

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [dyfodol ymarfer cyffredinol yng Nghymru](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [the future of general practice in Wales](#)

GP54 : Ymateb gan: LLais Cymru | Response from: Llais Cymru

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## Evidence to the inquiry into the future of general practice in Wales

Submitted to: [SeneddHealth@senedd.wales](mailto:SeneddHealth@senedd.wales)

### About Llais

Llais is the independent body that reflects the views and represents the interests of people living in Wales in their National Health Service (NHS) and social care services.

We operate locally, regionally, and nationally. We work with people and communities in all parts of Wales so that everyone's voice can be heard, and used, to drive the planning, design, development and delivery of health and social care services for everyone. We:

- reach out to hear from people within our local communities through an ongoing programme of engagement activities. We do this so that people know about and understand what we do, and to gather their views and experiences of NHS and social care services. We do this in lots of ways, face to face and digitally, including visiting places where people are receiving health and social care services

- use what we hear to help health and social care services better understand how those of us who may need and use services think services are meeting their needs, in the ways that matters most to them. We help make sure the NHS and social care services take action to make things better where this is needed.

This includes working with health and social care services leaders when they are thinking about making changes to the way services are delivered, so that people and communities have their say from the start

- provide a complaints advocacy service that is free, independent and confidential to help people to raise their concerns about health and social services.

We have operated in Wales since 1 April 2023. Our response reflects



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what we have heard directly and through others, particularly from people:

- who have used our complaints advocacy service to raise a concern about their experience of general practice services
- from all parts of Wales who have accessed general practice services.

Our response also includes data from research we recently commissioned into access to GP services, our involvement in service changes relating to general practice, and from the 21 on-site visits we have made to GP surgeries in the past year.

### Background

GP services are often described as the ‘front door’ of the NHS and are one of the main ways people access healthcare. GP services are often the first place people go when they have a health issue. They are one of the health services people have the longest relationship with, making them a key part of people’s experience of the NHS.

Welsh GP services have recently been described as being in crisis with a recent think tank article<sup>1</sup> stating that 100 GP surgeries closed in the last 12 years and 91% of GP’s saying they can’t meet patient demand. BMA Cymru<sup>2</sup> is highlighting the workforce problems within the Welsh NHS and the lack of funding that is directed towards GP services, projecting further workforce disruption through GPs leaving practice due to high workloads and burnout.

GPs across Wales speak about problems due to underfunding and recruitment. This points to a system under significant pressure, affecting

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<sup>1</sup> [Save Our Surgeries, before it's too late - Institute of Welsh Affairs, August 2024](#)

<sup>2</sup> [BMA Cymru, Save our Surgeries GPC Wales, 2023](#)



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people's ability to access GP services, and increasing the risk of a lack of person-centred care or person-centred communication.

Healthcare Inspectorate Wales (HIW)'s *Annual Report 2023-2024*<sup>3</sup> noted the unprecedented demand on GP practices due to workforce shortages, practice closures and long waits for hospital treatment. They also highlighted that due to lack of availability of GP appointments, some people resort to using emergency services for non-urgent issues.

This puts further pressure on already strained urgent and emergency care services and diverts resources away from patients needing urgent and emergency care.

Llais' emergency care project report<sup>4</sup> shared that many cases described people being unable to see a GP, leading them to call 111, who then directed them to emergency services.

We are aware of practices being run in ways that didn't meet the needs of people or staff, raising concerns about patient safety, staffing and supply, that have now been handed back to the local health board.

All of this causes upset in the communities affected and impacts on people's ability to get the care they need. When contracts are awarded, it is essential that contractors demonstrate an understanding of the communities and local population they will serve.

In the past year we have heard from over 40,000 people through our engagement and advocacy activities and GP services are one of people's biggest concerns. Almost half of the complaints dealt with by our complaints advocacy service this year related to general practice.

