



SHAPING SERVICES FOR THE FUTURE, TOGETHER

Public Engagement Report
March 2026



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Vision of the Future – Cardiff & Vale UHB Youth Board

Our Youth Board imagines a future where healthcare in Wales is fair, accessible, and compassionate for everyone. In this future, no one waits years for a diagnosis, no one is forced to pay privately for essential treatment, and conditions are recognised, investigated, and treated quickly. Pain is taken seriously, and everyone receives the support they need without having to fight for it.

Transitions between children's and adult services are smooth and supportive, ensuring that 16-year-olds are not left to navigate complex systems alone. Opportunities to enter healthcare careers are open to everyone, with accessible routes such as apprenticeships, meaningful work-experience placements, and stronger partnerships with universities to widen participation.

Healthcare services communicate clearly and proactively. Appointment systems are simple, reliable, and fair, and patients are never removed from waiting lists because they missed a phone call. Hospitals are safe, dignified spaces, have improved facilities for children, and integrated digital systems that allow health and social care to work seamlessly together.

Families are recognised as essential partners in care. Parents and carers—especially those supporting children with long-term conditions—have access to appropriate facilities, clear updates, and the practical support they need. Staff wellbeing is

prioritised, with fair pay, manageable workloads, and working conditions that allow people to thrive and deliver high-quality care.

Young people want a future where digital tools genuinely work, there's better communication between departments, and the ability to book longer or multi-issue GP appointments. They envision a system where research funding is strengthened, sick notes are accessible when needed, and financial barriers to care—such as dental fees, optician costs, and private treatment—are removed.

Our young people want a healthcare system that prevents ill-health by addressing the wider factors that shape people's lives: housing, poverty, education, and community wellbeing. Public health education in schools would be strengthened so young people understand their bodies, recognise early signs of illness, and know how to access support.

Above all, the Youth Board wants a system that treats people as individuals – where patients feel heard, respected, and included in decisions about their care. A system without postcode lotteries, where no one has to travel long distances for basic treatment, and where mental health services, gender-affirming care, and specialist support are available when and where they are needed.

Their vision is clear: a compassionate, joined-up, and accessible NHS that leaves no young person behind.

Foreword Llais & Wellbeing of Future Generations Commissioner

As Llais (Citizen Voice Body for Wales) in Cardiff and the Vale, we welcome the publication of the 'Shaping Services for the Future, Together' report from Cardiff and Vale University Health Board.

At Llais, our role is to make sure the voices of people who use health and social care services are heard, understood and acted upon. We know that services work best when they are designed with people, not just for them. That is why we strongly support the Health Board's commitment to going out into communities, listening to residents, patients, carers and staff, and reflecting that feedback in their final report.

Meaningful engagement is not just about consultation, it is about building trust, improving transparency and making better decisions together. We are pleased to see that the views, experiences and concerns of service users will help shape the direction of travel set out in this report.

We welcome the Health Board's willingness to listen and to involve the public in shaping future services. This approach aligns closely with Llais' statutory role and shared ambition: ensuring health services in Cardiff and the Vale meet the real needs of the people who rely on them, now and in the future.

We look forward to continuing to work collaboratively to ensure that patient voice remains at the heart of implementation as the health board launches its roadmap as to how they will deliver services for the next ten years.

Lauranne Cullen

Llais – Cardiff & Vale Regional Director

'Ensuring that the public are at the heart of decision making is essential to ensuring better outcomes for people now, and for generations still to come. This is why I've recommended that all public bodies in Wales improve how they involve people in shaping and delivering the services they deliver. I'm pleased to see Cardiff and Vale University Health Board carrying out a thorough and inclusive involvement process for their Ten Year Clinical Services Plan, with people across different communities, to shape together how we ensure a healthy future.'

Derek Walker,

Future Generations Commissioner



Executive Summary

In Summer 2025 we began developing our public-engagement approach for a high-level, ten-year Clinical Services Plan. Co-production was established as a core principle from the outset. In July 2025 our internal co-production group shaped the foundations of the work, including the name of the plan and the engagement questions that would guide conversations with our communities.

A twenty-week engagement period launched in August 2025, designed to be meaningful, inclusive, and accessible. More than 3,500 individuals took part, sharing what matters most to them, the challenges they face when accessing services, and their ideas for how care could improve in the future. Across all engagement activities, the feedback was consistent: people want to be heard and want services that reflect their needs and experiences.

Several clear themes emerged across communities:

- Patients want to be treated as equal partners in their healthcare journey.
- Services need to be more accessible.
- Communication between services, and between services and patients, must improve.
- Digital systems need to be modern, reliable, and offer options such as online appointment booking, receiving communications electronically, and viewing test results.

This feedback has directly informed the development of a set of “patient principles” across four areas:

- Starting Well
- Enabling Health & Wellbeing
- Scheduled Care
- High Acuity & Time Critical Care

These principles will guide the design and future development of our services, ensuring that patient voice remains central to decision-making over the next decade.



Engagement Methodology

Our purpose was to gather meaningful insight from our communities to shape a ten-year Clinical Services Plan that reflects real needs, priorities, and lived experiences. To achieve this, we committed to placing patient voice at the foundation of the plan and designed an approach that enabled people across Cardiff and the Vale of Glamorgan to contribute in ways that were accessible, inclusive, and flexible.

Our communities are diverse, and we recognise that traditional engagement methods do not always reach everyone. To address this, we developed an approach grounded in key values: being inclusive and diverse, open, honest and reliable, collaborative, and consistent. These values guided every stage of the engagement process and helped ensure that all individuals had the opportunity to share their views.

a. Goals of engagement

- Ensure patient voice is central to the development of the Clinical Services Plan
- Reach and involve diverse communities across Cardiff and the Vale
- Understand what matters most to people when accessing health services
- Identify barriers and challenges experienced across different service areas
- Gather ideas for improving care now and in the future
- Co-produce engagement questions with our communities
- Use feedback to develop patient-centred principles that will guide future service design

b. Our approach

We focused our messaging on five key service areas that represent significant areas of need, demand, and strategic importance for the next decade. These areas were:

- Mental Health
- Women & people registered female at birth

- Planned Care
- Urgent Care
- Specialist & Regional Services

These areas were selected because they have a major impact on population health outcomes and are central to how people experience care.

c. Co-Production

We were committed to using co-production throughout the engagement period and started the process at foundation level by co-producing our engagement questions with our internal lived experience group. The group developed four questions for each service area, along with three overarching questions.

The questions were used in two online surveys but also helped to guide conversation with members of the public at in person events.

Mental Health Services

- What matters most to you or your loved ones when accessing mental health services?
- What barriers or challenges have you faced in trying to access mental health care?
- How could services become easier to navigate?
- How could community-based mental health support be improved to meet your day-to-day needs?

Women and people registered female at birth

- What are your key priorities for improving women's health services and services for people registered female at birth?
- What services or types of support do you feel are missing at different life stages?
- How can we provide the best possible care throughout the healthcare journey?
- What services could be delivered in your local community?

Urgent Care Services

- What does a positive experience of urgent or emergency care look like to you?
- What challenges have you experienced when trying to access urgent or emergency care?
- What ideas do you have for reducing pressure on emergency departments while still meeting urgent needs?
- What urgent or emergency care services could be delivered closer to home?

Planned Care Services

- How can we improve access to planned (non-urgent) care?
- What support do you or your loved ones need while waiting for treatment – emotional, practical, or digital?
- How can planned care be made more flexible so it fits better around your life?
- What types of planned care could be delivered more locally or in community settings?

