services at Bronglais and Withybush hospitals	"The Council remains unable to support any proposal which results in a reduction or downgrading of services at Bronglais General Hospital." – Aberystwyth Town Council "It is vital that the people of Pembrokeshire have access to stroke services in our county as we need support quickly and within easy distance of our homes." – Individual submission regarding Withybush Hospital

Theme	Supporting quotes
Workforce, staffing and deliverability risks	"Finally, it is essential that Glangwili Hospital is able to meet national workforce standards and maintain sufficient specialist staffing levels to support a centralised service safely and effectively." – NHS Wales Performance and Improvement "The recruitment and retention of stroke consultants remain significant challenges across the region." – Swansea Bay University Health Board
Governance, clinical decision-making and pathway detail	"The consultation documentation does not clearly describe who will be responsible for making treatment decisions at Treat and Transfer sites, and further detail on the governance and clinical model would be beneficial." – NHS Wales Performance and Improvement "The consultation document fails to provide sufficient detail regarding the rehabilitation services proposed to be delivered at both Bronglais and Glangwili Hospitals, or the manner in which those services will integrate with community-based care following discharge." – Protect Bronglais Services
Regional and national stroke planning	"Improving stroke services therefore cannot be addressed in isolation within one area, but requires coordinated, national action across all health boards." – Stroke Association "Our support is provided on the understanding that the proposal represents part of a wider journey towards an integrated and sustainable regional stroke model." – Swansea Bay University Health Board
Equality, disability, age, poverty and digital exclusion	"We do not believe the preferred option is safe, equitable, accessible or person-centred for the communities of Ceredigion and wider rural Mid Wales. In our view, the proposal will disproportionately disadvantage disabled people, older people, carers, visually impaired people, digitally excluded individuals and rural communities." – Ceredigion Disability Forum "A truly person-centred approach must account for the practical realities of rural disability, poverty, transport inequality, digital exclusion and carer support." – Ceredigion Disability Forum
Welsh language and bilingual care	"We are not convinced that HDdUHB has given any more than a cursory consideration to those stroke patients who need to be able to receive care through the medium of Welsh." – Protect Bronglais Services

Theme	Supporting quotes
Glangwili Hospital capacity, estate and single-site resilience	"A key rationale for change to stroke services given by the Health Board is fragility of service, but to reduce four currently functioning acute stroke units in Hywel Dda down to just one covering such a huge area would make the service more fragile, not less." – Protect Bronglais Services "We are particularly concerned about increased patient flow into Glangwili Hospital not being matched to increased outflow resulting increased use of boarding to accommodate the extra patients." – Consultant body, Glangwili Hospital
Preference for alternative models	"As an alternative, we strongly support consideration of Option 210, as presented to stakeholders at the Alternative Options and Conscientious Consideration meetings which was: ▸ Bronglais Hospital retaining specialist stroke unit cover for 12 hours per day. ▸ A 24-hour specialist stroke unit at Glangwili; then create regional stroke centre in Morriston Hospital, Treat and Transfer. ▸ Treat and transfer arrangements at Withybush and Prince Philip Hospitals." – Ceredigion Disability Forum "HDdUHB should withdraw the preferred proposal and develop a rural stroke model centred on Bronglais Hospital, supported by telemedicine, specialist networks and local rehabilitation services." – Protect Bronglais Services
Consultation process, engagement access and trust	"Finally, I do hope that this consultation is a genuine exercise in listening to local communities and stakeholders." – Paul Davies MS "Please explain why Cardigan has not been listed for a consultation meeting this time… Access to the nearest meetings is too far and there are still a people who do not use the Internet." – Individual submission
Research, innovation and Bronglais as a rehabilitation centre of excellence	"Establishing a rehabilitation unit at Bronglais would build on and expand existing stroke research activity through our partnership with Aberystwyth University." – Individual staff submission "It also positions Bronglais as a centre of excellence for stroke rehabilitation and research." – Individual staff submission

Overall view

The strongest opposition to the preferred option comes from elected representatives, local councils and community/disability groups representing Bronglais Hospital, Ceredigion, mid Wales, Powys and south Gwynedd. Their concern is not that stroke services do not need improvement: rather, they argue that centralising acute stroke care at Glangwili Hospital creates unacceptable access, safety and equity risks for rural populations.