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<sup>3</sup> Healthcare Inspectorate Wales (HIW), [Annual Report, 2023-2024](#)

<sup>4</sup> Llais, [Getting urgent and emergency healthcare in Welsh hospitals](#), February 2025



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We know through our involvement in service changes, some relating to practice and branch practice closures, the huge upheaval and community upset caused when practices break down.

The impact on communities of poor general practice access or delivery cannot be underestimated. It is important that people's voices are at the centre of any new plans for how GP services are run in the future.

### **Peoples' experiences of General Practice**

We set out below an overview of the key themes we regularly hear about through our engagement activities. They relate to fair access to care, quality of care, patient demand, barriers to care for vulnerable groups and public trust in GP services.

It is important to say that whilst we often hear from people about what isn't working for them, we also hear how highly valued GP services are. We know that while people's experiences may vary, people care deeply and passionately about their local practices and the services they provide.

### **Equitable access to care**

#### **Lack of access to appointments**

There's a variable picture of access to GP services in Wales, within and across regions.

We hear lots about the 8 o'clock rush and people ringing and ringing only to find the appointments have gone for that day, or queueing outside at 7.30am just to try and get in to the doctors for 8am.

Appointment arrangements can be particularly challenging for some groups of people. For example, for people with a learning disability or



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autism, we've heard about the anxiety they face because of needing to ring their surgery 'at the right time' to secure an appointment, or having to have someone with them to support them in navigating the phone appointment and booking system.

Others who have individual communication needs, and who may be unable or who may find it difficult using the telephone sometimes rely on someone else to make an appointment for them. This raises issues about confidentiality and privacy and people relying on someone they can trust to do this for them, without compromising their own independence in managing their lives.

Where access is limited, there is evidence that some people are putting off routine appointments and only seeing their GP practice as an urgent care setting. Llais is concerned about people's health and the preventable disease or harm they may encounter when this is the case.

When people are looking for a routine appointment, we've heard about long waits, for example over a quarter of people who took part in our research project reported waiting between one week and three months for an appointment.

We hope that the recent announcement<sup>5</sup> in relation to the GMS contract, that there will be a review to strengthen compliance with the GMS Access Standards around the 8am bottleneck and pre-bookable appointments, will go some way to addressing these issues.

### **Digital exclusion**

With a move to more services being available online, or via text/other messaging formats this presents a continued challenge as some older people, and many people with a learning disability, are still digitally excluded.

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<sup>5</sup> <https://www.gov.wales/written-statement-general-medical-services-contract-reform-2024-25>



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In certain rural parts of Wales there remains a problem with digital access generally. Whilst tools such as the NHS App can be useful to book appointments (for example), this still requires connectivity access to be available and for people to be able to use such tools.

To date, access to the NHS App has varied across Wales, making digital healthcare less fair and consistent. The new GMS Contract provides for people being able to order repeat prescriptions and request appointments through the app and support with the App registration process through their local GP practice. This will be of benefit to many and will help people to manage their health needs in their own time.

The need for people to be able to use digital tools extends to support staff working with those with a learning disability or other communication needs. It is important that they are sufficiently trained or have an aptitude in managing digital technology to be able to support their cared for person effectively.

Around two-thirds of the older people who responded to the Older People's Commissioner's survey<sup>6</sup> said they found it difficult to make suitable GP appointments, while around two-thirds also said they faced issues when trying to contact or communicate with their GP practice, whether by telephone or online.

### **Travelling for care**

We know that the distance to travel for GP services is one of people's biggest worries when changes are proposed to service provision. When a GP hands a contract back or applies to merge with another practice people see their services moving further and further away and it makes them feel less safe.

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<sup>6</sup> Older People's Commissioner for Wales, [Access to GP Practices in Wales: Older people's experiences, 2024](#)



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People have told us that there can be challenges accessing GP services depending on where they live, particularly in rural parts of Wales where there may be a considerable distance to travel.

Issues include availability of transport, with some having to pay expensive private taxi fees where public transport is not available, and accessibility of available transport for those with mobility issues and wheelchair users.

Others have shared problems relating to getting to or from appointments on time based on public transport schedules, that creates extra stress when they are already feeling unwell.