Specialist and Regional Services

- What are your experiences of accessing specialist or regional services?
- What would help you manage a long-term or complex condition within your community?
- What matters most to you when accessing specialist or hospital-based services?
- Would you be willing to travel further for some treatments if it meant being seen more quickly?

Overarching Questions

To support consistent conversations across all engagement activities, we also used three overarching questions:

- What's most important to you or someone you care about when using health services?
- Have you come across any challenges when trying to use health services?

- What would help bring health services closer to your home?
- Every conversation, comment, and insight gathered through this process has contributed to the development of a set of patient principles for each of the five service areas. These principles will guide future service design, inform investment decisions, and shape ongoing engagement as the Clinical Services Plan develops.

d. How can we be sure the information we have is accurate?

To ensure accuracy and accountability, all feedback was recorded systematically and analysed consistently across service areas. This approach ensures that the patient principles, developed from the feedback, reflect the breadth and depth of community experience.

As with all engagement work, we have gaps in our knowledge, however this piece of work has enabled us to have a great foundation to continue to engage and communicate with our communities.

e. How did we design our approach to engagement?

We recognise that barriers exist within our communities that can make it easier for some people to take part in engagement activities than others. To ensure that our engagement reached all parts of our population, we designed an approach that was inclusive, equitable, and flexible, offering multiple ways for people to share their views in ways that suited them.

Our methodology combined a range of digital and in-person approaches to maximise reach, accessibility, and representation across Cardiff and the Vale of Glamorgan.

- **Digital Engagement Approaches**

Two online surveys – one in-depth and one light-touch, allowing people to provide anonymous feedback, either on specific service areas or on the overall approach.

Dedicated email inbox for individuals to send feedback directly and in their own words.

Social media outreach, using corporate channels and targeted posts in community Facebook groups to promote the surveys, share updates, and advertise community events and online sessions.

Online spotlight sessions – held via Microsoft Teams and bookable through Eventbrite, offering open discussion spaces for people to share their experiences and ideas.

Digital advertising – QR codes advertising the surveys were displayed on PCIC screens, on Library screens and on staff laptops via screen savers.

NHS Staff – we utilised our internal social media channels through Viva Engage to encourage staff that live in Cardiff and Vale of Glamorgan to complete the survey from a patient perspective.

NHS Wales – to ensure that we heard from patients across Wales that come to us for specialist services we connected with our colleagues in other health boards to communicate opportunities to provide feedback via a stand-alone specialist services survey.

- **In-Person Engagement Approaches**

Attendance at **community events** organised by partners across Cardiff and the Vale, enabling us to meet people where they already were.

Open drop-in sessions in hubs, libraries, and community centres, providing informal opportunities for people to talk to us about their experiences.

Health board-led community events and focus groups, designed to explore specific themes or service areas in more depth.

In-person **spotlight sessions**, offering structured conversations similar to the online format.

Engagement on **health board estate sites**, speaking with people while they waited for appointments to capture real-time experiences of accessing services.

Attendance at **town council meetings**, working with local leaders to understand community-specific issues and priorities.

Community presence mapping across cluster areas to ensure equitable representation and avoid over- or under-engagement in any locality.

Third Sector Health and Social Care Facilitators we utilised our partnership with the third sector to reach under presented groups including funding eight specific focus groups.

f. Engaging with Seldom Heard Communities

We recognise that many people in our communities' face barriers that make it difficult for their voices to be heard. In developing our engagement approach, we were committed to removing as many of these barriers as possible to ensure that the feedback we gathered was inclusive, accessible, and genuinely reflective of the diverse communities we serve across Cardiff and the Vale of Glamorgan.

The follows methods were used to reach as many people as possible:

Easy-read versions of the survey were co-produced with two lived-experience workers from within the Health Board to ensure the questions were accessible for people with learning disabilities.

Both surveys were translated into the languages most used across Cardiff and Vale UHB, including:

- Arabic
- Polish
- Somali
- Urdu
- Bengali
- Punjabi (Pakistani)
- Punjabi (Indian)

We worked closely with our **Health Inclusion** colleagues, who facilitated a dedicated session with a lived-experience group to help us gather meaningful feedback. Cardiff Action Change also invited us to one of their group meetings, providing another valuable opportunity to engage with people from a range of backgrounds. In addition, by spending time in several **food banks and warm spaces**, we were able to speak directly with asylum seekers, people

experiencing homelessness, and individuals facing socio-economic hardship.

Our colleagues at Cardiff Council helped create connections in the **Gypsy Traveller** community, and we spent a day at a site in Shire Newton where members of the community could speak to us throughout the day, sharing their lived experiences.

By using census data, we were able to map our engagement results as we received them to ensure that we had representation from as many different **ethnic and religious groups** as possible, as well as a range of **ages, genders and sexual orientations**. When we could see that we had a clear gap, we used our networks to attempt to make connections and invite feedback.

Colleagues in Primary Care helped us reach individuals that are currently residing in HMP Cardiff, and used their digital systems to push out our short survey.

Mapping feedback according to **cluster area** also ensured that we could evidence a fair distribution of efforts and feedback from each geographic community.

Through close partnership working with **third-sector** organisations, we were able to commission eight targeted focus groups, enabling us to engage directly with communities that are often seldom heard. The focus groups that took place enabled us to hear from the Chinese community, individuals that live with a sensory impairment, individuals whose first language is not English and individuals that live with a complex disability.

We also held two specific focus groups for people who are part of the transgender community.

Engagement Results

Over the course of 20 weeks, we spoke to 3576 individuals in the following ways:

- Surveys – 1265 responses
- In person conversations – 1961 individuals
- Emails – 18
- Social Media comments – 124
- Focus groups – 208 participants

The engagement feedback presents a consistent picture across the communities of Cardiff & Vale, with people asking for faster access, clearer communication, and more joined-up care.

As we reviewed the engagement feedback and had internal conversations, four key domains of care became apparent:

- Starting Well
- Enabling Health & Wellbeing
- Scheduled Care
- High Acuity & Time Critical Care

While experiences vary, the overarching themes point towards pressure on primary care, long waits, and a desire for more community-based and preventative support.

1. Starting Well

Themes focusing on pregnancy, birth, post-natal care, child health and early mental health.

What matters to people

- Continuity and consistency of maternity care – a named midwife, better continuity from pregnancy through post-natal care, and access to well-trained staff.
- Quicker access to post-natal support, including breastfeeding, pelvic health, and maternal mental health.

- Improved adolescent mental health pathways, with shorter waits and fewer “hand-offs” between services.

Key challenges

- Long waiting times for gynaecology, pelvic floor services, CAMHS, and neurodevelopmental pathways.
- Post-natal follow-up is inconsistent, with experiences of “one or two visits only.”
- Young people falling between CAMHS and adult services, particularly those with autism or complex needs.

Ideas for the future

- Community-based women’s health hubs (e.g., menopause, gynaecology, contraception, period support).
- Drop-in support for parents (feeding, mental health, birth trauma).
- Earlier education in schools on puberty, menstrual health, consent and healthy relationships.

2. Enabling Health & Wellbeing

Themes relating to prevention, primary care access, community health, mental health and wellbeing.

What matters to people

- Easier access to GP appointments, not restricted to 8am telephone calls.
- Clear signposting to services, especially mental health, menopause, chronic conditions and sexual health.
- Community-based support, including mental health groups, peer support, self-management programmes and local hubs.
- Working with clinicians together, without judgement of cultural differences.

