

Healthy Hearts in rural Carmarthenshire: small sessions, big impact for unpaid carers

Project: Connecting Carmarthenshire Micro-Commissioning Fund (March 2026) • **Delivery:** ISAY-CIC • **Partners:** NACRO Connecting Carmarthenshire, Adferiad, Carmarthenshire MIND
Four community sessions in March 2026 brought friendly blood pressure checks and practical heart-health tips into trusted local spaces—helping people understand their numbers and what to do next.

Who Unpaid carers, older adults, and rural residents with limited access to preventative checks.	What Friendly blood pressure checks plus a practical heart-health talk and signposting.	So what 6 people were advised to speak to their GP/pharmacist as a priority following results.
--	---	--

At a glance (March 2026)

<h1>22</h1> <p>People reached</p>	<h1>4</h1> <p>Sessions</p>	<h1>3</h1> <p>Rural locations</p>	<h1>6</h1> <p>Advised to speak to GP/pharmacist</p>
-----------------------------------	----------------------------	-----------------------------------	---

Why we ran this pilot

ISAY-CIC was awarded £1,098 by the Connecting Carmarthenshire Micro-Commissioning Fund to deliver a rapid pilot of free, community-based heart health sessions, including blood pressure monitoring, for unpaid carers and older adults in rural Carmarthenshire.

With a compressed timeline (delivery and invoicing by 31 March 2026), we focused on depth over breadth—working in three communities where trusted partners and accessible venues were already in place:

- Newcastle Emlyn, Living Well NACRO Drop-In (BP checks)
- Llanybydder, Cwm Aur (Healthy Hearts talk and BP checks)
- Carmarthen, Carmarthenshire MIND Women’s Group and Adferiad Unpaid Carers Group

Sessions were delivered in partnership with NACRO Connecting Carmarthenshire and Adferiad, using community venues already familiar and accessible to local residents. This approach ensured strong attendance, appropriate safeguarding, and meaningful engagement within the timeframe available.

What the sessions offered

Each session followed a simple, non-clinical preventative health model—bringing screening and practical information into familiar community spaces:

The target audience was unpaid carers, older adults, and people in rural communities with limited access to preventative health services. The model was rooted in ISAY-CIC’s social model of health and wellbeing, prioritising connection, empowerment and self-management alongside clinical screening.

What we delivered (March 2026)

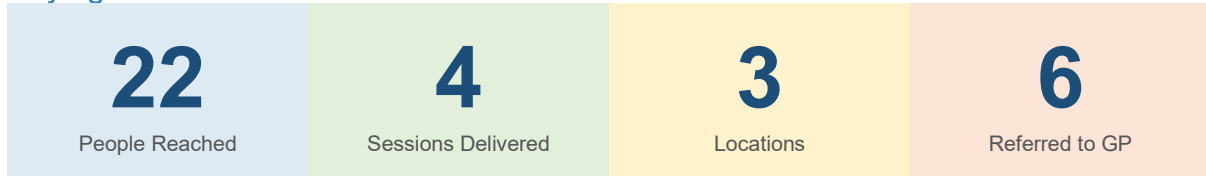
Where and when

Where we went: We delivered four sessions across three locations between 11 and 30 March 2026:

Location	Session / venue
Newcastle Emlyn	Living Well NACRO Drop-In (BP checks)
Llanybydder	Cwm Aur (Healthy Hearts talk + BP checks)

Location	Session / venue
Carmarthen	Carmarthenshire MIND Women's Group and Adferiad Unpaid Carers Group

Key figures



Who took part

A total of 22 individuals received blood pressure checks and participated in the heart health session. 20 completed the pre-session health information questionnaire.

- **22** people took part; **20** completed the pre-session questionnaire.
- **Age range:** 35–95 (mean 65).
- **Gender:** 77% female, 23% male.
- **Baseline awareness:** 35% knew their blood pressure before attending.

What we found in the blood pressure checks

All 22 participants received a blood pressure check with three readings taken and averaged using standard NHS methodology:

BP Category	Count	Percentage	Systolic Threshold
High blood pressure	6	27%	140+ mmHg
Pre-high (elevated) blood pressure	7	32%	121–139 mmHg
Normal blood pressure	8	36%	90–120 mmHg
Low blood pressure	1	5%	Below 90 mmHg

27% of participants (6 people) presented with high blood pressure. Including one participant with dangerously low blood pressure, 6 individuals were advised to speak to their GP or pharmacist as a priority, two of whom were urged to seek medical attention promptly due to markedly elevated readings.

Oxygen saturation (SpO2) checks were carried out at the Newcastle Emlyn session. Of 8 readings, 2 returned results of 92% at the lower threshold of clinical concern (normal: 95–100%) and both participants were offered appropriate advice and signposting.

Outcomes and impact

Outcomes snapshot

- **4.8/5** average knowledge and confidence score across four measures (n=14).
- **27%** (6/22) recorded high blood pressure.

- **6 people** were advised to speak to a GP/pharmacist as a priority (including two urged to seek prompt medical attention).

Knowledge and confidence

Post-session feedback was gathered from 14 participants using a scored scale of 1–5. The overall average knowledge and confidence score across all four outcome measures was 4.8 out of 5.

- **Overall average:** 4.8/5 across four knowledge and confidence measures (n=14).
- **Heart attack symptoms:** 4.9/5 average; 86% scored 5/5.
- **Confidence to make healthier choices:** 4.9/5 average; 86% scored 5/5.
- **Clarity:** 100% agreed the information was easy to understand (14/14).

What people plan to do next

What people said they'll do next:

The most common planned change was increasing exercise, followed by improving diet. Two participants noted that nothing needed to change reflecting an already healthy lifestyle.

Clinical impact

The most significant clinical outcome of the project was the identification of 6 participants with high or very low blood pressure who were previously unaware of, or whose condition had deteriorated since, their last check. Each was directly signposted to their GP or pharmacist, with two receiving urgent advice to seek medical attention promptly.

In a rural area where access to NHS drop-in services is limited, community-based screening reached people who may not have had their blood pressure checked for some time. Early identification of elevated BP in this context represents a meaningful and potentially life-changing preventative intervention.

Participant voices

Participants told us what mattered most. Here are a few highlights:

"Talking to and meeting other carers in a safe space"

"The quiz was really good"

"Learning about cholesterol and heart health"

"Knowing the symptoms of a heart attack and stroke"

"The blood pressure check — I had no idea my reading was so high"

"All the information provided — really useful"

What this shows — and what's next

What we learned: This pilot is a strong proof of concept for community-based preventative heart health support in rural Carmarthenshire—combining practical screening, simple education, and the added value of social connection for unpaid carers.

- The model works: Sessions delivered within trusted partnership infrastructure generate strong attendance and meaningful engagement without requiring clinical settings or extensive promotion.
- Early identification matters: A 27% rate of high blood pressure identification, with 6 GP referrals from just 22 participants, demonstrates the real clinical value of community screening in rural areas.

Work with us

If you're a community group, charity, or local partner in Carmarthenshire (or beyond) and you'd like to host a Healthy Hearts session or explore a similar preventative health offer, we'd love to hear from you.

- Host a **community blood pressure check** session in your venue
- Co-design sessions for **unpaid carers**, older adults, or rural communities
- Discuss **funding** options for delivery and scale-up