Neighbouring health boards in the mid Wales area (Betsi Cadwaladr University Health Board and Powys Teaching Health Board) were more neutral in their feedback, not in opposition to the principles of improving stroke services, but with preferences for options supported by detailed rationale, which consider the travel distances, family involvement, continuity of care, patient wellbeing, rehabilitation pathways and cross-border discharge arrangements.

The strongest support for the preferred option comes from organisations focused on stroke standards and system sustainability, including the Stroke Association, Swansea Bay University Health Board, the Mid Wales Stroke Service Change Group and NHS Wales Performance and Improvement. Even here, support is generally qualified: they accept the clinical case for concentrating specialist hyper-acute stroke care, but only if transport, workforce, rehabilitation, repatriation, governance and national alignment are robust.

Clinical quality versus rural access

Where there is support of the preferred option it is recognised that the current service is fragile and that concentrating 24/7 specialist acute stroke care could improve clinical standards, safety and outcomes. The Stroke Association says the status quo is not sustainable and that "doing nothing" means accepting poorer outcomes.

Those who disagree with the preferred option do not necessarily reject better specialist care. Their rationale is that the benefits of specialist centralisation may be undermined by longer travel times, especially for people in north Ceredigion, Powys, south Gwynedd and rural Pembrokeshire. They argue that stroke is time-sensitive, that rural roads and ambulance pressures are real clinical risks, and that models designed for urban areas should not be assumed to work safely in mid and west Wales.

Role of Bronglais Hospital

Several respondents acknowledge that retaining or developing stroke rehabilitation at Bronglais Hospital is an improvement on earlier proposals. Plaid Cymru representatives, Aberystwyth Town Council, Powys Teaching Health Board and others welcome the recognition that some care should be closer to home.

However, many still see the proposal as a downgrade of Bronglais Hospital because acute stroke care would no longer be retained there in the same way. Protect Bronglais Services and Ceredigion Disability Forum note that adding rehabilitation does not compensate for removing acute capability. Their rationale is that Bronglais Hospital serves a large rural catchment extending beyond Hywel Dda boundaries, and that acute access, not only rehabilitation, matters for safety and equity.

Service model resilience

While some submissions noted that one specialist unit may be more sustainable than several fragile units, others raised a different concern. They noted that putting all acute stroke provision into one unit could make the system more fragile, because disruption, capacity problems, workforce shortages or estate constraints at one site would affect the whole region. Protect Bronglais Services particularly notes that retaining more than one acute stroke unit would provide resilience and better reflect rural geography.

Transport as an enabler or unresolved risk

Nearly every response, whether they supported the preferred option or not, identifies transport as critical. Those who support the preferred option say the model can only work with dedicated, funded, 24/7 transfer arrangements, clear protocols and adequate ambulance capacity.

Those who do not support the preferred option state the consultation does not yet provide enough evidence that this will be safe or practical. They cite ambulance delays, rural road conditions, adverse weather, poor public transport, transfer costs, parking, accommodation, and the burden on families and carers. Ceredigion Disability Forum also argues that proposed mitigations such as shuttle buses, volunteers or digital contact are inadequate for disabled people, older people, carers and digitally excluded communities.

Family involvement and rehabilitation

A consistent theme is that family and carer involvement is central to recovery. Respondents from Powys Teaching Health Board, Betsi Cadwaladr University Health Board, Ceredigion Disability Forum, Protect Bronglais Services and others argue that longer journeys to Glangwili Hospital could reduce family involvement, increase isolation and affect rehabilitation outcomes.

Betsi Cadwaladr University Health Board noted a preference for Option 210 because it would allow patients to return to Bronglais Hospital after the initial acute phase, supporting family engagement, local rehabilitation and cross-border discharge planning. Their response also emphasised the importance of patients being able to return to Bronglais Hospital for ongoing stroke care and medical management where required, in addition to stroke-specific inpatient rehabilitation.