Key challenges

- Mental health waiting lists are the strongest repeated concern – people feel help is only available at crisis point.
- Perception of being “bounced between services” without clear ownership.
- Limited support for neurodivergent adults, especially autistic women and those waiting for ADHD assessment.
- Inconsistent knowledge of women’s health in primary care, leading to repeated dismissal or delays (e.g., endometriosis, PMDD, menopause).
- Individuals experiencing homelessness, asylum seekers and members of the gypsy traveller community struggle to know where to access support when needed.

Ideas for the future

- Accessible, multi-disciplinary community wellbeing hubs.
- Self-referral routes for mental health and women’s health.
- Wider use of digital communication (updates on waits, appointment reminders, clear online pathways).
- Investment in preventative programmes (exercise, nutrition, menopause support, early mental health intervention).
- Further cultural awareness training for staff.

3. Scheduled Care

Themes related to waiting lists, communication during waits, outpatient experiences and planned procedures.

What matters to people

- Transparent and frequent communication about waiting times and referral status.
- Choice and flexibility of appointments, including evenings and weekends.
- Joined-up clinical pathways so patients don’t repeat their story multiple times.

Key challenges

- Very long waits for gynaecology, endometriosis, neurology and orthopaedics.
- Cancelled appointments with little notice, fuelling anxiety and loss of trust.
- Fragmented communication between GPs, hospital teams, and secretaries – patients often have to chase.
- Limited community-based diagnostics causing avoidable travel and hospital footfall.
- Appointment letters aren’t accessible, especially for those who struggle with literacy.

Ideas for the future

- Community diagnostics (phlebotomy, ultrasound, ECG, minor procedures).
- Ability for patients to track their position on waiting lists (“like parcel tracking”).
- Online booking systems, reducing missed appointments.
- Better pre- and post-operative support, including virtual check-ins.



4. High Acuity & Time-Critical Care

Themes involving A&E, urgent care access, 111, ambulance response and crisis care.

What matters to people

- Timely triage and treatment – knowing where to go and being kept informed.
- Safe, calm, compassionate environments, especially for vulnerable people (older adults, autistic individuals, mental health crises).
- Ambulance response times, particularly for frail and clinically complex patients.

Key challenges

- Long waits in A&E, often 8 – 25 hours on hard chairs with little information.
- Patients commonly use A&E because they cannot access GP appointments.
- 111 perceived as overly risk-averse, frequently directing people to emergency departments.
- Lack of quiet or sensory-appropriate spaces in A&E for neurodivergent people.
- Carers often feel excluded or not acknowledged.

Ideas for the future

- More urgent care centres/minor injury units across Cardiff & Vale – not just Barry.
- Earlier front-door triage to divert non-urgent cases to GP/pharmacy/community hubs.
- “Virtual wards” and improved community frailty support.
- Dedicated crisis mental health spaces, separate from A&E.

5. Overall Cross-Cutting Themes

Regardless of category, feedback consistently highlighted:

1. Access

GP access is viewed as the biggest system pressure and a key driver of A&E attendance.

2. Communication

People want clearer pathways, regular updates, and transparency about waiting times.

3. Community-based care

Strong appetite for care closer to home, especially diagnostics, physiotherapy, mental health, menopause and minor injuries.

4. Workforce

Perception that staffing shortages drive delays, variable quality and reduced compassion.

5. Trust & Experience

Many women and neurodivergent people feel not believed or dismissed.

Positive experiences often linked to feeling listened to, respected and kept informed.

Cluster Profiles

Cardiff City & South

Surveys: 9% of respondents lived in the cluster

Community Events: 10

Number of individuals spoken to at events: 454



Care Domain	Key Themes from Engagement	What People Want
Starting Well	<ul style="list-style-type: none"> • Poor women's health experiences • Long waits for ND assessment • Lack of early education 	<ul style="list-style-type: none"> • Postnatal trauma pathways • Women's health hubs • Child-friendly ND pathways • Better early education for women's health
Enabling Health & Wellbeing	<ul style="list-style-type: none"> • GP access failure • Complex navigation • Lack of local services • Accessibility challenges 	<ul style="list-style-type: none"> • Local health hubs • Clear pathways/information, LD/ND-friendly design • Routine care close to home
Scheduled Care	<ul style="list-style-type: none"> • Long waits, • Inconsistent specialist care • Lost referrals • Lack of communication 	<ul style="list-style-type: none"> • Faster diagnosis pathways • Flexible appointments • Continuity • Local delivery of routine procedures
High Acuity & Time-Critical Care	<ul style="list-style-type: none"> • Long waits • Unsafe A&E experiences • Poor crisis support • No local MIUs 	<ul style="list-style-type: none"> • Walk-in urgent care centres • Separate pathways for vulnerable groups, • Improved triage, • Mental health crisis centres • Mobile diagnostics

Cardiff East

Surveys: 4.9% of respondents lived in the cluster

Community Events: 2

Number of individuals spoken to at events: 41



Care Domain	Key Themes from Engagement	What People Want
Starting Well	<ul style="list-style-type: none"> • Dismissal of reproductive, menstrual and pelvic symptoms. • Lack of support for postnatal mental health, pelvic floor injury, pregnancy loss. • Young people turned away from mental health support despite clear need. 	<ul style="list-style-type: none"> • Local women’s health hubs • Better GP understanding of menstrual, hormonal and pelvic conditions. • Postnatal mental health and trauma pathways. • Menstrual health education in schools. • Early intervention mental health pathways for young people.
Enabling Health & Wellbeing	<ul style="list-style-type: none"> • GP access described as a “broken link”: impossible appointments, 8am queue, untrained reception triage. • System difficult to navigate • Strong demand for local, community-based services • Disabled, LD and ND patients face major barriers. 	<ul style="list-style-type: none"> • Evening/weekend GP hours • Healthcare hubs • Clear, transparent referral pathways and waiting time information. • One point of contact for complex needs. • Local family planning, menopause, and community clinics. • LD/ND-friendly spaces, quiet rooms, flexible formats, home visits.

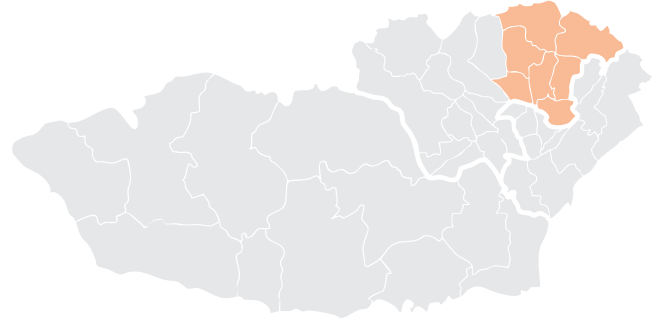
Care Domain	Key Themes from Engagement	What People Want
Scheduled Care	<ul style="list-style-type: none"> • Very long waits for gynae, mental health, chronic conditions and neurodivergent diagnosis. • Poor follow-up after surgery; people left without support. • Cancellations, inflexible scheduling, lack of evening/weekend slots. • Poor communication between departments; no tracking of waiting list position. • Large variation in specialist service quality. 	<ul style="list-style-type: none"> • Weekend/evening clinics, ability to choose or change appointment times online. • Transparent tracking of waiting lists. • Local delivery of routine planned care. • Proactive follow-ups after surgery, childbirth or diagnosis. • Community-based specialist clinics (menopause, pelvic floor, chronic illness).
High Acuity & Time-Critical Care	<ul style="list-style-type: none"> • A&E wait times • Unsafe waiting environments • No local minor injuries/urgent care options. • Mental health is crisis-only; no preventative or pre-crisis support. • ND/LD patients overwhelmed in emergency environments; poor adapted triage. 	<ul style="list-style-type: none"> • Local urgent care/MIU centres in Cardiff East (St Mellons, CRI, St David's suggested). • Dedicated mental health crisis hubs outside A&E. • Walk-in mental health centres with early-intervention support. • Separate A&E pathways for alcohol/drug presentations. • Phone triage + text-to-attend systems. • LD/ND-adapted emergency care. • More clinical staff and extended hours in urgent settings.

