

## PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	26 August 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Hywel Dda University Health Board Pharmaceutical Needs Assessment – October 2021
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Jill Paterson - Director of Primary Care, Community and Long Term Care
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Jenny Pugh-Jones - Clinical Director of Pharmacy and Medicines Management

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

Heath Boards in Wales are required by section 82A of the Public Health (Wales) Act and enacted by The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020, to publish a Pharmaceutical Needs Assessment (PNA) by the 1<sup>st</sup> October 2021.

In response to this statutory duty the Health Board has gathered intelligence from a range of sources to prepare the Hywel Dda University Health Board Pharmaceutical Needs Assessment - October 2021 (attached as Appendix 1). This technical document, which has been subject to a public consultation includes data and feedback from patient and contractor surveys, Public Health Wales and information on existing commissioned services from Community Pharmacy

The Committee is asked to approve the document that has been prepared for publication, for ratification by the Board.

#### Cefndir / Background

Since the 1980s, applications to provide Community Pharmacy services have been assessed by Health Boards and their predecessors, by means of the “control of entry” test. An application to provide pharmacy services is likely to succeed only where a Health Board considers it necessary and expedient to grant it in order to secure adequate pharmacy services within the defined neighbourhood.

This process focused largely upon the dispensing of prescriptions by applicants and does not address the increasing number of additional pharmacy services, including emergency contraception, influenza vaccination, common ailments service and smoking cessation.

#### Asesiad / Assessment

##### **Rationale**

The under-pinning rationale for introducing a PNA is to ensure the full range of Community Pharmacy services are taken into account and aligned with General Primary Care services and that decisions regarding the level and extent of Community Pharmacy services are grounded in addressing the identified health care needs of the local population.

The most significant change introduced under the Act relates to the way in which Health Boards make decisions on applications to the Health Board Pharmaceutical List (currently known as Control of Entry). Under the existing 2013 regulations, the location of a pharmacy is dependent upon the contractor deciding to make an application. When Health Boards determine these applications they are limited to considering need in terms of dispensing services only. No account may be taken of the wider health care needs, such as extended opening hours, influenza vaccinations or common ailment services to reduce pressure on GP services and improve patient access to care.

### **Effect/ Impact**

The new PNA regulations will fundamentally change how Control of Entry decisions are made by shifting from a system that is driven by the contractors and focused heavily on dispensing to a system led by the NHS that responds to the wider pharmaceutical needs of local communities. The requirements for a PNA will be aligned with other health needs assessment requirements to support a holistic and comprehensive approach to needs assessment.

This approach will allow the Health Board to align Community Pharmacy services with its strategic intent of moving services closer to home and supporting its population within their local communities.

A PNA will cover the full range of essential, advanced and enhanced services under the Community Pharmacy Contract Framework. This will enable Health Boards to consider the level and extent of pharmaceutical services required to meet the needs of their population, and to do that within the context of their plans and priorities for primary care services and their wider strategic direction.

### **Dispensing Doctors**

The 2013 regulations governing Control of Entry to the pharmaceutical list will be abolished. However, the current arrangements for dispensing doctors, as reflected in those regulations, will remain the same and will be included in the new PNA regulations.

### **Timeframe**

The new regulations came into force in April 2020. There is a statutory requirement upon Health Boards to have published their first PNA by the 1st October 2021.

Each PNA must be subject to a minimum of 60 days consultation prior to publication. Hywel Dda University Health Board's draft PNA was available for consultation from 7th May 2021 to 6<sup>th</sup> July 2021.

From October 2021, all applications to the Pharmaceutical List must demonstrate how they will meet any identified need set out in the PNA. Consideration of applications will be in the context of the published PNA.

The Hywel Dda University Pharmaceutical Needs Assessment will be in effect for a period of 5 years from 1<sup>st</sup> October 2021, at which time it will be republished, following a period of review, unless there are sufficient changes in local need in the interim.

### **Argymhelliad / Recommendation**

The Committee is asked to **APPROVE** the Hywel Dda University Pharmaceutical Needs Assessment – October 2021 for publication, for onward ratification at the Board meeting on 30<sup>th</sup> September 2021.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.12 Seek assurances on the delivery of the requirements arising from HDdUHB's regulators, WG and professional bodies (PO 3B).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1047 (score 4) There is a risk of non-compliance to the legal requirement set out in section 82A of the Public Health (Wales) Act and enacted by The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020, to publish a Pharmaceutical Needs Assessment (PNA) by 1 <sup>st</sup> October 2021.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 1.1 Health Promotion, Protection and Improvement
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Living and working well.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Letter from Director General Health and Social Services WG (30th April 2018, 23rd May 2019)  82A of the Public Health (Wales) Act and enacted by The National Health Service (Pharmaceutical Services)(Wales) Regulations 2020
Rhestr Termiau: Glossary of Terms:	PNA - Pharmaceutical Needs Assessment
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Primary Care Contracts and Senior Pharmacist Leadership Team PNA Steering Group Hywel Dda Community Health Council

Effaith: (rhaid cwblhau) Impact: (must be completed)
---

<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	There are potential financial risks of funding additional pharmaceutical contracts if gaps in pharmaceutical need are identified.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	The new PNA regulations will change fundamentally how the Community Pharmacy Control of Entry decisions are made, by shifting from a system that is driven by the contractors and focused heavily on dispensing, to a system led by the NHS that responds to the wider pharmaceutical needs of local communities. This approach should improve access to care, widen the enhanced services provided by community pharmacies and support the inverse care principles of targeting health care provision where there is the greatest need.
<b>Gweithlu: Workforce:</b>	Not Applicable
<b>Risg: Risk:</b>	RR Reference: 1047 (After mitigation score 4)
<b>Cyfreithiol: Legal:</b>	82A of the Public Health (Wales) Act and enacted by The National Health Service (Pharmaceutical Services)(Wales) Regulations 2020.
<b>Enw Da: Reputational:</b>	Legal requirement to complete and publish by October 2021.
<b>Gyfrinachedd: Privacy:</b>	N/A
<b>Cydraddoldeb: Equality:</b>	The PNA will need to incorporate the provision of the Equality Act 2010 to ensure that the assessment of pharmaceutical need considers the protected characteristics under the Act.





**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

**A Healthier  
Mid and  
West Wales**

Our future generations  
living well

**Hywel Dda University Health Board**

# Pharmaceutical Needs Assessment



October 2021



**GIG**  
CYMRU  
**NHS**  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales



**Diogel**  
Safe



**Cynaliadwy**  
Sustainable



**Hygyrch**  
Accessible



**Caredig**  
Kind

## Table of Contents

Executive summary .....	3
1. Introduction .....	11
2. Overview of Hywel Dda University Health Board .....	25
3. General health needs of Hywel Dda University Health Board .....	56
4. Identified patient groups – particular health issues .....	83
5. Provision of pharmaceutical services.....	98
6. Other NHS services.....	149
7. Health needs that can be met by pharmaceutical services .....	155
8. Amman Gwendraeth locality .....	162
9. Llanelli locality.....	175
10. Tywi Taf locality.....	187
11. North Pembrokeshire locality .....	200
12. South Pembrokeshire locality .....	214
13. North Ceredigion locality .....	226
14. South Ceredigion locality .....	238
15. Conclusions - for the purpose of schedule 1 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020.....	250
Appendix A – policy context and background papers .....	261
Appendix B – Essential services .....	264
Appendix C – Advanced services.....	267
Appendix D – Enhanced services .....	269
Appendix E – Terms of service for dispensing appliance contractors .....	272
Appendix F – PNA Steering Group membership .....	275
Appendix G – Public Engagement Survey .....	276
Appendix H – Full results of the Public Engagement Survey .....	283
Appendix I – Pharmacy Contractor Questionnaire .....	329
Appendix J – Dispensing GP Practice Questionnaire .....	332
Appendix K – Consultation Report.....	335

## Executive summary

Health Boards in Wales are required under section 82A of the Public Health (Wales) Act and enacted by The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020, to publish a Pharmaceutical Needs Assessment (PNA) by the 1<sup>st</sup> October 2021.

This is Hywel Dda University Health Boards first Pharmaceutical Needs Assessment and its development has been overseen by a steering group, which included representation from the Health Board, Community Pharmacy Wales, Hywel Dda Community Health Council, Public Health Wales and Dyfed Powys Local Medical Committee.

The Hywel Dda UHB Pharmaceutical Needs Assessment:

- Sets out the current health needs of the population and how they will change over the five-year lifetime of the document (1 October 2021 to 30 September 2026)
- Describes the current provision of pharmaceutical services by pharmacies, dispensing appliance contractors and dispensing doctors both within and outside of the health board's area
- Takes into account known changes that will arise during the lifetime of the document such as demographic changes, housing developments, regeneration projects, and changes to the location of other NHS service providers, and
- Identifies any current gaps in service provision and any that will arise during the lifetime of the document

From the 1st October 2021 the Pharmaceutical Needs Assessment will be used by the Health Board when considering whether or not to grant applications to join its pharmaceutical list or dispensing doctor list under The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020. Decisions on such applications may be appealed to Welsh Ministers who will then also refer to the document when hearing any such appeal. It will also be used to inform decisions on applications for the relocation of existing pharmacies and dispensing doctor premises, applications to change pharmacy core opening hours, and the provision of more pharmacy based services, to meet local health priorities.

The geographical area of Hywel Dda UHB consists of the footprint of the following Local Authority areas:

- Carmarthenshire County Council
- Pembrokeshire County Council
- Ceredigion County Council

The Health Board has divided its area into 7 localities for the PNA based on the Primary Care Clusters. A cluster brings together local services involved in the provision of health and care across a geographical area typically serving a population between 25,000 and 100,000. Each locality has a dedicated chapter within this PNA which looks at the needs of the population, considers the current provision of pharmaceutical services to residents and identifies whether or not current provision meets the needs of those residents. Each locality chapter considers whether there are any gaps in service that may arise during the lifetime of the Pharmaceutical Needs Assessment.

The Health Board region is defined by a lengthy coastline and rural areas particularly in the west, with the main urban areas in Carmarthen, Llanelli, Haverfordwest and Aberystwyth. The coastline, historic sites and natural features are a strong draw for tourists and visitors.

Hywel Dda University Health Board is bordered by 3 other Health Boards; Betsi Cadwaladr University Health Board, Powys Teaching Health Board and Swansea Bay University Health Board.

Betsi Cadwaladr University Health Board is situated to the north of Hywel Dda, with the county of Gwynedd and the Meirionnydd Locality adjacent to Ceredigion. Powys Teaching Health Board is situated to the east of Hywel Dda, and borders Ceredigion and Carmarthenshire. Swansea Bay University Health Board is also situated to the east of Hywel Dda and borders Carmarthenshire.

The population of Hywel Dda is increasing and ageing with Pembrokeshire experiencing the largest population growth and the area being popular for relocation of people of retirement age. A quarter of the population of Hywel Dda is aged over 65, which is projected to increase to 31.4% by 2043.

## THE CURRENT PROVISION OF PHARMACEUTICAL SERVICES

Pharmaceutical services are defined by reference to the NHS regulations for community pharmacies, dispensing GP practices and appliance contractors.

There are three tiers of **community pharmacy** services:

- *Essential services* – services which every community pharmacy providing NHS pharmaceutical services must provide. These include the dispensing of medicines, promotion of healthy lifestyles, support for self-care and disposal of unwanted patient medication.
- *Advanced services* - services that all community pharmacy contractors and dispensing appliance contractors can provide subject to specific accreditation and facilities. The current advanced services are Medicines Use Reviews, Discharge Medicines Reviews, Appliance Use Reviews and the Stoma Appliance Customisation Service.
- *Enhanced services* - services that are National (Wales) or which are locally commissioned. These can be offered to all or selected pharmacies, depending on the type of service and the need that it supports. National enhanced services include e.g. the Common Ailments Service, Emergency Contraception, Emergency Supply of Medication, Smoking Cessation and Influenza Vaccination.

Pharmacy contractual framework negotiations are on going at the time of preparing this PNA and some national enhanced services may be reclassified as advanced services in future. There are currently 98 NHS pharmacy contracts in Hywel Dda UHB that provide the full range of essential pharmacy services. During the course of compiling the PNA, 1 pharmacy closed, therefore some activity data will relate to 99 rather than 98 pharmacies.

**Dispensing GP practices** help to provide pharmacy services in very rural areas where it might be difficult for patients to get to a pharmacy. These practices are able to dispense medication to patients that meet certain criteria.

6 of the 48 GP practices in Hywel Dda UHB have consent to dispense medication to patients on their dispensing list.

To be eligible for dispensing services, patients must meet certain criteria. Briefly, an eligible patient is one that:

- Lives in a “controlled locality” – an area which has been determined by the Health Board, as rural in character and
- Is more than 1.6km / 1 mile from a pharmacy – measured as a straight line

There is also an option, for a patient to claim to have serious difficulty in accessing pharmaceutical services, which the Health Board can be asked to consider, where the “Controlled locality” and distance from a pharmacy don’t apply.

In addition, the practice must have outlined consent and premises approval for the area that the patient lives in.

**Appliance contractors** only dispense appliances. There are no dispensing appliance contractors in Hywel Dda UHB.

### Essential Services

Hywel Dda UHB has a population of 387,284. There are 98 pharmacies serving the population, which provides a ratio of 2.53 pharmacies per 10,000 population. This is higher than the average for Wales, which is around 2.26.

The residents of Hywel Dda UHB are well served in relation to the number of pharmacies and access to essential pharmaceutical services is good. No gaps in the current provision of these services has been identified.

It is noted that there are no dispensing appliance contractors in Hywel Dda UHB. The majority of patients in Hywel Dda UHB receive their appliances via the relevant specialist service, e.g. Specialist Stoma Service and Cobweb Continence Service.

### Advanced Services

Advanced services currently provided by pharmacies in Hywel Dda UHB are the Medicine Use Review (MURs) and Discharge Medicines Review (DMRs). 97 of the 98 pharmacies offer these 2 advanced services. At the time of preparing the PNA, the MUR service is suspended. The number of DMRs undertaken since the service was introduced is well below the number that is allowed per pharmacy. The maximum number of 140 DMRs per pharmacy was removed in April 2021, so there is no longer a limit on the number that can be undertaken.

Based on the level of activity in 2019/20 there is sufficient capacity within existing pharmacy contractors for the provision of the advanced services of Medicine Use Reviews and Discharge Medicine Reviews to provide access for the residents of Hywel Dda UHB and no gaps in the current provision of these services has been identified.



There are no pharmacies in Hywel Dda UHB that provide the advanced services Appliance Use Reviews and Stoma Appliance Customisation. Reviews of appliances are carried out by various nurse led specialist services within the Health Board. This is also the case for customisation of stomas.

## Enhanced Services

A range of National enhanced services are available to commission from pharmacies e.g. Common Ailments Service, Emergency Contraception and Influenza Vaccination. These services will be consistent across all Health Boards in Wales. Health Boards can also commission local enhanced services, where a specific need is identified. A small number of local enhanced services have been developed in Hywel Dda UHB for delivery via community pharmacies e.g. Triage & Treat and INR monitoring.

The number of pharmacies commissioned to offer enhanced services will vary according to the type of service and the needs of the local population.

A number of national enhanced services have been identified by the PNA Steering Group that should be available from as many pharmacies as possible to enable the best access. These are:

- Common Ailments Service – advice and free treatment for up to 27 common conditions. All 98 pharmacies in Hywel Dda UHB offer this service.
- Emergency Medication Supply – provides for the urgent supply of prescribed repeat medication, where a patient is unable to obtain a supply via other means before they run out of medication. 97 pharmacies offer this service.
- Influenza Vaccination – this service is seasonal and operates from October through to March. 81 pharmacies offered this service in 2020/21.
- Emergency Contraception (morning after pill) - is offered by 84 pharmacies and allows a supply of the morning after pill, following a consultation, to females aged 13 and above.
- Smoking Cessation Services – there are 2 levels of smoking cessation service offered by pharmacies. Level 2 is a supply only service, which provides free nicotine replacement therapy (NRT) following assessment by a smoking cessation advisor. Level 3 is a complete one-stop service, which includes both the supply of NRT and counselling sessions via a pharmacy. 87 pharmacies offer Level 2 and 67 pharmacies offer Level 3.
- Patient Sharps – allows for the safe disposal of sharps boxes up to 5 litres in size via pharmacies. 93 pharmacies offer this service.

There is currently very good access to most of the enhanced services identified above across pharmacies in Hywel Dda. However, greater availability of some services would enable more equitable access e.g. Emergency Contraception and Smoking Cessation Services.

## DEVELOPING THE HYWEL DDA UHB PHARMACEUTICAL NEEDS ASSESSMENT

As part of the process in preparing this PNA, the views of a wide range of stakeholders, including the public were gathered.

### Public Engagement

A 4-week public engagement exercise was conducted between 12<sup>th</sup> November and 10<sup>th</sup> December 2020. An on-line survey was launched, with a paper version also available. 1,370 responses were submitted, which offered an indication of the public's view on current pharmaceutical services available.

The main points highlighted from the public engagement were:

- At least 50% of respondents were aware that pharmacies offered all 6 national enhanced services listed in the survey (Common Ailments, Emergency Contraception, Emergency Medication Supply, Influenza Vaccinations, Smoking Cessation Services, Needle Exchange)
- The most convenient day to visit a pharmacy was Friday (59.2%) with Tuesday being the least convenient (52.6%), though there was little difference between the other weekdays
- The most convenient time to visit a pharmacy was between 9.00am and 6.00pm, this was selected by 87% of respondents
- 74% of the respondents travelled by car to a pharmacy
- 73% indicated they always use the same pharmacy
- Choice of pharmacy was mainly influenced by proximity to home, work or GP practice
- 66% were aware that pharmacies could offer a private consultation area
- Respondents noted the length of travel time to a pharmacy as being:
  - ▶ Less than 5 minutes for 26%
  - ▶ 5-15 minutes for 52%
  - ▶ 15-30 minutes for 20%
  - ▶ 30 minutes or more for 2%

Analysis of the responses from the public engagement exercise evidenced that pharmacies and the services they offer are well regarded and valued by the public. 39% did not know that delivery of medication was not part of the NHS pharmacy service. The response by 50% of respondents that they were aware of the 6 national enhanced services is encouraging but also evidences that greater public awareness of pharmacy based services is needed. There was a clear preference to use a regular pharmacy and the most convenient time to access pharmacy services was on a weekday between 9.00am and 6.00pm.

### Pharmacy Contractor Questionnaire

Existing pharmacy contractors were asked to complete a questionnaire, which asked about facilities available, the need for services not currently available in the area and whether the pharmacy has sufficient capacity to meet an increasing demand for pharmaceutical services. The questionnaire exercise was undertaken in December 2020. All 99 pharmacies completed the questionnaire.

- ▶ 96 pharmacies confirmed the availability of a consultation room, with 3 reporting alternative arrangements for confidential discussions



- ▶ 83 pharmacies confirmed there was sufficient capacity within their existing premises and staffing levels to manage an increase in demand in their local area
- ▶ 12 confirmed that whilst not having sufficient capacity at present, adjustments could be made to either the premises or staffing to manage an increase in demand
- ▶ 4 pharmacies did not have sufficient capacity and would have difficulty in managing any future increase in demand for pharmaceutical services. One of these pharmacies has since closed

The pharmacy contractor questionnaire responses evidenced that there is a high number of pharmacies with consultation areas. These are vital for the provision of certain enhanced services and to support an increase in the range of services that pharmacies could be commissioned to provide in future. The responses also demonstrated that the majority of pharmacies, (95), have capacity to manage or make adjustments to manage an increase in demand for pharmaceutical services.

### Dispensing GP Questionnaire

The 6 dispensing GP Practices were invited to provide information via a questionnaire. Information on opening hours, pharmaceutical services and capacity was captured. The practices that are able to dispense to eligible patients, do so over 8 sites.

- ▶ 5 sites operate opening hours for their dispensaries of between 8.00/8.30am to 6.00/6.30pm, all or most weekdays. 3 of the sites are in branch surgeries and offer opening hours that reflect the part time hours of the premises.
- ▶ 2 dispensing GP practices have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for pharmaceutical services. 3 could meet an increase in demand, with some adjustments, and 1 would have difficulty in meeting additional demand.

The number of patients that are eligible to receive dispensing services from dispensing GP practices is fairly static due to the criteria that is set. As of January 2021, the number of patients that were listed for dispensing services by all the dispensing GP practices was 17,396. This equates to 4.4% of the Hywel Dda UHB population.

There is sufficient capacity within the existing dispensing GP practices to manage any potential increase in demand for essential pharmaceutical services during the lifespan of the PNA

### Draft PNA Consultation

A 60-day consultation on a draft version of the PNA was undertaken from the 7<sup>th</sup> May to the 6<sup>th</sup> July 2021. Views were sought from the statutory list of parties to be consulted with together with the wider public. Full details of the responses during the consultation stage can be found at Appendix K.

158 responses were received and these were used to update the content of the PNA.

## IDENTIFYING GAPS

In order to identify whether there are any gaps in the current or future provision of pharmaceutical services within Hywel Dda UHB a set of criteria was developed to measure the number and location of pharmacies by locality, opening hours and availability of advanced and enhanced services.

- ▶ Number of pharmacies per 10,000 population
- ▶ Number of pharmacies open within normal working hours (Monday to Friday 9.00am-5.30pm)
- ▶ Number of pharmacies open outside normal working hours on weekdays
- ▶ Number of pharmacies open on weekends
- ▶ Availability of advanced services
- ▶ Availability of specific enhanced services

The current and future provision of pharmaceutical services in each of the 7 localities within Hywel Dda UHB were considered against the above criteria.

## CONCLUSIONS

The full document provides, information regarding the regulatory framework for pharmaceutical services and current provision in the Health Board area, the demographic characteristics of the population and their health needs, the views gathered from the public on existing services and information provided by pharmacy contractors and dispensing GP practices.

The data from these sources and the criteria set out to measure gaps in service were used to consider whether current pharmaceutical service provision meets the needs of Hywel Dda UHB residents. In addition, the PNA has also considered any predicted population changes during its 5-year lifespan, housing developments and whether any gaps in future provision of pharmaceutical services are identified.

A summary of the conclusions is set out below.

- The population of Hywel Dda UHB is well served in relation to the number of pharmacies per 10,000 population and has a higher ratio compared to the average for Wales.
- The vast majority of the population is well served in relation to the location of pharmacies.
- Pharmacies are in locations which offer good proximity to GP practices.
- Access to essential pharmaceutical services for the residents of Hywel Dda UHB is good and no gaps in the current provision of these services has been identified.
- Access to advanced pharmaceutical services for the residents of Hywel Dda UHB is very good and no gaps in the current provision of these services has been identified.
- Access to enhanced services is generally good. A number of locations have been identified where the provision of certain enhanced services could be increased. The Health Board will work with existing pharmacy contractors to improve access to these services.

- No current needs have been identified in relation to provision of GP dispensing services.

The PNA also looks at potential changes during the lifetime of the document. These include projected population growth, housing developments and any future changes in GP opening hours. Given the projected population demographics, housing projects and the distribution of pharmacy services across Carmarthenshire, Pembrokeshire and Ceredigion, the Hywel Dda UHB PNA concludes that:

- The current provision of essential services is sufficient to meet the future needs of the residents during the five-year lifetime of this document.
- The current provision of advanced services is sufficient to meet the future needs of the residents during the five-year lifetime of this document.
- The provision of enhanced services could be increased in future by the Health Board working with existing pharmacy contractors to promote take up of specific services.
- No future needs relating to the provision of GP dispensing services have been identified.

## NEXT STEPS



The Hywel Dda UHB PNA will be in effect for a period of 5 years from the 1<sup>st</sup> October 2021. It may be reviewed within the 5 years if there are sufficient changes to local need for pharmaceutical services, which would necessitate an earlier review.

The PNA will direct decisions to be made by the Health Board on applications from new pharmacy contractors or appliance contractors. It will also inform commissioning of enhanced services from pharmacies and any applications to vary core opening hours. There are opportunities identified in the PNA relating to enhanced services for the Health Board to expand the range of local community pharmacy services to further support patients.

Pharmacies and dispensing practices are valuable community assets that support local populations with medication needs. In addition, community pharmacies can also support a wider range of health needs. They offer easy access to residents and should be developed to support routine health needs such as self-care, chronic conditions management, treating minor ailments and offering targeted screening services.



## 1. Introduction

### 1.1 Purpose of a Pharmaceutical Needs Assessment

The purpose of the Pharmaceutical Needs Assessment (PNA) is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a Health Board's area for a period of up to five years, linking closely to the Hywel Dda University Health Boards Health Needs Assessment. Whilst the Health Needs Assessment focusses on the general health needs of the population the Health Board's area, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by the Health Board.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to the Health Board, in whose area the premises are to be located, to be included in its pharmaceutical list. An application must offer to meet a need that is set out in that Health Board's PNA. There are however some exceptions to this for example; change of ownership applications and relocations for business type reasons (for example where a lease has expired and new premises are needed). These types of applications are not determined against the PNA.

If a GP wishes to dispense to a new area or from new or additional premises they are also required to apply to the Health Board to be included in its dispensing doctor list or for a new area or new or additional premises to be listed in relation to them. In general, their application must also offer to meet a need that is set out in that Health Board's Pharmaceutical Needs Assessment.

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services. Identified needs could either be current or will arise within the five-year lifetime of the PNA.

### 1.2 Health Board duties in respect of the Pharmaceutical Needs Assessment

Further information on the Health Board's specific duties in relation to PNAs and the policy background to PNAs can be found in Appendix A, however in summary the Health Board must:

- Publish its first PNA by 1<sup>st</sup> October 2021
- Publish revised statements (i.e. subsequent PNAs), on a five yearly basis, which comply with the regulatory requirements
- Publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes
- Produce supplementary statements which explain changes to the availability of pharmaceutical services in certain circumstances

### 1.3 Pharmaceutical services

The services that a PNA must include are defined within both the National Health Service (Wales) Act 2006<sup>1</sup> and the NHS (Pharmaceutical Services) Regulations 2020<sup>2</sup>.

<sup>1</sup> National Health Service (Wales) Act 2006 <https://www.legislation.gov.uk/ukpga/2006/42/contents>

<sup>2</sup> NHS (Pharmaceutical Services) Regulations 2020 <https://gov.wales/sites/default/files/consultations/2019-09/consultation->



Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the Health Board
- A dispensing appliance contractor who is included in the pharmaceutical list held for the area of the Health Board
- A doctor or GP practice that is included in a dispensing doctor list held for the area of the Health Board

Each Health Board is responsible for preparing, maintaining and publishing its lists. In Hywel Dda UHB there are 98 pharmacies, 6 dispensing practices and no dispensing appliance contractors.

Contractors may operate as either a sole trader, partnership or a body corporate. The Medicines Act 1968 governs who can be a pharmacy contractor, but there is no restriction on who can operate as a dispensing appliance contractor.

### 1.3.1 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, Dentists and Optometrists, Hywel Dda UHB does not hold signed contracts with the pharmacy contractors in its area. Instead they provide services under a contractual framework, sometimes referred to as the Community Pharmacy Contractual Framework, details of which (the terms of service) are set out in schedule 5 of the NHS (Pharmaceutical Services) Regulations 2020, the Pharmaceutical Services (Advanced and Enhanced Services) (Wales) Directions 2005<sup>3</sup>, and the Pharmaceutical Services (Advanced Services) (Appliances) (Wales) Directions 2010<sup>4</sup>.

Pharmacy contractors provide three levels of service that fall within the definition of pharmaceutical services and the community pharmacy contractual framework. They are:

- Essential services – all pharmacies must provide the following services or activities:
  - Dispensing of prescriptions including urgent supply of a drug without a prescription
  - Dispensing of repeatable prescriptions
  - Disposal of unwanted drugs
  - Promotion of healthy lifestyles
  - Public Health Campaigns
  - Signposting
  - Support for self-care
- Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services, they must meet certain requirements and must also be fully compliant with the essential services and clinical governance requirements. The advanced services currently offered in Hywel Dda UHB are:

[document\\_2.pdf#:~:text=The%20National%20Health%20Service%20%28Pharmaceutical%20Services%29%20%28Wales%29%20Regulations,National%20Health%20Service%20pharmaceutical%20services%20against%20th at%20assessment.](#)

<sup>3</sup> Pharmaceutical Services (Advanced and Enhanced Services) (Wales) Directions

<https://gov.wales/pharmaceutical-services-advanced-and-enhanced-services-wales-amendment-directions-2015-0#description-block>

<sup>4</sup> Pharmaceutical Services (Advanced Services) (Appliances) (Wales) Directions 2010

<https://gov.wales/sites/default/files/publications/2019-07/the-pharmaceutical-services-advanced-services-appliances-wales-directions-2010-2010-no-13.pdf>

- Medicines use review and prescription intervention services (more commonly referred to as the medicines use review or MUR service)
- Discharge medicines review service (DMR service)

There are two other services, which are not provided in Hywel Dda UHB currently, these are:

- Stoma customisation service
- Appliance use reviews
- Enhanced services – service specifications for this type of service are developed by the Health Board and then commissioned to meet specific health needs. There are national enhanced services and local enhanced services, which are developed to meet local needs. In Hywel Dda UHB the following national enhanced services are available:
  - Care Home Service
  - Emergency Contraception
  - Emergency Medicines Supply
  - Common Ailment Service
  - Needle and Syringe Exchange
  - Just in Case Pack Scheme
  - Rota service (additional opening hours)
  - Blood Borne Virus Screening Service
  - Stop Smoking Service Level 2 and 3
  - Supervised Administration Service
  - Sore Throat Test & Treat
  - Independent Prescribing Service
  - Influenza Vaccination service
  - Patient Sharps
  - Respiratory Service

And the following local enhanced services

- Triage + Treat
- Anticoagulation Service
- Palliative Care Medication Service

The Health Board has also been developing Pharmacy Walk-In Centres, these pharmacies offer a range of enhanced services and are open a minimum of six days per week.

Further information on the essential, advanced and enhanced services within Hywel Dda UHB can be found in Section 5 and regulation requirements are detailed in appendices B, C and D respectively.

Underpinning the provision of all of these services is the requirement on each pharmacy contractor to participate in a system of clinical governance. This system is set out within the NHS (Pharmaceutical Services) Regulations 2020 and includes:

- ▶ A patient and public involvement programme
- ▶ A clinical audit programme
- ▶ A risk management programme
- ▶ A clinical effectiveness programme
- ▶ A staffing and staff management programme
- ▶ An information governance programme
- ▶ A premises standards programme

Pharmacies are required to open for not less than 40 hours per week, and these are referred to as core opening hours, but many choose to open for longer and these additional hours are

referred to as supplementary opening hours. At the introduction of the National Health Service (Pharmaceutical Services) (Wales) Regulations 2005 any pharmacy that had previously opened for less than 40 hours per week were allowed to retain those opening hours. Under the NHS (Pharmaceutical Services) Regulations 2020, it is possible for pharmacy contractors to apply to open a pharmacy with a greater number of core opening hours in order to meet a need identified in a PNA.

The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens these form the pharmacy's contracted opening hours. The contractor can subsequently apply to change their core opening hours and the Health Board will assess the application against the needs of the population of its area as set out in the PNA to determine whether to agree to the change in core opening hours or not. If a pharmacy contractor wishes to change their supplementary opening hours, they simply notify the Health Board of the change, giving at least 3 months' notice.

### 1.3.2 Pharmaceutical services provided by dispensing appliance contractors

Hywel Dda UHB does not hold contracts with dispensing appliance contractors. Their terms of service are set out in schedule 6 of the NHS (Pharmaceutical Services) Regulations 2020 and in the Pharmaceutical Services (Advanced Services) (Appliances) (Wales) Directions 2010.

Dispensing appliance contractors provide the following services for appliances (not drugs), for example catheters and colostomy bags, which fall within the definition of pharmaceutical services:

- Dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription
- Dispensing of repeatable prescriptions
- Home delivery service for some items
- Supply of appropriate supplementary items (e.g. disposable wipes and disposal bags)
- Provision of expert clinical advice regarding the appliances, and
- Signposting

They may also choose to provide advanced services. If they do choose to provide them then they must meet certain requirements and must also be fully compliant with their terms of service and the clinical governance requirements. The two advanced services that they may provide are:

- Stoma appliance customisation
- Appliance use reviews

As with pharmacies, dispensing appliance contractors are required to participate in a system of clinical governance. This system is set out within the NHS (Pharmaceutical Services) (Wales) Regulations 2020 and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme,
- An information governance programme, and
- A premises standards programme.

Further information on the requirements for these services can be found in appendix E.



Dispensing appliance contractors are required to open not less than 30 hours per week and these are referred to as core opening hours. They may choose to open for longer and these additional hours are referred to as supplementary opening hours. Under the NHS (Pharmaceutical Services) (Wales) Regulations 2020 it is possible for dispensing appliance contractors to successfully apply to open premises with a greater number of core opening hours in order to meet a need identified in a Pharmaceutical Needs Assessment.

The proposed opening hours for each dispensing appliance contractor are set out in the initial application, and if the application is granted and the dispensing appliance contractor subsequently opens then these form the dispensing appliance contractor's contracted opening hours. The contractor can subsequently apply to change their core opening hours. The Health Board will assess the application against the needs of the population of its area as set out in the Pharmaceutical Needs Assessment to determine whether to agree to the change in core opening hours or not.

The majority of patients in Hywel Dda UHB receive their appliances via the relevant specialist service, e.g. Specialist Stoma Service and Cobweb Continence Service.

Some patients opt to have their appliance prescribed by a GP. The prescription will either be sent directly to a supplier or to a community pharmacy to dispense.

### 1.3.3 Pharmaceutical services provided by doctors

The NHS (Pharmaceutical Services) Regulations 2020 allow doctors to dispense to eligible patients in certain circumstances. The regulations are complicated on this matter but in summary:

- Patients must live in a 'controlled locality' (an area which has been determined by the Health Board or a preceding organisation as rural in character, or on appeal by the Welsh Ministers), more than 1.6km/1 mile (measured in a straight line) from a pharmacy
- Their practice must have premises approval and consent to dispense to that area

There are some exceptions to this, for example patients who have satisfied the Health Board that they would have serious difficulty in accessing a pharmacy by reason of distance or inadequacy of means of communication.

### 1.4 Other NHS services

Other services, which are commissioned or provided by Hywel Dda UHB, which affect the need for pharmaceutical services are also included within the PNA. For example; hospital pharmacies, minor injuries units, sexual health clinics etc.

## 1.5 How the assessment was undertaken

### 1.5.1 PNA steering group

Hywel Dda UHB has overall responsibility for the publication of the PNA, and the Director of Primary Care, Community and Long Term Care is accountable for its development. Hywel Dda UHB established a PNA Steering Group whose purpose was to ensure that the development of a robust PNA that complies with the NHS (Pharmaceutical Services) Regulations 2020 and meets the needs of the local population. The membership of the Steering Group ensured all the main stakeholders were represented and can be found in Appendix F.

### 1.5.2 PNA localities

The localities that have been used for the PNA match the boundaries of the 7 Primary Care clusters within Hywel Dda UHB, namely:

- Amman Gwendraeth
- Llanelli
- Tywi Taf
- North Pembrokeshire
- South Pembrokeshire
- North Ceredigion
- South Ceredigion

Definition of clusters. *“A cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities.”*

Clusters are central to delivering the Primary Care Model for Wales and developing the links to the Regional Partnership Boards and the wider community infrastructure to support Health and well-being care and deliver the quadruple aims of ‘A Healthier Wales’.

Health planning is done on a cluster basis with each cluster producing a 3 yearly Integrated Medium Term Plan (IMTP) which is reviewed annually. The IMTP includes population needs assessments and an asset profile for each cluster, these help to plan services on a population needs basis.

Community Pharmacy is one of the Primary Care contractors and therefore a relevant provider of services within a cluster.

### 1.5.3 Public Engagement

In order to gain the views of the public on pharmaceutical services, a questionnaire was developed and made available on-line with options to complete a paper form or over the telephone from 12<sup>th</sup> of November 2020 to the 10<sup>th</sup> of December 2020. The survey was promoted through the Health Boards website, on all social media platforms, and a press release was issued encouraging participation.

Each pharmacy was provided with 20 paper versions of the questionnaire (1980 sent out in total) with a freepost envelope for issue to patients, and 100 flyers (9900 in total) were provided to be attached to prescription bags with QR codes to link to the survey as well as the website address for completion, and a contact number to request a paper version. Additional paper questionnaires and flyers were offered to all pharmacies 2 weeks into the engagement period, but none were requested.

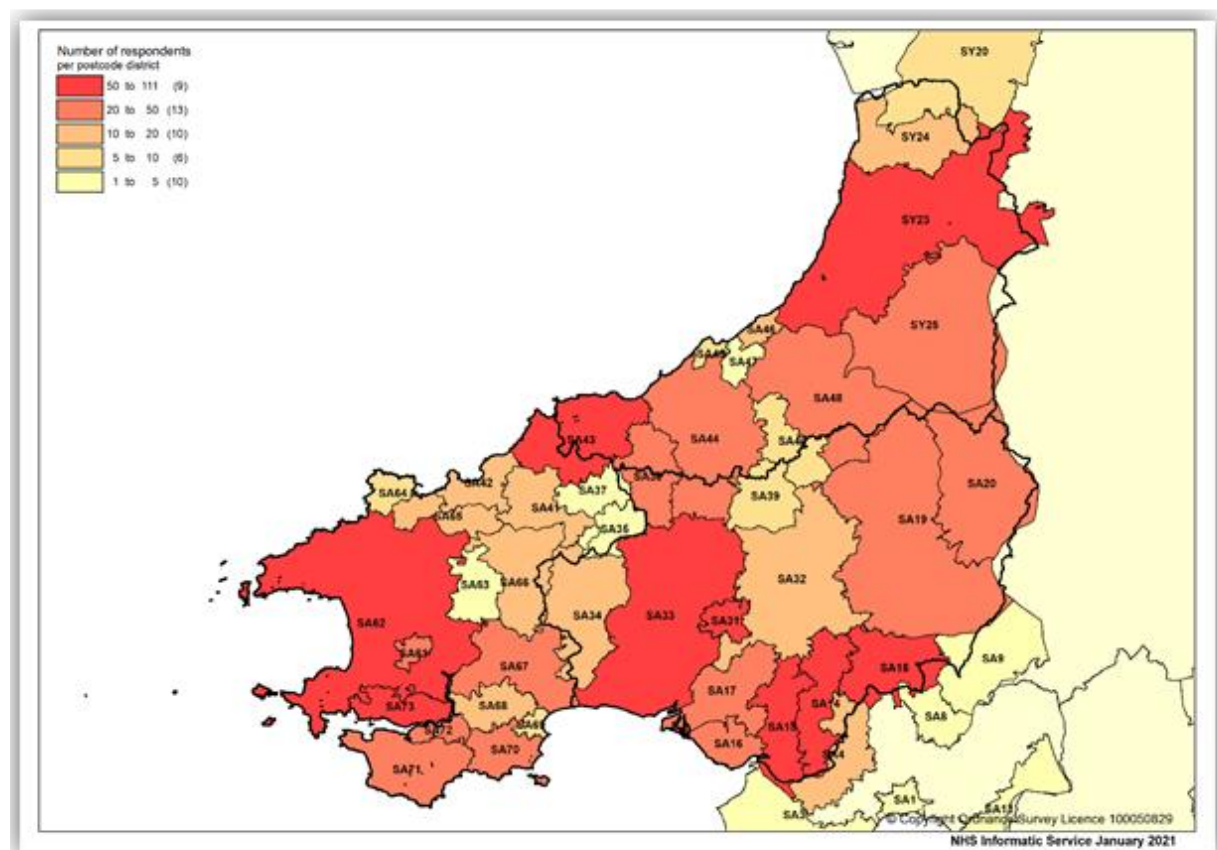
The survey was also sent to a wide range of stakeholders by the Health Boards Patient Engagement Team. This included 1,100 paper versions, to stakeholders such as Siarad Iechyd/Talking Health Members, Town and Community Councils, Care Homes, Nurseries, Colleges, Women’s Institutes, etc. and nearly 1,100 by email to stakeholders such as Siarad Iechyd/Talking Health Members, County Voluntary Councils, Youth Councils, Young Farmers, Community Transport, 50+ Forums, Merched y Wawr, Housing Associations etc.

A copy of the public survey can be found in Appendix G and the full results can be found in Appendix H.

There were 1,370 responses to the Public Engagement survey, 937 were completed online and 433 completed paper versions. 40 people completed the Welsh version of the survey.

### About the respondents

Responses were received from people living across the Health Board area, which was evidenced by the postcodes provided. The heat map below shows the location of those who responded based on the postcode district they live in.



In relation to the people who responded to the questionnaire;

- 66.8% are female, 22.8% are male and 10.4% indicated other or preferred not to say
- The age categories for the largest number of respondents were aged 46-64 years (39.47%) followed closely by 65-79 years (34.87%).

### Summary of responses to questions on pharmaceutical services

The main reason for visiting a pharmacy was to get a prescription for themselves or someone else, selected by 1,181 respondents. 641 respondents indicated they use pharmacies to purchase medicines and 540 respondents used pharmacies to obtain advice (more than one answer could be given).

In response to the question regarding receiving deliveries the highest response was 'not applicable', 314 indicated that they received deliveries and a number of reasons were provided. 61% of respondents were aware that delivery of medication was not an NHS funded service.

The survey gauged the level of knowledge of a range of pharmacy enhanced services.

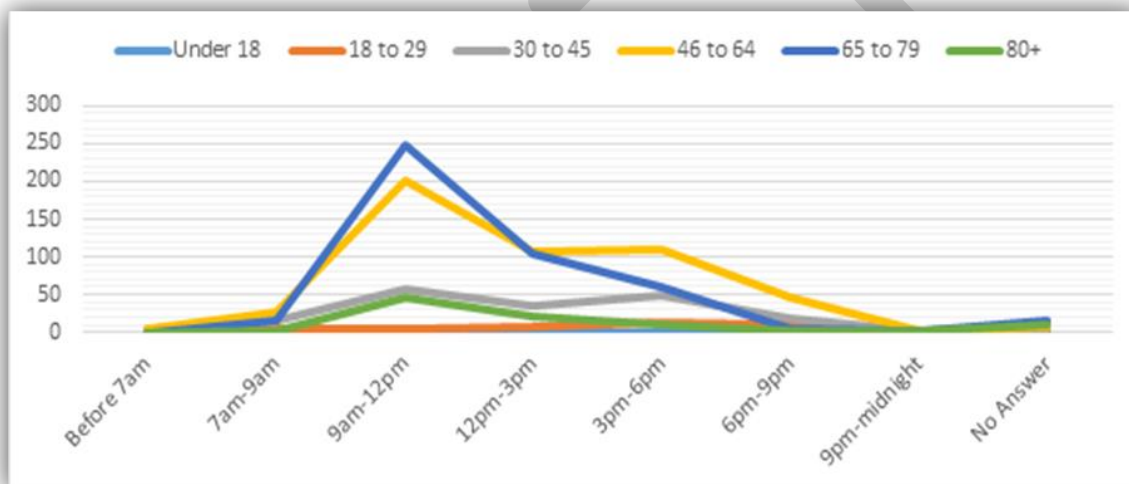
- At least 50% of respondents were aware that pharmacies offered all 6 national enhanced services listed in the survey (Common Ailments, Emergency contraception, Emergency Medication Supply, Influenza Vaccinations, Smoking Cessation services and Needle Exchange)
- 84% were aware of the Common Ailments Service
- 86% were aware that community pharmacy offered Influenza Vaccinations

90% of respondents reported being aware, that unwanted / unused medication could be returned to a pharmacy for safe disposal.

The most convenient day to visit a pharmacy was Friday (59.2%) with Tuesday being the least convenient (52.6%), though there was little difference between the other weekdays.

The most convenient time to visit a pharmacy was between 9.00am and 6.00pm (87% of respondents). Even when taking into account the age categories of respondents the peak times for access was between 9.00am – 12.00pm and to a smaller degree, the 3.00pm – 6.00pm (see figure 1.5.1).

### 1.5.1 - Most convenient time to access a pharmacy by age



73% indicated they always use the same pharmacy, with only 2% stating they always use different pharmacies, 25% said that they use different pharmacies but would prefer to use one most often. Overwhelmingly, the responders preferred to use a regular pharmacy.

The most common criteria for choosing a pharmacy was stated as:

- Being close to home or work location – 810
  - Being close to a person's GP practice - 745
  - Collection of prescription service from GP practices - 722
  - The provision of good advice and information – 599
- (Multiple selections could be made)

Respondents noted the length of travel time to a pharmacy as being:

- Less than 5 minutes for 26%
- 5-15 minutes for 52%
- 15-30 minutes for 20%
- 30 minutes or more for 2%



Most respondents travel to the pharmacy by car (74%) with the next highest selected option being on foot (22%). 66% felt able to discuss something privately with a pharmacist, 22% said that they had never needed to. Only 8% said that they would not be comfortable. 504 people provided comments on pharmacy services. 322 of these comments were complimentary about pharmacy services, 61 were general comments, for example:

- Medication delivery should be part of NHS service
- Pharmacy needed in "X" location
- Would be useful to have an appointment system
- Need more pharmaceutical services through the medium of Welsh

A small sample of positive comments are listed below (comments are shown as written). The full list can be seen in Appendix H.

- Extensive and efficient services. An very grateful for their unfailing help and kindness
- They are very very helpful. We would be lost without them, as we are elderly
- I can't praise my pharmacy enough they have been fantastic over the last 4 and a half years during really difficult times for me. Always helpful, friendly and reliable
- Professional service at all times. Polite caring staff, who offer support and comfort to myself and family over many years. Work quickly and efficiently to meet patients needs when home/ returning from hospital. Also to obtain personal care items.
- They are very knowledgeable, will always make sure medication needs take priority. Have been so caring and supportive during lock down

121 comments were negative and the key themes were:

- Lunch time closures being inconvenient
- Need for longer opening hours for people that work
- Poor customer services
- Stock issues and missing items
- Staffing levels at pharmacies

Analysis of the responses from the public engagement exercise evidenced that pharmacies and the services they offer are well regarded and valued by the public. There was a reasonable level of knowledge of the services offered, though 39% did not know that delivery of medication was not part of the NHS pharmacy services. There was a clear preference to use a regular pharmacy and the most convenient time to access pharmacy services was on weekdays between 9.00am and 6.00pm.

Whilst a number of negative comments were made many of these were outside of the Health Boards remit.

#### 1.5.4 Contractor engagement

##### Pharmacy contractors

A questionnaire for pharmacy contractors was issued via NHS Wales Shared Services Partnership as part of the annual All Wales Pharmacy Database (AWPD) validation exercise. The AWPD validation exercise requires all pharmacy contractors to confirm the accuracy of information held on the database, including opening hours and services offered. An approach was taken for the questionnaire to only ask contractors for information that could not be sourced elsewhere.

A copy of the pharmacy contractor questionnaire can be found in Appendix I.

The online pharmacy contractor questionnaire was open from 18<sup>th</sup> November 2020 to the 20<sup>th</sup> of December 2020 and the results are summarised below.

All 99 pharmacies in Hywel Dda UHB responded, resulting in a response rate of 100%. 1 pharmacy has closed since the contractor engagement was completed.

The Health Board is grateful for the support of Community Pharmacy Wales in encouraging contractors to complete the questionnaire.

The key highlights from the pharmacy contractor questionnaire are detailed below:

- 95 out of the 99 pharmacies confirmed that the pharmacy premises was accessible by wheelchair
- 99 pharmacies confirmed they have a consultation area
- 81 pharmacies confirmed the consultation room had wheelchair access

As a result of feedback from the consultation a subsequent request was made to ascertain how many pharmacies had hearing loops available for use;

- 53 of the 98 pharmacies confirmed that a hearing loop was available for use within the pharmacy

Since April 2005, consultation rooms have become increasingly common in pharmacies, as they are a pre-requisite for providing some advanced and enhanced services. The standards required of a consultation area are;

- An area distinct from the general public area of the pharmacy (and designated as a private area)
- An area where both the patient and pharmacist can sit down together
- An area where both the patient and pharmacist are able to speak at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy

Pharmacies were asked if their consultation area met these standards:

- 96 pharmacies declared that their consultation areas were clearly designated for confidential consultations, distinct from the general public areas of the pharmacy
- 97 pharmacies declared that both the patient and pharmacist can sit down together
- 96 pharmacies declared that the patient and pharmacist are able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy

In addition, 96 pharmacies confirmed that the area was in a closed room and 3 pharmacies noted alternative arrangements for confidential discussions.

40 pharmacies provided information on languages other than English that are spoken by staff:

- Welsh - 38 pharmacies
- Welsh/Dutch – 1 pharmacy
- German - 1 pharmacy

Whilst pharmacies are required to dispense all valid NHS prescriptions for drugs, they can elect which appliances they wish to provide “in the normal course of business”. Items covered by the term appliances can include dressings, incontinence appliances and stoma appliances.

- 84 pharmacies indicated they dispense all types of appliances
- 11 pharmacies dispense dressings only
- 4 pharmacies dispense no appliances

As was evidenced in the public engagement analysis the collection of prescriptions from a surgery by their pharmacy was a high determining factor in choice of pharmacy. From the pharmacy contractor survey responses, 99 pharmacies confirmed that collection of prescriptions from GP Practices was offered as a private free of charge service.

From the public engagement questionnaire, the majority of respondents (919) did not have medication delivered, but for many residents this would be a vital service.

- 63 pharmacies said that they provide delivery of dispensed medicines as a private free of charge service on request
- 11 indicated that it was a private chargeable service.

Of those that did offer a private free of charge delivery service, 26 noted that it would be for specific patient groups only and 11 noted that it covered only a limited area.

The specific patient groups listed were:

- Clinical need/Mobility issues
- Elderly and infirm
- Vulnerable and those shielding due to COVID-19
- People unable to get to the pharmacy

It should be noted that the delivery of medicines is not an NHS funded service.

The range of services offered by community pharmacies has increased over the last 5 years and is likely to continue increasing as more services are developed which can be delivered within local communities. The pharmacy contractor survey aimed to determine the current level of capacity within community pharmacies:

- 83 pharmacies said that they had sufficient capacity within their existing premises and staffing levels to manage the increase in demand in their area
- 12 stated that they don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand
- 4 said that they didn't have sufficient premises and staffing capacity and would have difficulty managing an increase in demand

The 4 pharmacies that noted difficulty in managing an increase in demand were located in the following localities:

- Tywi Taf – 1 pharmacy
- North Ceredigion – 1 pharmacy (*this pharmacy has subsequently closed - January 2021*)
- North Pembrokeshire – 2 pharmacies

A number of pharmacies noted plans to develop or expand service provision, within the comments 10 mentioned improving premises and/or consultation room, 22 mentioned expanding service provision and 14 specifically mentioned providing IP services.



In response to the question on the need for existing enhanced services currently not provided in their area. The following services were listed:

- Independent Prescribing
- Rota Hours (additional hours of opening for later appointments at GP practice)
- Medicines Management / Medicines Review
- Sore Throat Test & Treat
- Inhaler Review
- Triage & Treat

In response to the question regarding the need for new enhanced services which are not currently provided. 14 pharmacies responded with the following suggestions (some provided more than one):

- NHS Cystitis Test/UTI Service
- Weight Management
- Blood Pressure Monitoring (and Atrial Fibrillation detection) - due to an increase demand in patients requesting
- Monitored dosage system (MDS) Service
- Delivery Driver Enhanced Service (to monitor a cohort of vulnerable elderly patients and highlight early deterioration)
- Mental Health counselling and advice
- Treatment of Ear Infections
- Travel Clinics
- COVID-19 Vaccination
- Quick start contraception service
- Treatment of impetigo and mild cellulitis
- Nasal Carriage of Staphylococci (Naseptin/Bactroban Nasal) PGD

The suggested services offer an insight into the types of requests or need that pharmacy staff observe when interacting with the local communities. Many of the services listed are included in short to medium term plans for the Health Board and the involvement of community pharmacies. In particular:

- Roll out of UTI testing (already included in Acute Conditions Independent Prescribing Service, offered by 3 pharmacies)
- On-going discussions with the 3 local authorities on the use and future of MDS services
- Delivery Driver Service – small scale pilot to highlight changes in vulnerable patients commencing in Pembrokeshire
- COVID-19 vaccinations plans highly likely to include community pharmacies

The pharmacy contractor questionnaire responses evidenced that there is a high number of pharmacies with consultations areas, these are vital for the provision of certain enhanced services and to support an increase in the range of services that pharmacies could be commissioned for in the future. The responses also confirmed that the majority of pharmacies (95) have capacity to manage or make adjustments to manage an increase in demand for pharmaceutical services.

### Dispensing GP Practices

A questionnaire was issued to the 6 dispensing GP practices within Hywel Dda UHB. The approach was taken to only ask contractors for information that could not be sourced elsewhere.

The questionnaire was open from 16<sup>th</sup> of November 2020 for four weeks and all 6 dispensing practices completed the questionnaire, resulting in a response rate of 100%.

A copy of the questionnaire can be found in Appendix J.

2 of the dispensing practices operate more than 1 dispensary as they have branch locations. Where a question relates to premises, the responses are collated for the 8 individual sites. Practices were asked to confirm the opening times of their dispensary. The full details of these can be found in Section 5.1.2.

The key highlights from the dispensing GP practice questionnaire are detailed below.

GP Practices were asked whether appliances were dispensed from their dispensaries:

- All types of appliances were dispensed from 3 dispensaries (2 practices)
- 4 sites don't dispense stoma and incontinence appliances
- 1 practice doesn't dispense any appliances

Only 1 dispensing practice offers a delivery and this is restricted to 1 day a week at specified community locations. The other 5 dispensing practices do not offer a delivery service.

5 dispensing practices noted Welsh as a language spoken in the premises in addition to English.

The practices were asked about whether they had capacity within their dispensing service to meet increasing demand for health services. The responses were as follows:

- 2 practices have sufficient capacity within their existing premises and staffing levels to manage an increase in demand
- 3 practices don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand
- 1 practice doesn't have sufficient premises and staffing capacity and would have difficulty managing an increase in demand

The dispensing practices were asked to provide details of any other activities provided that relate to dispensing services. Responses included the following activities:

- MAR Charts (3)
- Just in Case packs/Anticipatory Prescribing (3)
- Royal Mail 48 hour delivery service
- Issue and receive patient sharps (4)
- Patient Sharp dispensing but not return
- Medicines Waste Service (2)
- Dosette Boxes (3)
- "Specials"
- Made to measure stockings
- Dressings
- Medication Reviews (2)
- Appliances for diabetic patients

There is sufficient capacity within the existing dispensing GP practices to manage any potential increase in demand for essential pharmaceutical services during the lifespan of the PNA.

### 1.5.5 Other sources of information

Data on enhanced service activity for Pharmacies was sourced from systems, which gather service activity. These included the Choose Pharmacy platform, National Electronic Claim & Audit Form (NECAF) and paper claims. Prescribing and dispensing data was obtained from NHS Wales Shares Services Partnership. Other health related data was sourced from the Public Health Wales Observatory and from Cluster IMTPs. Population, Deprivation and drive time mapping was provided by NHS Wales Informatics Service (NWIS).

### 1.5.6 Consultation

The responses to the patient and public engagement and contractor questionnaires informed the draft pharmaceutical needs assessment.

The statutory 60 day consultation on the draft pharmaceutical needs assessment commenced on the 7<sup>th</sup> May 2021 and ran until the 6<sup>th</sup> July 2021. The statutory consultees were written to regarding the consultation, provided with a link to the Health Boards engagement website where the draft pharmaceutical needs assessment was published and invited to respond online.

A report of the consultation including any changes to the pharmaceutical needs assessment can be found at appendix K.

## 2. Overview of Hywel Dda University Health Board

Hywel Dda UHB includes the unitary authorities of Carmarthenshire, Ceredigion and Pembrokeshire. Hywel Dda UHB covers a quarter of the landmass of Wales and is the second most sparsely populated Health Board area. The overall population density is 67.0 people per square kilometre with the most sparsely populated county being Ceredigion (41 people per square kilometre).



**Carmarthenshire** is mainly an agricultural county, apart from the south eastern region which includes Llanelli and towns in the Amman and Gwendraeth Valleys, which are situated on the South Wales coalfields. This part of Carmarthenshire was once heavily industrialised with coal mining, steel making and tin-plating.

The opencast mining activities in this region have now ceased, however the old mining settlements remain and some of the long-term health outcome for these industries are still reflected in the morbidity and mortality data for this region.

In the north of the county, the economy depends on agriculture, forestry, fishing and tourism. County towns in the more agricultural part of the county still hold regular livestock markets.

**Ceredigion** corresponds to the historic county Cardiganshire and is considered to be the centre of Welsh culture. The county is mainly rural with over 50 miles of coastline and a mountainous hinterland. While historically, there was an industrial economy in Ceredigion based on the extraction and shipping of raw materials the economy today is dependent on agriculture and tourism.



CYNGOR SIR  
**CEREDIGION**  
COUNTY COUNCIL

The University towns of Aberystwyth and Lampeter have a considerable impact on the population of 20-24 year olds in the county with 9% of the population in this age group compared to approximately 5% in Carmarthenshire and Pembrokeshire.



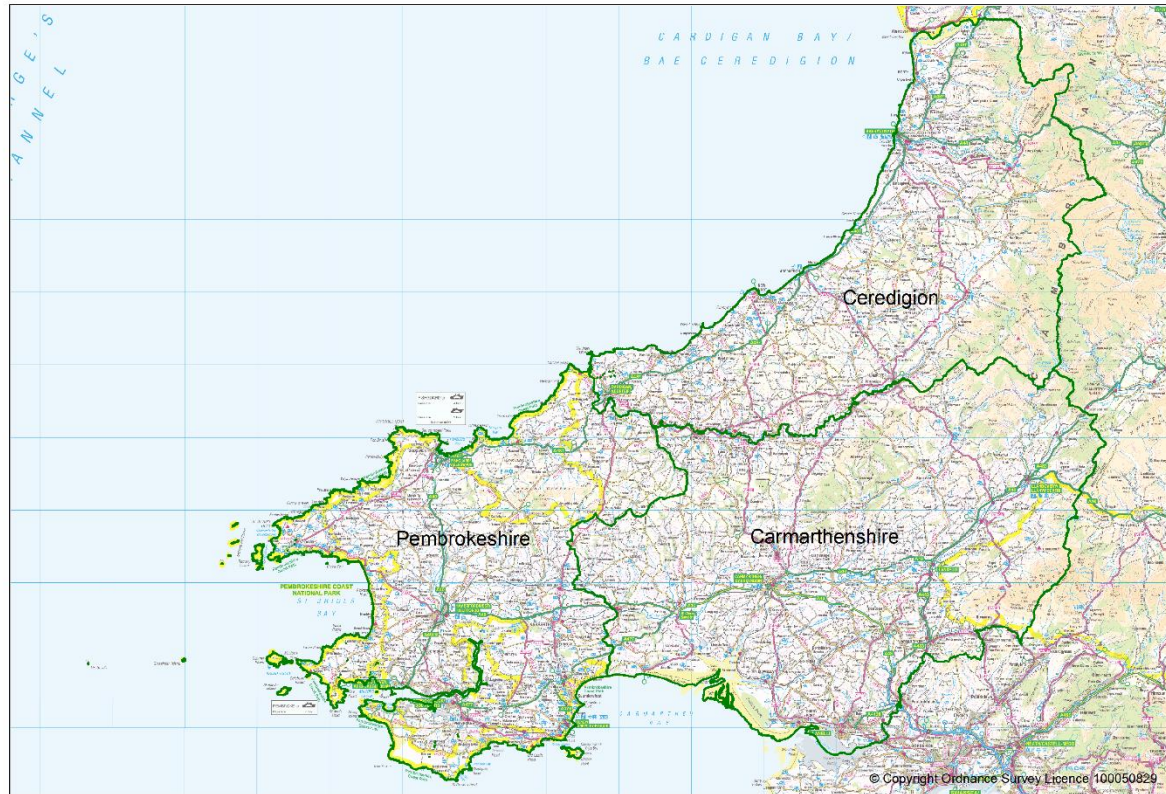
**Pembrokeshire** is bordered by Carmarthenshire to the east, Ceredigion to the northeast, and the sea everywhere else. The county is home to Pembrokeshire Coast National Park, the only national park in the United Kingdom established primarily because of the coastline. The Park occupies more than a third of the area of the county and includes the Preseli Hills in the north as well as the 190 mile (310 km) Pembrokeshire Coast Path.

The economic base of the county is focused on agriculture (86 % of land use), oil and gas, and tourism. Pembrokeshire beaches have won many awards. The county has a diverse geography with a wide range of geological features, habitats and wildlife. Its prehistory and modern history have been extensively studied, from tribal occupation, through Roman times, to Welsh, Irish, Norman, English, Scandinavian and Flemish influences.

*A map illustrating the Hywel Dda UHB area and the 3 counties of Carmarthenshire, Ceredigion and Pembrokeshire is illustrated below:*



Hywel Dda University Health Board



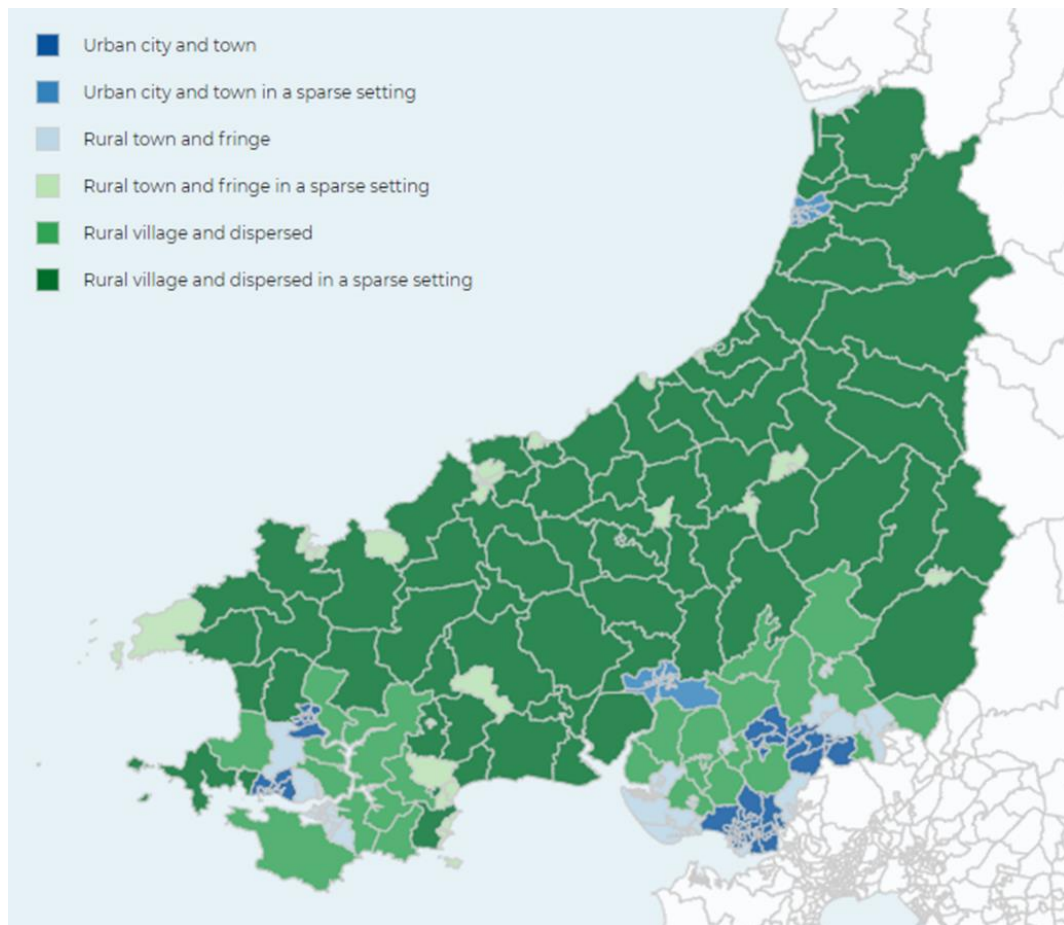
## 2.2 Population

Latest population estimates (mid-2019, Office for National Statistics) for the Hywel Dda UHB area put the total population at 387,284 this represents a small increase (0.5%) over 2018 and a 2.2% increase in the period 2009-2019. Pembrokeshire has experienced the largest population growth in the period 2009-2019 of 10.1%, Carmarthenshire has grown by 8.0% and the overall population in Ceredigion has decreased by 3.7%.

Figure 2.2.1 provides an overview of the rural-urban classification for Hywel Dda UHB by Lower Super Output Areas (LSOA). Much of the area is categorised as 'rural village and dispersed in a sparse setting.' In Carmarthenshire, Llanelli and the old mining communities of Gorslas, Betws, Tycroes, Saron, Penygroes and part of Llannon are classified as 'urban city or town' while Carmarthenshire is classified as an 'urban city and town in a sparse setting.'

Milford, Merlin's Bridge and Haverfordwest are the only areas of Pembrokeshire classified as an 'urban city and town' with many of the other areas along the coast being classified as rural towns or villages on the fringe of a sparse setting. In Ceredigion, Aberystwyth and the surrounding communities of Faenor, Penglais, Llanbadarn Fawr are classified as an urban city and town in a sparse setting. All other areas apart from Lampeter, Aberaeron, New Quay and Llanybydder are classified as rural villages and dispersed populations in sparse settings.

**Figure 2.2.1 Rural Urban Classification of the population of Hywel Dda UHB.<sup>5</sup>**

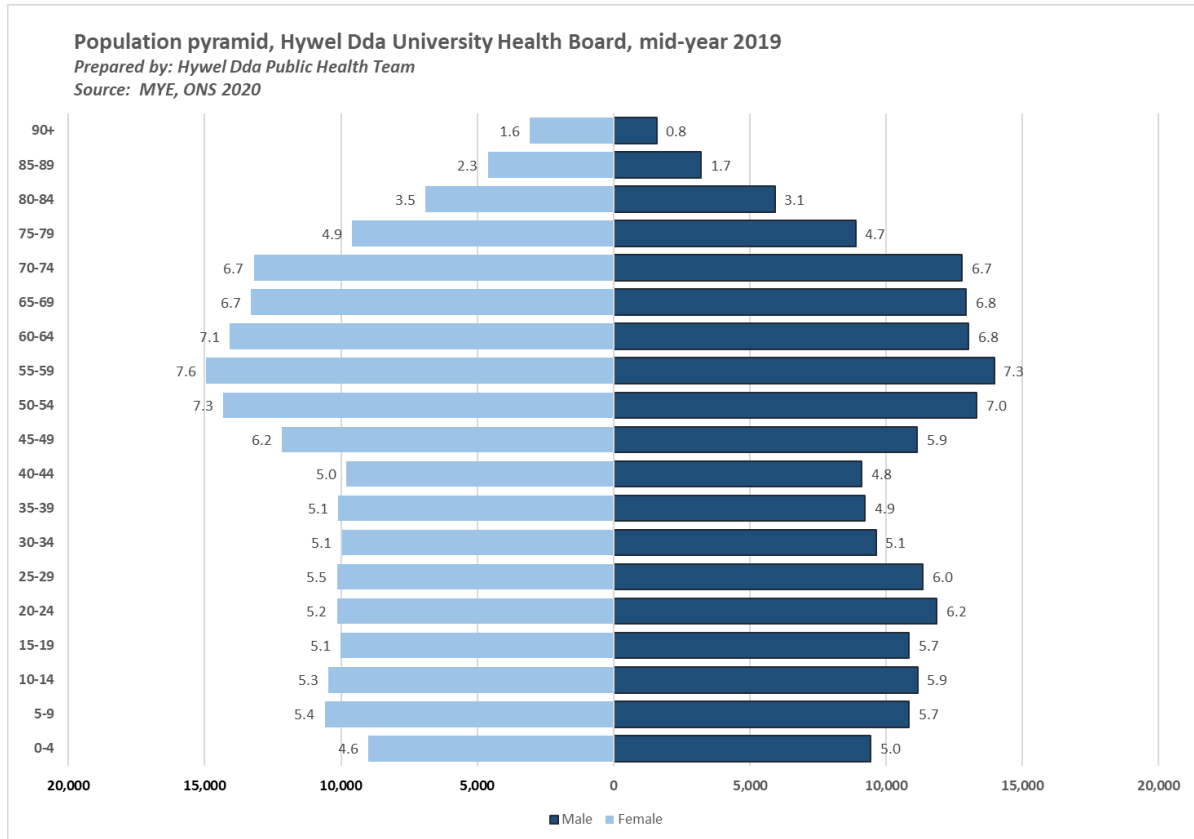


48% of the Hywel Dda UHB population live in Carmarthenshire (188,771) with 32.5% (125,818) living in Pembrokeshire and 18.8% (72,695) living in Ceredigion.

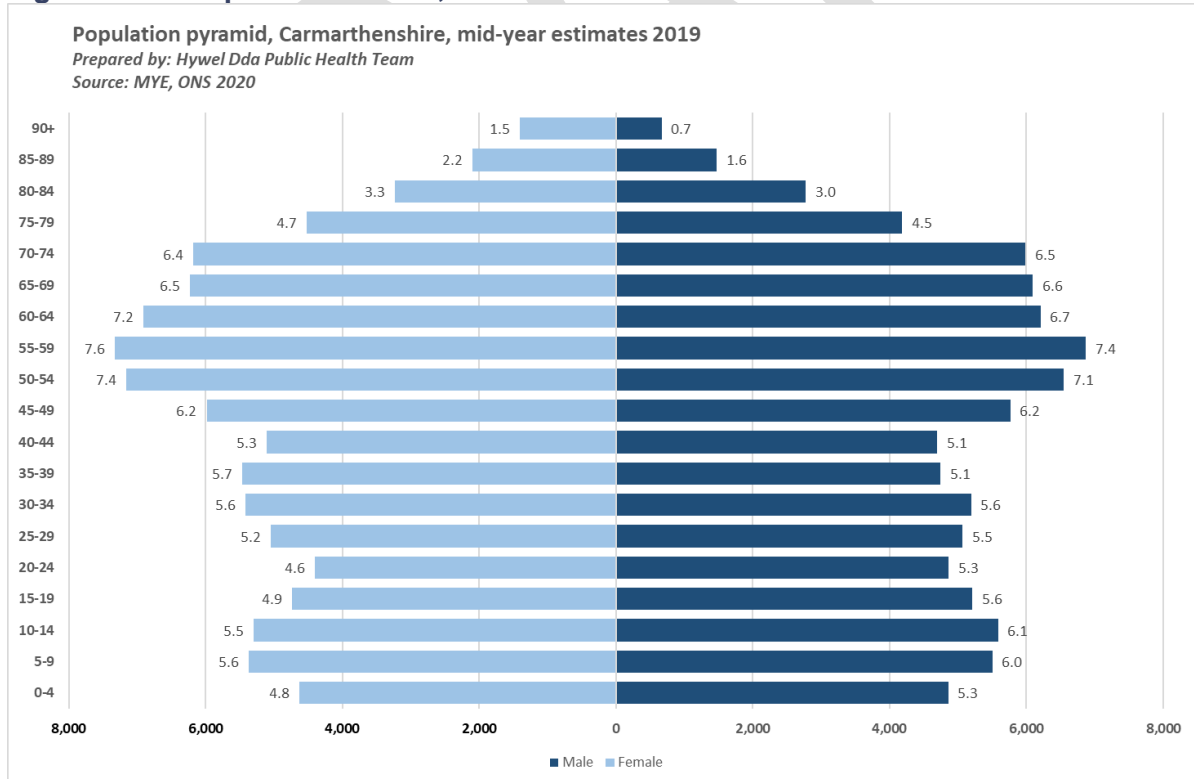
The age structure of the population varies across the 3 counties with the most notable difference in Ceredigion where just over 9% of the population are aged 20-24 years compared to 4.7% in Pembrokeshire and 4.9% in Carmarthenshire. This difference is due to the university-aged population, primarily based in Aberystwyth (See Figures 2.2.2 to 2.2.5, below).

<sup>5</sup> Office for National Statistics (ONS) Rural Urban Classification

**Figure 2.2.2 Population Profile, Hywel Dda UHB**

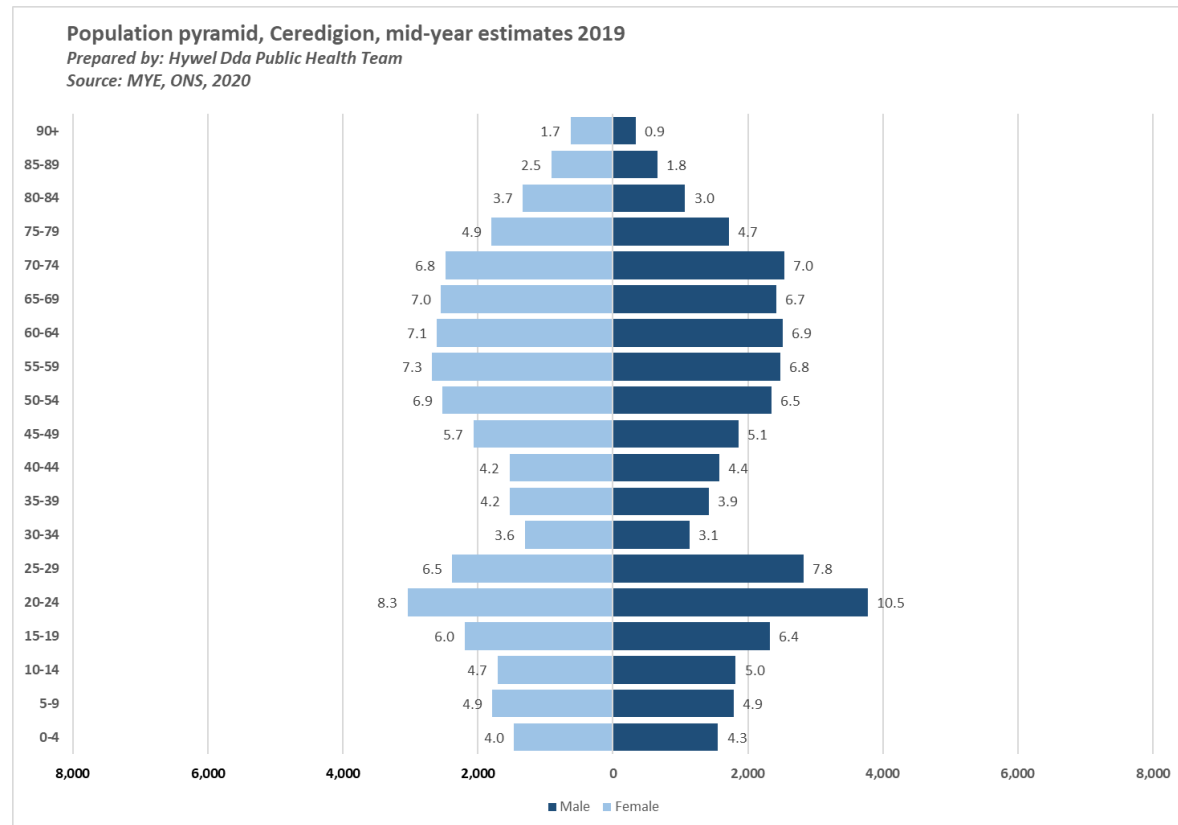


**Figure 2.2.3. Population Profile, Carmarthenshire**

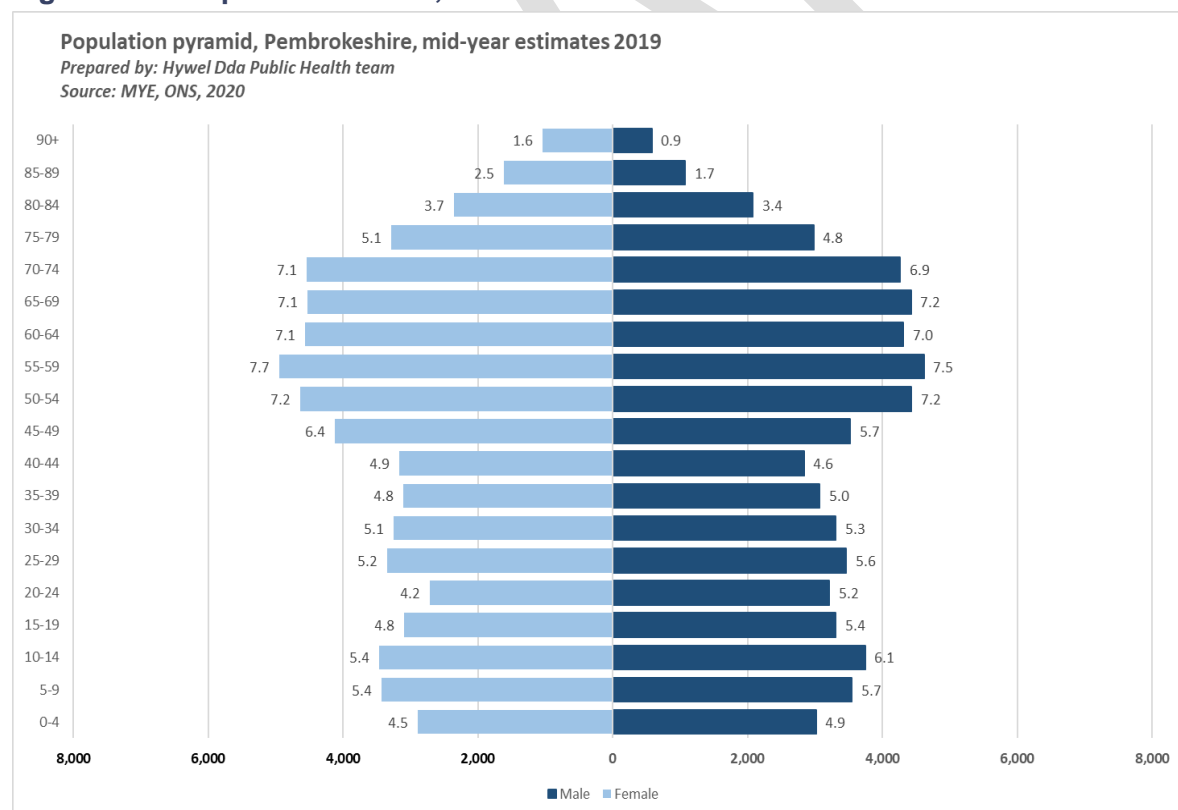




**Figure 2.2.4 Population Profile, Ceredigion**



**Figure 2.2.5 Population Profile, Pembrokeshire**



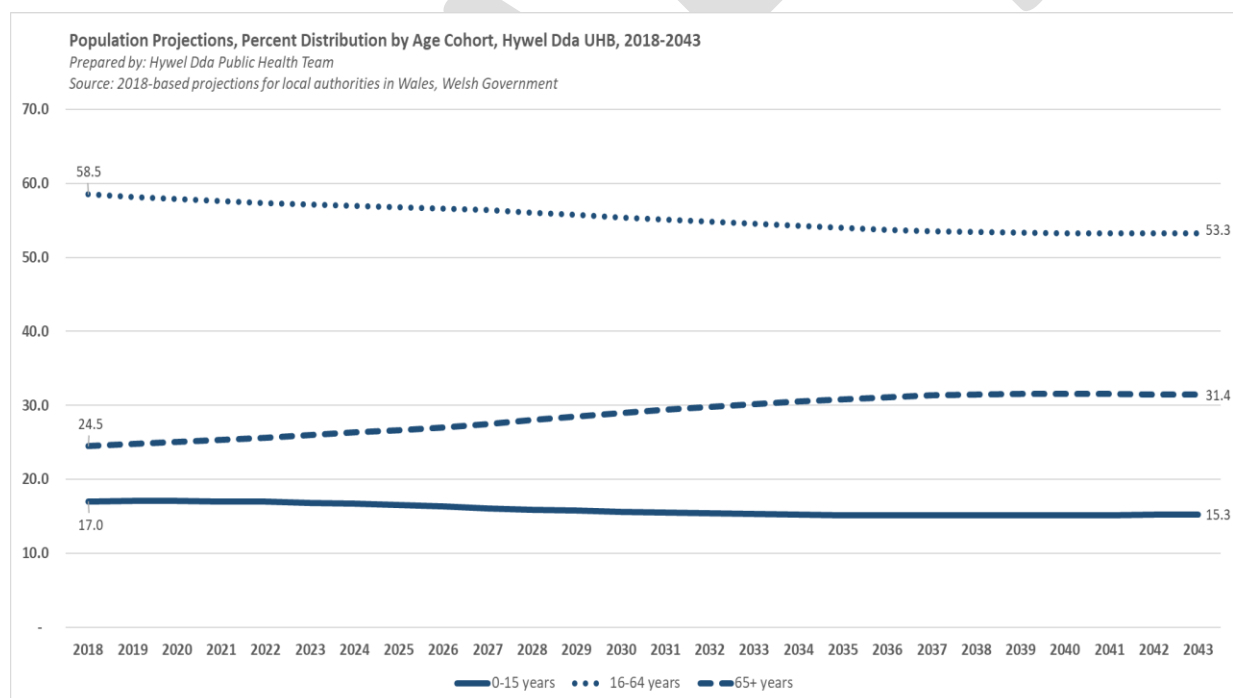
The overall age structure of the population shows no growth in terms of births and deaths. In the period 2018-19 there were a total of 3,294 births in Hywel Dda UHB and 4,493 deaths, therefore, there was a natural decrease in the population of 1,199. Both Carmarthenshire and

Pembrokeshire saw a population growth as a result of internal migration (1,490 and 1,128, respectively). All counties experienced population growth due to inward international migration during this period with the largest net growth in Ceredigion.<sup>6</sup>

In the last two decades, there has been a steady rise in the number of people over the age of 65 years. Those over the age of 65 years currently comprise a quarter of the population of Hywel Dda UHB with 26% in Pembrokeshire, 25.4% in Ceredigion and 23.8% in Carmarthenshire. The slightly higher proportion in Pembrokeshire reflects the desirability of Pembrokeshire as a retirement destination.

Projections suggest that by 2043, 31.4% of the Hywel Dda UHB population will be over the age of 65 years. In particular, the number of the very elderly (85+ years) will increase by 6%. These estimates are based on assumptions about births, deaths and migration. In the current economic climate, the relative (and absolute) increase in economically dependent and, in some cases, care-dependent populations will pose particular challenges to communities. The increase in the number of older people is likely to lead to a rise in the prevalence of chronic conditions such as circulatory and respiratory diseases and cancers. Meeting the needs of these individuals will be a key challenge for the Health Board and its local authority partners.

**Figure 2.2.6 Population projections by age cohort, 2018 - 2043**



## 2.3 Ethnicity

The greatest percentage of the population in Hywel Dda UHB (97.1%) are White British or Irish. The White British or Irish population in Hywel Dda UHB is 374,300. Black, Asian and Minority Ethnic (BAME) groups represent 2.9% (11,200) of the total Hywel Dda UHB population. The highest proportion of BAME groups live in Carmarthenshire (4.2%) compared to 2.0% in Ceredigion and 1.6% in Pembrokeshire.<sup>7</sup>

<sup>6</sup> Components of population change, by local authority and component 2018-2019. Source: Mid-year population estimates, ONS

<sup>7</sup> Ethnicity by area and ethnic group, year ending 30 September 2020. Source: Annual Population Survey, ONS

## 2.4 Household language

97 % (2.9 million) of usual residents in Wales aged 3 years and over reported English or Welsh as their main language in the 2011 census with nearly one fifth (19%, 562,000) of usual residents in Wales aged 3 years and over speaking Welsh. At that time the second most reported main language in Wales was Polish (0.6%, 17,000), followed by Arabic (0.2%, 7,000).<sup>3</sup>

### Carmarthenshire:

The 2011 Census highlighted:

- The number of people aged 3 years and above able to speak Welsh in Carmarthenshire in was **78,048**. This equated to **43.9%** of the population aged 3 years and over
- Between 2001 and 2011 the proportion of people able to speak Welsh in **Carmarthenshire decreased from 50.3% to 43.9%**
- **41.9%** (74355) of the people in Carmarthenshire had no Welsh language skills in **2011**<sup>3</sup>

### Ceredigion:

The 2011 Census highlighted:

- The number of people aged 3 years and above able to speak Welsh in **Ceredigion** in **2011** was **34,964**. This equates to **47.4%** of the population aged 3 years and over
- Between **2001** and **2011** the proportion of people able to speak Welsh in **Ceredigion decreased from 52.0% to 47.4%**
- **42.4%** (31286) of the people in **Ceredigion** had no Welsh language skills in **2011**<sup>3</sup>

### Pembrokeshire:

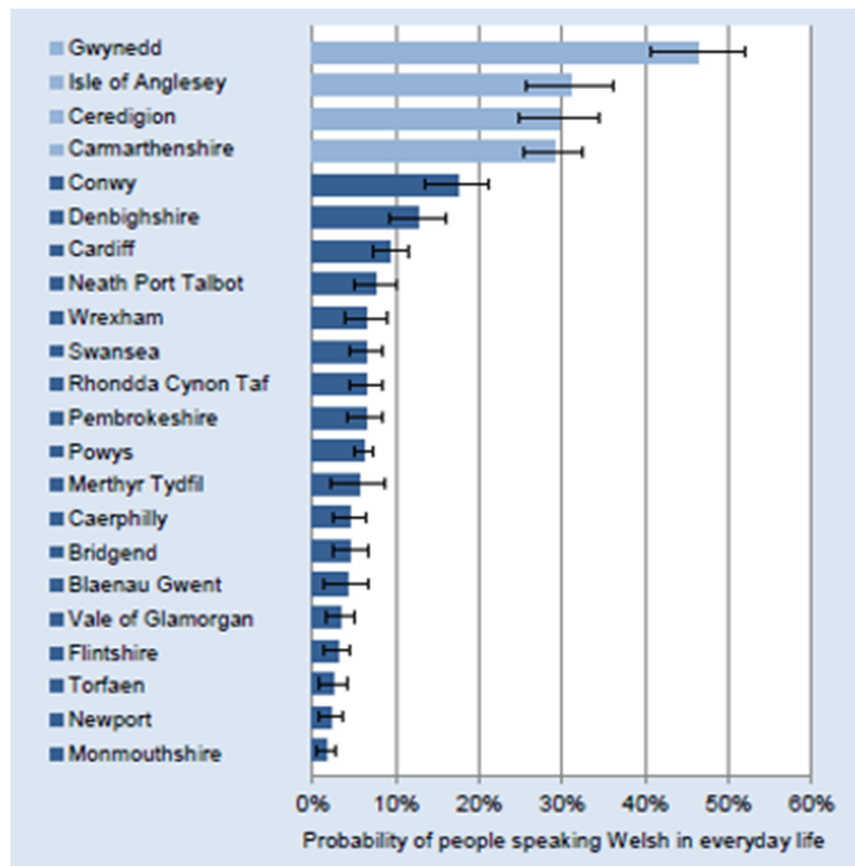
The 2011 Census highlighted:

- The number of people aged 3 years and above able to speak Welsh in **Pembrokeshire** in **2011** was **22,786**. This equates to **19.3%** of the population aged 3 years and over
- Between **2001** and **2011** the proportion of people able to speak Welsh in **Pembrokeshire decreased from 21.8% to 19.3%**
- **72.6%** (85892) of the people in **Pembrokeshire** had no Welsh language skills in **2011**<sup>3</sup>

The Annual Population Survey (year ending 30<sup>th</sup> September 2020), reported that 28.8% of people in Wales aged 3 years and over, were able to speak Welsh. This figure equates to 872,200 people. This is 0.2% lower than the previous year (year ending 30<sup>th</sup> September 2019), equating to 2,400 fewer people.<sup>8</sup>

<sup>8</sup> <https://gov.wales/welsh-language-data-annual-population-survey-october-2019-september-2020>

Figure 2.4.1 Provides an overview of Welsh language prevalence by County



People are also more likely to speak Welsh if they live in certain Local Authority areas. In Hywel Dda UHB those who live in Ceredigion are more likely to speak Welsh, closely followed by Carmarthenshire and then Pembrokeshire.<sup>9</sup>

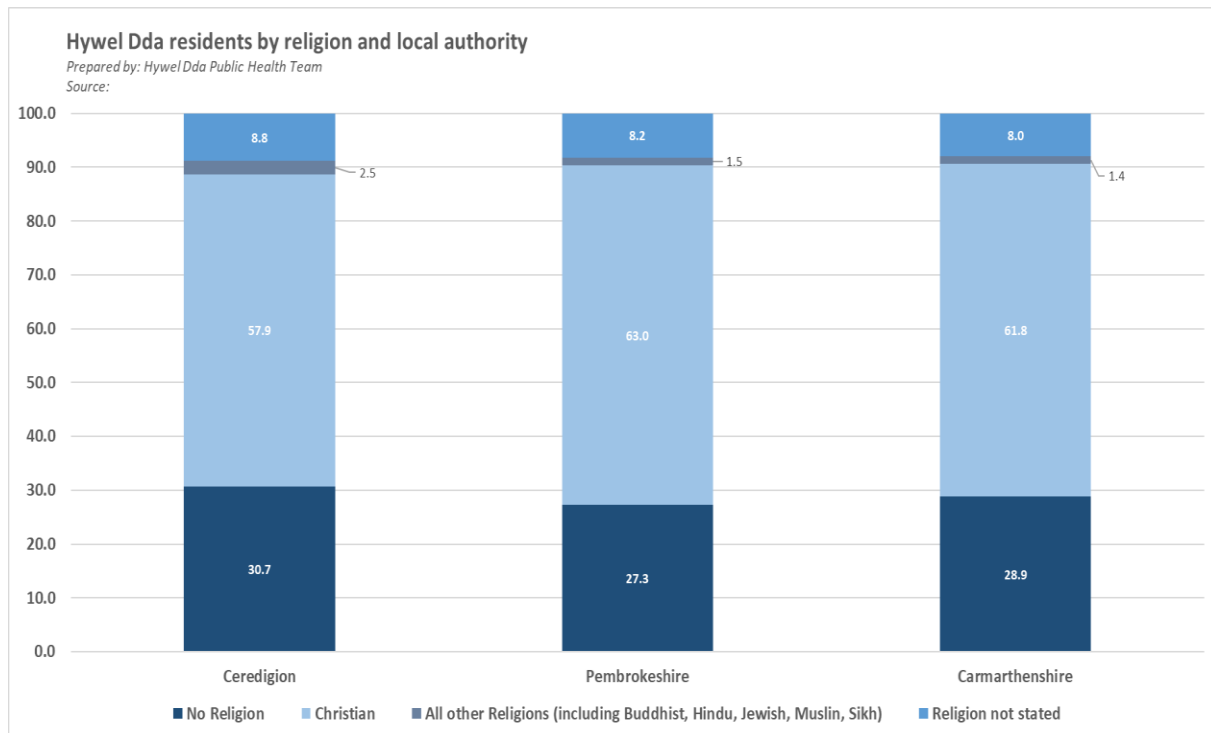
## 2.5 Religion

Over 60% of Hywel Dda UHB is made up of residents who stated that they followed 1 of the 6 main religions with around 28% stating that they followed no religion.

Figure 2.5.1 provides an overview of religious affiliation by county. The difference between counties is not significant, however, when looking at the actual numbers there have been both increases and decreases since the 2001 census. In all 3 counties, the number of individuals who see themselves as Christians has decreased in the 2011 census, whilst the numbers for all other religions, including having no religion at all has increased.

<sup>9</sup> Government Social Research. What factors are linked to people speaking the Welsh Language? Social Research Number: 27/2020 Publication Date: 26/03/2020  
[https://gov.wales/sites/default/files/statistics-and-research/2020-03/what-factors-are-linked-to-people-speaking-the-welsh-language\\_0.pdf](https://gov.wales/sites/default/files/statistics-and-research/2020-03/what-factors-are-linked-to-people-speaking-the-welsh-language_0.pdf)

Figure 2.5.1 Hywel Dda UHB residents by religion and local authority

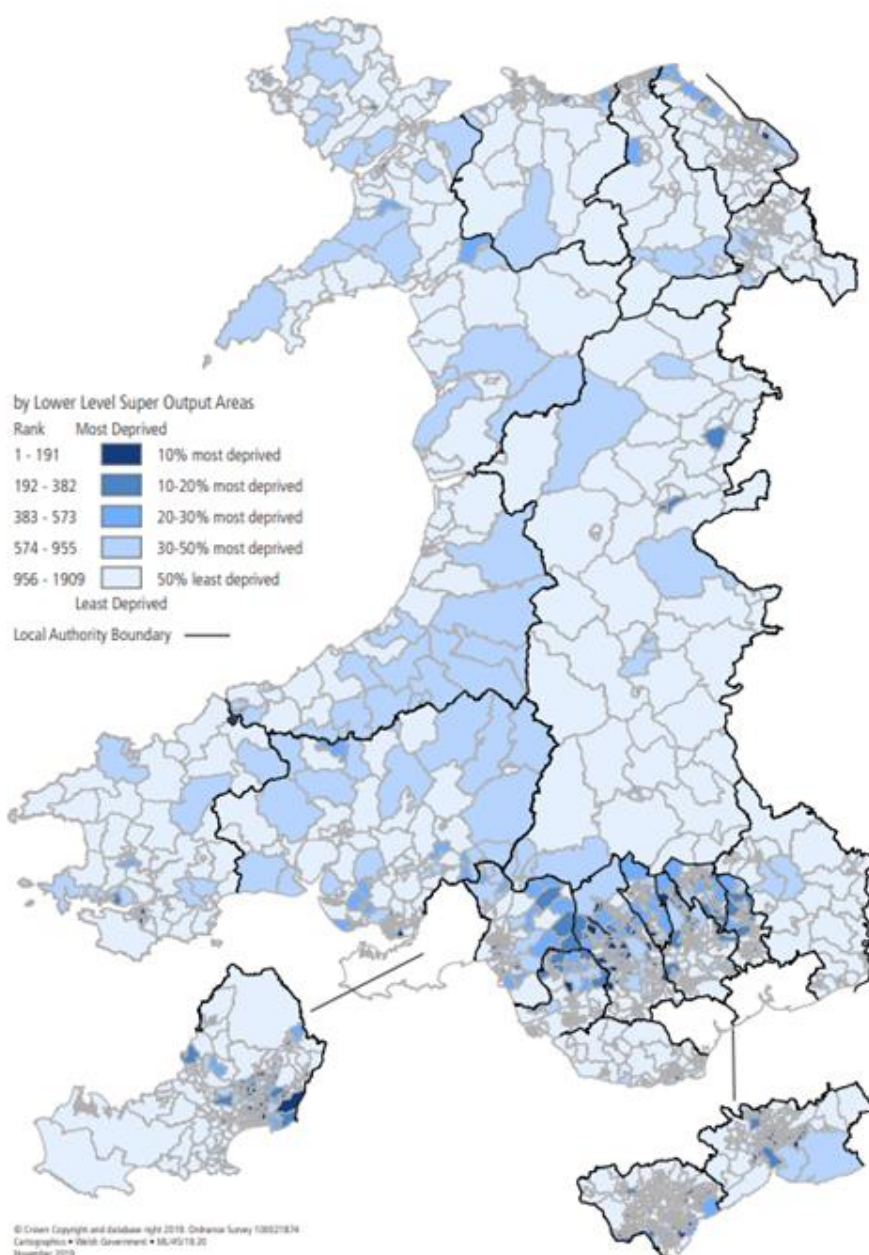


## 2.6 Welsh Index of Multiple Deprivation

Deprivation is the lack of access to opportunities and resources, which we might expect in our society. This can be in terms of material goods or the ability of an individual to participate in the normal social life of the community. The Welsh Index of Multiple Deprivation (WIMD) is the official measure of relative deprivation for small areas in Wales. It identifies areas with the highest concentrations of several different types of deprivation.

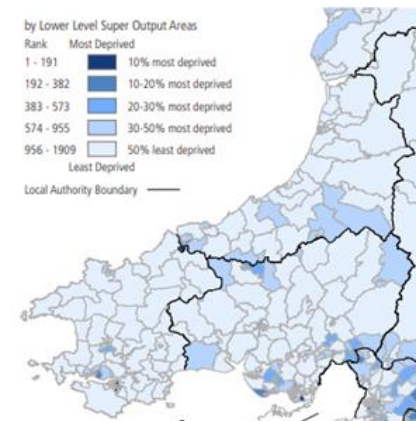


**Figure 2.6.1 Welsh Index of Multiple Deprivation (WIMD), 2019**

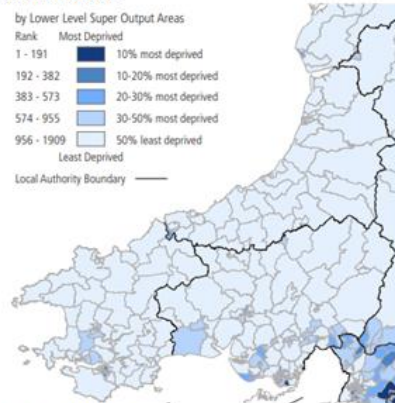


WIMD is currently made up of 8 separate domains of deprivation. These are income, employment, health, education, access to services, community safety, the physical environment and housing. Figure 2.6.1 provides an overview of overall deprivation across Wales. In Carmarthenshire, there are 5 areas (Tyisha 2 & 3, Glanymor 4, Bigyn 4, Llwynhendy 3) that are in the most deprived 10% of LSOAs in Wales. This accounts of 4.5% of the population of Carmarthenshire. In Pembrokeshire, Llanion 1, Garth 2, Monkton and Pembroke Dock - Central are in the most deprived 10% of LSOAs in Wales. This accounts for 5.6% of the population of Pembrokeshire. In Ceredigion, Cardigan - Teifi is the only community in the most deprived 10%.

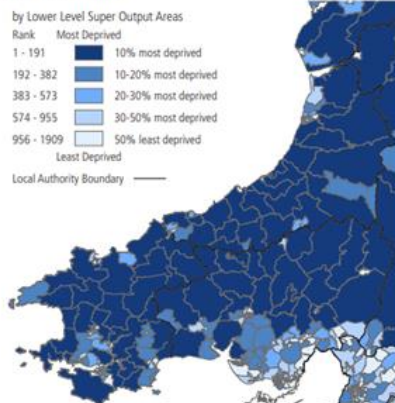
Figure 2.6.2. WIMD Domains for Hywel Dda UHB



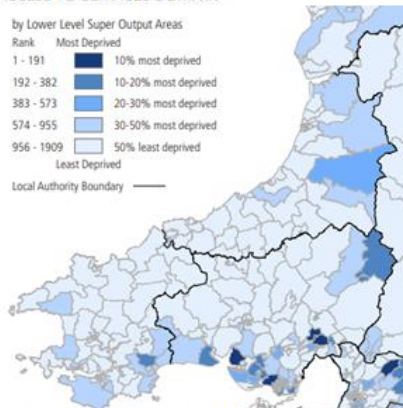
#### INCOME DOMAIN



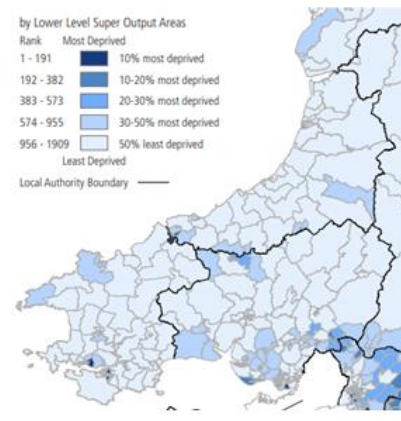
#### HEALTH DOMAIN



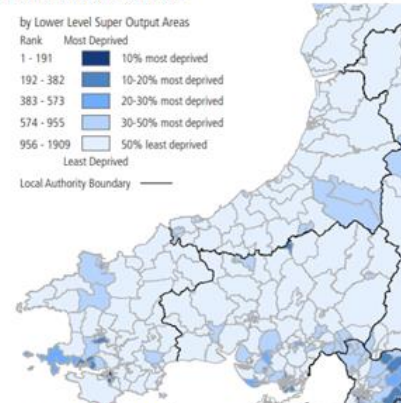
#### ACCESS TO SERVICES DOMAIN



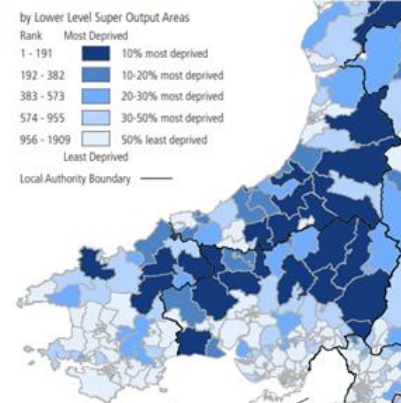
#### PHYSICAL ENVIRONMENT DOMAIN



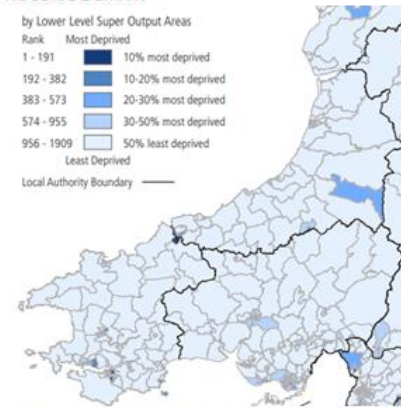
#### EMPLOYMENT DOMAIN



#### EDUCATION DOMAIN



#### HOUSING DOMAIN

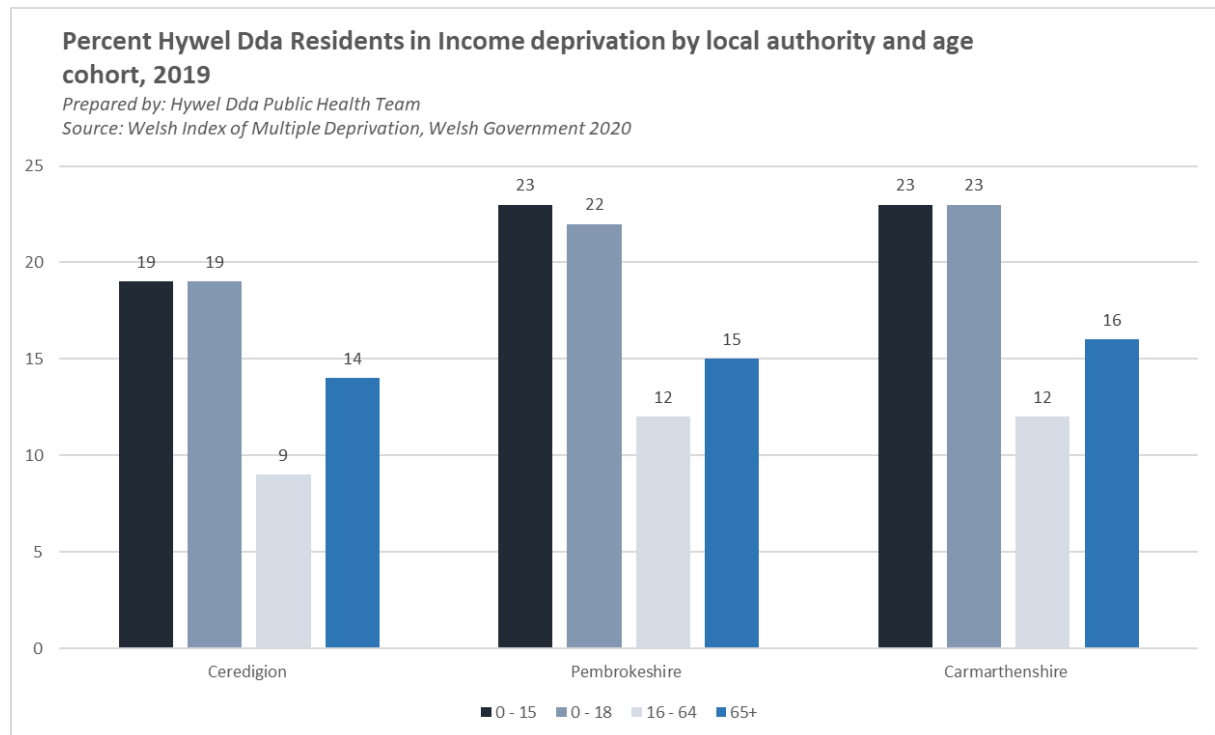


#### COMMUNITY SAFETY DOMAIN

## Income

The income domain focuses on the proportion of people with income below a defined level and captures the percentage of the population in income deprivation (in receipt of income related benefits and tax credits). Figure 2.6.2 provides an overview of income deprivation across Hywel Dda UHB with the highest proportion in South East Carmarthenshire. Figure 2.6.3 below shows income deprivation by county and age with those in the younger age cohorts being more adversely affected.