The response further highlighted the benefits arising from existing cross-border relationships, established referral pathways and familiarity with discharge arrangements between Hywel Dda University Health Board and Betsi Cadwaladr University Health Board.

The importance of ongoing inpatient stroke care and medical management, alongside stroke-specific inpatient rehabilitation and discharge planning, are key factors underpinning Betsi Cadwaladr University Health Board's support for Option 210.

Deliverability, cost and timing

Several respondents question whether the preferred option is deliverable. Concerns include the capital cost of the Glangwili Hospital unit, uncertainty about investment at Bronglais Hospital, the long implementation timetable, reliance on workforce recruitment and the possibility that services might later move again if a new hospital is built.

The critique is that it may be poor value to invest heavily in Glangwili Hospital if the longer-term hospital strategy could supersede it. Some respondents want a final decision on the new hospital and regional stroke model before major stroke reconfiguration proceeds.

National and regional alignment

Supportive system bodies broadly frame the proposal as an interim or pragmatic step, not a complete solution. Swansea Bay University Health Board, Powys Teaching Health Board, NHS Wales Performance and Improvement and the Stroke Association all point to the need for a wider national or regional stroke plan.

There is a clear concern that Hywel Dda's model should not be developed in isolation. Respondents want clarity on plans for Morriston Hospital as part of regional development, Cardiff and Bristol thrombectomy pathways, and the development of comprehensive regional stroke centres. This will also feed into Powys and south Gwynedd pathways, and cross-border patient flows.

Alternative suggestions and mitigations

- Retain more acute stroke capability locally, especially at Bronglais and Withybush hospitals
- Reconsider Option 210 as a compromise model, retaining specialist stroke provision at Bronglais Hospital while supporting acute consolidation elsewhere
- Develop Bronglais Hospital as a rural stroke centre/rural centre of excellence, rather than reducing its acute role
- Create a stronger rural stroke model, using telemedicine, specialist networks and local rehabilitation
- Ensure 24/7 specialist clinical advice and decision-making for treat and transfer sites, including clear CT, assessment and transfer protocols
- Provide dedicated 24/7 stroke transfer capacity, with staffed and equipped vehicles at Bronglais and Withybush hospitals
- Send transfers directly to the stroke unit, avoiding unnecessary routing through Glangwili Hospital's Emergency Department
- Maintain direct thrombectomy pathways to Cardiff or Bristol for the most severe patients where clinically appropriate
- Publish a detailed transport plan before implementation, covering emergency transfers, patient transport, costs, rural roads, weather and contingency arrangements
- Provide practical support for families and carers, including help with travel, parking, accommodation and visiting
- Do not rely on digital contact as a substitute for family presence, particularly for older, disabled or digitally excluded people
- Phase implementation only once key conditions are met, including workforce, beds, capital, transport, rehabilitation and community capacity
- Cost and clarify capital requirements, including Bronglais Hospital rehabilitation facilities and the proposed Glangwili Hospital unit
- Avoid major investment at Glangwili Hospital until the new hospital position is clearer, to reduce risk of waste or duplication
- Strengthen rehabilitation and early supported discharge, with clear pathways, eligibility, repatriation and community support
- Repatriate patients closer to home as soon as clinically appropriate, especially to Bronglais Hospital, Powys, south Gwynedd or local community pathways
- Avoid unnecessary multiple transfers between hospitals, health boards and rehabilitation settings
- Improve cross-border working with Powys, Betsi Cadwaladr and Swansea Bay health boards
- Explore a regional model with Morriston Hospital, including shared consultant rotas or a two-centre acute model
- Align the proposal with a national stroke strategy, including thrombectomy, comprehensive regional stroke centres and the Quality Statement for Stroke
- Strengthen equality, disability, rurality and Welsh language mitigations, including bilingual care and Welsh medium therapy
- Co-design future plans with stroke survivors, families and carers
- Secure Welsh Government funding and recruitment support for rural workforce and service sustainability
- Consider wider rural governance models, such as a rural health board or dedicated rural planning approach for mid Wales

14. Standardised responses

Petitions

The Health Board is not aware of any new petitions created during the consultation period that were directly related to stroke services. No petitions were submitted to the Health Board as part of the consultation.