Cardiff North

Surveys: 8% of respondents lived in the cluster

Community Events: 6

Number of individuals spoken to at events: 119



Care Domain	Key Themes from Engagement	What People Want
Starting Well	<ul style="list-style-type: none"> • Significant challenges in women's health across life stages. • Women and girls feel dismissed . • Lack of trauma-informed practice and emotional safety. • Young people struggle to access timely mental health assessment and support. 	<ul style="list-style-type: none"> • Local community-based women's health hubs. • Earlier gynaecology access. • Menopause clinics and local peer groups. • Trauma-informed care across maternity and gynaecology. • Better women's health education in schools. • Early mental health intervention for young people.
Enabling Health & Wellbeing	<ul style="list-style-type: none"> • GP access is an issue. • Poor communication across GP, specialist and community. • Patients feel lost navigating referrals and pathways. • Strong desire for local community services. • Disabled, ND and chronically ill people face environmental and communication barriers. 	<ul style="list-style-type: none"> • Extended GP hours, weekends, reliable online booking. • More GPs, nurses, and continuity with the same clinician. • Clear referral information, waiting-time transparency, single point of contact. • Community services close to home. • LD/ND-friendly spaces, quiet rooms, carer-inclusive practice. • Better signage, accessible buildings, and home visits where needed.

Care Domain	Key Themes from Engagement	What People Want
Scheduled Care	<ul style="list-style-type: none"> • Long waits for operations, scans, referrals; cancellations at short notice. • Lack of follow-up from specialists. • Variable quality of specialist services. • Poor communication between departments. 	<ul style="list-style-type: none"> • Online systems to track referral and waiting list position. • Evening/weekend clinics and choice over appointment times. • Community-based delivery of routine tests and follow-up. • Better coordination between specialties; proactive follow-up after treatment. • Specialist teams with stable staffing and clearer pathways.
High Acuity & Time-Critical Care	<ul style="list-style-type: none"> • Very long A&E waits. • Overwhelming, unsafe waiting environments. • Inadequate triage. • No local minor injuries options. • Mental health crises poorly served in emergency settings. 	<ul style="list-style-type: none"> • Local minor injury units. • Separate pathways for intoxication, mental health crises, cancer, LD/ND patients. • Better triage at the front door and more trained staff. • Calm, clean, safe environments with quieter spaces. • Better signposting to 111/pharmacy/MIU. • Walk-in mental health hubs and crisis alternatives to A&E.

Cardiff South East

Surveys: 2.4% of respondents lived in the cluster

Community Events: 6

Number of individuals spoken to at events: 191



Care Domain	Key Themes from Engagement	What People Want
Starting Well	<ul style="list-style-type: none"> • Women's health needs unmet across reproductive life stages. • Women frequently dismissed or not believed. • Lack of follow-up after birth trauma. • Lack of early education on menstrual, pelvic and hormonal health. • Limited adolescent mental health provision; families left without support. 	<ul style="list-style-type: none"> • Community women's health hubs. • Trauma-informed approaches and continuity of staff. • Reliable postnatal follow-ups and mental health support. • Better education on menstrual and reproductive health. • Early adolescent mental health intervention and clearer pathways.
Enabling Health & Wellbeing	<ul style="list-style-type: none"> • GP access is difficult. • Significant deterioration and A&E escalation due to poor primary care access. • Confusing signposting. • Strong demand for local community services. • Disabled and ND individuals face barriers: no home visits, poor physical access, lack of quiet spaces. 	<ul style="list-style-type: none"> • Extended GP hours/weekend clinics; effective online booking. • Reception/triage improvements with clinician-led triage. • GP-embedded specialist roles (menopause, chronic illness, mental health). • Local community health hubs. • LD/ND-friendly services; home support where needed. • Clearer communication, timelines and consistent, joined-up information.

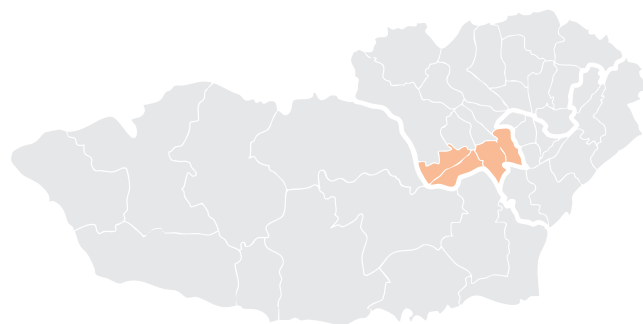
Care Domain	Key Themes from Engagement	What People Want
Scheduled Care	<ul style="list-style-type: none"> • Years-long waits for consultations and surgery; repeated cancellations. • Poor follow-up and anxiety • Long delays in gynaecology, pelvic health, cardiology, pain services. • Inconsistent specialist experiences; overuse of locums. • Fragmented communication across departments. 	<ul style="list-style-type: none"> • Clear timeframes and updates. • Evening/weekend clinics and virtual follow-ups. • Routine planned care delivered in local hubs. • Stable specialist teams, with coordinated MDT models. • Respectful, empathetic specialist consultations. • Better post-surgical and post-diagnosis follow-up.
High Acuity & Time-Critical Care	<ul style="list-style-type: none"> • Long emergency waits. • Unsafe, chaotic A&E environments. • A&E used by default due to GP access failures. • Lack of crisis alternatives for mental health. • Inadequate support for vulnerable groups (frail adults, intoxicated patients, MH crises). 	<ul style="list-style-type: none"> • Local minor injury/urgent care centres in primary care settings. • Separate A&E pathways for mental health, frail adults, intoxicated patients. • Pre-A&E triage and direct MIU booking. • More staff and improved night-time staffing. • Walk-in crisis mental health

Cardiff South West

Surveys: 9.7% of respondents lived in the cluster

Community Events: 4

Number of individuals spoken to at events: 80



Care Domain	Key Themes from Engagement	What People Want
Starting Well	<ul style="list-style-type: none"> • Women's health needs consistently unmet across all life stages. • Dismissal in gynaecology and reproductive health interactions. • Lack of trauma-informed care. • Smear tests inaccessible for ND women; need for sensory-friendly options. • Lack of adolescent mental health support; families and young people struggle to access early care. 	<ul style="list-style-type: none"> • Community women's health hubs. • Earlier mammograms; sedation options for smears; non-GP smear locations. • Trauma-informed and ND-aware women's health pathways. • Better GP training in women's health. • Adolescent mental health access and early support.
Enabling Health & Wellbeing	<ul style="list-style-type: none"> • GP access is critically broken. • Misdiagnosis and short appointment times undermine safe care. • Strong public appetite community-based wellbeing. • Disabled and ND people face significant barriers: inaccessible communication, no home visits, environments not sensory-friendly. • Navigation and communication are fragmented. 	<ul style="list-style-type: none"> • Evening/weekend GP access, multiple booking formats • More GPs, specialist nurses, and longer appointments for complex needs. • Community health hubs. • ND- and disability-friendly communication and service design. • Local wellbeing groups, self-management sessions, peer support. • Single point of contact and clear, consistent updates.