**Figure 2.6.3 Income deprivation by age cohort**



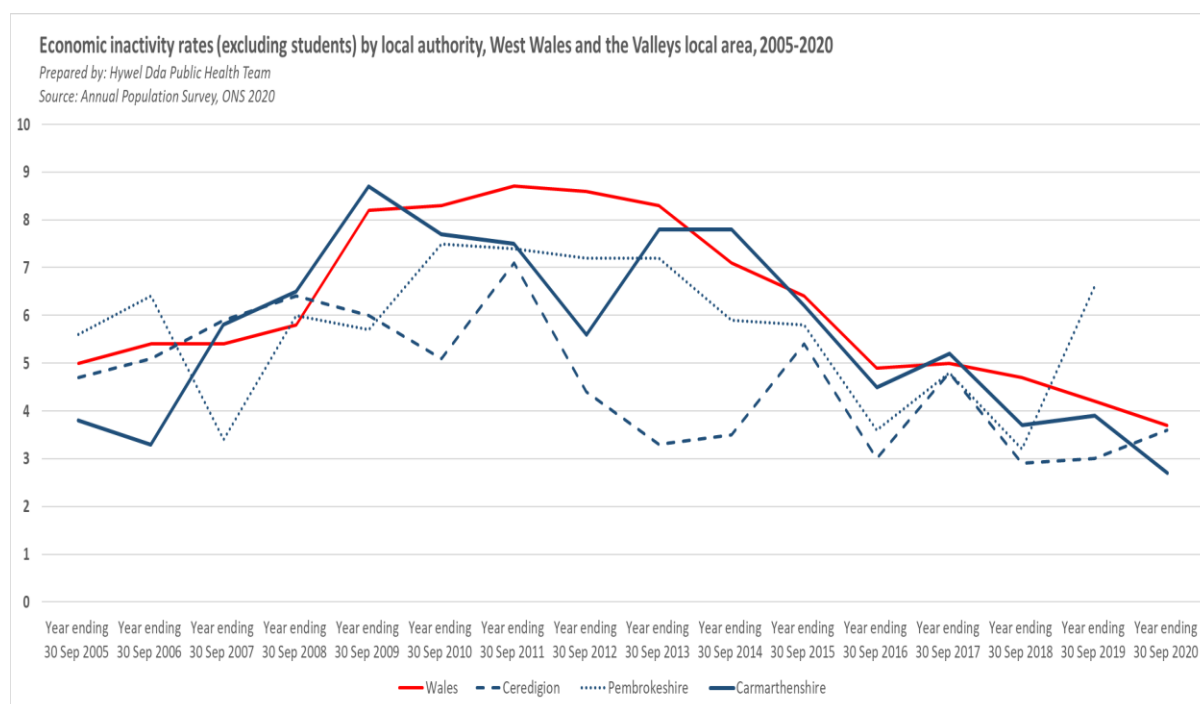
## Employment

The employment domain captures the lack of employment and includes those that are unable to work due to ill health or who are unemployed but actively seeking work. There are key pockets of underemployment in Hywel Dda UHB including South East Carmarthenshire and parts of Pembrokeshire.

Since 2012-13 overall economic inactivity rates have declined across Hywel Dda, (see Figure 2.6.4, below). For the year ending December 2018, 17.2% of households in Wales were workless, this is above the UK average of 14.5%. The percentage of workless households in Hywel Dda UHB is above the Welsh average (Carmarthenshire 17.8%, Ceredigion 18.4% and Pembrokeshire 22.4%).



**Figure 2.6.4 Economic Inactivity Rates**



## Health

The health domain measures a lack of good health. The indicators are:

- People with a GP-recorded diagnosis of a Chronic condition (indirectly age-sex standardised)
- People with a GP-recorded diagnosis of a Mental health condition (indirectly age-sex standardised)
- Cancer Incidence (indirectly age-sex standardised)
- Limiting Long-Term Illness (indirectly age-sex standardised)
- Premature Death Rate (death of those under the age of 75)
- Children aged 4-5 years who are obese
- Low Birth Weight, single births (live births less than 2.5kg).

The indicators above are age-sex standardised to adjust for the expected prevalence of disease within the underlying population. This allows the index to identify areas where health deprivations exists beyond the effect of age and sex.

The association between deprivation and health is clearly apparent across Wales especially in the post-industrial valley communities in South Wales. Here poorer health outcomes are significantly worse than Wales as a whole. In Hywel Dda UHB Glanymor, Tyisha and Lliedi in Carmarthenshire and parts of Pembroke, Pembroke Dock and parts of Haverfordwest have poorer health outcomes than the rest of Hywel Dda UHB. In Carmarthenshire, there are 4 LSOA's in Llanelli (Tyisha, Bigyn and Llwynhendy) that are in the 10% most deprived for this domain. Haverfordwest – Garth 2 is the only LSOA in Pembrokeshire in the most deprived 10% for this domain. There are three LSOAs in the most deprived 10-20%, these are Llanion 1, Monkton and Pennar 1. In Ceredigion there are no communities in the most deprived 10% for this domain.

**For more information on the general health needs of the population of Hywel Dda UHB see Section 3.**

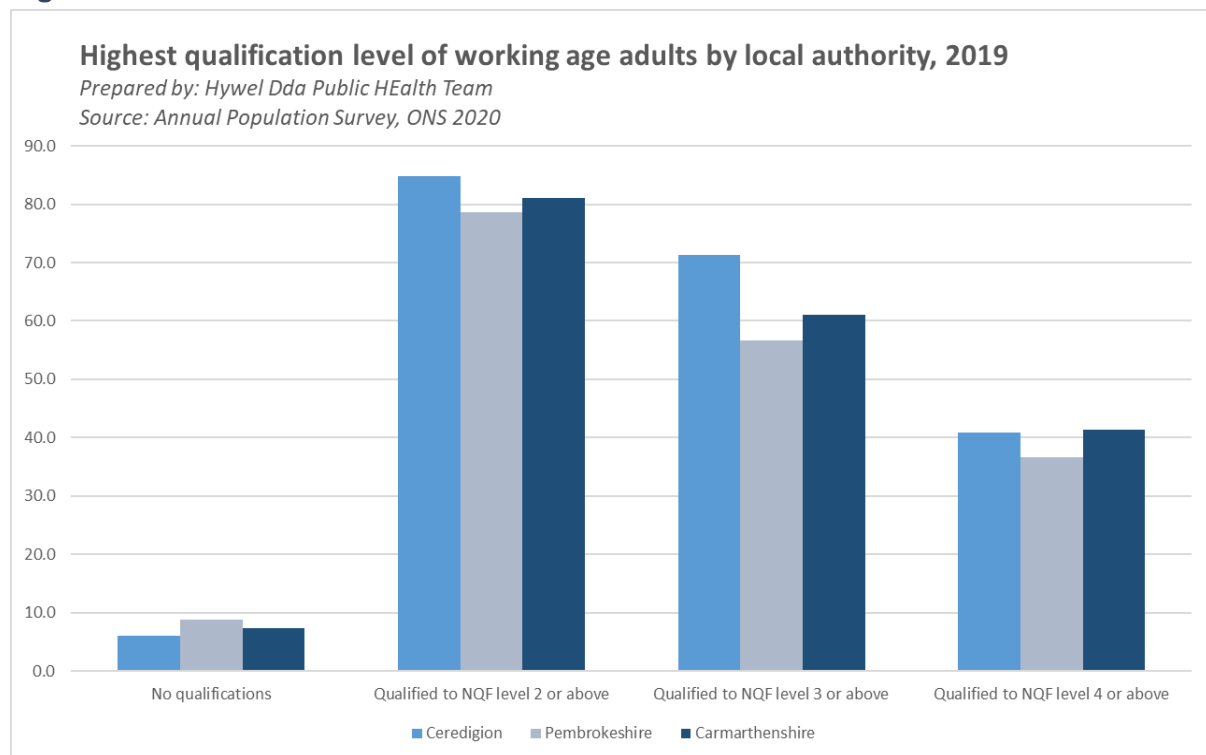
## Education

The education domain captures the extent of deprivation relating to education, training and skills. It is designed to reflect educational disadvantage within an area in terms of lack of qualifications and skills. The indicators capture low attainment among children and young people and the lack of qualifications in adults. The indicators are:

- Foundation Phase Average Point Score
- Key Stage 2 Average Point Score
- Key Stage 4 Average Point Score for core subjects
- Repeat Absenteeism
- Proportion of Key Stage 4 leavers entering Higher Education
- Number of Adults aged 25-64 years with no qualifications

In Hywel Dda UHB, most of the population are qualified to NVQ 2 or above (see Figure 2.6.5). Some older data highlights the impact of qualifications on economic inactivity with 26.9% of working age adults with no qualifications being economically inactive compared to 3.4% of those who are qualified to NVQ level 7 to 8.

**Figure 2.6.5 Qualifications**



## Access to Services

The purpose of the access to services domain is to capture deprivation as a result of a household's inability to access a range of services considered necessary for day-to-day living, both physically and online.

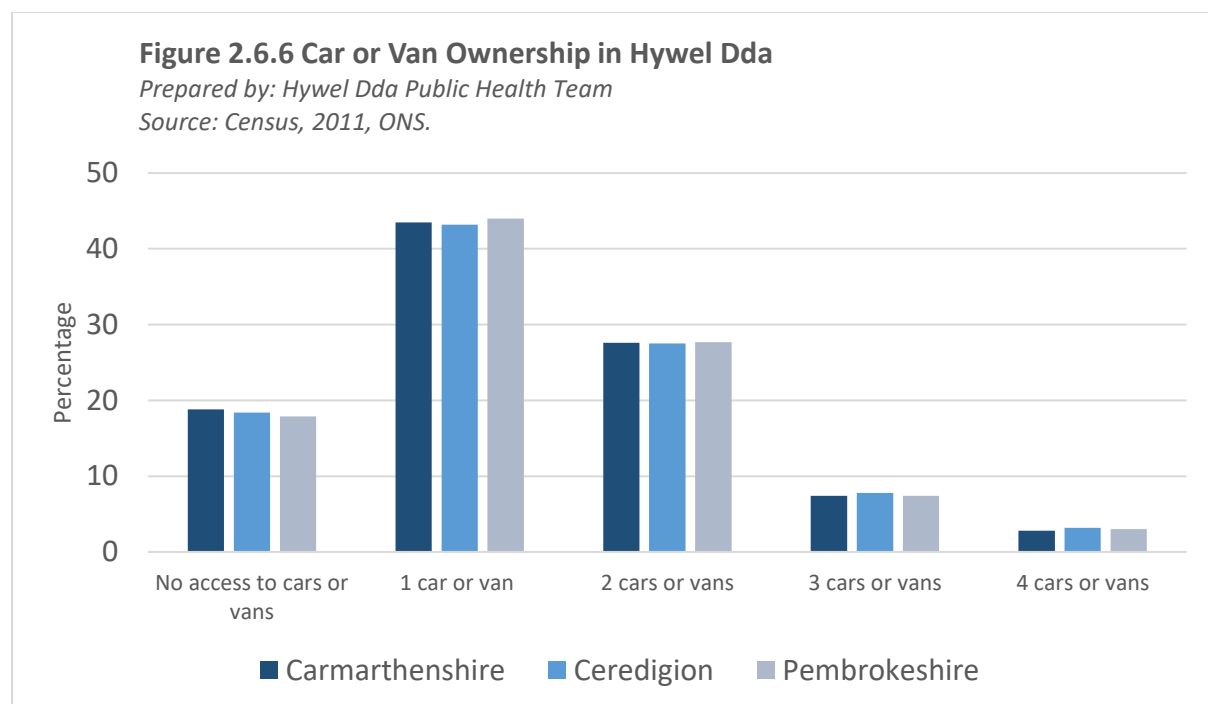
The indicators are:

- Average of public and private travel times to food shops
- Average of public and private travel times to GP surgeries



- Average of public and private travel times to Primary schools
- Average of public and private travel times to Secondary schools
- Average of public and private travel times to Post office
- Average of public and private travel times to Public library
- Average of public and private travel times to Pharmacies
- Private travel times to Petrol stations (private transport only)
- Average of public and private travel times to Sports Facilities
- % Unavailability of broadband at 30Mb/s

In Hywel Dda UHB, many communities are poorly served by public transport and travel time to key community resources is longer than other parts of Wales. In Hywel Dda UHB, 74 LSOAs are in the most deprived 10% for Wales with 6 communities ranking in the top 10. Cynwyl Gaeo in Carmarthenshire is ranked as the most deprived in Wales, for this domain. Data from the 2011 Census highlights availability of a car(s) or van(s) in the Hywel Dda UHB population. Approximately 18% of the population of Hywel Dda UHB do not have access to a car or van.



Car or van ownership declines in the 65 years and over age group.

### Housing and Households:

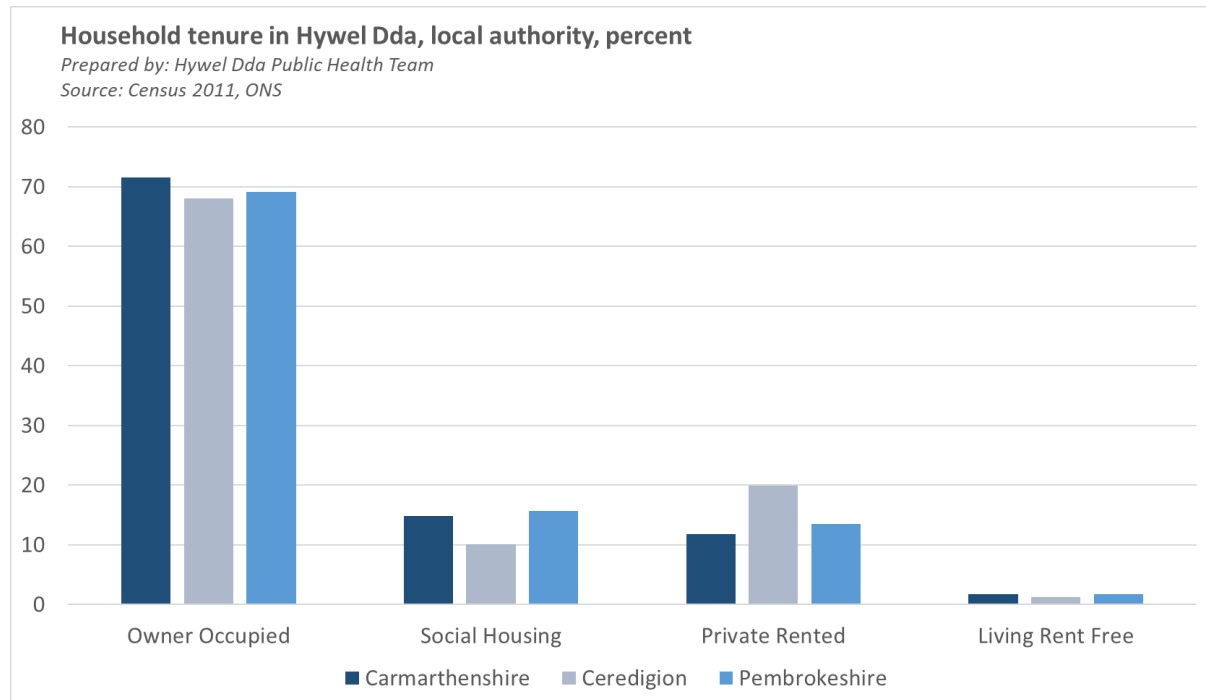
The WIMD housing domain identifies inadequate housing, in terms of physical living conditions and availability. Here, living condition means the suitability of the housing for its inhabitant(s), for example in terms of health and safety, and necessary adaptations. The indicators are:

- Proportion of people living in overcrowded households (bedrooms measure)
- A new modelled indicator on poor quality housing, which measures the likelihood of housing being in disrepair or containing serious hazard

There are large parts of Ceredigion and Carmarthenshire that fall into the 10% of most deprived communities for this domain. The percentage of people living in households with no

central heating was markedly higher than the Welsh average in two of the three local authorities within Hywel Dda UHB. Within the Health Board, there are 31 communities that are in the most deprived 10% for this domain, which accounts for 13.5% of the Hywel Dda UHB population. The majority of communities in this domain are in the more rural parts of the Hywel Dda UHB area where there is a greater proportion of older properties that may be in disrepair and do not meet current building standards.

**Figure 2.6.7 Household Tenure**



As far as housing tenure in Hywel Dda UHB is concerned, the majority of homes are either owned outright or owned with a mortgage or loan (see Figure 2.6.7). Just under 6% of households in Ceredigion have no central heating compared to just over 2% in Carmarthenshire and 4% in Pembrokeshire.<sup>10</sup>

The average household size for each county is on par with the Welsh average (2.30). Compared to 2001 Census data average household size has not significantly changed for the counties (Carmarthenshire 2.33, Ceredigion 2.33 and Pembrokeshire 2.34).<sup>11</sup>

## Physical Environment

The purpose of this domain is to measure factors in the local area that may impact on the wellbeing or quality of life of those living in an area. The indicators are:

- Population weighted average concentration values of Nitrogen dioxide (NO<sub>2</sub>)
- Population weighted average concentration values of Particulates < 10 µm (PM<sub>10</sub>)
- Population weighted average concentration values of Particulates < 2.5 µm (PM<sub>2.5</sub>)
- Proximity to Accessible, Natural Green Space – measuring the proportion of households within 300 metres of an accessible, natural green space
- Ambient Green Space Score – measuring the mean household Normalised Difference Vegetation Index (NDVI)
- Flood Risk

<sup>10</sup> Census 2011, ONS

<sup>11</sup> Source: <http://www.infobasecymru.net/IAS/themes/people,communitiesandequalities/housing/profile?profileId=380>

In Hywel Dda UHB there are 5 LSOAs that are in the 10% most deprived for Wales. These include (in rank order) Hengoed 2, St Ishmael 2, Llandybie 1, Aberystwyth Central, Llandybie 2.

## Community Safety

The community safety domain is intended to consider deprivation relating to living in a safe community. It covers actual experience of crime and fire, as well as perceptions of safety whilst out and about in the local area. The indicators are:

- Police recorded burglary
- Police recorded criminal damage
- Police recorded theft
- Police recorded violent crime
- Fire incidences
- Police recorded Anti-Social Behaviour (ASB).

In Hywel Dda UHB, 15 LSOAs fall into the most deprived 10% for this domain, which accounts for 6.6% of those living in the Hywel Dda UHB area. These areas include areas in the following towns: Llanelli, Ammanford, Haverfordwest, Pembroke, Milford, Cardigan and Aberystwyth.

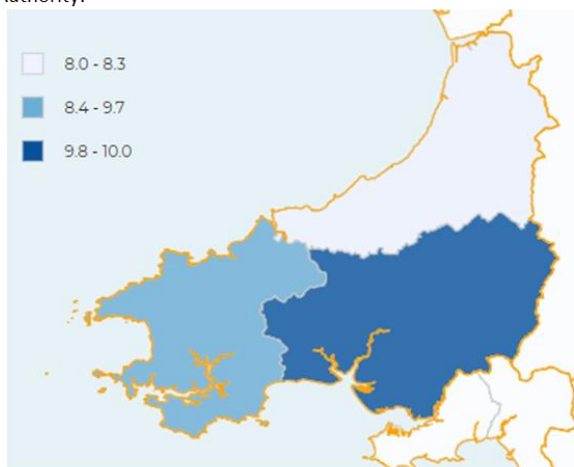


## 2.7 Births

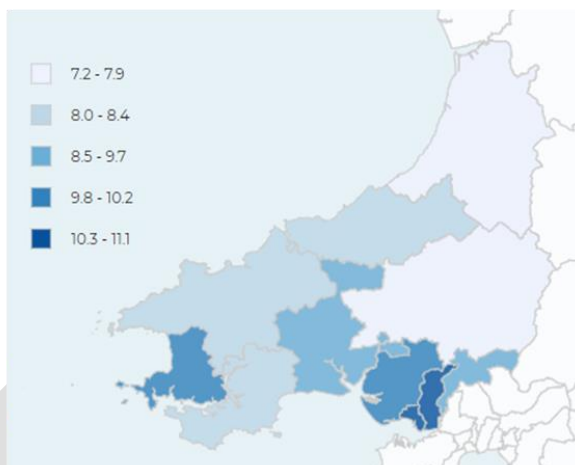
The overall birth rate in Hywel Dda UHB has remained stable over the last decade (9.0 per 1,000 population) and is below the Welsh average of 10.3 per 1,000 population. Figure 2.7.1 below provides an overview of live births by county and upper super output area (USOA). Carmarthenshire has the highest birth rate overall, specifically in Llanelli and the Gwendraeth and Amman Valleys. Parts of Pembrokeshire also have rates above the Welsh and Hywel Dda UHB Average with the rural parts of North Carmarthenshire and North Ceredigion having the lowest rates overall.

**Figure 2.7.1 Overview of births in Hywel Dda UHB**

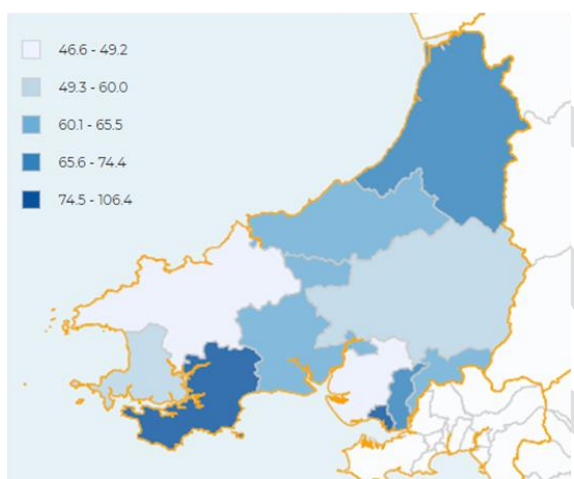
Live Births per 1000 population, 3 year average 2015-2017, local Authority.



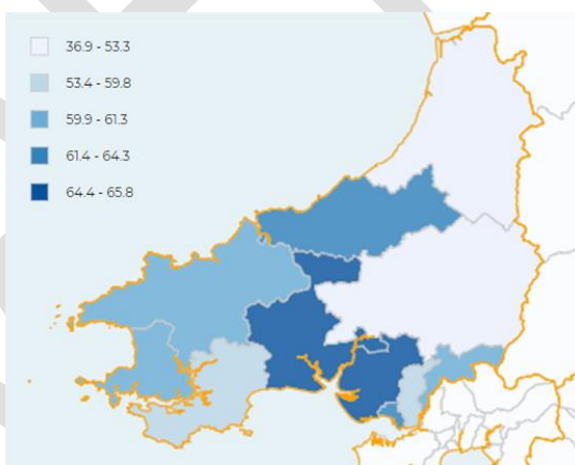
Live Births per 1000 population, 2017, USOA.



Birthweight, <2500g per 1000 live births, 2017, USOA.



General Fertility Rate per 1000 females aged 15-44 (childbearing age), 2017, USOA.



Source: Annual District Birth Extract, Office for National Statistics; Mid Year Population Estimates, Office for National Statistics, 2019

The General Fertility Rate (GFR) measures the number of live births to women who are of childbearing age (15 to 44 years of age). In 2017, the general fertility rate for Hywel Dda was 57.1 per 1,000 women of childbearing age and was below the Welsh Average of 57.8 per 1,000 women of child bearing age. In Hywel Dda UHB, GFR is highest in Carmarthenshire, specifically the Gwendraeth Valley area and towns to the south and west of Carmarthen.

Low birth weight (LBW) is another important measure of population health as infants born with LBW have added health risks that require close management in the post-natal period. They are also at increased risk for other long-term health conditions that may require follow-up over time. In Hywel Dda UHB, the highest rates of LBW are in Llanelli (106.4 per 1,000 live births), East Gwendraeth Valley (72.8 per 1,000 live births) and South Pembrokeshire (75.5 per 1,000 live births). These areas are above the Hywel Dda UHB average of 65.6 per 1,000 population. The rates in these areas have remained stable over time with the rate in Llanelli has increasing from 50.6 per 1,000 population in 2007-09 to 86.2 per 1,000 population in 2015-17.<sup>12</sup>

<sup>12</sup> Annual District Birth Extract, MYE, ONS 2019

The number of conceptions under the age of 18 years decreased between 2008 to 2016 from a rate of 33.2 per 1,000 female residents aged 15 to 17 to 17.6. Carmarthenshire has the highest under 18 conception rate (19.5/1,000 females aged 15 to 17 years) followed by Ceredigion (17.8) and Pembrokeshire (14.9).<sup>13</sup>

## 2.8 Life expectancy

Life expectancy is an estimate of the average number of years new-born babies could expect to live, assuming that the current mortality rates for the area in which they are born apply throughout their lives. The length of people's lives will differ substantially and life expectancy can be used to compare death rates between and within communities and other countries over time. It is also important to consider quality of life, which is calculated using the Healthy Life Expectancy (HLE) measure. Healthy Life Expectancy at birth represents the number of years a person can expect to live in good health. It is perhaps a better indicator of overall health, since it looks at the period lived in good health and excludes the period when quality of life may be poor.

According to a recent report by Public Health Wales<sup>14</sup>, life expectancy in Wales, together with other countries, has been stalling and is a marked change to the steady increases in life expectancy seen since the end of the Second World War. Some of the key findings include:

- Male and female life expectancy in Wales has only increased by 0.2 years and 0.1 years respectively since 2010-12. Prior to this, the increases had been 2.6 years and 2 years respectively between 2001-03 and 2010-12.
- The all-cause mortality rate for Wales decreased by almost 20% between 2002 and 2011, however there has been very little change since 2011.
- The gap in mortality rate between deprivation quintiles have slightly widened in recent years.
- Life expectancy decomposition analysis shows that for both males and females, those aged around 60-84 years were the main contributors to increasing life expectancy but these improvements have slowed down considerably between 2002-04 to 2015-17.
- Similarly, improvements in circulatory disease mortality rates have slowed down.
- Increased mortality from respiratory disease and dementia and Alzheimer's disease have had a negative contribution on life expectancy improvement.
- Of note is that the gap in healthy life expectancy between the most and least deprived parts of the Health Board area continue to increase.

According to Public Health Wales, there has been no substantial change in the gap between male and female life expectancy and healthy life expectancy during the period 2009-11 to 2015-17. The table below provides an overview of life expectancy and healthy life expectancy for the counties in Hywel Dda UHB.

<sup>13</sup> Birth Registrations, ONS 2018

<sup>14</sup> Life Expectancy and Mortality in Wales, Public Health Wales Observatory, 2020



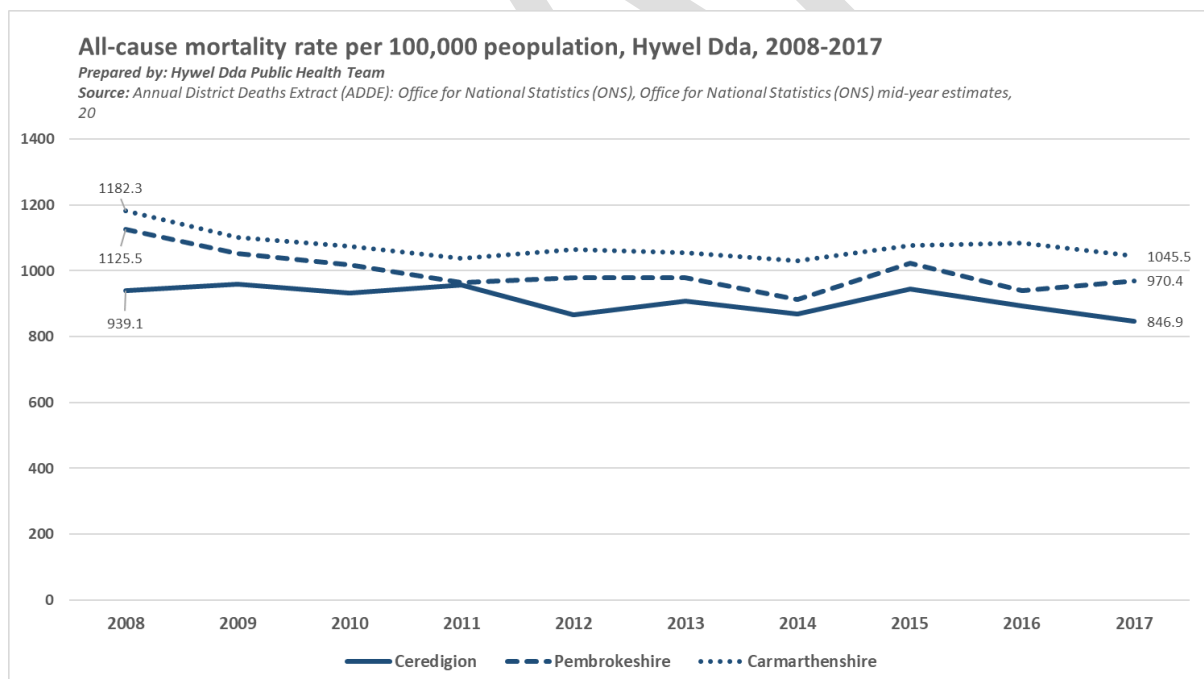
	Males			Females		
	Life Expectancy	Healthy Life Expectancy	Percentage of life expectancy in good health	Life Expectancy	Healthy Life Expectancy	Percentage of life expectancy in good health
Ceredigion	80.1	67.9	84.7	83.9	69.7	83.1
Pembrokeshire	79.5	66.9	84.1	82.9	69	83.3
Carmarthenshire	78.6	65	82.7	82.6	66	79.9

The life expectancy deprivation gap widened for both males and females from a difference of just over 5 years for females in 2002-04 to just over 6 years in 2015-17. The pattern is similar for males with the difference in life expectancy between the most and least deprived fifth being just over 6.5 years in 2002-04 to approximately 7.5 years in 2015-17.

## 2.9 Deaths

Since the mid-20<sup>th</sup> century mortality rates in Wales have been falling, due to medical advances in diagnosis, treatment and improved lifestyles, especially in relation to smoking. The all-cause mortality rate in Hywel Dda UHB reflects the findings in the PHW report Life Expectancy and Mortality in Wales<sup>15</sup> with a stalling in the decline from 2011.

**Figure 2.9.1 All-cause mortality rate per 100,000 population**



In 2017, the age-standardised all-cause mortality rate in Hywel Dda UHB was 979.9 per 100,000 population with the highest mortality rates in Llanelli (1,277.8/100,000 population), Amman Valley (1130.4/100,000 population), communities in the USOA including Cross Hands and Tumble (1066.3/100,000 population) and South Pembrokeshire (1,019.8/100,000 population).

<sup>15</sup> Life Expectancy and Mortality in Wales, Public Health Wales Observatory, 2020

Figure 2.9.2 provides an overview of age-standardised death rates for males and females for the period 2008-2011 by local authority area and USOA. Preventable deaths declined in the period 2009-11 to 2012-14 (see Figure 2.9.3 below), however there has been an upward trend in the period after 2012-14. The rate for preventable deaths in Hywel Dda UHB is below the Welsh average with the highest rates in Carmarthenshire. Ceredigion has the lowest rates overall, however there has been an upward trend since 2012-14.

**Figure 2.9.2 Age-standardised mortality rates for males and females**

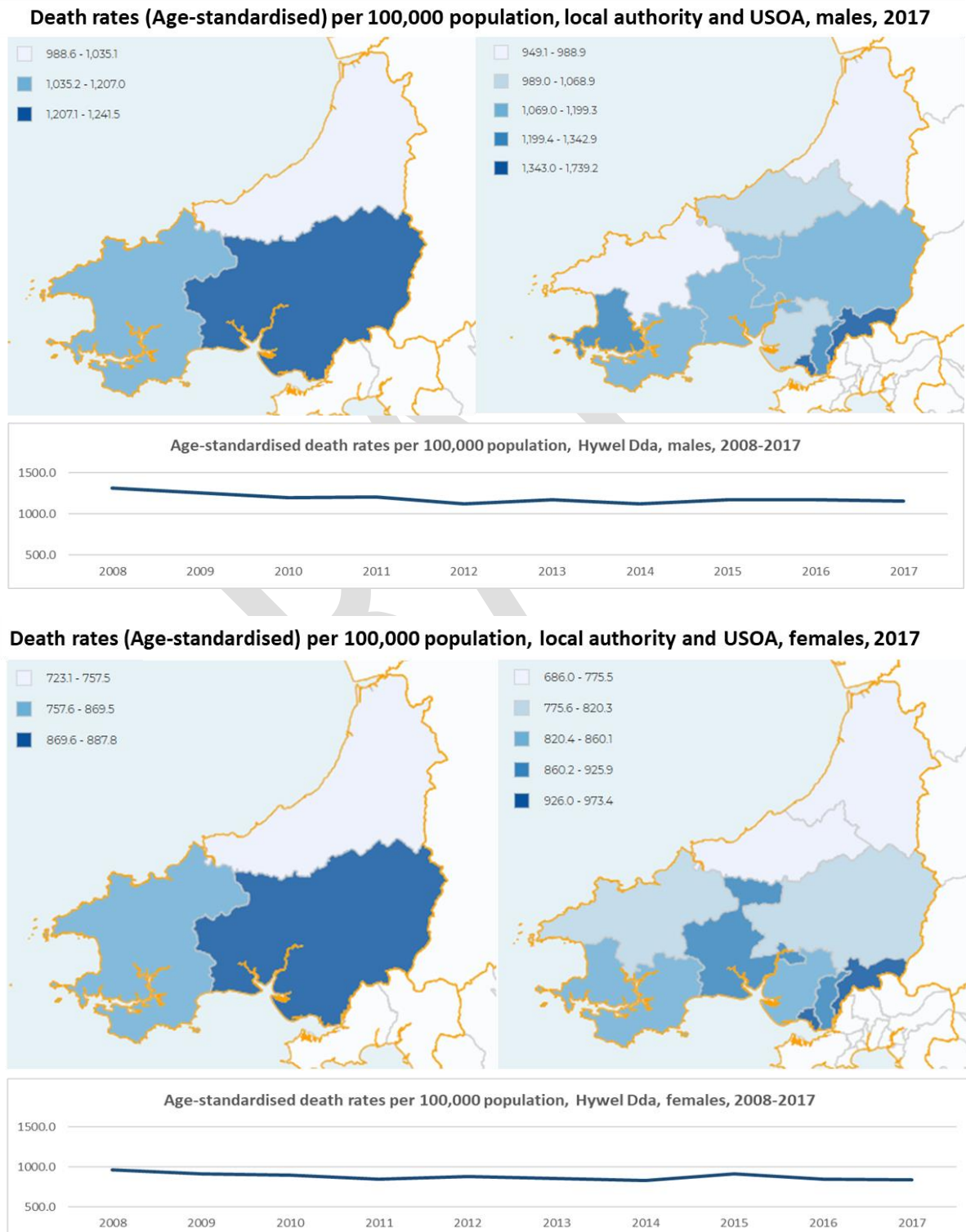
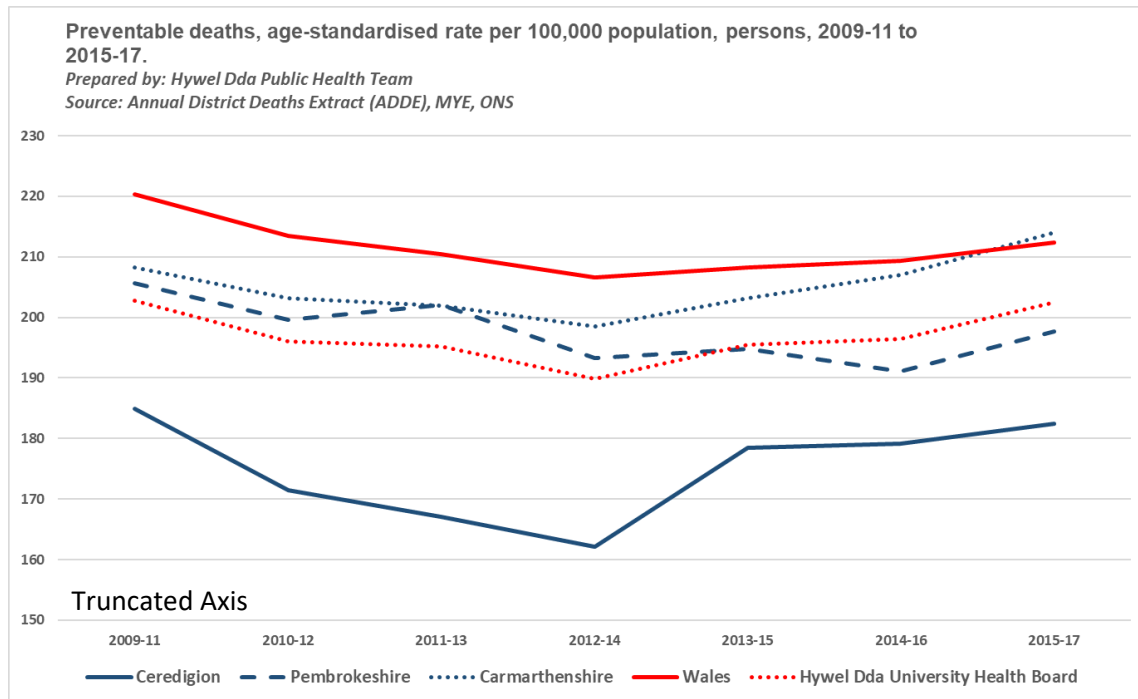
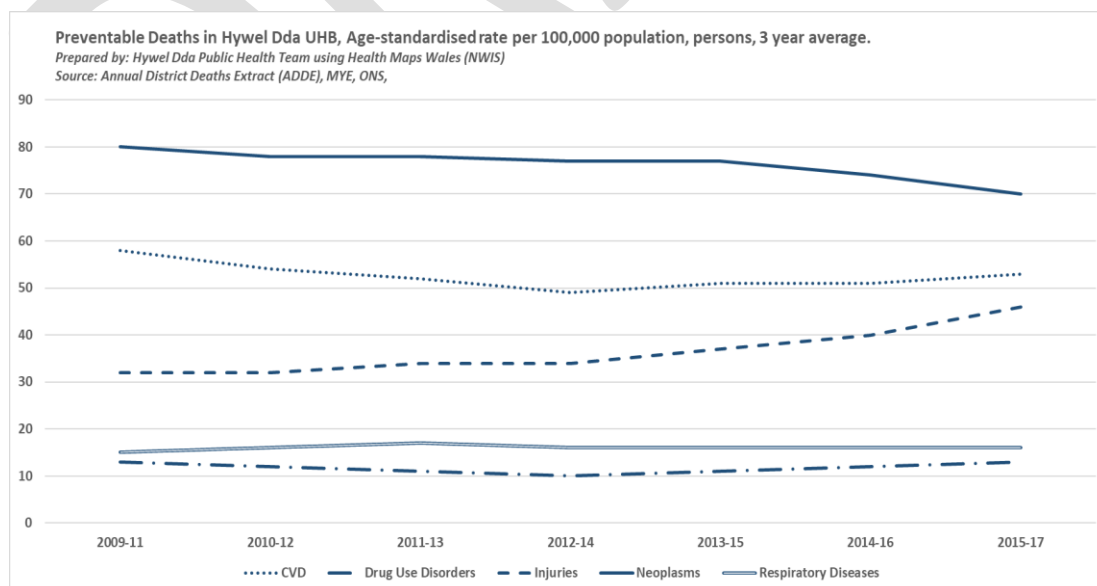


Figure 2.9.4 provides an overview of preventable deaths by cause for the period 2009-11 to 2015-17. During this period, there has been a decline in preventable neoplasm deaths (80 per 100,000 population in 2009-11 to 70 per 100,000 population in 2015-17). Preventable cardiovascular deaths have declined year on year to 2012-14 but have increased slightly since that date. The largest increase is in preventable injury deaths (32/100,000 in 2009-11 to 46/100,000 in 2015-17).

**Figure 2.9.3 Preventable deaths**



**Figure 2.9.4 Preventable death by cause**



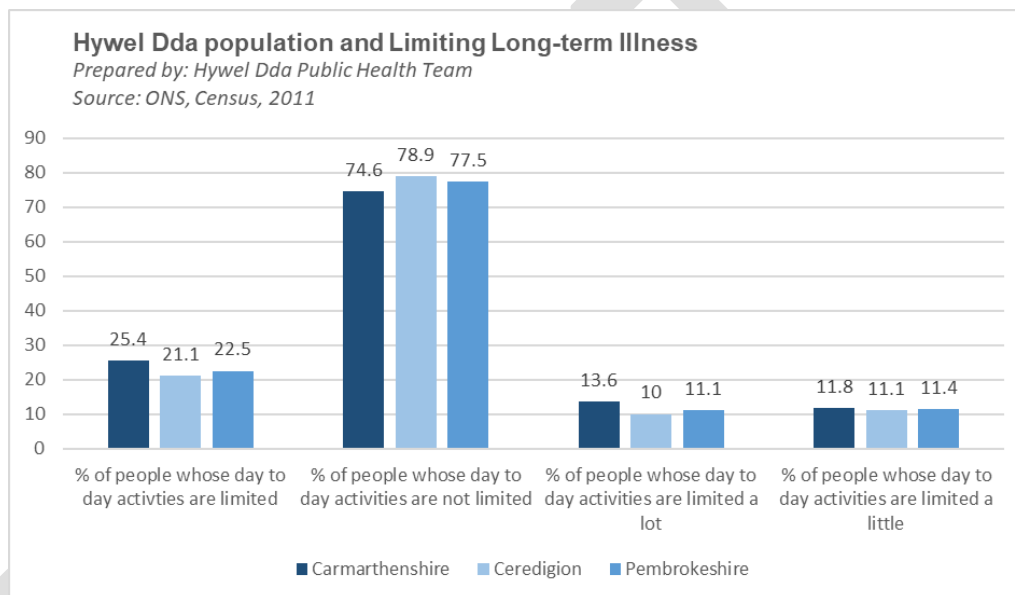
## 2.10 People with disabilities

Disability under the Equality Act 2010 is defined as having a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

The number of people with physical or sensory disabilities on local authority registers (Welsh Government, 31/03/19)<sup>16</sup>:

- Carmarthenshire – 5,190
- Ceredigion – 1,183
- Pembrokeshire – 3,071

**Figure 2.10.1 Limiting Long-term Illness**



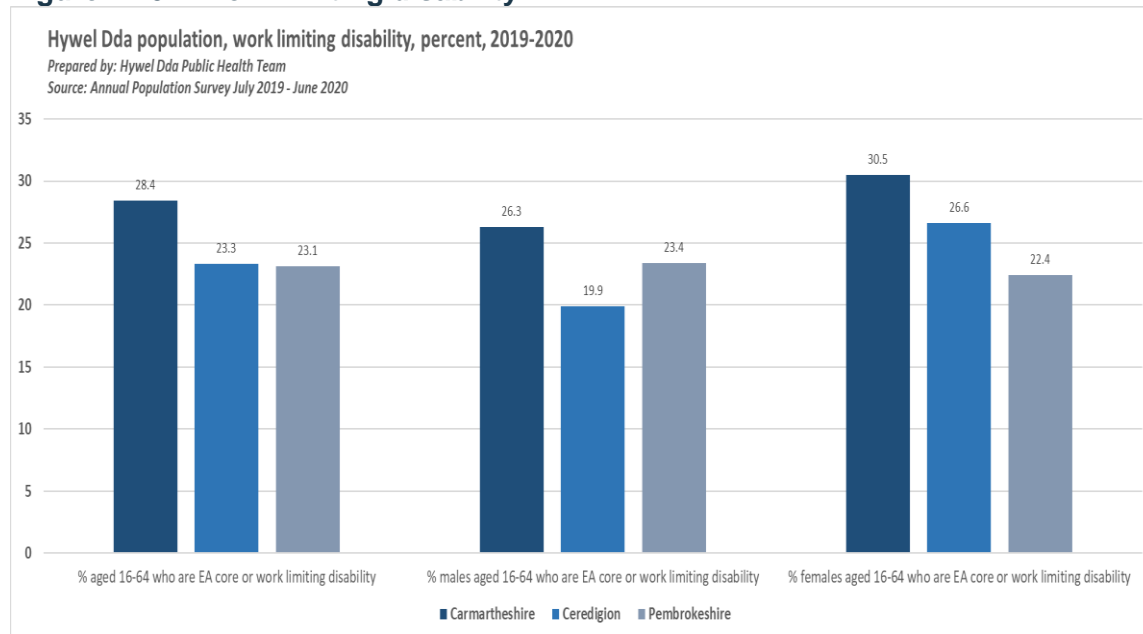
A long-term health problem or disability that limits a person's day-to-day activities, and has lasted, or is expected to last, at least 12 months also includes problems that are related to old age. Data from the 2011 census highlighted that Carmarthenshire had the highest percentage of people whose day to day activities were limited (25.4%) or limited a lot (13.6%), followed by Pembrokeshire (22.5% and 11.1% respectively) and then Ceredigion (21.1% and 10% respectively).

As can be seen in the figure below the percentage of those who are EA core or work limited disabled are mainly higher in females than males, except in Pembrokeshire where males (23.4%) are higher than females (22.4%). Overall for both males and females percentages are higher in Carmarthenshire (28.4%).

<sup>16</sup>

<http://www.infobasecymru.net/IAS/themes/healthandsocialcare/socialcare/tabular?viewId=1943&geold=1&subsetId=>

**Figure 2.10.2 Work limiting disability**



## 2.11 Sexual orientation

Sexual orientation is an umbrella term, which encompasses several dimensions including sexual identity, attraction and behaviour.

Data on sexual identity is produced by the Office for National Statistics from the Annual Population Survey (APS). Data released by the Welsh Government in 2018 draws on data from the recent bulletin and an additional analysis of a pooled dataset which combines 3 years of Annual Population Survey data. Due to small sample sizes data are only available at a regional level and not county level.

Main points from analysis:<sup>17</sup>

- In 2018, 95.2% of people in Wales aged 16 years and over identified as heterosexual/straight. This compares to 1.5% who identified as gay/lesbian, 0.8% who identified as bisexual, and 0.8% who identified as other. Whereas 1.7% of people did not know, answer or respond to the question.
- Over the last five years, the proportion of the Welsh population identifying as lesbian, gay or bisexual (LGB) has steadily increased from 1.6% in 2014 to 2.3% in 2018.
- Of those people in Wales who identified as gay/lesbian/bisexual, over two thirds (70.6%) were between 16 and 44 years of age. This compares with under half (43.0%) of the overall population.
- Around twice as many males as females identified as gay/lesbian whilst just over 60% of people who identified as bisexual were females.
- People who identified as gay/lesbian/bisexual were more likely to be single than married or in a civil partnership.
- Of those people who identified as gay/lesbian/bisexual, 60.4% lived in South East Wales (compared with 48.4% of the overall population). Whereas 13.9% lived in North Wales (compared with 22.3% of the population).

<sup>17</sup> Annual Population Survey: Sexual Identity. <https://statswales.gov.wales/Catalogue/Equality-and-Diversity/Sexual-Orientation/sexualidentity-by-year-region-identitystatus>  
<https://gov.wales/sexual-orientation-2018>



- People identifying as gay/lesbian/bisexual were over three times as likely to live in a large town as opposed to a small town or village.
- At present, there is no official count of the transgender, non-binary or non-gender population. The England/Wales Census and Scottish Census have not asked if people identify as transgender in previous years (this was included in the 2021 Census).

The table below provides an overview of sexual identity by the Mid & South West Wales region:

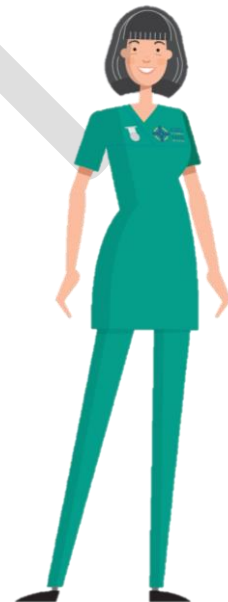
Sexual identity by the Mid & South West Wales region			
Heterosexual	716,300	Other	3,700
Gay/Lesbian	6,900	No response	8,000
Bisexual	6,700		

## 2.12 Carers

The provision of unpaid care is becoming increasingly common as the population ages. Carers are vital to those they care for and are a vital component of the health and social care system. Carers are the family members, friends and neighbours who provide unpaid care and much needed emotional support whilst often neglecting their own health and wellbeing needs.

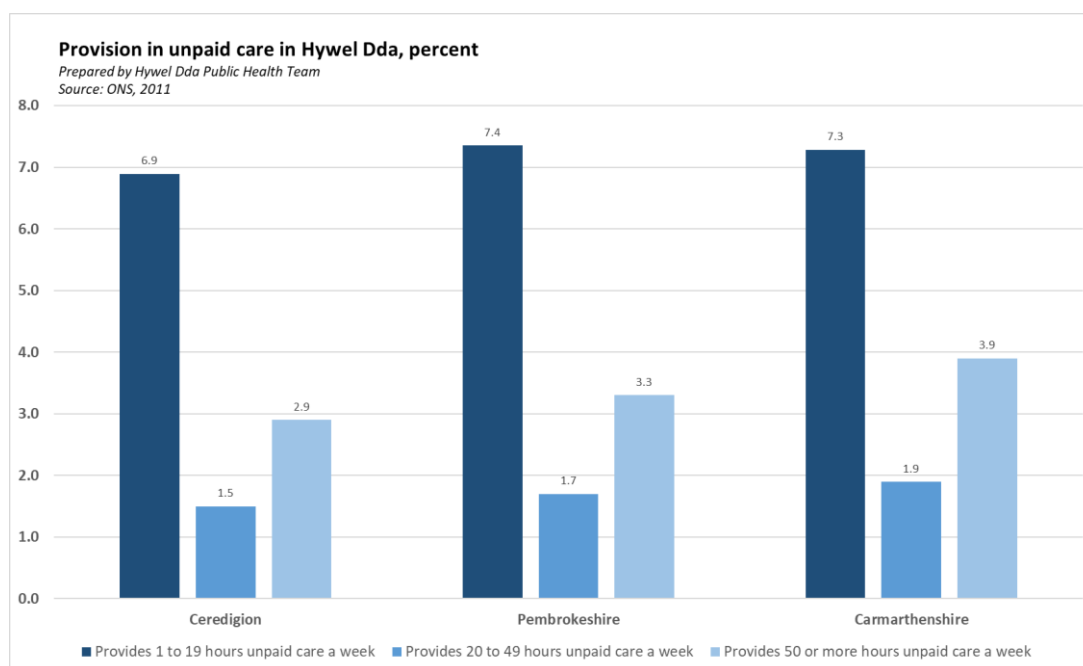
Based on a national calculation conducted by carers UK and Sheffield University in 2015 (Buckner and Yeandle, 2015), the cost of replacing unpaid care in West Wales, can be estimated at £924m. This exceeds the NHS annual budget for the region which is almost £727m (Hywel Dda UHB, 2016a).<sup>18</sup>

There are more than 47,000 unpaid carers representing 12.5% of residents in West Wales (ONS, Census 2011). When looking at the amount of care individuals provide ONS highlighted (see figure below) the majority in all three counties were providing between 1–19 hours of unpaid care a week, closely followed by 50+ hours of unpaid care. The least amount of unpaid care in all three counties was between 20–49 hours.



<sup>18</sup> West Wales Care Partnership

**Figure 2.12.1 Unpaid care in Hywel Dda UHB**



Looking at previous census data (2001) and comparing actual numbers of individuals who provide unpaid care with the 2011 census data, not surprisingly numbers have increased for each county and for each category of number of hours provided.

Total number of people who provide unpaid care by County and number of hours of care provided <sup>19</sup>						
Hours of Care provided per week	Carmarthenshire		Ceredigion		Pembrokeshire	
	2001	2011	2001	2011	2001	2011
<b>1-19 Hours</b>	12,861	13,390	4,593	5,234	8,432	9,006
<b>20-49 Hours</b>	2,729	3,485	877	1,144	1,667	2,128
<b>50+ Hours</b>	6,250	7,114	1,981	2,225	3,484	4,061

## 2.13 Traveller and Gypsy communities<sup>20</sup>

Gypsies and Travellers form rich, varied and diverse communities that have travelled throughout the UK for over 500 years. They include:

- Romany Gypsies
- Roma
- Scottish Travellers
- Welsh Travellers (Kale)
- Irish Travellers
- New Travellers
- Bargees or Boat Dwellers
- Show people/Circus People

As with any ethnic group, needs will differ between individuals and between communities. The literature specific to the Gypsy and Traveller population indicates that, as a group, their health overall is poorer than that of the general population and also poorer than that of non-Travellers living in socially deprived areas (Parry et al., 2004; Parry et al., 2007). They have poor health

<sup>19</sup> <http://www.infobasecymru.net/IAS/themes/2011census/healthandcare/tabular?viewId=970&geoid=1&subsetId=>  
<http://www.wcp-data.org.uk/carers>

<sup>20</sup> <https://gov.wales/sites/default/files/statistics-and-research/2020-04/gypsy-and-traveller-caravan-count-january-2020-641.pdf>

expectations and make limited use of health care provision (Van Cleemput et al., 2007; Parry et al., 2007).

Gypsies and Travellers have a life expectancy of over 10% less than the general population. Health issues such as lower life expectancy, higher mortality risk, increased burden of communicable disease, increased morbidity from non-communicable disease, high infant mortality rates, high maternal mortality rates, low child immunisation levels, mental health issues, substance misuse issues and diabetes are prevalent in the Gypsy and Traveller communities.<sup>21 22 23 24</sup>

In 2015 the Welsh Government developed guidance to support local authorities manage gypsy traveler communities especially in relation to site licensing and the provision of outreach services to support the delivery of social care, education and early years services.<sup>25</sup>

In January 2020 there were 1,092 Gypsy and Traveller caravans and 136 sites reported in Wales, this highlighted an increase of 4% (42 caravans) of Gypsy and Traveller caravans and 10% (12 sites) of number of sites (both authorised and unauthorised). Of the total number of caravans, 89% (972 caravans) were on authorised sites, of which 63% (614 caravans) were on Local Authority sites and 37% (358 caravans) were on private sites.

#### Number of Gypsy and Traveller caravans in Wales on 23 January 2020

	Authorised Sites (with planning permission)		Unauthorised Sites (without planning permission)				
	Number of Caravans		Number of Caravans on sites on Gypsies own land		Number of Caravans on sites on land not owned by Gypsies		
	Local Authority <sup>1</sup>	Private	Tolerated	Not Tolerated	Tolerated	Not Tolerated	All Caravans
Carmarthenshire	23	38	0	7	0	0	68
Ceredigion	0	5	0	0	0	2	7
Pembrokeshire	121	50	0	3	0	0	174
Wales	614	358	31	32	46	11	1.092

<sup>21</sup> European Commission. Roma Health Report: Health status of the Roma population. Data collection in the member states of the European Union. European Union, 2014.

<sup>22</sup> Marmot M, Allen J, Bell R, et al. WHO European review of social determinants of health and the health divide. The Lancet 2012; 380:1011–29.

<sup>23</sup> Cook B, Wayne GF, Valentine A, et al. Revisiting the evidence on health and health care disparities among the Roma: a systematic review 2003–2012. Int J Public Health 2013; 58:885–911.

<sup>24</sup> Smart H, Titterton M, Clark C. A literature review of the health of Gypsy/Traveller families in Scotland: the challenges for health promotion. Health Educ 2003; 103:156–65.

<sup>25</sup> Managing Gypsy and Traveller Sites in Wales, Welsh Government 2015

## Number of pitches<sup>1</sup> on Gypsy and Traveller sites provided by local authorities<sup>2</sup> in Wales on 23 January 2020

	Occupied Residential	Vacant Residential	Occupied Transit	Vacant Transit	Total Number of Pitches
Carmarthenshire	15	0	0	0	15
Ceredigion	0	0	0	0	0
Pembrokeshire	75	0	0	0	75
Wales	389	14	0	2	405

Source: Gypsy and Traveller Caravan Count, Welsh Government

<sup>1</sup> One pitch may accommodate multiple caravans

### 2.14 Offenders

Hywel Dda UHB has no prisons located in its area. Offenders resident in the Hywel Dda UHB area serve their custodial sentences at prisons located elsewhere in Wales or further afield.

A recent 'Prison Health Needs Assessment in Wales' report was published by Public Health Wales and highlighted a number of key areas to address:

- Access to healthcare facilities
- Mental health and healthcare
- Substance misuse including smoking
- Oral health
- Infections disease
- Support following release

### 2.15 Homeless and rough sleepers

Homelessness is where a person lacks accommodation or where their tenure is not secure. Rough sleeping is the most visible and acute end of the homelessness spectrum, but homelessness includes anyone who has no accommodation, cannot gain access to their accommodation or where it is not reasonable for them to continue to occupy accommodation. This would include overcrowding, 'sofa surfing', victims of abuse or where their accommodation is a moveable structure and there is no place where it can be placed.

Homelessness, or the risk of it, can have a devastating effect on individuals and families. It affects people's physical and mental health and well-being, and children's development and education, and risks individuals falling into a downward spiral toward the more acute forms of homelessness. The impacts can be particularly devastating if a stable, affordable, housing solution is not achieved and people end up having to move frequently.

Rough sleepers are defined as persons who are sleeping overnight in the open air (such as shop doorways, bus shelters or parks) or in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks). The Welsh Government has a long established objective to end the need for anyone to sleep rough by ensuring appropriate and accessible accommodation is available.

Each year a count of rough sleepers is undertaken to give a single night snapshot. The estimated count is based on data collected over a two-week period with assistance from the voluntary sector, faith groups, local businesses/residents, health and substance misuse agencies, and the police. The table below shows the estimated number of rough sleepers on a one-night count for the period 2017-2019.

Local Authority	Estimated number of people sleeping rough over a two week period		
	2017(a)	2018(b)	2019(c)
Carmarthenshire	4	3	0
Ceredigion	12	15	25
Pembrokeshire	8	7	17
Wales	345	347	405

Source: Annual rough sleeper counts and estimates returns from local authorities

(a) As reported by local authorities.

(b) Based on information from local agencies/services on persons who are thought to have been sleeping rough over a 2 week period between 16 and 29 October 2017.

(c) Based on information from local agencies/services on persons who are thought to have been sleeping rough over a 2 week period between 15 and 28 October 2018. Estimated Number of people sleeping rough over a two week period

**Part 2 of The Housing (Wales) Act 2014, which commenced in Wales on 27 April 2015, places duties on Local Authorities to ensure people who are homeless or facing homelessness receive help as early as possible. A person is legally defined as homeless if:**

- They have no accommodation available in the UK or abroad
- They have no legal right to occupy the accommodation
- They have a split household and accommodation is not available for the whole household
- It is unreasonable to continue to occupy accommodation
- They are at risk of violence from another person
- They are unable to secure entry to their accommodation
- They live in a moveable structure but have no place to put it

**A person is threatened with homelessness if they:**

- Are likely to become homeless within 56 days
- Have been served with a valid Section 21 notice that expires in the next 5 days

At 31<sup>st</sup> March 2020, there were 2,325 households placed in temporary accommodation across Wales. This is an increase of 4% on 31<sup>st</sup> March 2019, and is the highest figure recorded since the introduction of the current legislation in April 2015.

#### Homeless Households in Temporary accommodation at 31 March 2020 (a)

	Number of households in temporary accommodation at 31 March 2020	Mid-year 2019 household estimates	Rate per 10,000 households
Carmarthenshire	87	82,190	10.5
Ceredigion	30	31,246	9.9
Pembrokeshire	63	56,127	11.0
Wales	2,325	1,368,708	17.0

(a) Numbers of households in temporary accommodation are rounded to the nearest 3. Rates are calculated using unrounded numbers (not shown in this table).



### Households in Hywel Dda threatened with homelessness within 56 days, 2019-20 (Section 66)

	Carmarthenshire	Ceredigion	Pembrokeshire	Wales
Households threatened with Homelessness within in 56 days - <b>Number</b>	423	144	330	9,993
Households threatened with Homelessness within in 56 days - <b>Rate per 10,000 households</b>	52	46	59	74
Households successfully prevented from Homelessness – <b>Number</b>	195	99	219	6,699
Households successfully prevented from Homelessness – <b>Percentage (%)</b>	46	69	66	67
Households successfully prevented from Homelessness – <b>Rate per 10,000 households</b>	24	32	39	49
<b>Total Outcomes</b>	2,346	450	1,026	31,320

### Households assessed as homeless and owed duty to secure, 2019-20 (Section 73)

	Carmarthenshire	Ceredigion	Pembrokeshire	Wales
Households assessed as homeless and owed duty to secure - <b>Number</b>	1,074	180	378	12,399
Households assessed as homeless and owed duty to secure – <b>Rate per 10,000 households</b>	132	58	68	91
Households successfully relieved from Homelessness – <b>Number</b>	354	78	162	5,088
Households successfully relieved from Homelessness – <b>Percentage (%)</b>	33	43	43	41
Households successfully relieved from Homelessness - <b>Rate per 10,000 households</b>	43	23	29	37
<b>Total Outcomes</b>	2,346	699	1,026	31,320

## Households eligible for homelessness assistance and in priority need by Area and Measure, 2019-20 (Section 75)

	Carmarthenshire	Ceredigion	Pembrokeshire	Wales
Households unintentionally homeless and in priority need - <b>Number</b>	354	42	69	3,060
Households unintentionally homeless and in priority need - <b>Rate per 10,000 households</b>	44	13	12	23
Households positively discharged - <b>Number</b>	291	30	57	2,388
Households positively discharged from Homelessness - <b>Percentage (%)</b>	82	74	82	78
Households positively discharged from Homelessness - <b>Rate per 10,000 households</b>	36	10	10	18
Total Outcomes	2,346	450	1,026	31,320

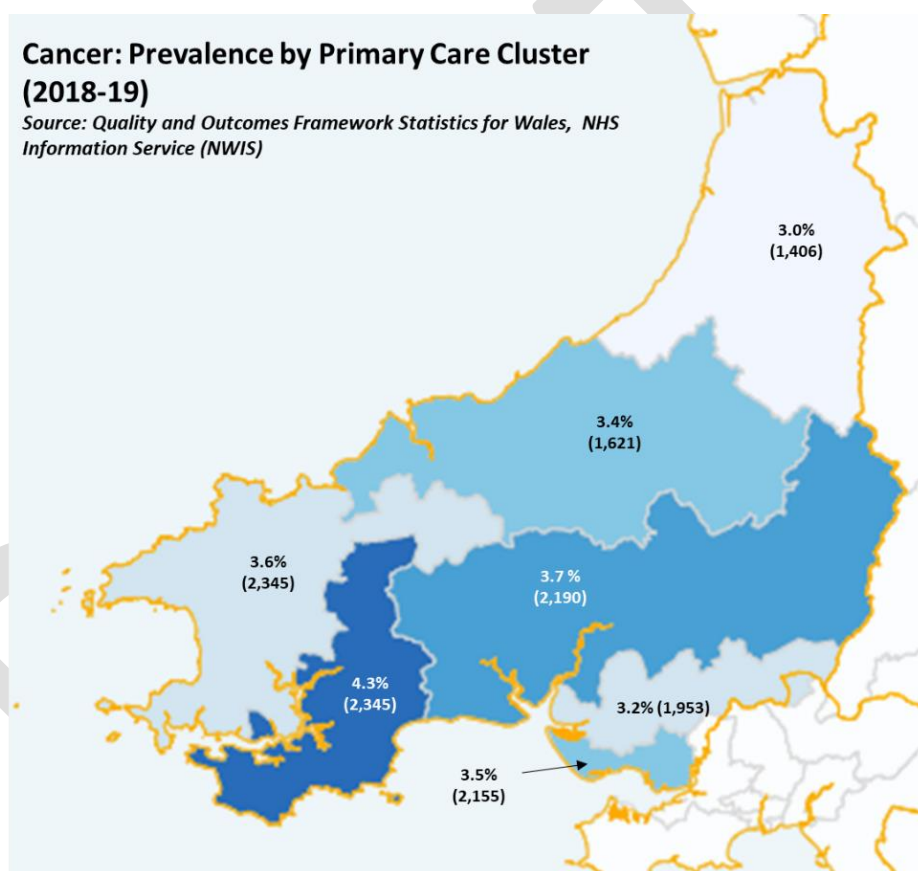
### 3. General health needs of Hywel Dda University Health Board

Data for this section are drawn from a number of datasets and provide an overview of incidence and prevalence by local authority, Primary Care Cluster and/or Upper Super Output Area (USOA) where data are available.

#### 3.1 Cancer

Cancer continues to be a significant cause of morbidity and mortality in the population of Hywel Dda UHB. Figure 3.1.1 below provides an overview of cancer registrations in Hywel Dda UHB by Primary Care Cluster. Those areas with the highest prevalence include North and South Pembrokeshire, Llanelli and the Tywi Taf locality.

**Figure 3.1.1 Cancer prevalence by primary care cluster**



As far as the most common types of cancer are concerned for the 5 year period 2013-17 prostate cancer incident rates in Hywel Dda UHB for men were significantly higher than all other cancers (EASR 206.6, Count 2,171) followed by colorectal cancer (EASR 90.4, count 927) and lung cancer (EASR 88.5, count 908). Over the same time-period for women the highest incident rate was for breast cancer (EASR 197.3, count 1,979) followed by lung cancer (EASR 60.9, count 716) and colorectal cancer (EASR 57.9, count 686).<sup>26</sup>

In the period, 2001-05 to 2013-17 incidence rates for prostate cancer have continued to increase (EASR 186.9 to EASR 206.6, respectively). Incidence rates for other cancers in men have remained stable. Likewise, breast cancer rates for women have increased from and EASR of 161.0 in 2001-05 to 179.3 in 2013-17.

<sup>26</sup> Welsh Cancer Intelligence and Surveillance Unit, PHW

Figure 3.1.2 Cancer Incidence Rates

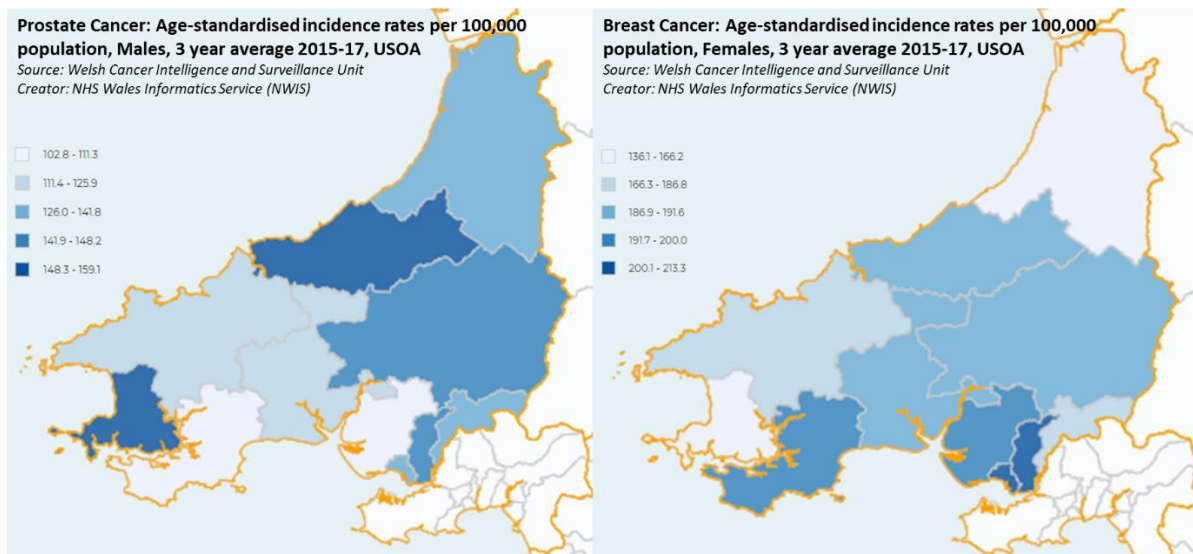
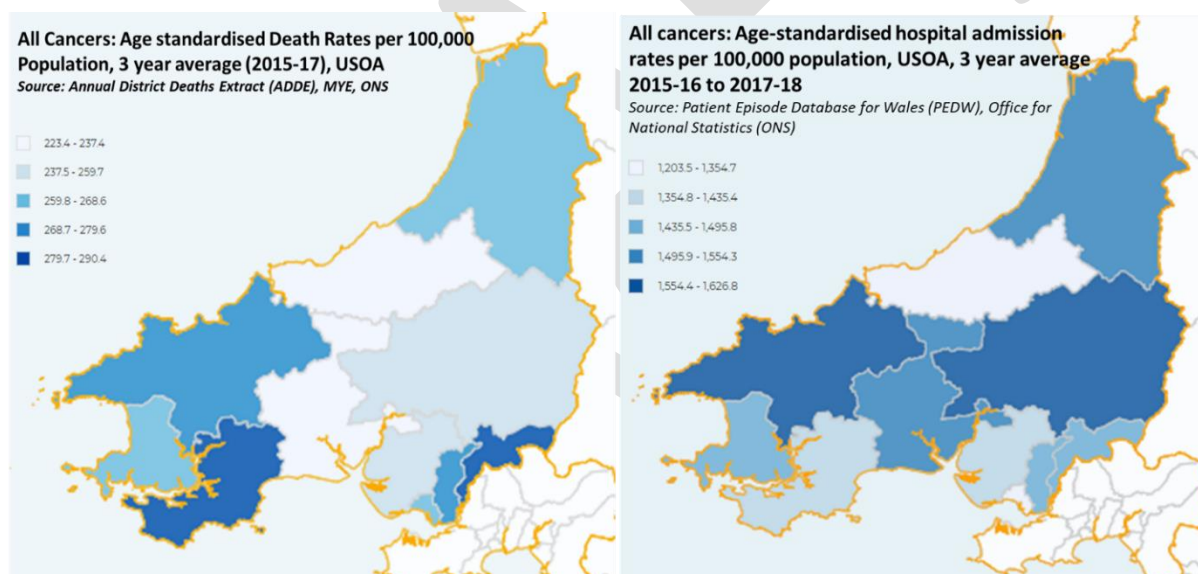


Figure 3.1.3 All cancers: Age standardised death rates and hospital admissions



In Hywel Dda UHB the highest age standardised hospital admission rates per 100,000 population for prostate cancer were in the area covered by North East Carmarthenshire (348.7/100,000) and the Milford Haven/Pembroke Dock areas of Pembrokeshire (343.6/100,000). The highest age-standardised admission rates for female breast cancer were in North and South Ceredigion (261.1/100,000 and 300.2/100,000, respectively).

### 3.2 Cardiovascular disease

Cardiovascular disease (CVD) is a major cause of ill-health and death in Wales. It is caused by disorders of the heart and blood vessels, and includes coronary heart disease (heart attacks), cerebrovascular disease (stroke), raised blood pressure (hypertension) and heart failure. CVD has a substantial impact on the health service. Over 7% of all in-patient hospital admissions in Wales are for CVD.



Figure 3.2.1 Overview of CVD related morbidity and mortality in Hywel Dda UHB

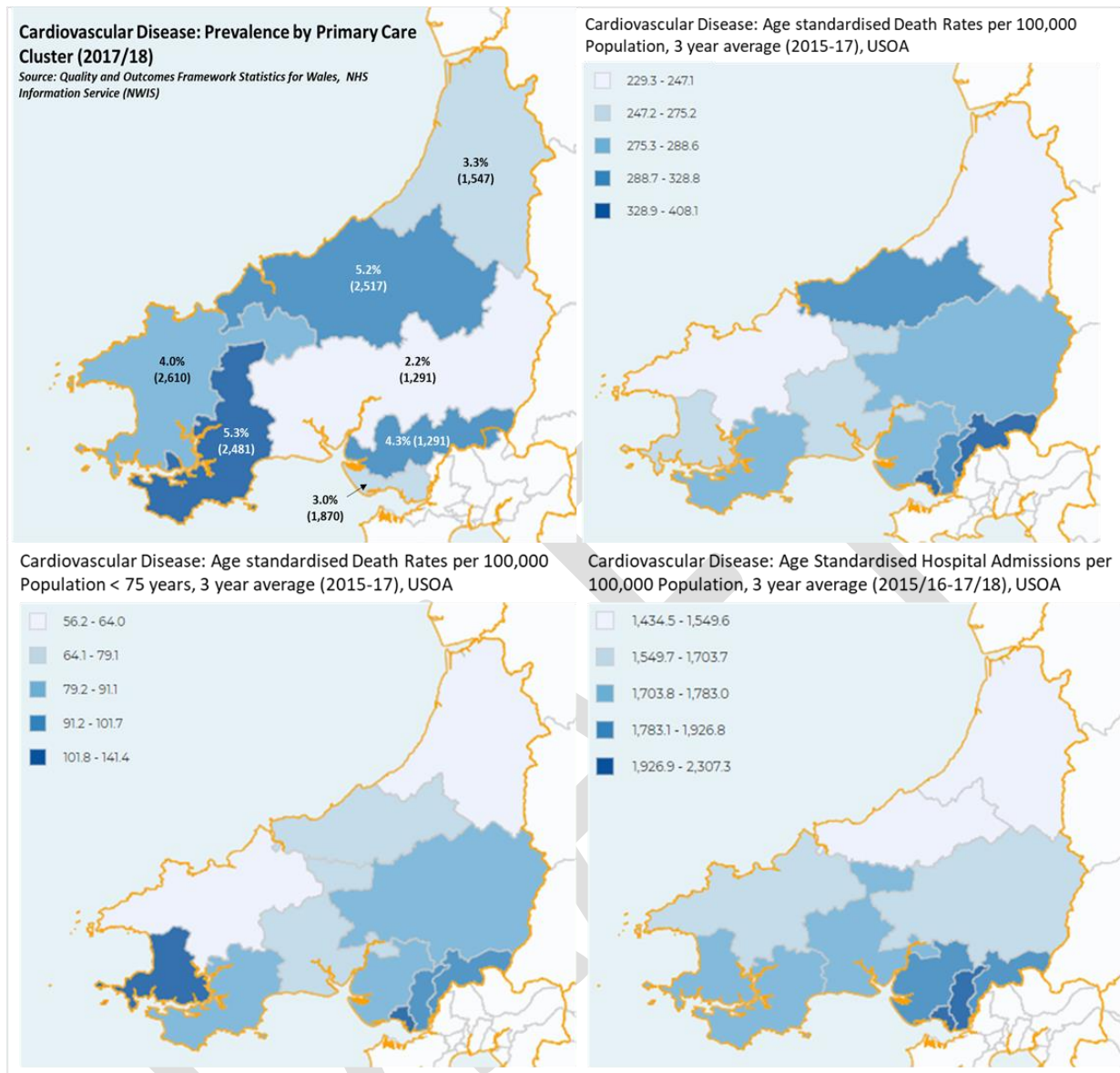
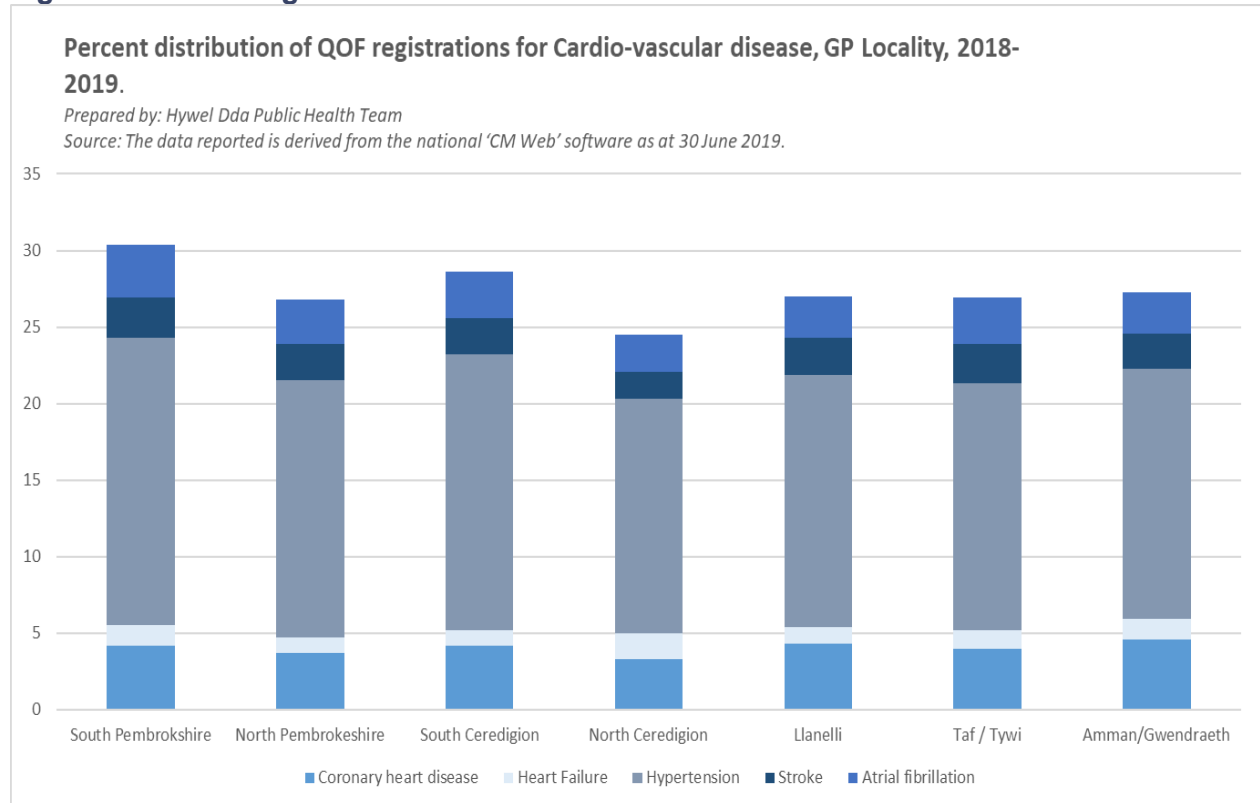


Figure 3.2.2 below provides an overview of CVD prevalence by primary care locality in Hywel Dda UHB. CVD accounts for over 25% of all QOF registrations with over 16 per cent of prevalence being for hypertension.



**Figure 3.2.2 QOF registrations for CVD**



1 in 5 adults in Wales report being treated for high blood pressure (hypertension) and there are many more undiagnosed and untreated. High blood pressure is one of the leading risk factors for premature death and disability in Wales.<sup>27</sup>

At least half of all heart attacks and strokes are associated with high blood pressure. This includes thousands of acute events in Wales, and is a major risk factor for chronic kidney disease, heart failure and cognitive decline.

Nearly 1 in 5 people diagnosed with high BP in Wales are not treated to target levels. Treatment for high BP significantly reduces the risk of heart attack, stroke, heart failure and all-cause mortality. Every 10 mmHg reduction in systolic BP reduces the risk of major cardiovascular events by 20%. Treatment is very effective at lowering BP and at improving outcomes.

More than 500,000 people are diagnosed and living with high blood pressure in Wales. However, analysis elsewhere in the UK suggests that for every 10 people diagnosed with high blood pressure, 7 others remain undiagnosed and untreated.

High blood pressure rarely causes symptoms and detection generally relies on opportunistic testing or late presentation by individuals with conditions or complications related to high blood pressure. Diagnosis of high blood pressure depends on accurate measurement, but measurement technique could be improved amongst health care professionals and the public.

Despite a dramatic reduction in death rates from CHD in the past 20 years, CHD remains the major single cause of death in Wales with 3,821 deaths in 2017 and 559 deaths in Hywel Dda UHB. Wales has a higher prevalence of CHD than the UK as a whole (3.7% c.f. 3.3%) and

<sup>27</sup> Global Burden of Disease study, The Lancet (2020), volume 396, No. 10258

there were more than 14,220 hospital admissions with CHD in Wales in 2017/18 and 2,143 in Hywel Dda UHB for the same period.

A person's risk of developing CHD is significantly increased if a person smokes, is overweight or obese, has high blood pressure (hypertension), has a high blood cholesterol level, does not take regular exercise, has diabetes or has a family history of heart disease. Wales has a high prevalence of the risk factors associated with CHD and cardiovascular disease resulting in a higher prevalence of heart attacks, strokes and heart failure.

The risk factors for CHD are modifiable and premature CHD is a largely preventable condition, significantly influenced by poverty and socio-economic health determinants.

Given that many people who present with CHD have had the disease for some years prior to presentation, the challenge is to identify people with a high risk of developing CHD or with established CHD and offer them comprehensive lifestyle advice and appropriate treatment. A lack of treatment increases the risks of morbidity, mortality and hospitalisation for people with CHD.

### 3.3 Diabetes

There are 2 main types of diabetes, type 1 and type 2 with the latter being much more common. Type 1 diabetes is an autoimmune disorder that usually manifests in childhood and requires lifelong management to avoid poor health outcomes.

People with type 2 diabetes have high rates of coronary heart disease and stroke. Other complications of diabetes include kidney failure, eye disease and circulatory and neurological problems in the foot and leg. Type 2 diabetes is more common in socio-economically deprived communities and in Black and Asian people.

According to Diabetes UK<sup>28</sup>, Wales has the highest prevalence of diabetes in the UK, with more than 209,000 people, or 8% of the population, living with diabetes. The numbers are rising each year, with an additional 10,695 people diagnosed in 2020. Estimates suggest that there are a further 65,501 people with type 2 who have not yet been diagnosed, and that a further 580,000 people could be at risk of developing type 2 diabetes.

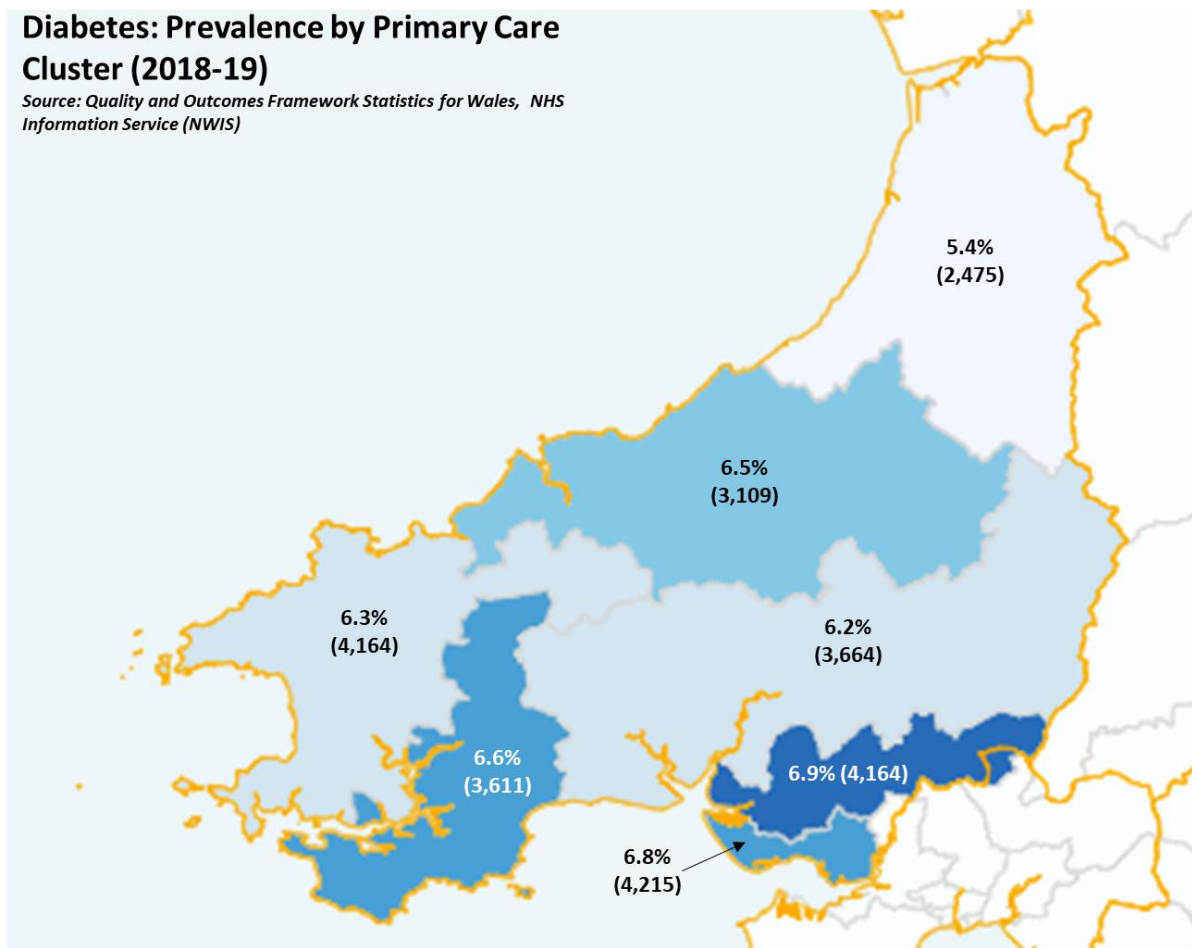
Figure 3.3.1 below, provides an overview of diabetes prevalence by primary care cluster with rates being highest in the Amman/Gwendraeth cluster, South Pembrokeshire and Llanelli.

<sup>28</sup> [Diabetes UK, Diabetes in Wales](#)

Figure 3.3.1 Diabetes prevalence by Primary Care Cluster

### Diabetes: Prevalence by Primary Care Cluster (2018-19)

Source: Quality and Outcomes Framework Statistics for Wales, NHS Information Service (NWIS)



Preventing type 2 diabetes by reducing modifiable risk factors is a key goal for health and social care providers. Such interventions have the additional benefit of reducing the risk of various other chronic conditions such as cardiovascular and respiratory disease. Type 2 diabetes prevalence is higher in areas of greatest deprivation, and amongst minority ethnic communities. Services should be designed to reduce this health inequality. Effective self-management of diabetes is crucial, therefore, information, structured education and empowerment are essential to enable this.

Nearly 17% of hospital inpatients in England and Wales have diabetes and hospitals need to be safe environments for people with diabetes, free from harm and disempowerment. More pregnancies are affected with diabetes than ever before and it is important to ensure services can accommodate this. Children living with diabetes should receive the best possible support and care in all environments, including schools.

### 3.4 Mental health

Mental health is determined by biological, psychological, social, economic and environmental factors, which interact in complex ways. Mental illness is an experience that interferes with day-to-day functioning. People with mental illness may benefit from some form of intervention or specialist mental health services. There are many different types of mental illness including depression, schizophrenia and dementia.

- In Hywel Dda UHB, age-standardised mental and behavioural death rates have increased from 57.3 per 100,000 population in 2009-11 to 100.8 in 2015-17.
- Age-standardised suicide death rates have increased in Hywel Dda UHB from 7.3 per 100,000 population in 2009-11 to 13.3 per 100,000 population in 2015-17. Of the three counties Pembrokeshire has the highest rate (15.7/100,000 population).
- Age-standardised dementia mortality rates have increased in Hywel Dda UHB from 44.0 per 100,000 population in 2009-11 to 85.0 in 2015-17.<sup>29</sup>

Mental well-being is a state where people are able to cope with the normal stresses of life whilst being productive and being able to contribute to their communities. The Public Health Wales Mental wellbeing in Wales tool explores mental wellbeing scores and other wellbeing indicators from adult and child survey data. It highlights the following Health Board and Local Authority findings from the 2018 Annual Population Survey:<sup>30</sup>

**High Sense of Worthwhile** – Overall Hywel Dda UHB showed a similar percentage (84.2) to Wales (84.0). Individuals in Ceredigion had the highest percentage (85.5) in all 3 counties and higher than Wales. Carmarthenshire being the lowest (83.2) and lower than Wales average (84.0). Age groups 35 – 44, 65-74 and 25-34 were more likely to have a high sense of worthwhile.

**Low Sense of Anxiety** – Overall Hywel Dda UHB (63.6) showed a higher percentage than that of the Wales average (62.8). Carmarthenshire residents reported the highest percentage (65.5) of all three counties and higher than the Wales average (62.8). Ceredigion being the lowest (60.4) and lower than Wales (62.8). Age groups 55-64, 65-74 and 75+ were more likely to have a low sense of anxiety.

**High Sense of Life Satisfaction** – Overall Hywel Dda UHB showed a lower percentage (79.8) than Wales (81.3). Individuals in Ceredigion reported the highest percentage (81.8) within the region. The lowest being in Carmarthenshire (79.1). Age groups 65-74, 25-34 and 16-24 were more likely to have a high sense of satisfaction.

**High Sense of Happiness** – Overall Hywel Dda UHB showed a higher percentage (75.6) than Wales (74.7). Ceredigion residents reported the highest percentage (77.5) within the region and compared to the Wales average (74.7). The lowest being in Pembrokeshire (74.0) and lower than Wales (74.7). Age groups 65-74 and 75+ were more likely to have a high sense of satisfaction.

Across Wales, patterns emerged showing:

- More females than males were more likely to have a high sense of worthwhile, whereas males were more likely to have a low sense of anxiety, a high sense of life satisfaction and a high sense of happiness
- Those classified as least deprived were more likely to have a high sense of life satisfaction, a low sense of anxiety, a high sense of life satisfaction and a high sense of happiness compared to those classified as most deprived. This was also the case for those who are

<sup>29</sup> Annual District Deaths Extract (ADDE), Number of registered deaths, ONS

<sup>30</sup> Mental Wellbeing in Wales, Public Health Wales, 2020

<https://publichealthwales.shinyapps.io/MentalWellbeingInWales/>



employed compared to those unemployed or inactive, those with very good general health compare to those who have very bad general health

## Dementia

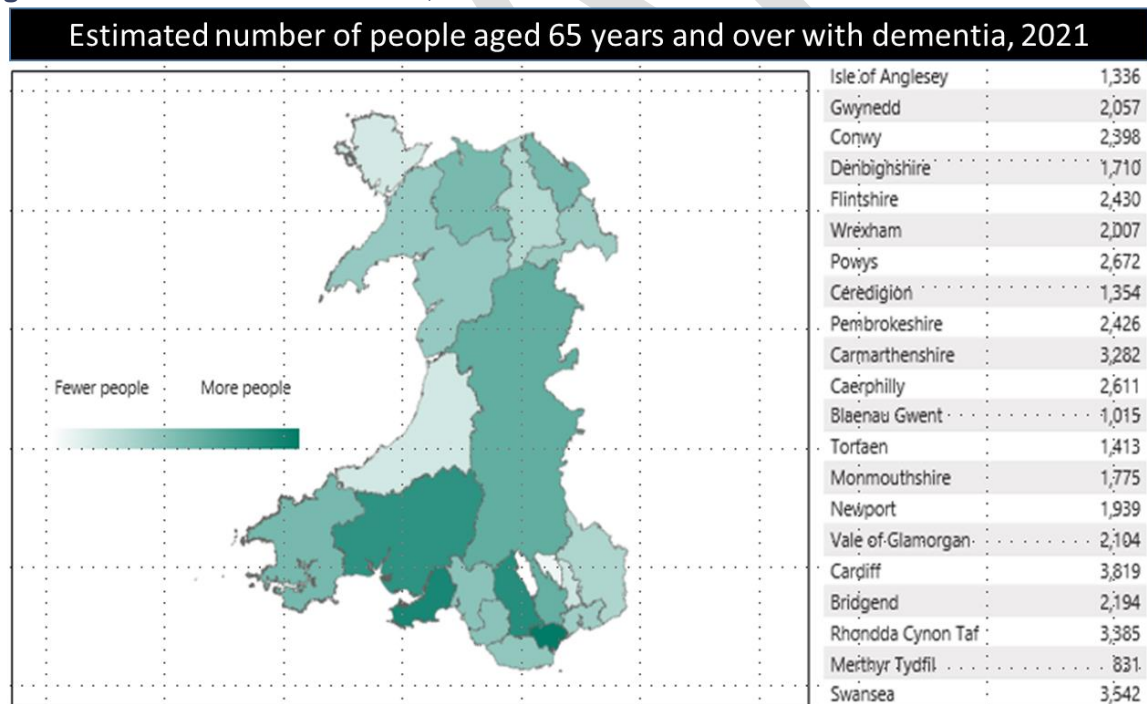
Dementia is a major public health problem in Wales with approximately 48,487 cases. In Hywel Dda UHB 2,921 individuals are register with dementia which is likely to be an underestimate due to symptoms not being recognised and delays in diagnosis. The predicted number of people aged 65+ with dementia in 2021 is:

- Carmarthenshire – 3,282
- Ceredigion – 1,354
- Pembrokeshire – 2,426

Prevalence and incidence projections show that the number of people with dementia will continue to grow, especially in the oldest age group (85 years and over). Over 10% of deaths in men 65 years of age and older and 15% of deaths in women in the same age group are attributable to dementia. Dementia is also one of the major causes of disability in later life and accounts for 12% of years lived with a disability.<sup>31</sup>

Figure 3.4.1 provides an overview of estimated dementia prevalence across Wales by local authority area. As mentioned above, the estimated number is higher than those that are on the dementia register due to individuals not recognising the symptoms and delays in diagnosis.

**Figure 3.4.1 Dementia Estimates, 2021**



Source: <http://www.daffodilcymru.org.uk>

It is important that people with dementia can access primary care services to ensure early diagnosis and, as the condition progresses, treating even minor complaints can make a considerable difference to a person's wellbeing.

<sup>31</sup> Van de Flier and Scheltens (2005)



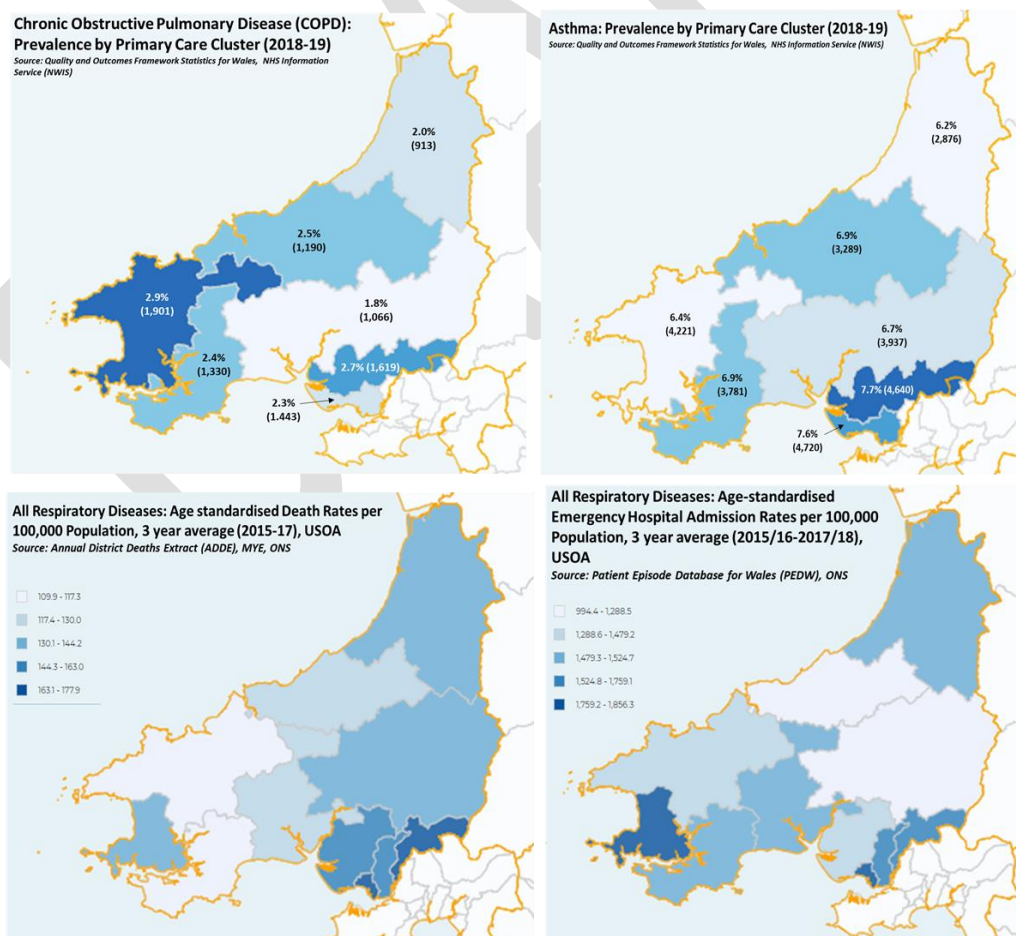
From a public health perspective, it is important to remember that while dementia usually affects older people it is not an inevitable part of the ageing process.<sup>32</sup> It may therefore, be amenable to primary prevention, awareness raising to reduce stigma and reducing barriers to early diagnosis and support for carers to reduce the economic burden and improve quality of life. This would require the following to be addressed:

- Risk factors for vascular disease including diabetes, mid-life hypertension, mid-life obesity, smoking and physical activity
- Early diagnosis and referral
- Detecting and treating behavioural and psychological symptoms
- Providing information and long term support to carers

### 3.5 Respiratory disease

**Respiratory health remains a real burden to the NHS in Wales, with 1 in 12 people having a respiratory illness.** Among the most common are chronic obstructive pulmonary disease (COPD), asthma, occupational lung diseases such as coal miners' pneumoconiosis, pneumonia and pulmonary hypertension. **The figure below provides an overview of respiratory related morbidity and mortality in Hywel Dda UHB. COPD prevalence is highest in North Pembrokeshire.**

**Figure 3.5.1 Respiratory Disease in Hywel Dda UHB**



<sup>32</sup> WHO (2012). Dementia: a public health priority

Respiratory disease consumes £400 million per annum and is ranked fifth in terms of spend of all disease categories. There is considerable work to be done to improve the diagnosis of asthma and COPD. For example, a national audit has shown that more than 25% of patients on COPD registers may not have the condition. As a result, considerable effort has been invested in providing quality assured spirometry training and standard equipment across Wales.

Tobacco smoking remains the single biggest preventable cause of death and while smoking prevalence is declining across Wales, ongoing investment in NHS funded cessation services and the introduction of legislation to reduce exposure to second hand smoke will support continued improvement in respiratory health.

### 3.6 Sexual health

The World Health Organisation defines sexual health as a “state of physical, emotional, mental and social well-being related to sexuality. It is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be maintained the sexual rights of all persons must be respected, protected and fulfilled.”<sup>33</sup>

As sexually transmitted infections may not have any symptoms, some people do not seek medical help and remain undiagnosed. There is still a social stigma associated with sexual ill health, which may also prevent people from seeking advice. The health consequences of not being diagnosed and treated can be considerable. They include pelvic inflammatory disease, which can cause ectopic pregnancies and infertility, cervical and other genital cancers, hepatitis, chronic liver disease and liver cancer, recurrent genital herpes, and epididymitis in men.

#### Sexually Transmitted Infections (STIs)<sup>34 35</sup>

The Public Health Wales, Communicable Disease Surveillance Centre, Wales Surveillance Scheme (SWS) Quarterly Report, January 2019 (Data to end September 2018) highlights that:

- Health Board (HB) trends should be interpreted with caution, as completeness of data varies between clinics and Health Boards
- The latest available trends indicate that compared to the same period for the previous year, syphilis and gonorrhoea have increased in most of Wales, with important increases in the last quarter covered by this report (Q3 2018)
- The increase of chlamydia diagnoses amongst MSM was seen across all Health Boards and those of gonorrhoea and syphilis in most Health Boards

The quarterly report highlights the following Hywel Dda UHB data 2017-2018 and 2018-2019 and the diagnosis percentage increase/decrease change between the 2 reporting quarters:

<sup>33</sup> Public Health Wales, Communicable Disease Surveillance Centre, February 2019. Wales Surveillance Scheme (SWS) Quarterly Report, January 2019 (Data to end September 2018)

[http://www.wales.nhs.uk/sitesplus/documents/888/Quarterly%20Report\\_Jan2019\\_v1.pdf](http://www.wales.nhs.uk/sitesplus/documents/888/Quarterly%20Report_Jan2019_v1.pdf)

<sup>34</sup> Hywel Dda University Health Board – Sexual Health Needs Assessment 2019

<sup>35</sup> PHW PHOF

## Chlamydia

Percentage change in chlamydia diagnoses made in ISH clinics from Q2 2017- Q3 2017 to Q2 2018-Q3 2018, Hywel Dda UHB, gender and sexuality

Group	2017 – 2018	2018 –2019	% Change
Female	201	179	-11%
Male*	130	140	8%
*of which MSM	16	11	-31%
Total	331	319	-4%

\*small numbers with potential for indirect disclosure of person identifiable information

† Hywel Dda reporting has improved greatly recently, with all clinics submitting data to SWS since March 2016

## Gonorrhoea

Percentage change in gonorrhoea diagnoses made in ISH clinics from Q2 2017- Q3 2017 to Q2 2018-Q3 2018, Hywel Dda UHB, gender and sexuality

Group	2017 – 2018	2018 –2019	% Change
Female	14	16	14%
Male*	23	22	-4%
*of which MSM	11	8	-27%
Total	37	38	3%

\*small numbers with potential for indirect disclosure of person identifiable information

† Hywel Dda reporting has improved greatly recently, with all clinics submitting data to SWS since March 2016

## Syphilis

Percentage change in syphilis diagnoses made in ISH clinics from Q2 2017- Q3 2017 to Q2 2018- Q3 2018, Hywel Dda UHB, gender and sexuality

Group	2017 – 2018	2018 –2019	% Change
Female	2	2	0%
Male*	5	2	-60%
*of which MSM	*	*	*
Total	7	4	-43%

\*small numbers with potential for indirect disclosure of person identifiable information

† Hywel Dda reporting has improved greatly recently, with all clinics submitting data to SWS since March 2016

## Human Papillomavirus (HPV) Vaccine<sup>36</sup>

The HPV vaccine is delivered as part of the NHS vaccination programme to help protect against cancers caused by the HPV virus. Data produced in the Public Health Wales vaccine uptake in Children in Wales, July to September 2020: COVER report highlighted the local uptake in different age groups in Hywel Dda UHB:

<sup>36</sup> Public Health Wales Health Protection Division. Vaccine uptake in Children in Wales, July to September 2020: COVER report 136, November 2020. Cardiff, Public Health Wales.

<http://www.immunisation.wales.nhs.uk/quarterlycover>

**Uptake of HPV vaccine in children reaching 13 years of age between 01/09/19 and 31/08/20 (School Year 8) and resident on 30/09/20, with breakdown of coverage for sex.**

Area Hywel Dda HB	Resident Children (n)	HPV 1 dose %	Resident Girls (n)	HPV1 dose %	Resident Boys (n)	HPV 1 dose %
Carmarthenshire	2,137	85.8	1,055	88.8	1,080	82.9
Ceredigion	700	84.3	348	87.4	352	81.3
Pembrokeshire	1,341	52.5	657	57.8	684	47.4
<b>TOTAL</b>	<b>4,178</b>	<b>74.8</b>	<b>2,060</b>	<b>78.7</b>	<b>2,116</b>	<b>71.1</b>

**Uptake of HPV vaccine in girls reaching 13, 14 and 15 years of age between 01/09/19 and 31/08/20 and resident on 30/09/20.**

Area Hywel Dda UHB	13 years (2019 – 2020 School Year 8) <sup>1</sup>		14 years (2019 – 2020 School Year 9) <sup>1</sup>			15 years (2019 – 2020 School Year 10)		
	Resident Girls	HPV 1 dose %	Resident Girls	HPV 1 dose %	HPV 2 dose %	Resident Girls	HPV 1 dose %	HPV 2 dose %
<b>Carmarthenshire</b>	1,055	88.8	1,002	89.7	82.4	989	91.0	87.8
<b>Ceredigion</b>	348	87.4	301	88.7	81.7	295	86.4	84.7
<b>Pembrokeshire</b>	657	57.8	617	88.2	45.9	615	88.6	82.0
<b>Total</b>	2,060	78.7	1,920	89.1	70.6	1,899	89.5	85.4

<sup>1</sup> Timings of immunisation sessions vary between HBs and uptake will increase over the next quarter as more immunisation sessions take place.

## Teenage Pregnancy

For some young people, pregnancy and parenthood are positive choices. However, for others unintended pregnancy can be associated with negative social and psychological consequences. Having children at a young age can affect the health and wellbeing of young women and limit their educational and career prospects. Socioeconomic disadvantage can be both a cause and an effect of young parenthood.

