

# P-06-1538 Protect full stroke services at Bronglais Hospital; prevent downgrade to Treat and Transfer

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Petitions Committee | 6 Hydref 2025

**Reference:** SR25/12212

## Introduction

**Petition Number:** P-06-1538

**Petition title:** Protect full stroke services at Bronglais Hospital; prevent downgrade to Treat and Transfer

**Text of petition:** Hywel Dda University Health Board's consultation proposes removing Bronglais Hospital's full stroke service, forcing patients from Ceredigion, Powys, and South Meirionnydd into risky, long-distance transfers to hospitals in Llanelli or Haverfordwest. We urge the Senedd and Welsh Government to intervene immediately, insisting HDdUHB fully assesses these impacts and commits to maintaining Bronglais as a stroke rehabilitation unit, protecting vital health services in Mid Wales.

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# 1. Background

Bronglais Hospital in Aberystwyth serves a large and predominantly rural area in Mid Wales that encompasses Ceredigion along with parts of Gwynedd and Powys. It currently provides a full range of stroke services, including hyperacute and acute care, thrombolysis (for eligible patients) and rehabilitation.

At a meeting on 29 May 2025, Hywel Dda University Health Board (HDdUHB) agreed to launch a public consultation on its Clinical Services Plan. The plan includes a range of proposals for reorganising services identified by HDdUHB as being in need of change due to concerns over service resilience and patient safety.

Stroke services were one of the services identified and the plan sets out two options for how they might be reorganised:

- Option A: Patients presenting at Bronglais would be transferred to either Prince Philip Hospital in Llanelli or Withybush Hospital in Haverfordwest for inpatient care. Prince Philip and Withybush would both provide 12-hours of specialist care a day.
- Option B: Patients presenting at Bronglais would be transferred to Prince Philip for typically 72 hours of inpatient care, with ongoing care provided either at Prince Philip or at Withybush. Prince Philip would provide 24-hours of specialist care a day and Withybush would provide 12-hours a day.

In both scenarios the stroke unit at Bronglais would operate as a 'treat and transfer' service only. This would mean that, while the unit would still provide an initial assessment and thrombolysis if needed, patients would be transferred to a specialist centre elsewhere after receiving initial care.

HDdUHB has stated it would mitigate any impact on families and carers by providing 'online platforms' to keep them connected. It would also aim to return patients home quicker for ongoing recovery with community service support.

Concerns have been raised about the proposals by patients and local campaigners. Among those critical of the proposals are Dr Phil Jones, the former National Clinical Lead for Stroke in Wales, along with the group Protect Bronglais Services, which was set up to oppose the changes.

These groups have criticised the proposals for overlooking the role of family and friends in stroke rehabilitation, with distances and limited transport infrastructure making regular visits impractical. Concerns have also been raised over how patients from Bronglais would be transferred to Prince Philip and Withybush and subsequently returned home, and whether this would involve the Welsh Ambulance Service. The proposal to use online platforms for patient communication has also been criticised as unrealistic, given stroke-related impairments and poor digital connectivity in the region.

Bronglais scores comparatively highly in national stroke care assessments and this has also been raised in objections to the proposals. The Sentinel Stroke National Audit Programme (SSNAP) measures the quality and organisation of stroke care and is the source of stroke data in England, Wales and Northern Ireland. Bronglais scored a B in the latest publicly available report. This compares to a C for Glangwili and Prince Philip and a B for Withybush.

HDdUHB argue the changes are necessary to safeguard stroke services, which are currently failing to meet clinical standards and do not have enough staff to support them. It also points to evidence that outcomes and standards are higher when services are consolidated and delivered from fewer hospitals, and argues that centralising services would improve staff recruitment and retention, making services more sustainable.

The public consultation on the proposals concluded on 31 August 2025 and responses are now being reviewed by HDdUHB.

## 2. Welsh Government action

The Welsh Government response to this petition states that while the Welsh Government sets the strategic direction for the NHS in Wales, responsibility for planning and delivering healthcare services lies with Local Health Boards. It notes that no decision has yet been made by HDdUHB on the future of stroke services in the region.

The response states that expert advice increasingly supports a shift away from the current model of stroke care towards comprehensive regional stroke centres and that this will be necessary to meet the aims of the Quality Statement for Stroke. It emphasises that HDdUHB's proposals must align with this approach while considering the full impact of any changes made.

The response also stresses the need for Local Health Boards to take a collaborative approach to service changes and that HDdUHB will be expected to work closely

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with clinicians, communities, neighbouring Local Health Boards, and delivery partners such as the Stroke Association, Llais and Ceredigion Council.

### 3. Welsh Parliament action

The proposed changes to stroke services at Bronglais were raised during questions to the Cabinet Secretary for Health and Social Care on 15 January 2025.

Russell George MS highlighted the impracticality for families in Llanidloes or Machynlleth having to travel to Withybush to visit relatives, and asked what consideration had been given to Powys residents. In response, the Cabinet Secretary stated that he expected HDdUHB and Powys Teaching Health Board to be in discussions about the potential impact of the changes on patients living outside the Hywel Dda area.

Joyce Watson MS asked what discussions had taken place with HDdUHB in relation to post-stroke care. The Cabinet Secretary replied that he understood ongoing recovery would still take place closer to home under the proposed changes. He also emphasised the importance of HDdUHB collaborating with groups such as the Stroke Association and those with lived experiences when developing their plans.

Cefin Campbell MS asked for an assurance that full stroke services would be retained at Bronglais and Glangwili. In response the Cabinet Secretary stated that no decision had yet been taken by HDdUHB and no changes would be made before the outcome of the public consultation.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.