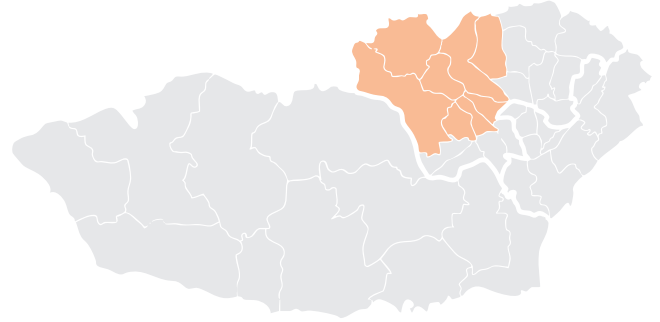
Care Domain	Key Themes from Engagement	What People Want
Scheduled Care	<ul style="list-style-type: none"> • Long waits (often 1–2+ years) for surgery, specialist consultations and follow-ups. • Cancellations common; appointments offered at unsuitable times. • No communication while waiting creates anxiety. • Lost scans, missed follow-up, and poor cross-team coordination. • Specialist services vary widely in quality. 	<ul style="list-style-type: none"> • 7-day service models with evening/weekend outpatient clinics. • Choice of appointment time, virtual follow-up, clear written care pathways. • Regular check-ins during long waits. • Community hubs delivering outpatient clinics. • Stable specialist teams, aftercare support and coordinated pathways.
High Acuity & Time-Critical Care	<ul style="list-style-type: none"> • Extremely long A&E waits. • Overcrowded, unsafe environments. • Frail and elderly patients forced to wait on chairs for hours. • Misdiagnosis of major injuries (fractures missed). • Neurodivergent patients overwhelmed due to no sensory-friendly spaces. • A&E used as default because GP access is broken. 	<ul style="list-style-type: none"> • Local minor injury units. • Clear pre-triage and phone triage before arrival. • Separate urgent care areas for mental health, ND individuals, intoxicated cases, and frail adults. • More ambulances, more staff, better night-time staffing. • 24/7 urgent GP/walk-in clinics. • Mobile urgent care teams for housebound and elderly residents.

Cardiff West

Surveys: 17.8% of respondents lived in the cluster

Community Events: 6

Number of individuals spoken to at events: 221



Care Domain	Key Themes from Engagement	What People Want
Starting Well	<ul style="list-style-type: none"> • Women's health challenges across the life course. • Lack of trauma-informed practice. • Screening barriers: smears difficult to access in GP settings; need sensory-friendly options. • Young people experience poor access to early mental health support; families struggle with pathways. 	<ul style="list-style-type: none"> • Community women's health hubs. • Sedation options for smears; earlier mammograms. • Holistic, respectful, female-led expertise where desired. • Accessible, early mental health pathways for adolescents. • Trauma-informed, ND-aware women's health services.
Enabling Health & Wellbeing	<ul style="list-style-type: none"> • GP access crisis. • Lost referrals and inconsistent communication. • Phone-only systems exclude ND, anxious, Deaf and frail residents. • Desire for preventative, community-based wellbeing support. • Navigation is confusing. 	<ul style="list-style-type: none"> • Extended hours/weekend GP access; online/email booking; longer appointments. • More GPs, specialist nurses, and embedded MH practitioners. • Community hubs. • LD/ND-friendly communication and multiple contact formats. • Clear, joined-up communication and digital tracking of referrals. • Local wellbeing and prevention activities.

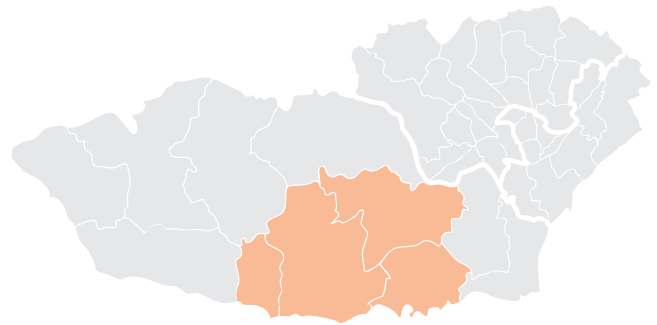
Care Domain	Key Themes from Engagement	What People Want
Scheduled Care	<ul style="list-style-type: none"> • Long waits for diagnostics, specialist review, surgery; short-notice appointments and cancellations. • Lack of updates causes anxiety; difficult for carers and working people. • Repeated storytelling due to poor coordination. • Specialist services variable, with slow access. 	<ul style="list-style-type: none"> • Evening/weekend appointments. • Visibility of waiting list position. • Local delivery of pre-op tests and outpatient reviews. • Joined-up pathways to avoid duplication. • Regular check-ins and clear communication while waiting. • Virtual follow-up where appropriate.
High Acuity & Time-Critical Care	<ul style="list-style-type: none"> • Very long A&E waits. • Unsafe, chaotic waiting rooms • Neurodivergent, frail and elderly patients struggle: no quiet rooms, poor communication. • 111 over-referring to A&E. • A&E used as default due to poor GP access. 	<ul style="list-style-type: none"> • Local urgent treatment/minor injury units. • Clear front-door streaming and improved triage. • Separate spaces for mental health, intoxicated patients, children, frail adults, ND residents. • Real-time wait-time information; better overnight staffing. • More ambulances and mobile urgent teams for housebound/elderly. • Text-to-attend models to reduce overcrowding.

Central Vale

Surveys: 16.5% of respondents lived in the cluster

Community Events: 8

Number of individuals spoken to at events: 364



Care Domain	Key Themes from Engagement	What People Want
Starting Well	<ul style="list-style-type: none"> • Women's health needs very poorly met. • Extremely long waits for gynaecology, scans, and surgery. • Postnatal support lacking; no pelvic physio; trauma-informed maternity care missing. • Teens face severe delays in CAMHS, autism/ADHD assessment, and crisis support. 	<ul style="list-style-type: none"> • Community women's health hubs. • Self-referral routes instead of GP bottlenecks. • Clear women's health pathways and earlier intervention. • Trauma-informed maternity and postnatal care. • Faster adolescent mental health access and ND-aware support.
Enabling Health & Wellbeing	<ul style="list-style-type: none"> • Primary care access crisis. • GP reluctance to refer; outdated knowledge (especially MH and women's health). • Overuse of 999/111 due to weak GP systems. • People feel "in the dark" - no updates, unclear pathways, poor communication. • Strong appetite for local, preventative services (frailty hubs, chronic illness support, community MH). 	<ul style="list-style-type: none"> • Extended GP hours, including evenings/weekends, and return of local out-of-hours GP services. • Online booking that works; more GPs, nurses, advanced practitioners. • Improved GP-to-hospital communication and named contacts. • Community hubs offering bloods, X-rays, physio, menopause care, MH support. • Clear information packs and simple guidance on "what happens next."