Recent data shows Hywel Dda UHB to have a teenage pregnancy rate of 17.6 per 1,000 females aged under 18, which is lower than the rate for Wales (20.2). Ceredigion has the lowest rate per 1,000 females aged under 18 years (12.0/1,000), both Carmarthenshire (18.4/1,000 females aged under 18) and Pembrokeshire (19.3/1,000 females aged under 18) are higher than Hywel Dda UHB but below Wales as can be seen by the figures below:



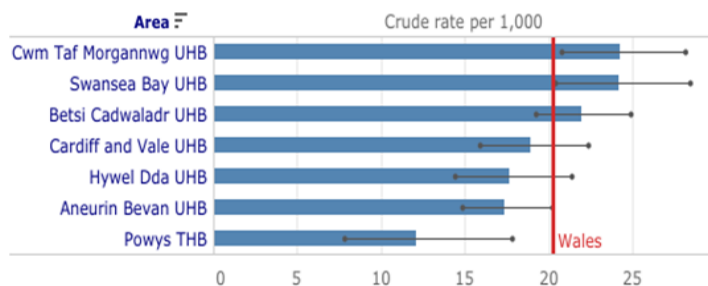


Figure 3.6.1 Teenage Pregnancy Rates

### Teenage pregnancies, 2017

Rate per 1,000, females aged under 18, health boards

— 95% confidence interval



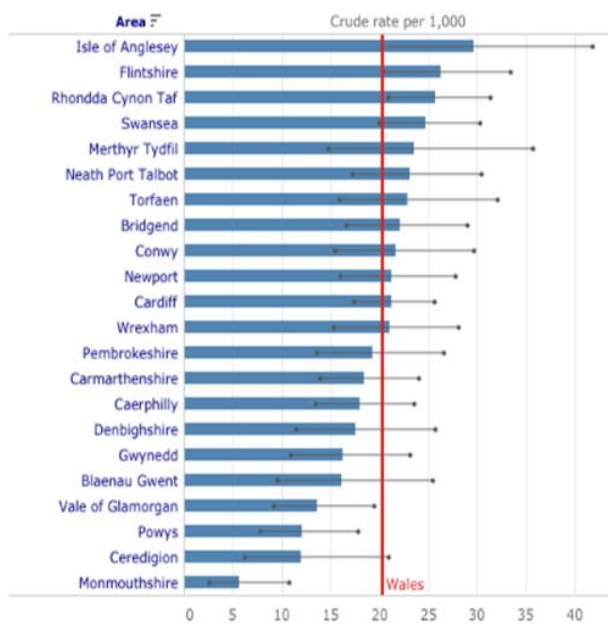
Area	Value	95% Confidence Interval	Count
Cwm Taf Morgannwg UHB	24.2	(20.7 to 28.1)	173
Swansea Bay UHB	24.1	(20.4 to 28.4)	145
Betsi Cadwaladr UHB	21.9	(19.2 to 24.9)	239
Cardiff and Vale UHB	18.9	(15.9 to 22.3)	138
Hywel Dda UHB	17.6	(14.4 to 21.3)	104
Aneurin Bevan UHB	17.4	(14.8 to 20.2)	168
Powys THB	12.1	(7.8 to 17.8)	25
Wales	20.2	(19.0 to 21.5)	992

Produced by Public Health Wales Observatory, using Conceptions data and MYE (ONS).  
Please consult the technical guide for full details on how this indicator is calculated.

### Teenage pregnancies, 2017

Rate per 1,000, females aged under 18, local authorities

— 95% confidence interval



Area	Value	95% Confidence Interval	Count
Isle of Anglesey	29.6	(20.2 to 41.8)	32
Flintshire	26.3	(20.4 to 33.4)	67
Rhondda Cynon Taf	25.7	(20.9 to 31.3)	98
Swansea	24.7	(20.0 to 30.3)	94
Merthyr Tydfil	23.6	(14.8 to 35.7)	22
Neath Port Talbot	23.1	(17.2 to 30.4)	51
Torfaen	22.9	(15.9 to 32.0)	34
Bridgend	22.1	(16.6 to 29.0)	53
Conwy	21.7	(15.4 to 29.6)	39
Newport	21.3	(16.0 to 27.7)	54
Cardiff	21.2	(17.4 to 25.6)	108
Wrexham	21.0	(15.3 to 28.1)	45
Pembrokeshire	19.3	(13.6 to 26.5)	37
Carmarthenshire	18.4	(13.9 to 24.0)	55
Caerphilly	18.0	(13.5 to 23.5)	53
Denbighshire	17.5	(11.5 to 25.7)	26
Gwynedd	16.2	(10.9 to 23.1)	30
Blaenau Gwent	16.1	(9.5 to 25.4)	18
Vale of Glamorgan	13.6	(9.2 to 19.4)	30
Powys	12.1	(7.8 to 17.8)	25
Ceredigion	12.0	(6.2 to 20.9)	12
Monmouthshire	5.7	(2.6 to 10.7)	9
Wales	20.2	(19.0 to 21.5)	992

Produced by Public Health Wales Observatory, using Conceptions data and MYE (ONS).  
Please consult the technical guide for full details on how this indicator is calculated.



### 3.7 Alcohol <sup>37</sup>

Alcohol consumption is deeply engrained within the culture of Wales and Hywel Dda UHB. Many people enjoy alcoholic drinks in moderation, but alcohol is also a dependency inducing drug, and alcohol misuse can lead to significant harm to individuals, families and communities.

Those at risk of harm from alcohol misuse come from across the spectrum of society. They include chronic heavy drinkers, adults at home drinking at hazardous or harmful levels, and children and young adults who suffer from the consequences of parental alcohol misuse. The health impact of misuse of alcohol is considerable. More people die from alcohol related causes than from breast cancer, cervical cancer, and MRSA infection combined. Excessive alcohol consumption is a major cause of serious liver disease, which is often fatal. In addition, alcohol is a major contributing factor to the risk of cancer of the breast, mouth, gullet, stomach, liver, pancreas, colon and rectum. Foetal alcohol syndrome is also a risk to the babies of mothers who use alcohol.

In Wales, 15% of all hospital admissions are due to alcohol intoxication and most recent data on hospital admissions for Hywel Dda UHB (2016/17) show that over 14,000 bed days were taken up by patients where alcohol was a primary or contributory factor in their admittance at a cost to the Health Board of over £6.1 million per year in inpatient treatment alone.

With these important factors in mind, Public Health Wales developed an interactive profile called Alcohol in Wales; this was produced in 2019 and is the source of the following data.

In Hywel Dda UHB 20% of residents drink more than the recommended guidelines, they are one of the top 3 Health Boards in Wales within this category and are higher than the Welsh average of 19%. Carmarthenshire (20.9%) and Pembrokeshire (19.8%) are also higher than the Welsh average. The lowest of the Hywel Dda UHB region and lower than Wales is Ceredigion with 18.4% of its residents drinking more than the recommended guidelines.

---

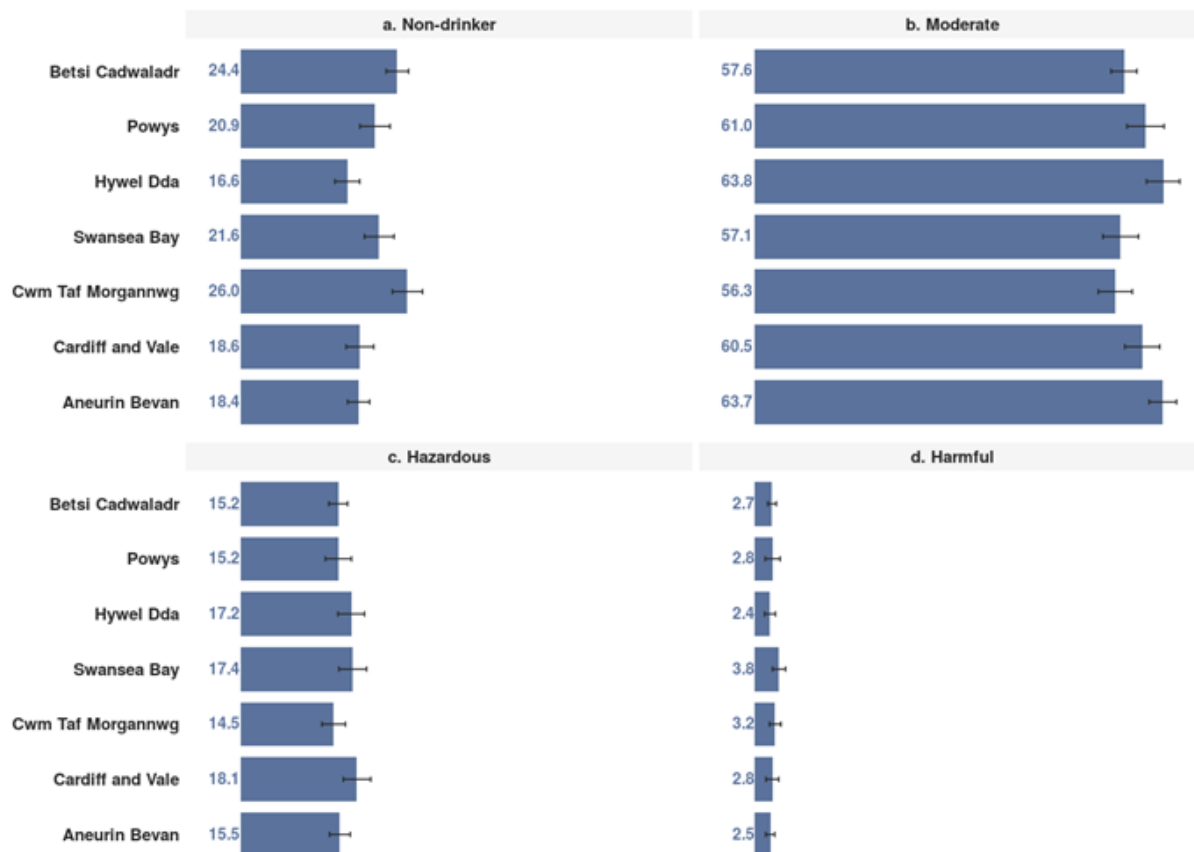
<sup>37</sup> Alcohol Evidence Compendium. Hywel Dda Public Health Team 2019

Alcohol in Wales (2019) PHW <http://www.publichealthwalesobservatory.wales.nhs.uk/alcohol-in-wales>  
PHOF

**Figure 3.7.1 Alcohol consumption among adults**

Percentage weekly alcohol consumption among adults by drinking level and health board 2016/17-2017/18  
(observed)

Produced by Public Health Wales Observatory, using NSW (WG)  
— 95% confidence interval



Just over 16% of Hywel Dda UHB residents report being non-drinkers, the lowest percentage of non-drinkers of all 7 Welsh Health Boards. It also has the lowest level of harmful drinkers (2.4% of the Hywel Dda UHB population). Carmarthenshire has the most harmful drinkers of the 3 Hywel Dda UHB local authority areas with 3.1% compared to 2.2% (Pembrokeshire) and 1.2% (Ceredigion). Carmarthenshire also has the highest proportion of hazardous drinkers 17.5% with Pembrokeshire having 17% and Ceredigion having 16.8%. Pembrokeshire has the highest level of moderate drinkers (66.6%) whilst Ceredigion has the highest percentage of non-drinkers at 20.2%.

It is important to note that whilst none of the counties are significantly higher than the rest of Wales, this information is interpreted from self-reported data.<sup>38</sup>

### Heavy Binge Drinking

The 3 counties are relatively similar for heavy and very heavy (binge) drinking. For heavy (binge) drinking Pembrokeshire (20.8%) and Carmarthenshire (20.6%) are both slightly higher than Ceredigion (18.8%). The situation locally is similar for very heavy (binge) drinking. For this indicator, Pembrokeshire has the lowest percentage (9.5%) with Ceredigion (11.1%) and Carmarthenshire (11.3%).

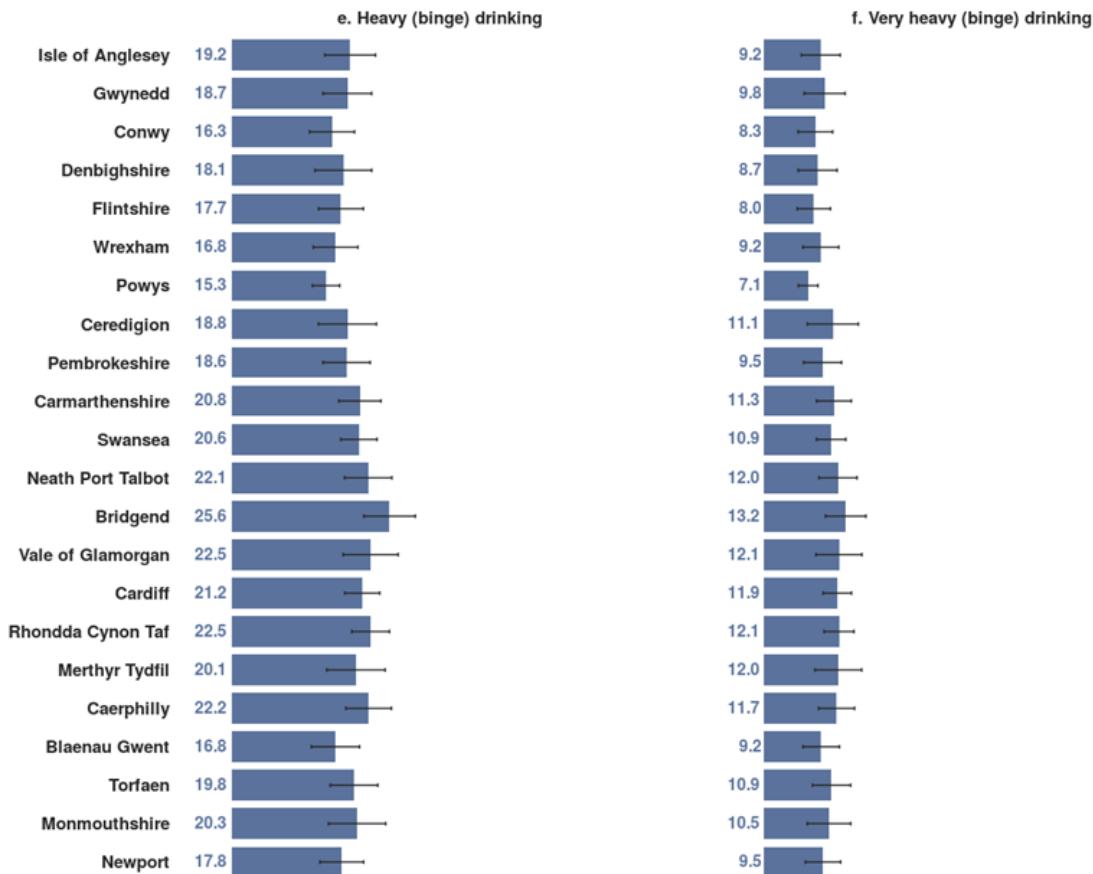
<sup>38</sup> National Survey for Wales, Welsh Government 2020

### Figure 3.7.2 Heavy and very heavy drinking by local authority

Percentage of adults reporting heavy and very heavy drinking by local authority, Wales, 2016/17-2017/18  
(observed)

Produced by Public Health Wales Observatory, using NSW (WG)

— 95% confidence interval



### Alcohol Specific Admissions

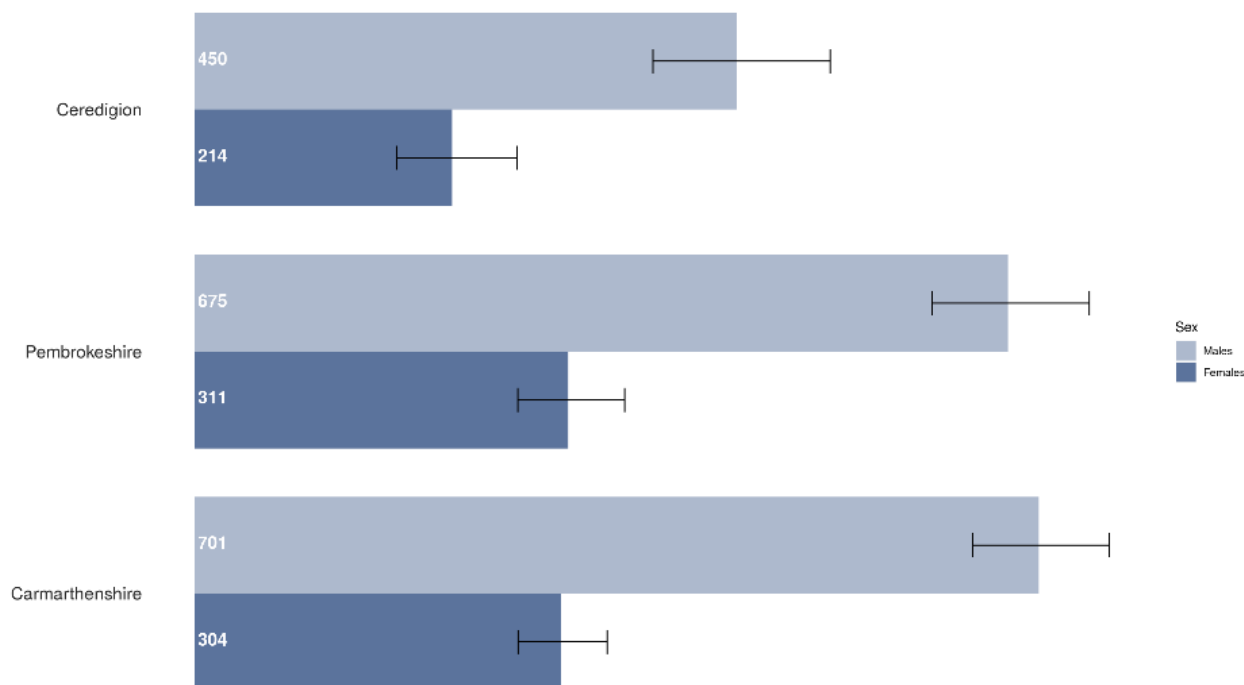
Alcohol-specific admissions measures the number of admissions, which were caused by alcohol-specific (wholly attributable) conditions, coded either in the primary diagnosis (main reason) or in the secondary diagnoses.

Hywel Dda UHB is slightly below the all-Wales average at 464 per 100,000 population. Ceredigion (329 per 100,000 population) is the lowest of the 3 local authorities, significantly lower than Pembrokeshire (487 per 100,000 population) and Carmarthenshire (495 per 100,000 population) which are both slightly above the all-Wales average of 477 per 100,000 population. However, Carmarthenshire has seen an increase in admission rates of 25% since 2015-16 and an increase of 46% since 2012-13. Ceredigion has increased by 13% since 2015-16. This may be due to the introduction of Alcohol Liaison Nurses within the hospitals in Carmarthenshire and Ceredigion who are increasing identification of those with alcohol related issues.

Differences can also be seen between genders with higher numbers of admissions for males than females in all three counties, as can be seen in the figure below:

### Figure 3.7.3 Alcohol specific admissions <sup>39</sup>

Alcohol-specific admissions, European age-standardised rates per 100,000, males and females, Hywel Dda local authorities, 2017/18  
Produced by Public Health Wales Observatory, using PEDW(NWIS) and MYE(ONS)  
— 95% confidence interval



### Alcohol Attributable Admissions

Alcohol-attributable admissions are calculated using fractions assigned to each health condition, representing the proportion of the health condition or external cause that is attributable to exposure to alcohol.

Hywel Dda UHB (1,778 per 100,000) is slightly above the all-Wales average of 1,743 per 100,000. Ceredigion (1,516 per 100,000), with the lowest rate in Hywel Dda UHB, is significantly lower than Carmarthenshire (1,881 per 100,000) which is the highest in the Health Board. Pembrokeshire (1,773 per 100,000) is also above the all-Wales average.

### Adolescent Alcohol Related Admissions

Hywel Dda UHB sees 44 young people per 100,000 head of population admitted to hospital annually directly due to alcohol. This is slightly above the all-Wales average (43 per 100,000 population) and Hywel Dda UHB is one of the top 4 Health Boards in Wales in terms of adolescent alcohol related admissions.

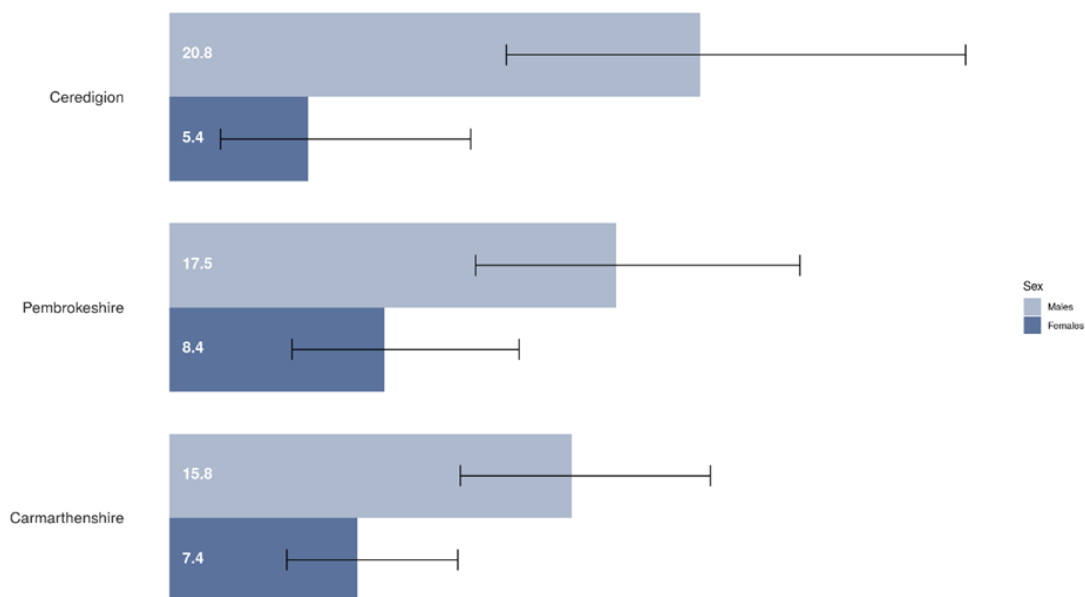
<sup>39</sup> Admissions data for this indicator are produced using the Patient Episode Database for Wales (PEDW) from NWIS and mid-year population estimates from ONS. These data can be considered much more robust than self-reported information used for other indicators.

## Alcohol Mortality

Alcohol related mortality in Hywel Dda UHB(11.9 per 100,000 population) is lower than the all-Wales average. However, within Hywel Dda UHB, Ceredigion and Pembrokeshire are above the Wales average with 13.1 and 12.9 per 100,000 population, respectively. Carmarthenshire (11.5 per 100,000 population) has the lowest rate in Hywel Dda UHB and is the only local authority in Hywel Dda UHB that is below the all-Wales average (12.5 per 100,000 population). Gender related alcohol mortality is higher in males than females.

**Figure 3.7.4 Alcohol specific mortality rates by gender and county**

Alcohol-specific mortality, crude rates per 100,000, Hywel Dda local authorities, 2015-17  
Produced by Public Health Wales Observatory, using PHM and MYE (ONS)  
— 95% confidence interval



The LEADR report issued by Public Health Wales in 2017 found that between 2005 and 2017, 7,901 people died in Wales with an underlying or contributory cause related to alcohol. Of these, 93.8% had been admitted to hospital at some point prior to death and 79.5% of these had attended A&E but only 24.8% were recorded as being assessed for treatment.

### Key considerations for health improvement<sup>40</sup>

- ▶ Increased partnership working across community, voluntary and statutory sectors to support early intervention, education, harm reduction, recovery support and policy implementation
- ▶ Support expansion of hospital based Alcohol Liaison Service
- ▶ Improve services for those with co-occurring mental health and substance misuse issues (including psychological services and prescribing)
- ▶ Develop action plans to address alcohol and drug related deaths

<sup>40</sup> Alcohol Evidence Compendium, Hywel Dda Public Health Directorate 2020-21

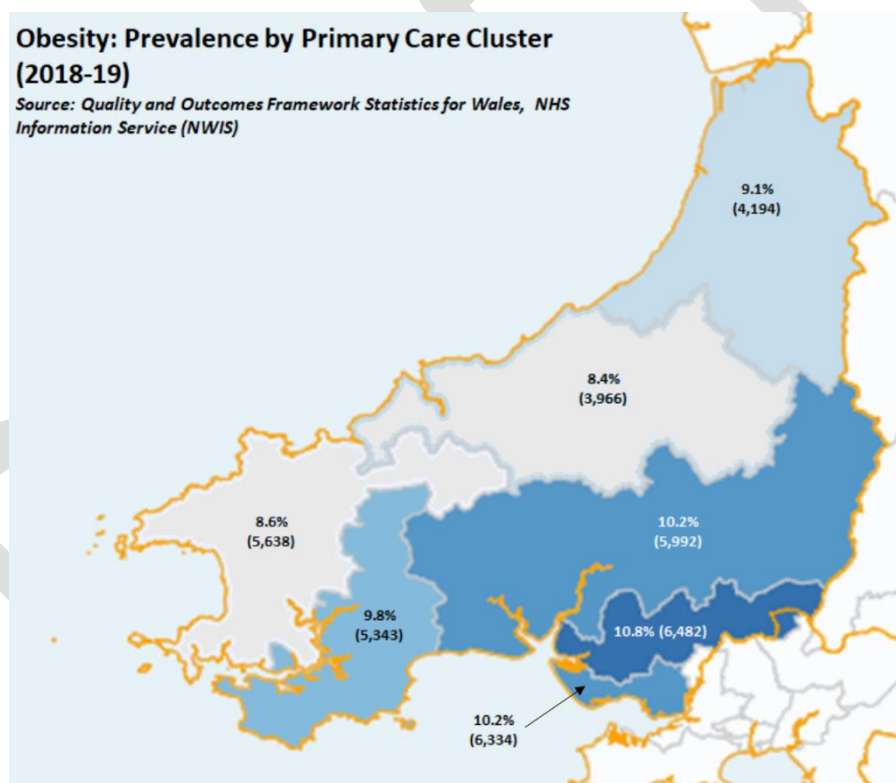


- ▶ Develop local actions related to BBV and explore the local role out of pharmacy provision of DBST

### 3.8 Obesity<sup>41</sup>

Obesity is one of the most preventable causes of ill health and early death and is the direct cause of diseases of the heart and circulation as well as some cancers. Its impact on children is most evident in increasing rates of Type 2 diabetes. There are also links to poor mental health and depression. Estimates suggest that being overweight (BMI 25 to less than 30) reduces life expectancy by about three years and being obese (BMI 30+) reduces life expectancy by 10 years.

**Figure 3.8.1 Obesity Prevalence by Primary Care Cluster**



The causes of obesity are extremely complex encompassing biology and behaviour, but set within a cultural, environmental and social framework. At its simplest, people will gain weight if their energy intake is greater than the energy they expend. Food consumption and food production form part of the complex obesity system. The food and drink environment is a major influence on our eating and drinking behaviour. It includes access to and availability of healthy or unhealthy food, its price and marketing. Patterns of shopping and eating have changed

<sup>41</sup> Sources:

Obesity in Wales Report. Public Health Wales 2019.

<http://www.publichealthwalesobservatory.wales.nhs.uk/obesityinwales>

Overweight and Obesity Evidence Compendium. HDPHT.

The Case for Action on Obesity in Wales' Public Health Wales 2019

beyond recognition in recent decades with a shift towards highly processed convenience food and eating out of the home.

Obesity places additional demand on health and social care services. The scale of the challenge is significant. In Hywel Dda UHB, as in the rest of Wales more people are struggling to maintain a healthy weight.

### Overweight and Obesity Prevalence – Children and Adolescents

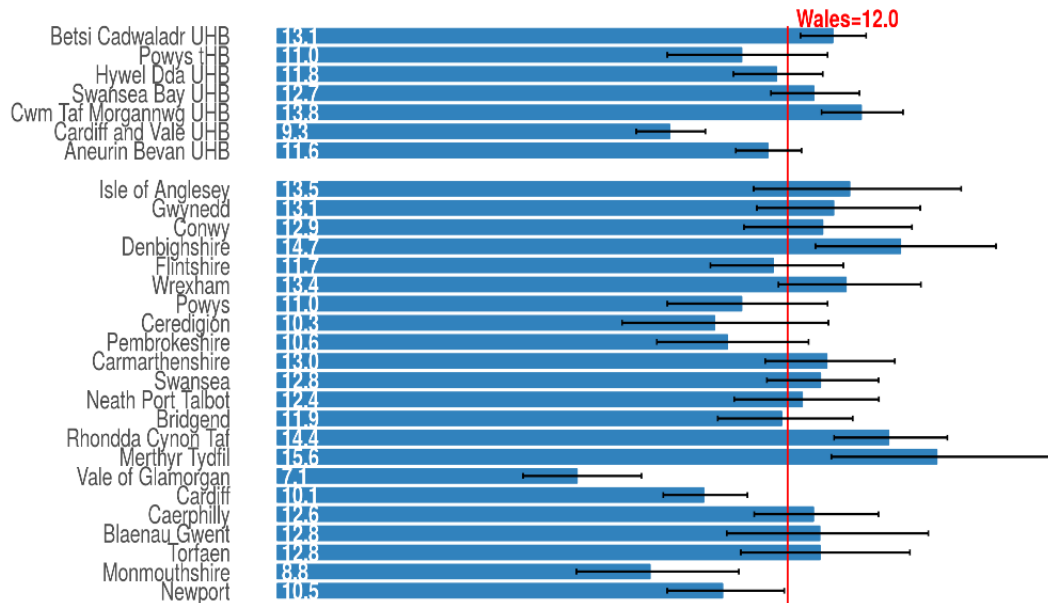
In Hywel Dda UHB 25.6% of children, aged 4-5 years are overweight or obese. Across the 3 counties, the prevalence in Carmarthenshire is 26.6%, Ceredigion 25% and Pembrokeshire 24.5%. Carmarthenshire is higher than the Welsh average (26.4%).

**Figure 3.8.2 Percentage of children aged 4-5 years who are obese**

— 95% confidence interval

**Percentage of children, aged 4 to 5 years who are obese,  
Wales, health boards and local authorities, Child Measurement Programme  
for Wales, 2017/18**

Produced by Public Health Wales Observatory using CMP (NWIS)



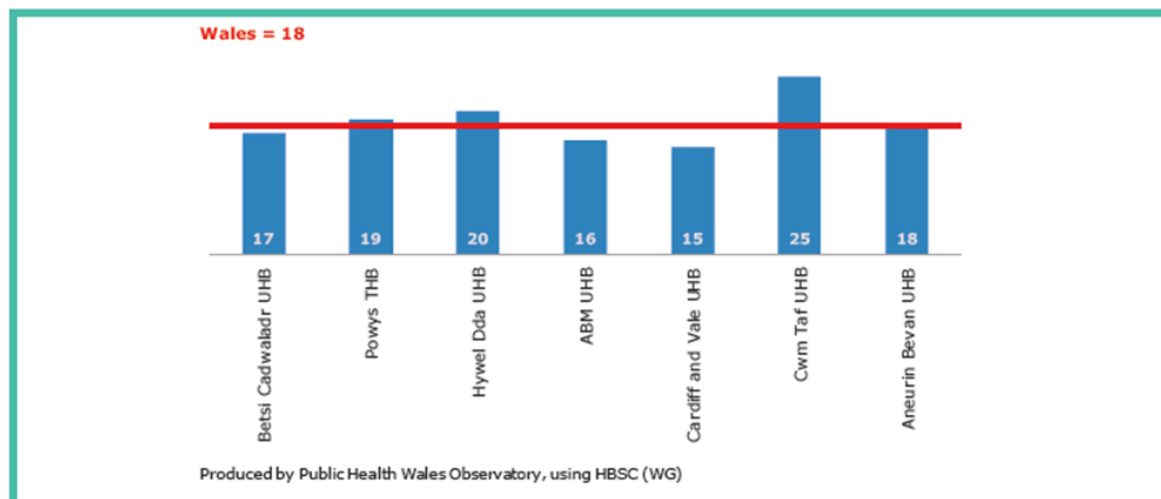
Please note - health board breakdowns use new boundaries (effective from 1st April 2019)

In terms of those who are classed as obese, Hywel Dda UHB has 11.8% of children aged 4-5 years; this is slightly below the Wales average of 12%. Carmarthenshire (13%) has the highest prevalence of the 3 Hywel Dda UHB counties. Ceredigion (10.3%) and Pembrokeshire (10.6%) both have noticeably lower levels of obesity in 4-5 year olds. There are also differences in children aged 4-5 years with obesity and levels of deprivation. There is a 6.2% difference between the prevalence of obesity in children living in the least deprived quintile compared to children living in the most deprived quintile in Wales and there is evidence that this gap is growing.

Evidence shows that 80% of children who are obese at age 4-5 years remain obese<sup>5</sup> into adulthood.

In children aged 11-16 years within Hywel Dda UHB, 20% are classed as overweight or obese. This is above the all-Wales average of 18%. Generally, within Hywel Dda UHB (as nationally) more boys (26%) are overweight and obese than girls (14%).

**Figure 3.8.3 Percentage of 11-16 year olds who are overweight or obese**



### Overweight and Obesity Prevalence – Adults (16+)

In Wales currently 60% of adults are overweight or obese, this is compared to Hywel Dda UHB at 59%. If current trends continue, it is projected that 64% of adults in Wales will be overweight or obese by 2030.

Prevalence of overweight and obesity in Wales is higher in men than women but for obesity prevalence alone, it is slightly higher in women and in terms of age, prevalence is highest in the 45-64 age group, as can be seen in the table below.

Per cent	Overweight or Obese	Obese
<b>All aged 16+</b>	60	22
<b>Men</b>	66	22
<b>Women</b>	54	23
<b>By Age:</b>		
<b>16 – 44 years</b>	52	18
<b>45 – 64 years</b>	69	27
<b>65+ years</b>	63	23

Source: Welsh Government. National Survey for Wales.  
<https://gov.wales/docs/statistics/2018/180627-national-survey-2017-18-population-health-lifestyle-en.pdf> [Online]

Studies have also demonstrated a relationship between adverse childhood experiences (ACEs) and adult obesity. Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 1.4 to 1.6 fold increase in physical inactivity and obesity.

As with children, higher incidences of overweight and obesity are also found in adults who live in more deprived areas.

## The Impact on Population Health and Well-being

Being overweight and obese has an impact on life expectancy, morbidity, mortality and health and social care costs.

Mild obesity is associated with the loss of 1 in 10, and severe obesity the loss of 1 in 4 potential disease-free years during middle and later adulthood (40-75 years). This increasing loss of disease-free years as obesity becomes more severe occurs in both sexes, among smokers and non-smokers, the physically active and inactive, and across socioeconomic groups.

The table below shows the extent to which obesity increases the risk of developing a number of diseases relative to the non-obese population.

Condition	Male	Female
Type 2 diabetes	5.2	12.7
Hypertension	2.6	4.2
Myocardial infarction	1.5	3.2
Cancer of the colon	3.0	2.7
Angina	1.8	1.8
Gall bladder diseases	1.8	1.8
Ovarian cancer	-	1.7
Osteoarthritis	1.9	1.4
Stroke	1.3	1.3

Source: National Audit Office, NAO. Copyright © 2006. UK National Audit Office\* The basis of the estimates varies due to differences in the methodologies of the studies selected, but the table gives a broad indication of the strength of association between obesity and each of the diseases.

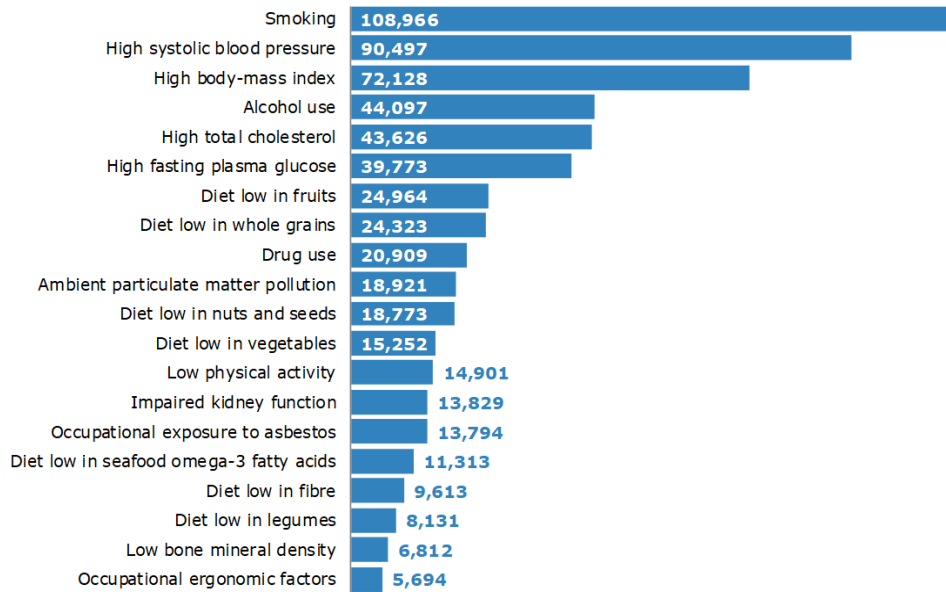
## Burden

The cost of obesity and overweight should be measured both by the loss of life years and quality of life and by the financial impact of related disease on the health system (direct costs) and on society (indirect costs). Having a high BMI can lead to an increased risk of death and is the leading risk factor for years lived with disability as it contributes greatly to a number of chronic diseases. Obese populations having significantly less/lower years free of disability than the healthy weight population.

The below figure shows that in Wales, high body mass index is one of the leading risk factors for Disability-Adjusted Life Years (DALYs).

### Top 20 Global Burden of Disease identified risk factors for disability-adjusted life years (DALYs), count of DALYs, all persons, all ages, Wales, 2016

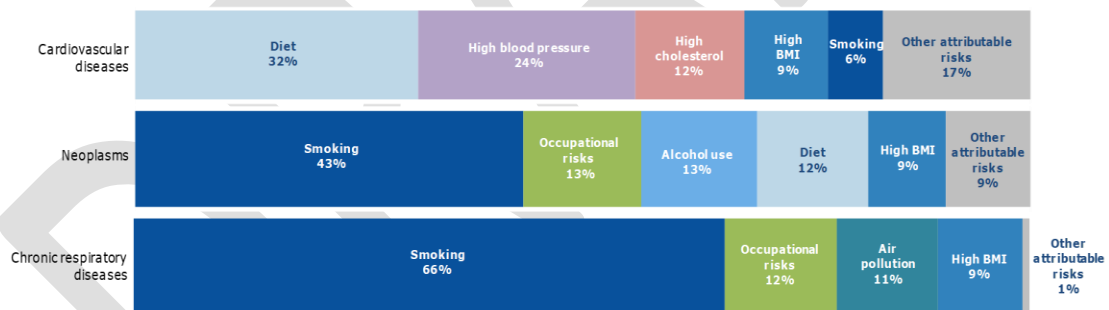
Produced by Public Health Wales Observatory, using Global Health Data Exchange (IHME)



A high BMI also contributes nine per cent of the known risk factors for cardiovascular disease (CVD), neoplasms and chronic respiratory diseases. The majority of known risk factors for CVD are linked to diet and obesity.

### Global Burden of Disease identified risks for the three causes with the largest number of attributable disability-adjusted life years (DALYs), percentage, all persons, all ages, Wales, 2016

Produced by Public Health Wales Observatory, using Global Health Data Exchange (IHME)



**Please note:** The total number and proportion of DALYs that can be attributed to known risk factors varies substantially by cause.

## Cost

An academic study in Wales estimated that between £1.40 million and £1.65 million was spent each week treating diseases resulting from obesity, £25 and £29 per person and between 1.3% and 1.5% of total health care expenditure in Wales.

Obesity also plays a role in the increasing social care costs. The increasing prevalence of obesity will lead to higher demands for health care interventions at younger to middle ages, i.e. ages under 65 years.

The study highlighted that the obesity cost to the NHS in Wales in 2011 was £73 million, by 2050 it has been estimated it will cost the NHS in Wales £465 million and £2.4 billion cost to society and the economy.



### Key considerations for health improvement:

- ▶ Support delivery of the Welsh Government strategy 'Healthy Weight, Healthy Wales' in Hywel Dda UHB
- ▶ Create environment that supports healthier food and activity choices
- ▶ Provide opportunities for people and communities to maintain and achieve a healthy body weight

### 3.9 Smoking <sup>42</sup>

Smoking is the leading cause of preventable death and disease in Wales and the leading factor for disability-adjusted life years.

Smoking prevalence in Hywel Dda UHB has decreased significantly in the last two decades from 26% in 2003-05 to 17% in 2018-19. This is due to the following:

- The introduction of legislation in Wales to reduce access to and visibility of tobacco products and reduce exposure to tobacco smoke in enclosed spaces and cars carrying children.
- An investment in smoking cessation services by Hywel Dda UHB. This has increased access to specialist cessation support in both health care and community settings.

#### Adult smoking prevalence

According to the National Survey for Wales 2016/17-2018/19 (NSW), 18.7% of adults in Hywel Dda UHB report that they smoke, this figure along with Carmarthenshire (18.8%) and Pembrokeshire (20.3%) is higher than the Welsh average (18.4%). Ceredigion is the lowest of all (16.6%).

<sup>42</sup> Tobacco Control Evidence Compendium. Hywel Dda Public Health Team 2019

Smoking in Wales in Wales 2020 PHW Beta Tool - <https://publichealthwales.shinyapps.io/smokinginwales/>

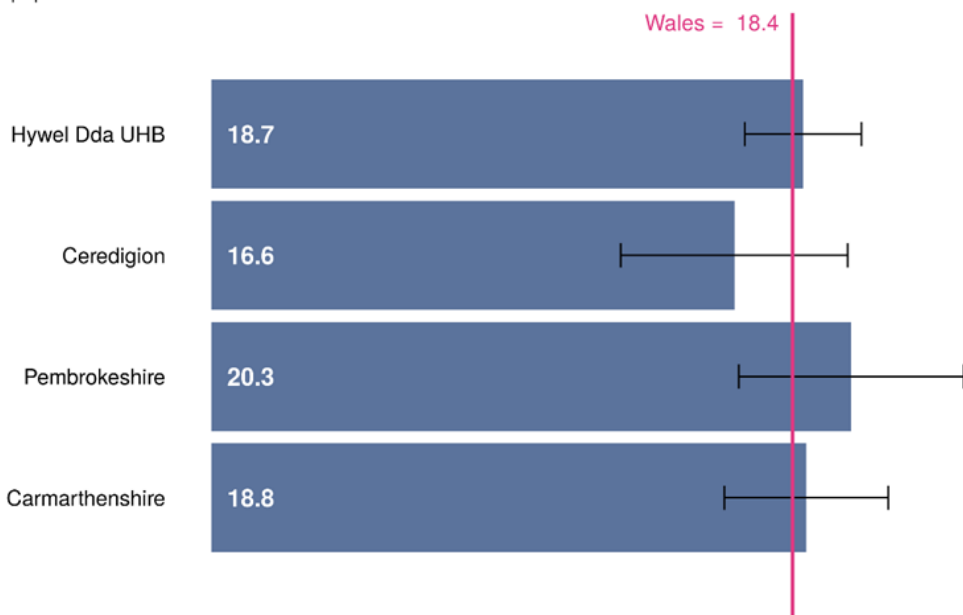
HDPHT Tobacco Control Compendium

**Figure 3.9.1 Adult smoking prevalence in Hywel Dda UHB**

**Adult smoking prevalence, age-standardised percentage, persons aged 16+, Hywel Dda UHB by local authority, 2016/17 to 2018/19**

Produced by Public Health Wales Observatory, using NSW (WG)

— 95% confidence interval

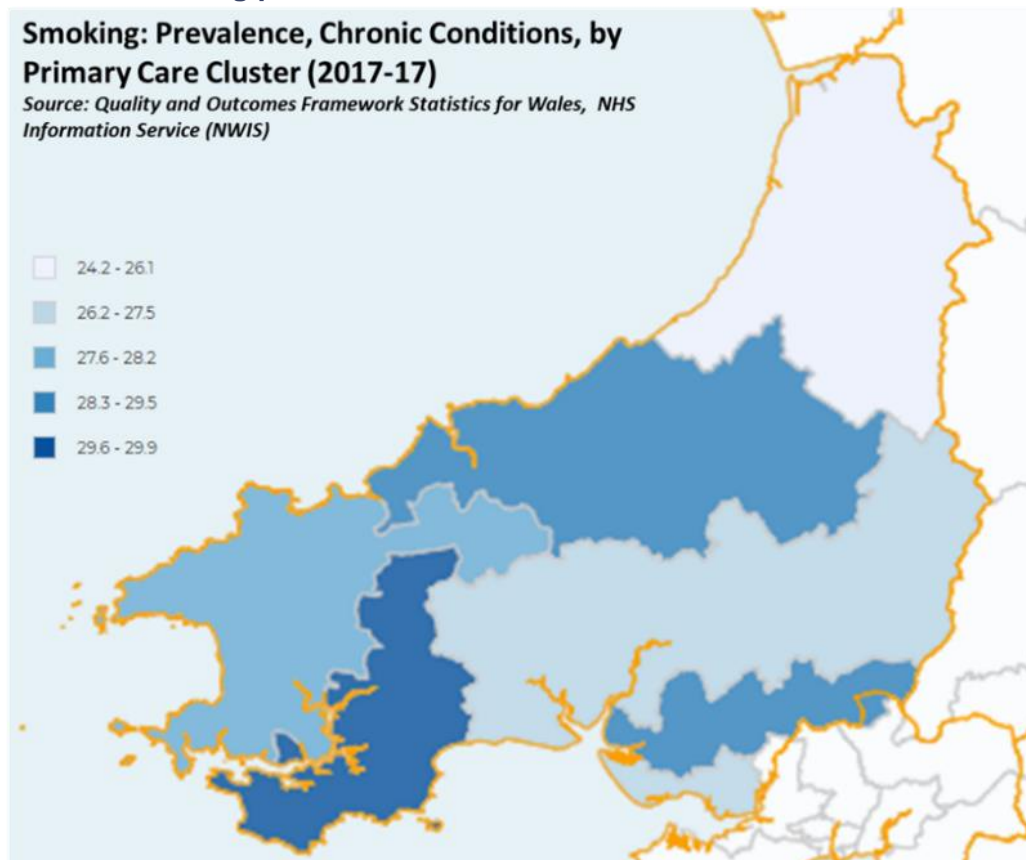


## Smoking and Disease

Smoking remains the leading cause of preventable death. It causes approximately 5,400 deaths each year and costs the Welsh NHS around £302 million per year (approximately 7% of NHS expenditure and 22% of the costs of adult hospital admissions). Figure 3.9.2 below provides an overview of smoking prevalence for those on the chronic conditions register by primary care cluster. In all cluster areas smoking prevalence is higher than the Hywel Dda UHB average and, therefore, an important area for ongoing smoking cessation activity.

Overall, smoking-attributable hospital admissions in Hywel Dda UHB have declined slightly for all persons 35+ from 1,429 per 100,000 in 2006-08 to 1,297 per 100,000 population in 2013-15. At a county level, the rate of decline is slower when compared to the overall rate for Wales. In Hywel Dda UHB, 5% of all hospital admissions for males and 3% of all hospital admission for females are attributable to smoking. For respiratory diseases, 22.7% of male admissions and 22.0% of female admissions are attributable to smoking (see table below).

Figure 3.9.2 Smoking prevalence in those with chronic conditions



Smoking-attributable admissions by disease, counts and percentages, males and females aged 35+, Hywel Dda UHB, 2018/19

Disease	Males			Females		
	Number of admissions		Percent attributable to smoking	Number of admissions		Percent attributable to smoking
	All admissions	Attributable to smoking		All admissions	Attributable to smoking	
All causes	41,799	2,102	5.0	42,728	1,282	3.0
All cancers	4,411	616	14.0	3,473	280	8.1
All circulatory diseases	4,383	857	19.5	3,109	363	11.7
All respiratory diseases	2,310	524	22.7	2,286	503	22.0
All diseases of the digestive system	4,845	64	1.3	4,793	60	1.3

Produced by Public Health Wales Observatory, using PEDW (NWIS) & NSW (WG)

Age-standardised mortality rates are significantly lower than the Welsh average, apart from Carmarthenshire where the rate is lower than the Welsh average but not significantly (see Figure 3.9.3).

**Figure 3.9.3 Smoking-attributable mortality rates by county.**

**Smoking-attributable mortality, EASR per 100,000, persons aged 35+, Hywel Dda UHB and local authorities, 2016 to 2018**

Produced by Public Health Wales Observatory, using PHM & MYE (ONS), NSW (WG)

— 95% confidence interval



## Inequalities and Smoking

While smoking prevalence in Hywel Dda UHB has declined in the last decade there are communities in the Health Board area where rates of smoking have not changed. In parts of Llanelli 27-31% of the adult population still smoke and in Pembrokeshire, including Pembroke Dock and Neyland, 23-27% of the adult population smoke.

Smoking rates are nearly 3 times higher in the most deprived fifth of Wales compared to the least deprived fifth of Wales. The gap has narrowed in the last 8 years.

## Key considerations for health improvement

- Aim to treat 5% of smokers by 2022 and ensure service quality through maintaining the 40% carbon monoxide (CO) validated quit rate.
- To turn the curve and reduce the inequalities gap in smoking prevalence through prioritising specific groups who are at high-risk of tobacco related harm. High-risk groups include **inpatients, people with mental ill-health, people with conditions made worse by smoking, people with smoking related illness and pregnant women who smoke.**
- Continue to target smoking cessation interventions in those **geographic areas** with the highest smoking prevalence.
- **Treat smoking at the point of diagnosis** for a wide range of diseases to improve outcomes. The evidence suggests that smoking quit attempts in healthcare settings are effective as smokers are overrepresented in the population of people who use NHS services.
- Continue to support **innovation** in smoking cessation delivery especially in relation to supporting the implementation of harm reduction approaches and developing opt-out models of care.



## 4. Identified patient groups – particular health issues

The following patient groups have been identified as living within, or visiting the Hywel Dda UHB area:

Those sharing one or more of the following Equality Act 2010 protected characteristics:

- Age
- Disability, which is defined as a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities
- Pregnancy and maternity
- Race, which includes colour, nationality, ethnic or national origins
- Religion (including a lack of religion) or belief (any religious or philosophical belief)
- Sex
- Sexual orientation
- Gender re-assignment
- Marriage and civil partnership
- University students
- Offenders
- Homeless and rough sleepers
- Traveller and gypsy communities
- Refugees and asylum seekers
- Military veterans
- Visitors to sporting and leisure facilities for example Llanelli, Carmarthen, Aberystwyth, Aberaeron, Tenby, Saundersfoot, Retail Parks, National Botanic Gardens, Ffos Las Racecourse, and heritage attractions such as St David's Cathedral

Whilst some of these groups are referred to in other parts of the PNA, this section focusses on their particular health issues.

### 4.1 Age

Health issues tend to be greater amongst the very young and the very old. However, whilst it is clear that the number and proportion of people aged 65 years and over is set to rise and the prevalence of nearly all chronic and long-term conditions increases with age, it is important to recognise that the older population is very diverse in nature with many people remaining fit and active. While it is indeed the case that a growing older population will lead to an increasing number of people living with complex health and care needs, there will also be growing numbers across all older age groups living without any significant needs for support.

Furthermore, acquiring a health condition or disability does not necessarily equate to high levels of demand for health and care services. Many people aged 75 years and over will have one or more health conditions but may not consider that their health condition has, or conditions have, a significant impact on their life.

In addition older people also provide a significant amount of their time and energy caring for others.

For older people:

- Cigarette smoking is implicated in eight of the top fourteen causes of death for people 65 years of age or older. Smoking causes disabling and fatal disease, including lung and other cancers, heart and circulatory diseases, and respiratory diseases such as emphysema. It also accelerates the rate of decline of bone density during ageing. At age 70 years, smokers have less dense bones and a higher risk of fractures than non-smokers. Female smokers are at greater risk for post-menopausal osteoporosis. Half of long-term smokers die of tobacco related illnesses, most prematurely, and many suffer from a variety of chronic conditions related to smoking.
- Even modest alcohol use in old age may be potentially harmful as a contributor to falls, compromised memory, medicine mismanagement, inadequate diet and limitations on independent living.
- Falls prevention is a key issue in the improvement of health and wellbeing amongst older people. Falls are a major cause of disability and death in older people in Wales, and result in significant human costs in terms of pain, loss of confidence and independence. It is estimated that between 230,000 and 460,000 people over the age of 60 years fall in Wales each year. Between 11,500 and 45,900 of these suffer serious injury: Fracture, head injury, or serious laceration.
- Loneliness can have significant and lasting effect on health. It is associated with higher blood pressure and depression and leads to higher rates of mortality, indeed comparable to those associated with smoking and alcohol consumption. It is also linked to a higher incidence of dementia with one study reporting a doubled risk of Alzheimer's disease. Lonely people tend to make more use of health and social care services and are more likely to have early admission to residential or nursing care.
- Depression is the most common mental health need for older people and prevalence rises with age. Women are more often diagnosed with depression than men. At any one time, around 10-15% of the over 65s population nationally will have depression and 25% will show symptoms of depression. The prevalence of depression among older people in acute hospitals is 29% and among those living in care homes is 40%. More severe depression is less common, affecting 3-5% of older people.
- People with mental health needs can seek advice and support from their GP. However, two-thirds of older people with depression never discuss it with their GP, and of the third that do discuss it, only half are diagnosed and treated. This means of those with depression only 15%, or 1 in 7, are diagnosed and receiving any kind of treatment. Even



when they are diagnosed, older people are less likely to be offered treatment than those aged 16 to 64 years.

- The risk of developing dementia increases as you get older, and the condition usually occurs in people over the age of 65 years. Dementia is the second most common mental health problem in older people and 20% of people over 85 years, and 5% over 65 years, have dementia. There are an estimated 48,487 people living with dementia in Wales, of those people, approximately 17,845 (42%) had received a formal diagnosis.<sup>43</sup>
- Age is the single biggest factor associated with having a long-term condition and 60% of people aged 65 years and over are affected, but lifestyle factors such as smoking, excessive alcohol consumption, unhealthy diets and physical inactivity are estimated to cause approximately 50% of long-term conditions.
- Promote and provide flu vaccine to ensure targets for those over the age of 65 years are met.

#### For children and young people:

- Even before birth, factors which can affect a baby's healthy life expectancy and life chances are already taking effect. At present, children born into poverty are more likely to be adults with poor health than those born into affluence. A baby born to a mother who is obese and smokes throughout pregnancy, is at greater risk of developing unhealthy lifestyles in the future which render them at greater risk of serious chronic conditions which will impact on their quality of life and their life expectancy. The effect on a person's health and life expectancy, of adverse childhood experiences and health behaviours continue to impact and accumulate throughout childhood and into adulthood.
- Childhood immunisations (promote and support) to ensure targets are met.
- There is strong evidence that lifestyle behaviours that impact on longer term health and social care outcomes in adults are closely linked to lifestyle in the teenage years. Influencing positive lifestyle choices in teenagers will impact on health outcomes for young people and on future demand for a wide range of services by adults.
- Breast feeding is well evidenced to provide health benefits for both mother and baby and to promote attachment, however young mothers are among the groups least likely to breast feed.
- More than 8 out of 10 adults who have ever smoked regularly started before the age of 19 years.
- 8 out of 10 obese teenagers go on to become obese adults.
- Untreated sexually transmitted infections can have longer term health impact including infertility. Young people's sexual behaviour may also lead to unplanned pregnancy which has significant health risks and damages the longer term health and life chances of both mothers and babies.



<sup>43</sup> Source: <http://www.daffodilcymru.org.uk>

## 4.2 Disability

A 2010 study by the Improving Health and Lives Learning Disabilities Observatory noted that people with learning disabilities have poorer health than their non-disabled peers, differences in health status that are, to an extent, avoidable. It also noted that health inequalities faced by people with a learning disability began in childhood and that they were often caused as a result of lack of access to timely, appropriate and effective healthcare.

The outcomes for adults with disabilities compared to the wider population are poorer in almost every manner. People with learning disabilities have a shorter life expectancy and increased risk of early death when compared to the general population.

However people with learning disabilities are living longer than in the past and as a result, the number of older people with a learning disability is increasing. This is despite the fact that people with learning disabilities are 58 times more likely to die before the age of 50 than the rest of the population. Older people with a learning disability need more support to age well, to remain active and healthy for as long as possible. Research by the Disability Rights Commission in 2006 found that people with a learning disability are two and a half times more likely to have health problems than the rest of the community.

- Approximately 1.5 million people in the UK have a learning disability. Over 1 million adults aged over 20 years, and over 410,000 children aged up to 19 years old have a learning disability.
- 29,000 adults with a learning disability live with parents aged 70 years or over, many of whom are too old or frail to continue in their caring role. In only 25% of these cases have a Local Authority planned alternative housing.
- Less than 20% of people with a learning disability work, but at least 65% of people with a learning disability want to work. Of those people with a learning disability that do work, most work part time and are low paid.
- People with a learning disability are 58 times more likely to die aged under 50 years than other people. 4 times as many people with a learning disability die of preventable causes compared to people in the general population.
- People with a learning disability are 10 times more likely to have serious sight problems and 6 out of 10 people with a learning disability need to wear glasses.

Studies have shown that individuals with disabilities are more likely than people without disabilities to report:

- Poorer overall health
- Less access to adequate health care
- Smoking and physical inactivity

In the Health Board's area a large proportion of the disability due to disease and premature deaths in the population is because of:

- Cardiovascular disease, which includes heart attacks and strokes
- Musculoskeletal disorders i.e. disorders of the muscles, joints or bones

- Respiratory disease such as asthma
- Cancers
- Mental ill health

### 4.3 Pregnancy and maternity

Pregnancy is a powerful motivator for change as it represents a time when women and partners are more susceptible to new information and are more likely to make positive lifestyle changes to provide optimal conditions to ensure the health and wellbeing of the unborn baby.

The periods before, during and after pregnancy also provide opportunities to give women practical, consistent advice to help them manage their weight and stop smoking to avoid associated complications. Key issues relating to pregnancy include:

#### Management of pregnancy:

- Physiological changes (hormonal changes, frequency of urination, haemorrhoids, skin and hair changes, stretch marks, swollen ankles/feet/fingers, fatigue, vaginal bleeding/discharge, varicose veins)
- Pain management (pelvic pain, lower back pain, skin irritation)
- Social/psychological changes (hormonal changes that have an impact on mood, sleeplessness and fatigue)

Other factors that may have on short and long term health outcomes include:

#### Maternal Obesity:

There is an increasing prevalence of maternal obesity in Wales with an increased risk of:

- Miscarriage
- Gestational Diabetes
- Pre-eclampsia
- Venous Thromboembolism
- Induced or Dysfunctional Labour
- Assisted delivery (including Caesarean section)
- Infection
- Complications to the baby

#### Infant Feeding:

The health benefits of breastfeeding are far reaching for both infants and mothers. These benefits are often not being realised, with only 1% of children in the UK being breastfed up to



12 months<sup>44</sup>. In addition to the health impact it is estimated that not breastfeeding results in a loss of around £200 billion in economic growth globally every year<sup>45</sup>.

Breastfeeding reduces health inequalities and has environmental benefits. National Infant Feeding Surveys have shown that over 90% of women who stop breastfeeding in the first 6 weeks would have liked to breastfeed for longer. Success in breastfeeding is not solely the responsibility of mothers, but a collective responsibility of society through the wide adoption of breastfeeding friendly initiatives and policies.

## Perinatal Mental Health

During pregnancy and the year after birth, women can be affected by a range of mental health problems, from depression and anxiety; to obsessive compulsive disorder (OCD); post-traumatic distress disorder (PTSD); eating disorders and postpartum psychosis. These conditions can be mild to extremely severe. These are collectively called perinatal mental illnesses.

Perinatal mental illnesses affect at least 10% of women and, if untreated, can have a devastating impact on them and their families. When mothers suffer from these illnesses it increases the likelihood that children will experience behavioral, social or learning difficulties and fail to fulfil their potential. If perinatal mental illnesses go untreated, they can have long-term implications for the well-being of women, their babies and families (Jones *et al.*, 2014).

### Key findings:

- 1 in 4 women in the UK experience perinatal mental health problem
- Almost 9,000 new mums in Wales will experience perinatal mental health problems each year<sup>10</sup>
- Dads/partners and other family members can be affected by perinatal mental health problems
- Perinatal mental health problems experienced by women in Wales each year<sup>11</sup> This includes depression, anxiety disorders, obsessive compulsive disorders, post-traumatic stress disorders, eating disorders, bipolar disorder, and borderline personality disorder. Rate: 270/1000 maternities

<sup>44</sup> Victora CG, Bahl R, Barros AJD, França GVA, Horton S, Krusevec J, et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet* (London, England) [Internet]. 2016. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0140673615010247>

<sup>45</sup> Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, et al. Why invest, and what it will take to improve breastfeeding practices? *Lancet* (London, England) [Internet]. 2016 Jan 30 Available from: <http://www.ncbi.nlm.nih.gov/pubmed/26869576>

## Maternal Smoking:

Smoking is the leading modifiable risk factor for poor pregnancy outcomes as it poses significant health risks to the mother, babies and children.

20 per cent of pregnant women in Hywel Dda still smoke despite the associated risks.

Mothers aged 20 or under are five times more likely than those aged 35 and over to have smoked throughout pregnancy (45% and 9% respectively) and those in routine and manual occupations are more than four times as likely to smoke throughout pregnancy – compared to those in managerial and professional occupations (29% and 7% respectively).



For the mother, smoking in pregnancy carries with it pregnancy related health risks, including the risk of miscarriage, stillbirth, premature birth, low birth weight, foetal growth restriction (FGR) and they are twice as likely to lose babies from Sudden Unexplained Death in Infancy.

Children born to mothers who smoke are more likely to have behavioural problems, including attention and hyperactivity problems, learning difficulties, reduced educational performance and are at increased risk of smoking at a young age.

Second Hand Smoke also has a serious effect on health, particularly for children, with increased reports of lower respiratory tract infections, asthma, wheezing, middle ear infections.

### 4.4 Race

Public Health Wales has found that ethnicity is an important issue because, as well as having specific needs relating to language and culture, persons from ethnic minority backgrounds are more likely to come from low income families, suffer poorer living conditions and gain lower levels of educational qualifications.

In addition, certain ethnic groups have higher rates of some health conditions. For example, South Asian and Caribbean-descended populations have a substantially higher risk of diabetes; Bangladeshi-descended populations are more likely to avoid alcohol but to smoke, and sickle cell anaemia is an inherited blood disorder, which mainly affects people of African or Caribbean origin.

Raising the Standard: Race Equality Action Plan for Adult Mental Health Services aims to promote race equality in the design and delivery of mental health services in order to reduce the health inequalities experienced by some ethnic groups.

- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, human immunodeficiency virus (HIV), tuberculosis and diabetes.
- An increase in the number of older black and minority ethnic people is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.
- Black and minority ethnic populations may face discrimination and harassment and may be possible targets for hate crime.

### 4.5 Religion and belief

It should never be assumed that an individual belonging to a specific religious group will necessarily be compliant with or completely observant of all the views and practices of that

group. Individual patients' reactions to a particular clinical situation can be influenced by a number of factors, including what branch of a particular religion or belief they belong to, and how strong their religious beliefs are (for example, orthodox or reformed, moderate or fundamentalist). For this reason, each person should be treated as an individual.

- Possible link with 'honour based violence' which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals.
- Female genital mutilation is related to cultural, religious and social factors within families and communities although there is no direct link to any religion or faith. It is an illegal practice that raises serious health related concerns.
- There is a possibility of hate crime related to religion and belief.

#### 4.6 Sex

- Average male life expectancy at birth in the Health Board's area ranges from 76.2 to 80.3 years. For females the figures range from 80.6 to 84.0 years.
- Men tend to use health services less than women and present later with diseases than women do. Consumer research by the Department of Health and Social Care<sup>46</sup> into the use of pharmacies in 2009 showed men aged 16 to 55 years to be 'avoiders' i.e. they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet.
- Men are more likely to die from coronary heart disease prematurely and are also more likely to die during a sudden cardiac event. Women's risk of cardiovascular disease in general increases later in life and women are more likely to die from stroke.
- The percentage of adults reporting to be overweight or obese is higher in men than women for each age group.
- Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men, as are all forms of substance abuse.
- 19% of adults in Wales were drinking above the weekly guidelines in 2016/17-2017/18. Drinking above guidelines was more prevalent in males than females in all 10-year age groups. For some age groups, the difference was as much as double for males compared to females. Males aged 55-74 years had the highest levels of drinking in Wales at around a third drinking above 14 units of alcohol in a usual week.
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex-specific. At the same time, cancer morbidity and mortality rates are reducing more quickly for men than women.

<sup>46</sup> [Pharmacy consumer research. Pharmacy usage and communications mapping – Executive summary. June 2009](#)

#### 4.7 Sexual orientation

The public health white paper 'Healthy Lives, Healthy People' identified poor mental health, sexually transmitted infections, problematic drug and alcohol use and smoking as the top public health issues facing the UK.

All of these disproportionately affect Lesbian Gay Bisexual Transgender (LGBT) populations:

- Illicit drug use amongst LGB people is at least 8 times higher than in the general population
- Around 25% of LGB people indicate a level of alcohol dependency.
- Nearly half of LGBT individuals smoke, compared with a quarter of their heterosexual peers
- Lesbian, gay and bisexual people are at higher risk of mental disorder, suicidal ideation, substance misuse and deliberate self-harm
- 41% of transgender people reported attempting suicide compared to 1.6% of the general population

#### 4.8 Gender re-assignment<sup>47</sup>

Gender reassignment refers to individuals, who either:

- Have undergone, intend to undergo or are currently undergoing gender reassignment (medical and surgical treatment to alter the body)
- Do not intend to undergo medical treatment but wish to live permanently in a different gender from their gender at birth

'Transition' refers to the process and/or the period of time during which gender reassignment occurs (with or without medical intervention). According to the Gender Identity Research and Education Society there are a number of health and wellbeing issues associate with gender re-assignment. These include:

- Drugs and alcohol are processed by the liver as are cross-sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage.
- Alcohol, drugs and tobacco and the use of hormone therapy can all increase cardiovascular risk. Taken together, they can also increase the risk already posed by hormone therapy.
- Smoking can affect oestrogen levels, increasing the risk of osteoporosis and reducing the feminising effects of oestrogen medication.
- Transgender people face a number of barriers that can prevent them from engaging in regular exercise. Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity.
- Gender dysphoria is the medical term used to describe this discomfort. Transgender people are likely to suffer from mental ill health as a reaction to the discomfort they feel.

<sup>47</sup> Gender Identity Research and Education Society [Trans Health Factsheets](#)

This is primarily driven by a sense of difference and not being accepted by society. If a transgender person wishes to transition and live in the gender role they identify with, they may also worry about damaging their relationships, losing their job, being a victim of hate crime and being discriminated against. The fear of such prejudice and discrimination, which can be real or imagined, can cause significant psychological distress.

#### 4.9 University students

Starting university is an exciting time. For many young people it will be their first time away from home so there is not only the pressure of becoming independent and self-reliant in a new environment but also keeping healthy and managing the pressure of course work and exams. Some of the key issues include:

- Mental health problems are increasing within the student population. 94% of universities in the UK have experienced a sharp increase in the number of people trying to access support services, with some institutions noticing a threefold increase.
- According to Unite Students Insight report 2019<sup>48</sup>, the percentage of students who consider that they have a mental health condition has risen, and now stands at 17%. This has risen from 12% in 2016 when the question was first asked. As in previous years, anxiety and depression – often both – were the most commonly reported conditions.
- The number of students dropping out of university with mental health problems has more than trebled in recent years.

Preventing and screening for sexually transmitted infections

- ▶ Contraception support including emergency hormonal contraception provision
- ▶ Lifestyles (poor sleeping routines, smoking, substance misuse, exercise and eating habits)

#### 4.10 Offenders and children and young people in contact with the Youth Justice System

Hywel Dda UHB has no prisons located in its area. Offenders resident in the Hywel Dda UHB area serve their custodial sentences at prisons located elsewhere in Wales or further afield.

A recent 'Prison Health Needs Assessment in Wales' report was published by Public Health Wales and highlighted a number of key areas to address:

- Access to healthcare facilities
- Mental health and healthcare
- Substance misuse including smoking
- Oral health
- Infectious diseases and
- Support following release

<sup>48</sup> [Unite Students Insight Report 2019](#)



Children and young people in contact with the youth justice system can have more health and well-being needs than other children of their age. They have often missed out on early attention to these needs. They frequently face a range of other, often entrenched, difficulties, including school exclusion, fragmented family relationships, bereavement, unstable living conditions, and poor or harmful parenting that might be linked to parental poverty, substance misuse and mental health problems. Many of the children and young people in contact with the youth justice system may also be known to children's social care and be among those children and young people who are not in education, employment or training.

For vulnerable children and young people, including those in contact with the youth justice system, well-being is about strengthening the protective factors in their life and improving their resilience to the risk factors and setbacks that feature so largely and are likely to have a continuing adverse impact on their long-term development. Well-being is also about children feeling secure about their personal identity and culture. Due attention to their health and well-being needs should help reduce health inequalities and reduce the risk of re-offending by young people.

#### 4.11 Homeless and rough sleepers

Sleeping rough is dangerous and is seriously detrimental to a person's physical and mental health. People who sleep rough are 17 times more likely to be victims of violence than the general public.

The mean age at death for someone who is homeless in England and Wales is 44 years for men and 42 years for women compared to the mean age at death for the general population of England and Wales which is 76 and 81 years respectively (2017). Even those people who sleep rough for only a few months are likely to die younger than they would have done if they had never slept rough.

**The 3 most common causes of deaths amongst homeless people in England and Wales in 2017 were:**

- **Accidents (40%)**
- **Liver disease (9%)**
- **Suicide (9%)**

People sleeping on the street are almost 17 times more likely to have been victims of violence. More than one in 3 people sleeping rough have been deliberately hit or kicked or experienced some other form of violence whilst homeless. Homeless people are over 9 times more likely to take their own life than the general population.

According to a report by Centrepoin<sup>49</sup>, homeless young people are amongst the most socially disadvantaged in society. Previous research has shown that many have complex problems including substance misuse, mental and physical health problems, and have suffered abuse

<sup>49</sup> [Toxic Mix: The health needs of homeless young people, Centrepoin 2014](#)

or experienced traumatic events. 42% of homeless young people have a diagnosed mental health problem or report symptoms of poor mental health, 18% have attempted suicide, 31% have a physical health problem (such as problems with their breathing, joints and muscles, or frequent headaches), 21% have a history of self-harm, 52% report problems with their sleep, 55% smoke, and 50% use illegal substances.

#### 4.12 Traveller and gypsy communities<sup>50</sup>

The Gypsy and Traveller population faces poorer health outcomes when compared to the general population:

- Infant mortality rates are up to 5 times higher among this minority group when compared to the national rate.
- The immunisation rates among Traveller children are low compared with the rest of the population. Some suggest that GPs are reluctant to register Travellers as they are of no fixed abode, meaning they cannot be counted towards targets and therefore remuneration.<sup>51</sup>
- There is a high accident rate among the Gypsy and Traveller population, which is directly related to the hazardous conditions on many Traveller sites - particularly as sites are often close to motorways or major roads, refuse tips, sewage work, railways or industrialized areas. Health and safety standards are often poor.
- Travellers have lower levels of breastfeeding.
- There is also a higher prevalence of many medical conditions when compared to the general population, including miscarriage rate, respiratory problems, arthritis, cardiovascular disease, depression and maternal death rates.
- Alcohol consumption is often used as a coping strategy, and drug use among Traveller young people is widely reported and feared by Traveller elders.
- Cultural beliefs include considering that health problems (particularly those perceived as shameful, such as poor mental health or substance misuse) should be dealt with by household members or kept within the extended family unit.
- Some Gypsy's and Travellers have the potential to be disproportionately impacted by COVID-19. Poorer health in combination with the challenges of social-distancing or self-isolation may be particularly difficult for members of these communities due to often confined and communal households with a lack of basic amenities.<sup>52</sup>
- Travellers also face challenges in accessing services either due to the location of the sites (or due to transient nature of being in an area). Not having access to transport (particularly related to women who often cannot drive) to reach services is another reason for low use

<sup>50</sup> <https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/360/full-report.html>

<sup>51</sup> [Identifying interventions with Gypsies, Roma and Travellers to promote immunisation uptake: methodological approach and findings.](#) Dyson L, Bedford H, Condon L, Emslie C, Ireland L, Mytton J, Overend K, Redsell S, Richardson Z, Jackson C. BMC Public Health. 2020 Oct 20;20(1):1574. doi: 10.1186/s12889-020-09614-4. PMID: 33081730

<sup>52</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/929125/COVID-19\\_-\\_mitigating\\_impacts\\_on\\_gypsy\\_traveller\\_communities.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/929125/COVID-19_-_mitigating_impacts_on_gypsy_traveller_communities.pdf)

of services as well as low levels of health literacy of what services they are entitled to use or how to access them.<sup>53</sup>

Generally the communities have low expectations in regard to their health and life expectancy. Studies have repeatedly shown that Travellers often live in extremely unhealthy conditions, while at the same time using health services much less often than the rest of the population.

#### 4.13 Asylum seekers, refugees and migrants

Until 2001, relatively low numbers of asylum seekers and refugees decided to settle in Wales compared to some parts of the UK. The numbers of asylum seekers and refugees increased when Wales became a dispersal area. The number of asylum applications in 2016 has seen an increase of 8% compared to the year before. Service provision to refugees and people seeking asylum by non-government organisations has decreased significantly in recent years. This has an adverse impact on people's health and wellbeing. No recourse to public funds and safeguarding issues such as honour based violence and trafficking are key emerging themes for service providers. For service users the lack of, or limited access to information and tenancy support appear to be the key emerging themes.

Various reports acknowledge that data collection systems for the number of migrants have weaknesses, which puts limitations on their reliability. There is no agreed definition for 'migrants' which further exacerbates reliable data collection.

The 2011 census found that the top 10 countries of origin of people born outside the UK, in order of highest numbers first were:

- Pakistan
- India
- Bangladesh
- Poland
- Philippines
- Germany South Africa
- Nigeria
- Italy
- Zimbabwe

Feedback from Education and Social Services indicate that people from Roma backgrounds have very specific needs in addition to those of the general new-migrant population.

Good communication with migrants is essential. Determining the language and suitability of format (e.g. written, audio, face to face, telephone) and support available, such as advocacy and interpretation are critical elements to ensure effective communication. This will in turn benefit budgets and customer care as it contributes to determining the appropriate service. In addition, other issues highlighted for both migrants and asylum seekers include the need for more advocacy and floating support for migrants, lack of a strategic approach to information

<sup>53</sup> [Engaging Gypsy, Roma, and Traveller Communities in Research: Maximizing Opportunities and Overcoming Challenges](#). Condon L, Bedford H, Ireland L, Kerr S, Mytton J, Richardson Z, Jackson C. Qual Health Res. 2019 Jul;29(9):1324-1333. doi: 10.1177/1049732318813558. Epub 2019 Jan 2. PMID: 30600758

and service provision for new migrants and lack of coordination between services for migrants, asylum seekers and refugees.

#### 4.14 Military veterans

A veteran is defined as “anyone who has served for at least 1 day in the Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces.” There is no routine source of information on military veterans in Wales, so the number resident in Wales is unknown. Studies identify that most veterans in general view their time in the Services as a positive experience and do not suffer adverse health effects as a result of the time they have served.

However, for a minority, adverse physical and mental health outcomes can be substantial and can be compounded by other factors – such as financial and welfare problems. Key health issues facing the veteran population relate to common mental health problems (but also include Post Traumatic Stress Disorder (PTSD)) and substance misuse – including excess alcohol consumption and to a much lesser extent - use of illegal drugs. In addition, time in the Services has been identified to be associated with musculoskeletal disorders for some veterans.

Other issues that studies have identified as being of importance to veterans include:

- Accessing suitable housing and preventing homelessness
- Supporting veterans into employment
- Accessing appropriate financial advice and information about relevant benefits
- Accessing health and support services
- Supporting veterans who have been in the criminal justice system
- Loneliness and isolation
- Ready access to services to ensure early identification and treatment (physical and mental health)
- Supporting a veteran’s wider family

Research suggests that most people ‘do not suffer with mental health difficulties even after serving in highly challenging environments’. However, some veterans face serious mental health issues.

The most common problems experienced by veterans (and by the general population) are:

- Depression
- Anxiety
- Alcohol abuse

Probable PTSD affects about 4% of veterans. Each year, about 0.1% of all regular service leavers are discharged for mental health reasons. Each Health Board in Wales has appointed

an experienced clinician as a veteran therapist with an interest or experience of military (mental) health problems. The veteran therapist will accept referrals from health care staff, GPs, veteran charities and self-referrals from ex-service personnel. The primary aim of Veterans' NHS Wales is to improve the mental health and well-being of veterans with a service related mental health problem. The secondary aim is to achieve this through the development of sustainable, accessible and effective services that meet the needs of veterans with mental health and well-being difficulties who live in Wales. A 2016 report from 'Forces in Mind' provides the findings from a review of the mental and related health needs of veterans and family members in Wales.

The report identified that a lot of good work had been developed in Wales in recent years to better meet the mental and related health needs of veterans and their family members, however the report also identified areas where it was felt additional work was needed to be undertaken to meet the needs of veterans. This included:

- A need for a strategic focus and co-ordination in terms of planning/commissioning of services for veterans - both generalist and specialist - across sectors and regions
- A need to ensure consistency and implementation across Wales of the Armed Forces Forums and Champions
- A need to ensure the long-term sustainability of/capacity within services
- A need to establish effective local multi-agency partnerships to improve assessment and referral pathways
- Meeting the needs of veterans with highly complex needs particularly those with dual diagnosis (mental health and substance misuse) and those involved in the criminal justice system
- To meet the unmet need among veterans and families, with more prevention, identification and early intervention needed within generalist/mainstream services to prevent pressure on crisis services
- To recognise and appropriately cater for the practical, social and emotional support needs of the families of veterans with mental health problems including safeguarding issues particularly around domestic violence and the long-term well-being of children

A Welsh Government report from 2014 'Improving Access to Substance Misuse Treatment for Veterans' identified that Substance Misuse Area Planning Boards lead on local collaborative planning, commissioning and delivery for services to ensure that the needs of veterans are met. A 2011 report from Public Health Wales on 'Veterans' health care needs assessment of specialist rehabilitation services in Wales' identified a range of recommendations to support veterans with respect to their physical health and disability with regards to specialist rehabilitation service provision.

#### 4.15 Visitors to sporting and leisure facilities in the county

It is not anticipated that the health needs of this patient group are likely to be very different to those of the general population of the Health Board's area. As they may only be in the area for a day or two, their health needs are likely to be:

- Treatment of an acute condition which requires the dispensing of a prescription
- The need for repeat medication
- Support for self-care
- Signposting to other health services such as a GP or dentist



## 5. Provision of pharmaceutical services

### 5.1 Current provision within Hywel Dda University Health Board area

There are currently 98 pharmacies in Hywel Dda UHB that hold NHS contracts, operated by 49 different contractors (owners). Based on the Hywel Dda UHB population of 387,284, each pharmacy would serve an average of 3,952. The ratio of pharmacies per 10,000 population is 2.53, which is above the average for Wales and the highest of all 7 Health Boards.

3 pharmacies operate under the 'essential small pharmacies scheme', 1 in North Ceredigion and 2 in North Pembrokeshire. Being an 'essential small pharmacy' means that the pharmacy receives an additional payment to ensure it receives a minimum level of income for the provision of essential services and is therefore viable.

There are no NHS appliance contractors providing services within the area of the Health Board.

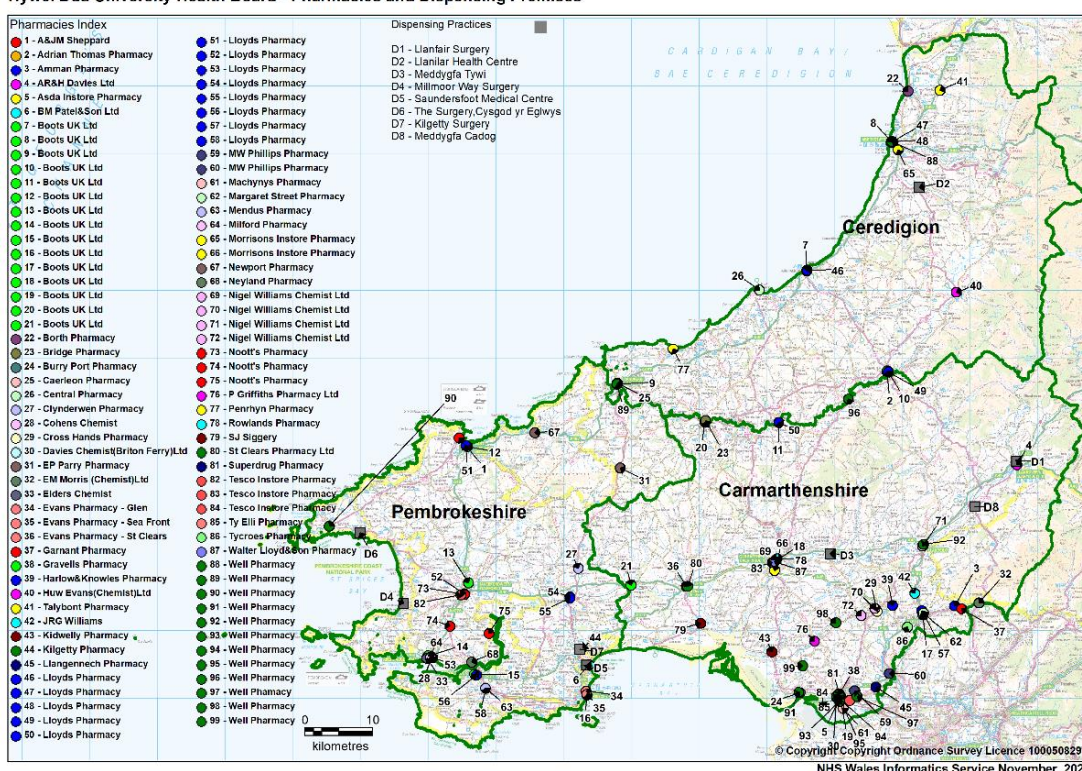
There are 48 GP practices in Hywel Dda UHB, of which 6 are designated as dispensing GP practices, which means they are able to supply medication directly to eligible patients. The 6 dispensing GP practices operate dispensaries over 8 sites. Patients registered with a dispensing GP practice are eligible for dispensing services if they live more than 1.6km / 1 mile from a pharmacy and in an area that has been designated as "controlled" (rural in nature).

The combined number of patients that are listed on practice dispensing lists is 17,396 (as at January 2021). This is 4.5% of the population of Hywel Dda UHB and 46% of the total list size of the 6 dispensing GP practices.

Map 5.1.1 shows where community pharmacies and dispensing GP practices are located in Hywel Dda UHB.

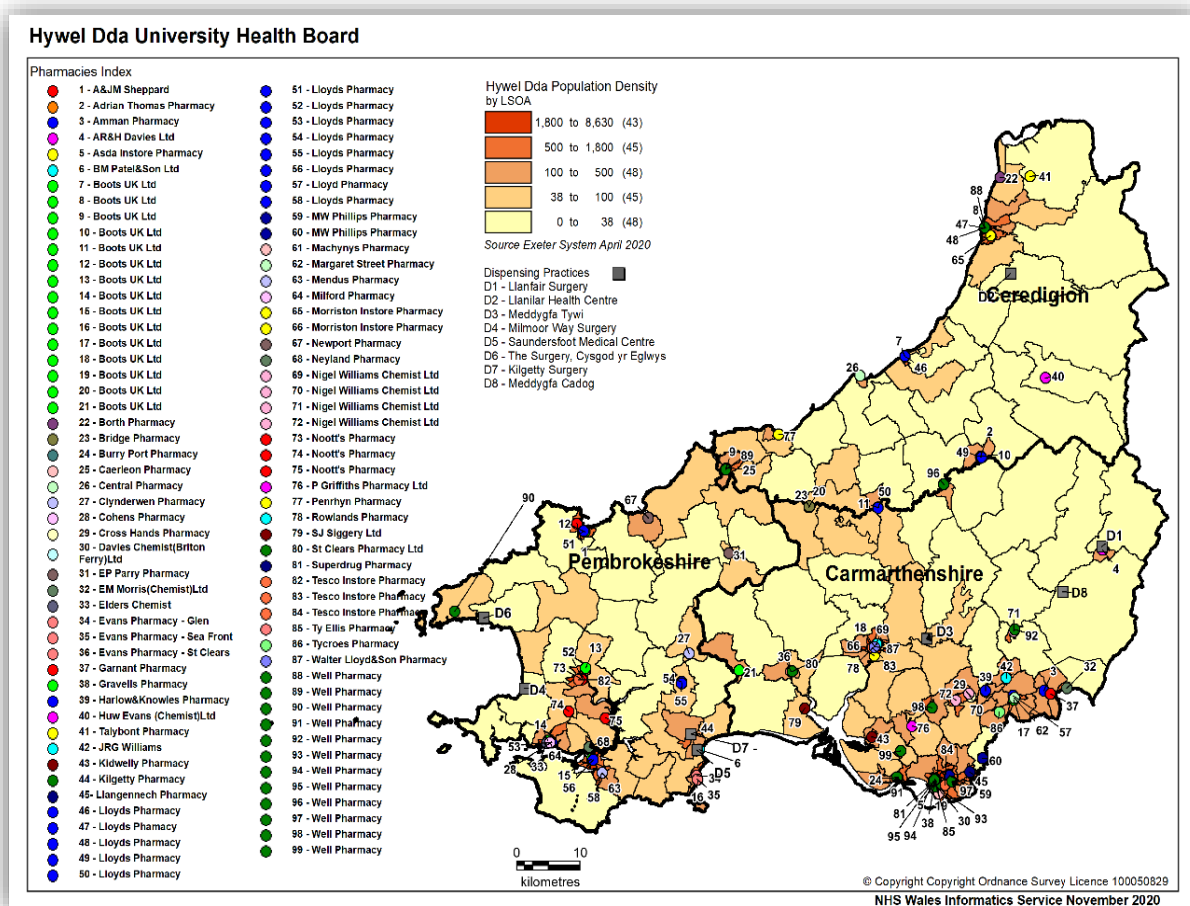
#### Map 5.1.1 – Location of Community Pharmacies and Dispensing GP Practices

Hywel Dda University Health Board - Pharmacies and Dispensing Premises



Maps 5.1.2 - 5.5.5 show the location of the pharmacies and dispensing GP practices for the whole Health Board and individual Counties compared to population density. Due to the size of the area covered by the Health Board, many of the premises are not shown individually.

### Map 5.1.2 – Location of Community Pharmacies and Dispensing GP Practices compared to population density in Hywel Dda



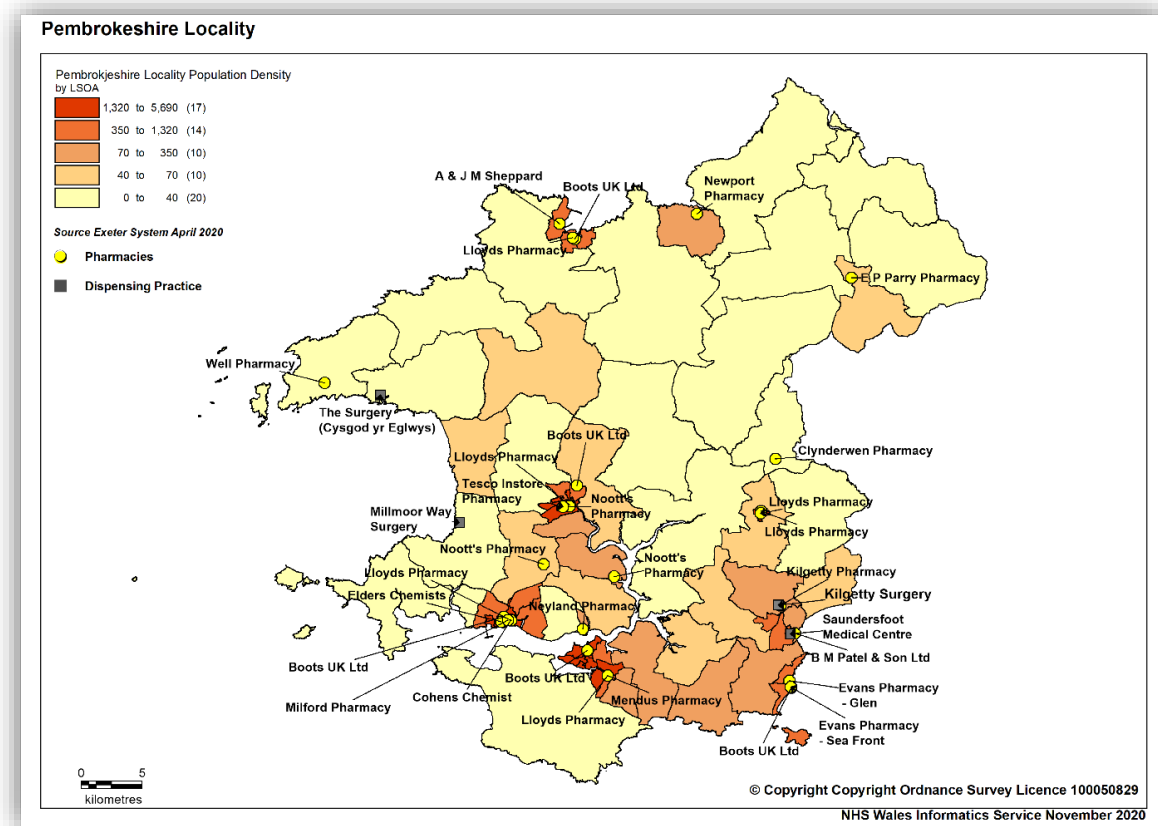
Map 5.1.2 indicates that the location of pharmacies is influenced by population density, in that the greater the population density, the greater the number of pharmacies. Dispensing practices are usually located in more rural areas i.e. those with lower population density and without a pharmacy nearby.

Map 5.1.3 shows the locations of the 49 community pharmacies and 2 dispensing GP practices in Carmarthenshire. The highest density of pharmacy services are found in the urban areas within the County; Llanelli, Carmarthen and Ammanford. A small number of pharmacies are located close to the Ceredigion and Pembrokeshire border which serve residents across more than 1 county. The areas of lowest population density (pale yellow) have almost no pharmacies; Llanybydder in the north of the county being the only exception.



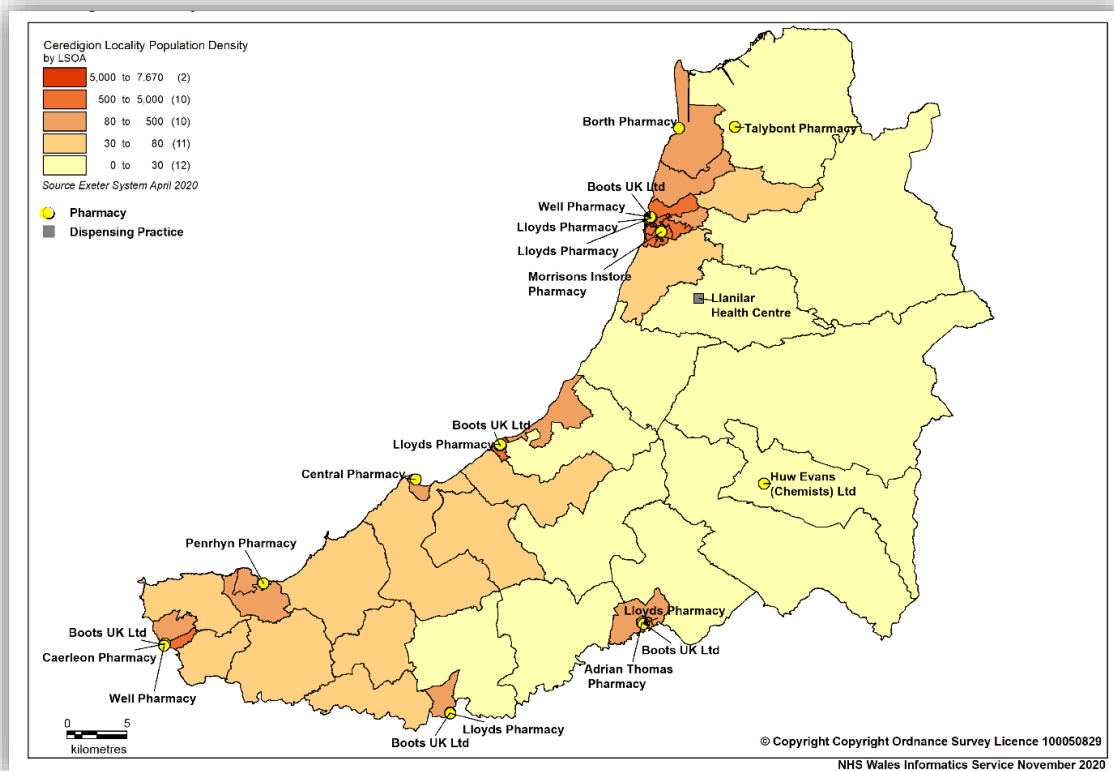


**Map 5.1.4 – Location of Community Pharmacies and Dispensing GP Practices compared to population density – Pembrokeshire**



Map 5.1.5 shows the locations of the 19 community pharmacies and 1 dispensing GP practice in Ceredigion. This County is the most rural of the 3 counties that make up Hywel Dda UHB and has only a low number of high population density areas. These are Aberystwyth in the north, Cardigan in the south, followed by smaller towns of Lampeter, Llandysul and Aberaeron. 2 of the 19 pharmacies can be found in the areas of lowest population density (pale yellow); Tregaron & Talybont. The dispensing GP practice is also located in an area of low population density at Llanilar.

## Map 5.1.5 – Location of Community Pharmacies and Dispensing GP Practices compared to population density - Ceredigion



## Deprivation

The Welsh Index of Multiple Deprivation (WIMD) is published once every 5 years and takes into account a number of domains. These are: income levels, the health of residents, education levels, housing quality and access to services.

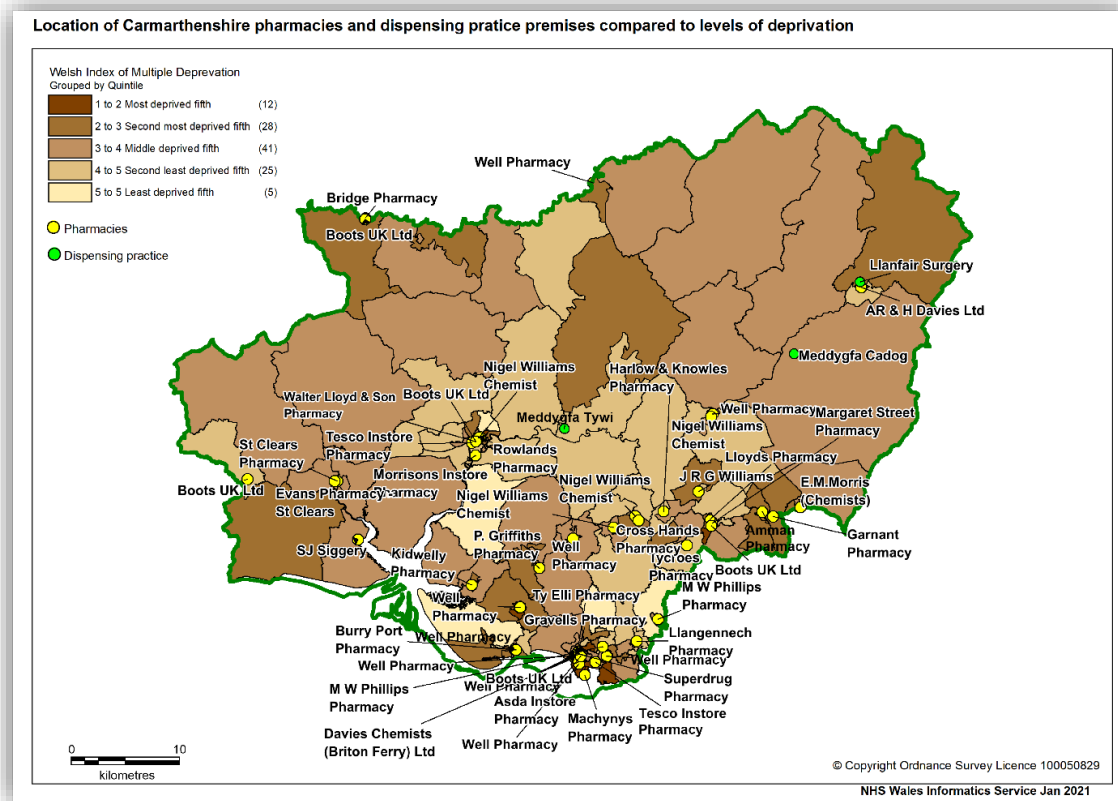
People who live in the most deprived areas are said to experience inequalities in accessing health care.

The WIMD 2019 divides Wales into 1,909 Lower Super Output Areas (LSOA). LSOAs are a geographical hierarchy developed by the Office for National Statistics, following the 2001 Census. The mean population size of an LSOA is 1,600.

Maps 5.1.6 - 5.1.8 show the different levels of deprivation for each of the three counties and the location of community pharmacies and dispensing GP practices.



**Map 5.1.6 – Location of Community Pharmacies and Dispensing GP Practices compared to levels of deprivation - Carmarthenshire.**

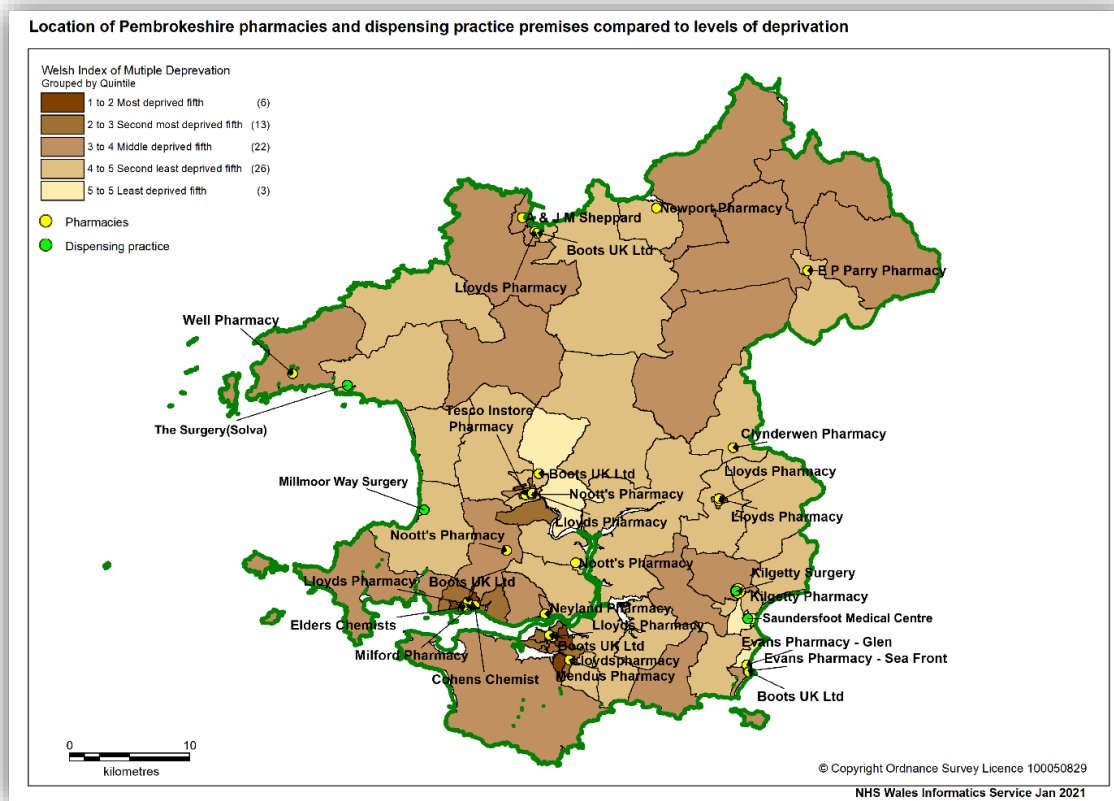


Within Carmarthenshire there are 5 LSOA's in the lowest 10% of the most deprived areas in Wales. These are:

- ▶ Tyisha 2
- ▶ Glanymor 4
- ▶ Bigyn 4
- ▶ Tyisha 3
- ▶ Llwynhendy 3

All 5 areas are within the Llanelli locality, which is well served in terms of Pharmaceutical services. More information on the Llanelli locality can be found in section 9.

### Map 5.1.7 – Location of Community Pharmacies and Dispensing GP Practices compared to levels of deprivation - Pembrokeshire

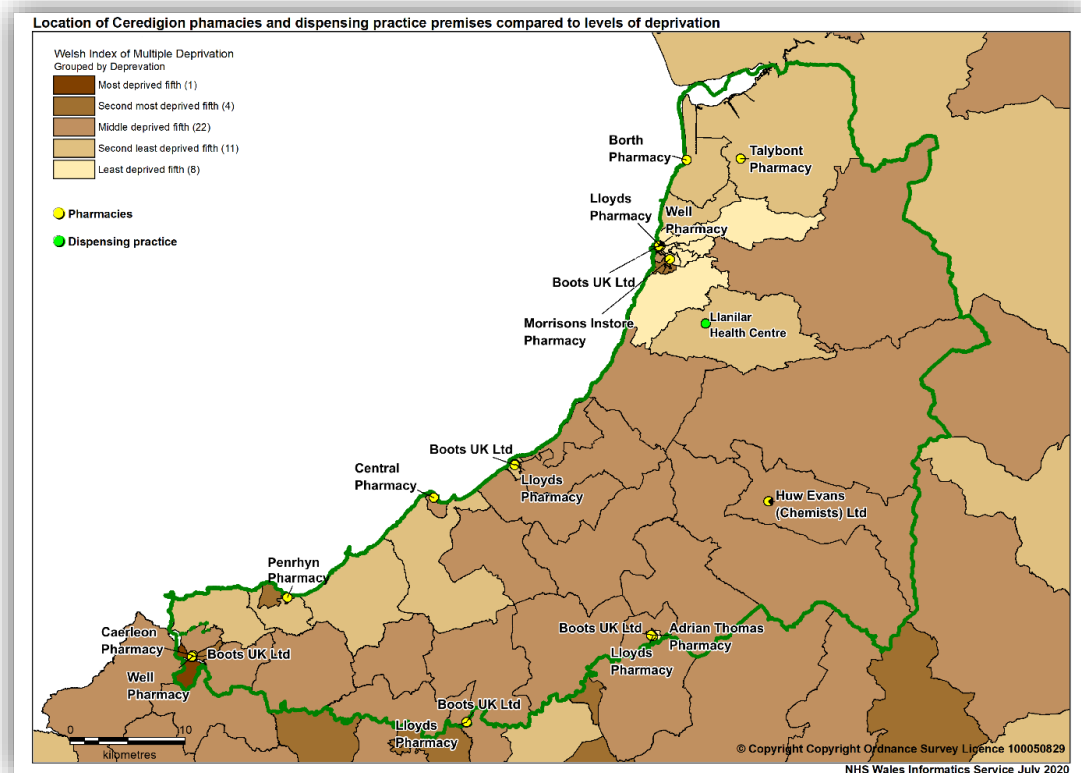


In Pembrokeshire there are 4 LSOAs that are listed in the lowest 10% of deprivation. These are:

- ▶ Pembroke Dock – Llanion 1
- ▶ Haverfordwest – Garth 2
- ▶ Pembroke – Monkton
- ▶ Pembroke Dock – Central

The Pembroke Dock area is served by 2 pharmacies, Haverfordwest by 4 pharmacies and Pembroke by 2 and therefore there is good access to pharmaceutical services.

## Map 5.1.8 – Location of Community Pharmacies and Dispensing GP Practices compared to levels of deprivation – Ceredigion



In Ceredigion county there is only 1 area within the lowest 10% of the LSOAs in Wales. This is:

- Aberteifi/Cardigan – Teifi

There are 3 pharmacies located within Cardigan therefore there is good access to pharmaceutical services in the area.