The Health Board is aware of two petitions submitted to the Senedd Petitions Committee before the Phase 2 Consultation launched. These petitions remain open and continue to collect responses. As they were created before the consultation and were not submitted as consultation responses, they have not been included in the formal consultation analysis. However, the Health Board notes that they were created following decisions on the eight other services within the Clinical Services Plan. The issues raised include concerns about the removal of services, the impact on local hospitals, and travel and transport impacts for patients and visitors.

The petitions are:

- Establish One National Health Board for Wales and Empower County Hospitals
- Urgent Pembrokeshire Healthcare and Resident Safety - Withybush Hospital and Health Board Intervention

Template responses

During the consultation a template response was developed and circulated which people used to either complete their individual response, support an organisational response, or submitted directly as an individual written submission.

Template responses have been reported separately because they used repeated wording. Including them with other responses could affect the integrity of the wider analysis, as some themes may appear stronger than individually expressed themes. These responses still form part of the consultation evidence. They will be conscientiously considered by the Board as part of its decision-making process.

In total the template response appeared 75 times across 59 individual responses, this is due to some people using the template response in multiple open text boxes within their submission, and within two individual written submissions. It was not always used in full, some responses did not include the opening paragraph and link to the questionnaire, and some chose to not include some bullet points.

Where a template response has been noted, these have not been analysed within the main body of questionnaire responses so that they can be considered separately. Where additional information was provided alongside the template response this has been captured in the questionnaire analysis. The purpose of doing this was to allow focused reporting on the themes and issues arising from the standardised response.

Standardised response as submitted in full

If you are filling in the Questionnaire on the Hywel Ddda UHB Second Consultation on Stroke Services (and Protect Bronglais Services would strongly urge you to do so), please feel free to copy and paste our comments (below) into Section 4 (Comments Box) in the Questionnaire, if you agree with what we are saying. Thank you.

https://www.haveyoursay.hduhb.wales.nhs.uk/csp-phase-2-stroke-questionnaire

HDdUHB's preferred option for stroke services does not adequately reflect the needs of the rural population it serves.

- Communities dependent on Bronglais Hospital extend into Powys and south Gwynedd – very rural areas with long travel distances and limited transport infrastructure. A model developed for urban centres cannot simply be applied here
- The proposed "treat and transfer" model is presented as evidence based, yet the Health Board has not identified comparable rural regions where such a system has operated successfully. Patients in Mid Wales could face lengthy road journeys at one of the most time-critical stages of their care, with no clear evidence that this approach improves outcomes in areas with similar geography
- Bronglais Hospital should instead remain a rural stroke hub, providing emergency assessment, imaging, acute treatment, ongoing inpatient care and rehabilitation, while transferring only those patients who require highly specialised interventions such as thrombectomy or neurosurgery. Telemedicine already enables rapid specialist advice and should be used to strengthen, rather than replace, local stroke services
- Transport remains one of the proposal's greatest weaknesses. Despite acknowledging public concern, the consultation contains no detailed transport strategy. There is little information about ambulance capacity, patient transport, public transport improvements or how relatives will be expected to visit patients who may be many miles from home. Family involvement is recognised as an essential part of stroke recovery, yet the suggestion that digital communication can compensate for reduced visiting fails to recognise the needs of elderly relatives, patients with communication difficulties and areas with poor digital connectivity
- The consultation also provides insufficient detail about patients who are too unwell to be transferred, including those requiring palliative care. It remains unclear where these patients will receive specialist stroke care, what staffing will remain locally and how these services will be delivered
- Centralising almost all stroke services at Glangwili Hospital also creates unnecessary risk. A single unit serving such a large rural area is vulnerable to operational disruption and reduces resilience across the Health Board
- The proposal also appears inconsistent with the Health Board's own assessment criteria. It is described as taking up to eight years to implement despite the stated expectation that options should be deliverable within two to four years. It requires almost £20 million of capital investment together with increased staffing costs, making delivery dependent on additional funding and workforce that are not yet secured
- The Health Board's own strategic documents describe Glangwili Hospital as an ageing, constrained site requiring significant investment, while the proposed new West Wales Hospital remains many

years away. Investing heavily in a new stroke unit at Glangwili only to relocate services again when the new hospital is eventually built raises further questions about value for money and long-term planning