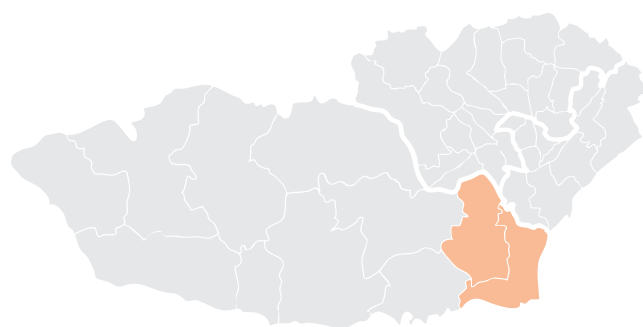
Care Domain	Key Themes from Engagement	What People Want
Scheduled Care	<ul style="list-style-type: none"> • Extensive waits for surgery, specialist review, investigations. • Multiple cancellations with little notice. • People feel forced to chase everything themselves. • Repeated pre-op assessments due to delays. • Specialist bottlenecks in neurology, women's health, lipoedema, autism pathways. 	<ul style="list-style-type: none"> • Digital tracking of referrals and waiting list position. • More planned care delivered locally in Barry, Llantwit, GP practices. • Evening and weekend clinics for flexibility. • Clear timelines and proactive communication. • Joined-up specialist pathways and consistent follow-up.
High Acuity & Time-Critical Care	<ul style="list-style-type: none"> • A&E experience described as unsafe and overwhelming. • Ambulance delays of 6–12 hours lead people to drive themselves to ED. • Elderly, frail and ND residents find ED traumatic and inaccessible. • Lack of appropriate triage and separate spaces for behavioural/intoxicated cases. 	<ul style="list-style-type: none"> • 24/7 minor injury units in Barry and local areas. • Local urgent care centres with walk-in access to reduce ED reliance. • Clear triage and pathways to avoid inappropriate A&E attendance. • Separate areas for intoxication/behavioural cases; sensory-friendly spaces. • Better communication on waits.

Eastern Vale

Surveys: 13.3% of respondents lived in the cluster

Community Events: 4

Number of individuals spoken to at events: 63



Care Domain	Key Themes from Engagement	What People Want
Starting Well	<ul style="list-style-type: none"> • Women's health concerns consistently dismissed. • Very long waits for gynaecology, coil fitting, pelvic pain assessment and maternity follow-up. • Maternity care described as unsafe, understaffed, and poorly communicated. • Poor perinatal and postnatal mental health support. • Teens struggle to access timely mental health care (CAMHS, crisis, neurodivergent assessments). 	<ul style="list-style-type: none"> • Community women's health hubs. • Peri/post-natal mental health services with early access. • Annual preventative checks for women (EU-style). • Faster adolescent MH access and ND-aware crisis pathways.
Enabling Health & Wellbeing	<ul style="list-style-type: none"> • GP access crisis: 8am phone queues, long waits, no routine booking. • Many GPs seen as dismissive or over-reliant on prescribing. • Poor continuity and missed/incorrect diagnoses. • People feel lost due to confusing pathways and no updates on referrals. • Strong desire for local, accessible community services and hubs. 	<ul style="list-style-type: none"> • Extended GP opening hours (evenings/weekends) and reliable online booking forms. • Increased GP, nurse and mental health staffing. • GP-led minor injury and urgent care options. • Training for GPs on women's and neurodivergent health. • Digital referral tracking, clearer next steps, coordinated appointments. • Localised community hubs for bloods, diagnostics, chronic condition monitoring and wellbeing support.
Scheduled Care	<ul style="list-style-type: none"> • Very long waits for surgery, diagnostics and specialist review. 	<ul style="list-style-type: none"> • Realistic timelines and regular updates on wait position.

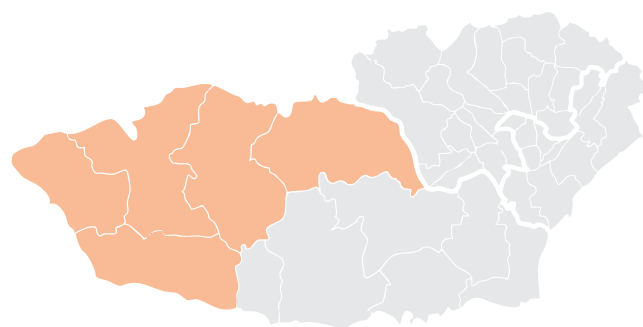
Care Domain	Key Themes from Engagement	What People Want
	<ul style="list-style-type: none"> • Short-notice cancellations with no updates during the wait. • Difficulty attending weekday hospital appointments due to work/childcare. • Poor integration across specialties. 	<ul style="list-style-type: none"> • Evening/weekend clinics and ability to choose appointment times. • Local pre-op tests and intermediate outpatient clinics at Barry/Llandough. • Better coordination to reduce repeated journeys and repeated storytelling.
Enabling Health & Wellbeing	<ul style="list-style-type: none"> • Extremely long ambulance waits. • Long waits in A&E with unsafe, overcrowded environments. • Vulnerable patients (frail, ND, elderly) overwhelmed by noise, intoxication, lack of privacy. • Poor communication on next steps, triage or wait times. 	<ul style="list-style-type: none"> • Local urgent care/minor injury centres at Barry/Llandough. • GP presence at A&E front door to redirect minor cases. • Separate spaces for intoxication/behavioural presentations. • Better triage, quicker tests, more staff, clearer communication. • Real-time wait information and improved comfort.

Western Vale

Surveys: 6.8% of respondents lived in the cluster

Community Events: 10

Number of individuals spoken to at events: 181



Care Domain	Key Themes from Engagement	What People Want
Starting Well	<ul style="list-style-type: none"> • Women's health repeatedly dismissed. • Extremely long waits for gynaecology, pelvic surgery, coil fitting, menopause support and postnatal care. • Poor perinatal mental health support; limited local provision. • Trauma-informed care lacking. • Families experience poor access to early mental health support for teens. 	<ul style="list-style-type: none"> • Local women's health services providing menopause clinics, contraception/coil fitting, pelvic physio, peri/post-natal support and "well-woman" checks. • Female clinicians and trauma-informed pathways. • Clearer information and plain-language communication. • Earlier access to adolescent mental health support.

Care Domain	Key Themes from Engagement	What People Want
Enabling Health & Wellbeing	<ul style="list-style-type: none"> • GP access crisis. • GPs sometimes dismiss concerns or refuse referrals; people self-fund tests or private treatment. • Overreliance on antidepressants rather than proper assessment, therapy or multidisciplinary care. • Navigation and communication weak: long recorded phone menus; no updates; lack of clarity on next steps. • Very strong desire for local services due to transport barriers and geographical isolation. 	<ul style="list-style-type: none"> • More GP appointments (including evenings/weekends), ability to book ahead, longer opening hours. • Continuity with consistent clinicians and better GP training. • Clear signposting, shorter menus, simple systems, human contact options. • Local diagnostic services and community hubs. • Support close to home for chronic conditions, elderly and frail residents.
Scheduled Care	<ul style="list-style-type: none"> • Long waiting lists for surgery and diagnostics. • People fear being “lost in the system” due to poor communication. • Lack of flexibility – short-notice appointments not suitable for carers or workers. • Difficulty travelling to UHW for planned care, especially for disabled or frail people. 	<ul style="list-style-type: none"> • Evening/weekend clinics and ability to choose appointment times. • Digital tracking of wait position and cancellations. • More planned care delivered locally (Barry, Llantwit, Cowbridge). • Right-to-choose options, including cross-border care. • Better, clearer communication and predictable scheduling.
High Acuity & Time-Critical Care	<ul style="list-style-type: none"> • Extremely long ambulance waits. • A&E waits; unsafe, overcrowded environments; lost results; unclear triage. • Neurodivergent and vulnerable residents unsupported due to noisy, overstimulating environments. • Lack of local urgent care alternatives leads to inappropriate ED attendance. 	<ul style="list-style-type: none"> • Local urgent care centres in Llantwit Major, Cowbridge and Western Vale. • Proper triage to divert minor issues from A&E. • Safer waiting spaces with basics: seating, food, hydration, toilets. • Separate areas for intoxicated/ disruptive patients. • More ambulances; ability for crews to “drop and go”. • Calm, accessible environments with communication updates.