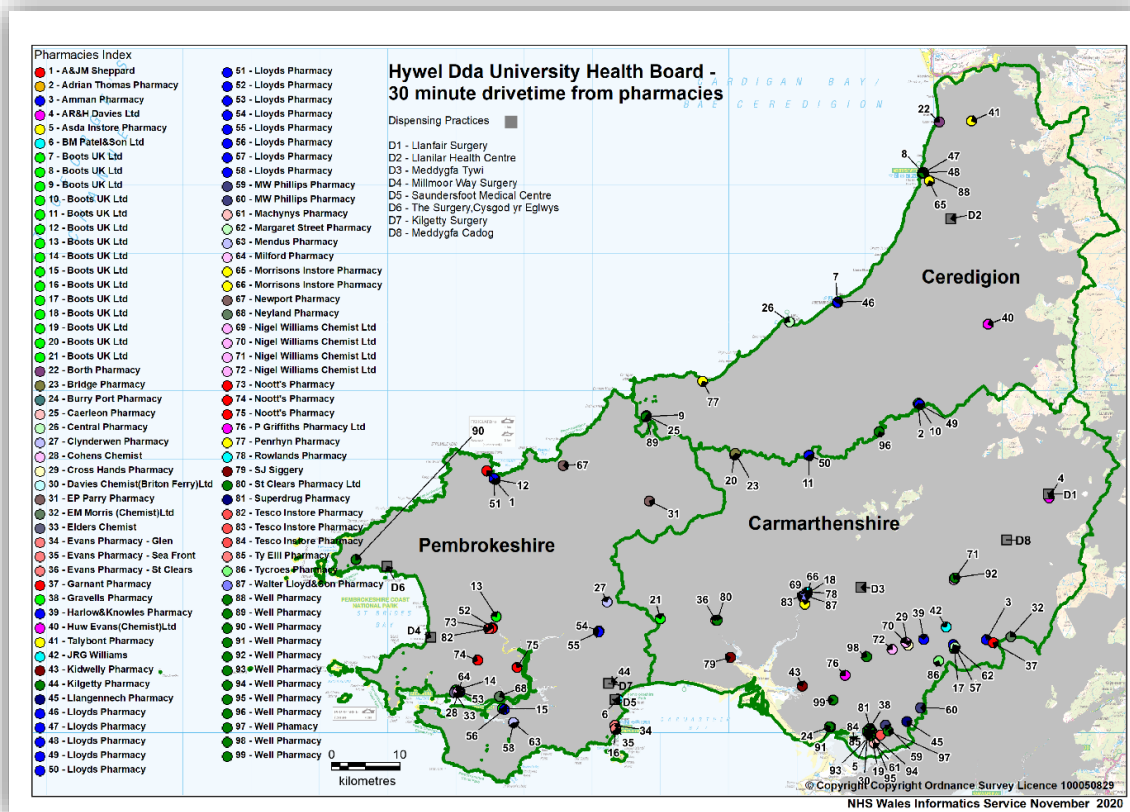
### 5.1.1 Access to pharmaceutical services - travel time

It was agreed by the PNA Steering Group that the maximum travel time by car for residents in Hywel Dda UHB to access pharmaceutical services, should be no more than 30 minutes. Large areas of the 3 counties are rural in character and it is not unusual to travel for 20-30 minutes to access other primary care services such as a dental practices or optometrists. In the areas of larger population density, travel time would be far less than 30 minutes due to the increased number of pharmacies available.

In order to measure whether residents of Hywel Dda UHB are able to access pharmaceutical services at a community pharmacy within a travel time of 30 minutes, a mapping exercise was undertaken using “Drivetimes is Mapinfo Route Finder 5”.

In Maps 5.1.9 - 5.1.12 the grey areas on the map are areas that are within 30 minutes of a pharmacy. The areas that are not greyed are outside of the 30 minute journey time.

## Map 5.1.9 – Areas within a 30 minute drive time of a Community Pharmacy – Hywel Dda

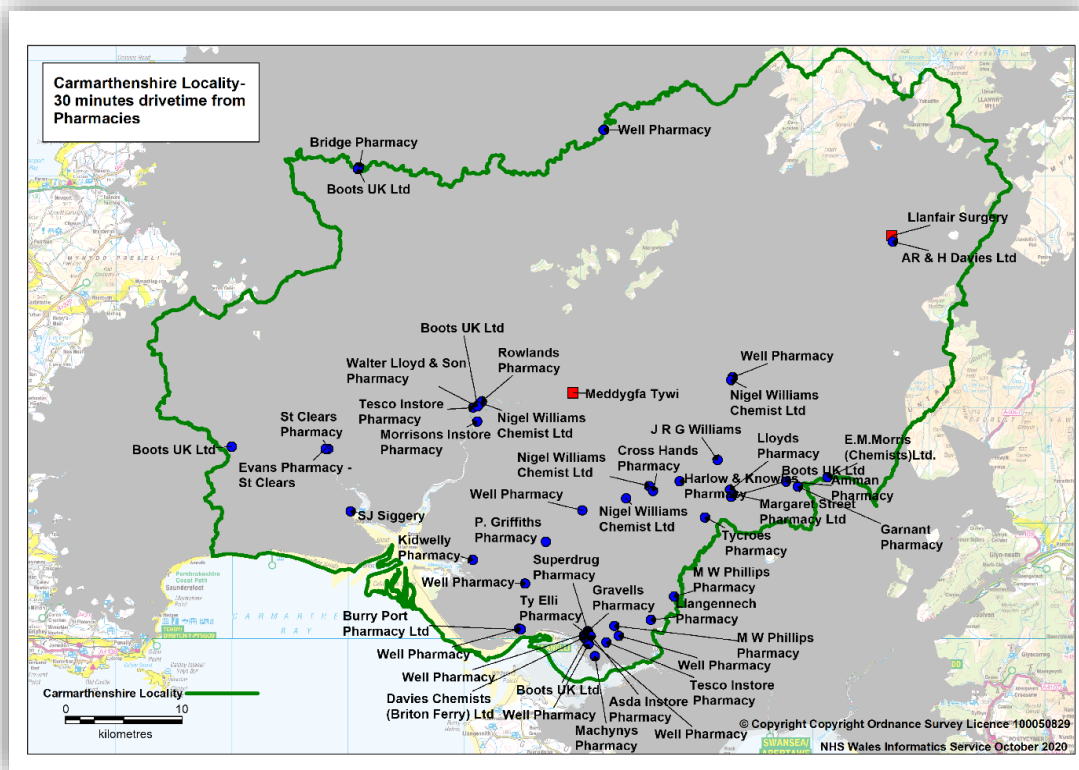


When comparisons are made with the population density maps the areas that are outside of the 30 minutes (not coloured in grey) are areas with very little or no population density (see Map 5.1.2). NHS Wales Informatics Service has provided data for the areas within the Hywel Dda boundary but not covered by the 30 minute drive time using Mapinfo Professional Routefinder with Ordnance Survey Highways road network. The data identified 72 residents living within these areas and that they are able to access a pharmacy in a neighbouring Health Board within 30 minutes.

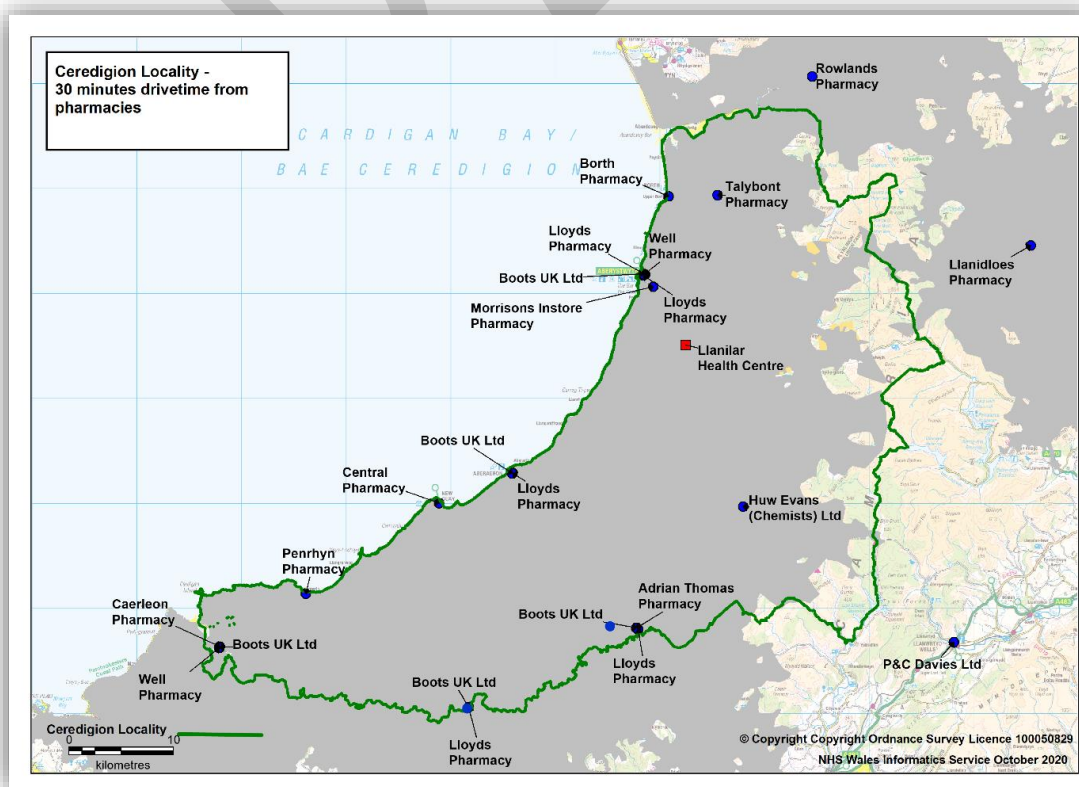
Maps 5.1.10 - 5.1.12 show the 30 minute drive time from pharmacies for each county. When comparisons are made with the population density maps it is clear that the areas not covered by the 30 minute drive time are those with very small population density.



### Map 5.1.10 Areas within a 30 minute drive time of a Community Pharmacy – Carmarthenshire

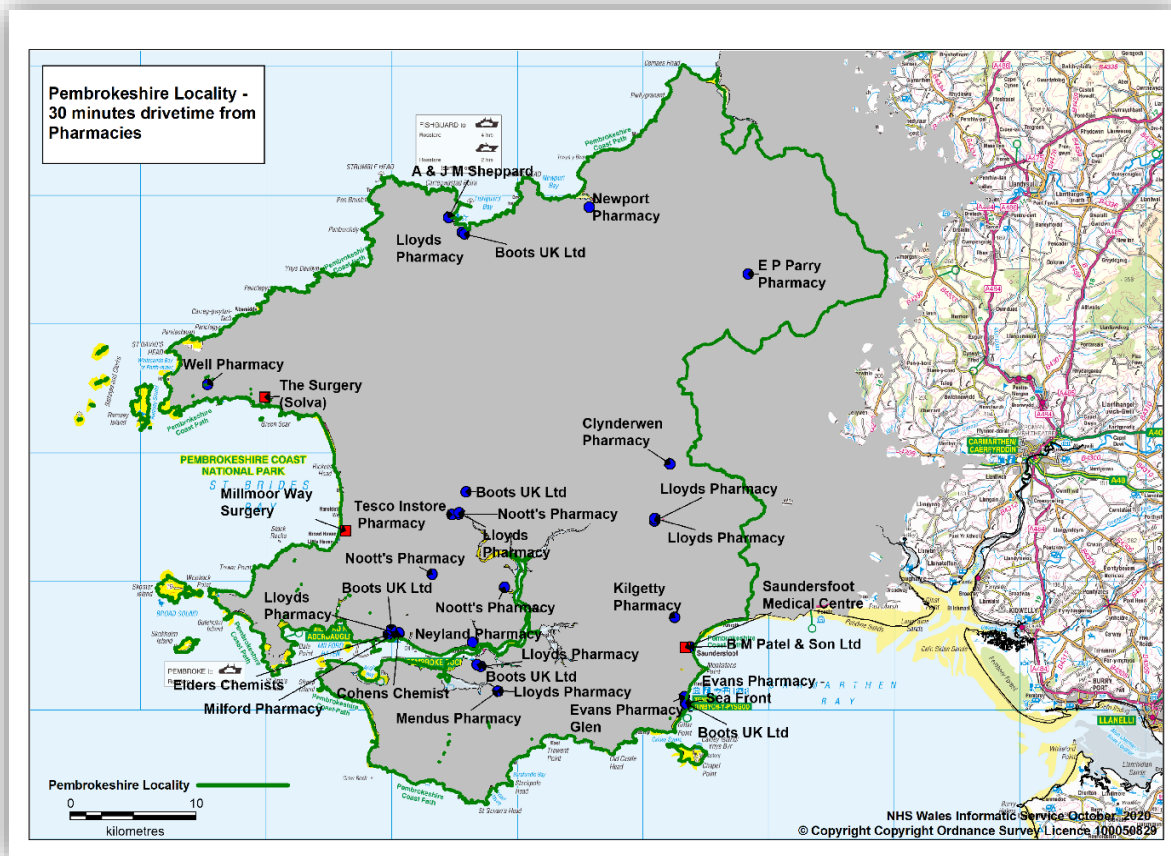


### Map 5.1.11 Areas within a 30 minute drive time of a Community Pharmacy – Ceredigion





**Map 5.1.12 Areas within a 30 minute drive time of a Community Pharmacy – Pembrokeshire**



Across the whole of the Health Board area it is estimated that approximately, 1% of the population live in these areas outside of the 30 minute drive time from a pharmacy.

Responses to the public engagement survey provided the following insights into accessing pharmacies:

- 74% of respondents said that they travel to a pharmacy by car
- 22% said that they were able to walk to a pharmacy
- Respondents noted the length of travel time to a pharmacy as being
  - Less than 5 minutes 26%
  - 5-15 minutes 52%
  - 15-30 minutes 20%
  - 30 minutes or more 2%

## Summary

There are 98 pharmacies and 6 dispensing GP practices in Hywel Dda UHB these are widely spread across the Health Board area. The population density maps indicate that the community pharmacy premises are predominantly located in areas of highest population density although a small number of pharmacies were identified in areas of lowest population density.

Within Hywel Dda UHB, there are 10 Lower Super Output Areas, which are within the lowest 10% for deprivation in Wales, maps 5.1.7 – 5.1.9 show that the areas of highest deprivation in each county are well served for community pharmacy services and therefore have access locally to pharmaceutical services.

The maps show areas within a 30 minute drive time of a community pharmacy cover the majority of the geographical area of Hywel Dda UHB. It is estimated that over 99% of Health Board residents fall within this drive time standard.

### 5.1.2 Access to pharmaceutical services – opening hours

The majority of people access a pharmacy following a visit to their GP or other health care professional, however many will visit for self-care purposes or to access a specific service offered by the pharmacy.

There will be occasions when individuals may need access to pharmaceutical services when their GP practice is not open, for example this may be to have a prescription dispensed after presenting to a GP Out of Hours service, or after contacting NHS Wales 111. Individuals may also want to access a service that is specifically provided by a pharmacy outside of a person's normal working day.

The public engagement survey showed that the period 9.00am – 12.00pm is the most convenient time for respondents to visit a pharmacy and over 87% selected a time between 9.00am and 6.00pm.

Appendix L provides full information on the opening hours of each pharmacy.

An overview of the range of days that pharmacies are open is listed below:

- 11 pharmacies open seven days a week
- 19 pharmacies open full days Monday to Saturday
- 33 pharmacies open Monday to Friday and part of Saturday
- 35 pharmacies open only Monday to Friday
- Of the 35 pharmacies, 4 have a half day closure on Wednesdays and two open part time across the 5 days to match branch surgery opening hours.

There are 8 pharmacies open beyond 6.30pm Monday to Friday, these are located as follows:

- Llanelli – 2
- Tywi Taf – 2
- North Pembrokeshire – 2
- South Pembrokeshire – 1
- North Ceredigion – 1

There are 2 localities; Amman Gwendraeth and South Ceredigion that do not have any pharmacies open after 6.30pm Monday to Friday. Residents of these localities are within a 30 minute drive time of a pharmacy that is open until 8pm in a neighbouring locality.

Some pharmacies provide a commissioned rota service, where they receive an enhanced service payment to open outside of their normal opening hours to meet the needs of the locality. There are currently only 4 commissioned rota services within Hywel Dda – details below.

## Community Pharmacy Rota Service

County	Area	Pharmacies Participating	Additional Hours Offered
Carmarthenshire	St Clears	Evans Chemist Medical Hall / Evans Chemist Rebecca House (alternate weeks)	Monday to Friday 5.30-6.00pm
Carmarthenshire	Amman Valley	Garnant Pharmacy/ Glanamman Pharmacy (alternate weeks)	Monday, Tuesday, Wednesday and Friday 5.30-6.00pm
Carmarthenshire	Llandeilo	Well Pharmacy / Nigel Williams Pharmacy (alternate weeks)	Monday, Wednesday and Friday 5.30-6.00pm
Ceredigion	Llandysul	Lloyds Pharmacy / Boots Pharmacy (alternate weeks)	Sunday 4.00-5.00pm

GP practices are contracted to provide services between 8.00am and 6.30pm, Monday to Friday, excluding bank and public holidays. All 48 GP practices in Hywel Dda will operate these hours. 4 practices in Hywel Dda UHB are signed up to provide an extended hours Local Enhanced Service (LES) which offers longer opening times. Details of these practices and the extended opening that they operate are detailed below.

### Extended opening hours for GP practices in 2019/20

<b>Brynteg surgery – Ammanford</b>	Opens until 9.30pm on one evening between Monday and Thursday, twice a month
<b>Penygroes Surgery – Penygroes</b>	Opens Thursday evenings until 8.00pm
<b>Meddygfa Taf – Whitland</b>	Opens until 8.30pm on one evening between Monday and Thursday
<b>Church Surgery - Aberystwyth</b>	Opens until 8.30pm every Wednesday

None of the pharmacies within Hywel Dda UHB are open beyond 8.00pm Monday to Friday therefore any prescriptions issued after this time would need to be dispensed the following day. If GP practice extended hours were to change during the lifetime of this PNA the Health Board has the ability to direct a pharmacy to open or commission extended hours via an enhanced service.

The table below shows the opening hours for the 6 dispensing GP practices in Hywel Dda UHB; (please note that 2 of the practices also have dispensing branch surgeries). Dispensing practices do not provide pharmaceutical services on Saturday or Sunday.

## Dispensing Practice Opening Hours

PRACTICE	Solva Surgery	Llanfair Surgery Llandovery	BRANCH – Meddygfa Cadog Llangadog	Llanilar Health Centre	Meddygfa Tywi, Nantgaredig	Saundersfoot Medical Centre	BRANCH – Kilgetty surgery	Broad Haven – Milmoor Way
<b>Monday</b>	8.00am-6.30pm	8.30am-6.30pm	9.00am-1.00pm 4.00pm-6.00pm	8.00am-6.30pm	8.00am-6.00pm	8.30am-1.00pm 2.00pm-6.30pm	8.30am-1.00pm	Closed
<b>Tuesday</b>	8.00am-6.30pm	8.30am-6.30pm	9.00am-1.00pm	8.00am-6.30pm	8.00am-6.00pm	8.30am-1.00pm 2.00pm-6.30pm	8.30am-1.00pm	9.00am-12.00pm
<b>Wednesday</b>	8.30am-6.30pm	8.30am-6.30pm	9.00am-1.00pm	8.00am-6.30pm	8.00am-6.00pm	8.30am-1.00pm 2.00pm-6.30pm	8.30am-1.00pm	10.30am-12.30pm
<b>Thursday</b>	8.00am-6.30pm	8.30am-6.30pm	9.00am-1.00pm	8.00am-5.00pm	8.00am-6.00pm	8.30am-1.00pm 2.00pm-6.30pm	8.30am-1.00pm	9.00am-12.30pm
<b>Friday</b>	8.00am-6.30pm	8.30am-4.00pm	9.00am-4.00pm	8.00am-6.30pm	8.00am-6.00pm	8.30am-1.00pm 2.00pm-6.30pm	8.30am-1.00pm	10.30am-12.30pm

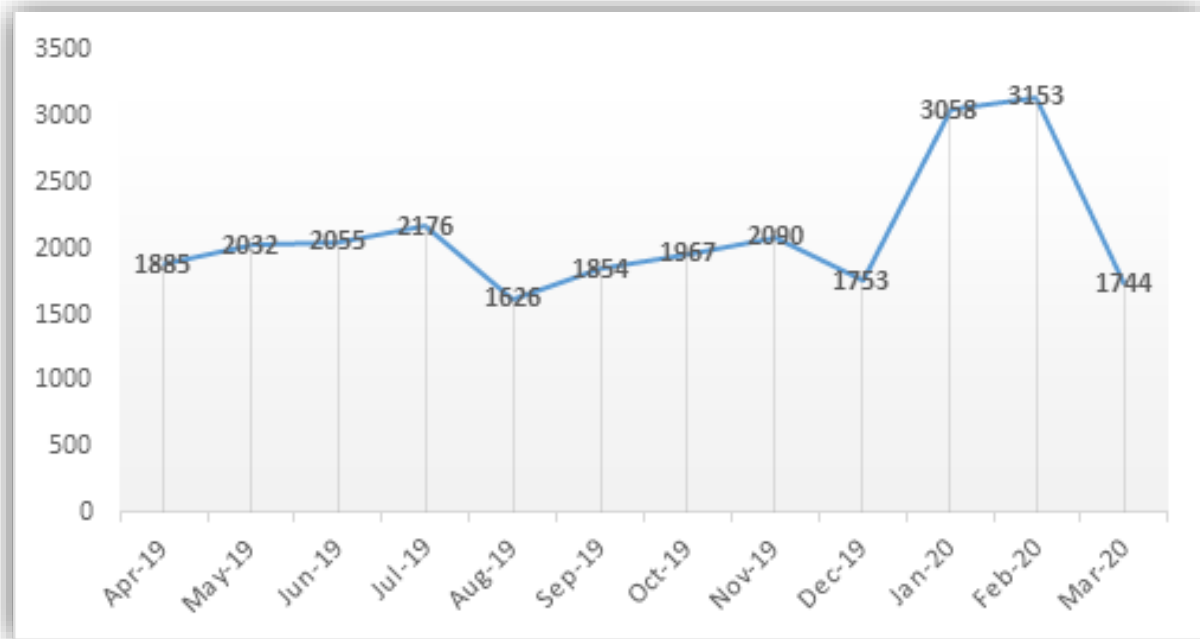
There are pharmaceutical services available across the Health Board area every day of the week however services after 6.30pm Monday to Friday and on Saturdays and Sundays will be more limited.

### 5.1.3 Access to Advanced services - Medicines Use Review

A Medicines Use Review (MUR) is a structured review that is undertaken by a pharmacist to help patients manage and understand their medication more effectively. Up to 400 MURs can be provided per accredited pharmacy per year.

In 2019/20 a total of 98 pharmacies offered the service and 25,939 MURs were provided out of a possible maximum of 39,200. Figure 5a shows the number of MURs completed each month throughout the year for all pharmacies. There was a significant drop in MUR claims in March 2020 which is likely to be attributed to the COVID-19 pandemic and the direction by Welsh Government to suspend the service.

**Figure 5a - Number of Medicines Use Reviews claimed in 2019/20**



The MUR service has been suspended indefinitely since March 2020. The service is currently under review.

Based upon the level of provision the Health Board is satisfied that there is sufficient capacity within existing contractors to provide more MURs:

- 84 pharmacies (86%) provided less than the maximum annual number of MUR
- 31 pharmacies (32%) provided less than 200 MURs
- 7 pharmacies didn't provide any MURs

#### 5.1.4 Access to Advanced services - Discharge Medicines Review

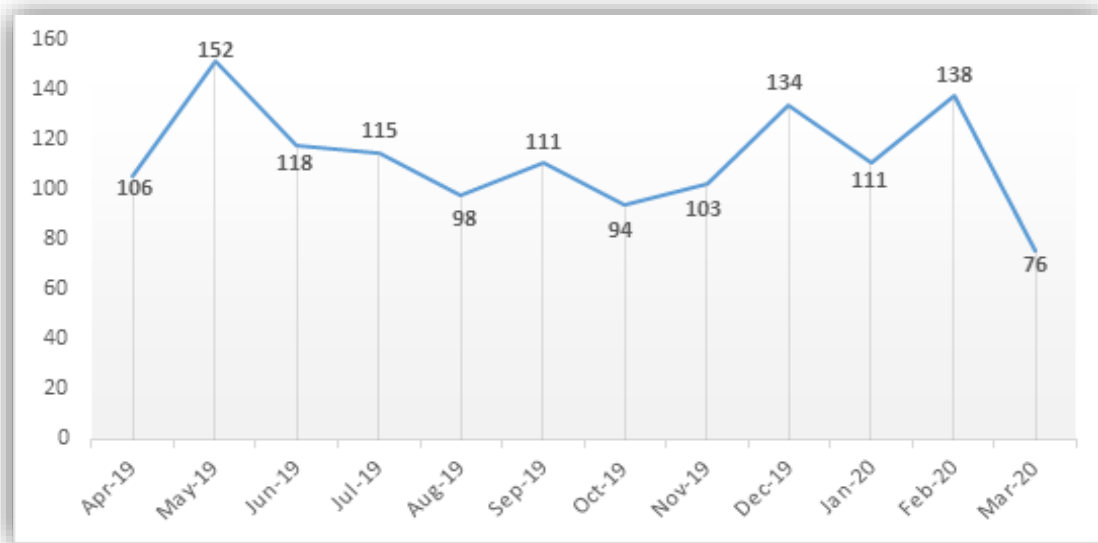
The Discharge Medicines Reviews (DMR) service provides support to patients recently discharged from or between care settings by ensuring that changes to patients' medicines made in one care setting (e.g. during a hospital stay) are enacted as intended in the community. This helps to reduce the risk of preventable medication related problems and supports adherence for newly prescribed medication. Each accredited pharmacy has been able to provide up to 140 DMRs per year however this limit has been removed as of the 1<sup>st</sup> of April 2021.

In 2019/20, 97 pharmacies offered the DMR service. A total of 1,356 were claimed during the year out of a possible maximum of 13,580.

Figure 5b shows the total number of DMRs claimed per month in 2019/20. There is a significant drop in claims during March 2020, which can be attributed to the COVID-19 pandemic.



**Figure 5b - Number of DMRs claimed in 2019/20**



Based upon the level of activity in 2019/20 the Health Board is satisfied that there is sufficient capacity within existing contractors to provide more DMRs:

- 96 pharmacies (99%) provided less than the maximum 140 DMRs
- 95 pharmacies (98%) provided less than 70 DMRs

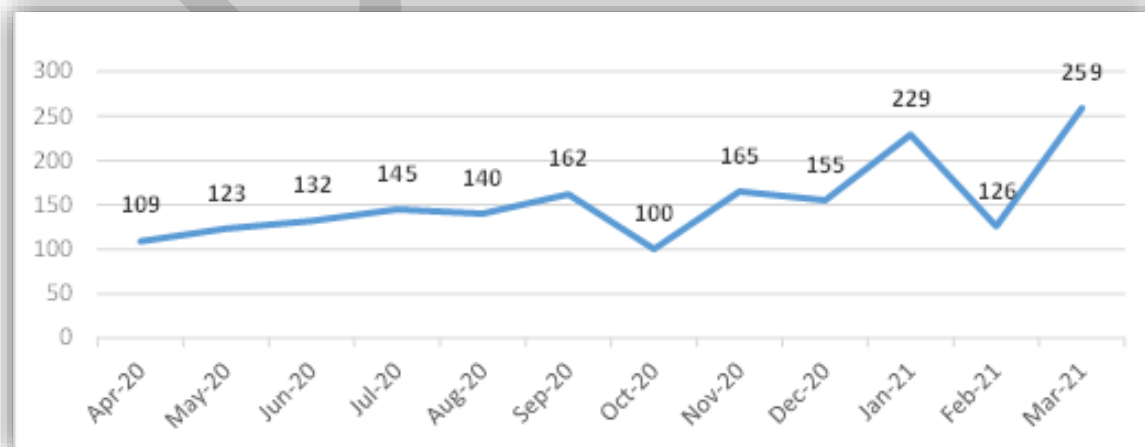
Only 10% of the potential DMRs were carried out in 2019/20. With 97 pharmacies offering the service the availability is widespread and accessible.

### 2020/21 Data

In 2020/21, 97 pharmacies offered the DMR service. A total of 1,845 were claimed during the year out of a possible maximum of 13,580.

Figure 5c shows the total number of DMRs claimed per month in 2020/21.

**Figure 5c - Number of DMRs claimed in 2020/21**



Based upon the level of activity in 2020/21 the Health Board is satisfied that there is sufficient capacity within existing contractors to provide more DMRs:

- 97 pharmacies (100%) provided less than the maximum 140 DMRs
- 61 pharmacies (94%) provided less than 70 DMRs
- 24 pharmacies (25%) provided 0 DMR's

Only 14% of the potential DMRs were carried out in 2020/21. With 97 pharmacies offering the service the availability is widespread and accessible.

### 5.1.5 Advanced Service - Access to Appliance Use Reviews

No pharmacies in Hywel Dda UHB provide Appliance Use Reviews. Reviews of appliance use are carried out by various nurse led specialist services within the Health Board.

### 5.1.6 Advanced Service - Access to Stoma Appliance Customisations

No pharmacies in Hywel Dda UHB offer Stoma Appliance Customisations. Customisation of stomas are carried out by the nurse led specialist stoma service within the Health Board.

### 5.1.7 Access to enhanced services

#### 5.1.7.1 – Common Ailments Service

Community pharmacies can provide free confidential NHS advice and treatment for a range of common ailments without the need to make an appointment at a GP practice (further information on the Common Ailment Service and the conditions included are available in Section 7). In 2019/20, all 99 pharmacies offered the Common Ailments Service (CAS), with 96 of those pharmacies supplying a total of 9,563 items to 7,550 patients.

**Figure 5d - Number of patients seen and number of items supplied for CAS in 2019/20**

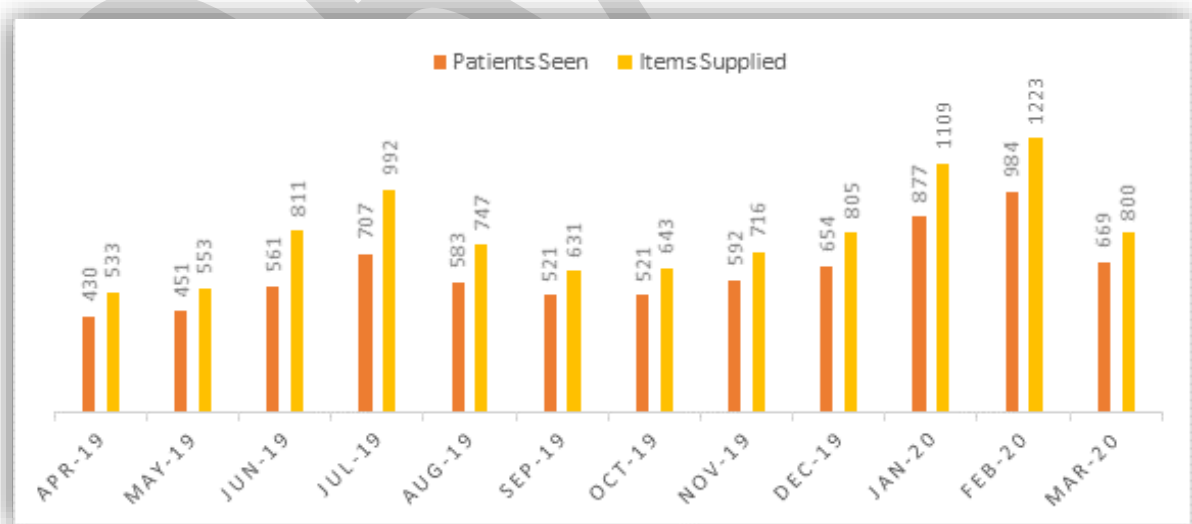
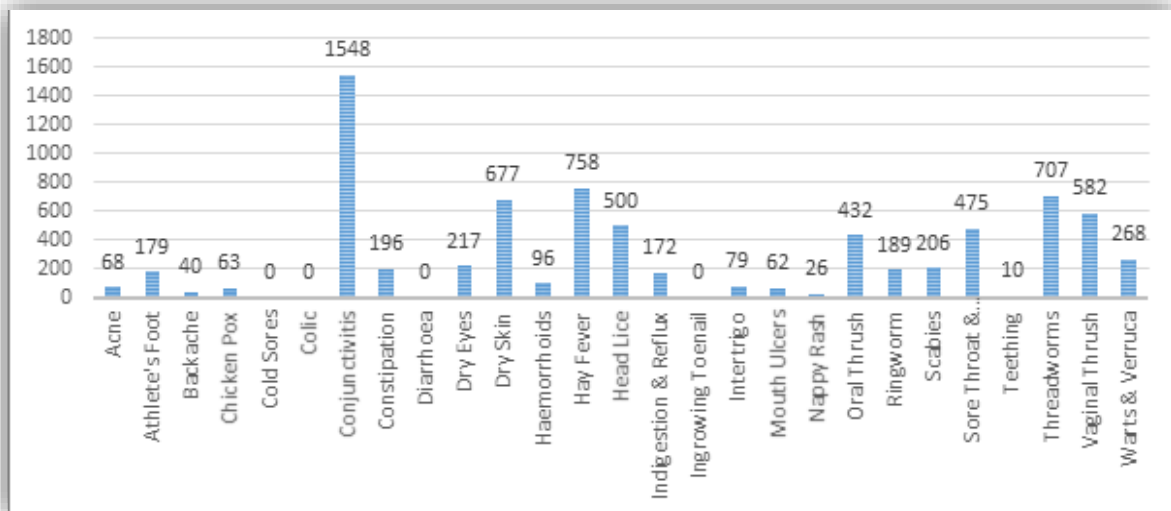


Figure 5d shows the number of patients seen and the number of items supplied per month for CAS in 2019/20.

**Figure 5e - Number of claims per ailment for CAS in 2019/20**



There are 27 ailments covered under the service. Figure 5e shows the number of claims per ailment for CAS in 2019/20.

Conjunctivitis is the ailment that accounts for the highest number of consultations. 4 of the ailments have no treatment options via the service. These are:

- Cold sores
- Colic
- Diarrhoea
- Ingrowing toenails

Therefore, no reimbursement claims are made for these conditions. However, a pharmacist will provide advice for these conditions.

**Figure 5f Patient age breakdown for CAS in 2019/20**

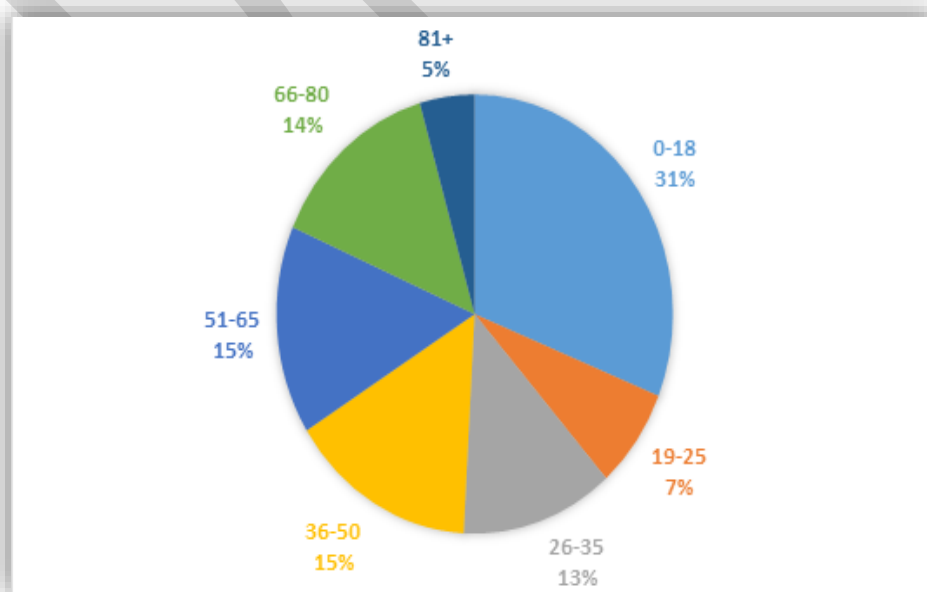
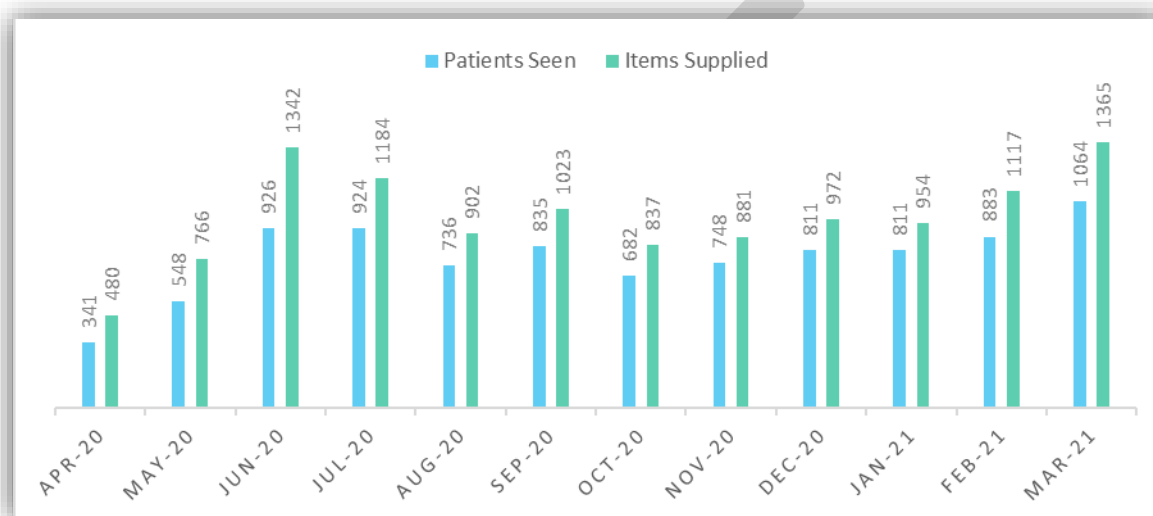


Figure 5f shows the patient age breakdown for the Common Ailments Service in 2019/20. The age group who utilise the service most are those aged under 18, which is likely to be with a parent or carer. This could be attributed to the fact that some of the conditions included are more common in children, e.g. head lice, ringworm, threadworm, nappy rash.

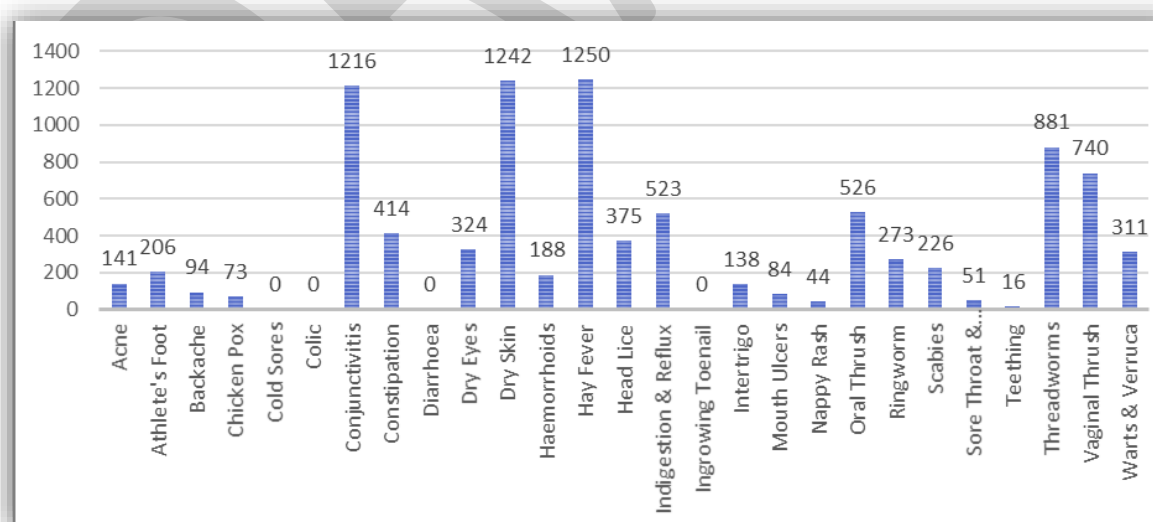
### CAS Activity 2020-21 Data

In 2020/21, all 99 (98 from January 2021) pharmacies offered the service, with 96 (95 from Jan 21) of those pharmacies supplying a total of 11,823 items to 9,309 patients. This shows a 23% increase in the number of patients seen in 2020/2021 compared to 2019/2020 where 7,550 patients were seen.

**Figure 5g - Number of patients seen and number of items supplied under CAS in 2020/21**



**Figure 5h - Number of claims per ailment under CAS in 2020/21**



An analysis of the breakdown of ailments for 2020/21 shows there has been an increase in some conditions. Figure 5h shows that there have been almost 500 more consultations for hay fever this year compared to last, and almost double the number of dry skin consultations and over double the number of constipation consultations.

The CAS service is widely available throughout Hywel Dda UHB and it is expected that activity will increase as referral by medical practices for these ailments becomes routine. From the results of the public engagement survey, it was positive to note that 84% of respondents were aware of the Common Ailment Service.

#### 5.1.7.2 - Emergency Medicine Supply

The Emergency Medicine Supply (EMS) Service provides the supply of urgently required prescribed medication to patients where they are unable to obtain a prescription before they need to take their next dose. In 2019/20, 98 pharmacies offered the EMS service, with 86 supplying 9,324 items to 6,285 patients. Patients accessing the service were a mix of Welsh patients (63%) and English patients (37%).

The EMS service is key in reducing demand on the NHS Wales 111 service, particularly on weekends by diverting patients who don't have access to their medication to a community pharmacy. This also has a positive impact on hospital and/or GP services in dealing with potential consequences of patients not taking regular medication.

**Figure 5i - EMS monthly activity for 2019/20**

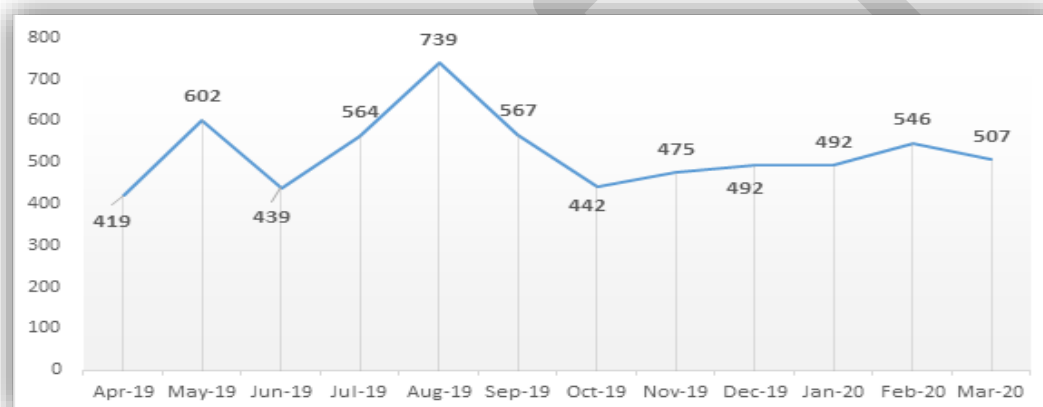


Figure 5i shows the number of patients per month that accessed the Emergency Medicine Supply service in 2019/20. There is a significant spike in the figures during holiday periods, in particular during May and August highlighting the use of the service by tourists.

#### Reason for Supply of EMS in 2019/20

Reason for Supply	Number of Patients
Lost or misplaced medicines	410
Not able to collect from usual pharmacy	466
Not ordered in time	1,779
On holiday and forgot medication	1,979
Prescription not available at practice for collection	1,651

The table above shows the reasons for supply given by patients accessing the service. The most frequently selected reason given by patients was; 'On holiday and had forgotten their medication'. This reason accounted for 31% of the total supplies made. A further 28% noted that they hadn't ordered their medication in time and 26% reported that their prescription wasn't available at the GP practice for collection.



The provision of the EMS service reduces pressure on other NHS services. When patients were asked, where they would have gone if the service hadn't been available;

- 5% said they would have attended A&E or another urgent care provider
- 22% said they would have contacted GP Out of Hours
- 43% said they would have gone without their medication, which could have had serious health implications and resulted in hospital admissions or deterioration in health

### EMS 2020/21 Activity Data

In 2020/21, 97 pharmacies offered the service with 94 pharmacies providing 16,424 items to 9,095 patients. This shows a 45% increase in the number of people accessing the service. This increase is likely to be as a result of pharmacies utilising the EMS service to support patients who have been unable to access their GP practices due to closures relating to COVID-19.

**Figure 5j - EMS Monthly Activity 2020/2021**

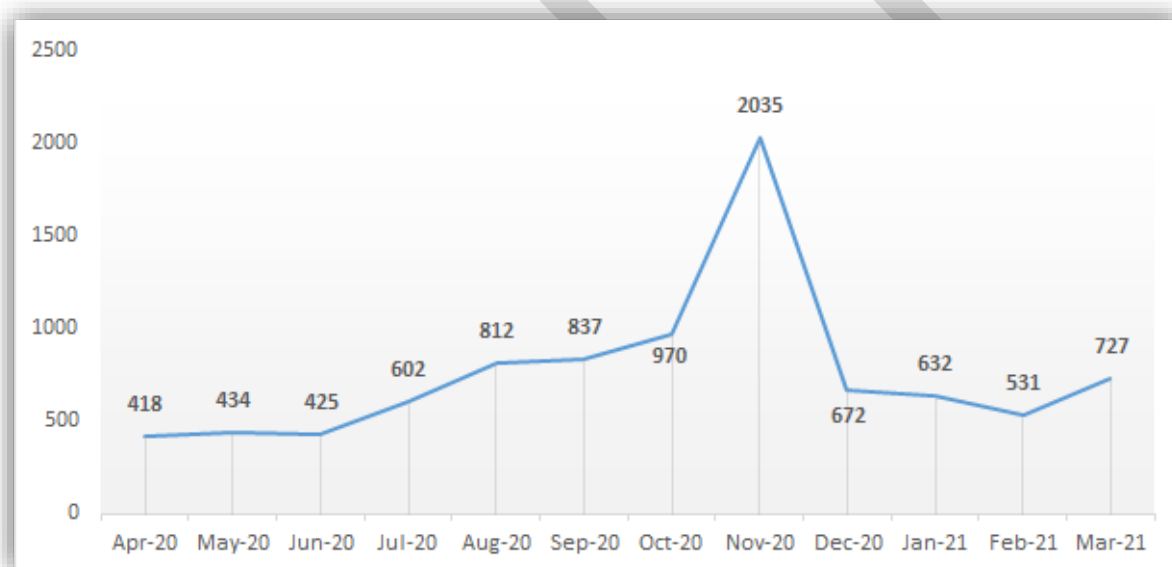


Figure 5j shows the number of patients per month that accessed the Emergency Medicine Supply service in 2020/2021. There is a significant spike in the figures in October/November 2021 this was due to a GP practice closure due to Covid-19.

### Reason for Supply of EMS in 2020/21

Reason for Supply	Number of Patients
Lost or misplaced medicines	614
Not able to collect from usual pharmacy	596
Not ordered in time	2,772
On holiday and forgot medication	1,068
Prescription not available at practice for collection	4,045

The table above shows the reasons for supply given by patients accessing the service. The most frequently selected reason given by patients was; 'Prescription not available at practice

for collection'. This reason accounted for 44% of the total supplies made and was over double the number for last year but a large number of these were due to the GP practice closure. A further 30% noted that they hadn't ordered their medication in time and 11% reported that they were on holiday and forgot medication.

With 97 pharmacies currently offering the EMS service there is good accessibility. The 1 pharmacy that does not offer the service is located in an area with 2 other pharmacies who provide EMS.

### 5.1.7.3 – Emergency Contraception Service

The Emergency Contraception (EC) service provides free access if appropriate to the morning after pill following a consultation with an accredited pharmacist. The service is available for patients aged 14 years and over and offers convenient access for patients as no appointment is required. In 2019-20, 83 pharmacies offered the EC Service and provided 3,771 patients with consultations.

Map 5.1.13 shows the location of the 84 pharmacies who currently offer the service in blue and the pharmacies who don't offer in orange. It should be noted that where premises are close to each other the symbols will overlap.

**Map 5.1.13 – Locations of Pharmacies providing Emergency Contraceptive**



There are gaps in service provision, which will be considered in more detail in the locality and conclusion sections.

Figure 5k shows the EC activity per month by pharmacies in 2019/20. March 2020 saw a decrease in numbers, which is likely to be due to the COVID-19 pandemic and lockdown restrictions.

**Figure 5k - Monthly EC Activity in 2019/20**

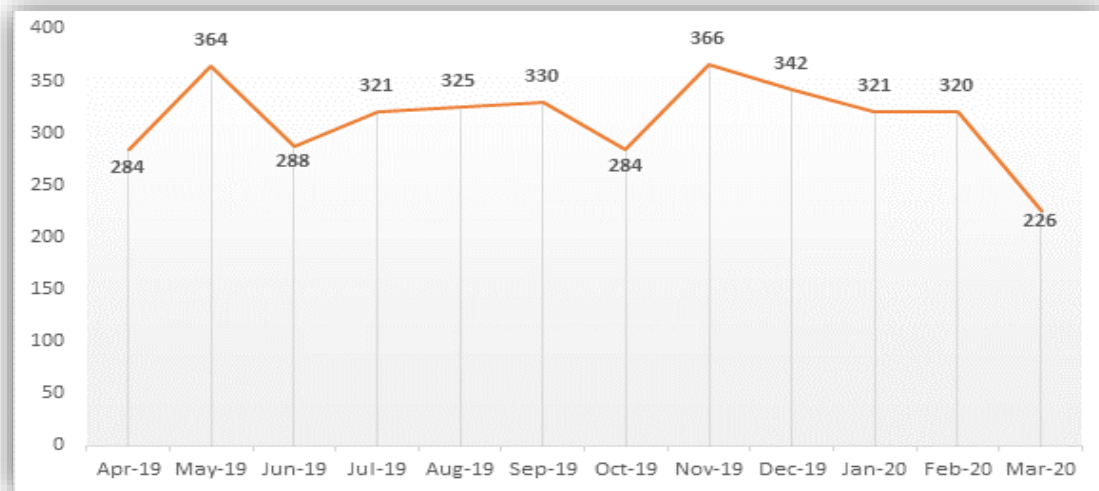
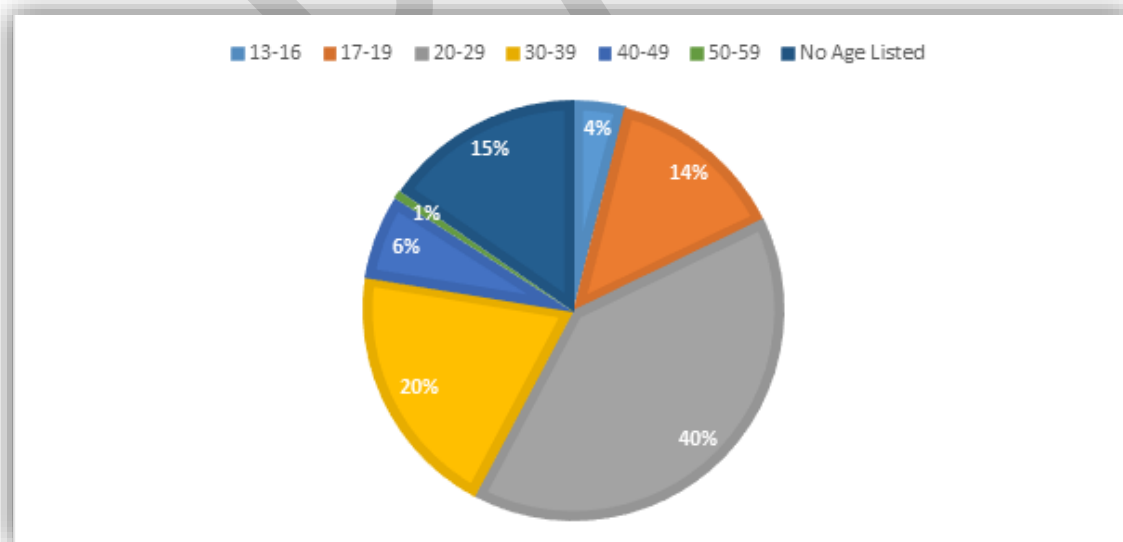


Figure 5l shows the age of patients accessing the EC service; 18% of the patients were aged under 20.

**Figure 5l - Patient Age Breakdown for EC in 2019/20**



## EC 2020/21 Activity Data

In 2020/21, 87 pharmacies provided the service with 2,930 patients accessing the service. This is a decrease of 22% compared to the same period last year where 3,771 patients accessed the service; this decrease is likely to have been as a result of COVID-19 pandemic lockdown restrictions.

**Figure 5m - Monthly EC Activity 2020/21**

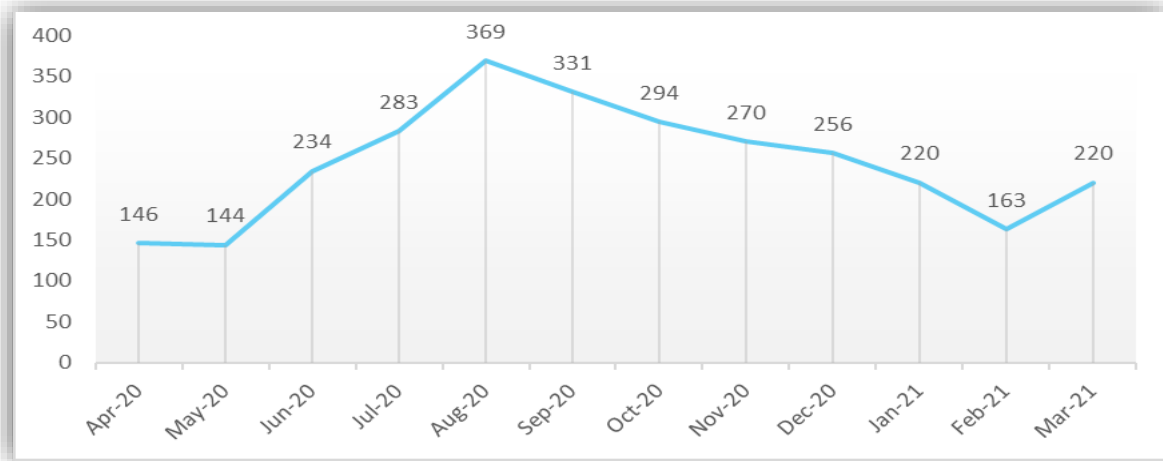


Figure 5m shows the monthly Emergency Contraception claims in 2020/21. With 84 pharmacies currently accredited to provide the Emergency Contraception service, this represents a high level of distribution. However, Map 5.1.13 does indicate gaps in the service in South Ceredigion and North Pembrokeshire localities. All pharmacies should be encouraged to provide the Emergency Contraception Service.

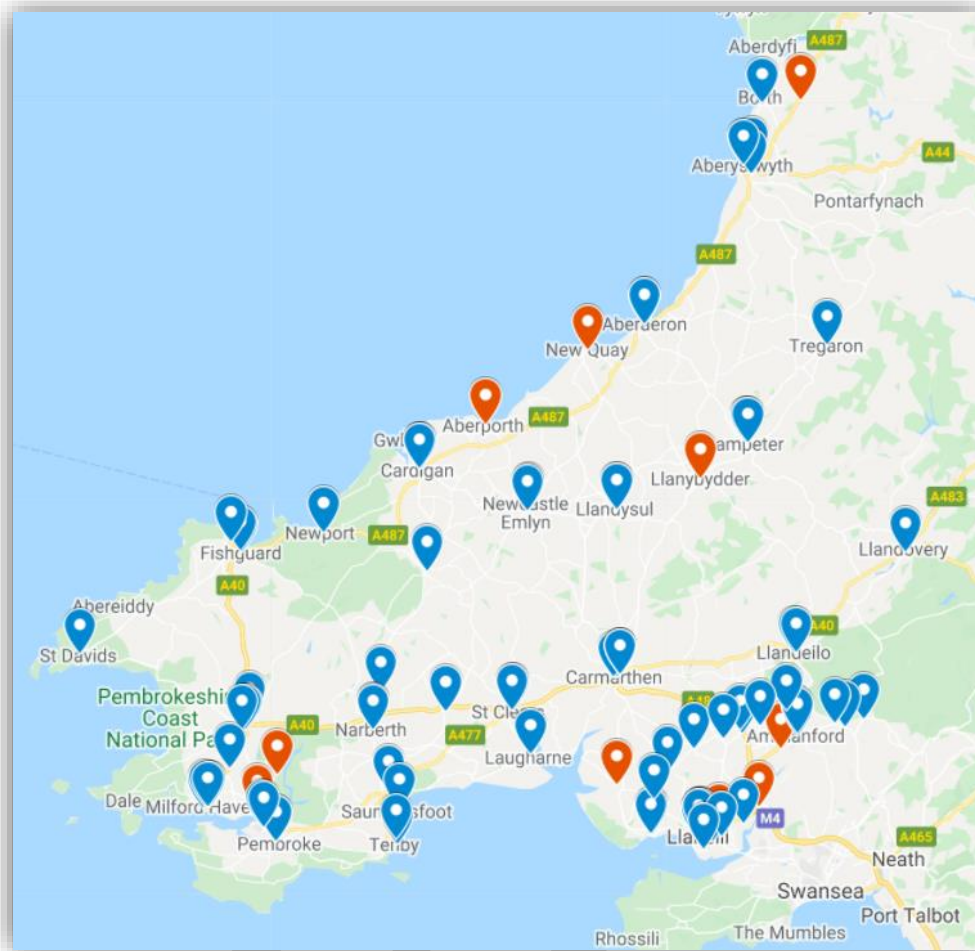
#### 5.1.7.4 – Smoking Cessation

##### Smoking Cessation Level 2

The Smoking Cessation Level 2 service (SCL2) is for patients who have been assessed by the Hywel Dda Healthy Lifestyle & Wellbeing Team - Smoking. This includes Help Me Quit advisors and Hospital Smoking Cessation Service. The patient is provided with a letter to take into the pharmacy to access a supply of free Nicotine Replacement Therapy. Map 5.1.14 shows the location of the 87 pharmacies offering the Smoking Cessation Level 2 service in blue markers and the ones who don't in orange. It should be noted that where premises are close to each other the symbols will overlap.

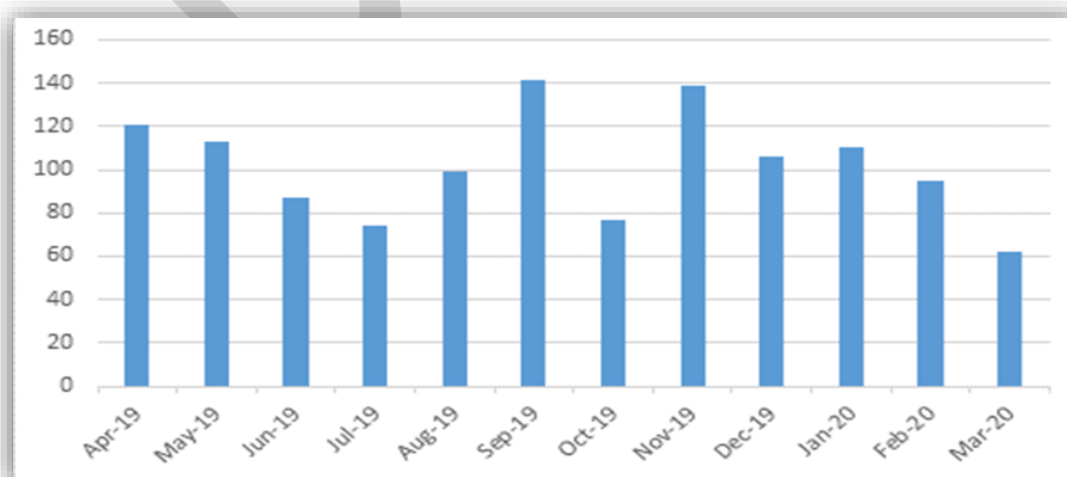


**Map 5.1.14 – Location of Pharmacies offering the Smoking Cessation Level 2 service**



In 2019/20, 76 pharmacies were able to provide the service and 1,224 patients were seen by 67 pharmacies. Figure 5n shows the numbers of clients who accessed the service per month during 2019/2020.

**Figure 5n – Total number of patients seen per month in 2019/20 for Smoking Cessation Level 2**

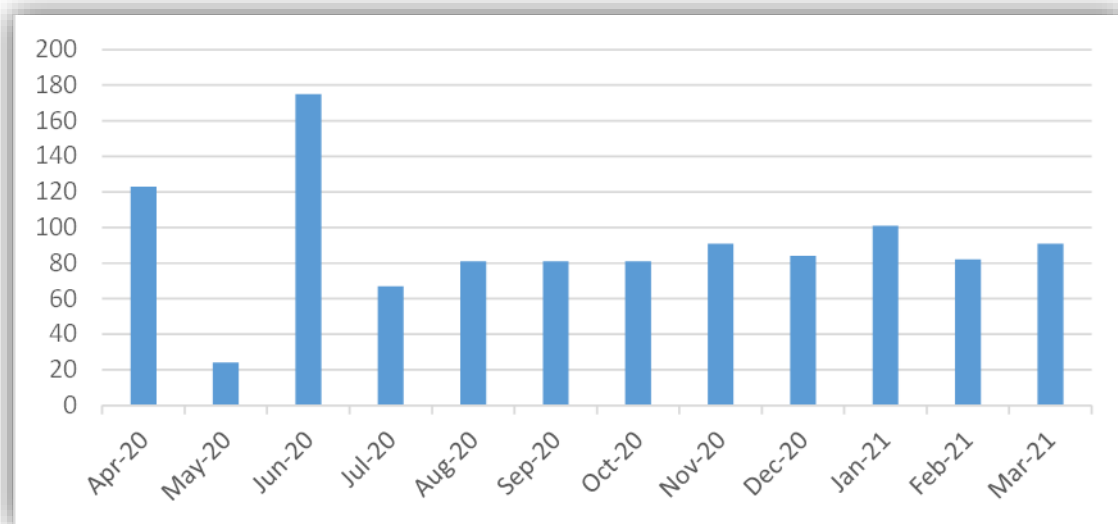




## SCL2 2020/21 Activity Data

In 2020/21, the same pharmacies offered the service and 1,081 patients were seen by 74 pharmacies. This is an 11.5% decrease compared to 2019/20. This is likely to be attributed to the COVID-19 pandemic with less people accessing services and therefore a reduction in referrals coming through the Hywel Dda Healthy Lifestyle & Wellbeing Team - Smoking. Figure 5m shows the monthly claim data for 2020/21, there is a significant increase in June 2020, which is likely to be as a result of gaining momentum after the first COVID-19 lockdown.

**Figure 5o – Monthly Claim Data for Smoking Cessation Level 2 2020/21**



There is good access to this service with 87 pharmacies currently offering a supply service for NRT, following referral by a specialist cessation advisor. The aim would be to have all pharmacies listed for the service to improve access even more.

## Smoking Cessation Level 3 (Rebranded as Help me Quit @ Pharmacy from January 2021)

The smoking cessation level 3 service provides the opportunity for patients who want to quit smoking to access support and nicotine replacement therapy locally and conveniently. In 2019/20, 67 pharmacies offered the smoking cessation Level 3 (SCL3) service with 59 of those providing the service. 851 patients accessed the service, with 355 patients (42%) quitting.

### Map 5.1.15 – Locations of the Pharmacies providing SCL3



Map 5.1.15 shows the locations of the 67 pharmacies who offer the service in blue and the ones who don't in orange. It should be noted that where premises are close to each other the symbols will overlap.

There are some significant gaps in service availability in South Ceredigion and reduced availability in the north of Tywi Taf.

**Figure 5p - Number of Smoking Level 3 claims made in 2019/20**

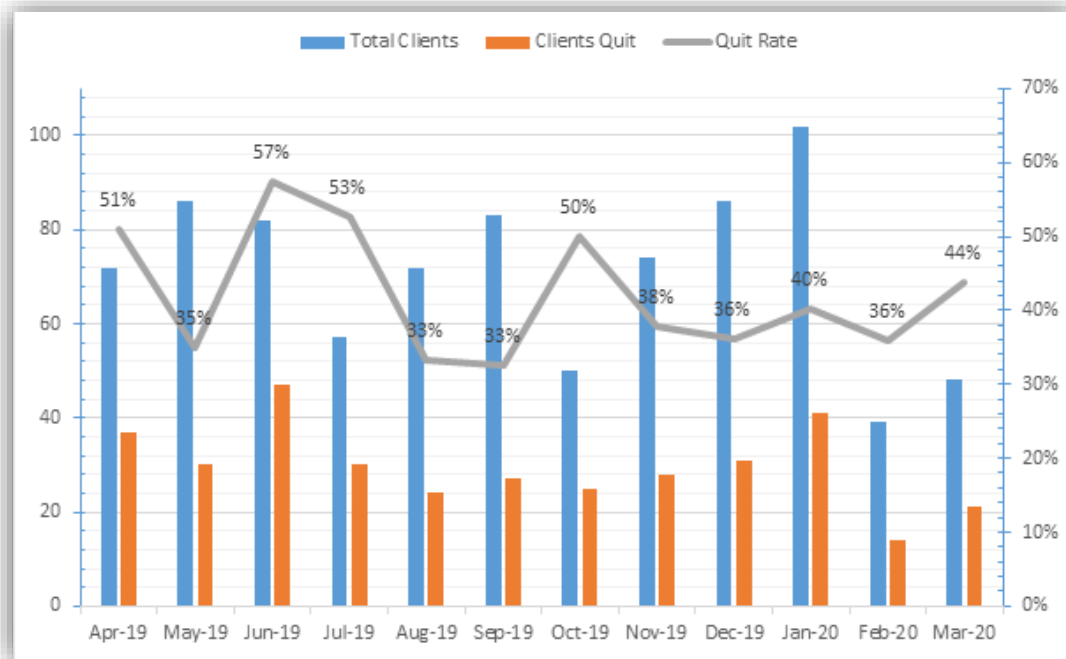


Figure 5p shows the monthly patient breakdown for Smoking Cessation Level 3 in 2019/20. The figure includes the total number of clients seen, how many had successfully quit and the quit percentage by month. There was a reduction in total clients and client quits in February/March and this is likely to have been as a result of the COVID-19 pandemic where contractors were experiencing high demand and were given the option to suspend the service for new patients due to coronavirus.

The quit target rate for Smoking Cessation Level 3 is 40%; across 2019/20 there were 6 months where the quit rate was 40% or higher, with the overall quit rate for the year being 42%.

Hywel Dda UHB in conjunction with Public Health Wales commission a Smoking Cessation Champion for two days a month (this has reduced during the COVID-19 pandemic). This pharmacist promotes the Smoking Cessation Service, liaises with Public Health Wales and provides peer support to pharmacies offering the service and those looking to offer the service. This has enhanced service delivery for the participating pharmacies as well as the patients accessing the service and will contribute to the Health Boards quit rates.

### SCL3 2020/21 Activity Data

In 2020/21 67 pharmacies offered the service and 58 of those saw 587 patients, with 257 patients (44%) quitting with the support of the service. This is a reduction in the number of patients seen last year, which could be attributed to the COVID pandemic; however, the quit rate has marginally increased.

**Figure 5q - Number of Smoking Level 3 claims made in 2020/21**

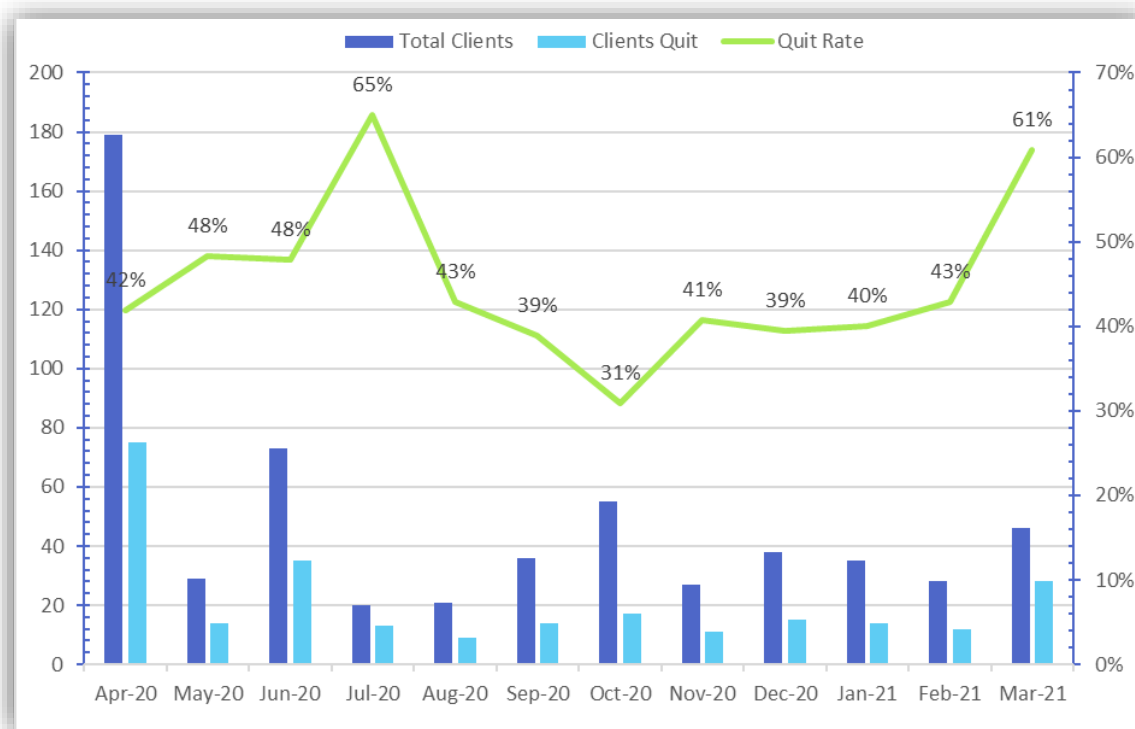


Figure 5q shows the monthly patient breakdown for Smoking Cessation Level 3 in 2020/21. The figure includes the total number of clients seen, how many had quit and the quit percentage by month. There is a cut off point for service claims on the 5<sup>th</sup> of May, which is likely to be the reason that the April 2020 total clients seen number was so high.

Currently 67 pharmacies offer the Smoking Cessation Level 3 service. From Map 5.1.15, gaps in the provision of SCL3 are highlighted for South Ceredigion, North Carmarthenshire and North Pembrokeshire. This is a service that would ideally be available at all pharmacies. In January 2021, a change to the service specification for Level 3 allows any member of the pharmacy team who has undergone the nationally agreed training to be listed for the service. This could lead to more pharmacies taking up the service in future.

#### 5.1.7.5 – Influenza Vaccination

Community pharmacies can provide free NHS Flu vaccinations for patients who are 18 years and over and in an eligible group:

- Aged 18-64 years with a long term health condition
- Aged 65 and over
- Pregnant women
- Care home staff
- Informal/Voluntary Carers
- Domiciliary care staff
- Hywel Dda UHB employees

Pharmacies should focus on those aged 65 years and over, but are able to vaccinate anyone in the eligible groups if they believe they will not access from elsewhere.

In 2019/20, 80 pharmacies were accredited to offer the Influenza Vaccination service and a total of 9,798 vaccinations were administered by 76 pharmacies.

Map 5.1.16 shows the location of the 80 pharmacies in blue and the pharmacies who don't offer in orange. It should be noted that where premises are close to each other the symbols will overlap. The map demonstrates good coverage of pharmacies offering the service but there are gaps in South Ceredigion, which could be met if additional contractors offered the service.

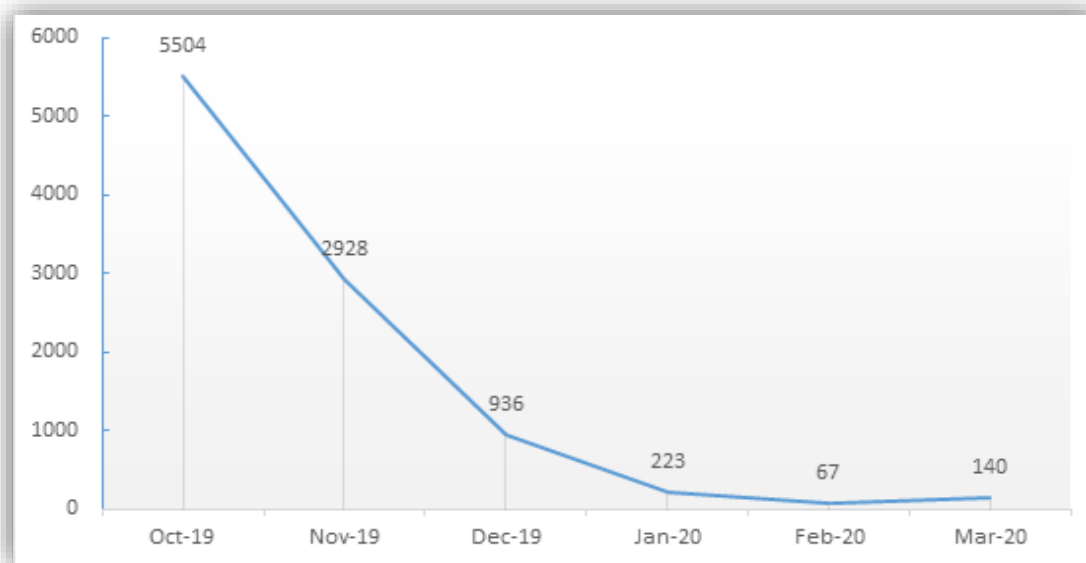
**Map 5.1.16 – Locations of Pharmacies providing the Influenza Vaccination in 2019/20**



Figure 5r shows the number of vaccines administered per month during the flu season from October 2019 to March 2020.

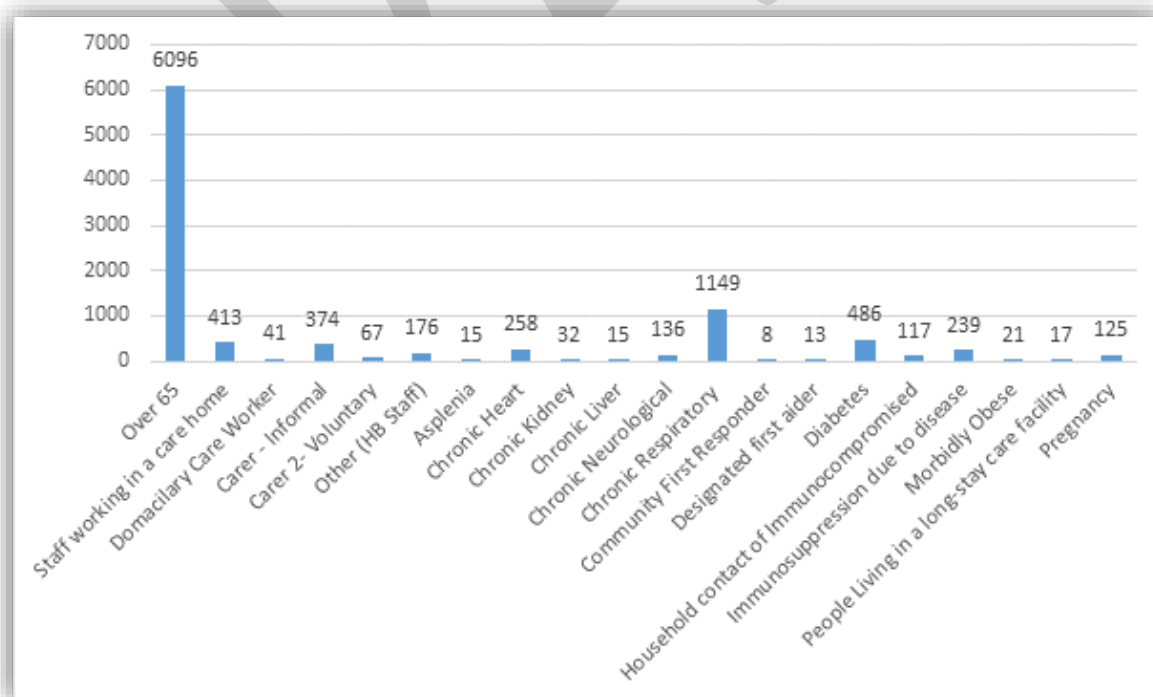


**Figure 5r - Number of Influenza Vaccinations per month in 2019/20**



Of the 9,798 vaccines given across the season, 7,744 (79%) patients had received a vaccine previously. Care home staff and domiciliary care workers are only able to access a free NHS influenza vaccination at a community pharmacy and during 2019/20, 451 staff were vaccinated. Figure 5s shows the number of people vaccinated under each eligibility category in 2019/20.

**Figure 5s - Patient Eligibility breakdown for an Influenza Vaccination 2019/20**

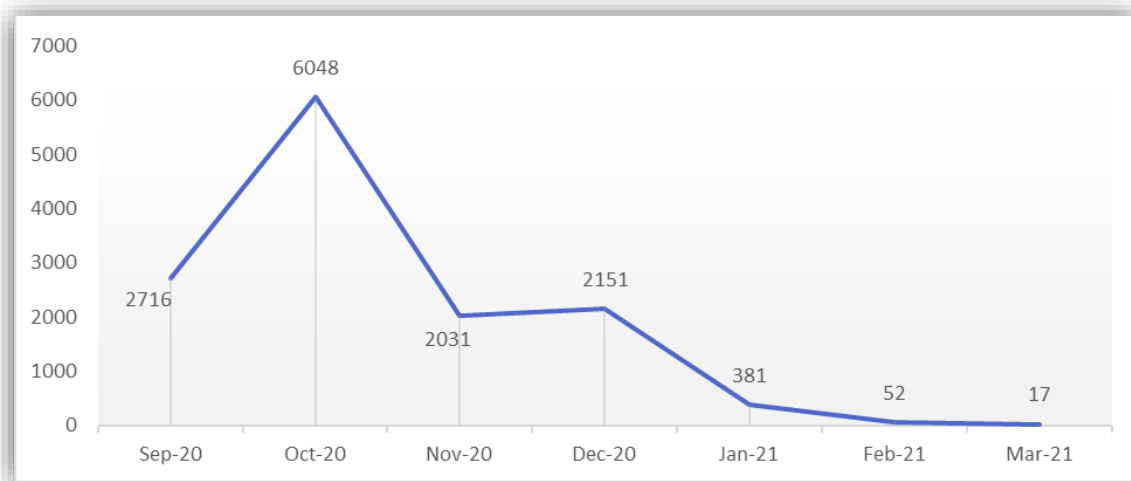


In 2020/21 there were 81 (80 after January 2021) pharmacies accredited to offer the Influenza Vaccination service and 75 pharmacies administered 13,396 vaccinations an increase of 37%

compared to 2019/2020. Of the 13,396 vaccines delivered, 9,101 (68%) had a vaccination last year, whilst 4,295 (32%) did not have a vaccine last year showing a large increase in those having the influenza vaccine for the first time this year.

Figure 5t shows the number of vaccines administered per month during the flu season from September 2020 to March 2021.

**Figure 5t - Number of Influenza Vaccinations per month in 2020/2021**



If 80 pharmacies offer the influenza vaccination service annually there is a reasonable distribution of pharmacies offering the service, but access would improve if all pharmacies took up the offer to provide the service. Community Pharmacy offers a more flexible approach to accessing an influenza vaccination with patients being given the opportunity to drop in, rather than attend structured appointment sessions/days and often these can be done outside of normal working hours or at weekends.

#### 5.1.7.6 Patient Sharps

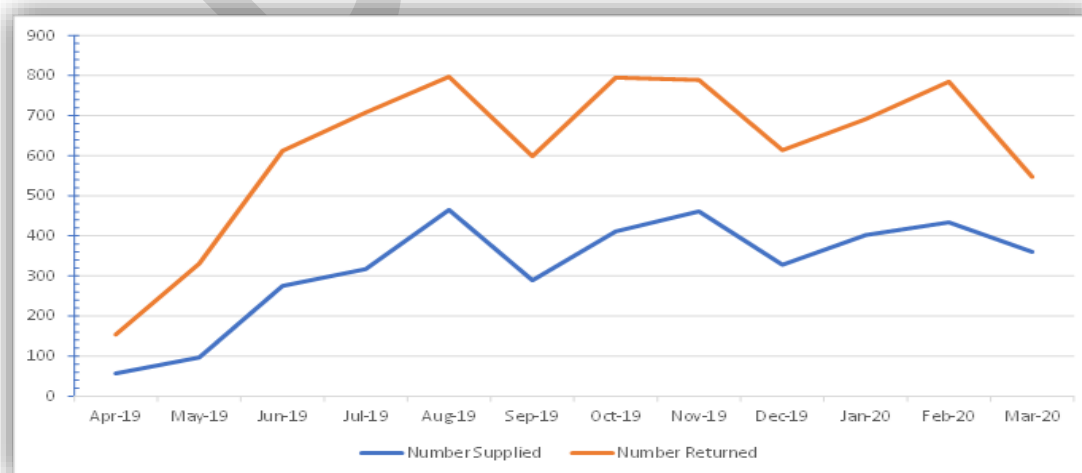
A scheme, which allows patients to dispose of full sharps bins, up to 5 litres in size, safely and conveniently and receive a new one in return. This was offered by 94 pharmacies in 2019/20 and a total of 80 pharmacies supplied 3,896 sharps bins and accepted 7,422 returns. Map 5.1.17 shows the locations of the 93 pharmacies who offer the return of patient sharps service in blue and those who don't in orange. It should be noted that where premises are close to each other the symbols will overlap.

**Map 5.1.17 – Location of Pharmacies who provide the Patient Sharps Service**



Figure 5u shows the monthly data for the number of records (patients), number of sharps boxes supplied and the number returned. There was a significant increase in the activity from April 2019, that can be attributed to the service changing, and pharmacies being able to accept and supply a range of sharps bins up to a maximum of 5 litre (previously this was a maximum of 1 litre).

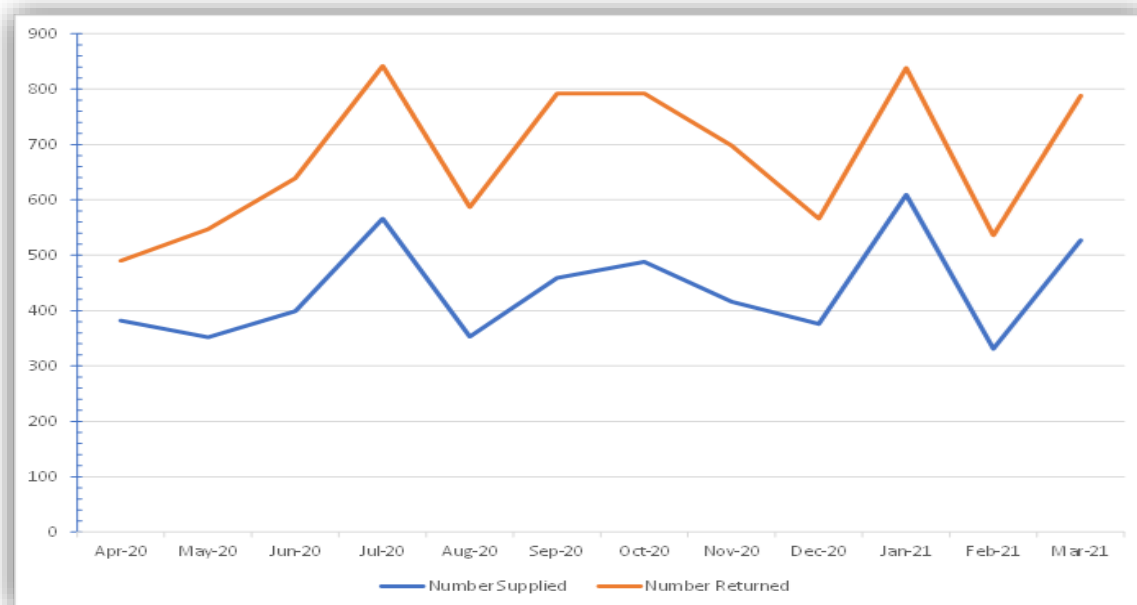
**Figure 5u – Patients Sharps Service monthly Data 2019/20**



## 2020/21 data

In 2020/21, the same 94 pharmacies offered the service but 85 pharmacies have provided the service, with 5,258 sharps boxes issued and 8,115 returned. When compared with 2019/20, this is a 35% increase of sharps bins supplied and a 9% increase of sharps bins returned. Figure 5v shows the monthly data for the first 6 months of 2020/21.

**Figure 5v –Patients Sharps Service Monthly Data 2020/21**



The Health Board would expect all pharmacies to take up the Patients Sharps service. With 94 pharmacies currently offering this, further work is needed to establish the reasons why the remaining 4 have not signed up.

### 5.1.7.7 Substance Misuse - Supervised Administration of Medicines

The Supervised Administration service aims to provide, in accordance with an appropriate prescription, supervised administration of medication that could be subject to misuse, which reduces the risks of medicines being inappropriately used, shared or diverted. 75 pharmacies in Hywel Dda offer this service. Map 5.1.18 shows the location of the pharmacies who offer the Supervised Administration Service in blue and those who don't offer the service in orange. It should be noted that where premises are close to each other the symbols will overlap.

**Map 5.1.18 – Location of Pharmacies offering the Supervised Administration Service**



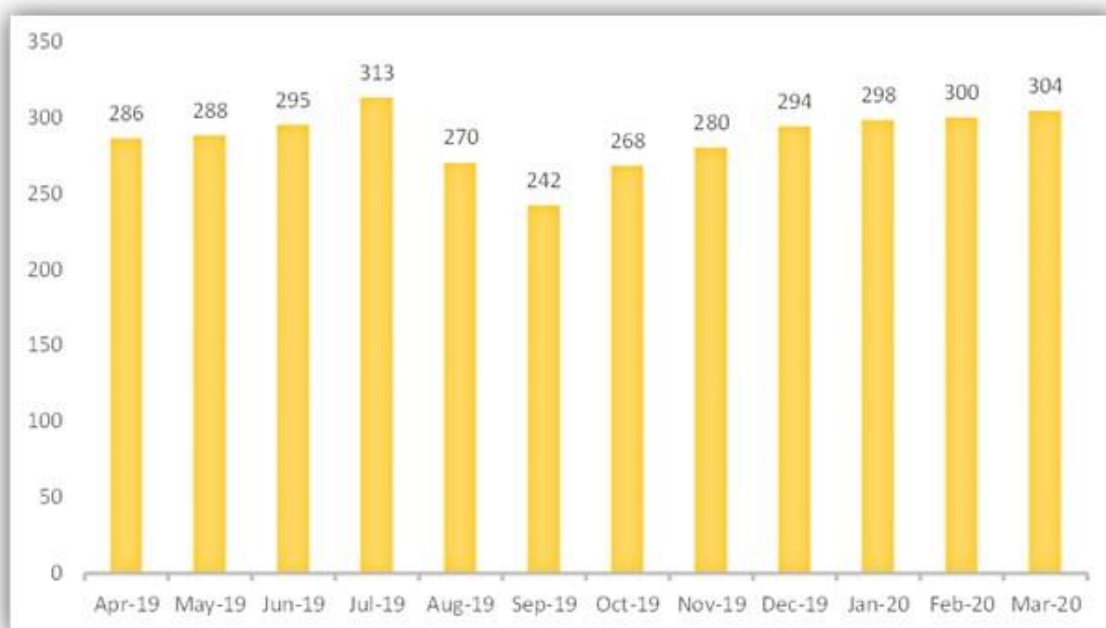
In 2019/20, 76 pharmacies offered the Supervised Administration Service, whilst 55 had service activity.

In 2019/20, 3,438 instances of Supervised Administration of medicine were recorded.

Figure 5w shows the number of supervised instances that occurred per month across the year.



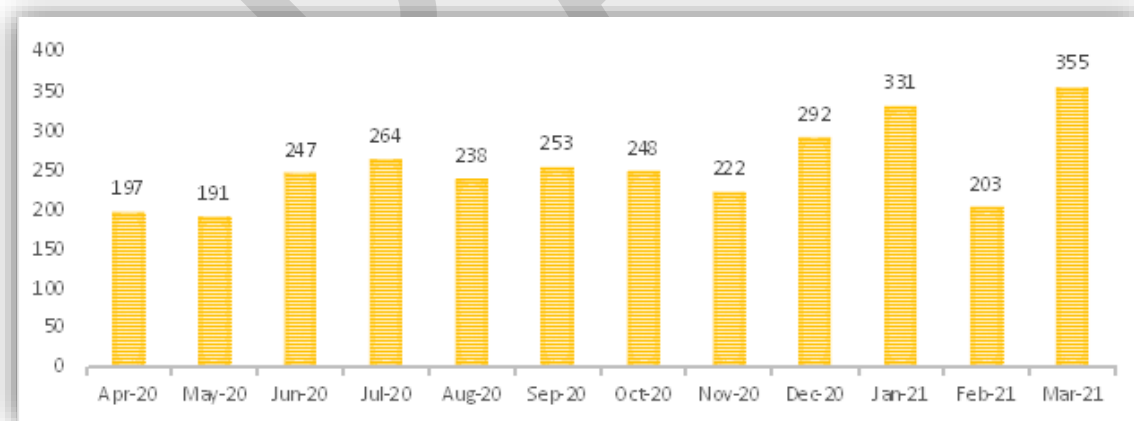
**Figure 5w – Supervised Administration of Medicine instances per month 2019/20**



In 2020-21 the same 76 pharmacies offered the service and 3,041 instances of supervised administration were recorded. This is a reduction of 11.5% and is likely to be attributed to the COVID-19 pandemic and prescribing regimes altered to reduce risk to service users.

Figure 5x shows the number of instances of supervised consumption per month in 2020/21.

**Figure 5x - Supervised Administration of Medicine instances per month in 2020/21**



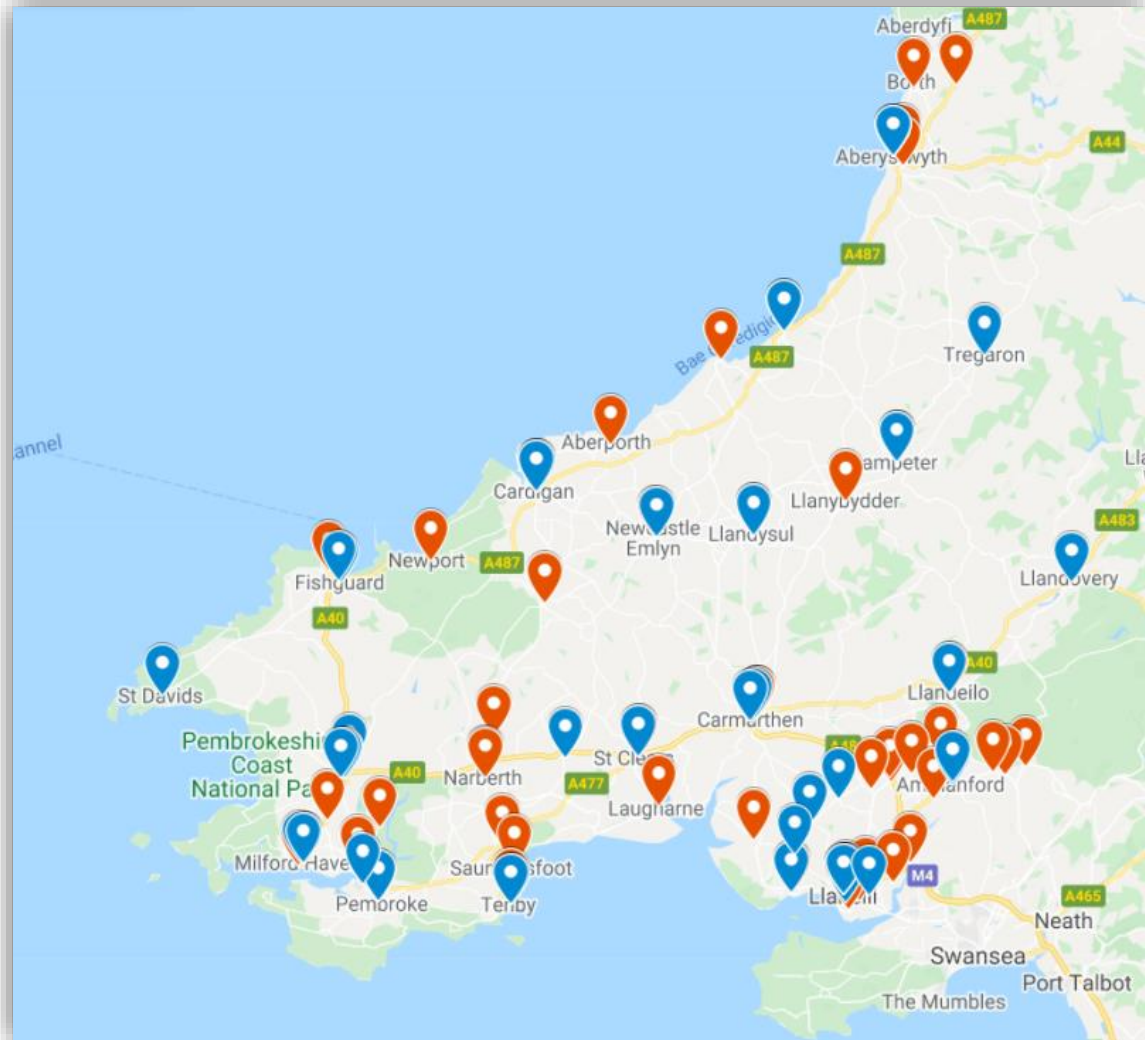
There is no limit as to how many pharmacies can offer the service and any pharmacy that identifies a need would be accepted to provide the service.

#### 5.1.7.8 Substance Misuse - Needle Exchange Service

The Needle Exchange Service is an easy access and a user-friendly service for all injecting drug users by the supply of needle packs. The needle packs include injecting equipment and information on harm reduction (for example, on safer injecting or overdose prevention). This service contributes to reducing harm for those who inject by ensuring easy access to clean injecting equipment. Users of the service are encouraged to return used needles for safe disposal.

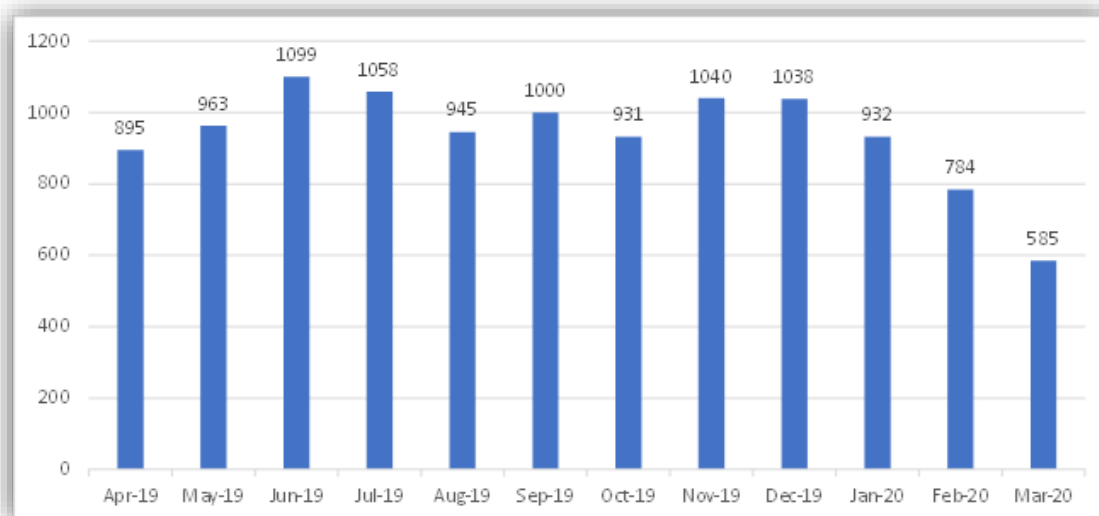
43 pharmacies offer the Needle Exchange Service. Map 5.1.19 shows the location of the pharmacies who offer the service in blue and those who do not offer the service in orange. It should be noted that where premises are close to each other the symbols will overlap.

**Map 5.1.19 – Locations of Pharmacies who offer the Needle Exchange Service**



In 2019/20 there were 32 pharmacies carried out 11,270 needle exchange transactions. Figure 5y shows the monthly number of transactions per month. There was a reduction in needle exchange activity during March 2020, which is likely to have been due to COVID-19 pandemic, and the lockdown restrictions imposed.

**Figure 5y – Number of Needle Exchange transactions per month in 2019/20**

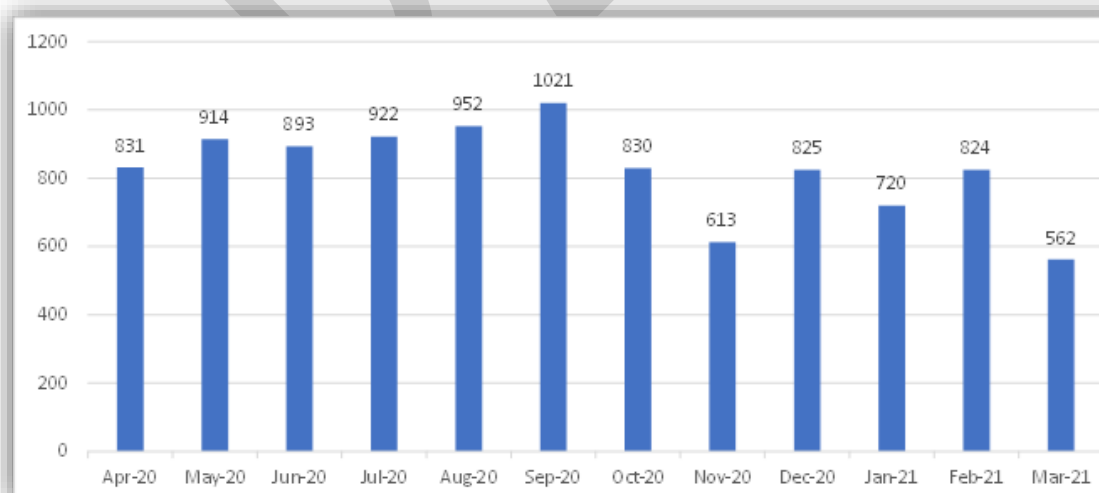


### Needle Exchange 2020/21 Activity Data

In 2020/21, 44 pharmacies were listed for the Needle Exchange Service, with 34 carrying out 9,907 transactions. This shows a reduction of 12% compared to 2019/20. This is likely to be attributed to COVID-19 pandemic lockdown restrictions.

Figure 5z shows the monthly interactions for the service in 2020/21.

**Figure 5z – Number of Needle Exchange transactions per month in 2020/21**



Whilst the number of pharmacies listed for the Needle Exchange service is 44, the Health Board would commission any pharmacies that highlighted a need in their area to be listed for the service.

### 5.1.7.9 Blood Borne Virus Service

The Blood Borne Virus (BBV) Service is a screening service for clients at risk of hepatitis C identified through community pharmacies. The service involves a dry blood spot test, which can also screen for hepatitis B and human immunodeficiency virus (HIV). The targeted patient

group are clients using the Needle Exchange and Supervised Administration Services. The service is in its infancy and has been suspended since March 2020 due to the COVID-19 pandemic.

The service started in Hywel Dda UHB in December 2019 and was only commissioned from 1 pharmacy; Well Pharmacy, Station Road, Llanelli. This pharmacy was selected due to its high volume of needle exchange activity. Between December 2019 and February 2020, 6 patients were screened via the service.

A review of the service will take place in 2021 as part of a larger review of substance misuse services.

#### 5.1.7.10 Independent Prescribing Service

The Independent Prescribing (IP) Service is an enhanced service limited to those pharmacists who have completed an Independent Prescribing qualification. IP pharmacists are able to provide consultations and prescribe medication in their area of expertise. The current services commissioned are for acute conditions and/or contraceptive services. There are currently 4 Community Pharmacy based IP services.

From the start of the IP service in June 2020 up to March 2021 a total of 1208 consultations had been completed.

Expansion of the Independent Prescribing service is anticipated within the next 5 years in line with the target set out in the document "Pharmacy Delivering a Healthier Wales"<sup>54</sup> to have an Independent Prescribing Pharmacist in all community pharmacies by 2030.

#### 5.1.7.11 Just in Case Service

The Just in Case (JIC) service aims to improve access to palliative care medicines for patients where it is anticipated that their medical condition will deteriorate, including the development of new symptoms. A GP can issue a prescription for a JIC pack and the pharmacy will prepare it so that it can be kept in the patients' home for use if or when needed. In 2019/20 88 pharmacies offered the JIC Service and a total of 728 packs were issued over the year.

<sup>54</sup> Pharmacy Delivering a Healthier Wales <https://www.rpharms.com/recognition/all-our-campaigns/pharmacy-delivering-a-healthier-wales/>

**Map 5.1.20 – Location of Pharmacies providing the JIC service in 2019/20**



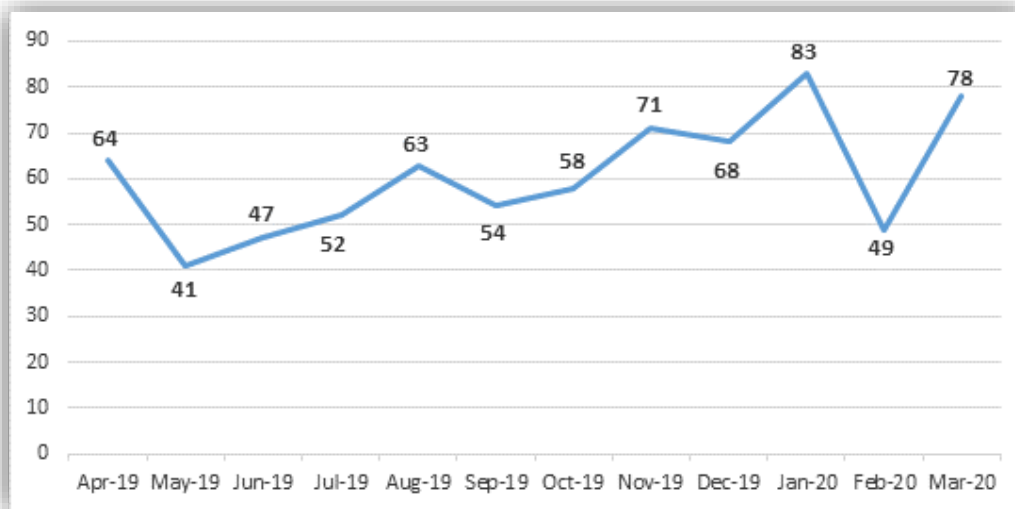
Map 5.1.20 shows the location of the 87 pharmacies who offer the service in blue and the 11 pharmacies that do not offer the service in orange. It should be noted that where premises are close to each other the symbols will overlap.

The map shows that there is good coverage for the service across the 3 counties although this could be improved if all pharmacies were able to offer the service, particularly in the more rural areas.

Figure 5aa shows the total number of Just in Case Packs claimed per month in Hywel Dda UHB during 2019/20.



**Figure 5aa - Number of Just in Case packs issued per month in 2019/20**



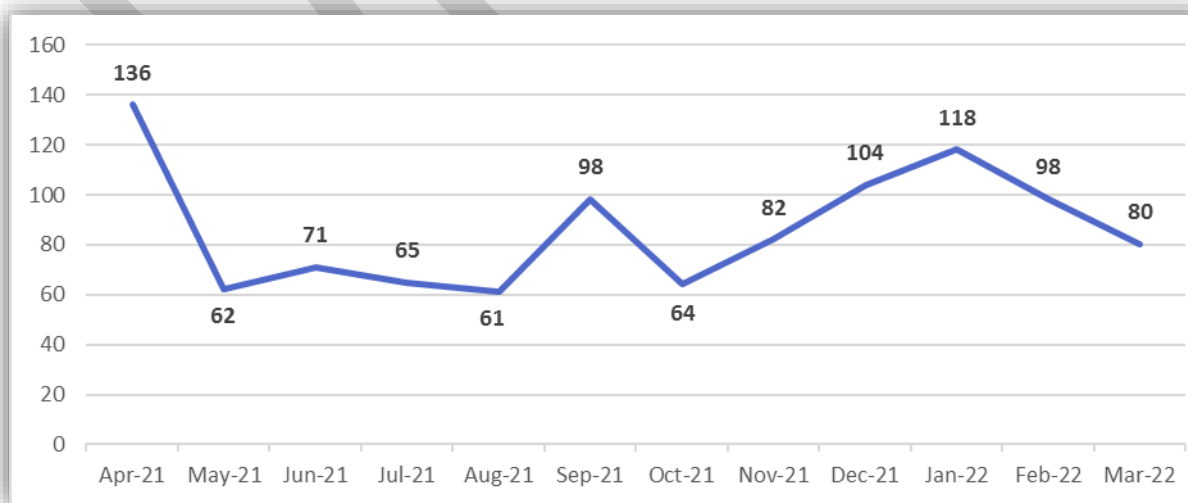
**Number of Just in Case packs claimed in 2019/20, by county**

COUNTY	NUMBER OF PACKS SUPPLIED	% OF TOTAL PACKS
CARMARTHENSHIRE	386 packs	53%
CEREDIGION	120 packs	17%
PEMBROKESHIRE	221 packs	30%

#### JIC 2020/21 Activity Data

In 2020/21 the same 88 (87 after Jan 21) pharmacies were listed for the service and a total of 1,039 packs were issued. This is an increase of 43% compared to 2019/20, this is likely to have been as a result of the COVID-19 pandemic.