These challenges make it harder for everyone to get fair access to care, which goes against the Social Services and Well-being (Wales) Act 2014<sup>7</sup>. People in rural areas, on low incomes, or with disabilities are especially affected.

### **Barriers to access for people in vulnerable situations**

For people experiencing homelessness, we've heard there is often an inability to register with a GP due to lack of a permanent address. This lack of access to primary care can lead to relying heavily on emergency care services instead for non-urgent issues.

Sanctuary seekers suffer similar issues due to practices refusing to register patients without proof of address.

Health Boards and GP practices should follow the Welsh Government's *Ending Homelessness Action Plan (2021–2026)*<sup>8</sup>, which gives clear

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<sup>7</sup> [social-services-and-well-being-wales-act-2014-the-essentials.pdf](#)

<sup>8</sup> Welsh Government, [Ending Homelessness in Wales: A high level action plan 2021–2026](#)



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guidance on making services fair and focused on the needs of people who are homeless.

There needs to be more use of the good practice examples from the *Health Inclusion Programme Wales*<sup>9</sup>, to make sure people without a fixed address can still register with a GP and get the care they need.

### Implementation of the Active Offer

We've heard that access to Welsh services in GP practices varies widely across regions. Some areas provide excellent Welsh-language support, while others fall short.

When services do not actively support the use of Welsh, people often feel dismissed or unimportant. Signage, leaflets, forms, and questionnaires aren't always available in Welsh at the same time as the English versions, this can lead to people feeling frustrated or that they are an inconvenience for requesting information in Welsh.

People have told us of travelling greater distances to access a GP who can speak with them in Welsh.

### Effective management of patient demand

#### Appointment triage systems

While designed to manage demand, these systems can disadvantage those needing in-person or phone support (see notes above regarding digital exclusion).

Different practices use different triage systems across Wales, which can impact on how demand is managed. Learning from NHS England's

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<sup>9</sup> Public Health Wales, [Health Inclusion Programme Wales Description of services providing Primary Health Care to vulnerable groups across Wales](#), March 2024



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Total Triage model could provide a solution, if adapted to fit Wales' needs and communities.

We have often heard from people that they are unhappy or don't understand why they must provide detailed and personal information to receptionists. It makes them feel uneasy if they are not clear on the need for it, viewing reception staff as a barrier or 'gatekeeper' between them and a doctor.

Clearer communication to people from practices as to why this is necessary will help to reduce those concerns.

### **Community pharmacy integration**

The implementation of the Presgripsiwn Newydd/A New Prescription<sup>10</sup> contractual agreement has made a positive difference. The introduction of Pharmacist Independent Prescribers (PIPs) and the provision of Clinical Community Pharmacy Services (CCPS) are enabling pharmacists to manage routine and minor conditions, reducing workloads in general practices and improving patient care.

Generally, we receive positive feedback about the role of community pharmacists. However, implementation and awareness of pharmacy services remains inconsistent in some areas, causing confusion for some we have heard from.

With just over two thirds of pharmacies in urban areas, rural access to these services is challenging due to fewer pharmacies and limited hours.

We are hearing more often that pharmacies are introducing appointment only systems for consultations, of applications to reduce hours and no notice closures because of workforce shortages. As a result, some

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<sup>10</sup> Welsh Government, [A New Prescription: The future of community pharmacy in Wales](#), December 2021



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people are finding it more challenging to get to see their pharmacist as well as their GP.

Some people we have heard from have told us they still prefer to see their GP. This may be because they feel their care will be of a higher standard, that they will have a more accurate diagnosis, that they will be able to have their consultation in a confidential, private room, or that they trust the relationship more because they see it as being provided without a financial motive.

### **Workforce retention**

We know that high workloads are leading to GP burnout and early retirements, limiting GP service availability and affecting workforce retention.

We know that where GP practices are struggling to meet the demand for GP services this can create fraught relationships between the practice and the community it serves. This can in turn create further problems with recruitment and retention for the practice.