Our Patient Principles

Using the feedback received throughout this engagement exercise we presented our findings back to a number of patient groups and representatives. Together, we co-produced the following principles:

1. Starting Well

We want services in the future to be created on the principles of:

- Everyone, regardless of age, treated as equal partners in their health journey where they feel empowered and heard.
- Information about our health and where to access services being more accessible and easier to find.
- Better communication between services when receiving care from multiple specialists.
- More research, particularly in women's health.
- Better understanding of the impact of hormones on other health conditions.
- More education starting at school age focussing on all aspects of women's health.

2. Enabling Health & Wellbeing

We want services in the future to be created on the principles of:

- Care plans that are developed in equal partnership with clinicians, patients and their carers.
- Treatment being focussed on the progress of an individual and not on time.
- An increase in peer support.
- Being able to access support when needed with clinicians who are known to individuals.
- Consistent relationships with clinicians.
- Individuals knowing their rights and being confident to challenge professionals when needed.

3. Scheduled Care

We want services in the future to be created on the principles of:

- Flexible and accessible appointments that move away from traditional working hours and more options for evenings and weekends.
- Regular and clear communication to support people whilst they are on a waiting list.
- More digital opportunities to book appointments and view test results.
- Being listened to and taken seriously by professionals.
- More community-based options for recovery and rehabilitation.
- Staff that receive the training needed to support complex health conditions.

4. High Acuity & Time Critical Care

We want services in the future to be created on the principles of:

- More community-based options for urgent care support.
- Better systems for tests results that don't delay treatment or discharge.
- Improved systems for sharing information.
- Care, compassion and understanding.
- Improved physical environments.

What happens next?

We want to ensure that we keep momentum with the high level of engagement that we have achieved during this work, and we know that our communities want to understand what happens with their feedback.

Our next steps are to publish the results and share them online on our Shaping Our Future Wellbeing website to ensure that the public have the opportunity to read and provide feedback on the principles that they designed.

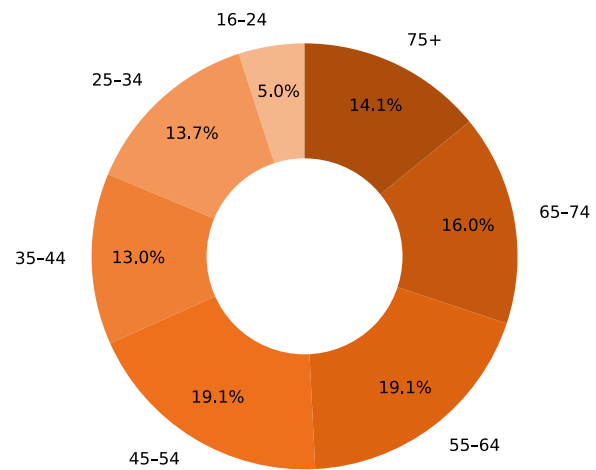
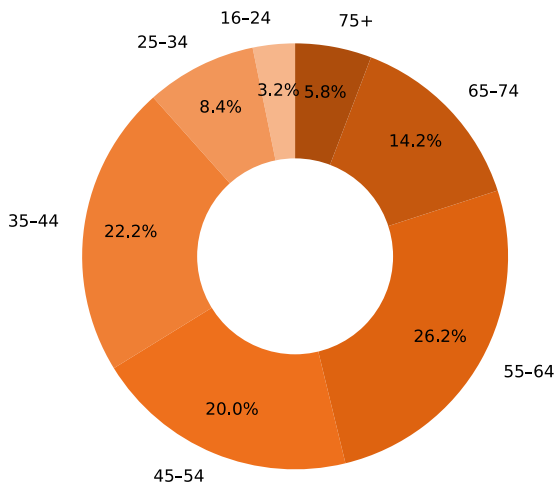
We will also use the principles to continue to engage with our communities and keep the conversation active.

The feedback we have received will help shape the development of the Clinical Service Plan, alongside feedback received from engaging with our colleagues across the health board and partner organisations.

Appendices

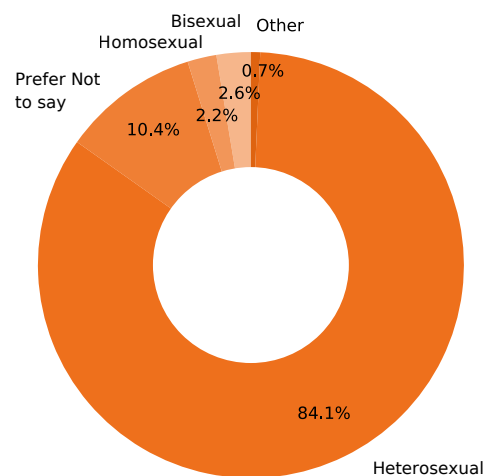
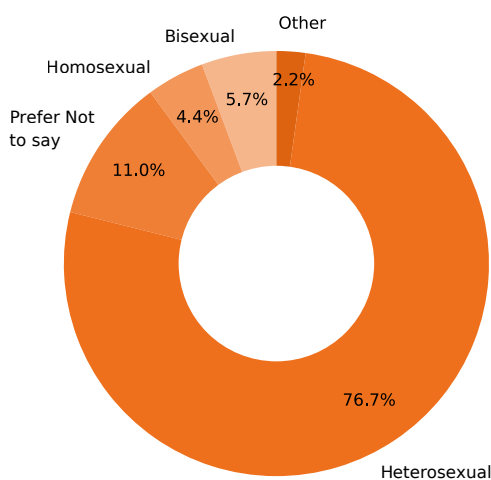
The below tables give % responses from both the short and long survey. They also provide a narrative as to how we met each demographic in our approach.

Age



Throughout our engagement activity we spoke to many community members of all ages. Although the survey did not attract the younger age range, we spent time at multiple local university and college freshers events where we spoke to people within that age range.

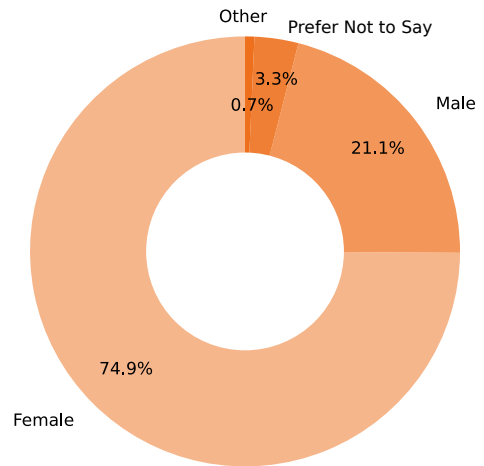
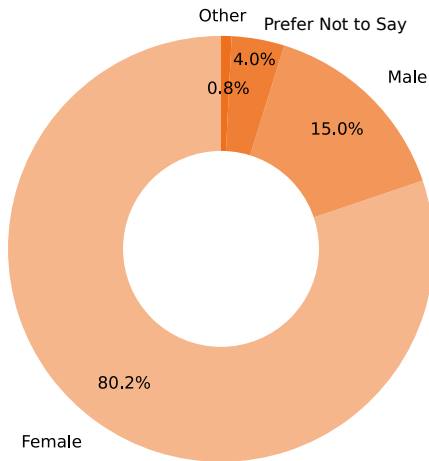
Sexuality



We advertised our engagement surveys and events in many community spaces, including a specific LGBTQ+ social media group to encourage responses.