**Figure 5ab – Number of Just in Case packs issued per month in 2020/2021**



There is good coverage of this service across the Health Board area but the aim would be to have all pharmacies participating in this service.

#### 5.1.7.12 Care Home Support and Medicines Optimisation Service

The Care Homes Support and Medicines Optimisation Service aims to support the effective management of medication within Registered Care Homes by the provision of (up to) 3 levels of support.

Level 1, provides a systematic review of all medicines management processes in the care home and works with the home on the development of protocols & procedures to facilitate the safe ordering, supply, storage and administration of medicines and appliances and reduce avoidable waste.

Level 2, highlights and review therapeutic risk areas of prescribing which have regularly shown to occur in care homes. The pharmacist can ensure pharmaceutical scrutiny of prescribing for care home patients and benchmark this against prescribing standards.

Level 3, the dispensing pharmacy is expected to work with the residents GP to conduct a full medication review with the resident, utilising the GP patient record. This element of service directly links with the GMS Directed Enhanced Service for Care Homes requirement to undertake a medication review and can only be provided in agreement/partnership with the GP practice.

There are currently 19 pharmacies who are listed to provide the Care Home Support and Medicines Optimisation service. During 2019/20, 11 pharmacies claimed for the service and 66 care home visits were undertaken, 47 care homes received 1 visit and 19 received 2 visits. It is likely that a reduced number of second visits occurred due to the coronavirus pandemic and visitors to care homes being restricted at the latter part of 2019/20.

The Care Home Support and Medicines Optimisation service was suspended in March 2020 due to COVID-19, the Level 1 element of the service has been restarted in May 2021.

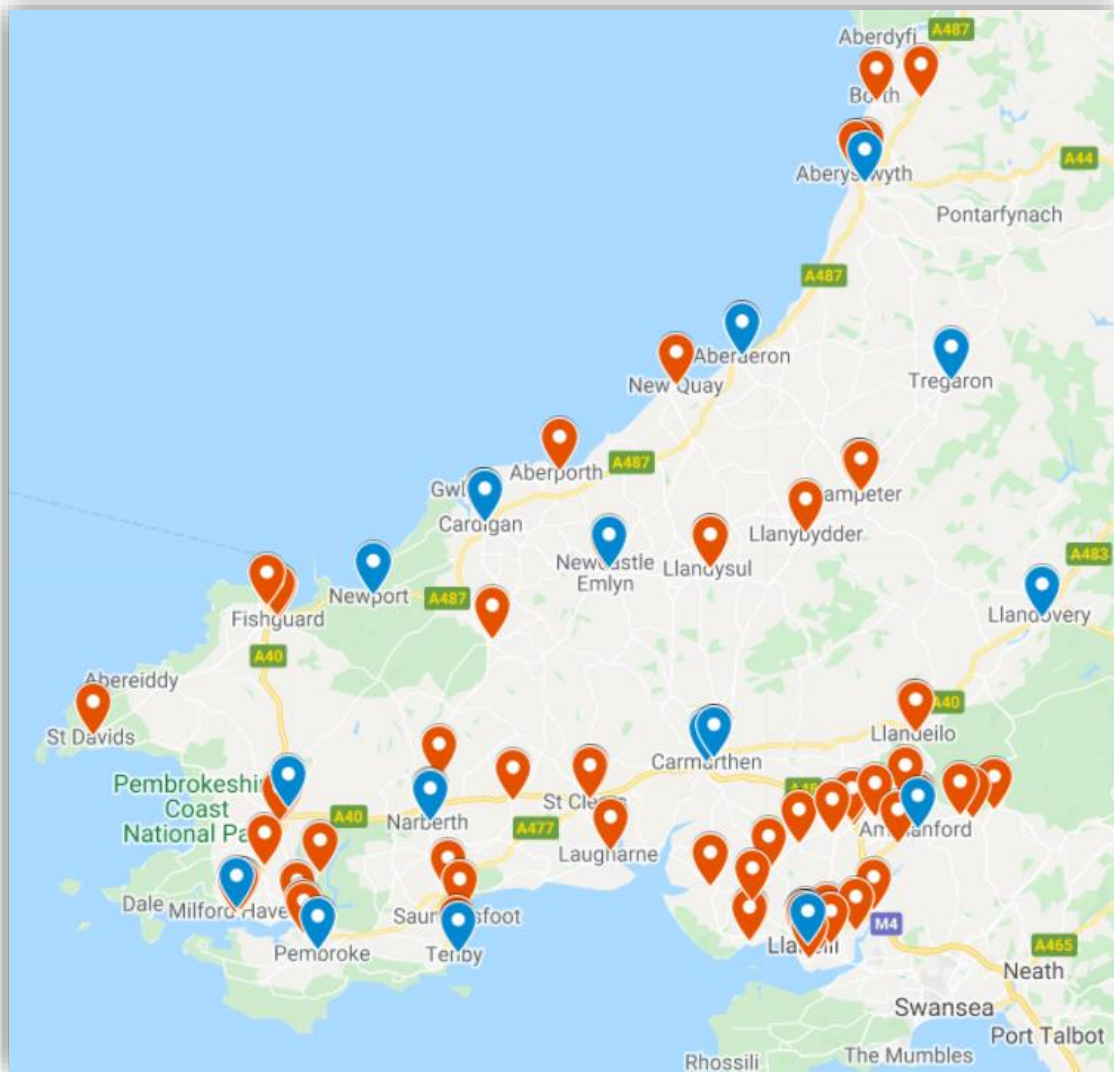
#### 5.1.7.13 Palliative Care Medication Service

The Palliative Care Medication service ensures access for patients and professionals to specific drugs within normal working hours from selected community pharmacies. The selection of pharmacies is determined by the Health Board for this service and is based primarily on location and opening hours. Identified pharmacies will be required to hold stock of specific medicines used in palliative care to ensure that patients whose condition is deteriorating, have access to the necessary medication to ease their symptoms.

There are currently 16 pharmacies in Hywel Dda UHB who offer this service. There is at least 1 in each Primary Care locality.

The map below shows the location of the 16 pharmacies who currently offer the Palliative Care Medication service.

**Map. 5.1.21 Location of Pharmacies providing the Palliative Care Medication Service**



#### 5.1.7.14 Triage + Treat

The Triage + Treat service is a local enhanced service only available in Hywel Dda UHB which offers triage and treatment if appropriate for low level injuries, these include:

- Minor abrasions
- Superficial cuts and wounds
- Insect bites and stings
- Eye complaints such as sand in the eye
- Removal of items from the skin such as a splinter or shell
- Minor burns including sunburn

In 2019/20, 50 pharmacies offered this service and a total of 279 Triage + Treat consultations were claimed over the year. These consultations were carried out by 33 pharmacies.

Map 5.1.21 shows the location of the pharmacies who offer the service in blue and the pharmacies who do not offer the service in orange.

**Map 5.1.21 – Location of the Pharmacies listed for Triage + Treat in 2019/20**

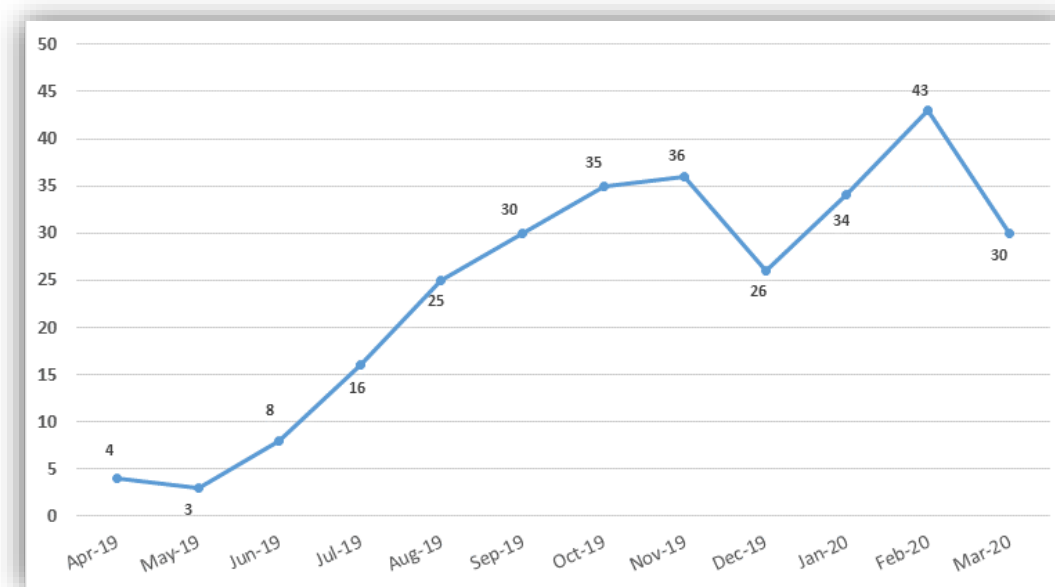


The aim is to have the Triage + Treat service available at more pharmacies. The COVID-19 pandemic has impacted on the ability to train more pharmacy staff during 2020/21.

The Triage + Treat service has a positive impact on other services by treating minor injuries locally and avoiding patients needing to access GP Practices, MIUs or A&E departments. During 2019/20, there was an extensive training programme, which saw the number of pharmacies offering the service increase from 12 to 50, with over 170 pharmacy staff trained. Figure 5y shows the number of consultations claimed per month and the increase in the number of consultations during the year as the number of staff trained increased.



**Figure 5ac - Number of Triage + Treat Claims per month in 2019/20**



Of the 279 patients who accessed the Triage + Treat service in 2019/20, 46 patients needed to be referred on to another service such as MIU, Ophthalmology and GP Practice etc. The service relieved pressure on other Health Board services, with 55 patients (20%) stating that if the Triage + Treat service was not available, they would have accessed A&E, whilst a further 140 patients (50%) stated they would have gone to their local GP practice.

The table below shows the types of injuries presented at the pharmacies through the service during 2019/20.

Type of Injury	Number of Patients
Eye condition	18
Minor burns	52
Minor abrasions	45
Insect bites/ stings	17
Minor wound	138
Foreign body	9

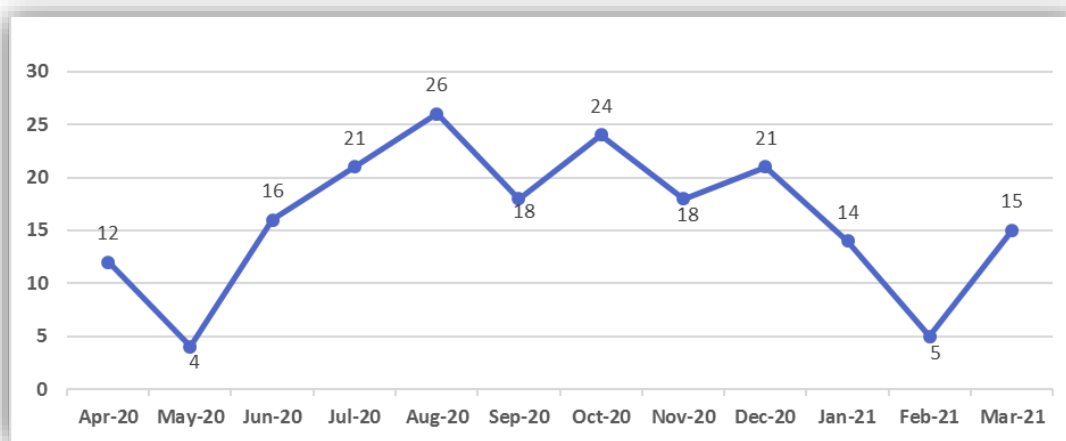
### Triage + Treat 2020/21 Activity Data

In 2020/21, only 23 pharmacies made a claim for the Triage + Treat service for a total of 194 consultations. This was a 30% decrease on the patients seen in 2019/20.

Of the 194 consultations, 8 were referred onto other services. Patients reported that if the Triage + Treat service hadn't been available 96 patients (49%) would have accessed A&E and 41 patients (21%) would have visited their local GP practice.



**Figure 5ad - Number of Triage + Treat Claims per month in 2020/2021**



The table below shows the types of injuries presented at the pharmacies through the service during 2019/20.

Type of Injury	Number of Patients
Eye Condition	6
Minor Burns	35
Minor abrasions	33
Insect Bites/ Stings	6
Minor Wound	110
Foreign Body	4

The roll out plan for Triage + Treat has been to offer training to as many pharmacy staff as wish to take up the service. Further training was planned for 2020, as there was still a high level of interest in taking up the service. It is likely that the numbers would have increased from the current 50 had training taken place. When circumstances allow, further training for this service will be offered.

#### 5.1.7.15 Anti-Coagulation Monitoring Service

The Anti-Coagulation Monitoring Service involves testing the patient's blood clotting time to determine the International Normalised Ratio (INR), which is vital monitoring for patients treated with the anticoagulant drug - warfarin. The service also accommodates patients that are clinically suitable and competent to self-test using their own point of care testing device. This service is a local enhanced service which is only offered in 1 of our pharmacies; Burry Port Pharmacy, Burry Port, Llanelli and was set up to support a local need in the area.

In 2019/20 an average of 44 patients per month were monitored via the service, this reduced slightly in 2020/21 with the average number going down to 41.

This service is offered mainly via Hospital phlebotomy departments and some GP practices. The establishment of the service in 1 pharmacy was due to the service not being offered by a local practice and the need for patients to travel to Prince Phillip Hospital in Llanelli. For those without access to a car, involved 2 buses. Further commissioning of this service will be based on local need, where no other accessible service is available.

#### 5.1.7.16 Pharmacy Walk-in Centres

The development of Pharmacy Walk in Centres was to recognise pharmacies that were proactive in taking up a wide range of services and had a higher standard of consultation

facilities. From feedback gathered from the public, pharmacies and GP practices a framework was developed which set out the enhanced services, hours and facilities required to be recognised as a Pharmacy Walk-in Centre. Pharmacies who met this standard were invited to apply to have that status.

Pharmacy Walk in Centres must provide the following enhanced services at least 85% of the pharmacy opening hours:

- Common Ailments Service
- Emergency Contraception
- Emergency Supply of Medication
- Smoking Cessation
- Patient sharps
- Triage + Treat
- Influenza Vaccinations

Pharmacy Walk-in Centres are open a minimum of 45 hours a week with at least 3 hours on a Saturday.

Pharmacy Walk in Centres are required to have specific consultation areas over and above the usual requirements. A standard consultation room has the following requirements:

- The patient and the pharmacist can sit down together
- They can talk at normal speaking volumes without being overheard by staff or customers
- The area is clearly signed as a private consultation area

The consultation room within a Pharmacy Walk-in Centre must also have:

- Hand washing facilities
- Appropriate lighting
- A table
- Adequate seating (at least 3 chairs)
- IT facilities
- Wipe clean flooring

There are currently 18 Pharmacy Walk in Centres with the intention of expanding this number during 2021/22.

Map 5.1.22 displays the location of the 18 Pharmacy Walk-in Centres.

**Map 5.1.22 – Location of Pharmacy Walk-in Centres**



### 5.1.8 Dispensing service provided by some GP practices

There are 6 dispensing GP practices in Hywel Dda UHB who can offer dispensing services to specific patients, usually during their core hours of 8.00am to 6.30pm, Monday to Friday. The opening times at branch sites may vary.

As of 1<sup>st</sup> of October 2020, 17,396 people were registered as dispensing patients across the 6 dispensing practices.

The total of 221,687 prescriptions were dispensed by dispensing GP practices during 2019/20, which represents 4.3% of the total prescriptions dispensed in Hywel Dda UHB.

There are no pending applications from practices for dispensing rights, so it is not expected that the number of dispensing GP practices will increase during the lifetime of this PNA.

### 5.1.9 Access to pharmaceutical services on Public and Bank holidays

The terms of the NHS Pharmaceutical Services Regulation for community pharmacies do not require them to open on Public and Bank holidays, though many choose to do so. In the lead up to each bank holiday information is gathered as to which pharmacies intend to open, in order to provide details to NHS Wales 111, GP Out of Hours and A&E departments etc. This supports signposting of patients appropriately to Pharmaceutical Services. This information is also published on the Health Boards website. If there are no pharmacies open in a specific county, the Health Board has the option of directing or commissioning a pharmacy to open for a limited time.

Dispensing GP practices do not provide pharmaceutical services on weekends and bank holidays.

## 5.2 Current provision outside Hywel Dda UHB area

### 5.2.1 Access to essential services

Patients have a choice of where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work, or where they go shopping etc. Not all prescriptions written for residents of the Health Board area are dispensed within the same area. Although, the vast majority of items are. In 2019/20, 2.24% of items were dispensed outside of the Health Board's area by a total of 371 different contractors. Of the 371 contractors outside of the Health Boards area 91% dispensed under 100 items.

An analysis of these contractors shows that there were a number of reasons for a prescription to be dispensed outside of the county; the main reasons for accessing Pharmaceutical services outside of the Health Boards area were:

- Pharmacies situated in another Health Board area but close to the Hywel Dda UHB border
- To access specialist care products (e.g. stoma products)
- Prescriptions dispensed while on holiday, near work or shopping facility

### 5.2.2 Access to advanced services

Information on the type of advanced services provided by pharmacies outside the Health Board's area to its residents is not available. When claiming for advanced services contractors merely claim for the total number provided for each service. The exception to this is the stoma appliance customisation service where payment is made based on the information contained on the prescription. However even with this service just the total number of relevant appliance items is noted for payment purposes. It can be assumed however that residents of the Health Board's area will access these services from contractors outside of the area.

### 5.2.3 Access to enhanced services

As with advanced services, information on the provision of enhanced services by pharmacies outside the Health Board's area to its residents is not available. It can be assumed however that residents of the Health Board's area will access enhanced services from contractors outside of the Health Board area also patients from other Health Boards will access services from Hywel Dda UHB pharmacies, though this cross border activity is likely to be small in number. The greatest level of cross border activity is likely to be in the Llanelli and Amman Gwendraeth localities where they have boundaries with another Health Board.

### 5.2.4 Dispensing service provided by some GP practices

Some residents of the Health Board's area will choose to register with a GP practice outside of the area and will access the dispensing service offered by their practice. In January 2021, there were no patients who live in the Hywel Dda UHB area registered with a GP practice outside of the area and receiving a dispensing service offered by that GP.

### 5.3 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 5.1 and 5.2, the residents of the Health Board's area currently exercise their choice of where to access pharmaceutical services to a considerable degree. Within the Health Board's area, they have a choice of 98 pharmacies, operated by 49 different contractors. Outside of the Health Board's area residents chose to access a further 371 contractors, although many are not used on a regular basis.

When asked what influences their choice of pharmacy the most common responses in the patient questionnaire were:

- 62.5% close to home/work
- 57.5% close to GP practice
- 56% because the pharmacy collects prescription from the surgery
- 46% pharmacy provides good advice and information

Please note that more than one option could be ticked.

73% said that they always used the same pharmacy and 25% said that they use different pharmacies but prefer to use one most often.

### 5.4 Summary

#### ❖ Availability of essential services

There are 98 pharmacies in Hywel Dda UHB that serve a population of 387,284. The ratio of pharmacies per 10,000 population is 2.53 and is the highest for all Health Boards in Wales.

Access to Pharmaceutical Services – Drive time

Access to essential pharmaceutical services is within a 30 minute drive time for approximately 99% of Health Board area.

Availability of essential Pharmaceutical Services - Opening Hours

There are pharmaceutical services available across the Health Board area every day of the week however services after 6.30pm Monday to Friday and on Saturdays and Sundays will be more limited.

#### ❖ Availability of advanced services

97 of the 98 community pharmacies offer the MUR service, and there is sufficient capacity to provide more MURs from existing pharmacies. The MUR service is currently suspended pending a review.

97 of the 98 community pharmacies offer the DMR service and there is sufficient capacity to provide more DMRs from existing pharmacies.



### ❖ Availability of enhanced services

The following National enhanced services have been identified by the PNA Steering Group as services that we would aim to have available in every pharmacy:

- Common Ailments Service – all 98 pharmacies provide this service
- Emergency Supply of Medication – 97 pharmacies provide the service
- Emergency Contraception – 79 pharmacies provide this service
- Smoking Cessation Level 2 – 77 pharmacies provide the service
- Smoking Cessation Level 3 – 69 pharmacies provide the service
- Influenza Vaccination (2020/21) – 81 pharmacies provide the service
- Patient Sharps – 93 pharmacies provide the service
- Just in Case Service – 88 pharmacies offer the service

There are some enhanced services that will not be taken up by all pharmacies and some that are only required in specific areas where a need has been identified. There is good coverage across the area for these enhanced services but the Health Board will work with contractors to improve uptake.

Some enhanced services are only commissioned in areas where a need has been identified these include the following enhanced services:

- Supervised Administration Service – 75 pharmacies provide the service
- Needle Exchange Service – 43 pharmacies provide the service
- Anti-Coagulation Monitoring (INR) Service – 1 pharmacy provides the service
- Blood Borne Virus service – 1 pharmacy provides the service (plans to expand to other areas where needle exchange activity is high in 2021/22)
- Palliative Care Medication Service – 16 pharmacies offer the service

The main locally developed enhanced service area;

- Triage + Treat – 50 pharmacies offered the service
- Pharmacy Walk-in Centres – 20 pharmacies have signed up

The following service is only available where there is a qualified non-medical prescribing pharmacist;

- Independent Prescribing Service – 4 pharmacies offer this service

## 6. Other NHS services

The following NHS services are deemed by the Health Board, to affect the need for pharmaceutical services within its area:

- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written by hospital clinicians for patients under their care can be dispensed by a hospital pharmacies.
- There are 5 Minor Injuries Units (MIU) in Hywel Dda UHB, each of which can prescribe medication which may need dispensing in the community as well as affecting the nature of presenting complaints in community pharmacy.
- There are a number of Sexual Health Clinics in Hywel Dda UHB. The clinics can arrange both planned and emergency contraception for women, which reduces the numbers accessing the emergency contraception service through community pharmacy. Community Pharmacy is the main provider of EC consultations.
- GP Out of Hours Service – patients may be given a full or part course of treatment directly from the Out of Hours Service, depending on the condition/treatment needed. This will affect the items dispensed in community pharmacy.
- NHS Wales 111 - Patients who contact NHS Wales 111 maybe signposted if appropriate to a Community Pharmacy.
- Personal administration of items by GPs – reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and other clinicians at the practice.
- Provision of NHS dental care may result in a prescription which will need to be dispensed in community pharmacy.
- Optometrists located throughout Hywel Dda UHB offer the Wales Eye Care Service (WECS) and as a result may refer patients to community pharmacies to access the Common Ailments Scheme.
- Cobweb continence service provides assessment, diagnosis, advice and prescriptions to patients. This service affects dispensing items numbers in the community.
- There are specialist substance misuse agencies within the Health Board area which can result in prescriptions needing to be dispensed in community pharmacy. These may also require doses to be taken under supervision, as part of the Supervised Administration of Medicines service. End of life services generate prescriptions and results in use of the Just in Case Pack Service and the Palliative Care Medication Service.
- Local stop smoking services based in the community and hospital, will support patients to quit smoking. These services can result in prescriptions being written by the GP to be dispensed in the community, or by supply via the community pharmacy Level 2 Smoking Cessation service.
- The Gluten Free Foods Subsidy Card scheme provides eligible patients the option of support to purchase their own gluten free products instead of receiving prescriptions, which will reduce the amount of items for these products being dispensed in the community.

### 6.1 Hospital pharmacies

There are four main hospitals in Hywel Dda UHB, each with a pharmacy department. Hospital pharmacies can dispense prescriptions written by hospital clinicians for patients under their care. In 2019/20 139,852 items were dispensed across the 4 hospital sites for outpatient prescriptions.

### **Bronglais General Hospital Pharmacy Department**

Caradoc Road, Aberystwyth, SY23 1ER

Opening hours

Mon – Fri 8.45am – 5.00pm

Saturday 8.45am – 12.00pm

### **Glangwili General Hospital Pharmacy Department**

Dolgwili Road, Carmarthen, SA31 2AF

Opening hours

Mon – Fri 8.00am – 6.30pm

Sat & Sun – 8.30am – 2.00pm

### **Prince Philip Hospital Pharmacy Department**

Llanelli, SA14 8QF

Opening hours.

Mon – Fri 8.00am – 6.30pm

Sat & Sun – 8.45am – 2.00pm

### **Withybush General Hospital Pharmacy Department**

Fishguard Road, Haverfordwest, SA61 2PZ

Mon – Fri 9.00am – 5.00pm

Sat & Sun – 9.00am – 12.00pm

The Healthier Mid & West Wales strategy includes plans to repurpose the current hospital sites and create a new build in the south of the Health Board area. This is still very much in the planning stage and is unlikely to commence during the five years of this Pharmaceutical Needs Assessment.

## **6.2 Minor Injuries Units**

Minor Injuries Units (MIU) can treat minor illnesses and injuries as well as providing healthcare advice and support. Patients do not need to make an appointment and will be seen by an experienced nurse or a GP. An MIU can supply courses of treatments, or provide a prescription to be dispensed at either the hospital pharmacy (MIU at Prince Phillip Hospital and Glangwili General Hospital) or at a community pharmacy.

### **Carmarthenshire:**

**Glangwili General Hospital Minor Injuries Unit**

**Address:** Glangwili General Hospital, Dolgwili Road, Carmarthen, SA31 2AF

**Telephone:** 01267 235151

**Opening hours:** 8.00am-7.00pm, 7 days a week

**Llandovery Hospital - Nurse Led Minor Injuries Unit**

**Address:** Llandovery Hospital, Llanfair Road, Llandovery, SA20 0LA

**Telephone:** 01550 722200

**Opening Hours:** Monday - Friday 9.00am-5.00pm (excluding Bank Holidays)

**Prince Philip Hospital - GP Led Minor Injuries Unit**  
Address: Prince Philip Hospital, Llanelli, SA14 8QF  
Telephone: 01554 756567  
Opening Hours: 24 hours, 7 days a week

**Ceredigion:**

**Cardigan Integrated Care Centre - Nurse Led Minor Injuries Unit**  
Address: Cardigan Integrated Care Centre, Rhodfa'r Felin, Cardigan SA43 1JX  
Telephone: 01239 801560  
Opening Hours: Monday – Friday 9.30am-5.00pm

**Pembrokeshire:**

**Tenby Hospital - Nurse Led Minor Injuries Unit**  
Address: Tenby Hospital, Tenby, SA70 8AG  
Telephone: 01834 840044  
Opening Hours: Monday - Friday 10.00am-5.00pm (including Bank Holidays)

### 6.3 Sexual Health Clinics

There is a mix of walk in and appointment only sexual health clinics operating in Hywel Dda UHB. Appointments can be made by contacting the central telephone number 01267 248674. The service provides female patients with both planned contraceptives and emergency contraception. Medication is supplied directly by the Sexual Health clinics therefore has minimal impact on essential community pharmacy services.

**Carmarthenshire:**

**Sexual Health Service Pond Street Clinic, Pond Street, Carmarthen, SA31 1RT**  
**Madog Suite, Glangwili General Hospital, Dolgwili Road, Carmarthen, SA31 2AF**  
**Elizabeth Williams Clinic, Mill Lane, Llanelli, SA15 3SE**

**Ceredigion:**

**Sexual & Reproductive Healthcare Centre, Penglais Road, Aberystwyth, SY23 3DU**  
**Cardigan and District Hospital, Pont-Y-Cleifion, Cardigan, SA43 1DP**

**Pembrokeshire:**

**Withybush General Hospital, Fishguard Road, Haverfordwest, SA61 2PZ**  
**Winch Lane Health Centre, Winch Lane, Haverfordwest, SA61 1RN**  
**Pembroke Dock Clinic, Water Street, Pembroke Dock, SA72 6DW**

### 6.4 GP Out of Hours Service and NHS Wales 111

The GP Out of Hours Service is available for patients with urgent medical needs that cannot wait until their own surgery is open. It is available between 6:30pm and 8:00am Monday to Friday, and 24 hours a day on Saturdays, Sundays and Bank Holidays.

Access to the GP Out of Hours Service in Hywel Dda UHB is via NHS Wales 111. Where appropriate, patients are transferred to the Out of Hours Service for a telephone consultation and if required the patient can be seen in one of the treatment centres or allocated a home visit.

There are 5 treatment centres available and patients will be directed to their nearest treatment centre;

- ▶ Prince Phillip Hospital (until midnight urgent appointments after midnight are dealt with via the Minor Injuries Unit)
- ▶ Llandysul (available until midnight)
- ▶ Withybush General Hospital - Haverfordwest
- ▶ Glangwilli General Hospital – Carmarthen
- ▶ Bronglais General Hospital – Aberystwyth

The Out of Hours Service is staffed by GPs and/or advanced practitioners.

NHS Wales 111 can also directly refer patients to community pharmacy enhanced services where appropriate.

### 6.5 Personal administration of items by GPs

Under their General Medical Services contract with the Health Board there will be occasions where a GP or other Health Care Professional at the practice personally administers an item to a patient.

Generally when a patient requires a medicine or appliance, their GP will give them a prescription which is dispensed by their preferred pharmacy. In some instances however a GP or practice nurse will supply an item against a prescription and this is referred to as personal administration, as the item that is supplied will be administered to the patient by a GP or nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures.

For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered. Instead the practice will retain the prescription and submit it for reimbursement to the NHS Wales Shared Services Partnership at the end of the month.

It is not possible to quantify the total number of items that were personally administered by GP practices in Wales as the published figures include items which have been either personally administered or dispensed by dispensing practices. However as a minimum in 2019/20, 124,630 items were personally administered by practices that do not also dispense.

### 6.6 Dental Care

There are 49 dental practices in Hywel Dda UHB. There are 24 located in Carmarthenshire, 9 in Ceredigion and 16 in Pembrokeshire. Some dental appointments will result in prescriptions being issued and these will be dispensed in community pharmacies. In 2019/20, there were 31,116 NHS prescription items dispensed in community pharmacies written by Dentists.

### 6.7 Opticians

There are 47 opticians located in Hywel Dda UHB. There are 23 of which are based in Carmarthenshire, 9 in Ceredigion and 15 in Pembrokeshire. The Wales Eye Care Service (WECS) offers eye examinations to patients with an acute eye problem needing urgent attention. This may result in patients being referred to a pharmacy as part of the Common Ailments Scheme to access treatment. In 2019/20, there were 1,548 consultations for conjunctivitis as part of the Common Ailment Scheme. It is unknown how many of these



consultations were as a result of signposting/referral by opticians, or how frequently patients are signposted to a community pharmacy for over the counter products.

## 6.8 Cobweb

The Cobweb prescription service is a nurse-led service staffed by bladder and bowel clinical nurse specialists/prescribers who assess, diagnose, treat and evaluate symptoms. They provide open access advice and support and prescriptions that the patient may choose to have dispensed by their community pharmacy or have a direct supply. The service is used by 2,545 patients, 29.7% of which had their prescriptions dispensed in a community pharmacy in 2019.

## 6.9 Substance misuse

Substance misuse services may be accessed through specialist clinics or through GPs with a special interest in substance misuse. Prescriptions issued by these services will be dispensed in the community and if instructed by the prescriber, the community pharmacy will supervise the doses being consumed under the Supervised Administration of Medication Service.

The number of items issued by specialist substance misuse services in Hywel Dda UHB in 2019/20 was 9,786. GP practices prescribed 4,989 items in 2019/20 for drugs that are most commonly prescribed for opioid dependence and were dispensed in the community.

## 6.10 End of Life

Pharmaceutical services in the community can dispense medication often used in end of life care. On receipt of an appropriate prescription, community pharmacies can issue a Just in Case Pack, which ensures that the specific prescribed medication is available in the patient's home, in anticipation of need. In addition, selected community pharmacies hold a list of medication commonly used in end of life care, thus giving prescribers and patient's access to these items via prescription in a timely manner if there is an immediate need for medication.

## 6.11 Local Stop Smoking Services

There are a number of services that patients can access to assist in an attempt to quit smoking.

The Hywel Dda Healthy Lifestyle & Wellbeing Team support patients who wish to stop smoking. Advisors can discuss the pharmacotherapy available and help patients to make an informed choice on the products they wish to use.

Patients that access this service and wish to receive Nicotine Replacement Therapy (NRT), will have a letter advising products, which can be supplied at a pharmacy offering the Level 2 Smoking Cessation Service. Community pharmacies supplied to 1,224 patients via the Level 2 service in 2019/20. For patients who wish to receive other medication such as bupropion or varenicline, they have a letter addressed to their GP. If clinically appropriate the patients GP can issue a prescription to be dispensed in a community pharmacy or a dispensing practice. In 2019/20, the service recommended that bupropion or varenicline be prescribed for 222 patients.

In addition, GPs may prescribe items without the recommendations from the service outlined above that can be dispensed in the community via pharmacies or dispensing doctors.

The community pharmacy Level 3 Smoking Cessation service is also available at many pharmacies giving patients access to support and NRT, without the need for prior referral or discussion with another Health Care Professional. See section 5 for further detail.

## 6.12 Gluten Free Foods Subsidy card

The scheme allows patients to opt in to receive a subsidy card, which can be used to reduce the cost of gluten free products available to purchase in supermarkets, shops, pharmacies etc. The scheme currently has 326 patients signed up (64% uptake). Once the roll out is completed in Carmarthenshire the service will be adopted across the rest of the Health Board.

## 6.13 Summary

There are other NHS services within Hywel Dda UHB that can affect the need for pharmaceutical services. Other NHS services influence the number of prescriptions dispensed in the community, some increasing prescription items while others decrease the need for prescriptions to be dispensed. Community pharmacies in Hywel Dda UHB have a vital role to play in the provision of primary care services within the Health Board and offer a number of essential and enhanced services that patients are signposted to by other healthcare providers within the Health Board.

## 7. Health needs that can be met by pharmaceutical services

Pharmaceutical Services can play an important role in meeting a variety of health needs of the population.

According to the recent 'Pharmacy Advice Audit' carried out by Community Pharmacy Wales in September/October 2020 there are estimated to be over 11,000 advice consultations carried out per day in community pharmacies in Wales. These provide a valuable opportunity to support behaviour change through making every one of these contacts count.

Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight and reducing alcohol consumption could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long-term conditions, reducing premature death and improving mental wellbeing. Pharmacies are ideally placed to encourage and support people to make these healthy choices as part of the provision of pharmaceutical services.

Pharmacies are required to participate in up to 6 public health campaigns each calendar year by promoting public health messages to users. The topics for these could include long-term conditions, smoking, sexual health or anything that is relevant at the time.

Pharmaceutical services are also provided by dispensing GP practices. In the main this will be the issue of medication to eligible patients.

Pharmaceutical services can meet the needs of patients through planned services, unscheduled services and promoting self-care as discussed below. Where a service is not available at a particular location, there is a requirement that community pharmacies signpost to another provider of that service.

### 7.1 Planned Services

Patients can access pharmaceutical services for a wide variety of non-urgent health needs, in a planned way.

#### 7.1.1 Dispensing

Everyone will at some stage require prescriptions to be dispensed. This may be for a one-off need or for medication that they will need to take for the rest of their life to manage a long-term condition.

The dispensing of prescriptions is mainly carried out in the community by pharmacies and dispensing doctors.

In 2019/2020:

Community pharmacy dispensed 4,841,369 prescriptions which were made up of 9,838,887 items

Dispensing GP practices dispensed 221,687 prescriptions which were made up of 447,267 items (this figure will include personally administered items as they are not separated from dispensed items).

Therefore dispensing GP practices dispensed just under 5% of the total community prescriptions.

The Health Board has a duty to ensure that people living at home or in a residential care home can return unwanted or out of date medication for safe disposal. All community pharmacies

must accept unwanted medication. Dispensing GP practices can also accept unwanted medication for disposal as their sites are included in the Health Boards contract with a waste contractor for the safe removal and destruction of medication.

Hywel Dda UHB does not hold contracts with dispensing appliance contractors. The majority of patients in Hywel Dda UHB receive their appliances via the relevant specialist service, e.g. specialist stoma service and cobweb continence service. Some patients opt to have their appliance prescribed by the GP. The prescription will then either be sent directly to the supplier, or to a community pharmacy to dispense.

All pharmacies are commissioned to provide the essential services outlined above. The Health Board commission a range of national and local services which can offer support for health needs of the population.

### 7.1.2 Smoking

The provision of a smoking cessation enhanced service by community pharmacies can offer:

- Improved choice of NHS stop smoking services under the Help me Quit national branding and increased access to NRT
- Reduction in the number of people smoking, through provision of successful quit support in pharmacies
- Improved cost-effectiveness of NRT provision through targeted, phased supply accompanied by appropriate support and advice
- Improved overall take up of smoking cessation services as a result of accessibility and convenience of pharmacy locations and to support the Health Board in achieving National targets on assessing smoking cessation services
- Improved integration of community pharmacy into wider Public Health stop smoking strategy

### 7.1.3 Substance Misuse

The provision of a Supervised Administration of Medication enhanced service by pharmacists can:

- Ensure that the patient takes the correct dosing regimen of medication as prescribed
- Prevent prescribed medication being diverted to the illegal market
- Reduce the possibility of accidental poisoning, particularly of children
- Reduce incidents of accidental death through overdose

A Needle Exchange enhanced service assists in the reduction of the sharing of needles and equipment which can consequently result in blood-borne viruses such as human immunodeficiency virus (HIV), hepatitis B and hepatitis C being transmitted. In turn, this could lead to a reduction in the prevalence of blood-borne viruses, therefore also benefiting wider society.

A Blood Borne Virus (BBV) testing service is available to help identify infection of human immunodeficiency virus (HIV), hepatitis B and hepatitis C. The service can raise awareness of such viruses and encourage safer practice of needle use.

### 7.1.4 Cancer

Hywel Dda UHB are working with Macmillan cancer support to upskill pharmacy staff to become 'Cancer Buddies'. The training will be provided in early 2021 and staff who undertake the training will have an increased knowledge on services available to support patients who

have a Cancer diagnosis. This will enhance and improve the signposting role of community pharmacies.

During 2018/19 and 2019/20 Hywel Dda UHB was part of a research study which facilitated pharmacies in the Llanelli locality referring patients aged over 40 who were current or ex-smokers with a persistent cough (3 weeks or more) to Prince Phillip Hospital, Llanelli to the respiratory department for a chest X-ray. This local enhanced service pilot aimed to provide early identification and diagnosis of lung cancer. The study was suspended before its due end date due to the COVID-19 pandemic but there are plans to redesign and develop the service further in 2021.

### 7.1.5 Long-term conditions

In addition to dispensing prescriptions, pharmacies can contribute to health issues relating to long-term conditions through local and national enhanced services.

#### Anti-coagulation Monitoring

The Anti-coagulation Monitoring Service is a local enhanced service offered only in Burry Port pharmacy, Burry Port and involves the pharmacy testing the patient's blood clotting time to determine the International Normalised Ratio (INR), which measures the delay in the clotting of the blood caused by warfarin. The service aims to;

- Improve convenience and accessibility to testing by offering a 'one stop' service so that INR measurement, dosing advice and other necessary actions are completed in a single consultation
- Produce optimal anticoagulation by ensuring patients INR is maintained at their target level
- Ensure patients taking Warfarin maintain their INR within a specified range
- Provide continuity of care to the patient

#### Mental Health

Hywel Dda UHB are offering for each pharmacy to send one member of staff on an online Mental Health First Aid course which will give them the knowledge and skills to support and to signpost to appropriate agency.

### 7.1.6 Immunisations

Community pharmacy offer an Influenza Vaccination service, focusing on patients aged 18 – 64 with a long term health condition and carers and care workers of care homes. Patients aged 65 and over can also access influenza vaccinations at a pharmacy if more convenient than attending their GP. The vaccination can be arranged at a convenient time and location improving uptake and supporting health and wellbeing.

### 7.1.7 Palliative Care

In addition to dispensing urgent prescriptions for palliative care medications, community pharmacies can dispense a Just in Case pack upon receipt of a prescription by a clinician. The Just in Case pack provides medication that is commonly prescribed in palliative patients before the need arises, so there is no delay in the supply of medication when the medication is needed to be administered.

Hywel Dda UHB operate a Palliative Care Medication Service in 16 pharmacies during their normal opening hours. Pharmacies are selected based on location and opening hours and are required to hold stock of medication that is often used palliative care. The service provides



assurances that specific medication will be accessible via a standard prescription written by an appropriate clinician.

## 7.2 Unscheduled Care Services

Unscheduled care services deal with health needs that arise unexpectedly. There are a number of enhanced pharmaceutical services that offer support for unscheduled health care needs. The needs currently being met by unscheduled care service through pharmacies are:

- Emergency Contraception
- Common Ailment Service
- Emergency Medication Supply
- Triage & Treat
- Sore Throat Test and Treat (currently suspended)
- Independent Prescribing for Acute Conditions

### 7.2.1 Sexual Health & Teenage Pregnancy

79 community pharmacies offer an Emergency Contraception enhanced service. This includes provision of the “morning after” pill and offers information to patients, on local sexual health services. Emergency Contraception business sized cards (see image below) have been produced which provide details of which pharmacies offer the service and details of Sexual Health clinics. These cards use QR codes to allow discreet access to information about Emergency Contraception.



There are also QR Boards displayed in each pharmacy. These provide access to information on a range of services through a smart phone or device. One of the QR links is for sexual health services and information within Hywel Dda.

## 7.3 Self Care

Support for self-care is both an essential and enhanced service for community pharmacies. As part of their essential services pharmacies must provide advice on self care to patients in terms of treatment options and lifestyle changes. The common ailment enhanced service provides advice and treatment on up to 27 conditions. As part of the service pharmacists can carry out a consultations with patients in private and where appropriate supply medication from an agreed formulary, give advice or refer to a GP if necessary. Medicines are supplied free of charge thereby removing the payment barrier, which can prevent patients choosing to see a pharmacist instead of their GP. Ailments covered by the enhanced service include:

- |                    |                          |
|--------------------|--------------------------|
| • Acne             | • Indigestion and Reflux |
| • Athlete's Foot   | • Ingrowing Toenail      |
| • Backache (Acute) | • Intertrigo             |
| • Chicken Pox      | • Mouth Ulcers           |

- Cold Sores
- Colic
- Conjunctivitis
- Constipation
- Diarrhoea (Acute)
- Dry Eyes
- Dry Skin
- Haemorrhoids
- Hay Fever
- Head Lice
- Nappy Rash
- Oral Thrush
- Ringworm
- Scabies
- Sore Throat
- Teething
- Threadworms
- Vaginal Thrush
- Warts and Verruca

All 98 pharmacies in Hywel Dda UHB provide the Common Ailment service.

### Emergency Medication Supply

The Emergency Medication Supply (EMS) service provides the supply of urgently required repeat medication to patients where they are unable to obtain a prescription before they need to take their next dose. This service supports patients who are on holiday and have forgotten their medication or patients who run out of medication when the GP practice is closed.

97 pharmacies provide the EMS service.

### Triage + Treat

Triage + Treat is only available in Hywel Dda UHB and supports patients in managing low level injuries. The types of injuries that can be treated under this service are:

- Minor abrasions
- Superficial cuts and wounds
- Insect bites and stings
- Eye complaints such as sand in the eye
- Removal of items from the skin such as a splinter or shell
- Minor burns including sunburn

The trained pharmacy staff member will assess the injury or symptoms and make a decision as to whether it's appropriate to treat in the pharmacy or referral to another Health Care Professional is needed.

50 pharmacies have staff that are trained to provide the service. There is potential to increase the number of pharmacies offering this unscheduled care service once the Health Board is able to re-establish face to face training.

### Sore Throat Test and Treat

The Sore Throat Test and Treat service allows patients who have a sore throat to access a pharmacy listed for the service. The patient will be tested by a trained pharmacist using a quick and pain free test. In many cases, a sore throat is the result of a viral rather than bacterial infection which means antibiotics will not work, and self-care and rest are the best course of action. The test will confirm if a bacterial infection is present and so if antibiotics are appropriate. Following a consultation and assessment by the pharmacist, medication may be supplied for those patients where an antibiotic is required. Due to the COVID-19 pandemic the Sore Throat Test and Treat service has been suspended and will be reviewed in 2021.

## Independent Prescribing for Acute Conditions

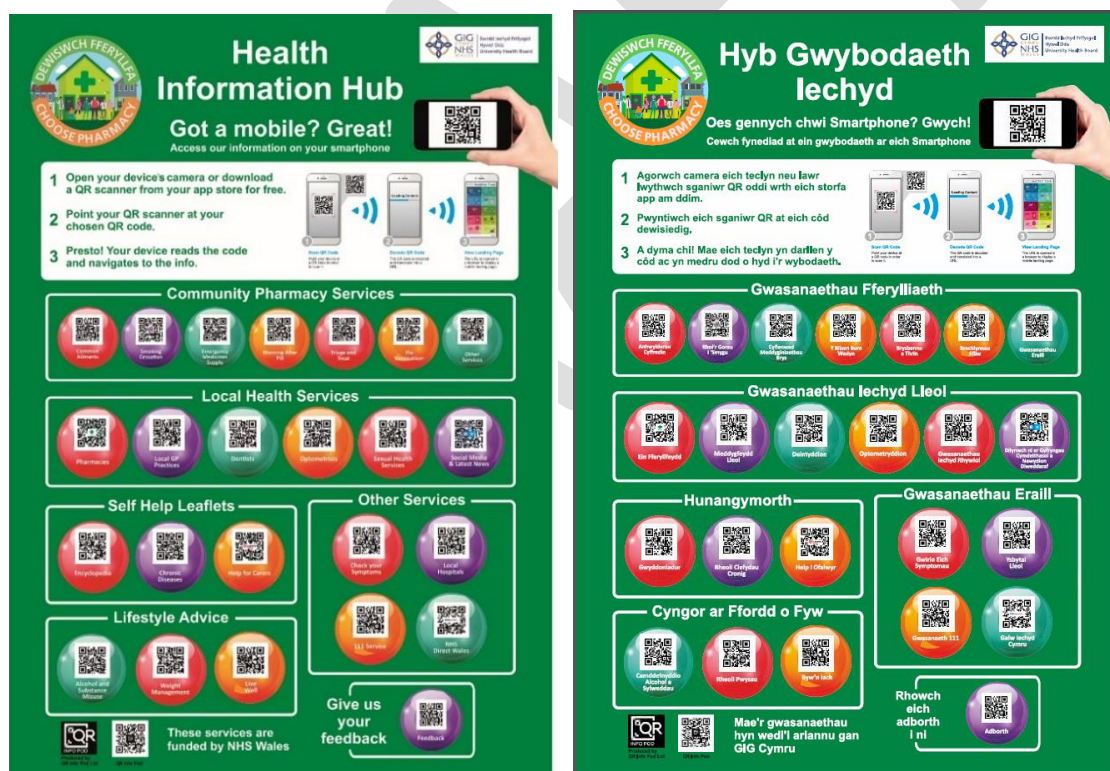
The Independent Prescribing (IP) Service is an enhanced service limited to those pharmacists who have completed an Independent Prescribing qualification. IP pharmacists are able to provide consultations and prescribe medication in their area of expertise. There are 3 pharmacies who offer an IP Acute Conditions service.

Expansion of the Independent Prescribing service is anticipated within the next 5 years.

It is expected that the number of pharmacies in Hywel Dda UHB will increase year on year which will result in better access to an acute conditions IP service.

## Promotion of Community Pharmacy Services - QR Information Hubs

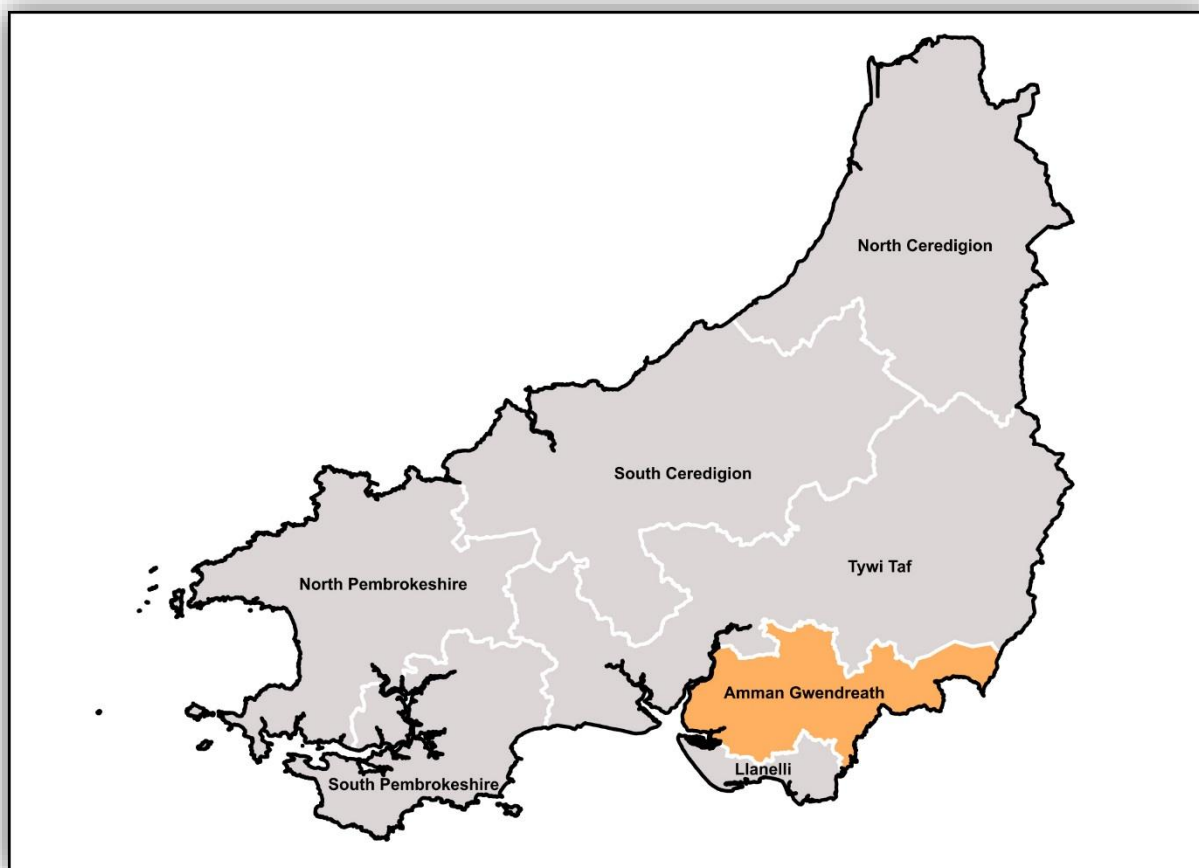
Hywel Dda UHB have developed QR Health Information Boards which are displayed in all community pharmacies. The QR Boards have information which can be accessed via mobile devices, the information behind each QR code can be updated virtually meaning that no information goes out of date and new information can be added as required. The QR Boards include health related information such as links to alcohol and substance misuse services, NHS Weight Management Information and advice on living well. The boards also include links for support on chronic conditions (e.g. Diabetes, Asthma) and an encyclopaedia of conditions via NHS Wales 111.



## 7.4 Summary

Community pharmacy plays a pivotal role in meeting some health needs of the population. The daily advice consultations that are carried out by pharmacy staff on a regular basis are a key opportunity to support behaviour change through making every contact count. The information above highlights the range of services that are currently commissioned in Hywel Dda UHB and the ways in which pharmaceutical services can play an important role in meeting the health needs of the population. It is anticipated that with the development of Independent Prescribing services that in the future there will be a greater range of services available through community pharmacy.

## 8. Amman Gwendraeth locality



### 8.1 Key facts

- The Amman Gwendraeth locality serves a (GP registered) population of 60,410 as at January 2021 and is the third largest locality by population in the Health Board Area.
- It is 1 of the 3 localities within the county of Carmarthenshire.
- The Amman Gwendraeth locality has 2 distinct areas: Ammanford and its surrounding villages; and the Gwendraeth Valley.
- The locality stretches from the coastal village of Ferryside in the west to Brynamman at the edge of the Black Mountain in the northeast.
- A journey from Ferryside to Brynamman by road would take an hour and cover a distance of 29 miles.
- The largest town within the locality is Ammanford with a population of just under 5,500 as at the 2011 Census, closely followed by Cross Hands.



- The growth in the population of Carmarthenshire has been 8% in the period 2009 to 2019. An assumed growth of 4% in the 5 year period of this PNA would result in an increase of around 2,400 for the Amman Gwendraeth locality.
- 75% of the people living in the Amman Gwendraeth locality live in a rural area.
- Of the 20% most deprived LSOAs<sup>55</sup> in Wales, 12 are within Carmarthenshire and 2 in the Amman Gwendraeth locality.
- The Amman Gwendraeth Locality has approximately 12,340 people aged 65 years and over (20.4%) which is lower than the Welsh average of 21%.
- In Carmarthenshire, there is a teenage pregnancy rate of 18.4 per 1,000 females aged under 18 years, which is lower than the rate for Wales (20.2) and higher than the rate for Hywel Dda UHB (17.6).
- 20.9% of residents in Carmarthenshire drink more than the recommended guidelines. This is higher than the Welsh Average of 19%.
- The adult smoking prevalence in Carmarthenshire is 18.8% which is the second highest in Hywel Dda UHB and higher than the Wales average of 18.4%.
- In Carmarthenshire, there are 5,190 people with a physical disability on local authority registers.
- The census data in 2011 showed that Carmarthenshire had 23,989 unpaid carers.
- Carmarthenshire has the second highest cancer prevalence in Hywel Dda UHB.
- Amman Gwendraeth is the locality with the highest diabetes prevalence in the Health Board at 6.9% of the population.
- The obesity prevalence in the locality is the highest in the Health Board at 10.8%.
- The locality has the highest cardio vascular disease prevalence in Carmarthenshire at 4.3% of the population.
- The locality has 1 community hospital; Amman Valley Hospital, Glanamman, in the north of the locality.
- The locality has 8 GP practices. 6 of the practices operate branch surgeries in addition to their main sites.
- The locality has 16 community pharmacies.

<sup>55</sup> Welsh Index of Multiple Deprivation 2019

<https://wimd.gov.wales/geography/la/W06000010?lang=en#&min=0&max=10&domain=overall>

- There are 4 dental practices that offer NHS treatment and 5 optometric practices.
- There are 13 care homes.
- According to the 2011, Census 43.9% of people aged 3 years and above in Carmarthenshire are able to speak Welsh.
- 9 of the 16 pharmacies are able to offer pharmaceutical services through the medium of Welsh.

According to Carmarthenshire County Council's Local Development Plan (2018-2033), it is estimated that a minimum of 500 homes will be built in the Amman Gwendraeth locality during the 5 year period of this PNA from October 2021. These are mainly small housing developments with the largest sites being:

Settlement	Site	Planning Status	Site Capacity	No. Expected to be built by September 2026
Cross Hands	Land at Heol Cae Pownd	Reserved Matters	101	101
Trimsaran/Carway	Ffos Las	Various permissions	159	139

In relation to the housing developments identified in the next 5 years;

- The 2 pharmacies at Cross Hands indicated that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand,
- The single pharmacy at Trimsaran, which would serve the Ffos Las development (Trimsaran/Carway) has also indicated that it has sufficient capacity within the existing premises and staffing levels to manage an increase in demand.

It is unlikely that the housing developments will have a substantial impact on the pharmaceutical needs of the locality.

Cross Hands is also the location of a planned new Health and Wellbeing Centre, which will bring a number of health and social care partners together and include space for a pharmacy.

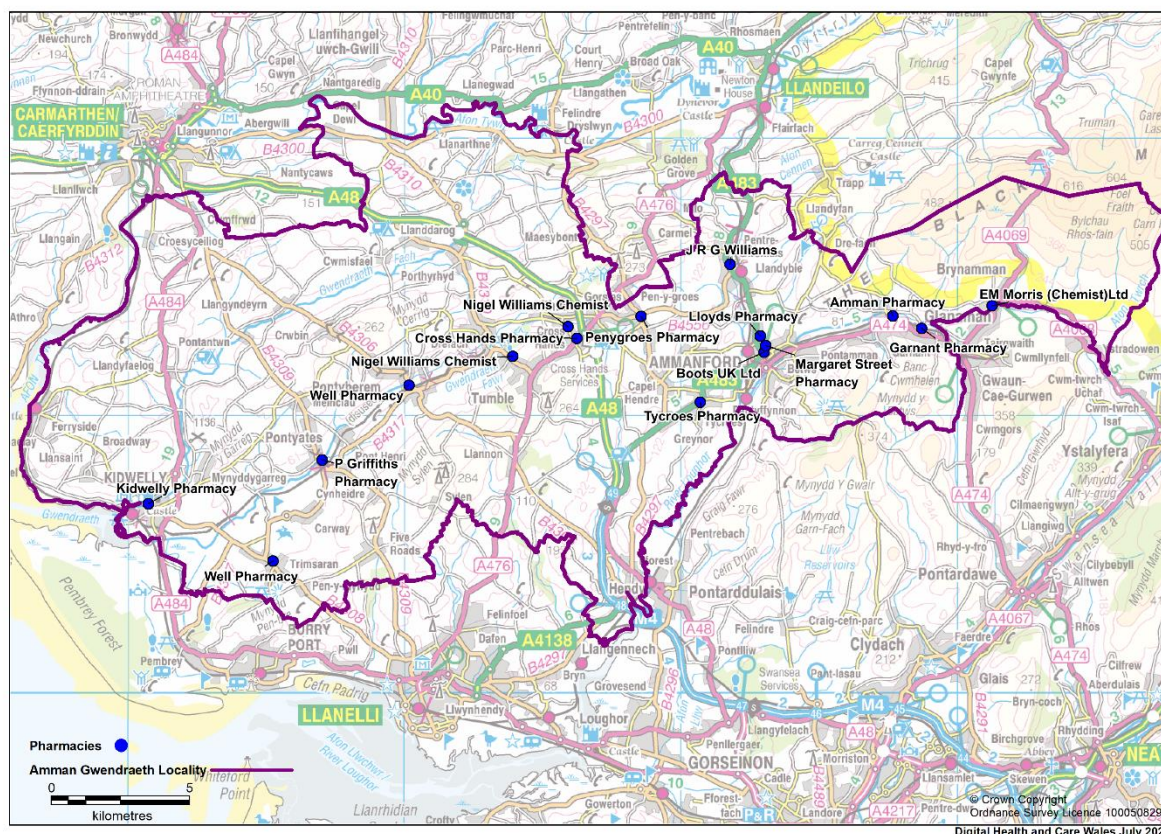
## 8.2 Current provision of pharmaceutical services within the locality

There are 16 pharmacies in the Amman Gwendraeth locality operated by 14 different contractors. Locations of the pharmacies run the full length of the locality (see map 8.2.1).

There are 2.65 pharmacies for every 10,000 population in the locality. This is slightly above the overall rate for Hywel Dda UHB, which is 2.53.

There are no dispensing GP practices within the locality.

### Map 8.2.1 – Location of Community Pharmacies in the Amman Gwendraeth locality



It is expected that a pharmacy will provide at least 40 hours of opening each week. There are 4 pharmacies within the Amman Gwendraeth locality who provide less than 40 hours of opening each week.

For the purposes of the PNA, normal working hours have been defined as Monday to Friday 9.00am to 5.30pm.

There are:

- ▶ No pharmacies open on Sundays
- ▶ 1 pharmacy is open full days Monday to Saturday
- ▶ 4 pharmacies are open Monday to Friday and Saturday morning
- ▶ 11 pharmacies are open Monday to Friday (with 2 open part of the day on Wednesday)

**No** pharmacies within the locality are open beyond 6.30pm Monday to Friday.

All pharmacies open at 9am, except 1, which opens at 8.45am.

10 of the 16 pharmacies close for lunch at varying times between 12.00 and 2.00pm (one closes one day of the week between 1.00pm and 4.00pm) the remaining pharmacies open all day.

Full details of pharmacy opening times can be found in Appendix L.

2 pharmacies in the Amman Gwendraeth locality provide a rota service on alternate weeks, which supports additional opening hours. The pharmacies are: Garnant Pharmacy, Garnant and Amman Pharmacy Glanamman. They are funded to extend their opening hours on Monday, Tuesday, Wednesday and Friday for 5.30 – 6.00pm.



The Health Board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated and the Health Board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy can be commissioned or directed to open.

All of the pharmacies responded to the pharmacy contractor questionnaire that was issued in November 2020 and the following information is taken from the responses.

All of the pharmacies are accessible by wheelchair and 13 have a consultation area that is accessible by wheelchair. All but 1 pharmacy confirmed that the consultation area was a closed room. All 16 of the consultation rooms are a designated area;

- Where both the patient and pharmacist can sit down together
- The patient and pharmacist able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy
- That are clearly designated as an area for confidential consultations distinct from the general public area of the pharmacy

7 of the 16 pharmacies confirmed that they have a hearing loop available at the pharmacy (this information was gathered following feedback from the consultation).

9 pharmacies confirmed that Welsh is spoken by staff. The Health Board has noted that 41.9% of the people in Carmarthenshire had no Welsh language skills in 2011. This coupled with the availability of Language Line and bilingual posters and leaflets means that the Health Board has not identified any issues for those who wish to access services in a language other than English.

14 pharmacies dispense prescriptions for all types of appliances, 1 dispenses only dressings and one doesn't dispense any appliances.

All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- 13 deliver medicines free of charge on request,
- 4 noted that they deliver to selected patient groups;
  - Generally elderly and infirm patients unable to access Pharmacy
  - Clinical need/those with mobility issues
- 3 noted they restrict the delivery service to selected areas;

(More than one pharmacy selected more than one option)

Suggestions by pharmacies for existing services that are not currently provided in the area included;

- Minor Ailments, Triage + Treat
- Independent Prescribing for minor ailments
- Blood pressure monitoring – increased demand due to closed doors at surgery.
- Care home support and medicines optimisation to support care homes currently using the pharmacy.

4 pharmacies were of the opinion that there was a requirement for new enhanced services not currently available:

- NHS cystitis test and treat
- Weight management
- Treatment of ear infections
- UTI testing service
- Travel vaccination clinic

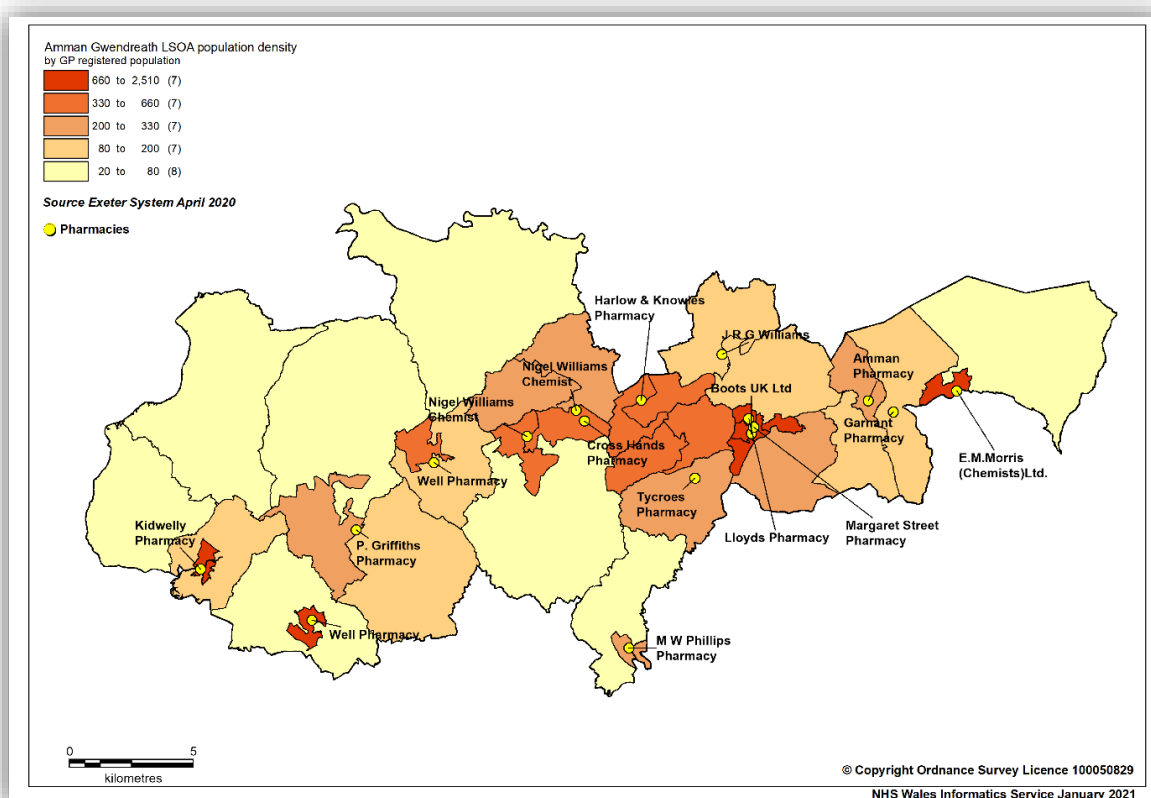
14 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and 2 said they don't but could make adjustments. This should be sufficient to meet the needs of the projected population growth in the next 5 years.

11 pharmacies have plans to develop or expand their service provision or premises;

- Independent prescribing service (9)
  - Expanding MDS provision
  - Refit or adding consultation room (4)
  - Uptake of new services (2)
- (Some pharmacies listed more than one service)

As can be seen from Map 8.2.2 the 16 pharmacies are located in areas with highest population density. In areas such as Ammanford and Cross Hands where there is high population density there are multiple pharmacies and in smaller settlements there is usually 1 pharmacy serving that population. It should be noted that where premises are close to each other the symbols will overlap.

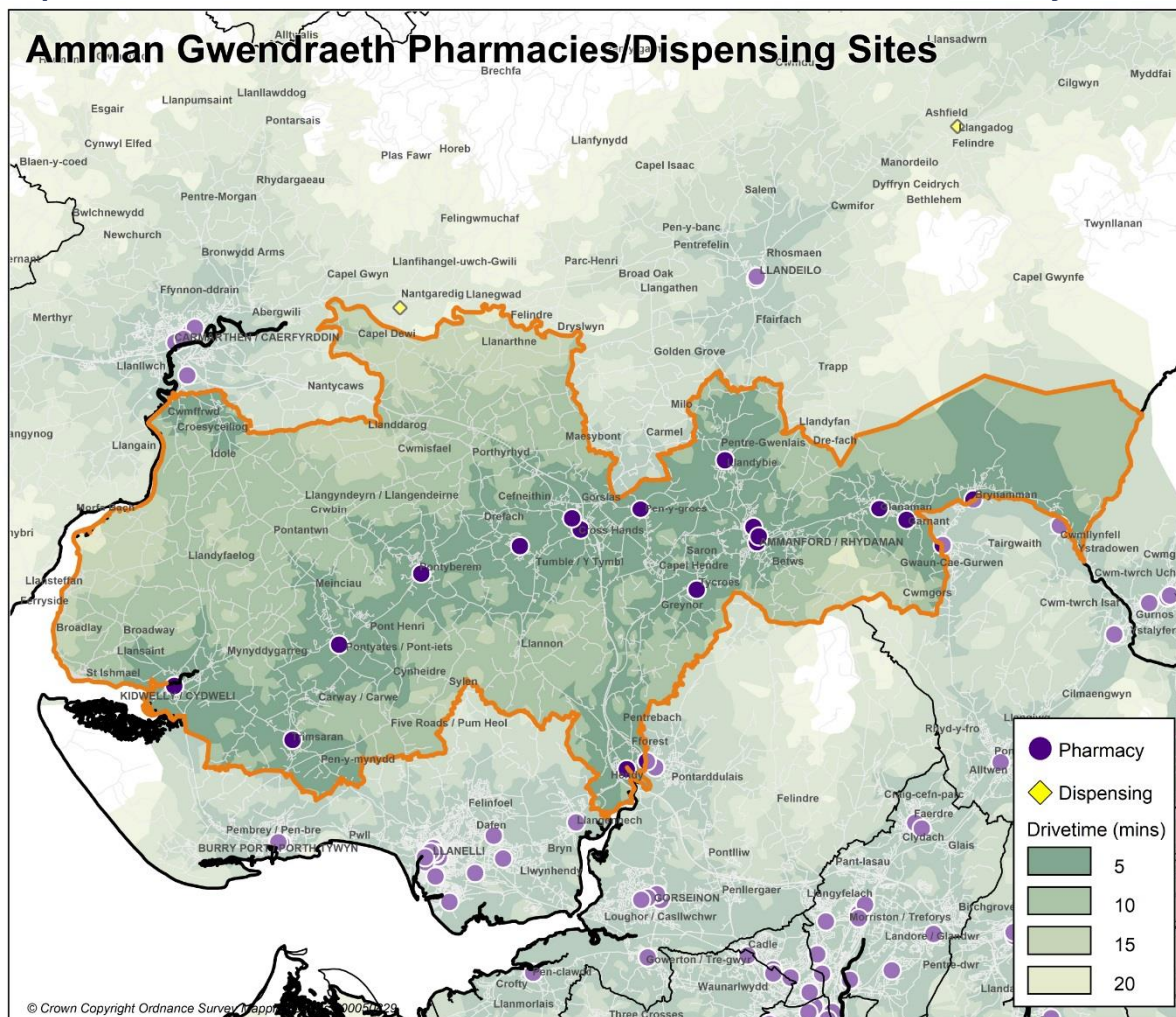
**Map 8.2.2 – Location of Pharmacies compared to population density in Amman Gwendraeth**



Map 8.2.3 shows the areas of the locality which are within a 5, 10, 15 and 20 minute drive of a pharmacy. This evidences that all residents living within the Amman Gwendraeth locality are able to access a pharmacy well within the 30 minute drive time standard set for the maximum access time to pharmaceutical services.



**Map 8.2.3 – Drive times from Pharmacies in the Amman Gwendraeth Locality**



89.47% of all prescriptions written in 2019/20 by GP practices based in the Amman Gwendraeth locality were dispensed by pharmacies within the locality. 3.05% were dispensed elsewhere in Hywel Dda UHB, whilst 6.98% were dispensed outside of Hywel Dda UHB by contractors in other areas of Wales the vast majority of these were dispensed in the Swansea Bay Health Board Area. This is not unexpected as this is a neighbouring Health Board with pharmacies located close to the border. A further 0.5% were dispensed outside of Wales.

The next section sets out data on advanced and enhanced services provided by pharmacies, for full information on these services please refer to Section 5. Activity has been taken for 2019/2020 because this was pre pandemic and shows activity level in normal circumstances.

All 16 pharmacies are able offer the Discharge Medicines Review service. During 2019/20, 10 provided the service and 169 DMRs were offered out of a potential maximum of 2,240.

All 16 pharmacies offer the Medicine Use Review service. During 2019/20, 14 provided the service and 4,013 MURs were completed out of a potential maximum of 6,400.

All 16 pharmacies offer the Common Ailments Service. During 2019/20, 1,905 patients accessed the service and the range of activity was between 4 and 449 patients.

15 pharmacies offer the Emergency Medicine Supply service. During 2019/20, 826 patients accessed the service.

13 pharmacies offer the Emergency Contraception service. During 2019/20, 303 patients accessed the service.

14 pharmacies offered the Influenza Vaccination service in 2020/21. During 2019/20, 1,119 patients were vaccinated at a pharmacy in this locality.

14 pharmacies are listed for the Just in Case pack service. In 2019/20, 45 Just in Case packs were issued.

14 pharmacies offer Smoking Cessation Level 2. During 2019/20, 161 patients were referred for the service.

13 pharmacies offer Smoking Cessation Level 3. During 2019/20, 131 patients were seen and a quit rate of 44% achieved. The highest number of patients seen by 1 pharmacy was 45, with a quit rate of 56%, and the lowest number of patients seen by one pharmacy was 3, with a quit rate of 33%.

9 pharmacies offer the Triage + Treat service. During 2019/20, 52 patients accessed the service, with 39 treated at the pharmacy, 13 triaged only and 8 referred to a more appropriate service.

16 pharmacies offer the Patient Sharps service, which enables safe disposal of sharps.

In 2019/20, there was 1 pharmacy that took part in the Palliative Care Medication enhanced service, in line with the aim of having at least 1 pharmacy per locality.

There are 3 Pharmacy Walk-In Centres within the locality; all of these pharmacies are open a minimum of Monday to Friday and Saturday mornings.

There are no pharmacy based Independent Prescribing services commissioned in the Amman Gwendraeth locality at the time of writing this PNA. It is envisaged that within the lifetime of this document the Health Board will commission Independent Prescriber services from the pharmacies in the locality.

There are 8 surgeries within the locality that operate from 15 sites (M = Main Site B = Branch):

GP Practice	Location	Distance to nearest pharmacy
Amman Tawe Partnership	Gwaun Cae Gurwen (M)	Pharmacy – next door*
Amman Tawe Partnership	Brynamman (B)	Pharmacy within ½ mile
Amman Tawe Partnership	Garnant (B)	Pharmacy adjacent
Brynteg Surgery	Ammanford (M)	Pharmacy co-located
Brynteg Surgery	Glanamman (B)	Pharmacy within ½ mile
Margaret St Surgery	Ammanford (M)	Pharmacy - next door
Margaret St Surgery	Tycroes (B)	Pharmacy - adjacent
Meddygfa Penygroes	Penygroes (M)	Pharmacy - next door
Meddygfa Penygroes	Cross Hands (B)	Pharmacy – next door
Meddygfa'r Tymbl	Upper Tumble (M)	Pharmacy within ½ mile
Meddygfa'r Tymbl	Cross Hands (B)	Pharmacy - next door
Coalbrook Surgery	Pontyberem	Pharmacy within ¼ mile
Meddygfa'r Sarn	Pontyates	Pharmacy within ¼ mile
Minafon Surgery	Kidwelly	Pharmacy within ¼ mile
Minafon Surgery	Trimsaran (B)	Pharmacy within ¼ mile

\*the pharmacy is located in a neighbouring Health Board area. The Amman Tawe Partnership is located on the border of two Health Boards.

### 8.3 Current provision of pharmaceutical services outside the locality

Some residents choose to visit contractors outside both the locality and the Health Board area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes

Whilst the majority of prescription written by the GP practices in 2019/20 were dispensed by 1 of the 16 pharmacies within the Amman Gwendraeth, 10.53% were dispensed outside the locality;

- 3.05% elsewhere in Hywel Dda UHB
- 6.98% elsewhere in Wales
- 0.5% outside of Wales

In addition, residents may have accessed one or more advanced or enhanced pharmaceutical services provided by a pharmacy outside both the locality and the Health Board area; however, it is not possible to quantify this activity from the data available.

Taking into account that some residents might choose to access pharmacy services outside of the locality, all residents would be able to access a pharmacy by car within 20 minutes from their home location.

### 8.4 Other NHS services

There are no Minor Injuries Units or GP Out of Hours treatment centres in the Amman Gwendraeth locality. The nearest locations for these services would be Carmarthen or Llanelli. Alternatively, patients from the upper Amman Valley may choose to use the services available in Swansea Bay University Health Board area namely Morriston Hospital which has an A&E Department or Neath Port Talbot Hospital, which has a Minor Injuries Unit.

2 of the 8 GP practices in the locality provide extended opening hours:

- Brynteg Surgery, Ammanford opens until 9.30pm on one evening twice a month between Monday and Thursday
- Meddygfa Penygroes, Penygroes opens Thursday evening until 8.00pm

Any prescriptions dispensed after 6.30pm at these extended opening sessions would have to wait until the next day to be dispensed locally. Patients could choose to travel to the neighbouring localities of Llanelli or Tywi Taf to obtain dispensing services at one of the pharmacies in these areas that open until 8.00pm.

The GP practices in the locality provide the following services, which affect the need for pharmaceutical services;

- Provision of emergency hormonal contraception
- Flu vaccination
- Advice and treatment for common ailments

Practices may choose to provide other services which are the same or similar to those provided by pharmacies, for example support to stop smoking, but as they are not commissioned by the Health Board they fall outside of the definition of 'other NHS service'.



Smoking cessation services are provided by Help Me Quit at a number of locations across the Amman Gwendraeth locality other than pharmacies. A smoking cessation service is also offered by the Hospital Smoke Free support service at Amman Valley hospital.

No other NHS services have been identified that are located within Amman Gwendraeth and which affect the need for pharmaceutical services.

## 8.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 8.2 and 8.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed. Those that look outside of the locality usually do so either to access a pharmacy in a neighbouring locality or Health Board or a dispensing appliance contractor outside of the Health Board's area.

In 2019/20 a total of 330 contractors dispensed items written by one of the GP practices in this county, of which 236 were outside of the Health Board's area.

## 8.6 Gaps in provision

### 8.6.1 Pharmacy services

To determine whether there are any gaps in the provision of pharmaceutical services, a set of criteria has been developed to provide a consistent measure across all 7 localities.

#### ❖ Number of pharmacies per 10,000 population

The availability of pharmacy services within the Amman Gwendraeth locality, per 10,000 population is 2.65, which is slightly higher than the Hywel Dda UHB average of 2.53.

The area is well served in terms of the number of pharmacies for essential pharmaceutical services and no current or future needs have been identified based on current provision.

#### ❖ Number of pharmacies open within normal working hours

(Monday to Friday, 9.00am – 5.30pm)

11 of the 16 pharmacies in the Amman Gwendraeth locality are open Monday to Friday 9.00am – 5.30pm.

Of the remaining 5 pharmacies that don't open Monday to Friday 9.00am – 5.30pm;

- 2 close for ½ day mid-week
- 3 close at 5.00pm on one day of the week rather than 5.30pm (but meet the criteria for all other week days).

There is good access to pharmacies within normal working hours in the Amman Gwendraeth locality.

#### ❖ Number of pharmacies open outside of normal opening hours on weekdays

(After 5.30pm Monday to Friday)

3 of the 16 pharmacies in the Amman Gwendraeth locality are open after 5.30pm on weekdays.

1 is open until 6.30pm and 2 until 6.00pm.

There are no pharmacy services available in the locality after 6.30pm. Pharmacy services are available in the neighbouring localities Tywi Taf and Llanelli, in the towns of Carmarthen and Llanelli up until 8.00pm.

### ❖ **Number of pharmacies open on weekends**

In considering access to pharmacy services, it is noted that there are

- No pharmacies open on Sundays
- 5 pharmacies open either half or full day on a Saturday

Pharmacy	Saturday
Boots, Ammanford	Full day opening
Lloyds, Ammanford	½ day opening
Harlow & Knowles, Penygroes	½ day opening
Nigel Williams Pharmacy, Cross Hands	½ day opening
Kidwelly Pharmacy, Kidwelly	½ day opening

In addition to the above pharmacies, there is a Lloyds Pharmacy located within ¼ mile from the Health Board's border with Swansea Bay UHB, which would serve a significant proportion of the residents of the Upper Amman Valley. This pharmacy is open ½ day on a Saturday.

The largest distance gap for Saturday provision is between Cross Hands and Kidwelly; a distance of 13.5 miles and a journey of 26 minutes. Anyone living between these locations would have a maximum travel of 6 ¾ miles to access a pharmacy on a Saturday. Pharmacy services would also be available on Saturdays (full day opening) in neighboring towns of Llanelli or Carmarthen.

The location of pharmacies across the locality and a travel time of no more than 20 minutes by car meets the criterion set for access in Section 5.1.1 of a maximum travel time of 30 minutes. Whilst not all households have access to a car, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents.

As stated there are no pharmacies open on a Sunday within the Amman Gwendraeth Locality. The nearest pharmaceutical services available on a Sunday would be located at Carmarthen and Llanelli. Both of these towns are in the neighbouring localities of Tywi Taf to the west and Llanelli to the east. These towns are also the locations of the nearest GP Out of Hours service for Amman Gwendraeth residents. Travel time from the Amman Gwendraeth area to either of these main towns would be within 30 minutes.

Noting the opening hours of the existing pharmacies, it is concluded that they are sufficient to meet the likely needs of residents in the locality and that there are pharmaceutical services available within a 30 minute drive in neighboring localities.

### ❖ **Availability of advanced services**

All 16 pharmacies in the locality provide the Medicine Use Review Service (NB currently suspended due to the COVID-19 pandemic).

All 16 pharmacies in the locality provide the Discharge Medicines Review Service.

Whilst none of the 16 pharmacies provides the Appliance Use Review service, they do dispense prescriptions for appliances.



No pharmacies in Hywel Dda UHB offer stoma appliance customisation. This is carried out by the nurse led specialist service within the Health Board.

It is concluded that there is sufficient provision of advanced services to meet the likely needs of residents in the locality.

### ❖ **Availability of enhanced services identified, to be available in all pharmacies**

The following enhanced services have been identified by the PNA Steering Group as services that should be available from as many pharmacies as possible to enable the best access. The Health Board would aim to commission these services from every pharmacy.

- *Common Ailments Service* – all 16 pharmacies in the locality provide this service
- *Emergency Contraception* – 13 pharmacies offer the Emergency Contraception Service,  
There are 3 pharmacies that do not currently provide the service, these are located at Ammanford, Tycroes and Kidwelly.
- *Influenza Vaccinations* – 14 pharmacies offered Influenza vaccinations in 2020/21.  
There are 2 pharmacies that do not currently provide the service these are located at Ammanford and Tycroes.
- *Emergency Supply of Medication* – 15 pharmacies offer the Emergency Supply of Medication Service  
There is 1 pharmacy that does not currently offer this service, this pharmacy is located in Ammanford.
- *Smoking Cessation Services (L2)* – 14 pharmacies offer L2 (supply of Nicotine Replacement Therapy (NRT))  
There are 2 pharmacies that do not currently provide the service, these are located at Tycroes and Kidwelly.
- *Smoking Cessation (L3)* – 13 pharmacies offer L3 – supply of NRT & counselling  
There are 3 pharmacies that do not currently provide the service, these are located at Ammanford, Llandybie and Tycroes.
- *Patient Sharps* – all 16 pharmacies in the locality provide this service

It is concluded that there is sufficient provision for the listed enhanced services to meet the likely current or future needs in the locality.

However, the Health Board will work with pharmacy contractors to improve on the provision of those services that are not currently available in all 16 pharmacies in the locality. Greater priority will be placed on areas where there is only 1 pharmacy serving a population and where that service is not available from a local GP practice or from another NHS provider. It is the Health Boards aim to have the best access possible for the listed Enhanced services.

Where pharmacies do not take up the offer to provide these services within the first year following publication of this PNA, the Health Board will explore the reasons for this and may review the need for additional pharmaceutical services in this area.

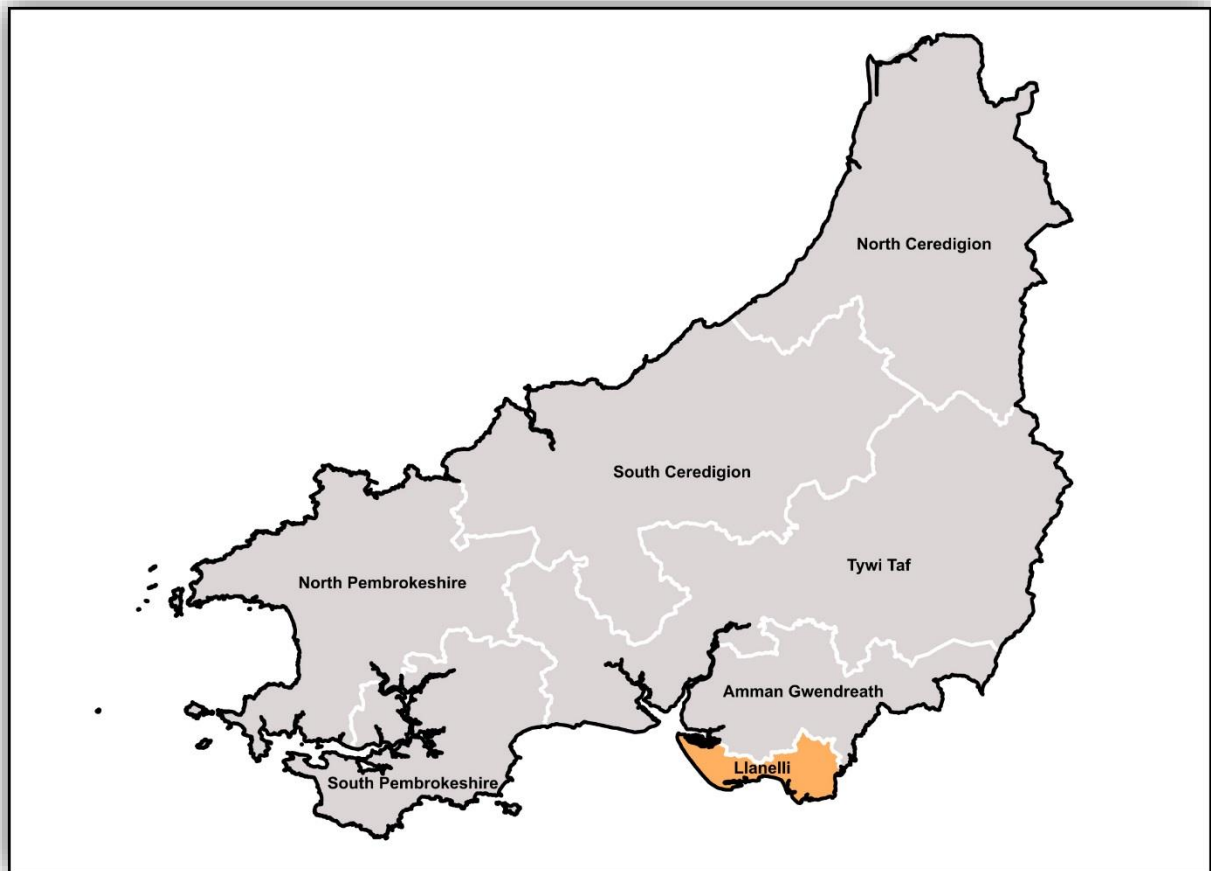
### ❖ **Proximity of dispensing services to GP practices**

Each of the 15 GP practice sites, both main and branch, within the locality has access to pharmaceutical services as follows:

Nearest pharmacy location to GP practice sites	No.
Co-located, next door, or adjacent	8
Within ¼ mile	4
Within ½ mile	3

It is concluded that the location of pharmacies in the Amman Gwendraeth locality is currently appropriate to serve GP practices and their patients.

## 9. Llanelli locality



### 9.1 Key facts

- The Llanelli locality serves a (GP registered) population of 62,021 as at January 2021 and is the second largest locality by population in Hywel Dda UHB area.
- It is 1 of the 3 localities within the county of Carmarthenshire.
- Llanelli is a highly diverse set of communities in urban, semi-rural and rural settings.
- In geographical terms, Llanelli covers a relatively small landmass, encompassing Llanelli town, its suburbs and Burry Port. It is the most densely populated area in Carmarthenshire.
- A journey from Loughor Bridge in the east of the locality to Pembrey in the west would take 20 minutes by road and cover a distance of 11 miles.
- The largest town in the Llanelli locality is Llanelli with a population of 25,168.
- The growth in the population of Carmarthenshire has been 8% in the period 2009 to 2019. An assumed growth of 4% in the 5 year period of this PNA, would result in an increase of around 2,500 for the Llanelli locality.

- Of the 20% most deprived LSOAs<sup>56</sup> in Wales, 12 are within Carmarthenshire, with 9 in the Llanelli locality.
- 12% of the locality falls in the 10% most deprived areas in Wales and overall the majority of its areas are more deprived than the Welsh average.
- The Llanelli locality has approximately 13,272 people aged of 65 years and over (21.4%) which is slightly higher than the Welsh average of 21%.
- Carmarthenshire has a teenage pregnancy rate of 18.4 per 1,000 females aged under 18 years, which is lower than the rate for Wales (20.2) and higher than the rate for Hywel Dda UHB (17.6).
- 20.9% of residents in Carmarthenshire drink more than the recommended guidelines. This is higher than the Welsh average of 19%.
- The adult smoking prevalence in Carmarthenshire is 18.8% which is the second highest in Hywel Dda UHB and higher than the Wales average of 18.4%.
- In Carmarthenshire, there are 5,190 people with a physical disability on local authority registers for Carmarthenshire.
- The census data in 2011 showed that Carmarthenshire had 23,989 unpaid carers.
- Carmarthenshire has the second highest cancer prevalence in Hywel Dda UHB.
- Llanelli is the locality with the second highest diabetes prevalence in the Health Board at 6.8% of the population.
- The obesity prevalence in the locality is 10.2%
- The locality has the second highest cardiovascular disease prevalence in Carmarthenshire at 3% of the population.
- The Llanelli locality has one hospital site at Prince Philip Hospital, Llanelli which includes a Minor Injuries Unit.
- The locality has 7 GP practices. 1 of the practices operates a branch surgery in addition to its main site.
- The locality has 17 community pharmacies.
- There are 6 dental practices that offer NHS services and 6 optometric practices.
- There are 14 care homes.
- The locality has several travelling community sites.
- Llanelli has the highest percentage of immigration from outside the UK within the Health Board area.

<sup>56</sup> Welsh Index of Multiple Deprivation 2019

<https://wimd.gov.wales/geography/la/W06000010?lang=en#&min=0&max=10&domain=overall>

- According to the 2011, Census 43.9% of people aged 3 years and above in Carmarthenshire are able to speak Welsh.
- 7 of the 17 pharmacies are able to offer pharmaceutical services through the medium of Welsh.

According to Carmarthenshire County Council's Local Development Plan (2018-2033), it is estimated that a minimum of 600 homes will be built in the Llanelli locality during the 5 year period of this PNA from October 2021. These are mainly small housing developments with the largest sites being:

Settlement	Site	Planning Status	Site Capacity	No. Expected to be built by September 2026
Llanelli	Genwen, Bryn	Full planning on part	240	130
Burry Port	Gwdig Farm	Full Planning	105	105

These developments are unlikely to have any substantial impact on the pharmaceutical needs of the locality. 16 out of the 17 pharmacies in the Llanelli locality have indicated that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand. 1 pharmacy said that they don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand.

Within the Llanelli locality there is a planned Life Science & Well-being development called Pentre Awel. The 83-acre development site is to the south of Llanelli Town and will include assisted living, housing and hotel components, as well as business, research, academia, heath and leisure. The Pentre Awel project will be developed in four zones, with the housing and assisted living planned for Zone 2, 3 and 4. In May 2021, a tender exercise was commenced to procure a contractor to deliver Zone 1, which includes the business, leisure and infrastructure for the site. If Zone 2 is completed during the lifetime of this PNA, (up to October 2026), there will be an additional 35 units of social and affordable housing, nursing home (100 beds), residential rehabilitation (30 beds) and an extra care facility (90 beds).

This would increase the need for pharmaceutical services in the south of Llanelli.

Based on the responses from the pharmacy contractor survey, 16 of the 17 pharmacies in the Llanelli locality indicated they have sufficient capacity within the existing premises and staffing levels to manage an increase in demand.

## 9.2 Current provision of pharmaceutical services within the locality

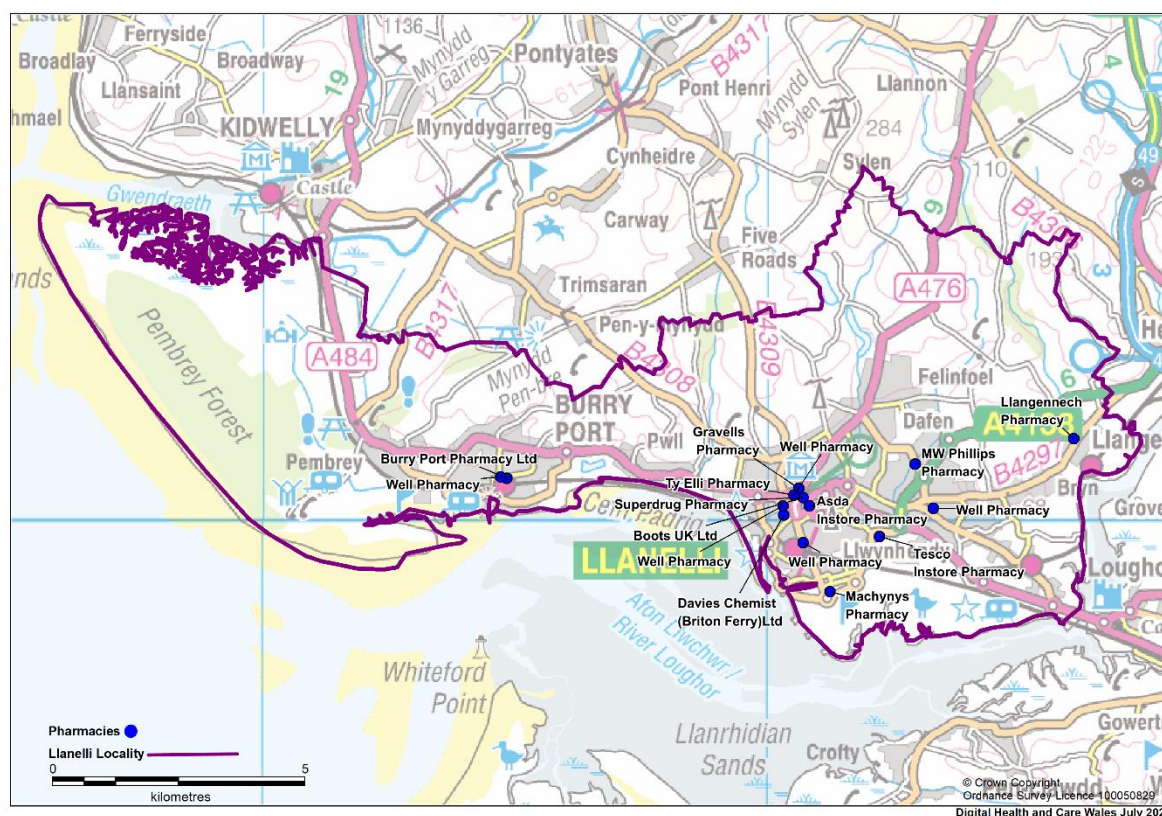
There are 17 pharmacies in the Llanelli locality (see map 9.2.1) operated by 12 different contractors. The majority of pharmacies are located in the centre and residential suburbs of Llanelli town.

There are 2.74 pharmacies for every 10,000 population in the locality. This is slightly above the overall rate for Hywel Dda UHB, which is 2.53.

There are no dispensing practices within the locality.



## Map 9.2.1 - Location of Community Pharmacies within the Llanelli locality



It is expected that a pharmacy will provide at least 40 hours of opening each week. There are no pharmacies within the Llanelli locality who provide less than 40 hours of opening each week.

For the purposes of the PNA, normal working hours have been defined as Monday to Friday 9.00am to 5.30pm.

There are:

- ▶ 3 pharmacies open on Sundays
- ▶ 1 pharmacy opens full days Monday to Saturday
- ▶ 4 pharmacies are open Monday to Friday and Saturday morning
- ▶ 9 pharmacies open Monday to Friday

There are 2 pharmacies open beyond 6:30pm Monday to Friday.

9 pharmacies open at 9.00am, 2 at 8.45am, 4 at 8.30am and 2 at 8.00am.

8 of the 17 pharmacies close for lunch at varying times between 12.00 and 3.00pm. The remaining pharmacies open all day.

Full details of Pharmacy opening times can be found in Appendix L.

The Health Board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated and the Health Board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy can be commissioned or directed to open.

All of the pharmacies responded to the pharmacy contractor questionnaire that was issued in November 2020 and the following information is taken from the responses.

16 of the 17 pharmacies are accessible by wheelchair and 11 have a consultation area that is accessible by wheelchair. All pharmacies confirmed that the consultation area was a closed room. The following number of pharmacies confirmed that the consultation rooms are a designated area;

- Where both the patient and pharmacist can sit down together – All 17
- The patient and pharmacist able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy – 16 out of 17
- That are clearly designated as an area for confidential consultations distinct from the general public area of the pharmacy – All 17

6 of the 17 pharmacies confirmed that have a hearing loop available at the pharmacy (this information was gathered following feedback from the consultation).

7 pharmacies confirmed that Welsh is spoken by staff, one confirmed Dutch is also spoken by staff. The Health Board has noted that 41.9% of the people in Carmarthenshire had no Welsh language skills in 2011. This coupled with the availability of Language Line and bilingual posters and leaflets means that the Health Board has not identified any issues for those who wish to access services in a language other than English.

14 pharmacies in the locality dispense all types of appliances and 3 pharmacies dispense only dressings.

All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- 11 deliver medicines free of charge on request
- 7 noted that they deliver to selected patient groups;
  - High Risk patients during COVID
  - Clinical need/those with mobility issues
  - Provisions for extremely vulnerable and shielding patients.
  - Disabled over 70s COVID isolation
- 1 noted they restrict the delivery service to selected areas – within 3 miles of the pharmacy

(Pharmacies could select more than one option)

Suggestions by pharmacies for existing services that are not currently provided in the area included;

- Smoking cessation services

1 pharmacy was of the opinion that there was a requirement for new enhanced services not currently available:

- Monitored Dosage Systems service
- Blood Pressure Monitoring (2)

16 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and 1 said they don't but could make adjustments. This should be sufficient to meet the needs of the projected population growth in the next 5 years.

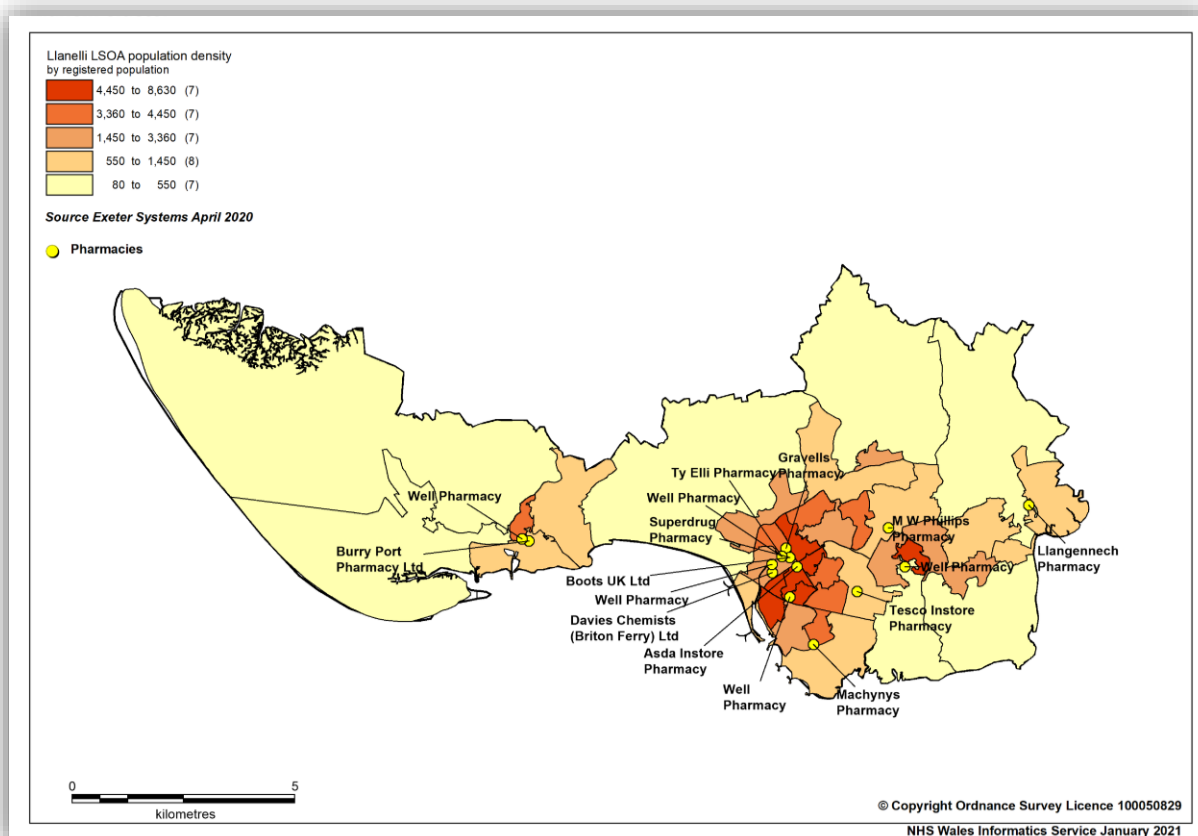
4 pharmacies have plans to develop or expand their service provision or premises;

- Independent prescribing service (2)
- Weight Management (1)

(one did not provide details)

As can be seen from map 9.2.2 the 17 pharmacies are based within areas of highest population density. There are multiple pharmacies located within the town centre of Llanelli where there is the highest population density. It should be noted that where premises are close to each other the symbols will overlap.

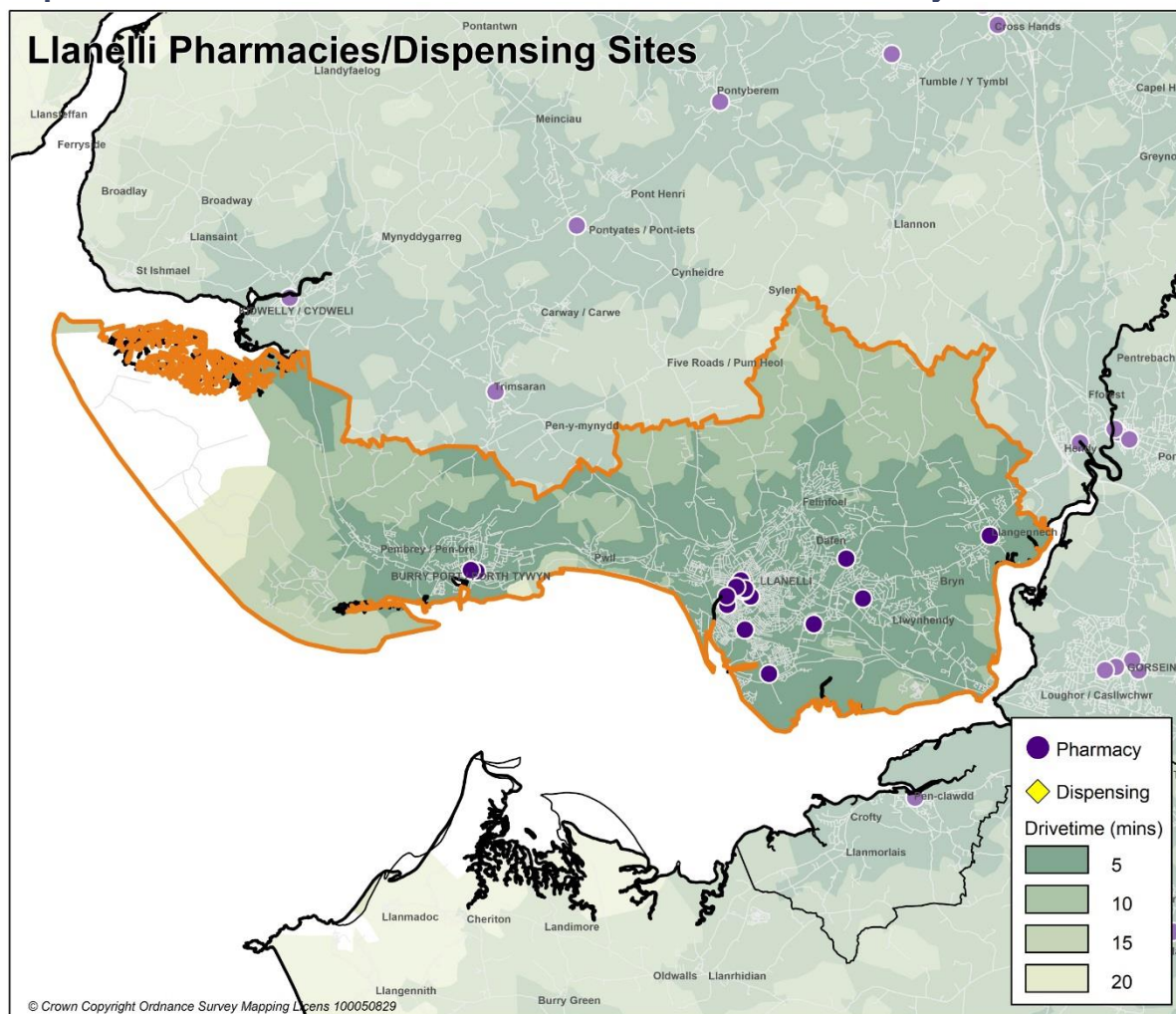
**Map 9.2.2 – Location of Pharmacies compared to population density in Llanelli locality**



Map 9.2.3 shows the areas of the locality which are within a 5, 10, 15 and 20 minute drive of a pharmacy. This evidences that all residents living within the Llanelli locality are able to access a pharmacy within the 30 minute drive time standard set for the maximum access time to pharmaceutical services. There is a small area on the left of the map which is outside of the 30 minute drive time standard but when this is compared with the population density map, this is an area of very low or no population density.