We support growing the primary care workforce through *Health Education and Improvement Wales's Strategic Workforce Plan for Primary Care*<sup>11</sup>, but more needs to be done to keep staff. This includes giving protected time for training, cutting administration through better digital systems, and offering targeted programmes like Rural Fellowships, which have helped attract and keep staff in other underserved areas.

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<sup>11</sup> Health Education and Improvement Wales, [Strategic Workforce Plan for Primary Care 2024/25 – 2029 /30 Summary – April 2024](#)



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### Quality of care

People often tell us that once they have been able to access an appointment, the care they receive is generally good. People tell us of positive experiences when staff (GPs and practice staff) are helpful, empathetic and take the time to listen to them. This makes people feel cared about and well looked after.

This was also the case in the Healthcare Inspectorate Wales report<sup>12</sup>, with their patient experience surveys regularly concluding that GP staff treat patients with dignity and respect.

People who are in more vulnerable situations sometimes feel that they don't always receive the care they need in the way they need it.

### People with additional communication needs

People with additional communication needs sometimes feel that staff need to be better equipped through learning so they are better able to meet their specific needs, eg., learning to 'slow down' when dealing with people who may have additional communication needs, issues with hearing loss, or difficulties in remembering or retaining information.

Many people with additional communication needs stress the importance of face-to-face interaction with surgery staff and their GP. The way appointment systems work doesn't lend itself to that happening often enough, or at a level or depth in which people could have detailed conversations with staff/their GP about their health and other impacting needs.

Existing data indicates that people with a learning disability often have poorer health and poorer health outcomes than other people. People

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<sup>12</sup> Healthcare Inspectorate Wales (HIW), [Annual Report, 2023-2024](#)



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with a learning disability, aged 14 years or older are entitled to have an annual health check with their GP, to support them staying well.

From what we are hearing, it has been a postcode lottery as to whether this is offered by GP surgeries. If a GP surgery doesn't offer an annual health check, nobody is then signposting people to where they can get one.

So we welcome the recent announcement by the Welsh Government about changes to the GMS contract highlights agreement that the learning disabilities annual health check will become part of unified services within the GMS contract and will be offered by every GP practice. It is important that this is communicated widely, and appropriately, to the people affected.

We have been told that many people with learning disabilities feel fear and anxiety around GP visits due to past negative experiences and that there is limited recognition of the need for reasonable adjustments for people with additional communication needs. This may take the form of a longer appointment time (than the allocated 10-minute slot) if people have a learning disability or a communication difficulty.

We have been made aware that people with a learning disability, or who are neurodivergent, can feel that they are perceived as being 'problematic'. For example, many autistic people have told us that they find GP waiting areas very difficult due to lighting, noise, unknown waiting times and other factors.

We have heard for people with a learning disability and autism an issue whenever they access health services, including GPs, is that they often display symptoms differently. For example, being in pain or suffering with pain may be articulated or illustrated differently.



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We have heard that for some people, their concerns have not been taken seriously enough and they have ended up having to go to hospital for more acute treatment later. This has even been the case where they have a family member advocating for them and saying, *'I know that there's something very wrong.....this is not normal behaviour for them'*.

Because they are not reporting to the GP 'textbook symptoms or textbook levels of pain', they may not be believed. For example, if someone with a learning disability is asked to describe their pain on a scale of 1 to 10, they may not understand this concept let alone be able to articulate what it means in relation to pain levels.

We know that that people with a learning disability are often adept at 'masking' or may be very good at saying what they think people want them to say because 'that's kind of the way that they've been conditioned'. They may always be trying to work out what's the right thing to say.

As a primary point of contact for many people, its vital that GPs understand this, ask quite different questions and approach things differently. Doing so helps people feel like they've been listened to and means they can engage constructively with GPs and other professionals in the management of their healthcare.

### **Sanctuary seekers and ethnic minorities**

Language barriers can cause real difficulties for people whose first language is not English or Welsh, making it harder to navigate a way into the NHS system.