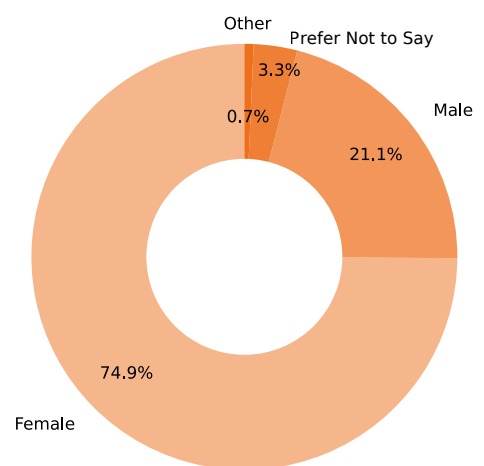
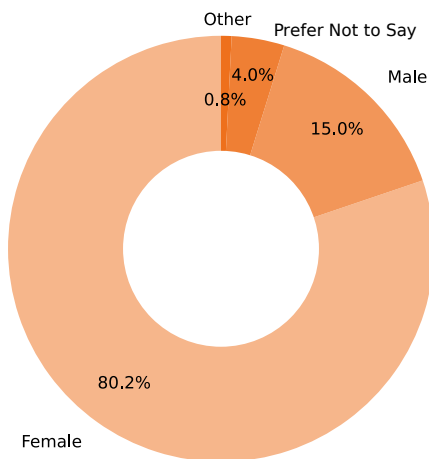
Appendices

Gender



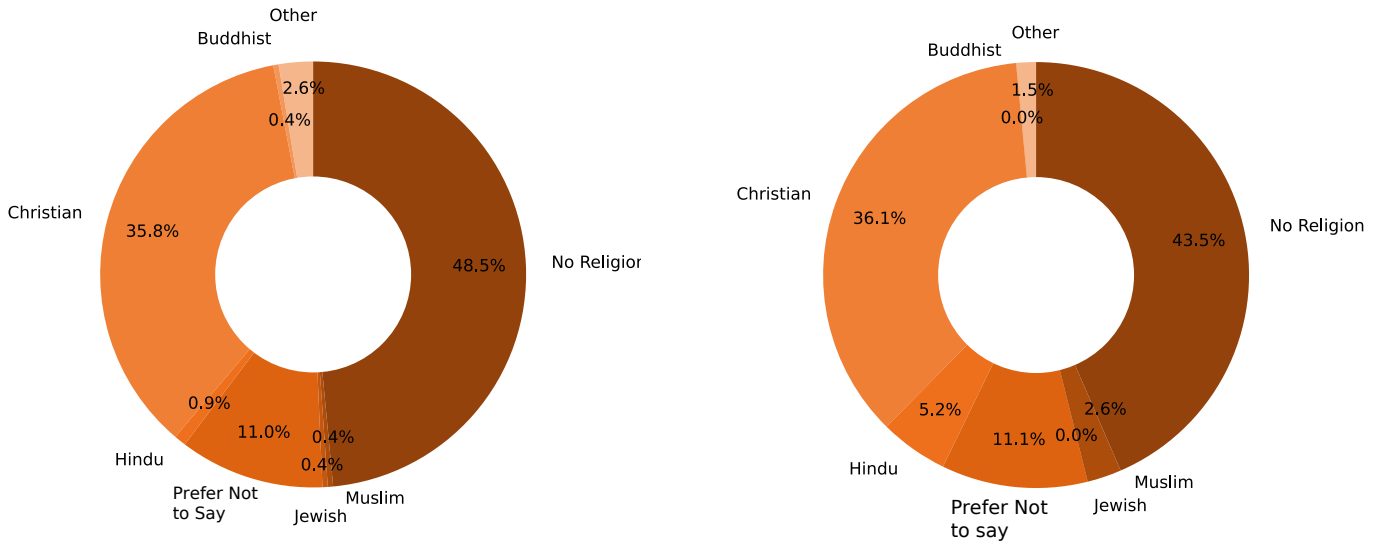
Although survey respondents were largely female, during in person events there was an even split between males and females. We also held two focus groups specifically for members of the transgender community.

Gender at birth



Although survey respondents were largely female, during in person events there was an even split between males and females. We also held two focus groups specifically for members of the transgender community.

Religion



To ensure that we received fair representation from all religious backgrounds we developed relationships with the Muslim Council for Wales, a local Mosque and a local Synagogue who helped us share information about the engagement work and encourage people to take part.

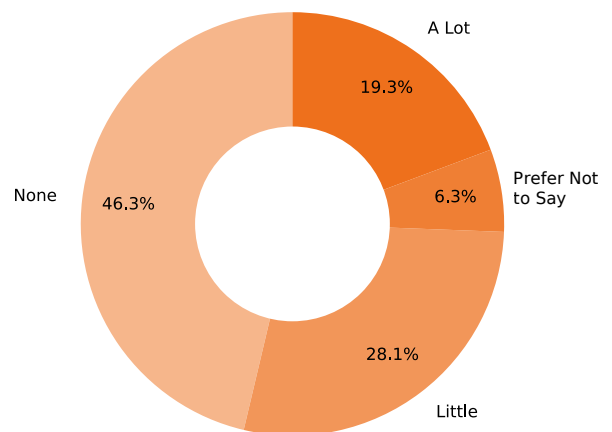
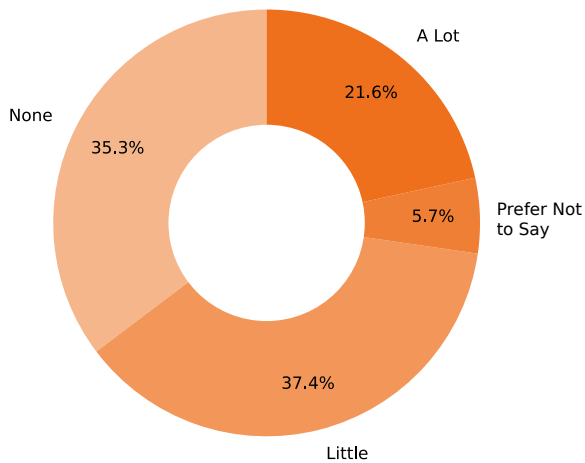
Religion

	Long Survey	Short Survey
English	10%	10.4%
Welsh	57.1%	57.4%
Other	2.7%	3%
British	19.3%	13.3%
Scottish	0.4%	1.5%
Prefer not to say	7%	4.1%
Indian	2.1%	6.6%
Irish	1%	1.1%
White Asian	0.4%	0.4%
Caribbean	0	0.4%
African	0	0.7%
Arab	0	0.4%
Bangladeshi	0	0.7%

To ensure that we had fair representation in our engagement feedback we spent time in parts of Cardiff and Vale that we knew had the largest BAME communities. This included Butetown, Canton and Cathays. Through our partnership with the third sector, we also had a number of focus groups that specifically worked with BAME communities.

Appendices

Disability



We had good reach on responses for individuals whose lives are impacted by a disability. We also attended the Wales LD Conference, we attended a number of Disability Partnerships forums, and we worked with our two lived experience workers to develop an easy read version of the survey questions so that they were as accessible as possible.