### Map 9.2.3 – Drive times from Pharmacies in the Llanelli locality



For Llanelli 98.5% of all prescriptions written in 2019/20 by GP practices based in the locality were dispensed by pharmacies within the locality. 0.12% were dispensed elsewhere in Hywel Dda UHB, whilst 0.77% were dispensed outside of Hywel Dda UHB by contractors in other areas of Wales and a further 0.66% were dispensed outside of Wales.

The next section sets out data on advanced and enhanced services provided by pharmacies, for full information on these services please refer to Section 5. Activity has been taken for 2019/2020 because this was pre pandemic and shows activity levels in normal circumstances.

All 17 pharmacies in the Llanelli locality offer the Discharge Medicines Review service. During 2019/20 10 provided the service and 148 DMRs were offered out of a potential maximum of 2,380.

All 17 pharmacies offer the Medicines Use Review service. During 2019/20, 17 provided the service and 4,259 MURs were completed out of a potential maximum of 6,800.

All 17 pharmacies offer the Common Ailment service. During 2019/20, 1,692 patients accessed the service and the range of activity across the 17 pharmacies was between 2 and 299 patients.

All 17 pharmacies offer the Emergency Medicine Supply service. During 2019/20, 548 patients accessed the service.

16 pharmacies offer the Emergency Contraception service. During 2019/20, 710 patients accessed the service.

16 pharmacies offered the Influenza Vaccination service in 2020/21. During 2019/20, 1,235 patients were vaccinated at a pharmacy in this locality.

15 pharmacies are listed for the Just in Case pack service. During 2019/20, 168 Just in Case packs were issued.

15 pharmacies offer Smoking Cessation Level 2. During 2019/20, 263 patients were referred for the service.

11 pharmacies offer Smoking Cessation Level 3. During 2019/20, 183 patients were seen with a quit rate of 37% achieved. The highest number of patients seen by one pharmacy was 46, with a quit rate of 35%.

8 pharmacies offer the Triage + Treat service. During 2019/20, 104 patients accessed the service, with 78 treated at the pharmacy, 26 triaged only and 24 referred to a more appropriate service.

16 pharmacies offer the Patients Sharps service, which enables the safe disposal of sharps.

In 2019/20, 1 pharmacy was identified to provide the Palliative Care Medication enhanced service, in line with the aim of having at least 1 pharmacy per locality.

There are 2 Pharmacy Walk-In Centres within the locality; both of these pharmacies are open Monday to Friday and Saturday mornings.

There are no pharmacy based Independent Prescribing services commissioned in the Llanelli locality at the time of writing this PNA. It is envisaged that within the lifetime of this document the Health Board will commission Independent Prescriber services from the pharmacies in the locality.

There are 7 surgeries within the locality that operate from 8 sites (M = Main Site, B = Branch):

GP Practice	Location	Distance to nearest pharmacy
Ashgrove Medical Centre	Thomas St, Llanelli	Pharmacy co-located
Avenue Villa Surgery	Brynmor Rd, Llanelli	Pharmacy co-located
Fairfield Surgery	Park Crescent, Llanelli	Pharmacy co-located
Ty Elli Group Practice	Vauxhall, Llanelli (M)	Pharmacy co-located
Ty Elli Group Practice	Machynys, Llanelli (B)	Pharmacy co-located
Llangennech Surgery	Llangennech	Pharmacy within ¼ mile
Llwynhendy Health Centre	Llwynhendy	Pharmacy co-located
Meddygfa Tywyn Bach	Burry Port	Pharmacy co-located

### 9.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to visit contractors outside both the locality and the Health Board area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes



Whilst the majority of prescriptions written by the GP practices in 2019/20 were dispensed by one of the 17 pharmacies within Llanelli, 1.5% were dispensed outside of the locality;

- 0.12% were dispensed elsewhere in Hywel Dda UHB
- 0.77% elsewhere in Wales
- 0.6% outside of Wales

In addition, residents may have accessed one or more advanced or enhanced pharmaceutical services provided by a pharmacy outside both the locality and the Health Board area; however, it is not possible to quantify this activity from the data available.

Taking into account that some residents might choose to access pharmacy services outside of the locality, all residents would be able to access a pharmacy by car within 20 minutes from their home location.

## 9.4 Other NHS services

Llanelli locality has a Minor Injuries Unit and a GP Out of Hours treatment centre both based within Prince Philip Hospital, Llanelli.

There are no GP extended opening hours in Llanelli.

The GP practices in the locality provide the following services, which affect the need for pharmaceutical services;

- Provision of emergency hormonal contraception
- Flu vaccination
- Advice and treatment for common ailments

Practices may choose to provide other services which are the same or similar to those provided by pharmacies, for example support to stop smoking, but as they are not commissioned by the Health Board they fall outside of the definition of 'other NHS service'.

Smoking cessation services are provided by Help Me Quit at a number of locations across the Llanelli locality other than pharmacies. A smoking cessation service is also offered by the Hospital Smoke Free support service at Prince Philip hospital.

No other NHS services have been identified that are located within the Llanelli locality and which affect the need for pharmaceutical services.

## 9.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 9.2 and 9.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed. Those that look outside of the locality usually do so either to access a pharmacy in a neighbouring locality or Health Board or a dispensing appliance contractor outside of the Health Board's area.

In 2019/20 a total of 330 contractors dispensed items written by one of the GP practices in this county, of which 236 were outside of the Health Board's area.

## 9.6 Gaps in provision

### 9.6.1 Pharmacy services

To determine whether there are any gaps in the provision of pharmaceutical services, a set of criteria has been developed to provide a consistent measure across all 7 localities.

### ❖ Number of pharmacies per 10,000 population

The availability of pharmacy services within the Llanelli locality, per 10,000 population is 2.74 pharmacies, which is slightly higher than the Hywel Dda UHB average of 2.53.

The area is well served in terms of the number of pharmacies for essential pharmaceutical services and no current or future needs have been identified based on current provision.

### ❖ Number of pharmacies open within normal working hours

(Monday to Friday, 9.00am – 5.30pm)

16 out of the 17 pharmacies are open within normal opening hours.

The remaining pharmacy opens 8.45am – 4.45pm on Tuesdays (but is open until 6.00pm on the other days).

There is good access to pharmacies within normal working hours in the Llanelli locality.

### ❖ Number of pharmacies open outside of normal opening hours on weekdays

(After 5.30pm Monday to Friday)

11 of the 17 pharmacies are open after 5.30pm Monday to Friday.

9 open until 6.00pm and 2 open until 8.00pm.

There is good access to pharmacies outside of normal opening hours on weekdays in the Llanelli locality.

### ❖ Number of pharmacies open on weekends

In considering access to pharmacy services, it is noted that there are

- 3 pharmacies open on a Sunday
- 7 pharmacies open either half or full day on a Saturday

Pharmacy	Saturday	Sunday
Burry Port Pharmacy , Burry Port	½ day opening	Closed
Gravells Pharmacy, Llanelli	½ day opening	Closed
Asda In-store Pharmacy, Llanelli	Full day opening	10.00am – 4.00pm
Boots, Llanelli	Full day opening	10.00am – 2.00pm
Superdrug, Llanelli	Full day opening	Closed
Tesco, Trostre, Llanelli	Full day opening	10.00am – 4.00pm
Pentyrch Pharmacy, Llangennech	½ day opening	Closed

The location of pharmacies across the locality and a travel time of no more than 20 minutes by car meets the criteria set for access in Section 5.1.1 of a maximum travel time of 30 minutes. Whilst not all households have access to a car, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents.

Noting the opening hours of the existing pharmacies, it is concluded that they are sufficient to meet the likely needs of residents in the locality on weekends.

### ❖ Availability of advanced services

All 17 pharmacies in the locality provide the Medicine Use Review Service (NB currently suspended due to the COVID-19 pandemic).

All 17 pharmacies in the locality provide the Discharge Medicines Review Service.

Whilst none of the 17 pharmacies provide the Appliance Use Review service they do dispense prescriptions for appliances, 14 dispense all appliances and 3 dispense only dressings.

No pharmacies in Hywel Dda UHB offer stoma appliance customisation. This is carried out by the nurse led specialist service within the Health Board.

It is concluded that there is sufficient provision of advanced services to meet the likely needs of residents in the locality.

### ❖ Availability of enhanced services identified, to be available in all pharmacies

The following enhanced services have been identified by the PNA Steering Group as services that should be available from as many pharmacies as possible to enable the best access. The Health Board would aim to commission these services from every pharmacy.

- *Common Ailments Service* – all 17 pharmacies in the locality provide this service
- *Emergency Contraception* – 16 pharmacies offer the Emergency Contraception Service

There is 1 pharmacy that does not currently provide the service; this is located in Llanelli town centre.

- *Influenza Vaccinations* – 16 pharmacies offer Influenza vaccinations
- *Emergency Supply of Medication* – all 17 pharmacies offer the Emergency Supply of Medication Service

There is 1 pharmacy that does not currently provide the service; this is located in Llanelli town centre.

- *Smoking Cessation Services (L2)* – 15 pharmacies offer L2 - supply of NRT
- *Smoking Cessation (L3)* – 11 pharmacies offer L3 – supply of NRT & counselling

There are 2 pharmacies that do not currently provide the service; these are located in Dafen and Hendy.

- *Patient Sharps* – 16 pharmacies in the locality provide this service
- *Smoking Cessation (L3)* – 11 pharmacies offer L3 – supply of NRT & counselling

There are 6 pharmacies that do not currently provide the service; these are located in Dafen, Hendy, Llanelli town Centre (3) and Morfa.

There is 1 pharmacy that does not currently provide the service; this is located in Llanelli town centre.

It is concluded that there is sufficient provision for the listed enhanced services to meet the likely current or future needs in the locality.

However, the Health Board will work with pharmacy contractors to improve on the provision of those services that are not currently available in all 17 pharmacies in the locality. Greater priority will be placed on areas where there is only 1 pharmacy serving a population and where that service is not available from a local GP practice or from another NHS provider. It is the Health Boards aim to have the best access possible for the listed Enhanced services.

Where pharmacies do not take up the offer to provide these services within the first year following publication of this PNA, the Health Board will explore the reasons for this and may review the need for additional pharmaceutical services in this area.

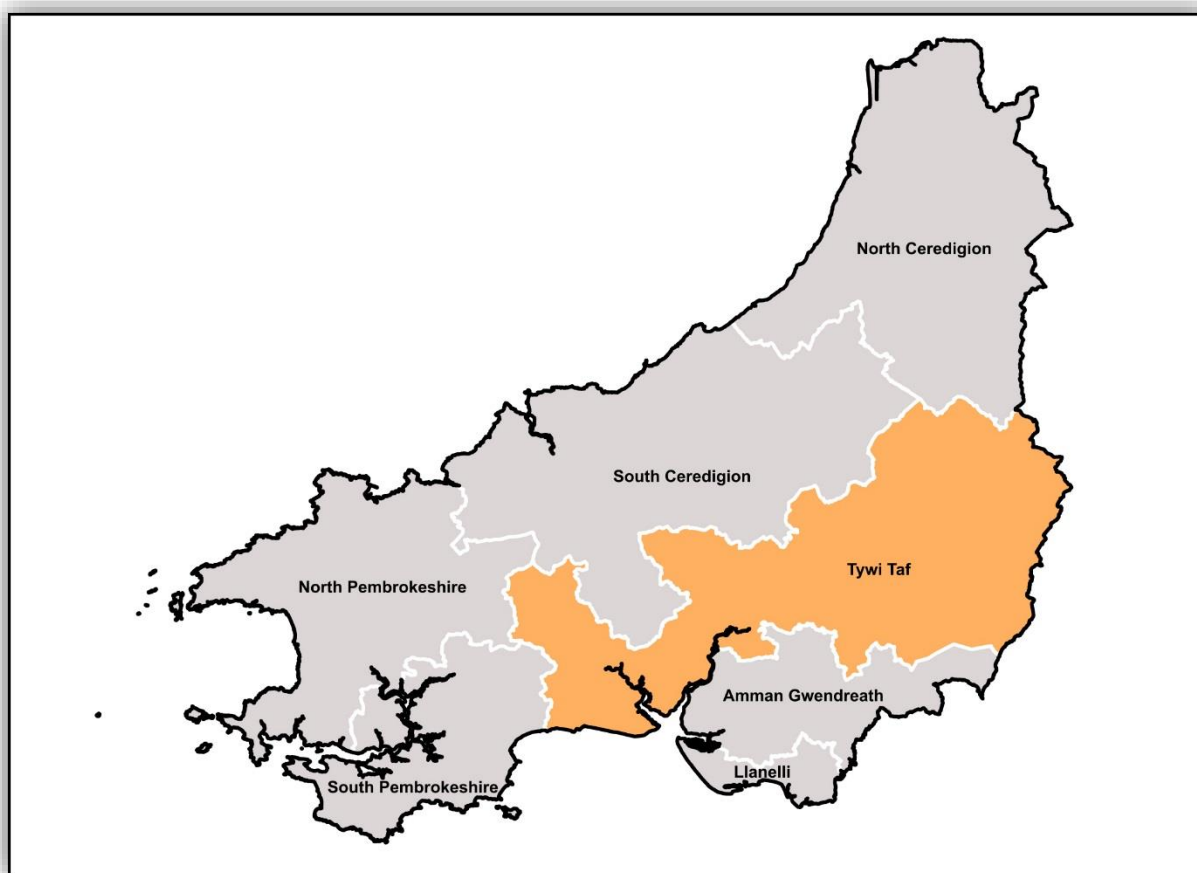
#### ❖ Proximity of dispensing services to GP practices

Each of the 8 GP practice sites, both main and branch, within the locality has access to pharmaceutical services as follows:

Nearest pharmacy location to GP practice sites	No.
Co-located, next door, or adjacent	7
Within ¼ mile	1
Within ½ mile	0

It is concluded that the location of pharmacies in the locality is currently appropriate to serve GP practices and their patients.

## 10. Tywi Taf locality



### 10.1 Key facts

- The Tywi Taf locality serves a (GP registered) population of 58,818 as at January 2021 and is the fourth largest locality in the Health Board area.
- It is 1 of the 3 localities within the county of Carmarthenshire.
- The locality stretches from Llandovery in the northeast to Whitland in the south-west.
- A journey from Llandovery to Whitland by road would take an hour and cover a distance of 45 miles.
- The largest town within the Tywi Taf locality is Carmarthen with a population of just over 14,185 as at the 2011 Census.
- The growth in the population of Carmarthenshire has been 8% in the period 2009 to 2019. An assumed growth of 4% in the 5 year period of this PNA, would result in an increase of around 2,350 for the Tywi Taf locality.
- 70.2% of the people living in the Tywi Taf locality are considered to be living in a rural area.



- Of the 20% most deprived LSOAs<sup>57</sup> in Wales, 12 are within Carmarthenshire, with 1 in the Tywi Taf locality.
- The Tywi Taf locality has approximately 14,880 people aged 65 years and over (25.3%) which is higher than the Welsh average of 21%.
- Carmarthenshire has a teenage pregnancy rate of 18.4 per 1,000 females aged under 18 years, which is lower than the rate for Wales (20.2) and higher than the rate for Hywel Dda UHB (17.6).
- 20.9% of residents in Carmarthenshire drink more than the recommended guidelines. This is higher than the Welsh average of 19%.
- The adult smoking prevalence in Carmarthenshire is 18.8%, which is the second highest in Hywel Dda and higher than the Wales average of 18.4%.
- There are 5,190 people with a physical disability on local authority registers for Carmarthenshire.
- The census data in 2011 showed Carmarthenshire had 23,989 unpaid carers.
- Carmarthenshire has the second highest cancer prevalence in Hywel Dda UHB. Cancer registrations for Carmarthenshire were highest in the Tywi Taf locality at 3.7%.
- The Tywi Taf locality has the second lowest diabetes prevalence in Hywel Dda UHB at 6.2%
- The obesity prevalence in the locality is 10.2%.
- The Tywi Taf locality has the lowest percentage prevalence of cardiovascular disease at 2.2% of the population.
- The locality has the largest general hospital within the Health Board area and includes a Minor Injuries Unit and A&E Department at Glangwilli General Hospital, which is located in Carmarthen.
- The locality has a 16 bed community hospital, which is located in Llandovery. This also includes a nurse led Minor Injuries Unit.
- The locality has 8 GP practices and 2 branch surgeries.
- 2 GP practices (Meddygfa Tywi and Llanfair Surgery) are dispensing GP practices.

<sup>57</sup> Welsh Index of Multiple Deprivation 2019

<https://wimd.gov.wales/geography/la/W06000010?lang=en#&min=0&max=10&domain=overall>

- The locality has 13 community pharmacies.
- There are 9 dental practices that provide NHS treatment and 11 optometric practices.
- There are 16 care homes and 1 extra care facility.
- The University of Wales Trinity Campus is situated within the locality at Carmarthen as well as Llandovery College that has a transient student population.
- According to the 2011, Census 43.9% of people aged 3 years and above in Carmarthenshire are able to speak Welsh.
- 8 of the 13 pharmacies are able to offer pharmaceutical services through the medium of Welsh.

According to Carmarthenshire County Council's Local Development Plan (2018-2033), it is estimated that a minimum of 700 homes will be built in the Tywi Taf locality during the 5 year period of this PNA from October 2021. These are mainly small housing developments with the largest site being:

Settlement	Site	Planning Status	Site Capacity	No. Expected to be built by September 2026
Carmarthen	West Carmarthen	Various Permissions	355	310

In relation to the housing development identified in the next 5 years, it is unlikely to result in unmet pharmaceutical needs in the locality;

- All 6 pharmacies located in Carmarthen have indicated that they have capacity to manage an increase in demand for pharmaceutical services.

Of the 13 pharmacies in the Tywi Taf locality, 12 have indicated that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand. Only 1 pharmacy said that they didn't have sufficient premises and staffing capacity and would have difficulty managing an increase in demand.

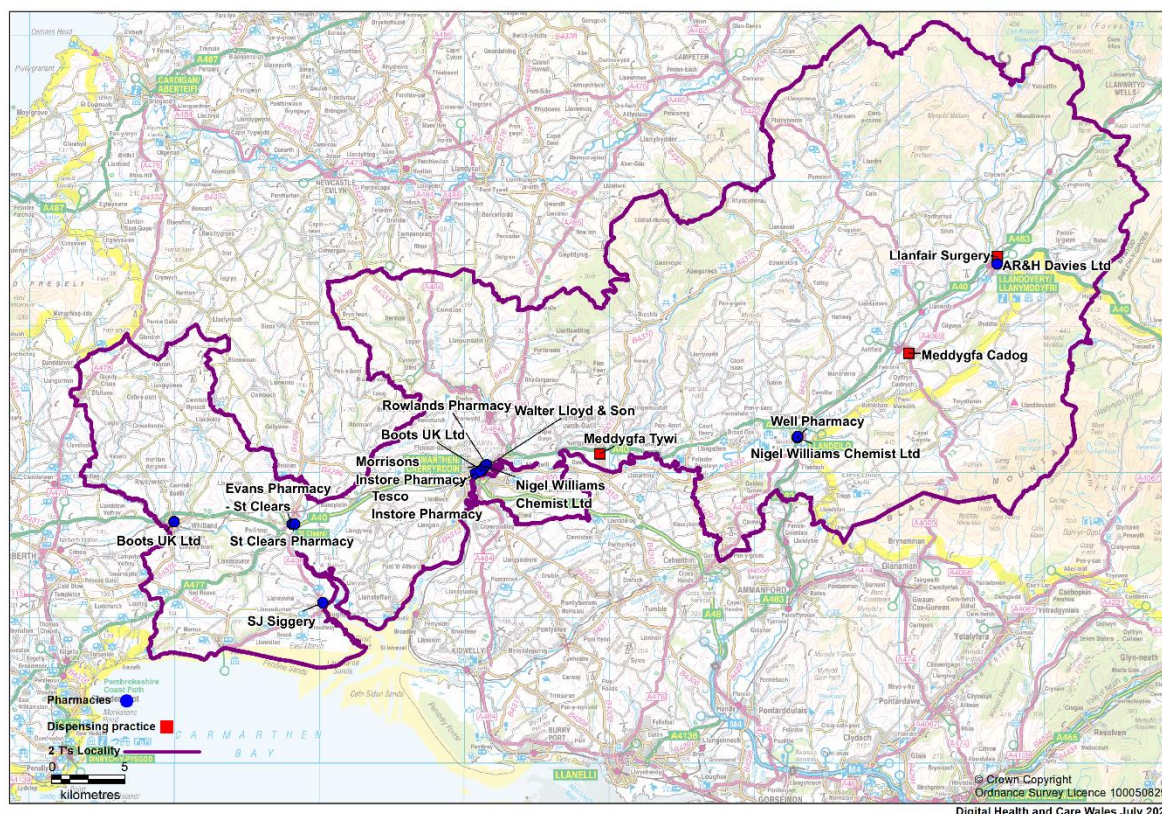
## 10.2 Current provision of pharmaceutical services within the locality

There are 13 pharmacies in the Tywi Taf locality, with 6 of these being in Carmarthen town (see map 10.2.1 – pharmacies in blue), operated by 10 different contractors.

There are 2.21 pharmacies for every 10,000 population in the locality. This is slightly below the overall rate for Hywel Dda UHB, which is 2.53.

There are 2 dispensing GP practices within the locality that operate across three sites (see map 10.2.1 – dispensing practices in red). Including the 2 dispensing GP practices as providers of essential pharmaceutical services would increase the ratio of dispensaries for every 10,000 population to 2.55, which is in line with the overall rate for Hywel Dda UHB.

## Map 10.2.1 – Location of Community Pharmacies and GP Dispensing Practices in the Tywi Taf Locality



It is expected that a pharmacy will provide at least 40 hours of opening each week. There is 1 pharmacy within the Tywi Taf locality that provides less than 40 hours of opening each week.

For the purposes of the PNA, normal working hours have been defined as Monday to Friday 9.00am to 5.30pm.

There are:

- ▶ 3 pharmacies open on Sundays
- ▶ 1 pharmacies open full days Monday to Saturday
- ▶ 5 pharmacies are open Monday to Friday and Saturday morning
- ▶ 4 pharmacies are open Monday to Friday (1 closes at 3pm on Wednesdays)

There are 2 pharmacies that open past 6:30pm Monday to Friday.

8 pharmacies open at 9.00am, 4 open at 8.30am and 1 opens at 8.00am.

6 of the 13 pharmacies close for lunch at varying times between 12.30 and 2.30pm. The remaining pharmacies open all day.

2 pharmacies in the Tywi Taf locality currently provide a rota service on alternate weeks, which supports additional opening hours. The pharmacies are: Well Pharmacy Llandeilo and Nigel Williams Pharmacy Llandeilo. They are funded to extend their opening hours on Monday, Wednesday and Friday from 5.30 – 6.00pm.

Full details of pharmacy opening times can be found in Appendix L.

The Health Board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated and the Health Board establishes whether or



not there are any geographic gaps in provision. Where a gap exists, a pharmacy can be commissioned or directed to open.

The dispensing practices offer the following opening hours for the dispensing services they provide:

Meddygfa Tywi, Nantgaredig	8.00am – 6.00pm Monday to Friday
Llanfair Surgery - Llandovery	8.30am – 6.00pm Monday – Thursday, 8.30am – 4.00pm Friday
Meddygfa Cadog (Branch), Llangadog	9.00am - 6.00pm Monday, 9.00am – 1.00pm Tuesday - Friday

All of the pharmacies and dispensing GP practices responded to the contractor questionnaire's that were issued in November 2020 and the following information is taken from the responses.

All 13 pharmacies are accessible by wheelchair and 11 have a consultation area that is accessible by wheelchair. All pharmacies confirmed that the consultation area was a closed room. All 13 of the consultation rooms are a designated area;

- Where both the patient and pharmacist can sit down together
- The patient and pharmacist able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy
- That are clearly designated as an area for confidential consultations distinct from the general public area of the pharmacy

7 of the 13 pharmacies confirmed that they have a hearing loop available at the pharmacy (this information was gathered following feedback from the consultation).

8 of the 13 pharmacies and all 3 of the dispensing GP practices confirmed that Welsh is spoken by staff. The Health Board has noted that 41.9% of the people in Carmarthenshire had no Welsh language skills in 2011. This coupled with the availability of Language Line and bilingual posters and leaflets means that the Health Board has not identified any issues for those who wish to access services in a language other than English.

9 pharmacies in the locality dispense all types of appliances, 3 pharmacies dispense only dressings and one doesn't dispense any appliances. All 3 dispensing GP practices in the locality dispense appliances excluding stoma and incontinence appliances.

All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- 9 deliver medicines free of charge on request
- 3 noted that they deliver to selected patient groups;
  - discretionary but anyone self isolating shielding the elderly those with mobility problems
  - Clinical need/those with mobility issues
  - Elderly and Housebound
- 4 noted they restrict the delivery service to selected areas
- 1 said that they offer a chargeable delivery service  
(Pharmacies could select more than one option)

None of the dispensing GP practices offer a delivery service.

Suggestions by pharmacies for existing services that are not currently provided in the area included;

- Monitored Dosage Systems Enhanced Service

- UTI Test & Treat Service (not an existing service)
- Sore Throat Test & Treat (suspended due to COVID)

3 pharmacies were of the opinion that there was a requirement for new enhanced services not currently available:

- Mental Health Counselling
- Travel Clinic
- Delivery Driver enhanced service

12 pharmacies and all 3 of the dispensing GP practices confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and 1 said they don't and they would have difficulty making adjustments. This pharmacy is based in Whitland, which currently has no major housing developments planned in the next five years. This should be sufficient to meet the needs of the projected population growth in the next 5 years.

8 pharmacies have plans to develop or expand their service provision or premises;

- Independent prescribing service (2)
- Sore Throat Test & Treat
- COVID Vaccinations
- Period delay
- Online consultations
- Flu Vaccinations
- UTI Test & Treat
- Pneumonia vaccine
- Facial hair removal

(Some pharmacies listed more than one service).

The following services were also offered by the dispensing GP practices in the locality;

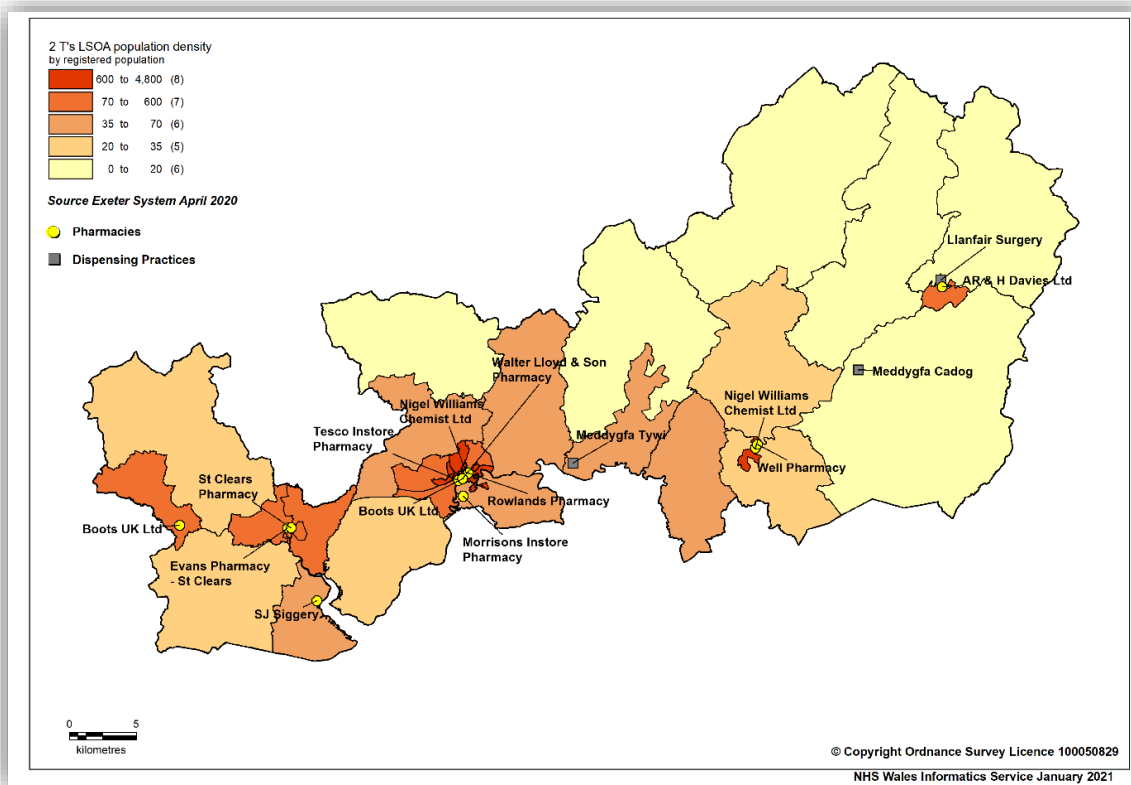
**Meddygfa Tywi, Nantgaredig** - Medication Reviews, Patient sharps dispensing, but not returns.

**Llanfair Surgery, Llandovery and Meddygfa Cadog (Branch), Llangadog** - MAR Charts, Dosette Boxes, JIC Packs, Appliances for diabetic patients.

As can be seen from map 10.2.2 the 13 pharmacies are based within areas of highest population density. There are multiple pharmacies located within the town centre of Carmarthen, which has the highest population density in the area. It should be noted that where premises are close to each other the symbols will overlap.

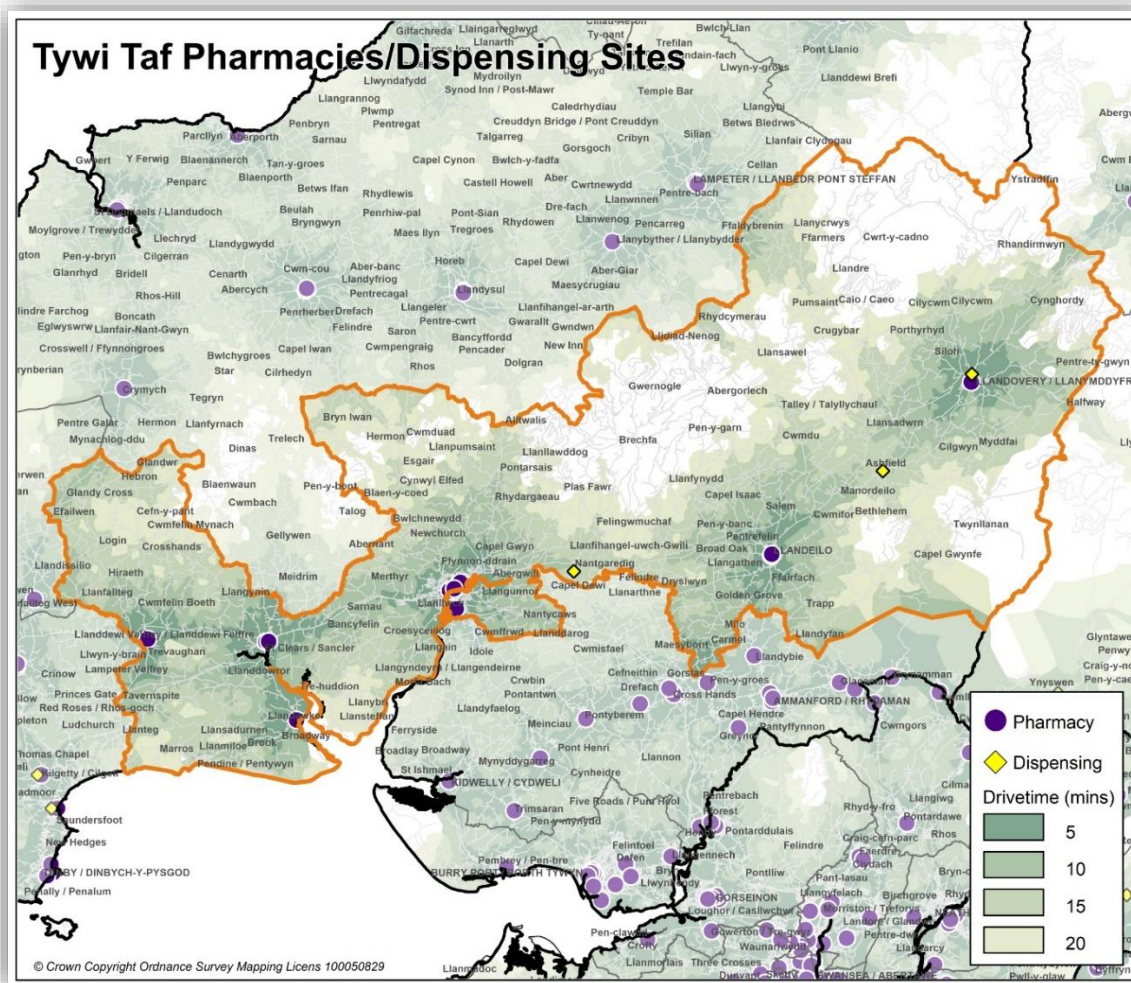


## Map 10.2.2 – Location of Pharmacies compared to population density in the Tywi Taf Locality



Map 10.2.3 shows the areas of the locality which are within a 5, 10, 15 and 20 minute drive of a pharmacy. This evidences that all residents living within the Tywi Taf locality are able to access a pharmacy well within the 30 minute drive time standard set for the maximum access time to pharmaceutical services. There are areas in the north of the locality that are also within a 20-30 minute drive of pharmacies in neighbouring localities, e.g. Llanwrtyd Wells in Powys. These areas have low population density.

## Map 10.2.3 – Drive times from Pharmacies in the Tywi Taf locality



There are 2 dispensing GP practices in the Tywi Taf locality.

Llanfair Surgery in Llandovery operates over 2 sites with a branch located in Llangadog. The second dispensing GP practice is Meddygfa Tywi, Nantgaredig which is 6 miles outside of Carmarthen.

Dispensing GP practices can only dispense to patients on their registered list who are deemed to live more than 1.6km /1 mile from a pharmacy and in a location that has been classified as rural in nature. In addition, the practice must have outline consent and premises approval to dispense to the area in which the patient lives.

For Tywi Taf 92.39% of all prescriptions written in 2019/20 by GP practices based in the locality were dispensed by pharmacies within the locality. 6.94% were dispensed elsewhere in Hywel Dda UHB, whilst 0.1% were dispensed outside of Hywel Dda UHB by contractors in other areas of Wales and a further 0.57% were dispensed outside of Wales.

The next section sets out data on advanced and enhanced services provided by pharmacies, for full information on these services please refer to Section 5. Activity has been taken for 2019/20 because this was pre pandemic and shows activity levels in normal circumstances.

All 13 pharmacies are able to offer the Discharge Medicines Review service. During 2019/20, 11 provided the service and 273 DMRs were offered out of a potential maximum of 1,820.

All 13 pharmacies offer the Medicines Use Review Service. During 2019/20, 11 provided the service and 3,065 MURs were completed out of a potential maximum of 5,200.

All 13 pharmacies offer the Common Ailments Service. During 2019/20, 690 patients accessed the service and the range of activity across the 13 pharmacies was between 2 and 137 patients.

All 13 pharmacies offer the Emergency Medicine Supply service. During 2019/20, 504 patients accessed the service.

All 13 pharmacies offer the Emergency Contraception service. During 2019/20, 620 patients accessed the service.

11 pharmacies offered the Influenza Vaccination service in 2020/21. During 2019/20, 989 patients were vaccinated at a pharmacy in this locality.

12 pharmacies are listed for the Just in Case pack service. During 2019/20, 123 Just in Case packs were issued.

13 pharmacies offer Smoking Cessation Level 2. During 2019/20, 212 patients were referred for the service.

10 pharmacies offer Smoking Cessation Level 3. During 2019/20, 142 patients were seen with a quit rate of 39% achieved. The highest number of patients seen by one pharmacy was 29, with a quit rate of 35%, and the lowest number of patients seen by one pharmacy was 5, with a quit rate of 60%.

7 pharmacies offer the Triage + Treat service. During 2019/20, 34 patients accessed the service, with 34 treated at the pharmacy and 3 referred on to a more appropriate service.

13 pharmacies offer the Patients Sharps service, which enables the safe disposal of sharps.

In 2019/20, 3 pharmacies in the locality provided the Palliative Care Medication enhanced service.

There are 5 Pharmacy Walk-in Centres within the locality; all of these pharmacies are open at least, Monday to Friday and Saturday mornings.

There are no pharmacy based Independent Prescribing services commissioned in the Tywi Taf locality at the time of writing this PNA. It is envisaged that within the lifetime of this document the Health Board will commission Independent Prescriber services from the pharmacies in the locality.

There are 8 surgeries within the locality that operate from 10 sites (M = Main Site, B = Branch):

GP Practice	Location	Distance to nearest pharmacy
Llanfair Surgery*	Llandovery (M)	Pharmacy within ½ mile
Llanfair -Meddygfa Cadog*	Llangadog (B)	Pharmacy within 6 miles
Meddygfa Teilo	Llandeilo	Pharmacy - adjacent
Meddygfa Tywi*	Nantgaredig	Pharmacy within 6 miles
Furnace House Surgery	Carmarthen	Pharmacy co-located
St Peters Surgery	Carmarthen	Pharmacy - adjacent
The Surgery, Morfa Lane	Carmarthen	Pharmacy within ¼ mile

Coach & Horses Surgery	St Clears (M)	Pharmacy - adjacent
Coach & Horses Surgery	Laugharne (B)	Pharmacy within ¼ mile
Meddygfa Taf	Whitland	Pharmacy within ¼ mile

\* Denotes a GP Dispensing site

The 2 dispensing practices offer the following opening hours for the dispensing service they provide:

Llanfair Surgery (Llandovery)	8.30am – 6.30pm Monday to Thursday, 8.30am – 4.00pm Friday
Llanfair Surgery (Llangadog)	9.00am -1.00pm; 4.00pm – 6.00pm Monday 9.00am – 1.00pm Tuesday to Thursday 9.00am – 4.00pm Friday
Meddygfa Tywi	8.00am – 6.00pm Monday to Friday

### 10.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to visit contractors outside both the locality and the Health Board area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes

Whilst the majority of prescriptions written by the GP practices in 2019/20 were dispensed by 1 of the 13 pharmacies within Tywi Taf, just over 7.61% were dispensed outside of the locality;

- 6.94% were dispensed in another pharmacy within Hywel Dda UHB
- 0.10% were dispensed elsewhere in Wales
- 0.57% were dispensed outside of Wales.

In addition, residents may have accessed one or more advanced or enhanced pharmaceutical services provided by a pharmacy outside both the locality and the Health Board area; however, it is not possible to quantify this activity from the data available.

Taking into account that some residents might choose to access pharmacy services outside of the locality, all residents would be able to access a pharmacy by car within 20 minutes from their home location.

### 10.4 Other NHS services

Glangwili General Hospital is a General Hospital based in the Tywi Taf locality based at Carmarthen. It has a Minor Injuries Unit, an Accident & Emergency department and a GP Out of Hours Treatment Centre.

There are no extended GP opening hours in the Tywi Taf locality.

The GP practices in the locality provide the following services, which affect the need for pharmaceutical services;

- Provision of emergency hormonal contraception
- Flu vaccination
- Advice and treatment for common ailments



Practices may choose to provide other services which are the same or similar to those provided by pharmacies, for example support to stop smoking, but as they are not commissioned by the Health Board they fall outside of the definition of 'other NHS service'.

Smoking cessation services are provided by Help Me Quit at a number of locations across the Tywi Taf locality other than pharmacies. A smoking cessation service is also offered by the Hospital Smoke Free support service at Glangwilli General Hospital.

No other NHS services have been identified that are located within the Tywi Taf locality and which affect the need for pharmaceutical services.

## 10.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 10.2 and 10.3, those living within the locality and registered with 1 of the GP practices generally choose to access a pharmacy in the locality in order to have their prescriptions dispensed. Those that look outside of the locality usually do so either to access a pharmacy in a neighbouring locality or Health Board or a dispensing appliance contractor outside of the Health Boards area.

In 2019/20 a total of 330 contractors dispensed items written by 1 of the GP practices in this county, of which 236 were outside of the Health Board's area.

## 10.6 Gaps in provision

### 10.6.1 Pharmacy services

To determine whether there are any gaps in the provision of pharmaceutical services, a set of criteria has been developed to provide a consistent measure across all 7 localities.

#### ❖ Number of pharmacies per 10,000 population

The availability of pharmacy services (community pharmacies) within the Tywi Taf locality, per 10,000 population is 2.21, which is slightly lower than the Hywel Dda UHB average of 2.53. However, the locality has 2 dispensing practices which when included as providers of a dispensing service, increases the ratio to 2.55, which is slightly higher than the Hywel Dda UHB average.

The locality is well served in terms of essential services and no current or future needs have been identified based on current provision.

#### ❖ Number of pharmacies open within normal working hours (Monday to Friday, 9.00am – 5.30pm)

12 of the 13 pharmacies in the Tywi Taf locality are open Monday to Friday 9.00am – 5.30pm.

The other pharmacy closes at 5.00pm and has a shorter day (9.00am – 3.00pm) on Wednesdays. This pharmacy serves a branch surgery and its opening hours are tailored to the branch surgery opening times.

There is good access to pharmacies within normal working hours in the Tywi Taf locality.

#### ❖ Number of pharmacies open outside of normal opening hours on weekdays (After 5.30pm Monday to Friday)



6 of the 13 pharmacies in the Tywi Taf locality are open after 5.30pm on weekdays.

4 are open until 6.00pm and 2 are open until 8.00pm.

There is good access to pharmacies outside of normal opening hours on weekdays in the Tywi Taf locality.

### ❖ **Number of pharmacies open on weekends**

In considering access to pharmacy services, it is noted that there are

- 3 pharmacies open on a Sunday
- 9 pharmacies open either half or full day on a Saturday.

Pharmacy	Saturday	Sunday
Walter Lloyd, Carmarthen	½ day opening	Closed
Boots, Carmarthen	Full day opening	10.30am - 4.30pm
Tesco, Carmarthen	Full day opening	10.00am - 4.00pm
Morrisons, Carmarthen	Full day opening	10.00am - 4.00pm
Well Pharmacy, Llandeilo	½ day opening	Closed
Nigel Williams, Llandeilo	Full day opening	Closed
AR & H Davies, Llandovery	½ day opening	Closed
Evans, Rebecca House, St Clears	½ day opening	Closed
Boots, Whitland	½ day opening	Closed

The location of pharmacies across the locality and a travel time of no more than 20 minutes by car meets the criterion set for access in Section 5.1.1 of a maximum travel time of 30 minutes. Whilst not all households have access to a car, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents.

Noting the opening hours of the existing pharmacies on weekends for both Saturday and Sundays, it is concluded that they are sufficient to meet the likely needs of residents in the locality on weekends.

### ❖ **Availability of advanced services**

All 13 pharmacies in the locality provide the Medicine Use Review Service (NB currently suspended due to the COVID-19 pandemic).

All 13 pharmacies in the locality provide the Discharge Medicines Review Service.

Whilst none of the 13 pharmacies provide the Appliance Use Review Service they do dispense prescriptions for appliances.

No pharmacies in Hywel Dda UHB offer stoma appliance customisation. This is carried out by the nurse led specialist service within the Health Board.

It is concluded that there is sufficient provision of advanced services to meet the likely needs of residents in the locality.

## ❖ Availability of enhanced services identified, to be available in all pharmacies

The following enhanced services have been identified by the PNA Steering Group as services that should be available from as many pharmacies as possible to enable the best access. The Health Board would aim to commission these services from every pharmacy.

- *Common Ailments Service* – all 13 pharmacies in the locality provide this service
- *Emergency Contraception* – all 13 pharmacies offer the Emergency Contraception Service
- *Influenza Vaccinations* – 11 pharmacies offered Influenza vaccinations  
There are 2 pharmacies that did not provide the service in 2019/20; these were located in Laugharne and Llandovery.
- *Emergency Supply of Medication* – all 13 pharmacies offer the Emergency Supply of Medication Service
- *Smoking Cessation Services (L2)* – all 13 pharmacies offer L2 (supply of NRT)
- *Smoking Cessation (L3)* – 10 pharmacies offer L3 – supply of NRT & counselling  
There are 3 pharmacies that do not currently provide the service; these are located in Llandovery, Llandeilo and in Carmarthen.
- *Patient Sharps* – all 13 pharmacies in the locality provide this service

It is concluded that there is currently sufficient provision for the listed enhanced services to meet the likely needs of residents in the locality.

However, the Health Board will work with pharmacy contractors to improve on the provision of those services that are not currently available in all 13 pharmacies in the locality. Greater priority will be placed on areas where there is only 1 pharmacy serving a population and where the service is not available from a local GP practice or from another NHS provider. It is the Health Boards aim to have the best access possible for the listed Enhanced services.

Where pharmacies do not take up the offer to provide these services within the first year following publication of this PNA, the Health Board will explore the reasons for this and may review the need for additional pharmaceutical services in this area

## ❖ Proximity of dispensing services to GP practices

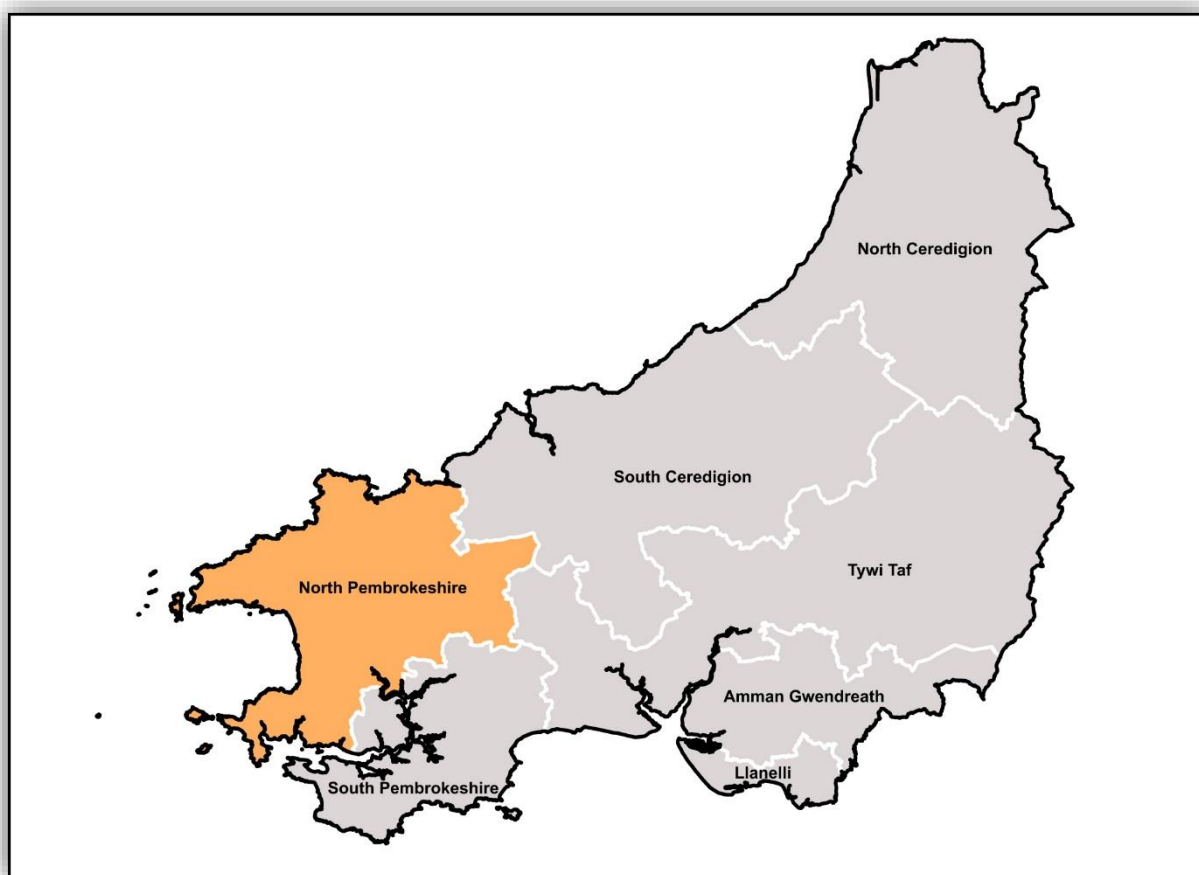
Each of the 10 GP practice sites, both main and branch, within the locality has access to pharmaceutical services as follows:

Nearest pharmacy location to GP practice sites	No.
Co-located, next door, or adjacent	4
Within ¼ mile	3
Within ½ mile	1
Within 6 miles *	2

\* These sites are dispensing practices

It is concluded that the location of pharmacies in the locality is currently appropriate to serve GP practices and their patients.

## 11. North Pembrokeshire locality



### 11.1 Key facts

- The North Pembrokeshire locality serves a (GP registered) population of 66,369 as at January 2021 and is the largest locality in terms of population in the Health Board area.
- It is 1 of the 2 localities in the county of Pembrokeshire.
- Covering a large land mass area North Pembrokeshire is a microcosm of Wales with a mixture of urban and country living, areas of relative affluence and pockets of deprivation. It stretches from Newport in the north to Milford Haven in the south.
- A journey from Newport to Milford Haven by road would take approximately 45 minutes and cover a distance of 30 miles.
- The largest town within the locality is Milford Haven with a population of just under 14,000 as at the 2011 census, closely followed by Haverfordwest with a population of just over 12,000.
- The growth in population in Pembrokeshire has been 10.1% in the period 2009 to 2019. An assumed growth of 5% in the 5 year period of this PNA, would result in an increase of around 3,320 for the North Pembrokeshire locality.
- 55.7% of the people living in the North Pembrokeshire locality are living in a rural area.

- Of the 20% most LSOAs<sup>58</sup> in Wales, 8 are within Pembrokeshire, with 4 in the North Pembrokeshire locality.
- The North Pembrokeshire locality has approximately 16,260 people aged 65 years and over (24.5%) which is higher than the Welsh average of 21%.
- Pembrokeshire has the highest teenage pregnancy rate of 19.3 per 1,000 females aged under 18 years in Hywel Dda UHB. This is lower than the rate for Wales (20.2) and higher than the rate for Hywel Dda UHB (17.6).
- 19.8% of residents in Pembrokeshire drink more than the recommended guidelines. This is higher than the Welsh average of 19%.
- The adult smoking prevalence in Pembrokeshire is 20.3%, which is the highest in Hywel Dda UHB and higher than the Wales average, which is 18.4%.
- There are 3,071 people with a physical disability on local authority registers for Pembrokeshire.
- The census data in 2011 showed that Pembrokeshire had 15,195 unpaid carers
- Cancer prevalence is the highest in Pembrokeshire of the Health Board area.
- North Pembrokeshire has a diabetes prevalence of 6.3%.
- The obesity prevalence in North Pembrokeshire is 8.6%.
- The percentage prevalence of cardiovascular disease in North Pembrokeshire is 4%.
- There is 1 general hospital based in the county town of Haverfordwest.
- The locality has 8 GP Practices. 2 of the practices have branch surgeries in addition to their main sites.
- 2 of the practices are dispensing GP practices.
- The locality has 17 community pharmacies.
- There are 12 dental practices that offer NHS treatment and 10 optometric practices.
- There are 13 nursing homes.
- The locality is a tourist area with a population that significantly increases during the holiday seasons.
- According to the 2011, Census 19.3% of people aged 3 years and above in Pembrokeshire are able to speak Welsh.
- 3 of the 17 pharmacies are able to offer pharmaceutical services through the medium of Welsh.

According to Pembrokeshire County Council's Joint Housing Land Availability Study 2019, it is estimated that over 2,400 homes will be built in Pembrokeshire within 5 years. These are mainly small housing developments with the largest sites in North Pembrokeshire being:

<sup>58</sup> Welsh Index of Multiple Deprivation 2011

Settlement	Site	Site Capacity	No. Complete within 5 years (2019 – 2024)	Developed after 5 years (2024 onwards)
Haverfordwest	Slade Lane North & South	729	240	489
Fishguard	East of & Maesgwynne Farm	341	21	295

These developments at Haverfordwest and Fishguard may have an impact on the pharmaceutical needs of the locality.

Of the 17 pharmacies in North Pembrokeshire, 13 pharmacies indicated that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand in their area. There were 2 pharmacies that said they don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand and 2 said they don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand.

In relation to the housing developments identified for the next 5 years;

- 3 of the 4 pharmacies in Haverfordwest indicated that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand, 1 indicated they would have difficulty in managing an increase in demand.
- 1 of the 2 pharmacies in Fishguard indicated that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand, 1 indicated that adjustments could be made to manage an increase in demand.

## 11.2 Current provision of pharmaceutical services within the locality's area

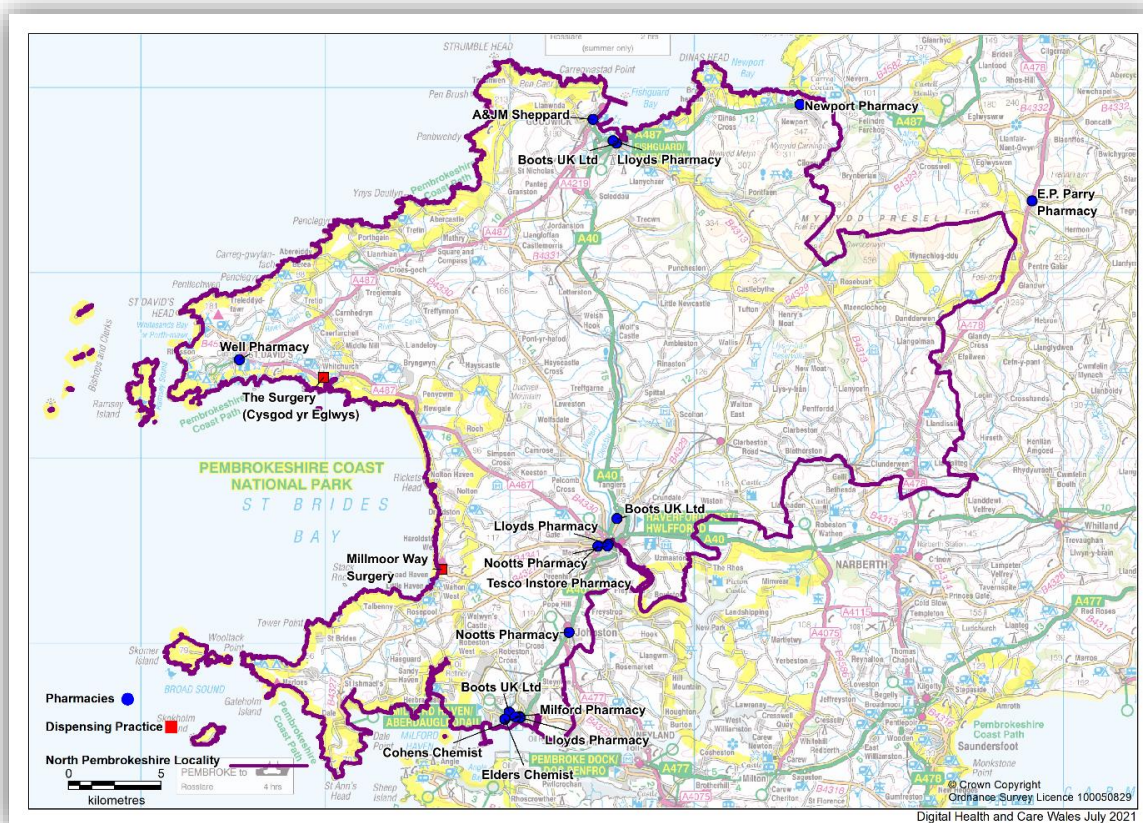
There are 17 pharmacies in the North Pembrokeshire locality (see map 11.2.1 – Pharmacies in blue) operated by 12 different contractors.

There are 2.56 pharmacies for every 10,000 population in the locality. This is marginally above the overall rate for Hywel Dda UHB, which is 2.53.

There are 2 dispensing GP practices (see map 11.2.1 – Dispensing practices in red) within the locality and when these are included in the ratio of essential pharmaceutical services, it increases to 2.86 per 10,000 location. This is the highest ratio of all 7 localities.



## Map 11.2.1 – Location of Pharmacies and Dispensing GP Practices in the North Pembrokeshire locality



It is expected that a pharmacy will provide at least 40 hours of opening each week. There are 2 pharmacies within the North Pembrokeshire locality who provide less than 40 hours of opening.

For the purposes of the PNA, normal working hours have been defined as Monday to Friday 9.00am to 5.30pm.

There are:

- ▶ 2 pharmacies open on Sunday
- ▶ 3 pharmacies open Monday to Saturday
- ▶ 7 pharmacies open Monday to Friday and Saturday morning
- ▶ 5 are open Monday to Friday (with two of these opening part time)

2 pharmacies within the locality are open beyond 6.30pm Monday to Friday.

12 pharmacies open at 9am, 2 at 8.30am and 1 at 8.00am.

2 of the pharmacies operate reduced hours to coincide with a branch practice opening times.  
1 pharmacy opens for 26 ¼ hrs per week and the other for 8 hours per week.

7 of the 17 pharmacies close for lunch at varying times between 12.30 and 3.00pm (one only closes for lunch on a Friday). The remaining pharmacies open all day.

Full details of pharmacy opening times can be found in Appendix L.

The Health Board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated and the Health Board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy can be commissioned or directed to open.

The dispensing practices offer the following opening hours for the dispensing services they provide:

The Surgery, Solva	8.00am – 6.30pm Monday - Friday
St Thomas' Surgery, Broadhaven	9.00am – 12.30pm Tuesday and Thursday, 10.00am – 12.00pm Wednesday and Friday

All of the pharmacies and dispensing GP practices responded to the contractor questionnaires that were issued in November 2020 and the following information is taken from the responses.

16 out of the 17 pharmacies are accessible by wheelchair and 14 have a consultation area that is accessible by wheelchair. All pharmacies confirmed that the consultation area was a closed room. All 17 of the consultation rooms are a designated area;

- Where both the patient and pharmacist can sit down together
- The patient and pharmacist able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy
- That are clearly designated as an area for confidential consultations distinct from the general public area of the pharmacy

1 of the 17 pharmacies confirmed that they have a hearing loop available at the pharmacy (this information was gathered following feedback from the consultation).

3 pharmacies and 1 dispensing GP practice confirmed that Welsh is spoken by staff. The Health Board has noted that 72.6% of the people in Pembrokeshire had no Welsh language skills in 2011 (higher than the other two counties). This coupled with the availability of Language Line and bilingual posters and leaflets means that the Health Board has not identified any issues for those who wish to access services in a language other than English.

15 pharmacies in the locality dispense all types of appliances and 2 pharmacies dispense only dressings. 1 dispensing GP practice dispenses appliances, excluding stoma and incontinence appliances and the other doesn't dispense any appliances.

All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- 11 deliver medicines free of charge on request
  - 2 noted that they deliver to selected patient groups;
    - Clinical need/those with mobility issues
    - Vulnerable patients during COVID
  - 4 noted they restrict the delivery service to selected areas
  - 3 said that they offer a chargeable delivery service
- (Pharmacies could select more than one option)

None of the dispensing GP practices in the locality offer a delivery service to patients.

Suggestions by pharmacies for existing services that are not currently provided in the area included;

- Medicines Management / Medicines Review
- Rota from 17.30 to 17:45 for patients who are still in GP practice after 5.30pm

2 pharmacies felt that there was a requirement for new enhanced services not currently available:

- Contraception Service
- Blood Pressure and Atrial Fibrillation Screening
- UTI service
- Nasal Carriage of Staphylococci (Naseptin/Bactroban Nasal) PGD service

13 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. 2 pharmacies and 1 dispensing GP practice said that they could manage an increase in demand with some adjustment. 2 pharmacies and 1 dispensing GP practice said they don't have sufficient premises and capacity and would have difficulty making adjustments. The 2 pharmacies that would have difficulty are based in Haverfordwest and Crymych and the 1 dispensing GP practice is in Broadhaven. Haverfordwest is an area which has a number of pharmacies who can support an increase in demand, Crymych and Broadhaven have no large housing developments planned in the next 5 years and the increase in demand should be minimal. Therefore this should be sufficient to meet the needs of the projected population growth in the next 5 years.

6 pharmacies have plans to develop or expand their service provision or premises;

- Online consultations/Digital online platforms (2)
  - New services
  - Smoking Cessation Level 3
  - Sore Throat Test & Treat
- (1 pharmacy did not give details)

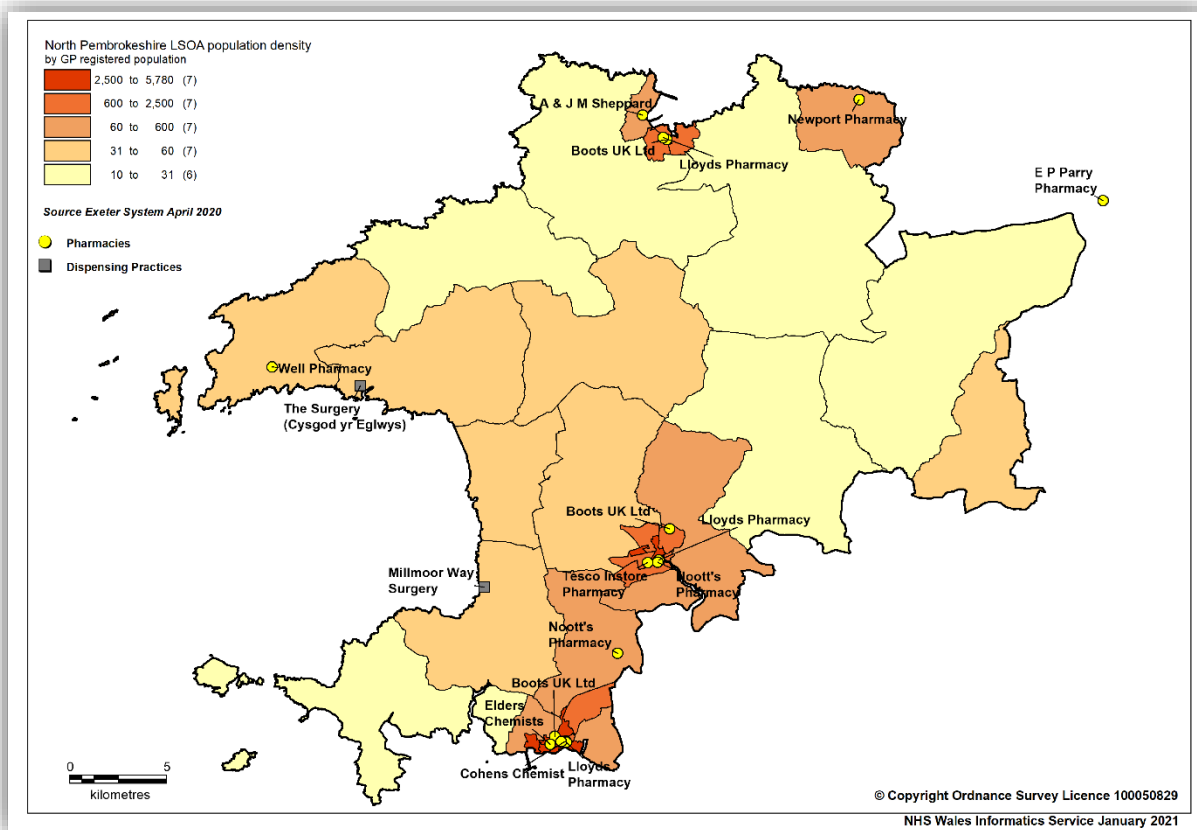
The following services were also noted as being offered by the dispensing GP practices in the locality;

**The Surgery, Solva** – Dosette Boxes, Patient sharps boxes, "Specials", Made to measure stockings, Dressings.

**St Thomas's Surgery, Broadhaven** - Provision and receipt of sharps bins, Annual Review of dispensed medication.

As can be seen from Map 11.2.2 the 17 pharmacies are based within the areas of highest population density. In towns such as Haverfordwest and Milford Haven where there is high population density there are multiple pharmacies and in smaller settlements there is usually one pharmacy serving that population. It should be noted that where premises are close to each other the symbols will overlap.

## Map 11.2.2 – Location of Pharmacies and Dispensing GP Practices compared to population density in North Pembrokeshire

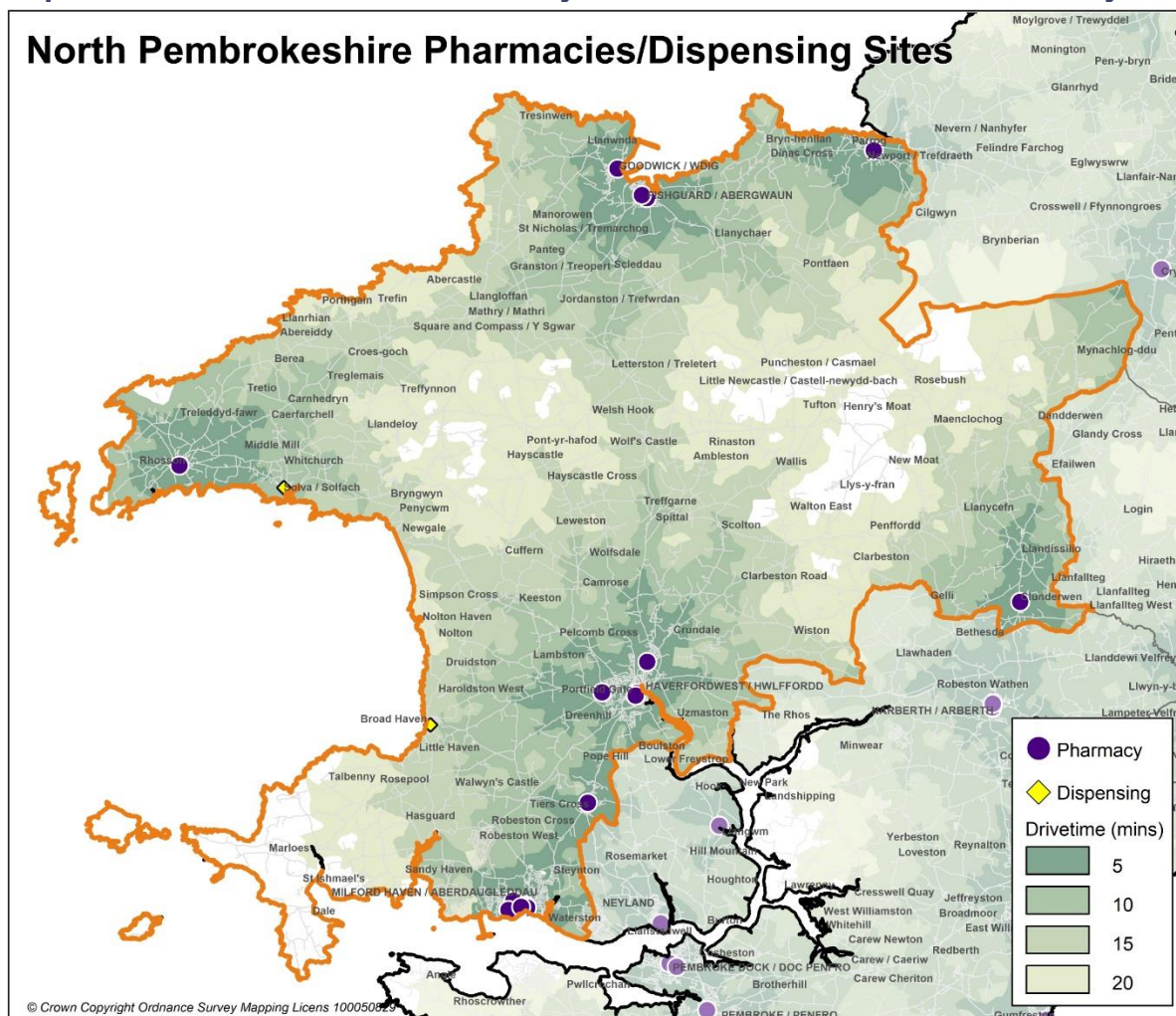


Map 11.2.3 shows the areas of the locality which are within a 5, 10, 15 and 20 minute drive of a pharmacy. This evidences that all residents living within the North Pembrokeshire locality are able to access a pharmacy well within the 30 minute drive time standard set for the maximum access time to Pharmaceutical services.

This shows that all patients living within the North Pembrokeshire locality are able to access a pharmacy well within 30 minutes by car and is likely to be within 15 – 20 minutes. It should be noted that where premises are close to each other the symbols will overlap.



**Map 11.2.3 – Drive time to a Pharmacy in the North Pembrokeshire locality**



There are 2 dispensing GP practice sites in North Pembrokeshire, which are located at The Surgery, Solva and at Broad Haven (branch site of St Thomas' Surgery, Haverfordwest).

Dispensing GP practices can only dispense to patients on their registered list who are deemed to live more than 1.6km /1 mile from a pharmacy and in a location that has been classified as rural in nature. In addition, the practice must have outline consent and premises approval to dispense to the area in which the patient lives.

For North Pembrokeshire 96.3% of all prescriptions written in 2019/20 by GP practices based within the locality were dispensed by pharmacies within the locality. 2.85% were dispensed elsewhere in Hywel Dda UHB (predominantly in South Ceredigion (Cardigan)), whilst 0.03% were dispensed outside of Hywel Dda UHB by contractors in other areas of Wales and a further 0.82% were dispensed outside of Wales this is likely to be due to visitors to the Pembrokeshire area.

16 pharmacies offer the Discharge Medicines Review service. During 2019/20 12 provided the service and 181 DMRs were offered out of a potential maximum of 2,240.

All 17 pharmacies offer the Medicines Use Review service. During 2019/20, 16 provided the service and 4,696 Medicines Use Review were completed out of a potential maximum of 6,800.



All 17 pharmacies offer the Common Ailment Service. During 2019/20, 627 patients accessed the service and the range of activity across the 16 pharmacies was between 1 and 137 patients.

All 17 pharmacies offer the Emergency Medicine Supply service. During 2019/20, 1,295 patients accessed the service.

13 pharmacies offer the Emergency Contraception service. During 2019/20, 862 patients accessed the service.

13 pharmacies offer the Influenza Vaccination service in 2020/21. During 2019/20, 2,000 patients were vaccinated at a pharmacy in North Pembrokeshire.

14 pharmacies are listed for the Just in Case pack service. During 2019/20, 122 Just in Case packs were issued.

16 pharmacies offer Smoking Cessation Level 2. During 2019/20, 173 patients were referred for the service.

10 pharmacies offer Smoking Cessation Level 3. During 2019/20, 127 patients were seen with a quit rate of 48%. The highest number of patients seen by 1 pharmacy was 37, with a quit rate of 65%, and the lowest number of patients seen by 1 pharmacy was 2, with a quit rate of 0%.

9 pharmacies offer the Triage + Treat service. During 2019/20, 37 patients accessed the service, with 36 treated at the pharmacy and 1 triaged only and referred to a more appropriate service.

14 pharmacies offer Patients Sharps service, which enables safe disposal of sharps.

In 2019/20, 3 pharmacies provided the Palliative Care Medication enhanced service, in line with having at least 1 pharmacy per locality.

There are 5 Pharmacy Walk-In Centres within the cluster; all of these pharmacies are open a minimum of Monday to Friday and Saturday mornings.

There are no pharmacy based Independent Prescribing services commissioned in the North Pembrokeshire locality at the time of writing this PNA. It is envisaged that within the lifetime of this document the Health Board will commission Independent Prescriber services from the pharmacies in the locality.

There are 8 surgeries within the locality, which operate from 11 sites (M = Main Site, B = Branch):

GP Practice	Location	Distance to nearest pharmacy
Preseli Practice	Newport (M)	Pharmacy within ¼ mile
Preseli Practice	Crymych (B)	Pharmacy within ¼ mile
The Health Centre	Fishguard	Pharmacy co-located
St Davids Surgery	St Davids	Pharmacy within ¼ mile
The Surgery*	Solva	Pharmacy within 4 miles
Winch Lane Surgery	Haverfordwest	Pharmacy within ¼ mile
St Thomas' Surgery	Haverfordwest (M)	Pharmacy adjacent
St Thomas' Surgery*	Broad Haven (B)	Pharmacy within 6 miles
St Thomas' Surgery	Llangwm (B)	Pharmacy within ¼ mile
Barlow House Surgery	Milford Haven	Pharmacy co-located

Robert Street Practice	Milford Haven	Pharmacy co-located
------------------------	---------------	---------------------

\* Denotes a GP Dispensing site

The 2 dispensing GP practices offer the following opening hours for the dispensing service they provide:

The Surgery, Solva	8.00am – 6.30pm Monday to Friday
St Thomas Surgery (Broad Haven)	9.00am – 12.30pm Tuesday & Thursday 10.30am – 12.30pm Wednesday & Friday

### 11.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to visit contractors outside both the locality and the Health Board area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes

Whilst the majority of prescriptions written by GP practices in 2019/20 were dispensed by one of the 17 pharmacies within the locality, 3.7% of prescriptions were dispensed outside of the locality;

- 2.85% were dispensed in another pharmacy within Hywel Dda UHB
- 0.03% were dispensed elsewhere in Wales
- 0.82% were dispensed outside of Wales

In addition, residents may have accessed one or more advanced or enhanced pharmaceutical services provided by a pharmacy outside both the locality and the Health Board area; however, it is not possible to quantify this activity from the data available.

Taking into account that some residents might choose to access pharmacy services outside of the locality, all residents would be able to access a pharmacy by car within 30 minutes of their home location.

### 11.4 Other NHS services

Withybush General Hospital, Haverfordwest is located in the North Pembrokeshire locality. The hospital includes an Accident and Emergency department and also has a GP Out of Hours treatment centre on the site.

There are no extended GP opening hours in the North Pembrokeshire locality.

The GP practices in the locality provide the following services, which affect the need for pharmaceutical services;

- Provision of emergency hormonal contraception
- Flu vaccination
- Advice and treatment for common ailments

Practices may choose to provide other services which are the same or similar to those provided by pharmacies, for example support to stop smoking, but as they are not commissioned by the Health Board they fall outside of the definition of 'other NHS service'.

Smoking cessation services are provided by Help Me Quit at a number of locations across the North Pembrokeshire locality other than pharmacies. A smoking cessation service is also offered by the Hospital Smoke Free support service at Withybush General Hospital.

No other NHS services have been identified that are located within the North Pembrokeshire locality and which affect the need for pharmaceutical services.

## 11.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 11.2 and 11.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed. Those that look outside of the locality usually do so either to access a pharmacy in a neighbouring locality or Health Board or a dispensing appliance contractor outside of the Health Boards area.

In 2019/20, a total of 285 contractors' dispensed items written by one of the GP practices in this locality, of which 187 were outside of the Health Board area.

## 11.6 Gaps in provision

### 11.6.1 Pharmacy services

To determine whether there are any gaps in the provision of pharmaceutical services, a set of criteria has been developed to provide a consistent measure across all 7 localities.

#### ❖ Number of pharmacies per 10,000 population

The availability of pharmacy services within the North Pembrokeshire locality, per 10,000 population is 2.56, which is slightly higher than the Hywel Dda UHB average of 2.53. The ratio is higher when taking into account the 2 dispensing practices with 2.86 per 10,000 population.

The area is well served in terms of the number of pharmacies for essential pharmaceutical services and no current or future needs have been identified based on current provision.

#### ❖ Number of pharmacies open within normal working hours (Monday to Friday, 9.00am – 5.30pm)

15 of the 17 pharmacies in the North Pembrokeshire locality are open Monday to Friday 9.00am – 5.30pm.

Of the remaining 2 pharmacies that don't open Monday to Friday 9.00am – 5.30pm, they operate reduced hours to coincide with a branch practice opening times. One opens for 26 ¼ hours per week and the other for 8 hours per week.

There is good access to pharmacies within normal working hours in the North Pembrokeshire locality.

#### ❖ Number of pharmacies open outside of normal opening hours on weekdays (After 5.30pm Monday to Friday)

9 of the 17 pharmacies in the North Pembrokeshire locality are open after 5.30pm on weekdays.

6 are open until 6.00pm, 1 until 6.30pm and 2 until 8.00pm.

There is good access to pharmacies outside of normal opening hours in the North Pembrokeshire locality.

### ❖ Number of pharmacies open on weekends

In considering access to pharmacy services, it is noted that there are:

- 2 pharmacies open on a Sunday
- 12 pharmacies open either half or full day on a Saturday

Pharmacy	Saturday	Sunday
E.P Parry, Crymych	½ day opening	Closed
Boots, Fishguard	Full day opening	Closed
Myrtle Pharmacy, Goodwick	½ day opening	Closed
Boots, Haverfordwest	½ day opening	10.30am – 4.30pm
Lloyds, Haverfordwest	½ day opening	Closed
Noots, Haverfordwest	½ day opening	Closed
Tesco, Haverfordwest	Full day opening	10.00am – 4.00pm
Boots, Milford Haven	Full day opening	Closed
Lloyds, Milford Haven	½ day opening	Closed
Milford, Milford Haven	½ day opening	Closed
Newport Pharmacy, Newport	½ day opening	Closed
Well Pharmacy, St Davids	Full day opening	Closed

The location of pharmacies across the locality and a travel time of no more than 20 minutes by car meets the criterion set for access in Section 5.1.1 of a maximum travel time of 30 minutes. Whilst not all households have access to a car, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents.

Noting the opening hours of the existing pharmacies, it is concluded that they are sufficient to meet the likely needs of residents in the locality on weekends.

### ❖ Availability of advanced services

All 17 pharmacies in the locality provide the Medicine Use Review Service (NB currently suspended due to COVID-19 pandemic).

16 pharmacies in the locality provide the Discharge Medicines Review Service.

Whilst none of the 17 pharmacies provide the Appliance Use Review service, they do dispense prescriptions for appliances.

No pharmacies in Hywel Dda offer stoma appliance customisation. This is carried out by the nurse led specialist service within the Health Board.

It is concluded that there is sufficient provision of advanced services to meet the likely needs of residents in the locality.



### ❖ Availability of enhanced services identified, to be available in all pharmacies

The following enhanced services have been identified by the PNA Steering Group as services that should be available from as many pharmacies as possible to enable the best access. The Health Board would aim to commission these services from every pharmacy.

- *Common Ailments Service* – all 17 pharmacies in the locality provide this service
- *Emergency Contraception* – 13 pharmacies offer the Emergency Contraception Service  
There are 4 pharmacies that do not currently provide the service; these are located at Milford Haven (2), Johnston and Llangwm.
- *Influenza Vaccinations* – 13 pharmacies offer Influenza vaccinations  
There are 4 pharmacies that did not offer the service in 2019/20. These are located in Milford Haven, Johnston, Llangwm and Goodwick.
- *Emergency Supply of Medication* – all 17 pharmacies offer the Emergency Supply of Medication Service
- *Smoking Cessation Services (L2)* – 16 pharmacies offer L2 (supply of NRT)  
There is 1 pharmacy that does not currently offer the service this is located in Llangwm.
- *Smoking Cessation (L3)* – 10 pharmacies offer L3 – supply of NRT & counselling  
There are 7 pharmacies that do not currently provide the service. These are located in Llangwm, Fishguard (2), Hakin, Milford Haven (2) and Johnston.
- *Patient sharps* – 14 pharmacies in the locality provide this service  
There are 3 pharmacies that do not currently provide the service. These are located in Haverfordwest, Johnston and Llangwm.

It is concluded that there is currently sufficient provision for the listed enhanced services to meet the likely needs of residents in the locality.

However, the Health Board will work with pharmacy contractors to improve on the provision of those services that are not currently available in all 17 pharmacies in the locality. Greater priority will be placed on areas where there is only 1 pharmacy serving a population and where the service is not available from a local GP practice or from another NHS provider. It is the Health Boards aim to have the best access possible for the listed Enhanced services.

Where pharmacies do not take up the offer to provide these services within the first year following publication of this PNA, the Health Board will explore the reasons for this and may review the need for additional pharmaceutical services in this area.

❖ **Proximity of dispensing services to GP practices**

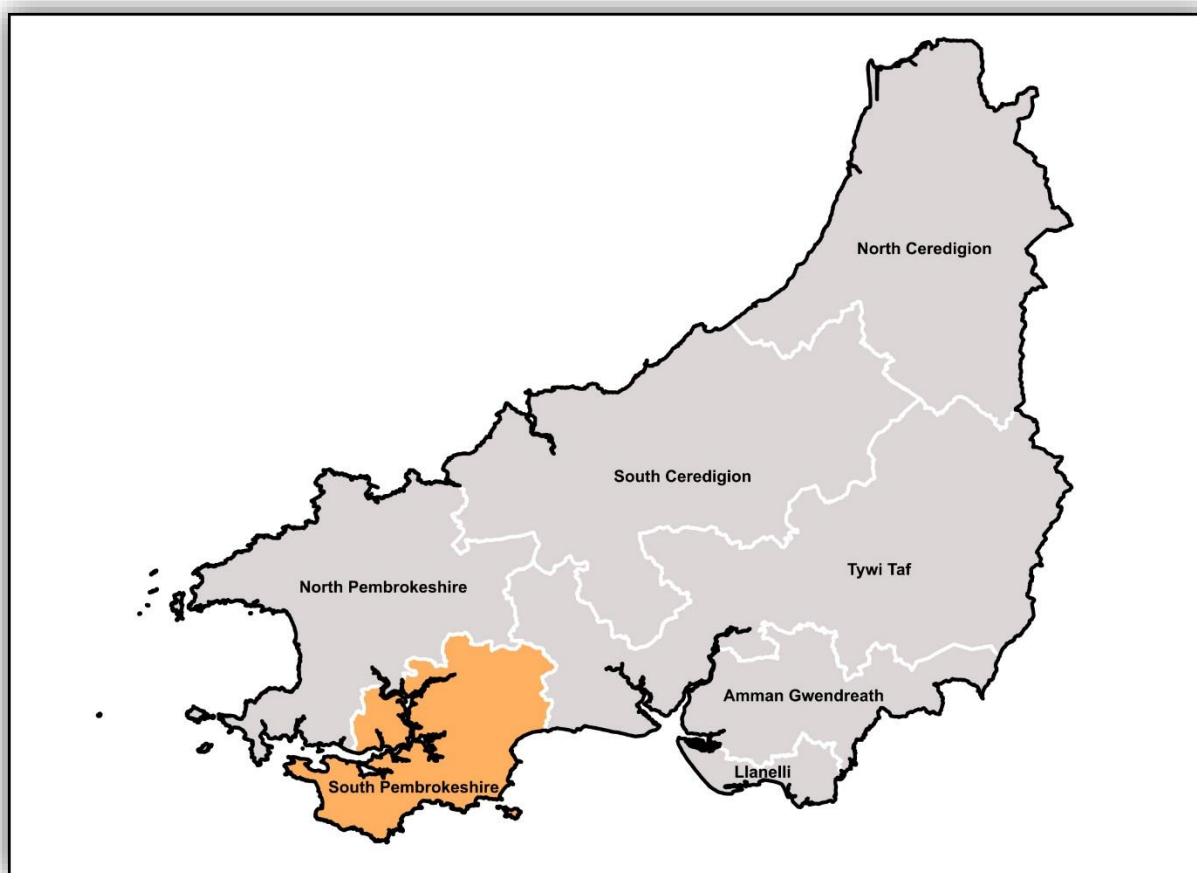
Each of the 11 GP practice sites, both main and branch, within the locality has access to pharmaceutical services as follows:

Nearest pharmacy location to GP practice sites	No.
Co-located, next door, or adjacent	4
Within ¼ mile	5
Within 6 miles *	2

\* These relate to dispensing practices

It is concluded that the location of pharmacies in the locality is currently appropriate to serve GP practices and their patients.

## 12. South Pembrokeshire locality



### 12.1 Key facts

- The South Pembrokeshire locality serves a (GP registered) population of 54,581 as at January 2021 and is the fifth largest locality in the Health Board area.
- It is 1 of the 2 localities in the county of Pembrokeshire.
- It is a large coastal area and stretches from Pembroke in the southwest to Clynderwen in the northeast.
- A journey from Clynderwen to Pembroke by road would take approximately 30 minutes and cover a distance of 18 miles.
- The largest town within the locality is Pembroke Dock with a population of just under 10,000 as at the 2011 census, closely followed by Pembroke.
- The growth in population in Pembrokeshire has been 10.1% in the period 2009 to 2019. An assumed growth of 5% in the 5 year period of this PNA, would result in an increase of around 2,700 for the North Pembrokeshire locality.
- 99.1% of people living in South Pembrokeshire live in a rural area.

- Of the 20% most deprived LSOAs<sup>59</sup> in Wales, 8 are within Pembrokeshire, with 4 in the South Pembrokeshire locality.
- The South Pembrokeshire locality has approximately 14,682 people aged 65 years and over (26.9%) which is higher than the Welsh average of 21%.
- Pembrokeshire has the highest teenage pregnancy rate of 19.3 per 1,000 females aged under 18 years in Hywel Dda UHB. This is lower than the rate for Wales (20.2) and higher than the rate for Hywel Dda UHB (17.6).
- 19.8% of residents in Pembrokeshire drink more than the recommended guidelines. This is higher than the Welsh average of 19%.
- The adult smoking prevalence in Pembrokeshire is 20.3%, which is the highest in Hywel Dda UHB and higher than the Wales average, which is 18.4%.
- There are 3,071 people with a physical disability on local authority registers for Pembrokeshire.
- The census data in 2011 showed that Pembrokeshire had 15,195 unpaid carers
- Cancer prevalence is the highest in South Pembrokeshire at 4.3%.
- South Pembrokeshire has the highest percentage prevalence of cardiovascular disease in the 7 localities at 5.3%
- South Pembrokeshire has the third highest prevalence for diabetes at 6.6%
- There is an obesity prevalence of 9.8% in South Pembrokeshire.
- The locality has 2 hospital sites, the South Pembrokeshire hospital, which has a rehabilitation ward and a day unit, and Tenby Cottage hospital, which has a MIU and offers outpatient clinics.
- The locality has 5 GP Practices. 3 of the GP Practices operate branch surgeries in addition to their main sites.
- 1 practice is a dispensing GP practice.
- The locality has 13 community pharmacies.
- There are 5 dental practices that offer NHS treatment and 6 optometric practices.
- There are 19 Nursing Homes and 2 Residential homes.
- The locality is a busy tourist destination where the population of some towns can double in size during the holiday periods.
- There are several travelling community sites within the locality.
- According to the 2011, Census 19.3% of people aged 3 years and above in Pembrokeshire are able to speak Welsh.

<sup>59</sup> Welsh Index of Multiple Deprivation

- 2 out of the 13 pharmacies are able to offer pharmaceutical services through the medium of Welsh.

According to Pembrokeshire County Council's Joint Housing Land Availability Study 2019, it is estimated that over 2,400 homes will be built in Pembrokeshire within 5 years. These are mainly small housing developments with the largest sites in South Pembrokeshire being:

Settlement	Site	Site Capacity	No. Complete within 5 years (2019 – 2024)	Developed after 5 years (2024 onwards)
Pembroke	Adj to Long Mains & Monkton Priory	169	139	0
Pembroke Dock HA	Imble Lane	100	100	0
Carew	PCNPA Caravan Site	100	100	0

These developments are unlikely to have a significant impact on the pharmaceutical needs of the locality.

Of the 13 pharmacies in the South Pembrokeshire locality, 11 indicated that they have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in their area. 2 indicated that they don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in their area.

In relation to the housing developments identified for the next 5 years;

- The 2 pharmacies in Pembroke, where the largest expected increase in housing is planned, indicated that they have don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand in the area.
- The 2 pharmacies in Pembroke Dock indicated that they have sufficient premises and staffing capacity to meet an increase in demand.
- There is no pharmacy in Carew. The nearest pharmacies are located at Pembroke, which is a distance of 5 miles from Carew.

## 12.2 Current provision of pharmaceutical services within the locality's area

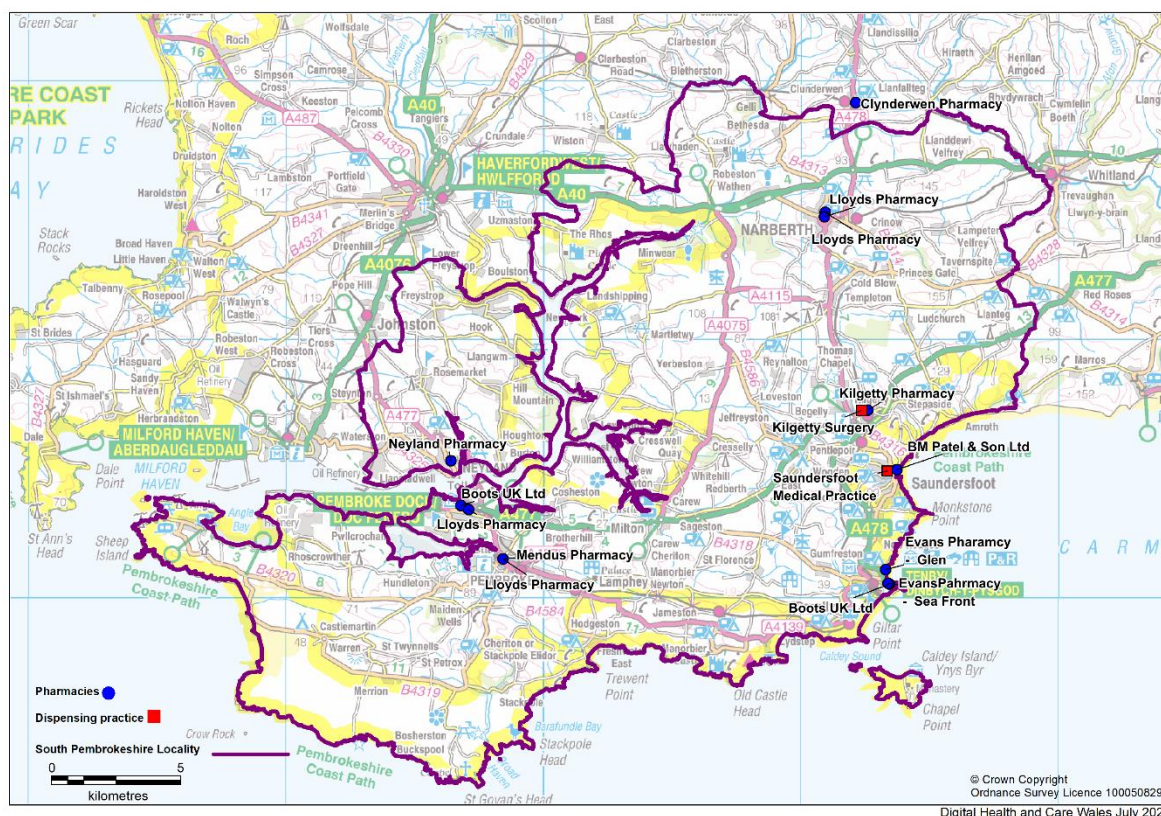
There are 13 pharmacies in the South Pembrokeshire locality (see Map 12.2.1 - pharmacies shown in blue) operated by 8 different contractors.

There are 2.38 pharmacies for every 10,000 population in the locality. This is slightly below the overall rate for Hywel Dda UHB, which is 2.53.

There is 1 dispensing GP practice, which operates across two sites; Saundersfoot and Kilgetty (see Map 12.2.1- practices shown in red). When the dispensing GP practice is included in the pharmaceutical services ratio it increases to 2.56 per 10,000 population, which is in line with the Hywel Dda UHB average.



## Map 12.2.1 – Location of Community Pharmacies and Dispensing GP Practices in the South Pembrokeshire Locality



It is expected that a pharmacy will provide at least 40 hours of opening each week. There are no pharmacies within the South Pembrokeshire locality who provide less than 40 hours of opening each week.

For the purposes of the PNA, normal working hours have been defined as Monday to Friday 9.00am to 5.30pm.

There is/are:

- ▶ 1 pharmacy open on Sundays
- ▶ 4 pharmacies open full days Monday to Saturday
- ▶ 5 pharmacies open Monday to Friday and Saturday morning
- ▶ 3 pharmacies open Monday to Friday

With regards to late opening, there is 1 pharmacy that is open past 6.30pm on weekdays. 9 pharmacies open at 9am and 4 open at 8.30am.

5 of the 13 pharmacies close for lunch at varying times between 12.30pm and 2.00pm. The remaining pharmacies open all day.

Full details of pharmacy opening times can be found in Appendix L.

The Health Board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated and the Health Board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy can be commissioned or directed to open.

The dispensing practices offer the following opening hours for the dispensing services they provide:

Saunderfoot Surgery	8.30am – 1.00pm 2.00pm – 6.30pm Monday – Friday
Kilgetty Surgery (Branch)	8.30am – 1.00pm Monday – Friday

All of the pharmacies and dispensing GP practices responded to the contractor questionnaires that were issued in November 2020 and the following information is taken from the responses.

12 of the 13 pharmacies are accessible by wheelchair and 11 have a consultation area that is accessible by wheelchair. All pharmacies confirmed that the consultation area was a closed room. All 13 of the consultation rooms are a designated area;

- Where both the patient and pharmacist can sit down together
- The patient and pharmacist able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy
- That are clearly designated as an area for confidential consultations distinct from the general public area of the pharmacy

10 of the 13 pharmacies confirmed that they have a hearing loop available at the pharmacy (this information was gathered following feedback from the consultation).

2 pharmacies and 2 dispensing GP practices confirmed that Welsh is spoken by staff. The Health Board has noted that 72.6% of the people in Pembrokeshire had no Welsh language skills in 2011. This coupled with the availability of Language Line and bilingual posters and leaflets means that the Health Board has not identified any issues for those who wish to access services in a language other than English.

12 pharmacies and 2 dispensing GP practices in the locality dispense all types of appliances, 1 pharmacy doesn't dispense any appliances.

All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- 10 deliver medicines free of charge on request,
- 1 noted they restrict the delivery service to selected areas
- 2 said that they offer a chargeable delivery service

(Pharmacies could select more than one option)

Neither of the dispensing GP practices offer delivery of medication to patients.

Suggestions by pharmacies for existing services that are not currently provided in the area included;

- Monitored Dosage Systems Enhanced Service (not an existing service)
- Independent Prescribing Service
- Extension of the Common Ailment Service

2 pharmacies were of the opinion that there was a requirement for new enhanced services not currently available:

- Treatment of UTI (2)
- Treatment of impetigo and mild cellulitis

11 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and 2 pharmacies and 2 dispensing GP practices said they don't but could make adjustments to

meet an increase in demand. This should be sufficient to meet the needs of the projected population growth in the next 5 years.

5 pharmacies have plans to develop or expand their service provision or premises;

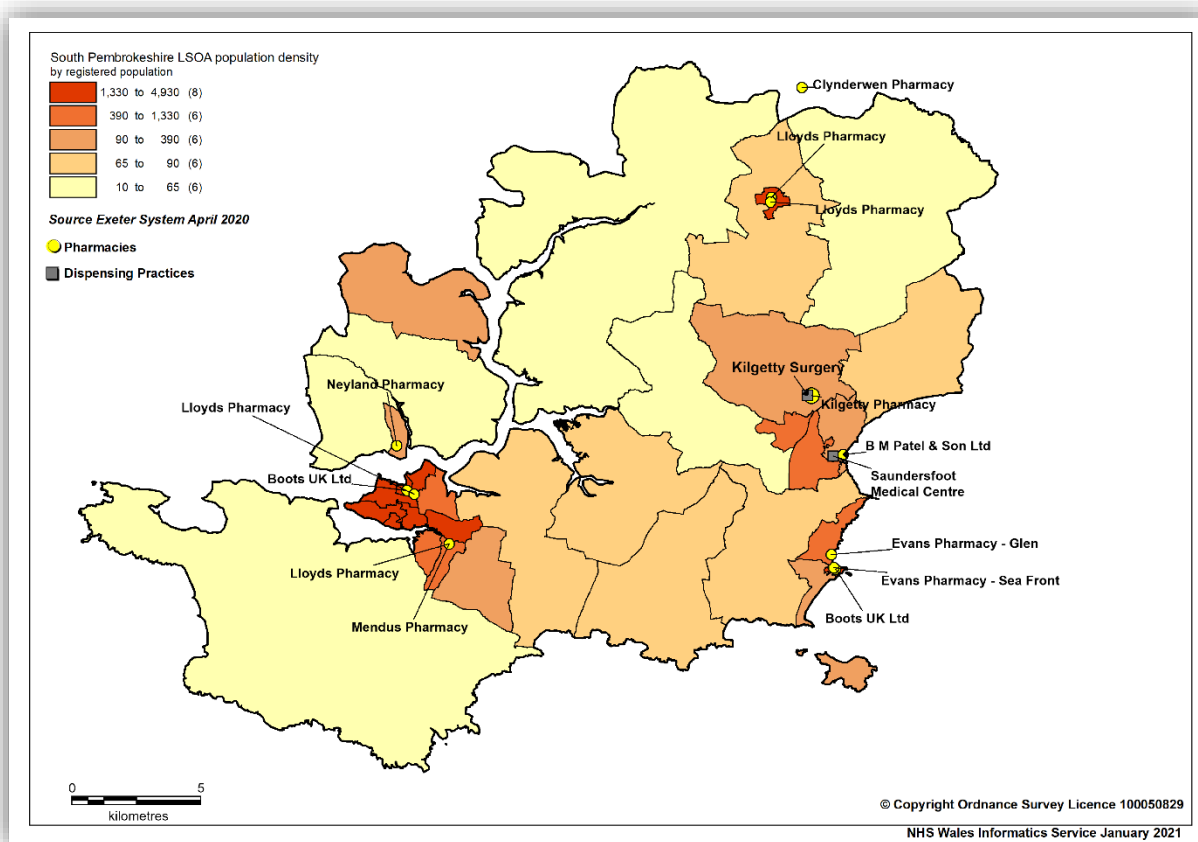
- Independent prescribing service
- Sore Throat Test & Treat
- Increase to dispensary size
- Increase to consultation room size
- Additional consultation rooms
- Additional Pharmacist

The following services were also noted as being offered by the dispensing GP practices in the locality;

**Saundersfoot & Kilgetty Surgeries** - Dosette Boxes, MAR Charts, Anticipatory Prescribing (in place of JIC), Return of medication, patient sharps.

As can be seen from Map 12.2.2 the 13 pharmacies are located in the areas of higher population density. In areas with the highest population density such as Narberth, Tenby, Pembroke and Pembroke Dock there are multiple pharmacies. It should be noted that where premises are close to each other the symbols will overlap.

**Map 12.2.2 – Location of Pharmacies and Dispensing GP Practices compared to population density in South Pembrokeshire**

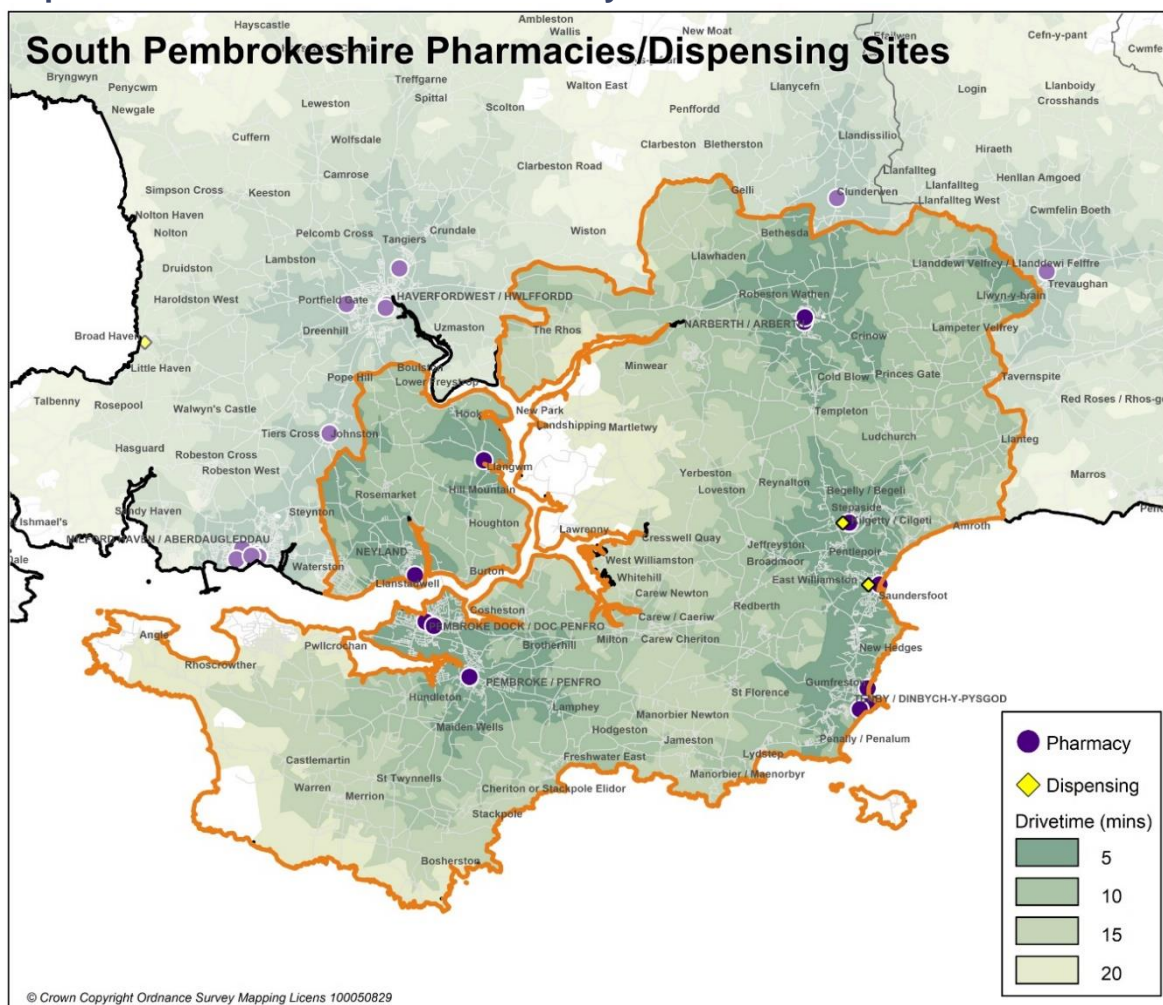


Map 12.2.3 below shows the areas of the locality which are within a 5, 10, 15 and 20 minute drive of a pharmacy. This evidences that all residents living within the South Pembrokeshire



locality are able to access a pharmacy well within the 30 minute drive time standard set for the maximum access time to pharmaceutical services.

**Map 12.2.3 – Drive time to a Pharmacy in the South Pembrokeshire locality**



There is 1 dispensing practice in South Pembrokeshire and this is based within Saundersfoot Medical Practice. The practice has dispensing rights for its main site at Saundersfoot and its branch at Kilgetty.

Dispensing GP practices can only dispense to patients on their registered list who are deemed to live more than 1.6km/1 mile from a pharmacy and in a location that has been classified as rural in nature. In addition, the practice must have outline consent and premises approval to dispense to the area in which the patient lives.