- There is also considerable uncertainty surrounding the proposed Comprehensive Regional Stroke Units for Wales. Their locations, timescales and relationship with local stroke services have yet to be confirmed. Major changes to local services should not proceed before these wider plans are established
- Stroke Association Cymru has also stated that it does not support the proposed "treat and transfer" rehabilitation model, warning that it risks fragmenting services, undermining specialist-led care and increasing health inequalities
- The preferred option does not adequately address the realities of delivering stroke care across rural Mid Wales leaving significant questions unanswered regarding evidence, transport, patient safety, workforce, Welsh-language provision, deliverability and cost.

HDdUHB should reconsider this proposal and instead develop a rural stroke model that retains Bronglais Hospital as a comprehensive local stroke hub supported by specialist networks and telemedicine, ensuring patients receive high-quality care as close to home as clinically possible.

15. Social media feedback

The Health Board has an active social media presence, with Facebook being the main social media channel in terms of followers and engagement.

The Health Board collated all the comments made on its official Facebook pages during the consultation period. In total, 96 Facebook posts received 465 comments or replies. Within this total, 199 comments were received as a result of paid-for social media adverts, that were served across a wide range of platforms. All social media comments were read and collated by members of the Communications Team and reported and categorised into themes.

While social media generated a high volume of comments, many referred to broader issues relating to healthcare services including trust, travel, and access rather than the preferred option for stroke services under consideration as captured in the main themes. Several posts prompted significant organic engagement, with audiences actively sharing, commenting on, and reacting to content.

The most frequent concerns or opinions raised through social media were:

- mistrust in the Health Board
- mistrust in the consultation process
- concerns about the removal or downgrading of services
- travel and access concerns
- comments about Welsh language communications
- support for the consultation and communications
- concerns about ambulance availability and the preferred option

The table on page 107 shows the themes of the comments, with the most frequent comments highlighted in bold.

Theme	Number of comments
Mistrust in consultation process	192
Mistrust in health board	180
Concern about removal of services	38
Travel concerns	21
Anti Welsh language	19
Ambulance availability	10
Support for consultation and good communications	9
Anti community languages	7
Concern about cost/wasting finances	6
Concern about preferred option	6
Mistrust in Welsh Government	6
Praise for current service	3
Primary care	3
Poor patient experience	3
Services available at Prince Philip Hospital	3
Concern about current services	2
Recruitment and staffing	2

Further details and examples of comments shared across social media have been appended to this report.

Social media feedback was reviewed during the consultation and used to identify issues and concerns that were emerging in real time. The most common concerns related to mistrust in the Health Board and consultation process, the perceived removal of services, travel and access, ambulance availability, Welsh language and the preferred option.

In response, the Health Board continued to emphasise that no decisions had been made and encouraged people to share their views through the consultation questionnaire. Concerns raised through social media and engagement activity were also reflected in mid-point communications, social media updates and additional frequently asked questions.

The frequently asked questions web resource was updated during the consultation to respond to issues being raised, and this content was further promoted through social media. This included reassurance on the existing stroke pathway, transfer arrangements, ambulance and transport planning, and how consultation feedback would inform Board decision-making.

This meant social media activity was not only used to promote the consultation, but also to support active listening, respond to emerging concerns and help people access clearer information before submitting their feedback.

16. Consultation Report next steps

The Consultation Report has been developed to support the Informing Plan. The Consultation Report will be considered by the Health Board, alongside supporting evidence that has been gathered throughout each stage of the Clinical Services Plan programme. The final decision on the future service model for stroke services within Hywel Dda, is due to take place in November 2026. The final Consultation Report will be published in advance of the November Public Board meeting.