There is often a lack of interpreter services when these are needed. Representative organisations have told us they're aware of situations where people will take a family member, or even a child with them to an



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appointment, so that the person can be understood or understand the GP or health professional.

This is even where they advise that taking children to act as advocates is not a good idea, aside from the issues that arise about patient confidentiality and the sharing or disclosure of sensitive and personal information.

A lack of cultural understanding and wider cultural awareness can impact on the quality of care people from ethnic minorities receive. The level of understanding of such issues can depend on the local 'population level' of black and ethnic minority communities.

There can be issues with insufficient information and resources available for people (and professionals in some healthcare settings, not just GP services) so, where people may be trying to access support, or advice about a sensitive health matter and there is a fear of judgement, or misunderstanding within their own community people may 'suffer in silence' and not share details about their illnesses, conditions or issues.

We have heard that people from ethnic minority communities sometimes know their rights and they know they have the right to complain, but because of their lack of trust or a previous bad experience, they say there's no point, or that complaining isn't going to change anything.

People sometimes fear that making a complaint may lead to services being withdrawn or changing to their detriment. As a result, people then may choose not to raise their concerns, missing the opportunity to put things right.



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### Transgender people

We've heard about numerous incidents relating to misgendering, refusal to use correct pronouns, and general lack of GP knowledge on transgender health issues.

Getting a transgender person's name wrong, sometimes known as deadnaming, is happening too often and can make people feel like they aren't respected, impacting negatively on their care experience.

We know that when seeing a GP for referral to gender services people are having very different experiences across Wales, adding to difficulties for some people accessing gender identity clinics.

Some transgender people we have heard from felt that their GP did not understand gender incongruence<sup>13</sup>, and were concerned that they were potentially transphobic or keen to avoid what might be seen as controversial treatment.

Some people we spoke to told us they had struggled to be taken seriously and were offered mental health support instead. This is despite the World Health Organisation's no longer categorising being transgender as a "mental disorder" due to the harmful and stigmatising impact of that classification for the trans community.

It's important that GPs receive regular, up-to-date training that aligns with Welsh Government's LGBTQ+ Action Plan<sup>14</sup>. This will help make people's experiences of care at their GP practices fair, informed, and more consistent for LGBTQ+ people across Wales.

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<sup>13</sup> Gender incongruence – the feeling and belief that your gender identity does not match your sex assigned at birth

<sup>14</sup> Welsh Government, [LGBTQ+ Action Plan for Wales](#), February 2023



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### **Building relationships**

Many people want to see better communication and dialogue between GP surgeries and their communities. Some are keen to understand more about their practice, the healthcare staff working there and what services they can access.

Some practices are doing this very well, but some provide very limited accessible information.

Good communication is vital for creating stronger relationships between practices and the communities they serve. More transparent communication would help to build trust and understanding in GP services, involving people as services change and develop, and making sure services meet the needs of the local population.

We know that the involvement by patients in their local GP practice through Patient Participation Groups varies across Wales. They are not consistently achieving their potential of bringing a strong, community partnership approach to support the development and delivery of GP services locally.

### **Public trust in GP services**

#### **Lack of capacity**

Many of the people we have spoken to are aware that GP practices are struggling to meet patient demand for a number of reasons. Many of them are concerned that this is impacting on the standard of care they receive.

We consistently hear that GP appointments often feel 'rushed', with GPs having little time to spend with patients to get to the heart of the reason for the appointment, not being able to provide wider support, or spend time in discussion.



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From what we have heard, there is a clear sense that in general, people's concerns are about the challenges facing the NHS system, and are not seen as failures of individual healthcare staff who are seen as working hard to do their best in very pressurised and difficult circumstances.

### **Continuity of care**

Lots of people tell us they don't like not being able to see the same or their 'own' doctor. People clearly value and want continuity of care.

When they say they want to see their 'own GP' what they are asking for is someone who knows them and their medical history, understands what matters to them and is likely to provide the care and treatment they need. It is a trusted relationship that's often built up over years and which makes people feel safe and cared for and about.