For South Pembrokeshire, 94% of all prescriptions written in 2019/20 by GP practices based within the locality were dispensed by pharmacies within the locality. 5.7% were dispensed elsewhere in Hywel Dda UHB, whilst 0.03% were dispensed outside of Hywel Dda UHB by contractors in other areas of Wales and a further 0.5% were dispensed outside of Wales, this is likely to be due to visitors to the Pembrokeshire area.

All 13 pharmacies offer the Discharge Medicines Review Service. During 2019/20, 10 provided the service and 134 Discharge Medicines Reviews were offered out of a potential maximum of 2,240.

All 13 pharmacies offer the Medicines Use Review service. During 2019/20, 12 provided the service and 3,637 Medicines Use Reviews were completed out of a potential maximum of 5,200.

All 13 pharmacies offer the Common Ailments Service. During 2019/20, 978 patients accessed the service and the range of activity across the 13 pharmacies was between 4 and 449 patients.

All 13 pharmacies offer the Emergency Medicine Supply service. During 2019/20, 1,133 patients accessed the service.

12 pharmacies offer the Emergency Contraception service. During 2019/20, 327 patients accessed the service.

9 pharmacies offer the Influenza Vaccination service in 2020/21. During 2019/20, 2,064 patients were vaccinated at a pharmacy in the locality.

11 pharmacies offer the Just in Case pack service. During 2019/20, 99 Just in Case packs were issued.

11 pharmacies offer Smoking Cessation Level 2. During 2019/20, 144 patients were referred for the service.

10 pharmacies offer Smoking Cessation Level 3. During 2019/20, 89 patients were seen with a quit rate of 47%. The highest number of patients seen by one pharmacy was 24, with a quit rate of 46%, and the lowest number of patients seen by one pharmacy was 1, with a quit rate of 100%.

6 pharmacies offer the Triage + Treat service. During 2019/20, 28 patients accessed the service, with 22 treated at the pharmacy, 6 triaged only and 5 being referred to a more appropriate service.

12 pharmacies offer the Patients Sharps service, which enables the safe disposal of sharps.

In 2019/20, 3 pharmacies provided the Palliative Care Medication enhanced service, in line with the aim of having at least 1 pharmacy per locality.

There are 2 Pharmacy Walk-In Centres within the locality; all of these pharmacies are open a minimum, Monday to Friday and Saturday mornings.

There is 1 pharmacy based Independent Prescribing services commissioned in the South Pembrokeshire locality at the time of writing this PNA. It is envisaged that within the lifetime of this document the Health Board will commission more Independent Prescriber services from the pharmacies in the locality.

There are 5 surgeries within the locality that operate 8 from sites (M = Main Site B = Branch):

GP Practice	Location	Distance to nearest pharmacy
St Clements Surgery	Neyland (M)	Pharmacy within ¼ mile
St Clements Surgery	Johnston (B)	Pharmacy within ¼ mile
Argyle Medical Group	Pembroke Dock (M)	Pharmacy co-located
Argyle Medical Group	Pembroke (B)	Pharmacy within ¼ mile
The Surgery	Tenby	Pharmacy - adjacent
Saundersfoot Medical Centre*	Saundersfoot (M)	Pharmacy within ½ mile



Saundersfoot Medical Centre*	Kilgetty (B)	Pharmacy within ¼ mile
Narberth Surgery	Narberth	Pharmacy co-located

\* Denotes a GP Dispensing site

## 12.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to visit contractors outside both the locality and the Health Board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes

Whilst the majority of prescriptions written by the GP practices in 2019/20 were dispensed by one of the pharmacies within the locality, 6.2% were dispensed outside of the locality;

- 5.65% were dispensed in another pharmacy within Hywel Dda UHB
- 0.03% were dispensed elsewhere in Wales
- 0.52% were dispensed outside of Wales

In addition, residents may have accessed one or more advanced or enhanced pharmaceutical services provided by a pharmacy outside both the locality and the Health Board area; however, it is not possible to quantify this activity from the data available.

Taking into account that some residents might choose to access pharmacy services outside of the locality, all residents would be able to access a pharmacy by car within 30 minutes of their home location.

## 12.4 Other NHS services

There is a Minor Injuries Unit based in Tenby Hospital, which is open Monday to Friday 10.00am-5.00pm. The nearest Out of Hours Centre would be in the north of the county at Withybush General Hospital, Haverfordwest.

There are no extended GP opening hours in the South Pembrokeshire locality.

The GP practices in the locality provide the following services, which affect the need for pharmaceutical services;

- Provision of emergency hormonal contraception
- Flu vaccination
- Advice and treatment for common ailments

Practices may choose to provide other services which are the same or similar to those provided by pharmacies, for example support to stop smoking, but as they are not commissioned by the Health Board they fall outside of the definition of 'other NHS service'.

Smoking cessation services are provided by Help Me Quit at a number of locations across the South Pembrokeshire locality other than pharmacies. A smoking cessation service is also offered by the Hospital Smoke Free support service at Withybush General Hospital.

No other NHS services have been identified that are located within the South Pembrokeshire locality and which affect the need for pharmaceutical services.

## 12.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 12.2 and 12.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed.

In 2019/20 a total of 285 contractors dispensed items written by one of the GP practices in this locality, of which 187 were outside of the Health Board's area.

## 12.6 Gaps in provision

### 12.6.1 Pharmacy services

To determine whether there are any gaps in the provision of pharmaceutical services, a set of criteria has been developed to provide a consistent measure across all 7 localities.

#### ❖ Number of pharmacies per 10,000 population

The availability of pharmacy services within the South Pembrokeshire locality, per 10,000 population is 2.38, which is slightly lower than the Hywel Dda UHB average of 2.53. When the dispensing practice is included in the pharmaceutical services ratio it increases to 2.56 per 10,000 population, which is in line with the Hywel Dda UHB average.

The area is well served in terms of the number of pharmacies for essential pharmaceutical services and no current or future needs have been identified based on current provision.

#### ❖ Number of pharmacies open within normal working hours

(Monday to Friday, 9.00am – 5.30pm)

11 of the 13 pharmacies in the South Pembrokeshire locality are open Monday to Friday 9.00am – 5.30pm.

Of the remaining 2 pharmacies that don't meet this criterion, 1 is open 9.00am-5.00pm Monday to Friday and 1 is open 9.00am-5.00pm on Wednesday and Thursday, but meets the criterion on other days.

There is good access to pharmacies within normal working hours in the South Pembrokeshire locality.

#### ❖ Number of pharmacies open outside of normal opening hours on weekdays

(After 5.30pm Monday to Friday)

4 of the 13 pharmacies in the South Pembrokeshire locality are open after 5.30pm on weekdays.

3 open until 6.00pm and 1 until 6.45pm.

There are pharmacies open until 8.00pm in the neighbouring localities of Tywi Taf and North Pembrokeshire in the towns of Carmarthen and Haverfordwest.

There is reasonable access to pharmacies outside of normal opening hours on weekdays in the South Pembrokeshire locality.

## ❖ Number of pharmacies open on weekends

In considering access to pharmacy services, it is noted that:

- 1 pharmacy opens on a Sunday
- 9 pharmacies open either half or full day on a Saturday.

Pharmacy	Saturday	Sunday
EBJ Healthcare, Clynderwen	½ day opening	Closed
Kilgetty Pharmacy, Kilgetty	Full day opening	Closed
Lloyds, High Street, Narberth	Full day opening	Closed
Neyland Pharmacy, Neyland	½ day opening	Closed
Lloyds, Pembroke	Full day opening	Closed
Boots, Pembroke Dock	Full day opening	Closed
The Pharmacy, Saundersfoot	½ day opening	Closed
Boots, Tenby	Full day opening	10.00am–4.00pm
Evans, Sea Front, Tenby	½ day opening	Closed

The location of pharmacies across the locality and a travel time of no more than 20 minutes by car meets the criterion set for access in Section 5.1.1 of a maximum travel time of 30 minutes. Whilst not all households have access to a car, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents.

Noting the opening hours of the pharmacies, it is concluded that they are sufficient to meet the likely needs of residents in the locality and that there are pharmaceutical services available within a 20 minute drive in neighboring localities on weekends.

## ❖ Availability of advanced services

All 13 pharmacies in the locality provide the Medicines Use Review Service (NB currently suspended due to the COVID-19 pandemic).

All 13 pharmacies in the locality provide the Discharge Medicines Review Service.

Whilst none of the 13 pharmacies provide the Appliance Use Review service, they do dispense prescriptions for appliances.

No pharmacies in Hywel Dda UHB offer stoma appliance customisation. This is carried out by the nurse led specialist service within the Health Board.

It is concluded that there is sufficient provision of advanced services to meet the likely needs of residents in the locality.

## ❖ Availability of enhanced services identified, to be available in all pharmacies

The following enhanced services have been identified by the PNA Steering Group as services that should be available from as many pharmacies as possible to enable the best access. The Health Board would aim to commission these services from every pharmacy.

- *Common Ailments Service* – all 13 pharmacies in the locality provide this service

- *Emergency Contraception* – 12 pharmacies offer the Emergency Contraception Service  
There is 1 pharmacy that does not currently provide the service; this pharmacy is located in Saundersfoot.
- *Influenza Vaccinations* – 9 pharmacies offered Influenza vaccinations 2020/21  
There are 4 pharmacies that did not provide the service in 2019/20; these were located in Kilgetty, Narberth, Saundersfoot and Tenby.
- *Emergency Supply of Medication* – all 13 pharmacies offer the Emergency Supply of Medication Service
- *Smoking Cessation Services (L2)* – 11 pharmacies offer L2 (supply of NRT)  
There are 2 pharmacies that do not currently provide the service; these are located in Neyland and Tenby.
- *Smoking Cessation (L3)* – 10 pharmacies offer L3 – supply of NRT & counselling  
There are 3 pharmacies that do not currently provide the service; these are located in Narberth (2) and Saundersfoot.
- *Patient sharps* – 12 pharmacies offer return of patient sharps  
There is 1 pharmacy that does not currently provide the service, this is located in Narberth.

It is concluded that there is currently sufficient provision for the listed enhanced services to meet the likely needs of residents in the locality.

However, the Health Board will work with pharmacy contractors to improve on the provision of those services that are not currently available in all 13 pharmacies in the locality. Greater priority will be placed on areas where there is only 1 pharmacy serving a population and where the service is not available from a local GP practice or from another NHS provider. It is the Health Boards aim to have the best access possible for the listed Enhanced services.

Where pharmacies do not take up the offer to provide these services within the first year following publication of this PNA, the Health Board will explore the reasons for this and may review the need for additional pharmaceutical services in this area

#### ❖ Proximity of dispensing services to GP practices

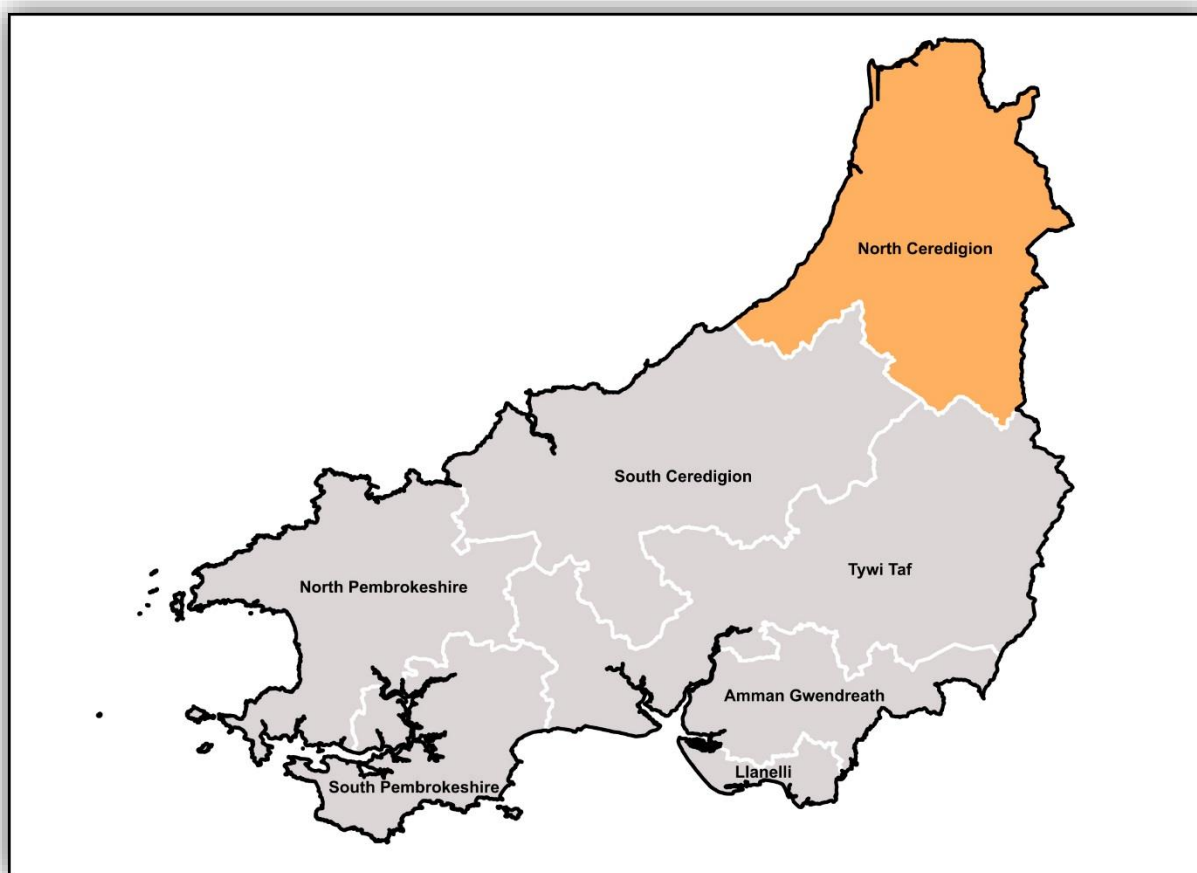
Each of the 8 GP practice sites, both main and branch, within the locality has access to pharmaceutical services as follows:

Nearest Pharmacy location to GP practice sites	No.
Co-located, next door, or adjacent	3
Within ¼ mile	4
Within ½ mile	1

It is concluded that the location of pharmacies in the locality is currently appropriate to serve GP practices and their patients.



## 13. North Ceredigion locality



### 13.1 Key facts

- The North Ceredigion locality serves a (GP registered) population of 45,942 January 2021 and is the smallest locality by population in the Health Board area.
- It is 1 of the 2 localities within the county of Ceredigion.
- The locality covers the geographical coastal area from Llanarth in the south to Borth in the north. The locality borders Betsi Cadwallader UHB in the north and Powys Teaching Health Board to the east.
- There is a 21.6 mile distance between the most northerly & southerly practice within the locality. It can take approximately 40 to 60 minutes to make this journey by road.
- The largest town in the locality is Aberystwyth with a resident population of just over 13,000.
- The population of Ceredigion has decreased by 3.7% in the period 2009-2019.
- 55.7% of the people living in the locality are considered to be living in a rural area.
- Of the 20% most deprived LSOAs<sup>60</sup> in Wales, 2 are in Ceredigion but there are none in the North Ceredigion locality.

<sup>60</sup> Welsh Index of Multiple Deprivation

- The North Ceredigion locality has approximately 9,932 people aged 65 years and over (21.6%) which is slightly higher than the Welsh average of 21%.
- Ceredigion has the lowest teenage pregnancy rate of 12.0 per 1,000 females aged under 18 years in Hywel Dda UHB. This is much lower than the rate for Wales (20.2) and for Hywel Dda UHB (17.6).
- 18.4% of residents in Ceredigion drink more than the recommended guidelines. This is lower than the Welsh average of 19%.
- The smoking prevalence in Ceredigion is 16.6%, which is the lowest in Hywel Dda UHB and lower than the Welsh average of 18.4%.
- There are 1,183 people with a physical disability on local authority registers for Ceredigion.
- The census data in 2011 showed that there are 8,603 unpaid carers in Ceredigion.
- Cancer prevalence Ceredigion is marginally lower than the other two counties and is 3% in North Ceredigion.
- North Ceredigion has the lowest prevalence of diabetes at 5.4% of the population.
- The obesity prevalence in North Ceredigion is 9.1%.
- North Ceredigion has a cardiovascular disease prevalence at 3.3%.
- The locality is a tourist area with a population that significantly increases during the holiday seasons.
- North Ceredigion is unique with regard to its age distribution due to the significant (younger) population of students at Aberystwyth University alongside a higher proportion of older people.
- There is a large student population equating to 20% of the total population.
- Deprivation at 8.4% is less than the Welsh average but is higher than the Health Board average.
- The North Ceredigion locality consists of 7 GP Practices.
- There is 1 dispensing GP practice.
- The locality has 9 community pharmacies.
- There are 4 dental practices that offer NHS treatment and 5 optometric practices.
- According to the 2011, Census 47.4% of people aged 3 years and above in Ceredigion are able to speak Welsh.
- 3 of the 9 pharmacies are able to offer pharmaceutical services in Welsh.

The Ceredigion Local Development Plan 2018 – 2033 estimates that approximately 6,000 homes will be built in Ceredigion during its 15 year term. The approximate number of units for development during the 5 year term of the PNA is 1,000 units (approximately 200 per annum) based on past build rates. There are no sites where there is expected to be over 100 homes

built and therefore the increase in housing is not likely to have a significant impact on the pharmaceutical needs of this area.

6 of the 9 pharmacies in North Ceredigion said that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand in their area.

3 pharmacies said that they didn't have sufficient premises and staffing capacity at present but they could make adjustments to manage an increase in demand.

### 13.2 Current provision of pharmaceutical services within the locality's area

There are 9 pharmacies in the North Ceredigion locality operated by 7 different contractors (see Map 13.2.1 – pharmacies are in blue).

Based on 9 pharmacies there are 1.96 pharmacies for every 10,000 population in the locality. This is below the overall rate for Hywel Dda UHB, which is 2.53.

There is 1 dispensing GP practice within the locality (see Map 13.2.1 – shown in red) and when this is factored into the ratio of essential pharmaceutical services, the ratio increases to 2.18 per 10,000 population, which is still below the overall rate for Hywel Dda UHB.

#### Map 13.2.1 – Location of Community Pharmacies and dispensing practice in the North Ceredigion locality



It is expected that a pharmacy will provide at least 40 hours of opening each week. There is 1 pharmacy within the North Ceredigion locality that opens for less than 40 hours each week.

For the purposes of the PNA, normal working hours have been defined as Monday to Friday 9.00am to 5.30pm.

There are:

- ▶ 2 pharmacies open on Sundays
- ▶ 2 pharmacies open full days Monday to Saturday
- ▶ 1 pharmacy opens Monday to Friday and Saturday morning
- ▶ 4 pharmacies open Monday to Friday only

2 pharmacies open at 8.30am, 6 pharmacies open at 9.00am and 1 opens at 10.00am.

4 of the 9 pharmacies close for lunch at varying times between 1.00 and 2.30pm. The remaining pharmacies are open all day.

There is 1 pharmacy within the locality that is open beyond 6.30pm Monday to Friday.

Full details of pharmacy opening times can be found in Appendix L.

The Health Board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated and the Health Board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy can be commissioned or directed to open.

The dispensing practice at Llanilar offers the following opening hours for the dispensing service it provides:

Llanilar Health Centre	8.00am – 6.30pm Monday to Wednesday and Friday 8.00am – 5.00pm Thursday
------------------------	--

All of the pharmacies and dispensing GP practices responded to the contractor questionnaire's that were issued in November 2020 and the following information is taken from the responses.

All 9 pharmacies are accessible by wheelchair and all 9 have a consultation area that is accessible by wheelchair. 8 pharmacies confirmed that the consultation area was a closed room, 1 said that it was not. When asked if the consultation rooms were a designated area;

- Where both the patient and pharmacist can sit down together – 9 answered 'yes'
- The patient and pharmacist able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy – 8 answered 'yes' and 1 did not respond.
- That are clearly designated as an area for confidential consultations distinct from the general public area of the pharmacy – 9 answered 'yes'

4 of the 9 pharmacies confirmed that they have a hearing loop available at the pharmacy (this information was gathered following feedback from the consultation).

3 pharmacies and 1 dispensing GP practice confirmed that Welsh is spoken by staff, 1 confirmed that German is spoken. The Health Board has noted that 42.4% of the people in Ceredigion had no Welsh language skills in 2011. This coupled with the availability of Language Line and bilingual posters and leaflets means that the Health Board has not identified any issues for those who wish to access services in a language other than English.

7 pharmacies and 1 dispensing GP practice in the locality dispense all types of appliances and 2 pharmacies dispense only dressings.



All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- 2 deliver medicines free of charge on request,
- 6 noted that they deliver to selected patient groups;
  - People unable to attend the pharmacy
  - Enabled/Disabled (2)
  - Clinical need/ mobility issues
  - Shielding
  - Vulnerable
- 1 noted they restrict the delivery service to selected areas
- 2 said that they offer a chargeable delivery service (pharmacies could select more than one option)

The 1 dispensing GP practice in the locality does offer delivery of medicines which is restricted to 1 day a week to specific community locations.

Suggestions by pharmacies for existing services that are not currently provided in the area included;

- Heartburn Management (not an existing service)
- Medicines assessment and compliance support.
- Respiratory rescue medicine service (not an existing service)

1 pharmacy was of the opinion that there was a requirement for new enhanced services not currently available:

- COVID vaccine service

6 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and 3 pharmacies and 1 dispensing GP practice said they don't have sufficient premises and staffing but could make adjustments to manage the increase in demand.

4 pharmacies have plans to develop or expand their service provision or premises;

- Independent prescribing
- Patients recruited following a pharmacy closure
- Business development at company level
- Travel Clinic

(Some pharmacies listed more than one service).

The following services were also noted as being offered by the dispensing GP practices in the locality;

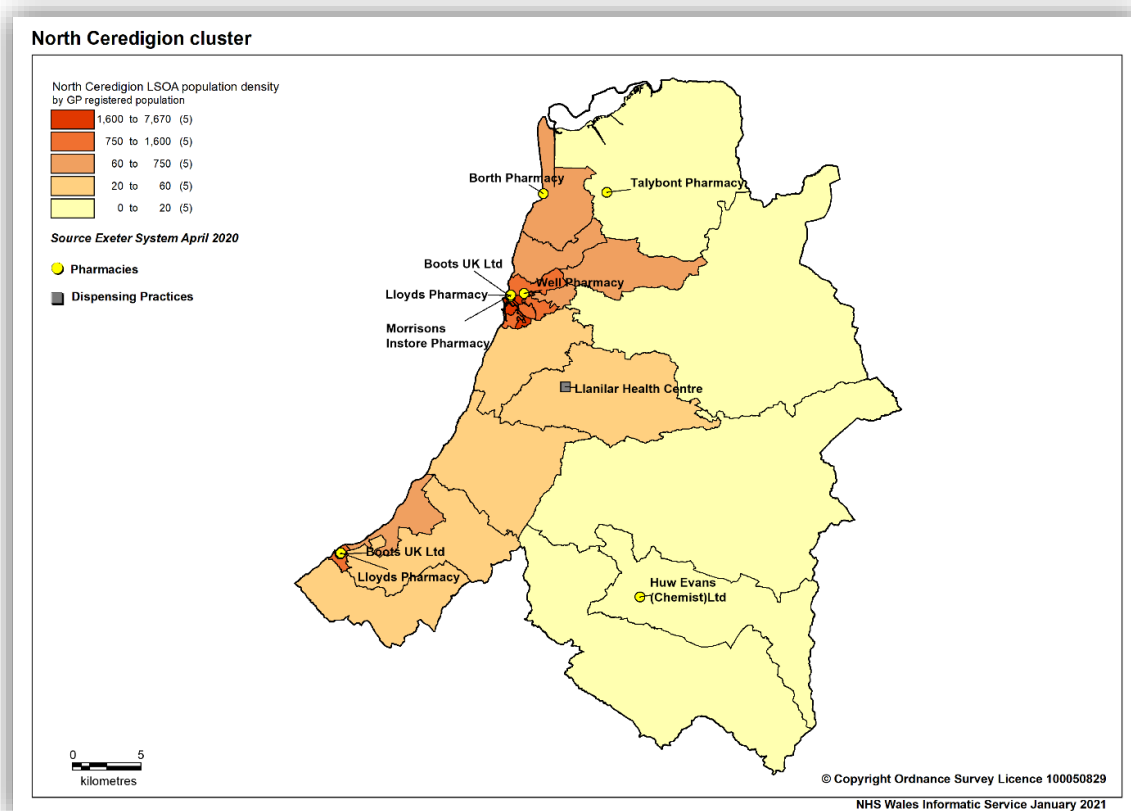
**Llanilar Health Centre** - MAR Charts, JIC Packs, Royal Mail 48hour Delivery, Issue and Receive Patient Sharp boxes, take medicines back from patients who have passed away, no longer need or are out of date.

As can be seen from map 13.2.2, 7 of the pharmacies are based within areas of highest population density and in towns. There are multiple pharmacies in areas such as Aberystwyth and Aberaeron, which supports the population and tourists visiting the area. It should be noted that where premises are close to each other the symbols will overlap.

2 of the pharmacies are situated in areas of low population density but with such vast areas of lower population, they are ideally located to serve the needs of this rural community.



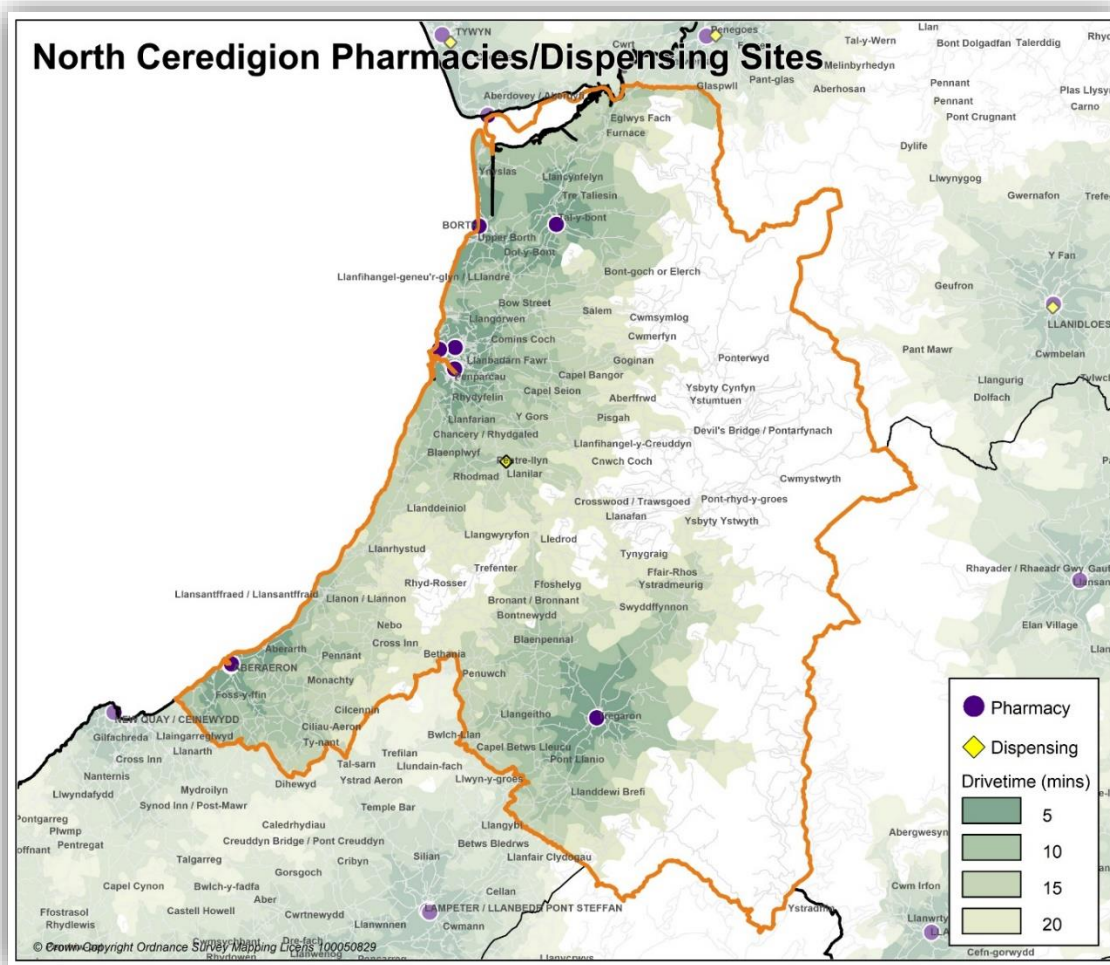
## Map 13.2.2 – Location of Pharmacies and Dispensing GP Practice compared to population density in North Ceredigion



Map 13.2.3 shows the areas of the locality, which are 5, 10, 15, and 20 minute drive from a pharmacy. This evidences that all residents living within the North Ceredigion locality are able to access a pharmacy within the 30 minute drive time standard set for the maximum access time to pharmaceutical services. There are large areas on the right of the map but when this is compared with the population density map – this is an area of low population density.

Beyond the border of North Ceredigion, there are pharmacies located in Gwynedd to the North at Machynlleth and Aberdovey and in Powys to the East at Llanidloes and Rhayader.

## Map 13.2.3 – Drive time to a Community Pharmacy in North Ceredigion



There is 1 dispensing GP practice in North Ceredigion and this is based within Llanilar Health Centre, Llanilar.

Dispensing GP practices can only dispense to patient on their registered list who are deemed to live more than 1.6km /1 mile from a pharmacy and in a location that has been classified as rural in nature. In addition, the practice must have outline consent and premises approval to dispense to the area in which the patient lives.

For North Ceredigion 98.06% of all prescriptions written in 2019/20 by GP practices based within the locality were dispensed by pharmacies within the locality. 1.21% were dispensed elsewhere in Hywel Dda UHB, whilst 0.07% were dispensed outside of Hywel Dda UHB by contractors in other areas of Wales and a further 0.66% were dispensed outside of Wales.

The locality has 9 pharmacies since the 8<sup>th</sup> January 2021. Prior to this, there were 10 pharmacies. The pharmacy that closed was located in Aberystwyth.

The next section sets out data on advanced and enhanced services provided by pharmacies, for full information on these services please refer to Section 5. Activity has been taken for 2019/20 because this was pre pandemic and shows activity levels in normal circumstances.

All 9 pharmacies are able to offer the Discharge Medicines Review service. During 2019/20 9 provided the service and 288 DMRs were offered out of a potential maximum of 1,400.

All 9 pharmacies offer the Medicines Use Review service. During 2019/20, 10 pharmacies provided the service and 2,756 MURs were completed out of a potential maximum of 4,000.

All 9 pharmacies offer the Common Ailment Service. During 2019/20, 555 patients accessed the service and the range of activity across the 10 pharmacies was between 4 and 142 patients.

All 9 pharmacies offer the Emergency Medicine Supply service. During 2019/20, 1,084 patients accessed the service.

7 pharmacies offer the Emergency Contraception service. During 2019/20, 704 patients accessed the service.

7 pharmacies offered the Influenza Vaccination service in 2020/21. During 2019/20 1,063 patients were vaccinated at a pharmacy in the North Ceredigion locality

All 9 pharmacies are listed for the Just in Case pack service. During 2019/20, 68 Just in Case packs were issued.

8 pharmacies offer Smoking Cessation Level 2. During 2019/20, 154 patients were referred for the service.

5 pharmacies offer Smoking Cessation Level 3. During 2019/20, 104 patients were seen with a quit rate of 34%. The highest number of patients seen by 1 pharmacy was 28, with a quit rate of 46%, and the lowest number of patients seen by 1 pharmacy was 10, with a quit rate of 0%.

6 pharmacies offer the Triage + Treat service. During 2019/20, 16 patients accessed the service, with 13 treated at the pharmacy, 2 triaged only and 2 referred onwards to a more appropriate service.

All 9 pharmacies offer the Patient Sharps service, which enables safe disposal of sharps.

In 2019/20, 3 pharmacies provided the Palliative Care Medication enhanced service, in line with having at least 1 pharmacy per locality.

There are no Pharmacy Walk-In Centres within the locality.

There are 2 pharmacy based Independent Prescribing services commissioned in the North Ceredigion locality at the time of writing this PNA. It is envisaged that within the lifetime of this document the Health Board will commission more Independent Prescriber services from the pharmacies in the locality.

There are 7 GP practices within the locality:

GP Practice	Location	Distance to nearest pharmacy
Borth Surgery	Borth	Pharmacy within ¼ mile
Meddygfa Padarn	Penglais Rd, Aberystwyth	Pharmacy co-located
Church Surgery	Portland St, Aberystwyth	Pharmacy co-located
Ystwyth Medical Group	Parc y Llyn, Aberystwyth	Pharmacy within ¼ mile
Llanilar Health Centre*	Llanilar	Pharmacy within 6 miles
Tregaron Surgery	Tregaron	Pharmacy - adjacent
Tanyfron Surgery	Aberaeron	Pharmacy within ½ mile

\* Denotes a GP Dispensing site

### 13.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to visit contractors outside both the locality and the Health Board area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes

Whilst the majority of prescriptions written by the GP practices in 2019/20 were dispensed by one of the 9 pharmacies within the locality, just 1.94% were dispensed outside of the locality;

- 1.21% were dispensed in another pharmacy within Hywel Dda UHB
- 0.07% were dispensed elsewhere in Wales
- 0.66% were dispensed outside of Wales

In addition, residents may have accessed one or more advanced or enhanced pharmaceutical services provided by a pharmacy outside both the locality and the Health Board area; however, it is not possible to quantify this activity from the data available.

Taking into account that some residents might choose to access pharmacy services outside of the locality, some residents would be able to access a pharmacy by car within 30 minutes of their home location.

### 13.4 Other NHS services

Bronglais General Hospital in Aberystwyth is based within the North Ceredigion locality. There is also a Community Health Centre in Aberystwyth, which supports the Community Dental Service.

There is a newly built integrated care centre in Aberaeron with the GP practice located within it. The GP Out of Hours service has a treatment centre based at Bronglais General Hospital, Aberystwyth.

One of the GP practices in the locality provided extended opening hours in 2019/20:

- Church Surgery – Aberystwyth, opens until 8.30pm every Wednesday

Any prescriptions dispensed after 8.00pm at these extended opening sessions would have to wait until the next day to be dispensed locally.

The GP practices in the locality provide the following services, which affect the need for pharmaceutical services;

- Provision of emergency hormonal contraception
- Flu vaccination
- Advice and treatment for common ailments

Practices may choose to provide other services which are the same or similar to those provided by pharmacies, for example support to stop smoking, but as they are not commissioned by the Health Board they fall outside of the definition of 'other NHS service'.

Smoking cessation services are provided by Help Me Quit at a number of locations across the North Ceredigion locality other than pharmacies. A smoking cessation service is also offered by the Hospital Smoke Free support service at Bronglais General Hospital.



No other NHS services have been identified that are located within the North Ceredigion locality and which affect the need for pharmaceutical services.

### 13.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 13.2 and 13.3, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed. Those that look outside of the locality usually do so either to access a pharmacy in a neighbouring locality or Health Board or a dispensing appliance contractor outside of the Health Boards area.

In 2019/20 a total of 238 contractors dispensed items written by one of the GP practices in this locality, of which 155 were outside of the Health Board's area.

### 13.6 Gaps in provision

#### 13.6.1 Pharmacy services

To determine whether there are any gaps in the provision of pharmaceutical services, a set of criteria has been developed to provide a consistent measure across all 7 localities.

##### ❖ Number of pharmacies per 10,000 population

The availability of pharmacy services within the North Ceredigion locality, per 10,000 population is 1.96, which is lower than the Hywel Dda UHB average of 2.53 and the lowest of all the 7 localities. Even taking into account the dispensing practice, the ratio only increases to 2.18 per 10,000 population.

The area is adequately served in terms of essential pharmaceutical services. This area may require consideration of additional essential pharmaceutical services if there were significant changes in the locality that would impact on either the population or if there was a further reduction in the number of pharmacies.

##### ❖ Number of pharmacies open within normal working hours (Monday to Friday, 9.00am – 5.30pm)

6 of the 9 pharmacies in North Ceredigion open Monday to Friday 9.00am – 5.30pm.

Of the remaining 3 pharmacies that don't meet this criteria:

- 1 opens 10.00am – 5.00pm Monday to Friday.
- 1 opens 9.00am – 1.00pm on Wednesdays and meets the criteria on the other days.
- 1 opens 9.00am – 5.00pm on Tuesday and Friday and meets the criteria on other days.

There is good access to pharmacies within normal working hours in the North Ceredigion locality.

##### ❖ Number of pharmacies open outside of normal opening hours on weekdays (After 5.30pm Monday to Friday)

5 of the 9 pharmacies in the North Ceredigion locality are open after 5.30pm on weekdays.

3 open until 6.00pm, 1 until 6.30pm, 1 until 8.00pm.

There is good access to pharmacies outside of normal working hours in the North Ceredigion locality.

### ❖ Number of pharmacies open on weekends

In considering access to pharmacy services, it is noted that there are:

- 2 pharmacies open on a Sunday
- 5 pharmacies open either half or full day on a Saturday

Pharmacy	Saturday	Sunday
Boots, Aberaeron	Open full day	Closed
Lloyds, Aberaeron	Open full day	Closed
Boots, Aberystwyth	Open full day	10.00am – 4.00pm
Morrisons, Aberystwyth	Open full day	10.00am – 4.00pm
Tregaron	Open ½ day	Closed

The location of pharmacies across the locality and a travel time of no more than 20 minutes by car meets the criteria set for access in Section 5.1.1 of a maximum travel time of 30 minutes. Whilst not all households have access to a car, the nature of the locality means that walking to a pharmacy will be a realistic option for some residents. Those living outside of the main towns will rely on transport for most of their daily living needs.

Noting the opening hours of the existing pharmacies, it is concluded that they are sufficient to meet the likely needs of residents in the locality and that there are pharmaceutical services available within a 20 minute drive on weekends.

### ❖ Availability of advanced services

All 9 pharmacies in the locality provide the Medicine Use Review Service (NB currently suspended due to the COVID-19 pandemic).

All 9 pharmacies in the locality provide the Discharge Medicines Review Service.

Whilst none of the 9 pharmacies provide the Appliance Use Review service, they do dispense prescriptions for appliances.

No pharmacies in Hywel Dda UHB offer stoma appliance customisation. This service is carried out by a nurse led specialist service within the Health Board.

It is concluded that there is sufficient provision of advanced services to meet the likely needs of residents in the locality.

### ❖ Availability of enhanced services identified, to be available in all pharmacies

The following enhanced services have been identified by the PNA Steering Group as services that should be available from as many pharmacies as possible to enable the best access. The Health Board would aim to commission these services from every pharmacy.

- *Common Ailments Service* – all 9 pharmacies in the locality provide this service
- *Emergency Contraception* – 7 pharmacies offer the Emergency Contraception Service

There are 2 pharmacies that do not currently provide the service; these are located at Borth and Talybont

- *Influenza Vaccinations* – 7 pharmacies offered Influenza vaccinations

There are 2 pharmacies that did not provide the service in 2020/21, these are located in Tregaron and Aberystwyth

- *Emergency Supply of Medication* – all 9 pharmacies offer the Emergency Supply of Medication Service
- *Smoking Cessation Services (L2)* – 8 pharmacies offer L2 (supply of NRT)

There is 1 pharmacy who does not currently provide the service, this is located in Talybont.

- *Smoking Cessation (L3)* – 5 pharmacies offer L3 – supply of NRT & counselling

There are 4 pharmacies that do not currently provide the service; these are located in Aberaeron (2), Aberystwyth and Borth

- *Patient Sharps Service* – all 9 pharmacies offer the patient sharps service

It is concluded that there is currently sufficient provision for the listed enhanced services to meet the likely needs of residents in the locality.

However, the Health Board will work with pharmacy contractors to improve on the provision of those services that are not currently available in all 9 pharmacies in the locality. Greater priority will be placed on areas where there is only 1 pharmacy serving a population and where the service is not available from a local GP practice or from another NHS provider. It is the Health Boards aim to have the best access possible for the listed Enhanced services.

Where pharmacies do not take up the offer to provide these services within the first year following publication of this PNA, the Health Board will explore the reasons for this and may review the need for additional pharmaceutical services in this area.

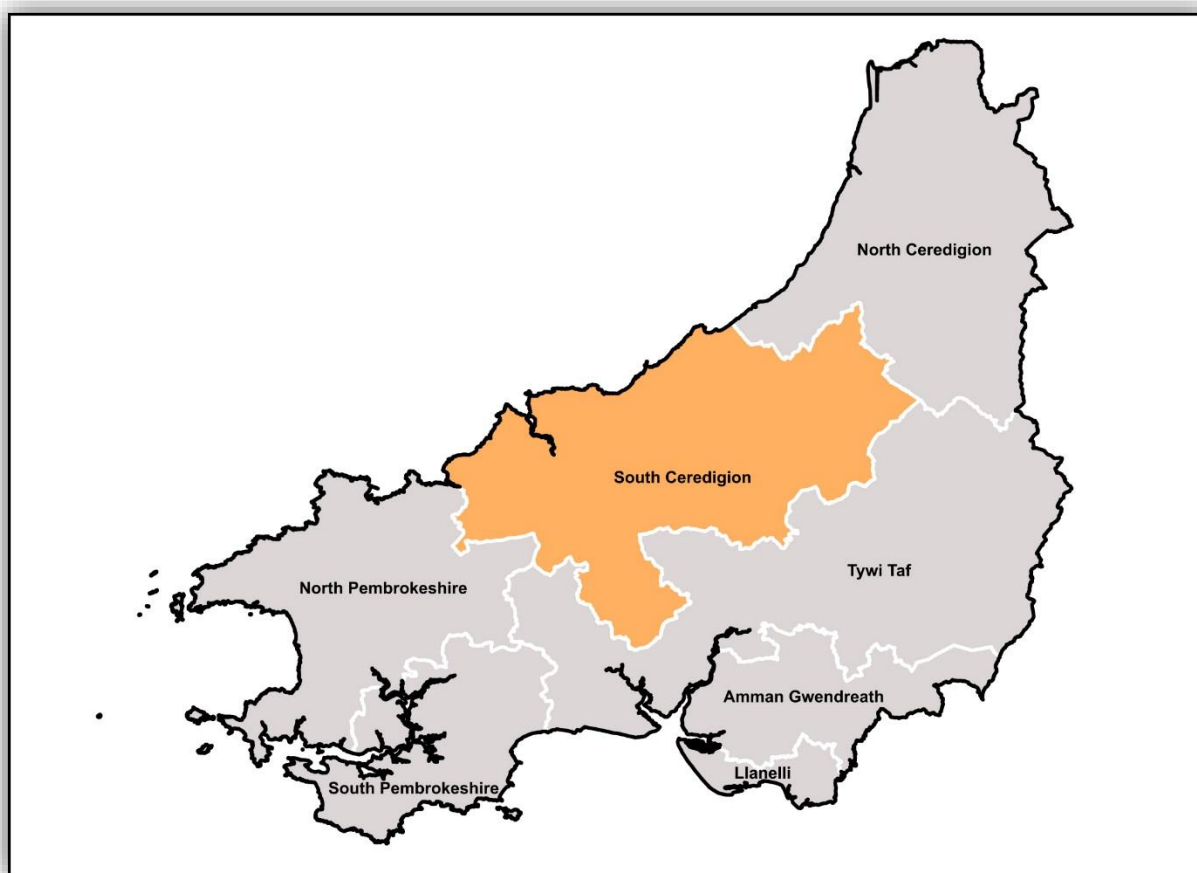
### ❖ Proximity of dispensing services to GP practices

Each of the 7 GP practice sites, both main and branch, within the locality has access to pharmaceutical services as follows:

Nearest pharmacy location to GP practice sites	No.
Co-located, next door, or adjacent	3
Within ¼ mile	2
Within ½ mile	1
Within 6 miles	1

It is concluded that the location of pharmacies in the locality is currently appropriate to serve GP practices and their patients.

## 14. South Ceredigion locality



### 14.1 Key facts

- The South Ceredigion locality serves a (GP registered) population of 47,110 as of January 2021 and is the second smallest locality by population in the Health Board area.
- It is 1 of the 2 localities within the county of Ceredigion.
- The locality runs along the coast and stretches from Cardigan in the west to Lampeter in the east.
- A journey from Cardigan to Lampeter by road would take approximately 50 minutes and cover distance of 29 miles.
- The largest town in the locality is Cardigan with a population of just over 4,000 as at the 2011 census.
- The population of Ceredigion has decreased by 3.7% in the period 2009-2019.
- The South Ceredigion locality is the most rural in nature of all the localities in Hywel Dda UHB.



- Of the 20% most deprived LSOAs<sup>61</sup> in Wales, 2 are in Ceredigion and both are found in the South Ceredigion locality.
- The South Ceredigion locality has approximately 13,473 people over the age of 65 years (28.6%) which is higher than the Welsh average of 21%.
- Ceredigion has the lowest teenage pregnancy rate of 12.0 per 1,000 females aged under 18 years in Hywel Dda UHB. This is much lower than the rate for Wales (20.2) and for Hywel Dda UHB (17.6).
- 18.4% of residents in Ceredigion drink more than the recommended guidelines. This is lower than the Welsh average of 19%.
- The smoking prevalence in Ceredigion is 16.6%, which is the lowest in Hywel Dda and lower than the Welsh average of 18.4%.
- There are 1,183 people with a physical disability on local authority registers for Ceredigion.
- The census data in 2011 showed that there are 8,603 unpaid carers in Ceredigion.
- Cancer prevalence Ceredigion is marginally lower than the other 2 counties and is 3.4% in South Ceredigion.
- South Ceredigion has a diabetes prevalence of 6.5% of the population.
- The obesity prevalence in South Ceredigion is 8.4%.
- South Ceredigion has the second highest cardiovascular disease prevalence of the 7 localities at 5.2%.
- There is no community hospital within South Ceredigion but there is a Minor Injuries Unit located within the Cardigan Integrated Health Centre.
- There are 5 GP Practices in the locality.
- The locality has 13 community pharmacies.
- There are 4 dental practices that offer NHS treatment and 6 optometric practices.
- South Ceredigion has 9 care homes and 1 residential Learning Disability home for Younger Adults. There is also 1 Extra Care Facility.
- The area is a tourist location, which experiences large numbers of temporary patients during the holiday season.
- The University of Wales Trinity St David's, Lampeter Campus is situated in Lampeter town.
- According to the 2011, Census 47.4% of people aged 3 years and above in Ceredigion are able to speak Welsh.

<sup>61</sup> Welsh Index of Multiple Deprivation

- 7 of the 13 pharmacies are able to offer pharmaceutical services through the medium of Welsh.

The Ceredigion Local Development Plan 2018 – 2033 estimates that approximately 6,000 homes will be built in Ceredigion during its 15 year term. The approximate number of units for development during the 5 year term of the PNA is 1,000 units (approximately 200 per annum) based on past build rates. There are no sites where there is expected to be over 100 homes built and therefore the increase in housing is not likely to have a significant impact on the pharmaceutical needs of this area.

11 of the 13 pharmacies in South Ceredigion said that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand in their area. 2 pharmacies said that they didn't have sufficient premises and staffing capacity at present but they could make adjustments to manage an increase in demand.

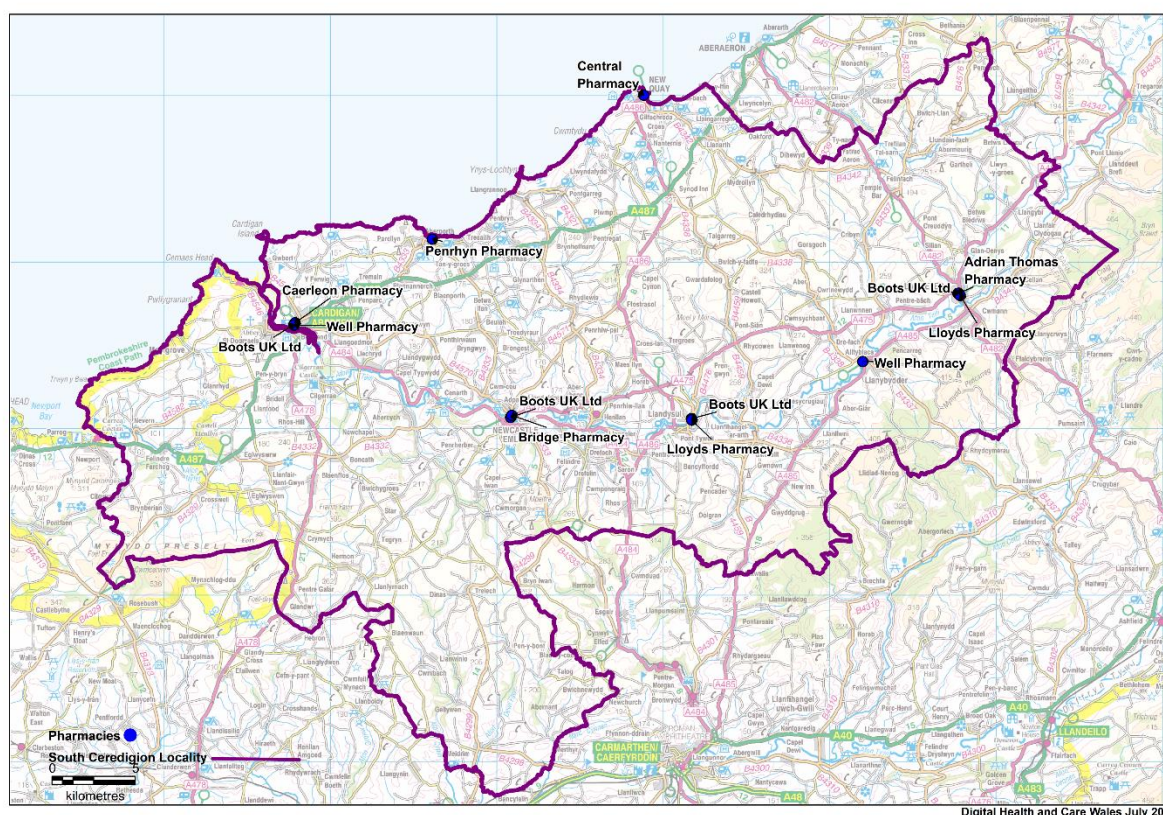
## 14.2 Current provision of pharmaceutical services within the Locality's area

There are 13 pharmacies in the South Ceredigion locality operated by 8 different contractors (see map 14.2.1).

There are 2.76 pharmacies for every 10,000 population in the locality. This is slightly higher than the overall rate for Hywel Dda UHB, which is 2.53.

There are no dispensing practices within the South Ceredigion locality.

### Map 14.2.1 – Location of Community Pharmacies in South Ceredigion



It is expected that a pharmacy will provide at least 40 hours of opening each week. There are no pharmacies within the South Ceredigion locality that provide less than 40 hours of opening each week.

For the purposes of the PNA, normal working hours have been defined as Monday to Friday 9.00am to 5.30pm.

There are:

- ▶ No pharmacies are open on Sundays
- ▶ 6 pharmacies are open Monday to Saturday
- ▶ 5 pharmacies are open Monday to Friday and Saturday morning,
- ▶ 2 pharmacies are open Monday to Friday

11 pharmacies open at 9.00am and 2 at 8.30am.

No pharmacies within the locality are open beyond 6.30pm Monday to Friday.

6 of the 13 pharmacies close for lunch at varying times between 12.30 and 2.00pm. The remaining pharmacies open all day.

2 pharmacies in the South Ceredigion locality provide a rota service on alternate weeks, which support access to pharmaceutical services on Sundays. The pharmacies are: Boots, Llandysul and Lloyds, Llandysul. They are funded to open for one hour on Sundays between 4.00pm and 5.00pm.

Full details of pharmacy opening times can be found in Appendix L.

The Health Board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated and the Health Board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy can be commissioned or directed to open.

All of the pharmacies responded to the pharmacy contractor questionnaire issued in November 2020 and the following information is taken from the responses.

All 13 pharmacies are accessible by wheelchair and 11 have a consultation area that is accessible by wheelchair, 1 pharmacy has one planned within the next 12 months. 12 pharmacies confirmed that the consultation area was a closed room and 1 pharmacy had selected not applicable. The following number of pharmacies confirmed that the consultation rooms are a designated area;

- Where both the patient and pharmacist can sit down together – 12 pharmacies
  - The patient and pharmacist able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy – 12 pharmacies
  - That are clearly designated as an area for confidential consultations distinct from the general public area of the pharmacy - 11 pharmacies
- 1 pharmacy didn't provide a response to this question.

8 of the 13 pharmacies confirmed that they have a hearing loop available at the pharmacy (this information was gathered following feedback from the consultation).

7 pharmacies confirmed that Welsh is spoken by staff. The Health Board has noted that 42.4% of the people in Ceredigion had no Welsh language skills in 2011. This coupled with the availability of Language Line and bilingual posters and leaflets means that the Health Board

has not identified any issues for those who wish to access services in a language other than English.

All 13 pharmacies in the locality dispense all types of appliances.

All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- 7 deliver medicines free of charge on request,
- 4 noted that they deliver to selected patient groups;
  - Clinical need/those with mobility issues
  - All patients who can't get to the pharmacy
  - All criteria
- 1 noted they restrict the delivery service to selected areas
- 3 said that they offer a chargeable delivery service  
(Pharmacies could select more than one option)

Suggestions by pharmacies for existing services that are not currently provided in the area included;

- Inhaler review (currently suspended)
- General vaccine service
- Sore throat test and treat (currently suspended)

1 pharmacy was of the opinion that there was a requirement for new enhanced services not currently available:

- UTI Test & Treat

11 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and 2 said they didn't at present but could make adjustments.

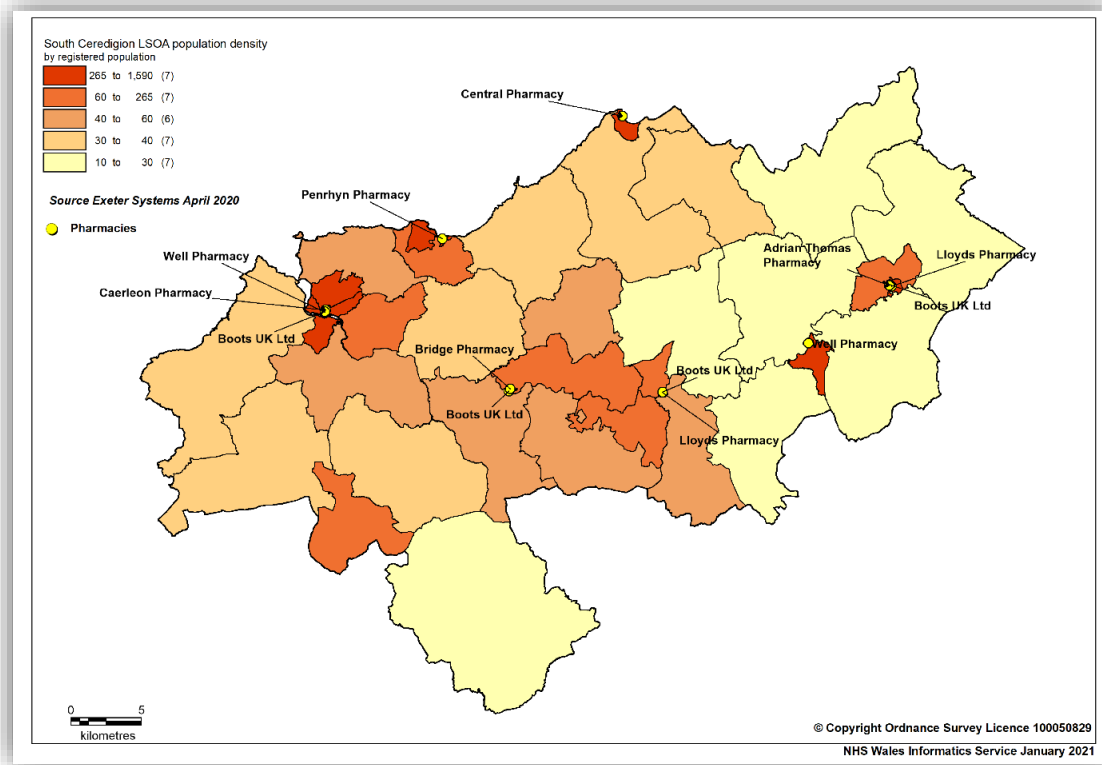
6 pharmacies have plans to develop or expand their service provision or premises;

- Independent prescribing service (2)
- Sore Throat Test & Treat
- Remodel of premises to provide additional consultation space (3)
- COVID 19 Testing  
(Some pharmacies listed more than one service).

Map 14.2.2 shows the locations of the 13 pharmacies in relation to the population density of the area. In areas such as Cardigan and Lampeter where there is high population density there are multiple pharmacies and in smaller settlements there is usually 1 pharmacy. It should be noted that where premises are close to each other the symbols will overlap.



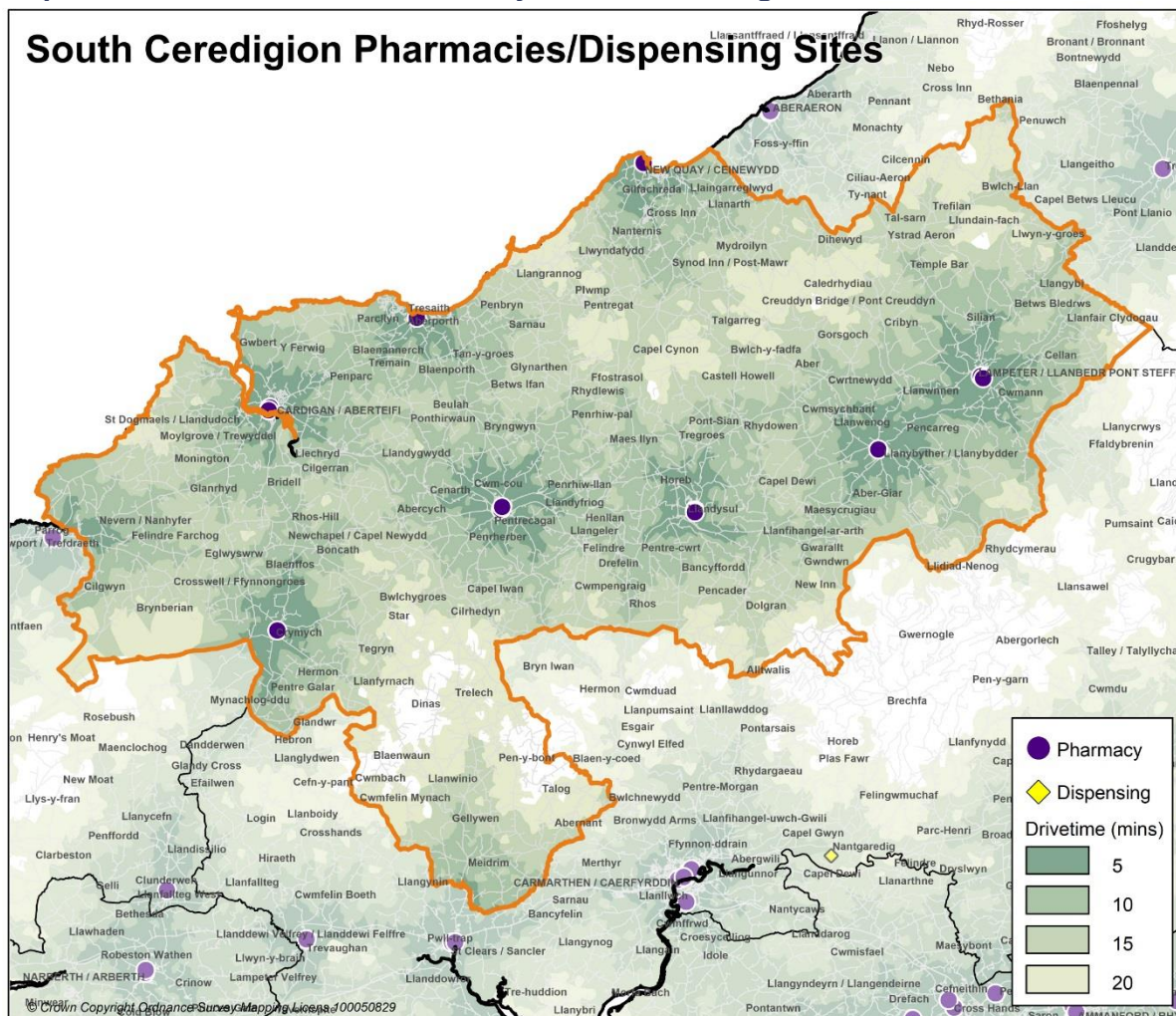
## Map 14.2.2 – Location of Pharmacies compared with population density in South Ceredigion



Map 14.2.3 shows the areas of the locality which are within a 5, 10, 15 and 20 minute drive of a pharmacy. This evidences that all residents living within the South Ceredigion locality are able to access a pharmacy well within the 30 minute drive time standard set for the maximum access time to Pharmaceutical services. For some residents, this may be a pharmacy located in a neighbouring locality e.g. Twyi Taf, North Pembrokeshire and South Ceredigion.



Map 14.2.3 – Drive time to a Pharmacy in South Ceredigion



For South Ceredigion 95.14% of all prescriptions written in 2019/20 by GP practices based within the locality were dispensed by pharmacies within the locality. 4.26% were dispensed elsewhere in Hywel Dda UHB, whilst 0.04% were dispensed outside of Hywel Dda UHB by contractors in other areas of Wales and a further 0.56% were dispensed outside of Wales.

12 pharmacies offer the Discharge Medicines Review service. During 2019/20, 10 provided the service and 163 DMRs were offered out of a potential maximum of 1,680.

12 pharmacies offer the Medicines Use Review service. During 2019/20, 11 provided the service and 2,697 MURs were completed out of a maximum of 4,800.

All 13 pharmacies offer the Common Ailments Service. During 2019/20, 1,103 patients accessed the service and the range of activity across the 13 pharmacies was between 1 and 303 patients.

All 13 pharmacies offer the Emergency Medicine Supply service. During 2019/20, 894 patients accessed the service.

10 pharmacies offer the Emergency Contraception service. During 2019/20, 245 patients accessed the service.

11 pharmacies offered the Influenza Vaccination service in 2020/21. During 2019/20, 1,187 patients were vaccinated at a pharmacy in South Ceredigion.

12 pharmacies are listed for the Just in Case pack service. During 2019/20, 102 Just in Case packs were issued.

10 pharmacies offer Smoking Cessation Level 2. During 2019/20, 115 patients were referred for the service.

8 pharmacies offer Smoking Cessation Level 3. During 2019/20, 17 patients were seen with a quit rate of 54%. The highest number of patients seen by one pharmacy was 26, with a quit rate of 54%, and the lowest number of patients seen by one pharmacy was 2, with a quit rate of 0%.

4 pharmacies offer the Triage + Treat service. During 2019/20, 19 patients accessed the service, with 18 treated at the pharmacy, 1 triaged only and 2 being referred to a more appropriate service.

All 13 pharmacies offer the return of Patient Sharps Service, which enables safe disposal of sharps.

In 2019/20, 2 pharmacies provided the Palliative Care Medication enhanced service, in line with having at least 1 pharmacy per locality.

There is 1 Pharmacy Walk-In Centre within the locality; these pharmacies are open at least, Monday to Friday and Saturday mornings.

There is 1 pharmacy based Independent Prescribing services commissioned in the South Pembrokeshire locality at the time of writing this PNA. It is envisaged that within the lifetime of this document the Health Board will commission more Independent Prescriber services from the pharmacies in the locality.

There are 5 practices across 6 sites within the locality (M = Main Site B = Branch):

GP Practice	Location	Distance to nearest pharmacy
The Surgery	New Quay	Pharmacy within ¼ mile
Cardigan Medical Practice	Cardigan	Pharmacy within ½ mile
Meddygfa Emlyn	Newcastle Emlyn	Pharmacy within ¼ mile
Llynfrfan Surgery	Llandysul	Pharmacy within 1 mile
Taliesin Medical Practice	Lampeter (M)	Pharmacy co-located
Taliesin Medical Practice	Llanybydder (B)	Pharmacy within ½ mile

### 14.3 Current provision of pharmaceutical services outside the Locality's area

Some residents choose to visit contractors outside both the locality and the Health Board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes

Whilst the majority of prescriptions written by the GP practices in 2019/20 were dispensed by one of the 13 pharmacies within the locality, just over 4.86% were dispensed outside of the locality;

- 4.26% were dispensed in another pharmacy within Hywel Dda UHB
- 0.04% were dispensed elsewhere in Wales
- 0.56% were dispensed outside of Wales

In addition, residents may have accessed one or more advanced or enhanced pharmaceutical services provided by a pharmacy outside both the locality and the Health Board area; however, it is not possible to quantify this activity from the data available.

Taking into account that some residents might choose to access pharmacy services outside of the locality, some residents would be able to access a pharmacy by car within 30 minutes of their home location.

#### 14.4 Other NHS services

Within the South Ceredigion locality, there are no hospital sites. There is a GP Out of Hours treatment centre in Llandysul which is open until midnight and a Minor Injuries Unit based in Cardigan Integrated Care Centre which is open Monday to Friday 9.30am – 5.30pm.

Patients needing to access Accident & Emergency services would need to access these at:

- Bronglais General Hospital – Aberystwyth
- Glangwilli General Hospital – Carmarthen
- Withybush General Hospital – Haverfordwest

The GP practices in the locality provide the following services, which affect the need for pharmaceutical services;

- Provision of emergency hormonal contraception
- Flu vaccination
- Advice and treatment for common ailments

Practices may choose to provide other services which are the same or similar to those provided by pharmacies, for example support to stop smoking, but as they are not commissioned by the Health Board they fall outside of the definition of 'other NHS service'.

Smoking cessation services are provided by Help Me Quit at a number of locations across the South Ceredigion locality other than pharmacies. A smoking cessation service is also offered by the Hospital Smoke Free support service at Bronglais General Hospital, Withybush General Hospital and Glangwilli General Hospital.

No other NHS services have been identified that are located within the South Ceredigion locality and which affect the need for pharmaceutical services.

#### 14.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 14.2 and 14.3, those living within the locality and registered with 1 of the GP practices generally choose to access 1 of the pharmacies in the locality in order to have their prescriptions dispensed. Those that look outside of the locality usually do so either to access a pharmacy in a neighbouring locality or Health Board or a dispensing appliance contractor outside of the Health Boards area.

In 2019/20 a total of 238 contractors dispensed items written by 1 of the GP practices in this locality, of which 155 were outside of the Health Board's area.



## 14.6 Gaps in provision

### 14.6.1 Pharmacy services

To determine whether there are any gaps in the provision of pharmaceutical services, a set of criteria has been developed to provide a consistent measure across all 7 localities.

#### ❖ Number of pharmacies per 10,000 population

The availability of pharmacy services within the South Ceredigion locality, per 10,000 population is 2.76, which is slightly higher than the Hywel Dda UHB average of 2.53.

The area is well served in terms of the number of pharmacies for essential pharmaceutical services and no current or future needs have been identified based on current provision.

#### ❖ Number of pharmacies open within normal working hours

(Monday to Friday, 9.00am – 5.30pm)

11 of the 13 pharmacies in South Ceredigion open Monday to Friday 9.00am – 5.30pm.

Of the remaining 2 pharmacies, both open 9.00am – 5.30pm on 4 out of 5 weekdays but have an earlier closing time (4.00pm / 3.00pm) on one weekday.

There is good access to pharmacies within normal working hours in the South Ceredigion Locality.

#### ❖ Number of pharmacies open outside of normal opening hours on weekdays

(After 5.30pm Monday to Friday)

4 of the 13 pharmacies in the South Ceredigion locality are open after 5.30pm on weekdays.

1 is open until 6.00pm, 1 until 6.30pm and 2 open until 6.30pm (apart from on Wednesdays when they close at 5.30pm)

There are no pharmacy services available in the locality after 6.30pm. Pharmacy services are available in the neighboring localities of North Ceredigion, North Pembrokeshire and Tywi Taf in the towns of Aberystwyth, Haverfordwest and Carmarthen up until 8pm.

#### ❖ Number of pharmacies open on weekends

In considering access to pharmacy services, it is noted that there are

- No pharmacies open on a Sunday (apart from a 1 hour rota in Llandysul between 4.00pm and 5.00pm)
- 12 pharmacies open either half or full day on a Saturday

Pharmacy	Saturday
Penrhyn Pharmacy, Aberporth	½ day opening
Boots, Cardigan	Full day opening
Caerleon, Cardigan	Full day opening
Well Pharmacy, Cardigan	½ day opening
Adrian Thomas, Lampeter	½ day opening

Boots, Lampeter	Full day opening
Lloyds, Lampeter	½ day opening
Lloyds, Llandysul	½ day opening
Boots, Llandysul	Full day opening
Well Pharmacy, Llanybydder	½ day opening
Bridge Pharmacy, Newcastle Emlyn	Full day opening
Boots, Newcastle Emlyn	Full day opening

The location of pharmacies across the locality and a travel time of no more than 20 minutes by car meet the criterion set for access in Section 5.1.1 of a maximum travel time of 30 minutes. Whilst not all households have access to a car, the nature of the locality means that walking to a pharmacy will be a realistic option for many residents.

As stated, there are no pharmacies open on a Sunday within the South Ceredigion locality. The nearest pharmaceutical services available on a Sunday would be located at Carmarthen, Aberystwyth or Haverfordwest. All of these towns are in the neighbouring localities of Tywi Taf, North Pembrokeshire and North Ceredigion. These towns are also the locations of the nearest GP Out of Hours service between midnight and 8.00am for residents of South Ceredigion.

#### ❖ **Availability of advanced services**

12 pharmacies in the locality provide the Medicine Use Review Service (NB currently suspended due to the COVID-19 pandemic).

13 pharmacies in the locality provide the Discharge Medicines Review Service.

Whilst none of the 13 pharmacies provide the Appliance Use Review service, they do dispense prescriptions for appliances.

No pharmacies in Hywel Dda UHB offer stoma appliance customisation. This is carried out by the nurse led specialist service within the Health Board.

It is concluded that there is sufficient provision of advanced services to meet the likely needs of residents in the locality.

#### ❖ **Availability of enhanced services identified, to be available in all pharmacies**

The following enhanced services have been identified by the PNA Steering Group as services that should be available from as many pharmacies as possible to enable the best access. The Health Board would aim to commission these services from every pharmacy.

- *Common Ailments Service* – all 13 pharmacies in the locality provide this service
- *Emergency Contraception* – 10 pharmacies offer the Emergency Contraception Service  
There are 3 pharmacies that do not currently provide the service; these are located in Cardigan (2) and New Quay
- *Influenza Vaccinations* – 11 pharmacies offered Influenza vaccinations in 2020/21  
There are 2 pharmacies who didn't provide the service in 2020/21 these were located in Lampeter and New Quay
- *Emergency Supply of Medication* – all 13 pharmacies offer the Emergency Supply of Medication Service



- *Smoking Cessation Services (L2)* – 10 pharmacies offer L2 (supply of NRT)  
There are 3 pharmacies that do not currently offer the service these are located in New Quay, Aberporth and Llanybydder
- *Smoking Cessation (L3)* – 8 pharmacies offer L3 – supply of NRT & counselling  
There are 5 pharmacies that do not currently offer the service these are located in New Quay, Aberporth, Llandysul, Lampeter and Llanybydder
- *Patient Sharps* – all 13 pharmacies offer the patient sharps service

There is sufficient provision for the listed enhanced services to meet the likely needs of residents in the locality overall, but there are gaps in provision of Smoking Cessation Level 2 and 3, Emergency Contraception and Flu Vaccinations in specific areas of the locality. Due to the rural nature of the locality, gaps in enhanced service availability can have a significant impact on patients.

However, the Health Board will work with pharmacy contractors to improve on the provision of those services that are not currently available in all 13 pharmacies in the locality. Greater priority will be placed on areas where there is only 1 pharmacy serving a population and where the service is not available from a local GP practice or from another NHS provider. It is the Health Boards aim to have the best access possible for the listed Enhanced services.

Where pharmacies do not take up the offer to provide these services within the first year following publication of this PNA, the Health Board will explore the reasons for this and may review the need for additional pharmaceutical services in this area.

#### ❖ **Proximity of dispensing services to GP practices**

Each of the 6 GP practice sites, both main and branch, within the locality has access to pharmaceutical services as follows:

Nearest pharmacy location to GP practice site	No.
Co-located, next door, or adjacent	1
Within ¼ mile	2
Within ½ mile	2
Within 1 mile	1

It is concluded that the location of pharmacies in the locality is currently appropriate to serve GP practices and their patients.

## 15. Conclusions - for the purpose of schedule 1 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020

The pharmaceutical needs assessment has considered the current provision of pharmaceutical services across the Health Board's area alongside the demography and health needs of the population. It has analysed whether current provision meets the needs of the population of Hywel Dda UHB and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document.

The Health Board would wish to see consistent services offered from pharmacies across its area so that residents are able to access services locally. To realise this aim a number of gaps in the provision of specific services have been identified and these are set out in the current needs in the locality sections 5 - 14.

### 15.1 Current provision

Hywel Dda UHB has identified the following services as relevant to this PNA to meet the need for pharmaceutical services:

- Essential, advanced and enhanced services provided at all premises included in the pharmaceutical list
- The dispensing service provided by those GP practices included in the dispensing doctor list

Preceding sections of this document have set out the provision of these services in each locality.

It has also identified the provision of the above services by contractors outside of its area, whether that is in Wales or England, as contributing towards meeting the need for pharmaceutical services in its area.

### 15.2 Other NHS services

In undertaking this PNA Hywel Dda UHB considers the following other NHS services as affecting the need for pharmaceutical services and has taken them into account:

- |   |                                 |
|---|---------------------------------|
| • Hospital pharmacies                     | • Eye care services             |
| • Minor Injury Units                      | • Cobweb continence service     |
| • Sexual Health Clinics                   | • Substance misuse services     |
| • GP Out of Hours / NHS Wales 111         | • End of life care              |
| • Personal administration of items by GPs | • Stop smoking services         |
| • Dental care                             | • Gluten free food subsidy card |

### 15.3 Current gaps in provision

#### 15.3.1 Current access to essential services

In order to assess the provision of essential services against the needs of the population Hywel Dda UHB considered access (travelling times and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

In order to determine the level of access within Hywel Dda UHB to pharmaceutical services the following criteria were considered:

- The ratio of pharmacies and GP dispensaries per 10,000 population
- Travel time to pharmacies or dispensing practices
- Opening hours of pharmacies and dispensing practices
- Proximity of pharmacies to GP practices

The above criteria were used to measure access to essential services in each of the 7 localities within Hywel Dda UHB.

### 15.3.1.1 Ratio of pharmacies and GP dispensaries per 10,000 population

There are 98 community pharmacies and 6 dispensing GP practices in Hywel Dda UHB. These provide pharmaceutical services to a population of 387,284. Taking only community pharmacies into account as providers there is a ratio of 2.53 per 10,000 population. This is one of the highest ratios for Health Boards in Wales. When the dispensing GP practices are included the ratio per 10,000 population increases to 2.69.

The ratio of pharmacies and GP dispensaries for each locality is set out below.

Locality	Ratio per 10,000 population for	
	Community pharmacies only	Pharmacies and dispensing practices
Amman Gwendraeth	2.65	N/A
Llanelli	2.74	N/A
Tywi Taf	2.21	2.55
North Pembrokeshire	2.56	2.86
South Pembrokeshire	2.38	2.56
North Ceredigion	1.96	2.18
South Ceredigion	2.76	N/A

The locality that is below the overall average for Hywel Dda UHB is North Ceredigion. A pharmacy in Aberystwyth closed in this locality in January 2021, which has contributed to a lower ratio for the area. The closure reduced the number of pharmacies in Aberystwyth from 5 to 4. The closure has not necessarily resulted in an identified gap in the provision of essential services as the remaining 4 pharmacies have absorbed the dispensing activity.

**Based on the information available at the time of developing this PNA, the Health Board has noted that the population of Hywel Dda is well served in terms of the number of pharmacies.**

### 15.3.1.2 Travel time to pharmacies & GP dispensaries

A travel time standard of 30 minutes by car was agreed for this measure of access, for residents to access a pharmacy. For each locality, a map of the 5, 10, 15 and 20 minute drive time from a community pharmacy or dispensing GP practice has been provided in Sections 8 - 14.

Section 5 includes maps by Health Board and by county, which show areas that are within 30 minutes' drive time of a community pharmacy or dispensing GP practice. The maps evidence that almost all the population of Hywel Dda UHB is able to access pharmaceutical services

within the 30 minute maximum drive time standard that was set. It is estimated that approximately 1% of the population live outside of the 30-minute drive time.

**Based on the information available at the time of developing this PNA, the Health Board has noted that the vast majority of its population is well served in terms of the location of pharmacies.**

### 15.3.1.3 Opening hours of pharmacies & GP dispensaries

#### Access to essential services during normal working hours

It is expected that a pharmacy will provide at least 40 hours of opening each week unless the Health Board has previously agreed to less e.g. where a pharmacy serves a branch surgery only. For the purpose of the PNA, normal working hours have been defined as Monday to Friday 9.00am to 5.30pm.

The review for this criterion for each locality is set out below.

Locality (No. of pharmacies)	Monday to Friday 9.00am – 5.30pm	Closes for a ½ day mid- week	Closes earlier than 5.30pm on 1 or 2 days per week
Amman Gwendraeth (16)	11	2	3
Llanelli (17)	16	0	1
Tywi Taf (13)	12	0	1*
North Pembrokeshire (17)	15	0	2*
South Pembrokeshire (13)	11	0	2^
North Ceredigion (9)	6	1	2
South Ceredigion (13)	11	0	2
Total (98)	82	3	13

\* located near a part-time branch surgery ^ 1 closes at 5pm on 5 days of the week.

82 of the 98 pharmacies in Hywel Dda UHB meet the working hours criterion of being open weekdays from 9.00am-5.30pm. A further 3 meet the criterion except for 1 weekday when there is a ½ day closure. 3 pharmacies operate reduced hours to align with opening hours of branch surgeries in small communities.

The Health Board notes that there is good access to essential services at pharmacies within normal working hours in all 7 localities.

**Based on the information available at the time of developing this PNA no current needs relating to the provision of essential services during normal working hours have been identified in any of the 7 localities.**

#### Access to essential services outside normal working hours

To measure access to essential services outside of the defined normal working hours of Monday to Friday 9.00am – 5.30pm three separate criteria were applied:

- Pharmacies open after 5.30pm, Monday to Friday

- Pharmacies open on Saturdays
- Pharmacies open on Sundays

The review for the criterion of the number of pharmacies open after 5.30pm, Monday to Friday is set out below.

Locality	Open after 5.30pm	Open up to 6.00pm	Open up to 6.30pm	Open up to 8pm
Amman Gwendraeth	3	2	1	0
Llanelli	11	9	0	2
Tywi Taf	6	4	0	2
North Pembrokeshire	9	6	1	2
South Pembrokeshire	4	3	1 *	0
North Ceredigion	5	3	1	1
South Ceredigion	4	1	3	0
<b>Total</b>	<b>42</b>	<b>28</b>	<b>7</b>	<b>7</b>

\* opens up to 6.45pm

5 localities have pharmacies that open up to 6.30pm on weekdays.

4 localities have pharmacies that open until 8pm on weekdays.

In the Amman Gwendraeth and South Ceredigion localities, there are no pharmacies open after 6.30pm. In South Pembrokeshire, there are no pharmacies open after 6.45pm on weekdays. Pharmaceutical services are available in neighbouring localities up to 8.00pm. Residents in the Amman Gwendraeth and South Ceredigion localities would be able to access pharmaceutical services within a 30 minute drive time.

**Based on the information available at the time of developing this PNA no current needs relating to the provision of essential services outside normal working hours have been identified in any of the 7 localities as there are pharmaceutical services available up to 8.00pm within a 30 minute drive time.**

The review of the criterion for the number of pharmacies open on Saturdays is set out below.

Locality	Open on Saturdays	For ½ day	Full day
Amman Gwendraeth	5	4	1
Llanelli	7	3	4
Tywi Taf	9	5	4
North Pembrokeshire	12	7	5
South Pembrokeshire	9	4	5
North Ceredigion	5	1	4
South Ceredigion	12	6	6
<b>Total</b>	<b>59</b>	<b>30</b>	<b>29</b>

59 of the 98 pharmacies in Hywel Dda UHB are open on a Saturday. 30 open for ½ a day typically 9.00am – 12.00pm and 29 open for a full day typically 9.00am – 5.30pm.

This offers good access to essential pharmaceutical services on Saturdays in all localities. However if any of the pharmacies that currently open on a Saturday were to withdraw, the



Health Board would reconsider the needs relating to the provision of pharmaceutical services on Saturdays in that particular location.

**Based on the information available at the time of developing this PNA no current needs relating to the provision of essential services on Saturdays have been identified in any of the 7 localities.**

The review for the criterion of the number of pharmacies open on Sundays is set out below.

Locality	Open on Sundays	Alternative pharmacy services available
Amman Gwendraeth	0	Llanelli & Tywi Taf
Llanelli	3	N/A
Tywi Taf	3	N/A
North Pembrokeshire	2	N/A
South Pembrokeshire	1	N/A
North Ceredigion	2	N/A
South Ceredigion	0	North Ceredigion, North Pembrokeshire and Tywi Taf
<b>Total</b>	<b>11</b>	

11 pharmacies are open on Sundays in Hywel Dda UHB to provide pharmaceutical services. The data highlights that Amman Gwendraeth and South Ceredigion are the only 2 localities that do not have a pharmacy open on Sundays.

There is access to essential pharmaceutical services on Sundays in 5 of the 7 localities and for those resident in Amman Gwendraeth or South Ceredigion there are pharmaceutical services available within a 30 minute drive time in neighbouring areas, i.e. Llanelli, Tywi Taf, North Pembrokeshire and North Ceredigion. In addition, there is a Sunday rota service, which provides 1 hour of pharmaceutical services in Llandysul (South Ceredigion) between 4.00pm and 5.00pm.

However if any of the pharmacies that currently open on a Sunday were to withdraw, the Health Board would reconsider the needs relating to the provision of pharmaceutical services on Sundays in that particular location.

**Based on the information available at the time of developing this PNA no current needs relating to the provision of essential services on Sundays have been identified as there are pharmaceutical services available within a 30 minute drive time.**

The NHS Pharmaceutical Services Regulations for community pharmacies do not require them to open on Public and Bank holidays, though many choose to do so. Information is gathered prior to Public and Bank holidays about which pharmacies intend to open, in order to provide details to NHS Wales 111, GP Out of Hours and A&E departments etc. This supports signposting of patients appropriately to pharmaceutical services.

Dispensing GP practices do not provide pharmaceutical services on weekends and bank holidays.

### 15.3.1.4 Proximity of pharmacies to GP practices

Across the 7 localities that make up the Hywel Dda geographical area there are 48 GP practices that operate 48 main sites and 17 branches. The proximity of pharmacies to practices has been mapped for each of the localities. This is summarised in the following table.

Locality	Co-located / adjacent	Within ¼ mile	Within ½ mile	Within 1 mile	Within 4 miles	Within 6 miles
Amman Gwendraeth	8	4	3			
Llanelli	7	1				
Tywi Taf	4	3	1			2*
North Pembrokeshire	4	5			1*	1*
South Pembrokeshire	3	4	1			
North Ceredigion	3	2	1			1*
South Ceredigion	1	2	2	1		
<b>Total</b>	<b>30</b>	<b>21</b>	<b>8</b>	<b>1</b>	<b>1*</b>	<b>4*</b>

51 of the 65 sites (48 main & 17 branch) have a pharmacy either co-located or within ¼ mile. Another 8 sites have a pharmacy located within ½ mile. The 5 sites that have a pharmacy, 4 or 6 miles distance are all dispensing GP practices.

**Based on the information available at the time of developing this PNA the Health Board notes that there is good proximity to pharmacy services for patients that visit GP practices.**

### 15.3.2 Current access to advanced services

Advanced services currently available within Wales that can be provided by community pharmacies are; Medicine Use Reviews, Discharge Medicine Reviews, Appliance Use Review and Stoma Appliance Customisation.

The Medicine Use Review (MUR) service was suspended in March 2020 due to the COVID-19 pandemic. At the time of preparing the PNA the service remains suspended.

As at March 2020, 97 of the 98 pharmacies were listed as providing the MUR service.

The Discharge Medicines Review service can be provided by 97 of the 98 pharmacies in Hywel Dda.

No pharmacies in Hywel Dda UHB provide Appliance Use Reviews. Reviews of appliance use are carried out by various nurse led specialist services within the Health Board. Whilst none of the pharmacies provide the Appliance Use Review service, they do dispense prescriptions for appliances.

No pharmacies in Hywel Dda UHB offer Stoma Appliance Customisation. This service is carried out by the nurse led specialist service within the Health Board.

It is concluded that there is sufficient provision of advanced services to meet the needs of residents in the Health Board area.

**Based on the information available at the time of developing this PNA no current or future needs relating to the provision of advanced services have been identified in any of the 7 localities.**

### 15.3.3 Current access to enhanced services

A number of national enhanced services have been identified by the PNA Steering Group as services that should be available from as many pharmacies as possible to enable the best access. These are;

- Common Ailments Service
- Emergency Contraception
- Influenza Vaccination (seasonal)
- Emergency Supply of Medication
- Smoking Cessation Services
- Patient sharps

The table below sets out the number of pharmacies within each locality that provide the individual enhanced services. The lowest provision for each service and locality are highlighted.

Service /Locality	AG (16)	LL (17)	TT (13)	NP (17)	SP (13)	NC (9)	SC (13)	Total (98)
Common Ailments Service	16	17	13	17	13	9	13	98
Emergency Contraception	13	16	13	13	12	7	10	84
Influenza Vaccination	14	16	11	13	9	7	11	81
Emergency Supply of Medication	15	17	13	17	13	9	13	97
Smoking Cessation L2	14	15	13	16	11	8	10	87
Smoking Cessation L3	13	11	10	10	10	5	8	67
Patient Sharps	16	16	13	14	12	9	13	93

Residents in all localities have very good access to the Common Ailments Service, Emergency Supply of Medication and Patient Sharps.

Overall, there is good access to Emergency Contraception, Influenza Vaccination and Smoking Cessation L2 (supply service only). Good access has been defined as at least 80% of pharmacies listed for the service. An Emergency contraception service is also available from Sexual Health Clinics and GP practices. However, these tend to either have less opening hours than pharmacies or require an appointment.

Overall there is reasonable access to Smoking Cessation Services L3 (supply & counselling), though this service has the lowest provision of those identified in the health boards ambition of having the listed services available in every pharmacy. It is acknowledged that the low uptake for this service could be due to the range of other providers that are available.

Localities and areas where the provision of the listed pharmacy enhanced services could be increased are:

Locality	Service	Locations
Llanelli	Smoking Cessation L3	Dafen, Hendy, Llanelli town Centre & Machynys
Tywi Taf	Smoking Cessation L3	Llandovery, Llandeilo & Carmarthen
North Pembrokeshire	Emergency Contraception	Milford Haven, Johnston & Llangwm

	Influenza Vaccinations	Goodwick, Milford Haven, Johnston & Llangwm
	Smoking Cessation L3	Fishguard, Hakin, Milford Haven, Johnston & Llangwm
South Pembrokeshire	Influenza Vaccinations	Kilgetty, Narberth, Saundersfoot & Tenby
	Smoking Cessation L3	Narberth, Saundersfoot
North Ceredigion	Emergency Contraception	Borth & Talybont
	Influenza Vaccinations	Tregaron & Aberystwyth
	Smoking Cessation L3	Aberaeron, Aberystwyth & Borth
South Ceredigion	Emergency Contraception	Cardigan & New Quay
	Smoking Cessation L2	Aberporth, New Quay & Llanybydder
	Smoking Cessation L3	Aberporth, New Quay, Llandysul, Lampeter & Llanybydder.

The Health Board will work with the existing network of pharmacy contractors to understand the reasons for the current level of uptake of some of the listed services and how an increase in the availability of enhanced services can be achieved with particular focus on the locations noted.

Where pharmacies do not take up the offer to provide these services within the first year following publication of this PNA, the Health Board will explore the reasons for this and may review the need for additional pharmaceutical services in this area.

**Based on the information available at the time of developing this PNA, there is reasonable to good access to enhanced services. A number of locations have been identified where the provision of certain enhanced services could be increased.**

### 15.3.4 Current access to dispensing GP practice services

There are 6 dispensing GP practices in Hywel Dda UHB, which serve a dispensing list size of 17,396 (4.5% of the population). Patients are only eligible to be on the dispensing list of a practice if they live more than 1.6km/1mile from a pharmacy and in an area that has been classified as rural in character and their practice has outline consent and premises approval to dispense to the area in which they live. Therefore, dispensing GP services are not available to all registered patients of these 6 practices.

The 6 dispensing GP practices operate over 8 sites and provide access to pharmaceutical services over the following times:

GP Dispensing Practice	Dispensary opening times
Llanfair Surgery (Llandovery)	8.30am - 6.30pm Monday to Thursday 8.30am - 4.00pm Friday
Llanfair Surgery (Llangadog)	9.00am - 1.00pm; 4.00pm - 6.00pm Monday 9.00am - 1.00pm Tuesday to Thursday 9.00am - 4.00pm Friday



Meddygfa Tywi (Nantgaredig)	8.00am - 6.00pm Monday to Friday
Solva Practice, Solva	8.00am - 6.30pm Monday to Friday
St Thomas 'Surgery (Broad Haven)	9.00am - 12.30pm Tuesday & Thursday 10.30am - 12.30pm Wednesday & Friday
Saundersfoot Practice	8.30am - 6.30pm Monday to Friday
Saundersfoot Practice (Kilgetty)	8.30am - 1.00pm Monday to Friday
Llanilar Health Centre, Llanilar	8.30am - 6.30pm Monday to Friday

The opening hours of the dispensaries within dispensing GP practices offer good access to pharmaceutical services during weekdays. Currently GP practices are not required to open on weekends.

The Health Board has noted the dispensing services provided by the 6 GP practices to eligible patients and has not identified any current needs in relation to the provision of this service.

**Based on the information available at the time of developing this PNA no current needs relating to the provision of GP dispensing services have been identified.**

## 15.4 Future gaps in provision

Hywel Dda UHB has taken into account the following known future developments:

- Forecasted population growth and age demographic
- Delivering a Healthy Mid and West Wales
- Housing Development information from the three Local Authorities
- Pharmacy: Delivering a Healthier Wales

### 15.4.1 Future access to essential services

Based on the planned developments identified in the locality sections (8-14) in this PNA and confirmation by 83 of the 98 pharmacies in Hywel Dda UHB that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand, no gap is evident for future access to essential services.

12 pharmacies stated that they would be able to meet an increase in demand for services with some adjustments to either their premises or staffing levels.

3 pharmacies stated they would find it difficult to meet an increase in demand for services.

#### 15.4.1.1 Access to essential services during normal working hours (Monday-Friday 9am-5.30pm)

Hywel Dda UHB does not anticipate any applications to curtail pharmacy opening hours during normal working hours over the lifespan of this PNA. Any applications relating to core hours would be scrutinised to measure the impact on availability of pharmaceutical services in the location that the applying pharmacy was situated.

**Based on the information available at the time of developing this PNA no future needs relating to the provision of essential services during normal working hours have been identified in any of the 7 localities.**

#### 15.4.1.2 Access to essential services outside normal working hours

It is possible that notifications will be submitted to the Health Board to revise supplementary opening hours for pharmacies during the lifespan of this PNA. Supplementary hours are usually those that relate to after 5.30pm on weekdays and weekend opening.

Notifications to change supplementary hours only require a notice period of 3 months from the pharmacy contractor. The Health Board cannot refuse changes to supplementary hours but it can review the availability of pharmaceutical services in the area as a result of any changes.

If notifications for future reductions in supplementary hours are submitted, the Health Board will review the reasons for the reduction and consider whether there is a need to replace the lost hours. If a need is identified for the replacement of the hours, in order to meet the needs of the local population, the Health Board will consider the options of commissioning extended opening (rota service) or if felt appropriate direct a pharmacy to increase its core hours.

The Health Board can only direct a pharmacy to increase its core hours for more than 40 hrs in any week where it is satisfied that the pharmacy will receive reasonable remuneration in respect of the additional hours the pharmacy is required to provide pharmaceutical services.

**Based on the information available at the time of developing this PNA the Health Board is satisfied that there are no future needs relating to the provision of essential services outside of normal working hours.**

#### 15.4.2 Future access to advanced services

From the data available for advanced services, almost all pharmacies provide Medicine Use Review and Discharge Medication Reviews (97/98). The activity level cap on Medicines Use Reviews per year is 400. The previous cap of 140 per year for Discharge Medication Reviews was removed on the 1<sup>st</sup> of April 2021. Not all pharmacies complete the maximum MURs or DMRs. There is still therefore capacity for future increases in demand for advanced services.

The Medicine Use Review Service is currently suspended due to the COVID-19 pandemic.

**Based on the information available at the time of developing this PNA no future needs relating to the provision of advanced services have been identified in any of the 7 localities.**

### 15.4.3 Future access to enhanced services

As set out in 15.3.3, whilst the overall provision of enhanced services is good, there are specific services that the Health Board would aim to have in all or most pharmacies. Areas have been identified where the level of some enhanced services could be improved. The Health Board will work with existing pharmacy contractors to increase availability of identified enhanced services.

There has been more emphasis on the development of enhanced services for community pharmacies over the last 5 years and this will continue throughout the lifespan of this PNA. In particular, the number of Independent Prescribing Pharmacists is expected to increase and will lead to an expansion in the number of sites commissioned to offer Acute Conditions or Contraceptive Service consultations.

**Based on the information available at the time of developing this PNA, the number of existing pharmacies that offer a fuller range of enhanced services could be increased in future. This will be achieved by the Health Board working with existing pharmacy contractors.**

### 15.4.4 Future access to the GP dispensing service

Based on the ratio of 2.53 pharmacies and dispensing practices per 10,000 population and this being one of the highest ratios of all Health Boards in Wales, it is concluded that there is adequate provision of pharmaceutical services within Hywel Dda UHB to meet the needs its population.

The Health Board has noted that should one of the 6 dispensing GP practices cease to dispensing during the lifetime of this PNA, future access to dispensing services would need to be reviewed for the area in which the service ceased.

**Based on the information available at the time of developing this PNA no future needs relating to the provision of GP dispensing services have been identified in the Health Board area.**

## Appendix A – policy context and background papers

Welsh Government establishes the overall structure in which community pharmacies, dispensing appliance contractors and dispensing doctors operate by providing the legislative and policy framework. Within the framework, the responsibility for planning and providing pharmaceutical services is vested in health boards who must plan health services to meet the needs of their resident populations. This includes determining the number and location of pharmacies and dispensing appliance contractors in their areas.

The general duty to ensure the provision of pharmaceutical services, as with other aspects of NHS primary care services, is conferred directly on health boards under the NHS (Wales) Act 2006 (the 2006 Act). Health boards manage local lists of approved providers, referred to as pharmaceutical lists, and the inclusion of pharmacy and dispensing appliance contractor premises on pharmaceutical lists entitles contractors to provide NHS pharmaceutical services at those premises.

These arrangements govern the provision of pharmaceutical services and not the right to open and conduct a pharmacy business in Wales. That is dealt with under separate UK-wide legislation, the Medicines Act 1968.

The Welsh Ministers have extensive powers and duties to make regulations and to issue directions to health boards, which govern the detail of the pharmaceutical services system in Wales. This includes specifying the terms of service for pharmacies and dispensing appliance contractors and the application of the control of entry test, which is the test that until 1 October 2021 had to be satisfied before a health board would grant an application for entry, or amend an entry, on the pharmaceutical list.

Under the NHS (Pharmaceutical Services) (Wales) Regulations 2013 (the 2013 Regulations), and preceding regulations, those persons wishing to provide pharmaceutical services submitted an application to the health board in accordance with the 2013 Regulations. The health board then decided whether or not the application satisfied the relevant test. The 2013 Regulations allowed for the health board's decision to be challenged by lodging an appeal with the Welsh Ministers.

The previous system of pharmaceutical services delivery was therefore driven by those who wished to provide pharmaceutical services. It is they who decided which services they wished to provide and from what location.

That meant that the system was reactive to applications and health boards were not able to plan where pharmacies or dispensing appliance contractors were located or direct which services must be provided from those locations.

### Rationale for change

In 2010 the then Minister for Health and Social Services established a Task and Finish Group to review the regulatory framework, to consider Welsh Government policy on control of entry and the provision of pharmaceutical services by health professions other than pharmacists (e.g. doctors) and to make recommendations for changes to legislation, if appropriate, to bring about a long term, cost effective and sustainable system which would afford patients appropriate access to pharmaceutical services.

In 2011 Welsh Government consulted on the recommendations of the Task and Finish group. The consultation "Proposals to reform and modernise the National Health Service (Pharmaceutical Services) Regulations 1992" sought views on proposals to deliver a new



approach for determining applications to provide pharmaceutical services in Wales based more on an assessment of local needs by health boards. However it was recognised that to make such a change required the creation and inclusion of appropriate powers in the 2006 Act.

Following the consultation, the 2013 Regulations came into force on 10 May 2013 but did not contain provisions to introduce PNAs.

The Public Health (Wales) Act 2017 (the 2017 Act) inserted section 82A into the 2006 Act which makes provision for a new duty for health boards in Wales to prepare and publish an assessment of need for pharmaceutical services. Section 82A gave the Welsh Ministers powers to make regulations setting out the requirements for PNAs in Wales.

### **Intended effect and beneficial outcomes**

The intended effect of introducing PNAs is to improve the planning and delivery of pharmaceutical services by ensuring the health boards robustly consider the pharmaceutical needs of their populations and align services more closely with them. This will require health boards to take a more integrated approach to identifying the pharmaceutical needs of populations, including considering the contribution of all pharmaceutical services providers (e.g. pharmacies and dispensing doctors). Health boards will use these assessments to identify where additional premises are required, where existing providers are adequately addressing pharmaceutical needs, and where additional services are required from existing premises.

The change will provide contractors with increased certainty, reducing business risk and allowing them to invest in the delivery of wider services than they do currently. Importantly, pharmacies in particular will also become more responsive to the needs of the populations they serve, and provide services effectively to address identified pharmaceutical needs.

### **Policy, legislative framework and regulation**

Section 80 of the 2006 Act places a duty on health boards to make arrangements for the provision of the pharmaceutical services that are set out in subsections 80(3)(a) to (d). These core pharmaceutical services are essentially dispensing services. There is a duty on Welsh Ministers to make regulations governing the way in which health boards make these arrangements.

Section 81 of the 2006 Act sets out the arrangements that Welsh Ministers may make for the provision of additional pharmaceutical services. 'Additional pharmaceutical services' are defined as services of a kind that do not fall within section 80 i.e. advanced and enhanced services. Section 81 gives Welsh Ministers the power to give directions to a health board (i) requiring it to arrange for the provision of additional pharmaceutical services, or (ii) authorising the health board to arrange for the provision of pharmaceutical services if it wishes.

Section 83 of the 2006 Act contains the core of the Welsh Ministers' regulation making powers in relation to the provision of the pharmaceutical services and, amongst other things, sets out the requirement for regulations to require a health board to prepare and publish a pharmaceutical list, and sets out the tests which those persons wishing to provide pharmaceutical services must pass in order to do so (known as the 'control of entry test').

Section 84 sets out a requirement for Welsh Ministers to provide for rights of appeal against decisions that are made by health boards in exercise of powers conferred upon them by regulations made under section 83.

Part 7 of the 2017 Act made provision to amend the 2006 Act in respect of pharmaceutical services. Section 111 of the 2017 Act inserted a new section 82A in to the 2006 Act conferring powers on the Welsh Ministers to make regulations in respect of PNAs. The Public Health (Wales) Act 2017 (Commencement No.4) Order 2019 brought Part 7 of the 2017 Act into force on 1 April 2019. As a result, the Welsh Ministers have now made subordinate legislation setting out requirements for PNAs in Wales.

The 2013 Regulations were revoked and replaced by the NHS (Pharmaceutical Services) (Wales) Regulations 2020. Part 2 of the NHS (Pharmaceutical Services) Regulations 2020 imposes the legal requirements on health boards to complete PNAs.

The NHS (Pharmaceutical Services) Regulations 2020 came into force on 1st October 2020 and health boards have until 1 October 2021 to publish their first PNA.

In summary the NHS (Pharmaceutical Services) Regulations 2020 set out the:

- Services that are to be covered by the PNA
- Information that must be included in the PNA (it should be noted that health boards are free to include any other information that they feel is relevant)
- Date by which health boards must publish their first PNA
- Requirement on health boards to publish further PNAs on a five yearly basis
- Requirement to publish a revised assessment sooner than on a five yearly basis in certain circumstances
- Requirement to publish supplementary statements in certain circumstances
- Requirement to consult with certain people and organisations at least once during the production of the PNA, for at least 60 days; and
- Matters the health board is to have regard to when producing its PNA.

Once a health board has published its first PNA it is required to produce a revised PNA within five years or sooner if it identifies changes to the need for pharmaceutical services which are of a significant extent. The only exception to this is where the health board is satisfied that producing a revised PNA would be a disproportionate response to those changes.

In addition a health board may publish a supplementary statement where it identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications referred to in Section 83 of the 2006 Act, and

- It is satisfied that making a revised assessment would be a disproportionate response to those changes, or
- It is in the course of making a revised assessment and is satisfied that immediate modification of its PNA is essential in order to prevent detriment to the provision of pharmaceutical services in its area.

### Developing the detailed requirements

A working group was established in November 2015 to develop the detailed requirements for conducting a PNA and to review and amend the tests and procedures as they apply to the provision of NHS pharmaceutical services. The group, which met on a number of occasions, consisted health board pharmacy leads with knowledge of the previous control of entry system and expertise in community pharmacy, NHS Shared Services Partnership primary care (pharmacy) leads, who have expertise in the process of determining control of entry applications, and Welsh Government staff. The group has made a significant contribution to the development of the Welsh Government's policy on PNAs, including the resultant proposals contained within the NHS (Pharmaceutical Services) Regulations 2020.

## Appendix B – Essential services

### 1. Dispensing of prescriptions

#### Service description

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients, and maintenance of appropriate records.

#### Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:

- Providing information and advice to the patient or their representative on the safe use of their medicine or appliance
- Providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances.

### 2. Dispensing of repeatable prescriptions

#### Service description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber.

This service includes requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

#### Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber
- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions.

### 3. Disposal of unwanted drugs

#### Service description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from private households and people living in a residential care home. The health board is required to arrange for the collection and disposal of waste medicines from pharmacies.

#### Aims and intended outcomes

- To ensure the public has an easy method of safely disposing of unwanted medicines
- To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines.

### 4. Promotion of healthy lifestyles

#### Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to:

- Have diabetes; or
- Be at risk of coronary heart disease, especially those with high blood pressure; or
- Who smoke; or
- Are overweight,

and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods

#### Aims and intended outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.
- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

### 5. Signposting

#### Service description

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

## Aims and intended outcomes

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations
- To enable people to contact and/or access further care and support appropriate to their needs
- To minimise inappropriate use of health and social care services.

## 6. Support for self-care

### Service description

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

### Aims and intended outcomes

- To enhance access and choice for people who wish to care for themselves or their families
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service – promotion of healthy lifestyles service
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones
- To minimise inappropriate use of health and social care services.



## Appendix C – Advanced services

### 1. Medicines use review and prescription intervention service

#### Service description

This service includes MURs undertaken periodically, as well as those arising in response to the need to make a significant prescription intervention during the dispensing process. A MUR is about helping patients use their medicines more effectively.

Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

#### Aims and intended outcomes

To improve patient knowledge and use of medicines by:

- Establishing the patient's actual use, understanding and experience of taking their medicines;
- Identifying, discussing and assisting in resolving poor or ineffective use of their medicines;
- Identifying side effects and drug interactions that may affect patient compliance;
- Improving the clinical and cost effectiveness of prescribed medicines thereby reducing medicine wastage.

### 2. Discharge medicines review service

#### Service description

The DMR service will provide support to patients recently discharged between care settings by ensuring that changes to patients' medicines made in one care setting (e.g. during a hospital admission) are enacted as intended in the community helping to reduce the risk of preventable medicines related problems and supporting adherence with newly prescribed medication. The service, which builds on the existing MUR service, will provide an opportunity to support patients to improve their knowledge and use of drugs.