We welcome the new GMS contract recognising the importance of continuity of care and bringing forward a quality improvement project to support the measurement of continuity of care within practices.

### **What happens when things go wrong**

Some people using our independent complaints advocacy service share concerns that their GP practice has not adequately supported them to use the complaints system.

This can undermine trust in GP services, particularly if people feel they need to get independent complaints advocacy support in order to make sure their concerns were taken seriously.

### **Previous trauma or historic mistreatment**

We've heard that for some people with a learning disability, their own experiences or the experiences of others during Covid has damaged



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their trust NHS services, because of a perception *'that (your) life is not worth saving, or that (our) lives are expendable'*.

### The experiences of older people

The Older People's Commissioner for Wales report<sup>15</sup> included a recommendation to build relationships of trust with older people as many felt that their relationship with their GP had become more 'transactional' in later life. This reflects what we often hear in our engagement with older people.

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## Opportunities to improve general practice to make it fit for the future and take a more preventative approach to care

Llais recognises the pressures that GP practices are working under, and so do many of the people we have heard from. Some people have shared their ideas and suggestions on what might be done to make things better.

Most of these could be addressed if *'The Foundations for the Future Model of Health and Care in Wales Creating a Sustainable National Health and Care Service for an 'Equally Well Wales'*<sup>16</sup> were implemented.

We agree that there should be tailored services to meet different populations and make best use of the resources within different communities, fitting the need for flexibility and taking a person-centred approach and prioritising flexibility, equity and connectivity.

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<sup>15</sup> Older People's Commissioner for Wales, [Access to GP Practices in Wales: Older people's experiences, 2024](#)

<sup>16</sup> Bevan Commission, [The Foundations for the Future Model of Health and Care in Wales Creating a Sustainable National Health and Care Service for an Equally Well Wales](#), February 2024



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We agree there should be an equally well and sustainable population and therefore unequal access to primary health care needs to be addressed.

Healthcare Inspectorate Wales has also shared areas of existing good practice<sup>17</sup> that could be adopted more widely.

In considering opportunities, it is important that any new healthcare models are designed to meet everyone's needs, and do not disadvantage vulnerable groups.

Opportunities include:

### Improving access and equity

- The GMS Access Standards must be more widely upheld.
- Simplifying appointment systems and maintaining non-digital options.
- Addressing digital exclusion, transport barriers, and access for vulnerable groups.
- Making reasonable adjustments for people with communication needs, neurodivergence, or disabilities, including providing longer appointment times, easy-read materials and alternative communication methods.
- Developing better understanding of diverse needs that may impact on how a patient presents, particularly for those with an additional communication need.
- Providing culturally competent and inclusive care, supported by appropriate training for staff.
- Ensuring that the Active Offer is implemented so that people don't have to ask for services in Welsh. Make Welsh language options clear and accessible without people needing to ask. This includes

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<sup>17</sup> Healthcare Inspectorate Wales (HIW), [Annual Report, 2023-2024](#)



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bilingual greetings, asking about language preferences, and wearing Iaith Gwaith badges.

- Implementing fair registration for all, including people without a fixed address.
- Consider separate access to GP services for non-urgent requests e.g. repeat prescriptions, or wider use of skilled triage at first point of contact.

### **Focussing on prevention and community-based care**

- Promoting annual health checks and proactive care, especially for those with long-term conditions or learning disabilities.
- Raising awareness of community pharmacy services and building the capacity of pharmacies to meet demand.
- Empowering people to better maintain their own health and wellbeing through access to trusted advice, information and support that's easily accessible in a range of ways.
- Strengthening integration between GPs, social care, and community services by increasing the pace of development of integrated community hubs.

### **Rebuilding trust and engagement**

- Improving communication and continuity of care.
- Removing barriers for people to raise concerns about their care.
- Involving communities in service design and decision-making.

**In summary** focusing on access, prevention, inclusivity, trust, workforce sustainability and innovation, general practice in Wales can move towards a more person-centred and preventative model that better meets the needs of its communities—especially those who are in vulnerable situations or currently underserved.

**28 March 2025**