#### Aims and intended outcomes

The underlying purpose of this service is, with the patient's agreement, to contribute to a reduction in risk of medication errors and adverse drug events by, in particular –

- Increasing the availability of accurate information about a patient's medicines,
- Improving communication between healthcare professionals and others involved in the transfer of patient care, and patients and their carers,
- Increasing patient involvement in their own care by helping them to develop a better understanding of their medicines, and
- Reducing the likelihood of unnecessary or duplicated prescriptions being dispensed thereby reducing wastage of medicines.

### 3. Stoma appliance customisation

#### Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- The stoma appliance to be customised is listed in Part IXC of the Drug Tariff
- The customisation involves modification to the same specification of multiple identical parts for use with an appliance; and
- Modification is based on the patient's measurement or record of those measurements and if applicable, a template.

#### Aims and intended outcomes

The underlying purpose of the service is to:

- Ensure the proper use and comfortable fitting of the stoma appliance by a patient; and
- Improve the duration of usage of the appliance, thereby reducing wastage of such appliances.

### 4. Appliance use review

#### Service description

An AUR is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

#### Aims and intended outcomes

The underlying purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any specified appliance by, in particular:

- Establishing the way the patient uses the specified appliance and the patient's experience of such use
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the specified appliance by the patient
- Advising the patient on the safe and appropriate storage of the specified appliance
- Advising the patient on the safe and proper disposal of the specified appliances that are used or unwanted.

## Appendix D – Enhanced services

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.
2. A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—
  - The proper and effective ordering of drugs and appliances for the benefit of residents in the care home
  - The clinical and cost effective use of drugs
  - The proper and effective administration of drugs and appliances in the care home
  - The safe and appropriate storage and handling of drugs and appliances, and
  - The recording of drugs and appliances ordered, handled, administered, stored or disposed of.
3. A disease specific management service, the underlying purpose of which is for the pharmacy contractor to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.
4. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.
5. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver drugs and appliances to patients at their home.
6. A language access service, the underlying purpose of which is for the pharmacy contractor to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—
  - Drugs which they are using
  - Their health, and
  - General health matters relevant to them,
 and where appropriate referral to another health care professional.
7. A medication review service, the underlying purpose of which is for the pharmacy contractor to —
  - Conduct a review of the drugs used by a patient on the basis of information and test results included in the patient's care record, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,
  - Advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
  - Where appropriate, to refer the patient to another health care professional.
8. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor to —
  - Assess the knowledge of, compliance with and use of, drugs by vulnerable patients and patients with special needs, and
  - Offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs with a view to improving their knowledge of, compliance with and use of, such drugs.
9. A minor ailment scheme, the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients complaining of a minor

ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.

10. A needle and syringe exchange service, the underlying purpose of which is for the pharmacy contractor to —
  - Provide sterile needles, syringes and associated materials to drug misusers
  - Receive from drug misusers used needles, syringes and associated materials, and
  - Offer advice to drug misusers and where appropriate referral to another health care professional or a specialist drug treatment centre.
11. An on demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.
12. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).
13. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply a prescription only medicine to a patient under a patient group direction.
14. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—
  - The clinical and cost effective use of drugs
  - Prescribing policies and guidelines, and
  - Repeat prescribing.
15. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to—
  - The clinical and cost effective use of drugs in the school
  - The proper and effective administration and use of drugs and appliances in the school
  - The safe and appropriate storage and handling of drugs and appliances, and
  - The recording of drugs and appliances ordered, handled, administered, stored or disposed of.
16. A screening service, the underlying purpose of which is for the pharmacy contractor to —
  - Identify patients at risk of developing a specified disease or condition
  - Offer advice regarding testing for a specified disease or condition
  - Carry out such a test with the patient's consent, and
  - Offer advice following a test and refer to another health care professional as appropriate.
17. A stop smoking service, the underlying purpose of which is for the pharmacy contractor to —
  - Advise and support patients wishing to give up smoking, and
  - Where appropriate, to supply appropriate drugs and aids.
18. A supervised administration service, the underlying purpose of which is for the pharmacy contractor to supervise the administration of prescribed medicines at their premises.

19. A prescribing service, the underlying purpose of which is for the pharmacy contractor to prescribe medicines in circumstances specified by the relevant local health board.
20. An antiviral collection service, the underlying purpose of which is for the pharmacy contractor to supply antiviral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (exemption for supply in the event or in anticipation of pandemic disease), to patients for treatment or prophylaxis.
21. An emergency supply service, the underlying purpose of which is to ensure that in cases of urgency, patients, at their request have prompt access to drugs of appliances:
  - Which have previously been prescribed for them in an NHS prescription but for which they do not have an NHS prescription, and
  - Where in the case of prescription only medicines the requirements of regulation 225(1) of the Human Medicines Regulations 2012 (emergency sale etc by Pharmacist: at patient's request) are satisfied.



## Terms of service for dispensing appliance contractors

### 1. Dispensing of prescriptions

#### Service description

The supply of appliances ordered on NHS prescriptions, together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients, and maintenance of appropriate records.

#### Aims and intended outcomes

To ensure patients receive ordered appliances safely and appropriately by the dispensing appliance contractor:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the dispensing appliance contractor judges it to be clinically appropriate
- Providing the appropriate additional items such as disposable bags and wipes
- Delivering the appropriate items if required to do so in a timely manner and in suitable packaging that is discreet.

To ensure patients are able to use their appliances effectively by staff providing information and advice to the patient or carer on the safe use of their appliance(s).

### 2. Dispensing of repeatable prescriptions

#### Service description

The management and dispensing of repeatable NHS prescriptions appliances in partnership with the patient and the prescriber.

This service includes the requirements that are additional to those for dispensing, such that the dispensing appliance contractor ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

#### Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed appliances directly from a dispensing appliance contractor for a period agreed by the prescriber
- To minimise wastage by reducing the number of appliances dispensed which are not required by the patient
- To reduce the workload of GP practices, by lowering the burden of managing repeat prescriptions.

### 3. Home delivery service

#### Service description

To provide a home delivery service in respect of certain appliances.

### **Aims and intended outcomes**

To preserve the dignity of patients by ensuring that certain appliances are delivered:

- With reasonable promptness, at a time agree with the patient
- In a package that displays no writing or other markings which could indicate its content; and
- In such a way that it is not possible to identify the type of appliance that is being delivered.

## **4. Supply of appropriate supplementary items**

### **Service description**

The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.

### **Aims and intended outcomes**

To ensure that patients have a sufficient supply of wipes for use with their appliance, and are able to dispose of them in a safe and hygienic way.

## **5. Provide expert clinical advice regarding the appliances**

### **Service description**

The provision of expert clinical advice by a suitably trained person who has relevant experience in respect of certain appliances.

### **Aims and intended outcomes**

To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.

## **6. Where a telephone care line is provided, during the period when the dispensing appliance contractor is closed advice is either to be provided via the care line or callers are directed to NHS Direct Wales**

### **Service description**

Provision of advice on certain appliances via a telephone care line outside of the dispensing appliance contractor's contracted opening hours. The dispensing appliance contractor is not required to staff the care line all day, every day, but when it is not staffed callers must be given a telephone number or website contact details for NHS Direct Wales who may be consulted for advice.

### **Aims and intended outcomes**

Callers to the telephone care line are able to access advice 24 hours a day, seven days a week on certain appliances in order to manage their appliance.

## 7. Signposting

### Service description

Where a patient presents a prescription for an appliance which the dispensing appliance contractor does not supply the prescription is either:

- With the consent of the patient, passed to another provider of appliances, or
- If the patient does not consent, they are given contact details for at least two other contractors who are able to dispense it.

### Aims and intended outcomes

To ensure that patients are able to have their prescription dispensed.

## Appendix F – PNA Steering Group membership

Name	Role	Organisation
Jill Paterson	Director of Primary Care, Community and Long Term Care	Hywel Dda UHB
Rhian Bond	Assistant Director of Primary Care	Hywel Dda UHB
Jenny Pugh-Jones	Clinical Director of Pharmacy and Medicines Management	Hywel Dda UHB
Angela Evans	Head of Pharmacy Contracts	Hywel Dda UHB
Kelly White	Primary Care Manager	Hywel Dda UHB
Sarah Isaac	Senior Lead for Primary Care and Community Pharmacy Service	Hywel Dda UHB
Ross Davies	Prescribing Officer	Hywel Dda UHB
Nicola O'Sullivan	Head of Engagement	Hywel Dda UHB
Delyth Evans	Senior Public and Patient Engagement Officer	Hywel Dda UHB
Donna Reed	Senior Communications Officer	Hywel Dda UHB
Judy Thomas	Director of Contractor Services	Community Pharmacy Wales
Dr Michael Thomas	Consultant in Public Health Medicine	Public Health Wales
Helen Williams	Deputy Chief Officer	Hywel Dda Community Health Council
Dr Dylan Williams	GP	Dyfed Powys Local Medical Committee
Heledd Kirkbride	Primary Care Officer – providing secretarial support for the steering group.	Hywel Dda UHB

## Appendix G – Public Engagement Survey

### Public Survey on Pharmacy Services in Hywel Dda University Health Board

We are inviting you to tell us about community pharmacy services in your area.

Many people call them chemists but in this survey we use the word pharmacy. By a pharmacy, we mean a place you would use to get a prescription dispensed or buy medicines which you can only buy from a pharmacy. This survey does not include pharmacies within a hospital.

The information from this survey will be used to prepare a Pharmaceutical Needs Assessment (PNA). This will look at where pharmacies are located and how far patients have to travel, what services pharmacies offer and if current services meet the needs of people in Carmarthenshire, Ceredigion and Pembrokeshire. This information will help us decide whether we need more pharmacies or services in particular areas and support us in making decisions to develop and improve services in the future.

Your views are important to us so please spare a few minutes to complete this survey.

The survey is anonymous; you don't have to give your name and address. Any information you do give will not be linked to you.

Your personal data is held in accordance with the General Data Protection Regulations 2018 and the Hywel Dda Information Governance Framework.

The results from this survey will be published in a draft pharmaceutical needs assessment in spring 2021 which will be available on the Health Board's website.

If you would like more information about the survey or have questions on how to complete the survey, please email [kelly.white@wales.nhs.uk](mailto:kelly.white@wales.nhs.uk) or 01554 783745.

This survey will close on the 13<sup>th</sup> of December 2020 – questionnaires received after this date will not be included. Please return this survey in the freepost envelope provided or alternatively to **FREEPOST HYWEL DDA HEALTH BOARD**

1. **Please tell us the first part of your postcode - we only want to know which part of Hywel Dda Health Board area you live in, so to make sure we only know the general area, please do not tell us the last two letters.**

For example, if your postcode is [SA15 5LE] just write [SA15 5] in the box below



## How you use your pharmacy - either in person or by having someone else go there for you

### 2. Why do you usually use a pharmacy? Please tick all that apply.

- ☐ To get a prescription for myself/someone else
- ☐ Someone else gets my prescription for me
- ☐ To buy medicines for myself/someone else
- ☐ To get advice for myself/someone else
- ☐ Someone else gets advice for me
- ☐ To get delivery of a prescription
- ☐ To access a service (e.g. Smoking cessation, flu vaccination)
- ☐ I never visit a pharmacy
- ☐ Other (please specify)

### 3. If you get your medicines delivered from your community pharmacy why is this? Please tick one.

- |  |  |
|--|--|
| <input type="checkbox"/> Unable to access the pharmacy | <input type="checkbox"/> Because it is more convenient |
| <input type="checkbox"/> Because of working hours      | <input type="checkbox"/> Not applicable                |
| <input type="checkbox"/> Other (please specify)        |  |

### 4.

#### Do you know that pharmacy deliveries are not an NHS service?

- ☐ Yes ☐ No

### 5. Do you know that some community pharmacies can offer the following services?

	Yes	No
Common Ailment Service	<input type="checkbox"/>	<input type="checkbox"/>
Smoking Cessation	<input type="checkbox"/>	<input type="checkbox"/>
Flu Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Contraception (morning after pill )	<input type="checkbox"/>	<input type="checkbox"/>
Needle Exchange	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medicines Supply (repeat medication only )	<input type="checkbox"/>	<input type="checkbox"/>
Return of unused medicines (all pharmacies)	<input type="checkbox"/>	<input type="checkbox"/>

**6. How often do you use a pharmacy? Please tick one.**

- ☐ Daily
 ☐ Weekly  
☐ Fortnightly
 ☐ Monthly  
☐ Four times a year
 ☐ I don't use a pharmacy  
☐ Other (please specify)

**7. Which day or days is the most convenient for you to use a pharmacy? (more than one option can be selected)**

- ☐ Monday
 ☐ Tuesday  
☐ Wednesday
 ☐ Thursday  
☐ Friday
 ☐ Saturday  
☐ Sunday

**8. What time is the most convenient for you to use a pharmacy? Please tick one.**

- ☐ Before 7am
 ☐ 7am to 9am  
☐ 9am to 12 noon
 ☐ 12 noon to 3pm  
☐ 3pm to 6pm
 ☐ 6pm to 9pm  
☐ 9pm to midnight

**9. If the pharmacy you normally use wasn't open, what would you do? Please tick all statements that apply.**

- ☐ Go to another pharmacy
 ☐ Wait until the pharmacy was open  
☐ Go to my GP
 ☐ Call 111  
☐ Go to a Minor Injuries Unit (MIU) / Accident & Emergency Department (A&E)  
☐ Other (please specify)

**Have you ever experienced difficulties obtaining a prescription when you have accessed 111 or an out of hour's service?**

- ☐ Yes
 ☐ No  
☐ Not applicable

If yes, please provide additional information.

## Your choice of pharmacy

**11. Please could you tell us whether you: Please tick one.**

- ☐ Always use the same pharmacy
- ☐ Use different pharmacies but I prefer to visit one most often
- ☐ Always use different pharmacies
- ☐ Rarely use a pharmacy
- ☐ Never use a pharmacy

**12. We would like to know what influences your choice of pharmacy. Please tick all the statements that apply to you.**

- ☐ Close to my home/work
- ☐ Close to my GP Practice
- ☐ Close to other shops/inside a supermarket
- ☐ Car parking
- ☐ Good opening hours
- ☐ Accessible – wheelchair/buggy friendly
- ☐ Service is quick
- ☐ Pharmacy collects my prescriptions (from my surgery)
- ☐ Pharmacy delivers my prescription
- ☐ Pharmacy provides good advice and information
- ☐ They have what I need in stock
- ☐ There is a private area if I need to speak to a staff member
- ☐ Other (please specify)

### Travelling to a pharmacy

**13. If you go to the pharmacy by yourself or with someone else, please tick one.**

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> On foot | <input type="checkbox"/> By bus                 |
| <input type="checkbox"/> By car  | <input type="checkbox"/> By bike                |
| <input type="checkbox"/> By taxi | <input type="checkbox"/> Other (please specify) |

**14. ...and how long does it usually take to get there? Please tick one.**

- |  |   |
|--|---|
| <input type="checkbox"/> Less than 5 minutes       | <input type="checkbox"/> Between 5 and 15 minutes |
| <input type="checkbox"/> Between 15 and 30 minutes | <input type="checkbox"/> More than 30 minutes     |

## Pharmacy services in general

**15. We would like to know how you find out information about a pharmacy such as opening times or the service being offered. Please tick all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> I would call them                | <input type="checkbox"/> I would call 111     |
| <input type="checkbox"/> I would search the internet      | <input type="checkbox"/> I would ask a friend |
| <input type="checkbox"/> I would just pop in and ask them | <input type="checkbox"/> Look in the window   |
| <input type="checkbox"/> Other (please specify)           |   |

**16. Do you feel able to discuss something private with a pharmacist?**

- ☐ Yes    ☐ No
- ☐ Never needed to    ☐ Don't know

**17. Is there anything else you would like to tell us about local pharmacy services?**

## About you

**18. How old are you? (Please tick the appropriate box)**

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Under 18          | <input type="checkbox"/> 18 to 29 |
| <input type="checkbox"/> 30 to 45          | <input type="checkbox"/> 46 to 64 |
| <input type="checkbox"/> 65 to 79          | <input type="checkbox"/> 80+      |
| <input type="checkbox"/> Prefer not to say |                                   |

**19. How would you describe your ethnic origin? (Please tick the appropriate box)**

- ☐ Prefer not to say
- ☐ White – White British
- ☐ White – White Irish
- ☐ White – White Gypsy or Irish Traveller
- ☐ White - Other White Background
- ☐ Asian or Asian British – Indian
- ☐ Asian or Asian British - Bangladeshi
- ☐ Asian or Asian British - Pakistani
- ☐ Asian or Asian British - Chinese
- ☐ Asian or Asian British - Other Asian Background
- ☐ Mixed / Multiple ethnic Background - White & Black Caribbean
- ☐ Mixed / Multiple ethnic Background - White & Asian

- ☐ Mixed / Multiple ethnic Background - White & Black African
- ☐ Mixed / Multiple ethnic Background - Other mixed / multiple background
- ☐ Black or Black British - Caribbean
- ☐ Black or Black British - African
- ☐ Black or Black British - Other Black Background
- ☐ Other ethnic group – Arab
- ☐ Other ethnic group - Any other ethnic group (please state)

**20. Do you have a disability? (Please tick the appropriate box)**

- ☐ Yes ☐ No
- ☐ Prefer not to say

**21. If yes, please tick the appropriate box(es) which best describes your disability?**

- ☐ Mental health ☐ Physical disability ☐ Hearing impairment ☐ Learning disability ☐ Sight impairment ☐ Other (please specify):

**22. Do you provide unpaid care by looking after someone (a family member, friend or neighbour) who is older, disabled or seriously ill?**

- ☐ Yes ☐ No
- ☐ Prefer not to say

**23. What is your religion or belief? (Please tick the appropriate box)**

- ☐ None ☐ Christian
- ☐ Hindu ☐ Jewish
- ☐ Muslim ☐ Sikh
- ☐ Buddhist ☐ Prefer not to say
- ☐ Other (please specify)

**24. What is your sex or current gender? (Please tick all that apply to you)**

- ☐ Man ☐ Woman
- ☐ Trans Male/Trans man ☐ Trans Female/Trans woman
- ☐ Gender variant or Non-binary ☐ Intersex
- ☐ Prefer not to say ☐ Additional Category (Please specify)



**25. What sex were you assigned at birth?**

- ☐ Male    ☐ Female  
☐ Intersex    ☐ Prefer not to say

**26. If you are 16 or over which of the following options best describes how you think of yourself? (Please tick the appropriate box)**

- ☐ Asexual    ☐ Bisexual  
☐ Gay man    ☐ Gay woman/lesbian  
☐ Heterosexual    ☐ Pansexual  
☐ Prefer not to say

## Appendix H – Full results of the Public Engagement Survey

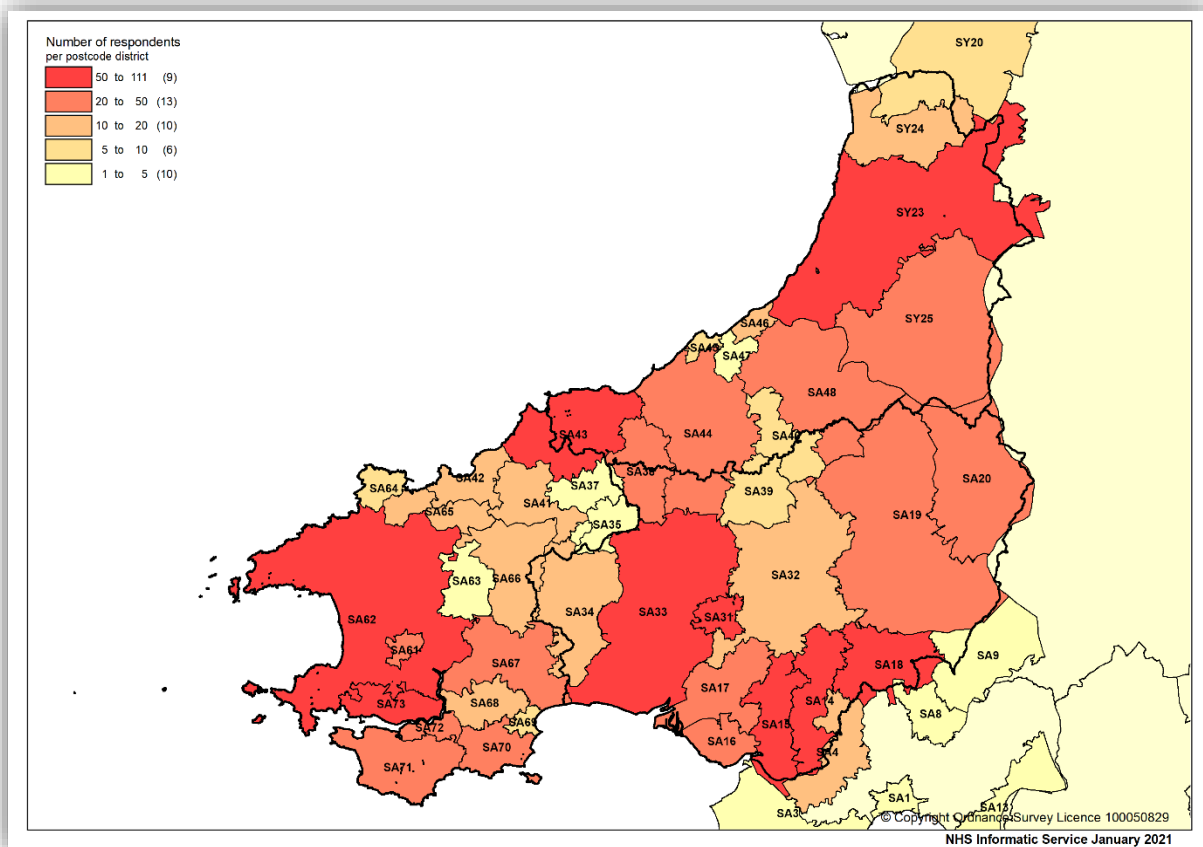
Q1. Please tell us the first part of your postcode - we only want to know which part of Hywel Dda Health Board area you live in, so to make sure we only know the general area, please do not tell us the last two letters. For example, if your postcode is [SA15 5LE] just type [SA15 5] in the box below:

Answered	1306
Skipped	64

Responses to the questionnaire were received from people living across the Health Board area as can be seen from the heat map below, with the highest responses coming from those living in the following areas;

- SY23 – Aberystwyth and surrounding areas
- SA43 – Cardigan and surrounding areas
- SA62 – St Davids and outlying areas of Haverfordwest
- SA73 - Milford Haven and Neyland Areas
- SA33 – Laugharne, St Clears and North Carmarthen
- SA31 – Carmarthen
- SA14/SA15 Llanelli and surrounding areas
- SA18 – Ammanford and the Amman Valley

### Location of Survey Respondents



Q2. Why do you usually use a pharmacy? Please tick all that apply.

Answer Choices	Responses	
To get a prescription for myself/someone else	90.15%	1181
Someone else gets my prescription for me	11.22%	147
To buy medicines for myself/someone else	48.85%	640
To get advice for myself/someone else	41.22%	540
Someone else gets advice for me	2.29%	30
To get delivery of a prescription	22.44%	294
To access a service (e.g. Smoking cessation, flu vaccination)	11.15%	146
I never visit a pharmacy	1.30%	17
Other (please specify)	4.27%	56
	<b>Answered</b>	<b>1310</b>
	<b>Skipped</b>	<b>60</b>

Other – Please specify

- Toiletries.
- Residential Care Home
- Care Home. 60 residents (medication repeat prescription), delivery by [Pharmacy]
- Advice (especially during pandemic) as to whether I should consult a doctor
- Buy presents/ gifts as well
- Gifts
- Unable to queue outside since COVID-19.
- Residential Care Home
- General 'drug store' shopping: bathroom products, in hampers might include honey and slippers!
- Please note that I collect my prescription from my GP dispensary as I live outside [Area].
- I work within the Doctor's surgery so use both personally and professionally
- Shampoo nappies etc
- Residential Home
- to buy toiletries etc
- Toiletries and cards.
- They supply our care home and the service is amazing, always willing to give advice and delivery at short notice, offers staff training, really cares.
- Passport photos, purchase goods such as nappies etc
- To buy other items
- Order Medication for care home.
- Buy shampoo, wart treatment, podiatry stuff, plasters. BP for husband to stop him fretting. Disposing of needles found in public spaces e.g. children's playground, beaches.
- Prescriptions usually ordered by phone to GP's for delivery. Pharmacy on site at surgery for prescriptions.
- I also sometimes visit a local pharmacy to collect essential prescription items for my elderly father who has a different surgery to my own
- To come to work
- To buy goods
- I manage a care home
- For purchase of vitamins supplements for eg.

- Purchase toiletries
- To buy other items eg soap, toothpaste, plasters, etc.
- Review of medicines occasionally (warfarin record).
- For face creams and toiletries and advice.
- Can't walk very far so I have to get prescription delivered if possible or ask someone to get it.
- To get a special licence product
- Order monthly for myself and for 22 residents.
- I am the manager of a care home, so I organise medication etc for residents.
- The Pharmacy sells a range of other items that I may buy
- To have pharmacist advice on conditions e.g. wasp stings - advised to attend GP surgery urgently
- Mainly use pharmacy as next door to surgery, but occasionally it is deliveries e.g. pandemic
- To collect online orders
- Buy other, non medicinal products
- Care Worker, so have to get medication/ scripts for individuals we support
- To buy Toiletries sometimes
- Monthly Prescription delivered by Pharmacy
- To buy lip salve, toothpaste etc
- Flu jab
- To buy personal products e. G. Toiletries.
- Also work there
- My prescription are delivered
- Particularly since Covid,our GP advices to his Practice Pharmacist are conveyed to a senior pharmacist at the next door Pharmacy,and delivered to our house.If we have surplus we telephone the senior pharmacist.
- Our pharmacist offers consultation and prescribed medicines - very useful.
- Flu jab
- Support regarding mental health (as other services currently closed due to covid)
- I never visit because I am disabled and housebound. The prescription delivery is invaluable to me.
- I have to have my prescriptions delivered by the pharmacy connected to the GO surgery as I have no way of collecting it myself
- Pharmacist in surgery
- To find presents e.g. for Christmas
- non prescript goods

Q3 If you get your medicines delivered from your community pharmacy why is this?

Answer Choices	Responses	
Unable to access the pharmacy	5.19%	64
Because it is more convenient	9.49%	117
Because of working hours	1.87%	23
Not applicable	74.53%	919
Other (please specify)	8.92%	110
	<b>Answered</b>	<b>1233</b>
	<b>Skipped</b>	<b>137</b>

#### Other – Please Specify

- Self isolating
- delivery during lockdown
- COVID
- Care Home - Long standing service 18+ years.
- I pick up
- I have both
- Had them delivered during Covid
- During COVID my medication was delivered
- Disabled
- I can't get them delivered, keep asking
- I have my medication in trays
- I am housebound
- Pharmacy deliver, no longer able to pick up my own prescription from the surgery.
- My friend delivers
- Delivery to care home
- Because of disabilities.
- COVID
- Vulnerable and shielding
- Unable to attend broken wrist/lockdown
- don't do delivery
- Shielding from covid with copd
- Due to Crohn's & fibromyalgia and covid not good together
- The pharmacy does not deliver but I would like it to.
- Unable to get delivery. Not an option
- The pharmacy will not deliver
- Residential Care Home
- Unable to get to the pharmacy due to ill health.
- I am a carer for my disabled daughter
- Due to disability
- Covid
- Disability. Due to ill health, difficulty walking due to stroke.
- Delivers to the care home, always willing to help/ advise and chase prescriptions if they are late.
- Delivery only when unable to collect, i.e. Ill.
- Residential Care Home
- Due to illness.
- has dementia. Automatic Repeat prescriptions delivered.
- I am 91 years of age & I have no means of transport.
- Repeat prescription via Dr Surgery.
- Difficulty walking + finding a parking space.
- For Care Home - Multiple Deliveries
- doctors have said they must be delivered
- I would benefit from this option as I have an extremely busy front line role and find it difficult to fit in visits and times due to my busy schedule. Also the GP practice protocol for repeat prescriptions is not as efficient and effective as it could be.
- elderly relative



- They will not deliver to my home address, even though they come 3 miles down the road to my neighbour, which I find unfair practice due to my current medical condition, heart failure, diabetes, high blood pressure. which is very challenging when travelling 30miles round trip.
- Currently housebound
- it started because of the covid 19 shop restrictions, when there were long queues outside in bad weather
- In an emergency
- Care home. So need medication delivered.
- More or less housebound. No transport.
- I have a contract with them.
- get works prescriptions/ medications delivered to a care home.
- Shielding - very nervous.
- Disabled
- would need a special journey to collect it as I don't otherwise go into [Area]
- No car.
- Shielding - COVID
- Both my husband and myself are elderly.
- Limited mobility. I live quite close to the pharmacy and if I can not pick up regular medication or no one else is available it is delivered by one of the staff.
- would need to make a special journey of 5 miles ie 10 mile round trip
- Unable to get to the pharmacy as I look after my husband who is 90yrs old
- When I was a carer I had limited respite hours, so I used the delivery service. Now I am a widow and I might need delivery, depending on what is wrong with me.
- Old age.
- Delivery for medication for care home
- I have been sheilding, so prefer to reduce human contact + too cold to wait outside in winter. But service has now stopped & that is really worrying with the increased risk about now - COVID - etc.
- Would like home delivery but not available now that 1st lockdown has ended
- Contract with [Pharmacy]. Scripts go to the surgery, GP completes and sent to [Pharmacy].
- The Doctors stop using the pharmacy and will not allow them to order them
- When I would have otherwise been short of medication
- If you live on your own/ have no family (to keep out of going in a home).
- It's simpler due to having a lot of medication delivered at once that needs to be checked and verified by the staff.
- When household was in lockdown
- Housebound
- 82 Years old, with difficulty walking
- Would Only use if am unable to collect myself or get someone to do it for me.
- More Convenient. The service is available to all who live outside the pharmacy location - rural community/ limited bus. Also GP surgery 5 miles further away than pharmacy.
- I have diabetes + osteoporosis, so have a lot of prescriptions that I must take.
- Trying to stay indoors due to age.
- Currently because of COVID.
- Shielding my mum from Covid
- Shielding because of health issues

- Only when housebound or carer isn't available.
- [Pharmacy] Delivery system used by IWS
- If I am unable to collect my prescription they will deliver
- During Covid-19 my elderly father (89) lives on his own - I asked the pharmacy where he normally gets his prescription would they be able to deliver the prescription (as I was not able to pick up due to 5-mile restriction) and the response I got was very negative and unhelpful
- Covid restrictions
- N/A
- During pandemic
- During shielding
- Because of Covid19
- Delivered during first lockdown as shielding, collecting myself again now
- Cannot get medicines delivered from the pharmacy
- Rheumatoid arthritis can't drive
- Since lockdown
- My husband has had a stroke and has his medicines delivered as he could not collect them
- Coronavirus
- We are in our eighties and have health problems and have been advised not to go in shops.
- Lack of mobility and Pharmacy is next building to Health Centre.
- Because I'm shielding
- High Isolation necessity
- Had repeat medicines delivered during lockdown but now pick them up ourselves
- COVID SHIELDING
- Would have to take taxis
- It is a service offered by pharmacy
- Health is unpredictable, so can't always collect
- Avoiding the very busy town due to COVID
- Self isolating
- Have only had items delivered once because we were self isolating at the start of lockdown 1
- Because of Covid19
- Not able to get out of house
- Can't get home delivery

Q4 Do you know that pharmacy deliveries are not an NHS service?

Answer Choices	Responses	
Yes	60.63%	787
No	39.37%	511
	<b>Answered</b>	<b>1298</b>
	<b>Skipped</b>	<b>72</b>

Q5 Do you know that some community pharmacies can offer the following services?

	Yes		No		Total
Common Ailment Service	84.10%	1079	15.90%	204	1283
Smoking Cessation	71.42%	887	28.58%	355	1242

Flu Vaccination Service	85.70%	1103	14.30%	184	1287
Emergency Contraception (morning after pill )	69.98%	874	30.02%	375	1249
Needle Exchange	52.82%	646	47.18%	577	1223
Emergency Medicines Supply (repeat medication only )	72.45%	923	27.55%	351	1274
Return of unused medicines (All Pharmacies)	89.64%	1160	10.36%	134	1294
			<b>Answered</b>		<b>1309</b>
			<b>Skipped</b>		<b>61</b>

Q6. How often do you use a pharmacy?

Answer Choices	Responses	
Daily	1.83%	24
Weekly	10.47%	137
Fortnightly	12.53%	164
Monthly	62.03%	812
Four times a year	8.02%	105
I don't use a pharmacy	0.69%	9
Other (please specify)	4.43%	58
	<b>Answered</b>	<b>1309</b>
	<b>Skipped</b>	<b>61</b>

Other – Please Specify

- Pan fydd angen.
- Sporadically
- When required, no given time.
- as and when needed
- Every 56 days (2 months)
- As and when I need to go there.
- just when I'm ill
- Bi-monthly
- 3-4 times a week depending on need (Care Home)
- Maybe once or twice a year
- 2-3 times per week
- every 2 months
- only when needed -
- As needed, nice to know it's there.
- When I am I'll and require medication 8 times a year
- Use when needed. No pattern. But always one a month.
- Fortnightly through work
- Whenever I need to
- Repeat scripts, about once every 2 months.
- Often
- When I need to.
- Depends on what I need
- It used to be regularly for my husbands needs (between monthly and fortnightly). I am not on any medication at the moment but I do buy continence pads occasionally.

- Weekly/ Monthly, sometimes more often - frequently the GP surgery does not put all the repeat prescriptions requested on the prescription, so we need multiple visits/ calls to get all items needed. Plus pharmacy can not always get prescription items to send out - so multiple visits. Can take 3 weeks to get all prescription items!!!
- Only when I am unwell
- Regularly, usually more than monthly due to errors, mistakes, omissions in the prescription of repeat items, stock not available, needing more than one visit to get all items needed.
- Care Home - Monthly supply. Sometimes Mid-Month, all depends on residents.
- 3 times a week
- Every 2 months
- Every 2 months
- 2-3 times a week
- Whenever I need a repeat prescription
- when needed
- Irregular each year, sometimes never for several years
- Perhaps once a year
- When i have a prescription
- Monthly
- Irregular use, I'm disabled and chronically ill
- Rarely, acute only
- When necessary
- Fewer than four times a year
- On an as needs basis for common ailments
- Sometimes after a consultant appointment
- two monthly
- Every 4 weeks at least as prescription lasts 28 days.
- 2 monthly
- When required
- Rarely only If a need a prescription.
- bi-monthly
- Every 2 months
- 2-3 times a year
- 1 to 2 times a year
- I'm lucky, not often ill
- bi-monthly
- Occasional - once or twice a year
- Once or twice some years
- EVERY 2 MONTHS TO COLLECT REPEAT PRESCRIPTION
- Fairly regularly as I'm on 5 meds

Q7. Which day or days is the most convenient for you to use a pharmacy? (more than one option can be selected)

Answer Choices	Responses	
Monday	58.95%	754
Tuesday	56.37%	721
Wednesday	59.89%	766
Thursday	58.64%	750

Friday	63.49%	812
Saturday	50.43%	645
Sunday	23.53%	301
	<b>Answered</b>	<b>1279</b>
	<b>Skipped</b>	<b>91</b>

Q8. What time is the most convenient for you to use a pharmacy?

Answer Choices	Responses	
Before 7 am	0.78%	10
7am to 9am	4.93%	63
9am to 12 noon	45.43%	581
12 noon to 3pm	22.60%	289
3pm to 6pm	19.16%	245
6pm to 9pm	6.65%	85
9pm to midnight	0.47%	6
	<b>Answered</b>	<b>1279</b>
	<b>Skipped</b>	<b>91</b>

Q9. If the pharmacy you normally use wasn't open, what would you do? Please tick all statements that apply.

Answer Choices	Responses	
Go to another pharmacy	53.37%	697
Wait until the pharmacy was open	62.56%	817
Go to my GP	12.86%	168
Go to a Minor Injuries Unit (MIU) / Accident & Emergency Department (A&E)	5.21%	68
Call 111	6.74%	88
Other (please specify)	4.59%	60
	<b>Answered</b>	<b>1306</b>
	<b>Skipped</b>	<b>64</b>

Other – Please Specify

- Heblaw bod argyfwng byddwn yn mynd i archfarchnad o bosib.
- Call my therapist at CDAT (drug & Alcohol) to source my medication according to advice. *\*CDAT – Community Drug & Alcohol Team*
- Generally it is only used to pick up medical requirements, why would it normally be necessary to do anything else ?
- I have complex chronic disease, so always my own pharmacy or advice from GP if needed by phonecall
- Depends what it's for. My repeats are sent straight to pharmacy but would go elsewhere for something else.
- Depends on what it's for.
- Depending on reason for going to pharmacy
- In a real emergency my carer would go to another pharmacy.
- For some items I could go to another pharmacy, however my sons medication is a special order and can only be ordered at one pharmacy in our town.
- No
- Try [Pharmacy] or other supermarket



- Advice via GP OOH.
- Get delivery from another pharmacy.
- Any emergency medication is given by GP if pharmacy is closed. We do have his main number is there is a major problem.
- I WOULD ONLY GO TO A & E OR CALL 111 IF I NEEDED URGENT HELP
- Try and call another time; sometimes work commitments are such that I have to go without meds as I cant get there during their opening hours
- As mentioned previously, when people work full-time in busy roles their schedule doesn't always fit in with pharmacy time-tables.
- Ask a friend to go to another pharmacy
- Depends on my reason for going to pharmacy.
- Depends on the reason/ situation at that time.
- If collecting prescription, would wait until pharmacy open. If going for advice, would visit another pharmacy.
- Go to another branch of <<Pharmacy Name>> within the county or use [Pharmacy].
- I have to rely on other s availability
- Phone diabetic centre PPH.
- go another day
- Or travel 16 miles
- Not applicable to us as a care home. daily deliveries in place.
- If I needed other medication than repeat, I would go to another open Chemist.
- Call OOH Services
- It depends on why I need pharmacy + urgency of treatment required.
- Depends on urgency of need and items required.
- Depends on if there is an issue. Call GP if needed
- I would go to A&E or Doctor if situation was urgent.
- If I had run out of meds I would have to get another script as scripts are held by the pharmacy.
- What do you mean? By "Not Open"? Closed for Lunch? Closed with no notice in the door? Closed ceased trading? There are 2 other pharmacies in town. Is it likely my pharmacy will close??
- Would depend on urgency of reason for needing the pharmacy!
- If urgent use another pharmacy. If not, just wait for usual pharmacy.
- Depends what the problem is
- I have no options, as the GP Surgery automatically sends my prescriptions to the pharmacy, if I have any issues with the pharmacists or need to deal with any errors, I must always have to contact the pharmacy. The pharmacists also make thres own decisions if they think a prescription is wrong, either withholding medication or returning the script to the surgery. I can understand them possibly wanting to contact the using Doctor to confirm that the script is correct, but deliberately withholding medication because they don't think is right is not an acceptable practice, especially when I've just been discharged from hospital for surgery and the hospital staff keep any meds you are supposed to bring with you, and/ or, you are discharged from hospital with multiple scripts, after the hospital pharmacy closes and the all other pharmacies don't stock the medication that had been requested, leaving me without any medication for four full days resulting in my immediate post-operative period not only being without the prescribed pain relief, but also without drugs I had been taking for several years, causing immediate and very severe withdrawal symptoms that could easily have resulted in my death, either accidentally through dizziness,

imbalance or some other withdrawal symptom, or due to suicidal thoughts as a result of withdrawal from, and not having, the medication issued by the Carmarthen Mental Health Team.

- This is where communication between Pharmacies/Pharmacists, the script issuing doctors and the patients that require, what is sometimes, an emergency supply service. While mentioning this, I would like to add that this type of error is greatly improved over the last year, with the pharmacy staff attempting to contact me, or my carer, to advise of any issues with the script, the supply of the drugs and even substitute drug necessities.
- Will depend on what I needed.
- Go again when it is open
- N/A
- Unless it's an emergency
- Depends on the Emergency + Requirement. Difficult question to answer, a I suppose we do take the service for granted + rely on them.
- It depends why I wanted to use the pharmacy
- health shop
- Ask a friend to visit when it is open
- Depends on the issue
- It depends on the reason for the visit. Usually I'd have to return to same pharmacy as it processes my repeat prescription. For advice I could go to another pharmacy.
- Depends on the situation
- If it's for repeat prescription I would have to wait, if not, use another
- Depends on what you need so cannot answer this
- If its for emergency prescription meds then would phone gp or 111
- If not urgent would ring them when they were open.\*
- I would start using an online company.
- A&E to be clear as its dangerous for me to be without my medication.
- Only done this once in over a decade.
- All depends why I needed to go?
- Order on line. This is available aty my surgery
- Depends what my problem is
- Would depend what service you need

Q10. Have you ever experienced difficulties obtaining a prescription when you have accessed 111 or an out of hour's service?

Answer Choices	Responses	
Yes	7.30%	95
No	42.55%	554
Not applicable	50.15%	653
If yes, please provide additional information.		75
	<b>Answered</b>	<b>1302</b>
	<b>Skipped</b>	<b>68</b>

If yes, please provide additional information

- On a Sunday used the 111 service, spoke with a pharmacist who was supposed to prescribe antibiotics and analgesia. No analgesia prescribed.
- Yes - when the surgery in my local area was closed due to COVID.
- Prescription was not written properly and had to be re-written

- no chemist open after 5
- Certain antibiotics not in stock. Cefaclor
- Out of hours - pharmacy closed
- I Had to collect a prescription for my sister in laws grandson but because my wife missed part of the address of the card they were not going to give me the prescription that the child needed as he was on a program that they were for I had to threaten to go to the head office as I had the child's date of birth and the were still not going to give them to me
- N/A
- Not during opening hours, person manning the out of hours took 1-2 hours
- Not enough community pharmacies open on Sundays.
- Some prescribed meds not available
- Due to the phone line being so busy.
- Co-operation between surgery + chemist.
- have to travel quite far at a very specific time to the emergency pharmacist.
- Had to travel 15-20 miles to find a 24-7 pharmacy over the weekend.
- Pharmacy shut, so have yo travel to nearest supermarket that has late pharmacy
- Some medicines not available at the in-store pharmacy - run out.
- Pharmacy closed unable to obtain prescription when using out of hours service
- Local pharmacy not open. I do not have transport to get to another pharmacy.
- Pharmacy unable to dispense, so had to go to hospital.
- Pharmacy didn't have required drugs needed for care home.
- I had forgotten to collect my prescription and they told me that I had to wait until the following day, as they did not have the drug I used!! I had to go without my medication, which caused me great anguish.
- Had to drive long distances to see OOH Dr for prescription.
- Sometimes the pharmacy is not open and I have to wait until they are.
- Difficulty obtaining supplies and finding an open pharmacy.
- sometimes it is hard to get emergency supplies of ventolin for asthma without a prscription
- Nearest open Pharmacy was too far away
- Crohn's enema's needed to be ordered in during a weekend and struggled to find an out of hours pharmacy that would be able to order and supply. Ended up having to obtain from the hospital pharmacy.
- lack of communication between the g.ps and the pharmacist, slips not been handled correctly, slow dispense, resulting in travelling twice or the need to relay on other people.
- Everything closed till the following morning
- As a care home if OOH don't have what we need in stock them we have to travel far to get prescriptions.
- On behalf of another person. No one had the drug I needed for them.
- no 24 hour pharmacy around all local ones close by 6.00 p.m which is before gp surgery closes
- Through work. Pharmacy could not accept prescription written by hospital
- on holiday in [Area] , 111 faxed emergency prescription to pharmacy. Pharmacy claimed not to have received it. Spoke to 111 again. Dr rang back, whilst I was in pharmacy and they "found" it. Had been faxed 2 hours earlier.
- Can't get sense out of 111 service - so don't usually bother with it now - Out of hours GP more use.

- Medication not available on a Sunday in my area from the 2 pharmacies.
- Finding correct pharmacy that is open.
- Same because the doctors fax them
- For a friend, terminal with cancer. Chemist unhelpful (prescription and doctors to chemist delay).
- Last April, when in lockdown I was suffering from tooth infection and required antibiotics. I was informed that the nearest pharmacy was [Area Name], [Area Name] or Carmarthen, it was on a Sunday. I had been taking painkillers and am now 76 years of age. I think a nearer pharmacy should always be available during weekends and bank holidays.
- Medication given at time of being seen.
- Pharmacies are closed in the evening although Emergency dental treatment requiring antibiotics is available
- had to travel further to another pharmacy to get prescription filled.
- The only chemist was over 20 miles away and I was too ill to drive.
- Pharmacies closed by time 111 doctor called back on a Sunday- had to contact own GP for antibiotics for UTI following working day- leading to delay in starting treatment of almost 24 hours.
- Had to wait till the morning
- The script not being in stock, the script not being ordered on a prescription pad and, by the nature of the particular reason for these scripts, finding somewhere open is always a problem.
- The rural nature of Carmarthenshire means that hours of travel may be needed to find a pharmacist that will accept and fulfill any prescription issued by a hospital or prescriptions that have been faxed ahead by a doctor, nurse, 111 or a hospital ward resident or even A&E.
- lack of communication. Pharmacy not aware
- Had to wait for a pharmacy to open for a carer to collect meds
- I had ordered my repeat prescription before going on holiday but my flight was delayed on return so the pharmacy was closed when I got back. I telephoned [Pharmacy Name] the following day and they gave me another prescription instead. Was no hassle at all, chemist gave me another prescription on a Saturday morning.
- Had to travel 20 miles to collect a prescription when it was inconvenient/awkward to leave the house due to constant blood loss
- After contacting 111 to deal with my son's tonsillitis I waited 6hrs for a pharmacist to contact me at home which was totally unacceptable. By the time the pharmacist contacted me all our local pharmacies had closed, he then expected me to travel to [Hospital Name] to collect a prescription which is a trip of 90 minutes one way as I live in Ceredigion. I declined and he agreed to fax the prescription to my local pharmacy to be collected in the morning. I said that if my son's condition deteriorated I would take him to A+E in [Hospital Name].
- Never seems to get correct prescription
- Delay from issuing doctors surgery
- Had to wait until the next day
- Seems that the communication between the 111 service and a Pharmacy could be better
- No pharmacy open due to living in a rural area
- Nowhere is open to get the meds when using out of hours!!
- Rural Wales has no 24hr pharmacy

- I could barely swallow or breathe (before Covid) and could not get a gp appointment. No local pharmacies were open so we had to travel for an hour to the nearest
- The medication was prescribed by the GP over the phone but we didn't receive until 2 days later. It was supposed to have been started that evening
- Took a long time for the prescription to arrive.
- on bank holidays there is often only 2 pharmacies open in the whole county I had excessive sudden menstrual bleeding due to perimenopause I needed to change tampons and towels every 10 minutes and my nearest pharmacy was [Area Name] about a half hour drive away, luckily I had a visitor who went and picked it up for me but as a single parent if that visitor hadn't been here I'd have had to go without which would have had serious consequences and would have lead to possible collapse and needing an ambulance in tuen needing my children to be looked after by social services. on another occasion something similar happened I was given a prescription by the emergency Dr in [Area Name] and I only just managed to get to the pharmacy 10 minutes before it shut for the day that was also a bank holiday
- Don't drive and 3 miles from nearest chemist so unless delivery is available cannot access in emergency or if too unwell to travel by public transport.
- given prescription but being housebound and husband at sea no one to take it to my pharmacy
- ! With hindsight, I should have rung 999 as the poor person landed up in hospital less than 24hrs later for 3 weeks, but once in Hospital, then caught one of the worst Superbugs going in any Hospital shortly after being admitted! Useless prescription service running only in the "awake hours."
- Was refused and treated as an addict trying to feed an addiction - I'm not an addict but they wouldn't prescribe any pain meds other than paracetamol and as I'm in severe pain it's not enough.
- Had a late out of hours prescription after being sent by 111
- I had gallstones, was in horrendous pain, was told could only get a prescription for pain relief if on call Doctor saw me face to face, he was stuck a long way away and couldn't get to me for hours, was told the only way to get medication was to go to A/E.
- At a weekend had to go to [Pharmacy] after using OOH
- I have accessed out of hours service when my pharmacy was closed and as I don't drive and there has been no public transport I have gone without medication for 2-3 days
- Specific drug not available
- when one of my children were young and it was alert hours

Q11. Please could you tell us whether you:

Answer Choices	Responses	
Always use the same pharmacy	72.83%	946
Use different pharmacies but I prefer to visit one most often	24.63%	320
Always use different pharmacies	0.69%	9
Rarely use a pharmacy	1.62%	21
Never use a pharmacy	0.23%	3
	<b>Answered</b>	<b>1299</b>
	<b>Skipped</b>	<b>71</b>



Q12. We would like to know what influences your choice of pharmacy. Please tick all the statements that apply to you.

Answer Choices	Responses	
Close to my home/work	62.50%	810
Close to my GP Practice	57.48%	745
Close to other shops/inside a supermarket	16.05%	208
Car parking	33.10%	429
Good opening hours	35.34%	458
Accessible – wheelchair/buggy friendly	7.02%	91
Service is quick	31.94%	414
Pharmacy collects my prescriptions (from my surgery)	55.71%	722
Pharmacy delivers my prescription	17.67%	229
Pharmacy provides good advice and information	46.22%	599
They have what I need in stock	29.55%	383
There is a private area if I need to speak to a staff member	33.95%	440
Other (please specify)	8.18%	106
	<b>Answered</b>	<b>1296</b>
	<b>Skipped</b>	<b>74</b>

Other (please specify)

- Mae'r staff yn gyfeillgar iawn.
- Very friendly staff ad always a warm welcome.
- It is further away from the centre of the town i Live in & therefore I am less likely to meet someone I previously took drugs with. Having received treatment they are excellent.
- No-one knows who you are
- I live in a rural community 11 miles from the nearest town and I son't drive.
- Privately owned, not a huge business, friendly
- I like the pharmacy team
- I was fed up with with the pharmist questioning what the doctor had given me for my pain relief so I moved to another pharmacy
- Pharmacy is "selected" by the GP Practice
- I can order my repeat prescription via email.
- Husband works for the pharmacy
- There is only one pharmacy within 20 miles radius
- Don't like the fact that some pharmacies order for my dad getting medication that he doesn't need.
- Very helpful Pharmacist (Name)
- Helpful staff
- Friendly and business like staff.
- Lovely, friendly & helpful staff
- Have difficulty getting controlled medication elsewhere.
- Provide excellent service
- Staff are helpful
- Family tradition
- Staff Training, Provision of MAR, collection of returns.

- Pharmacy is polite with good customer service. Pharmacist in [Pharmacy out of area] operated a private monopoly and is rude to customers/ patients as many have nowhere else to go.
- Local pharmacy not big chain
- Family
- I have to use a pharmacy which collects from my GP surgery because I cannot access the surgery due to opening hours. I would prefer if my prescription could be sent electronically (like in England) to a pharmacy close to my work.
- The service they provide to our care home.
- Professional and welcoming.
- Friendly staff, always polite.
- Local friendly staff who know what I need and look to the pharmacist for guidance, if needed. Knowledgeable about products - medicinal and other (beauty, incontinent pads, etc).
- Very friendly staff.
- I had used other pharmacy in SA61 ([Pharmacy]) which have good understanding/ customer service, I use my local pharmacy purely because of location.
- I used to go to one that was kind, helpful and relatively fast. The staff changed some years ago and did not tick these boxes, there was no eye contact, they were abrupt + sometimes I felt unhelpful. So I moved to [Pharmacy] who are delightful, friendly, ask if my neighbours are okay, are their prescriptions okay, etc.
- surgery usually takes my prescription into pharmacy but most are on repeat
- Access i.e. parking important to me, as I'm constantly on the move. Having the items in stock avoids unnecessary delays. Improved processes for re-peat prescriptions with GP practices. Being able to actually talk to someone when there's a problem rather than be passed around and talking to automated services.
- The staff adhere to confidentiality and do not make you feel stupid.
- The Pharmacy manager used to know exactly what medication I used - but alas she was made redundant a few weeks ago due to the Pharmacy re-Organization. She was very efficient and helpful.
- They are able to provide a particular product
- my GP practice has two sites, each with a pharmacy next door
- I prefer [Pharmacy] because of the format the tablets come in - I take 3 a day and they come on sheets of 21 with the days marked. Other pharmacies give them in bulkier sheets of 15 which I find awkward.
- Closest to the care home.
- I do not need to access a pharmacy, but would use one close to my GP if needed.
- A friendly and personal service, who always help you.
- Excellent friendly service always given. All staff are very professional.
- Extremely helpful staff. Always have a smile and a hello, which sometimes is the only interaction with other people that day
- No reason
- They have been able to get a particular brand of my medication.
- I like the people. They are polite and cheerful and have time for you. You are a human being to them, not a number or a cash-cow.
- Polite and friendly.
- Loyalty to [Pharmacy Name] over many years.
- Everyone in my pharmacy is just great and very helpful.
- Friendly + local.

- Open on weekends as well. very good staff.
- Polite helpful staff, delivery service for anyone high risk during COVID.
- [Pharmacy], Wonderful Service.
- Really trust the knowledge of the pharmacist. Looks so young but has been there for so long and so helpful and professional .
- Only 2 in [Area Name]. Use Welsh one.
- They re-order scripts for me, so all I have to do is remember to pick them up. They are friendly and go the extra mile.
- Preference from choice of two
- Nearest alternative 35 mile round trip. Pharmacy would deliver my prescription if unable to collect myself
- I can't praise our local pharmacy sufficiently
- Health leaflets provided to customers with pharmacy information + relevant health care advice and info. EG. Flu advice, etc. Very Helpful!
- My pharmacy is at my doctor's surgery
- The pharmacy I must use most regularly is chosen by the GP Surgery as repeat prescriptions are sent to this pharmacy automatically. For one-off prescriptions issued normally as a result of a consultation, I have the choice of the script being sent to the local pharmacy, or taking the script myself and going to any pharmacy. However, there is only one pharmacy within 10 miles of where my GP surgery, pharmacy and residence are located. If I want advice from a pharmacist, I would rather go to one of the three pharmacies in the other town that is 10 miles away. It's almost impossible for me to go to my local pharmacy personally as they have no wheelchair access, their floor is bumpy and feels like stacked, damaged wood under foot, are rarely available for advice and are 10-15% more expensive than their three competitors in the town 10 miles away.
- no choice. Gp selects pharmacy
- We only have one pharmacy.
- Excellent pharmacist. Efficient business.
- They are always pleasant and helpful
- Pleasant and polite
- [Pharmacy name] pharmacy in Cardigan had the best service.
- We used to appreciate the fact 1 hr parking was in front of the pharmacy before "safe zones" especially if wet, cold, windy. It is also near the supermarket but we don't shop there anymore because of "safe zones". Too far to walk and carry shopping. Hop out and go round the block now. In [Area Name] "safe zones" are not safer especially not for locals.
- Very friendly staff; reliable and organised -- the other local pharmacy is always "your prescription isn't here, it must still be at the surgery" then, after a visit to the surgery, "oh no, it came in this morning, it's here after all". Every. Single. Time.
- Support independent Pharmacist
- Really helpful and knowledgeable Pharmacist
- The Pharmacist can help me with lots of good advice and he can prescribe for quite a lot of health issues. Very accessible and just wish he was allowed to do more through the NHS
- When I started using them I needed a pharmacy that opened on the weekend as I often worked away from home and couldn't arrange deliveries as I lived alone. Weekend pick up was only option.
- Excellent customer service

- You can only order prescriptions from the GP via the pharmacy
- Very friendly and helpful
- They get my repeat prescription right! .. it used to be a nightmare month after month from [Pharmacy Name]!
- they are always very nice
- The pharmacy is close to my home, but not my work as my commute is an hour
- They can prescribe
- The staff are so friendly, helpful and knowledgeable. Other pharmacies are closer and more convenient, but I feel this particular pharmacy is best, [Pharmacy]
- There are two in the village near me. It's better than [Pharmacy]. Soooooo many problems with [Pharmacy].
- They are so helpful, nothing is to much trouble.
- Find the staff in the other pharmacy unhelpful and rude
- The one I've used since a child
- [Pharmacy Name]
- Structured
- We only have one Pharmacy = no choice!
- Will drop off repeat prescription to surgery for free and collect. Especially helpful during covid when my surgery expects people to pay postage for prescriptions to be sent to their homes as not allowed in to do so.
- I have a lot of respect for the pharmacist and the staff
- It looses my prescription much less often than other pharmacies I have used.
- \*Allowing dogs in, enabling me to combine walk with collecting prescription.
- \*Adequate seating
- \*Pharmacist who is polite and sensitive.
- A pharmacy that listens to your need. When allergic to a certain medication I expect them to at least try to obtain the items I need not say 'tough', go away! It also doesn't help when you are given a cheap version instead of what your doctor has prescribed? Surely this is just to make money!
- Excellent service and agreeable staff.
- Friendly helpful staff
- Friendly and knowledgeable staff
- I'd I need something that isn't in stock they will order it in for me
- Helpful pleasant staff
- I don't drive so its the only pharmacy I can access
- Helpful friendly staff.
- Because I moved Doctors but not address and my surgery will not let me have prescriptions. I have to go to my local Supermarket each month to collect. They order for me.
- Close to my mum as I use the pharmacy mostly for her.
- Proprietor is very helpful and offers advice when needed
- Supporting a local business. If it closes, I feel sorry for those without a car.

Q13. If you go to the pharmacy by yourself or with someone, how do you usually get there?

Answer Choices	Responses	
On foot	21.62%	277
By bus	1.80%	23
By car	74.32%	952

By bike	0.31%	4
By taxi	0.55%	7
Other (please specify)	1.41%	18
	<b>Answered</b>	<b>1281</b>
	<b>Skipped</b>	<b>89</b>

#### Other – Please Specify

- some one would have to get me there in a car and make provisions for walking sticks and help me
- Getting deliveries.
- I don't go to the pharmacy. In fact I rarely go anywhere.
- Medicines delivered directly.
- Or on my mobility scooter
- By Car, sometimes by motorcycle
- Wheelchair
- Mostly I must travel by car as wheelchair access locally is abysmal. Should someone come with me while I'm in my wheel chair i must wait outside the pharmacy, blocking more than half the width of the pavement, due to the steep to enter the pharmacy. They have a portable ramp available, but to be time effective, you must call in advance (they have a phone number on their door to get a staff member to get and fit the ramp).
- Disabled so can't get to pharmacy
- use email and telephone (am housebound)
- Someone goes for me as I am working from home full time and disabled. The Pharmacy is not open when I am not in work.
- Mobility scooter
- Don't go anymore, they deliver whatever I need.
- i do not go out
- I don't, I am disabled and housebound
- Mobility scooter
- In my wheelchair
- Mobility scooter

#### Q14. ...and how long does it usually take to get there?

Answer Choices	Responses	
Less than 5 minutes	25.74%	329
Between 5 and 15 minutes	52.35%	669
Between 15 and 30 minutes	20.03%	256
More than 30 minutes	1.88%	24
	<b>Answered</b>	<b>1278</b>
	<b>Skipped</b>	<b>92</b>

#### Q15. We would like to know how you find out information about a pharmacy such as opening times or the service being offered. Please tick all that apply.

Answer Choices	Responses	
I would call them	50.93%	656
I would call 111	0.70%	9
I would search the internet	62.27%	802



I would ask a friend	7.22%	93
I would just pop in and ask them	30.28%	390
Look in the window	27.95%	360
Other (please specify)	2.56%	33
	<b>Answered</b>	<b>1288</b>
	<b>Skipped</b>	<b>82</b>

Other (please specify)

- Mae'r wybodaeth ynghylch oriau agor yn hysbys i bobl lleol.
- Via surgery
- Check literature, ask a team member at CDAT.
- Google
- I'd look on line
- Look on social media, e.g. facebook.
- I would ask my family.
- Google Maps
- I get their telephone number off my repeat prescription label.
- Facebook (social media)
- The pharmacist always informs us if there are any changes to their opening hours.
- I wish it was easier to find out opening times. It has been difficult this year for getting neighbours prescriptions given by OOH doctors.
- I usually go in normal shopping hours, when I am there anyway.
- Would like to be able to visit their Web site but they don't have one.
- Bit I get mine delivered as the delivery driver lives down the road
- Aware of their operating hours and services
- Pharmacy sends it's info on Holiday opening times.
- Depends if I know the area - or if it's just a change need for something - eg. urgent prescription
- It would rather depend on time of day & my location to the pharmacy at that time - if I was nearby I would look at notices or go in and ask. It would be stupid to drive 20mins for more to look in a window when shop is shut!
- I am blind. I ask.
- Opening times are often in local paper, at least the late openings.
- Ask at the GP surgery if the pharmacy did the required service
- I use my GP Pharmacy
- I have a pharmacy app to reorder my prescriptions. It gives other info on there
- Facebook page
- They are few and far between in this area and details are well known tp all.
- Our doctors also help us with information on pharmacy.
- On the internet
- Facebook - local community page
- i ask them om messenger they are on facebook
- Facebook
- personal knowledge
- I know their hours

Q16. Do you feel able to discuss something private with a pharmacist?

Answer Choices	Responses
----------------	-----------

Yes	65.92%	851
No	7.75%	100
Never needed to	22.23%	287
Don't know	4.11%	53
	<b>Answered</b>	<b>1291</b>
	<b>Skipped</b>	<b>79</b>

Q17. Is there anything else you would like to tell us about local pharmacy services?

<b>Answered</b>	<b>549</b>
<b>Skipped</b>	<b>821</b>

Responses;

- Rwy'n gwerthfawngi pan rwy'n cael gwasanaethau drwy gyfrwng y gymraeg
- Allwn I ddim disgwyl gwasanaeth gwell
- Gwasanaeth Tip Top!
- Mae'r fferylllydd a'r staff bob amser yn barod i helpu.
- Mae'r gwasanaeth fferyllfa yn [enw fferylliaeth] ers dechrau'r cyfnod Covid wedi bod yn hollol wych, ac wedi golygu bod modd osgoi gorfod teithio i Aberystwyth. Rwy wir yn gobeithio y bydd modd i'r gwasanaeth barhau yn y tymor hir.
- Cyfleus. Gwasanaeth cyflym.
- Weithiau mae'n medru bod yn angyfleus pan bod y fferylllydd ar ginio ac o ganlyniad ni allwch godi eich prescripsiwn - mae hyn yn digwydd os nad ydynt yn cymryd yr un awr ginio bob dydd!
- Mae bob amser yw barod im heplu.
- Yn barod i helpu ac i rhoi cungor o hyd.
- Mae'r gwasanaeth yn un arbennig a dda ac cyfleus, llawer haws na gael apwyntiad a fy practis meddygol teulu.
- Maent yn gwbl angenrheidiol ac mae eu hangen mor lleol a phosibl.
- Efalle bydde'n bosib edrych ar sefydly hybiau lleol (community hubs) yn lleoliadau gwasgaredig i bobol ddod i ol prescripsiwns, yn lle gorfod trafelo ymhell i'r fferyllfa. Bydde hyn yn torri lawr ar amser a chost i'r fferyllfa orfod trafelo i pob catref. Mae llawer o'r staff yn siarad Cymraeg. Mae hyn yn bwysig iawn i fi.
- Yn bwysig bod y fferylllydd gydag agwedd proffesiynol ond ei fod/ei bod yn gyfeillgar ar yr unpryd.
- Mae [enw fferylliaeth] yn cynnig gwasanaeth penigamp. Mae'n sicrhau fy mod yn cael y meddyginiaeth gywir ac yn egluro os fydd unrhyw broblem gyda chyflenwi.
- Mae'n ardderchog!
- Extensive and efficient services. An very grateful for their unfailing help and kindness.
- [Pharmacy name] are very helpful and friendly. Good Advice.
- I rely on efficient service from the pharmacy staff for all items prescribed by my GP.
- not really - I am a retired Community Pharmacist myself.
- Our local pharmacy provide an excellent service and are now able to prescribe any medication if unable to contact or see a Doctor at the time of COVID 19
- [Pharmacy] has excellent staff & attitude.
- Staff always knowledgeable and helpful with information.
- Being local, knowing the pharmacy staff who are always extremely polite and helpful.
- Can't find fault with the service in anyway; fast; informed; generally great.

- They are very very helpful. We would be lost without them, as we are elderly.
- [Pharmacy] have attended [Name] Care Home twice this year from 8am - 2pm to administer flu vaccinations which in turn was a better uptake in staff being vaccinated as opposed to previous years.
- My local pharmacy is the only one in a radius of 11 miles and I don't drive and I rely on my friends or family to collect my monthly prescription.
- Our pharmacy in [Area] is excellent.
- Very friendly and helpful service
- They are helpful and friendly.
- No
- no
- Great service (as usual) throughout the pandemic except for one small incident on the phone where a member of staff didn't understand that delivery wasn't just a lazy option when I needed to shield.
- The local [Pharmacy] is usually covered by locums - so there is no consistency in the pharmacist knowing its patients, their needs or demography of the town. I would not seek advice from this pharmacy as some of the staff are not particularly helpful on times. They have also had issues with the Fax machine which has caused significant delays for patients getting their prescription - surely it would be of benefit for the surgery to email the prescriptions via a secure portal.
- They close 1.5 hours at lunchtime and only open Monday to Friday
- I moved from [Pharmacy] when they said only half my prescription was ready, to go back for the other half. Moved to a better pharmacy.
- Better opening hours for working people would help
- Locql ,veryhelpful
- So far it has been very efficient, no complaints have been made.
- Prescriptions especially for my dad are missing items.
- Not getting notifications that meds are ready anymore via text so now you have to go down or try and phone
- Very helpful and friendly
- Handy as easy to get to and for the elderly
- They are essential services
- I cant praise my pharmacy enough they have been fantastic over the last 4 and a half years during really difficult times for me. Always helpful, friendly and reliable
- They have a much increased workload than 20years ago which is a good thing. They are a fantastic source of information at a time when the local surgery is struggling due to the amalgamation of 2 surgeries and lack of doctors. Appointments are hard to obtain normally but 2020 is proving particularly difficult due to Covid. The one change to the excellent pharmacy services in my home town would be to increase the opening hours.
- They are very understaffed. Sometimes they have trouble finding a prescription
- I order my repeat medication on line via My Pharmacy. It works well.
- My local pharmacy is [Pharmacy] in [Area Name]. They are friendly, helpful and professional. They stock everything needed and during COVID have supplied a service above and beyond. Excellent.
- Excellent service
- I would like my pharmacy to accept the yellow sharps disposal boxes. I currently have 4 x 4ltr boxes & 5 x 1ltr boxes waiting as my surgery are refusing to take them at the moment.

- [Pharmacy] is a fantastic service in the community. Excellent service, very helpful and informative
- [Area]: [Pharmacy] - unhelpful. Changed from them because I needed diabetic medication and they refused to serve me. They are supposed to close at 17:30 but had closed at 17:25. The (male) assistant was cashing up and refused to let me in.
- [Area]: [Pharmacy] one particular assistant is rude and serving you feels like it's too much trouble for her. I'd rather walk out and come back when she is not serving.
- Although items on my prescription are not always accessible they offer alternatives
- Always friendly and available to help and assist .
- My local chemist is great - long may they continue.
- I won't use [Pharmacy] as they're American owned, won't use [Pharmacy] either. I prefer to use locally owned services.
- They are an amazing team and always so very pleasant and helpful
- No
- Service can be abysmally slow, particularly if the pharmacy - rather than it's central hub unit, is making up the prescription; it is my perception that the process and system gave how they stream work patterns and workload.
- Our local pharmacy services are excellent and they are prompt at getting our prescription from the doctor and deliver them on time.
- The pharmacy service in the village that I live are 10/10.
- They are a very valuable resource and are very knowledgeable
- [Pharmacy name] pharmacy offers an exceptional service. We are very lucky
- Always a different pharmacist. Not the same since being taken over.
- They have always been very helpful and efficient.
- Very helpful chemist and other staff. Always willing to give advice and details on prescriptions and when a new medicine issued.
- There are insufficient services in the town centre area
- I have had many issues with prescriptions not being able to be fulfilled and a slip being given, however the slip has a limited time to collect but often runs out before the prescription does which has resulted in needing a new prescription as the pharmacy has refused to give what was owed. On these occasions the paediatrician has had to ring the pharmacy to ensure the prescription that was owed was to be fulfilled and that the medication was provided. It can be quite difficult going between the [Clinic Name] clinic and the pharmacy to obtain medication. It is not on repeat within the pharmacy and has to be requested every 15 days for a 30 day dose. it can be stressful as you are not notified that the prescription has been received by the pharmacy and I have to ring to check before turning up. They also do not ring to inform you that the remaining medication that is owed is now in stock and needs to be collected.
- Our local pharmacists are extremely helpful in all matters, giving good, professional advice and solutions quickly (and privately, if required)
- Their advice is very useful and is given freely with out an appointment
- Our local [Pharmacy] is excellent, the staff are helpful, attentive and competent. Great customer service!
- Local pharmacy is very friendly and helpful but there is no private space. It would help if they had a notice saying "If you want to discuss something privately let us know and we will arrange a space"
- Needs to be quick in dispensing prescription.
- No

- All pharmacies should be able to prescribe for minor illnesses.
- Very valuable service, my first port of call is to speak to the pharmacist for advice on ailments, if they are not able to treat the ailment with over the counter meds they advise me I need a GP appt, when I contact the surgery I let them know the pharmacist said I need to see the GP and it smooths the way without prying questions from receptionists who are not medically qualified to offer advice or opinion.
- The repeat ordering system means that a lot of medication is wasted. This is a complete waste of NHS resources. I don't think that pharmacies should be allowed to order on behalf of patients as pharmacies have a financial incentive to order everything
- no
- i appreciate all they do for me and the community, especially when they have a helpful, can do approach
- they are reliable
- I would see a doctor.
- we use [Pharmacy] this [Area]. And they are fantastic for me and my wife. They deliver to our door. Which at our age and no transport is wonderful.
- Would like to see my chemist in [Area] open on a Saturday morning at least!
- Our local pharmacy is wonderful. The staff are always polite and helpful. Also they are caring and willing to listen. The whole team are a credit to the owner. Thank you ladies at [Pharmacy name] Pharmacy.
- Excellent friendly service.
- Satisfied with all 3 in [Area].
- Local pharmacy is very efficient, very reliable, offers a professional service. Staff helpful. Assist greatly with the care home I manage.
- Extremely pleasant and helpful staff. Lunchtime opening would be helpful.
- Repeat Prescription timescales have increased recently up to 10days and have had numerous delays on top of this as well as lost prescriptions, as on pain medication this can have a catastrophic impact on myself.
- We have to que outside in all weather's not allowing us to go into the shop and no privacy to discuss anything at all. There is often a long wait despite prescriptions ordered on repeat 72hrs previously at surgery.
- My surgery has a prescription text and email ordering service which is very useful for repeat meds.
- Excellent Service with care.
- Some chemists obviously have a private room - not sure if the one I use has that facility. Have experienced some confusion when there is more than one prescription to collect. Have to persist for the staff to check again - no apology offered. Usually very courteous.
- Really pleased with the local pharmacy in [Area]. Excellent service and feels like they really care about the community.
- Excellent service and staff.
- They are outstanding - always solve my problems, always cheerful, kind and efficient, and knowledgeable. I have more confidence in them than the GP practice. Once when I was in much pain they diagnosed a blood clot, when the GP surgery said they couldn't deal with it + sent me to [Hospital Name].
- Delays sometimes if prescription is changed or dosage has been changed. Now in lockdown access to surgery not easy.



- Repeat prescriptions take longer to be dispensed now they are done centrally and not on the premises. (I have collected them for family members). The communication of the surgery and pharmacy feels less efficient since the surgery was amalgamated with an adjoining one.
- Just that it is excellent
- They are very knowledgeable, will always make sure medication needs take priority. Have been so caring and supportive during lock down.
- Invaluable to have such an excellent service in my locality
- Closing for lunch is rather inconvenient ([Pharmacy] in [Area])
- Sometimes when I go to the Pharmacy to collect my prescriptions they are not always ready and I have to go back another time, and with working full time it is not always convenient.
- PRESCRIPTIONS ARE RARELY READY FOR COLLECTION AND WAITING TIME IS TOO LONG. CONFIRMING ADDRESS IN FRONT OF OTHER CUSTOMERS IS A SECURITY RISK. WAITING OUTSIDE IN THE RAIN/COLD TO ENTER THE CHEMIST IS NOT ACCEPTABLE
- No
- Always helpful and pleasant and a much needed service within any community
- NO
- Great service where I live, a lot of choice and they are all good 😊
- Excellent service. Friendly and efficient from staff who are always constantly busy.
- I have a choice of two equally convenient pharmacies. One offers friendly, helpful, efficient service and better opening hours. In the other I have experienced slow service, rude and unhelpful staff - including the pharmacist herself. Not all local pharmacies provide service of an acceptable standard. Others are excellent.
- Perfectly satisfied.
- far too overstretched, medicine frequently not in stock or less than was prescribed so have to go back. long waits. long waits between gp and pharmacy
- Our [Pharmacy] has been amazing getting out sons medication, it only lasts 28 days so we have to go in every 3 weeks. The company they get it from doesn't sound very easy to deal with either. We don't know what we'd do without them, you feel they go above and beyond for you even when they were so busy through lockdown.
- NO
- a local pharmacist that was open on a Sunday even between 12pm and 4pm.
- No
- No
- No
- I know the nhs /welsh Gov. paid for prescriptions to be posted for a while earlier this year but this has now ended. It was particularly helpful because we have been isolating and did not want to go 11 miles into [Area Name] to collect our prescriptions. Please re-instate this service for those of us who live in rural areas.
- They are very slow
- No thank you
- Nil
- There is a gap for disabled/non drivers accessing certain controlled medication such as Longtech and MST due to pharmacies not stocking and not delivering
- Very helpful and easier to access than gp
- They have provided an excellent safe environment during challenging times
- They are big chains and during covid not very helpful

- I've always found my pharmacist and staff to be professional and helpful
- The girls work very hard to provide the excellent service they give. Wouldn't go anywhere else
- I know pharmacies are very busy but it's not nice walking in to a pharmacy and being ignored as I was in Tuesday in my local pharmacy. A simple "sorry I'll be with you now" would suffice.
- Absolutely superb service
- It's crazy that you have to keep collecting prescriptions on different dates, because the dr can't issue enough for a longer supply, so that they all co ordinate together. I hate going more often with COVID and que outside for long periods, I would love to have prescription delivered as I live out in the country to avoid all these unnecessary visits but [Pharmacy] say they can't as they have no availability, please allow prescriptions to be joined together to make one visit paper month please!!!!
- They have a lack of stock usually have to order in
- No
- no
- Excellent service and very helpful staff.
- how to access information on services? promote local services e.g. support for unpaid Carers? How can pharmacies actively identify and signpost unpaid Carers to support?
- Excellent service
- My pharmacy annoyingly is closed on Saturdays.
- Reliable and friendly staff because they are in the local village
- Due to the pandemic we have had to adapt they way we work and can no longer 'pop out' to collect scripts. We need to work in tandem with the pharmacy in order to ensure prompt collection of scripts.
- Very helpful and friendly.
- Wonderful friendly service.
- I use the pharmacies in Ceredigion as pharmacist in [Area] is rude and unhelpful.
- Very helpful, repeat prescriptions made up promptly and available for collecting. Very happy with our local service.
- Much needed and underused service a lot of my friends go straight to GP rather than ask the pahrmacist first
- The pharmacist is extremely nice. Unfortunately the pharmacy [Pharmacy Name] does not deliver
- Very knowledgeable, helped with my problem which I would not have bothered the doctor with at this time.
- No
- Always very friendly and helpful. Have applied appropriate covid rules.
- As it is [Pharmacy Name], the opening times are not long and there is no service at lunch time, when I can go
- They are extremely valuable. They are short staffed and need more employees in order to make waiting times less frustrating.
- Delivery prescription not working well at the moment - running out of meds before they come. I need to get meds for someone on regular occasions
- My local pharmacy is excellent and the staff are caring
- Always very helpful staff. The pharmacist will offer good advice when prescribing or handing over medication prescribed by the doctor.
- They've been very helpful in recent times.

- The staff are always pleasant and willing to help .
- They frequently do not have my medication even when it has been requested by an online repeat via my GP. The pharmacy therefore knows I am due to collect but neither let me know it's not available or seek it from elsewhere.
- They don't deliver to my village. This would be very useful if i wasn't able to get to the pharmacy.
- No
- n/a
- no, it is just nice to know you can go to them for advice if needed
- They are very efficient and helpful
- A Crucial Community Service, for which I am thankful for
- [Pharmacy] [Area] good service
- no
- I wish that the pharmacies had better connections with the GP practices. Sometimes things can get lost between the two. (messages/information as well as prescriptions)
- Very friendly and always helpful staff.
- Very friendly. Good COVID - 19 practice - very safe.
- They serve the community really well and have been excellent support to everyone through the COVID restrictions. They don't seem to get the praise that they deserve as independent traders. We cannot see [Pharmacy] or [Pharmacies] offering the same services.
- Excellent Service
- Not open on Saturdays!!
- I do not use my local pharmacy, but that of my preferred, which is 5 miles from my home and where my GP surgery is. It is also where my mother lives, for whom I'm a carer. I use the pharmacy when requiring guidance on minor ailments, rather than bother the GP.
- They are friendly and really helpful. They go out of their way to assist you.
- They offer quick pick up service. Get it fast. You have to join the main queue.
- I have great advice from one of the pharmacists (female) last year. I haven't seen her since COVID-19. The male pharmacist is very careful and conscientious, some of the assisting staff are not and quite judgemental. The pharmacy in [Postcode Area] is NOT and that's why I prefer to use them. Hope this helps. I am glad I live next to the pharmacy though.
- Yes, [Pharmacy], but not at previous pharmacy.
- INVALUABLE SUPPORT AND HELP FOR MINOR AILMENTS OR IF YOU WISH TO SEEK ADVICE PRIOR TO THE NEED OF CONSULTING A DOCTOR. VERY HELPFUL AND LATELY ARE MORE ACCESSIBLE THAN TRYING TO SEE A DOCTOR
- On site in [GP Practice] but entrance to counter area too small.
- When a GP practice introduced change the notification says under consultation, however ensuing chaos implies not. The chemist frequently has a unreasonable workload and in my experience is very helpful to ensure medication needs are met.
- this is a vital service. staff are knowledgeable and always willing to help
- in the future pharmacy service can help first before people clogging up the waiting list.
- i would prefer not to have to wait a week to get your medication when you order
- The staff at the pharmacy I use are always polite and helpful

- There seems to be a lack of consistency in the way various practices work, and a lack of communication with the surgeries. I also hate to see so much waste i.e. the destruction of medication that is not required or returned to a pharmacy, surely there can be an alternative to all this wasted cost.
- Very happy that the friendly service is there, sometimes difficult to get to the doctor and I can walk to the chemist. Helpful easy going and trustworthy service. Waited a long time for this in [Area].
- A number of Pharmacies are working with minimal staffing levels which could potentially put the public at risk.
- I have visited many pharmacies in Carmarthenhsire over the years and have received a mixed service, however my current pharmacy in [Pharmacy] are friendly, supportive, approachable and will go over and above to help provide you with your requirements, whether it is advice or a prescription delivery when you are self isolating.
- I would prefer if my monthly medication was delivered to the door. Or I would prefer to pay for the medication to come by Royal mail. Due to my health conditions. and would like the matter be looked into to please
- Some pharmacy staff are rude and do not take customer care seriously. I have had issues with [Pharmacy] because of their rudeness and lack of confidentiality when discussing private issues with staff. I have moved to [Pharmacy] which is much better.
- Some confusion with repeat prescriptions
- We are very lucky to have them in our Area.
- its quick to get service there- i use 3 different ones locally depending on which is open
- Disappointed that the community pharmacy did not offer delivery when my husband had to shield during the coronavirus. I would rather be able to have my prescription through the post.
- The service of sending prescriptions from the doctors can be a bit unorganised. When asking for it to be sent to the closest
- pharmacy to the doctors it is still sent to the usual pharmacy so my choice where it gets sent is invalid.
- Simply this it for a small local pharmacy is brilliant and covers all of my needs
- The Pharmacists in our local [Pharmacy] are excellent & helpful
- Please keep going and offer more services as getting to see a Dr is a nightmare. Prescribe antibiotics for common things. Eg throat infections ear infections sinus infection etc
- Service is excellent
- Very dependable and very friendly.
- [Pharmacy Name] pharmacy [Area] have a very efficient and prompt service.
- Prescription items usually delivered within 24 hrs of ordering
- would be even better in the same building as the surgery !!
- Highly valued being so close to home, dont need to use car
- it's changed recently, our normal pharmacist isn't there now and we have locums in who don't know the way around the place. My monthly prescription was a week late last month. Emergabcy prescriptions i am told to wait 3 days for! There are now massive queues outside, whereas there weren't any before, we have a different pharماسist every day, some of whom sit in the office and are not available.
- I have always, wherever I go, found the pharmacist helpful and well-informed.

- I have filled this form in, in regards to the Care home I manage.
- Generally, a very good service from [Pharmacy Name] pharmacy.
- My pharmacy has always been brilliant one to one, and I trust them.
- Provides a first class service. Friendly staff. They listen.
- Excellent service, efficient, effective, helpful and usually friendly. Good opening times though Sunday mornings for a couple of hours might help those who work and for illness which always seems monetary when all services are closed.
- Facility not available.
- Very helpful pharmacist called [Pharmacist Name]. Staff are all helpful and friendly too.
- Excellent. Very professional advice + service provided. Often go out of their way to assist + advise on alternative medication.
- no open late enough to support the general working man
- Provide excellent and confidential services
- They also stock other items for sale as well as being a pharmacy ..good range of products and very friendly
- No
- Our pharmacist knows us, advises us on our minor medical needs avoiding need to contact Gp
- N/a
- The lady behind the counter is a little abrupt.
- Prefer to use GP pharmacy, because of need to obtain updated requirements.
- Some specialist medication has to be delivered from out of area pharmacy.
- Currently due to Cofid-19, the pharmacy are delivering prescriptions - a very useful thing - for those who struggle to get to the pharmacy, yet need repeat prescriptions. I think this service should be a permanent thing. It has been in England for many years.
- offers a first class service
- Discussing anything with a pharmacist has never provided any help, so I no longer try
- I am very happy with all staff, friendly, patient remember me/ my needs, give time for private talk if needed. Patient and informative.
- The facility to have prescriptions delivered (even for a small fee) is very useful to save driving especially in the Winter
- No
- [Pharmacy Name] pharmacy have things planned with military precision. Helpful, accurate, always happy to answer questions regarding medication/dressings for my partner. A true lifeline when you cannot get through to the Dr. for general advice.
- It would be handy if they opened on a Saturday.
- please will you ensure that the delivery service continues after lock down is over as with elderly rural population its an essential service
- The pharmacy is probably the best out of the 3 close by and easier to park and very helpful and friendly
- All staff and pharmacists are knowledgeable and friendly
- It is impossible to get home delivery for repeat prescriptions in the [Area Name], with the result that many at risk patients have no choice but to collect in person.
- excellent service and very helpful
- I went to the Pharmacy in [Area] and noticed they had s private consultation room & asked if I could book and pay for a flu vaccination. I was looked at as though I had



two heads! There needs to be clear signage in pharmacies showing what services they offer. Will not use the Pharmacy in [Area] again. Had my flu jab in [Area] at [Pharmacy], not the most convenient Pharmacy but the staff are very helpful.

- [Pharmacy], very helpful and professional. 10/10.
- Essential service, if ever closed would be very inconvenient to get prescriptions + medicine in an emergency.
- There is nothing in this document about the Welsh Language, access to Welsh speaker + how important being able to speak to staff in Welsh.  
I can see the questionnaire is in Welsh, but my point is about access to the Welsh speaking staff.
- Polite and friendly. Clean and helpful.
- They ring me when my prescription is ready.
- I very much appreciate pharmacy services in my local area and use my local pharmacy regularly as I have a list of repeat medicines and have done for years. I have 2 daughters who are pharmacists and realise the pressures pharmacies are under, especially in the present pandemic.
- It's a valuable service, we all need it.
- We are lucky to have two pharmacies in the town itself. Originally both long standing ones under private ownership, now part of bigger pharmacies [Pharmacy Names]. One is on the [Street Name] by the shops, the other on the [Road Name] near the car park so both convenient to access.
- delivery service once a week to outlying rural villages is very important with an aging population likely to be on repeat medication
- Most old age do not have a computer so they can not get results.
- Always helpful. Friendly. Polite.
- Excellent service and advice available at my local pharmacy [Pharmacy Name].
- Better link up with bespoke dispensary services needed
- can't always access certain medication, so have to go to a different pharmacy.
- No privacy
- Always helpful and pleasant service from all staff.
- We are receiving a great service from the local pharmacy we are dealing with.
- Very friendly and obliging.
- The pharmacist does a medication check in private.
- All Good! Assistants extremely pleasant/ helpful. chemist/ pharmacist very approachable.
- I wish we could go back to asking the pharmacy to order the prescriptions - there were less omissions/ mistakes by the GP when the pharmacy had a list of what was requested and the surgery got it wrong.
- The staff at my pharmacy are all very friendly and they all know who you are.
- When undergoing chemo & radiology for lung cancer during COVID, they were brilliant. Personally carrying out what I needed to the car (had to phone + they were out immediately.)
- [Pharmacy Name] have delivered an amazing service to my care home.
- Our local pharmacy is friendly, very helpful and knowledgeable.
- Been caught out with lunchtime closing, now phone to check if open/ if 12-1, 1-2, etc
- No. Want home delivery.
- One of the items I use is not in stock + has to be ordered. They deliver the other items before that one which follows at a later date.
- It's a good service.

- But sometimes pharmacist doesn't seem to be confident, so was a waste of time.
- [Pharmacy Name] provide a excellent service.
- I am diabetic, so I collect my prescription once a month, but I also use the pharmacy in between to by toiletries and gifts.
- They are friendly and helpful - I use them rather than my GP for Common Ailments. Getting appointments with my GP is difficult and rarely quick.
- Saturday opening would help. Sometimes lack of stock of certain drugs.
- Sometimes prescriptions aren't ready on time, although tablets may have finished. Therefore I have to call again and pay for parking which can be a nuisance.
- They are very supportive with all advice and all staff are friendly.
- I think having an online component would be useful. My local pharmacy is very good.
- In my experience, very efficient, helpful and friendly staff.
- They are polite and seem professional. Just wondering: What will happen if brexit interrupts or makes it hard to get medicines to Cardigan?
- No
- Essential in [Area Name]. Am unable to go to larger town because of mobility problems. In summer months city is bursting at the seems! Holiday makers needing pharmacy services.
- No
- They are brilliant
- Pharmacy texts that prescriptions ready on a Sunday when not open and I run out on Sunday. Meaning i cant take morning med normal time and have to rush to get there on Monday morning. It would be nice if prescriptions ready a few days before they are due.
- Excellent Service and advice
- Professional service at all times. Polite caring staff, who offer support and comfort to myself and family over many years. Work quickly and efficiently to meet patients needs when home/ returning from hospital. Also to obtain personal care items.
- I really appreciate the help & advice that the staff, and in particular the pharmacist gives. I wish he could prescribe more.
- Great Pharmacist, really good advice. Wish he could prescribe more on the NHS
- Excellent pharmacy. Well laid out with competent and friendly staff.
- I wish my pharmacist could prescribe more. He's so helpful and knowledgeable.
- Continue to get my prescriptions wrong every time they blame gp and then go blame pharmacy. Having moved to this pharmacy thinking things would be better I was wrong
- [Pharmacy Name] delivers to us .They have never let us down ever.They sort out problems really quickly,and the staff are all helpful and polite.
- Very helpful and always polite
- My pharmacy leaves medication out of my bag every month always the same one
- Also they want our medications delivered on the same day but there not due at the same time if the month I find there attitude a little annoying
- I have recently tried to return a lot of unused medication to the pharmacy that dispensed them and they refused to take them - "because of the virus" - they ended up in landfill - it made me cross.
- My late father was Pharmacist and two of my daughters are following him. As a family we always dealt with my Father 's employers [Pharmacy Name]!
- They work too hard
- They're a very dedicated local team and are musicians appreciated.

- Our pharmacist, [ Pharmacist Name], is brilliant and helpful
- excellent service all round and very approachable
- I use my gp pharmacy and the service is very good.
- Not happy at how [Pharmacy] exploit the 'consultation' offer to maximise profits So tend to avoid them
- Community pharmacy is a vital and only recently, more appropriately used addition to the healthcare needs of a population. It is vital it is resourced appropriately because if these independant contractors do not exist anymore, they the Health board would certainly notice! You only have to look at the way they have stepped up to help during this pandemic.  
However, please do not forget the vital dispensing service provided also in rural areas by dispensing doctors! Another vital cog in the wheel and contribution to the pharmaceutical needs of rural areas
- Used this Pharmacy for years, the owner/Pharmacist has provided what felt very much like a personal element to his service, it felt like he knew us and our needs, we had very few inaccuracies, since he has taken a back step this 'personal' feel had faded and standards do not seem as good
- Would it be useful to have an appointment system in case one feels there are too many people around to discuss an intimate problem
- They are very a much valued part of the community.
- The local GP needs to value them more and stop dismissing their expertise, only to give exactly the same advice shortly after while bragging about his decades of experience as a GP and owning ATP.
- I'm very happy with my pharmacist
- We are so lucky in [Area Name] we have a wonderful service from our Pharmacy
- Flu vaccination unavailable for 60 -65 anymore
- I prefer to travel to a pharmacy because I don't like my local pharmacy, I don't trust them. I think that the pharmacies in the area are awful. They have never explained or tried to explain any medication I have been given or checked to see if I am taking any Medication that may interact with the newly prescribed medication. I have never been warned of side effects or even asked if I have any allergies
- No
- They are friendly, efficient and know who I am, ready to answer questions about medications if worried. Offered to deliver if we had to self isolate.
- Very efficient and friendly service. Good advice nothing too much trouble
- Our local pharmacy is part of our community. They are always helpful, knowledgeable and friendly
- Yes, PLEASE can we make sure they are checking drug compaitbility when bfig - nearly all drugs are ok to take and we have an NHS backed service called the drugs in bmilk information service ran by UK Pharmacists - <https://www.breastfeedingnetwork.org.uk/drugs-factsheets/> we MUST stop telling mothers they cant have athelete foot treatment or thrush treatment or any number of things mums in our area are told they must stop bfig for when there is no need.
- They are friendly and efficient
- Its taken 10 years but they are starting to make an extra effort and go beyond being a pharmacy to help us (disabled person)
- They are very efficient and friendly.
- An excellent resource in the village even though we don't have a surgery in the village. It is well run and an asset to [Area]
- They are doing an amazing job

- Yes my local pharmacy is rubbish and offer poor service - staff are slow and don't care and have no thought for patients but I don't have any choice but to use them due to location ! The GP surgery at [Area Name] is just as bad too, rubbish! The GPS are ok it's the admin staff that let the practice down. A lot of work is needed in both areas here!!! Good luck!
- Ni
- I would like to see other things promoted via community pharmacies like help and support for unpaid Carers. They know their customers and are in an ideal position to help to identify these people. Each county has specialist support for these people so it would be good if staff were aware of this to help these people who often trust the staff as much as their GP surgery.
- Completely satisfied
- Some need to learn customer care skills
- I am elderly. I need to know how to have prescriptions delivered when I can no longer drive or walk to the bus stop
- There are two pharmacies, I avoid using one. There's a very sharp, impolite man there.
- [Pharmacy name] has fantastic service. All the staff are helpful and friendly
- I use the GP Pharmacy - rarely any other
- EXCELLENT SERVICE
- Our local [Pharmacy Name] is an excellent pharmacy for just about anything and the personal touch is so good
- Excellent service and I feel all the staff are discreet
- Often get poor service
- They are extremely important as a lot of medical services have already been cut back in our area. ie. Hospital (Local) Services, Shortage of ambulance services, dental services.
- no
- Unfortunately I have previously tried to use the common ailments scheme and get eye drops for conjunctivitis however I was sent away by the pharmacist to seek advice from an optician even though I said my friend who is a gp had already looked at it. I do not think the common ailments scheme works at all. If you really wanted to relieve pressures on gp practices then you need to reintroduce paying for prescriptions then the public would go to the pharmacies first.
- I FEEL THAT PHARMACIST SHOULD HAVE A DIRECT LINE OF COMMUNICATION TO GP SURGERIES. AS THEY DEAL WITH ALL QUERIES ON SCRIPTS AND MINOR INJURIES THEY HAVE TO WAIT IN A QUEUE TO ACCESS A DOCTOR. I FEEL THIS METHOD NEEDS UPDATING
- That I am happy with the service I receive
- Our pharmacy is good except they keep having temporary pharmacists. It used to be great to be able to park in front or around the corner. We go twice a month and now it is an unpleasant experience if cold, wet or windy. And not good for our health. Please put the parking back in [Area Name].
- My pharmacy has recently stopped opening on a Saturday. This makes life very difficult for me as I work in the week. They have also started opening later so I can't even pop in first thing. The service seems to be deteriorating over recent months.
- The pharmacy in [Area Name] is fantastic. Efficient and professional staff
- Excellent service both by the Pharmacist and the girls working there
- Great service very friendly staff

- Very impressed at the delivery service, but don't use it myself because it is a limited resource and others need it more than I do. It would be really neat to be able to track the location and status of repeat prescriptions online, in the same way as one can with parcel couriers like DPD.
- Brilliant staff and very happy with the service provided
- The pharmacy in [Area Name] offers good friendly service
- Why delivery is not on NHS
- Some staff are very rude in my local pharmacy
- I have continually received exceptional service from my pharmacy
- Staff are friendly and courteous. Everything with them is confidential and I have great admiration for them.
- My local pharmacy, that I have used for 3 years, currently take 4 days to supply from a repeat prescription due to the fact that medications are prepared in a central pharmacy in Warrington. I am planning to change pharmacy because of this. Also, it would be more convenient if they would open on a Saturday.
- No
- Regarding question 16 - it depends very much on there being a private area and sensitive frontline staff ie not asking what is it about in front of other waiting customers.
- Invaluable resource. Very knowledgeable and helpful and can communicate issues with the GP
- Not private enough. Other people listen even just to give your name & address.
- very often they dont have my prescription ready even though the practice have sent them days before.
- I find them miserable and unfriendly
- They work really hard at my local [Pharmacy Name] and have always made sure I have my meds
- Bilingual service
- Need a pharmacy attached to drs surgery.
- I find the pharmacy services where I live very inconsistent. [Pharmacy Name] are the best for collecting prescriptions from a surgery. [Pharmacy Name] in [Area Name] offers a very poor service.
- There is always a long long wait. And no chairs.
- They are user friendly.
- Our pharmacy is great he is always helpful and nothing is to much trouble for him or the staff
- They are people who are worked under staffed and very much under appreciated.
- Yes the waiting times to. Ollect a prescription in [Hospital Name] is appalling. We waited 40minutes in September for my 4 year olds antibiotics. I had to go and ask 3 times why there was such a long wait seeing as I was the only person waiting
- Overwhelmed and disorganised but doing the best with what they have. If more time and money was provided to the local GP services prescriptions would reduced and be more efficient thus savings time and money
- Very important that this service is accessible especially in Ceredigion as it is so rural
- I did not know they delivered
- The pharmacy I use at [Area Name] is excellent. The pharmacist is always helpful and goes out of his way to support his customers.
- Vital part of village services...building in dire need of upgrade but staff are brilliant...wouldn't want to lose it from the village



- Reliable and hard working
- Excellent service from [Pharmacy Name] staff also helpful and knowledgeable.
- The pharmacy in [Pharmacy Name] is excellent. Helpful, knowledgeable.
- Excellent service
- Better opening hours are needed
- The ability of the Pharmacist to treat and prescribe on the NHS for quite a few conditions is really important. Wish he could do more. Has obviously got the capability. So convenient too. Should be a one-stop health service
- How important a lifeline they are in the community
- yes during the pandemic we have to wait in the roadside to collect prescriptions which is unacceptable in all weathers for my age (75 plus)and sometimes it takes over 20 minutes for them to give me my script.
- Very helpful. Great source of support and advice. Just wish the Pharmacist was empowered to do more prescribing, as he is very helpful and knowledgeable
- their service is excellent
- Very friendly and helpful
- [Pharmacist Name] and his colleagues at [Pharmacy Name] [Area Name] go above and beyond to help customers, provide excellent service at all times and do genuinely care for their community.
- It's brilliant!
- Excellent service along with great knowledge, happy to go above and beyond for the customer.
- Due to the pandemic, if I have been to the doctors for a routine appt and prescribed medication, sometimes I have to wait over 24 hours for this which delays treatment.
- I think they work extremely hard but are undervalued.
- The only thing that I think could be improved is that occasionally here is a need to ax a prescription. There is often a problem with this service and it seems unnecessary in a time when better technologies are available.
- They're brilliant
- [Pharmacy Name] in [Area Name] have a great team. Very friendly and willing to help at anything. Didn't feel welcome or comfortable asking questions this summer in the local [Pharmacy Name]. They seem very stressed and overworked. Very unfriendly.
- The stoma supplies delivery is hugely lacking. I have stopped requesting dry wipes and disposal bags now because I rarely get them which makes life difficult.
- The one I use are very friendly and helpful
- Great service at our local pharmacy, they really are part of the community.
- Overworked and hugely understaffed
- The pharmacy is a vital service to our community and offers an exceptional provision of support and advice
- When I could not drive due to epilepsy I was lucky to be able to catch a bus into town and to have the option of different pharmacies as I needed one that was open on the weekend due to work commitments and arriving home too late to visit a pharmacy on a week day.
- I like the friendly service I get...with Covid I like that the pharmacy is small and I don't have to go to a pharmacy in a supermarket or one of the larger chemists it has made me feel safer
- Convenient for working class as times are suitable.
- Also most pharmacies are within people's locality.
- I'm very grateful for all they do

- Essential that a home delivery service is offered.
- No
- Good needed service
- No
- they are very important as GPs are often difficult to contact
- My local pharmacy work damn hard every day with the demand they need to meet yet still remain friendly and professional at all times
- They don't always have my prescription in stock and only deliver every 2weeks
- Excellent service. Any problems with prescription just phone them. Any worries or problems about any medication,prescribed or over counter I can just phone and speak to a pharmacist who is always very helpful.
- Prescription medications delivered to house
- Lovely little pharmacy, in the heart of the community in [Area Name].
- No thanks
- The staff in [Pharmacy Name] are great!! They all go above and beyond to help.
- We have a great local Pharmacy however they lack capacity. There is no delivery service or support for them. Out of hours pharmacies are often an hour away as is the out of hours G.P etc....this is unacceptable. The G.P practice and pharmacy used to be open on Sat a.m for emergencies only - this was helpful. We need a pharmacy medications delivery scheme in Ceredigion as we cannot rely on the goodwill of few!
- My local pharmacy is convenient, and that's about all.
- Local pharmacist is unhelpful and rude, particularly so since the arrival of coronavirus pandemic.
- I feel the service provided is unsatisfactory, and I'm thinking of transferring to another pharmacy, even though it will mean I have to travel much further.
- My local pharmacy provide a fantastic service. I just wish they were open longer on a weekday and closing at 12 on a saturday is too early, i live in a rural area and i dont get home from work until way after the pharmacy closes making it difficult to go to collect my medication
- Local pharmacy has a vital role in our community especially since we live in an aging population area.
- It's important to have local pharmacy continuity.
- No
- Our pharmacy is excellent and I wouldn't consider using anywhere else.
- Prescription not always made up when I've been told it should
- Would be good if they did postal delivery
- The pharmacy in [Pharmacy Name], [Area Name] is always available with no problems as regard anything not available. The staff are very courteous and have time to listen and advise.
- Our local pharmacy is truly excellent
- They sometimes reorder medication that I already have too much of.
- It would be great if I could get my 3 monthly B12 injection at the pharmacy instead of having to make a GP appointment
- Not always discreet regarding my name and address
- never use <<Pharmacy Name>>. I only use the smaller chemists in my town.
- [Pharmacy Name] is very good but very busy so longer opening times would be great the staff are amazing
- A valid community service
- The staff within the pharmacy that I use are extremely helpful and knowledgeable

- I like that the pharmacist is readily available to offer advice .
- They are vital and undervalued. The staff get so much abuse and aren't treated as front line
- Good to know they are there when needed for minor and sometimes more urgent matters
- My local pharmacy will not issue emergency medication on repeat prescriptions as I have asked for some and they have said get in contact with the gp for a new prescription. They have nothing advertised about the flu vaccine which is why I did not know about it.
- Our local pharmacy provides an excellent service. The staff are really approachable and are happy to help you.
- One is closing soon and there aren't enough as it is.
- Pharmacy required in the populous village of [Street Name], Ceredigion; also expanding village of [Area Name] nearby.
- Local, accessible pharmacy services are essential to communities. If you or a member of your family is ill and you need a pharmacy you don't want to travel distances to one, or find it's not open during normal hours.
- There has been various occasions when the GP has said they have sent a prescription but the pharmacy claims they haven't. Its resulted in a severe delay in me receiving medication I desperately need.
- My local pharmacy also manages my elderly mother's prescriptions. They are excellent, they go over and above what would be a normal service as she has an unusual prescription. They deliver her scripts on time and accurately. A\* service
- No.
- Good repeat prescription service. Friendly staff
- Our pharmacy is always helpful and they get to know their customers so very often I walk in they see me and get my medication
- I think pharmacy have been forgotten about during this pandemic. All other areas of healthcare are getting recognition but they are not. Extra work loads and with gp surgery's being inaccessible anyone with any symptoms can simply just pop in to the pharmacy for advice. Major front line service completey forgotten about.
- Always friendly and they get to know you as a person.
- No
- Great service from [Pharmacy Name] in [Area Name].
- Convenient, professional, knowledgeable, courteous, helpful, flexible, approachable and offer a good range of services that suit mine and my family's needs.
- Friendly and helpful
- I think you need to have a relationship with your pharmacy, almost like with your GP. I know I wouldn't be so free and easy with private and personal information if I didn't have a "long term relationship" with the staff in [Pharmacy Name] and trust them implicitly.
- Fantastic flu vaccine service and advice on management plan for asthma
- I don't like the 'send away' option. There is no personal care when it comes from a depot somewhere else & is often wrong. I would like my script to be ready when I go to collect it on the date given. It isn't always. They should be allowed to stock enough if what people need, so it doesn't end up being owed.
- There great.
- We have always had excellent service from the pharmacy at [Pharmacy Name], but especially during the pandemic this year

- No but they make mistakes with prescriptions. Sent me double the dose of my meds with instructions to take double the dose
- the local services are sketchy to say the least not being able to ask the gp for repeat prescriptions by phone but having to write it down and drop it off necessitating 2 trips to [Area Name] to collect it is very inconvenient time consuming and not environmentally friendly the village I live in does not have public transport so I have to use the car the ehealth thing is complicated and difficult to use. The pharmacists themselves are very different people so the young woman is very good the older man is unhelpful and unsympathetic once refused to give me thrush medication on Xmas eve because I was on the contraceptive pill saying I had to see my GP obviously I couldn't get an appointment for two months when I finally did see the GP they were mystified at me being refused and said I should have just been told to use a different contraceptive for a week after using it. His behaviour had totally ruined Xmas and new year for no reason other than that he is a middle aged man and has no idea about women's issues, this sort of thing needs addressing he's also been unhelpful on other occasions whereas the young lady is much more professional and helpful. The need to go backwards and forwards every month for repeat prescriptions is also ridiculous and using the ehealth service has lead to me not getting prescriptions filled in time and having to go a whole weekend without my medication through no fault of my own just the system not working properly. you need to look after rural areas better we should feel like we count too
- Excellent service
- Supportive, polite and informative
- We are lucky to have a very good choice of pharmacies
- My local pharmacy is excellent. The staff go out of their way to help.
- Great service from [Pharmacy Name] in [Area Name]. Thank you
- Friendly and knowledgeable with regard to my meds
- They are so kind and nothing seems to much bother.
- Very efficient and easily accessible. I'm able to discuss medications with them
- The only thing that worries me is most tablets now contain Lactose which causes me a huge problem when trying to find a product I can use
- Have handled Covid really well. Much better than GP surgery.
- Very good service, always available for advice and support. Reassuring.
- Our pharmacy changes it's staff too often and you never seem to get to know them which would make discussing issues difficult
- Please keep chemists open in town centres and not just near surgeries which may be quite a distance from transport.
- Over the last couple of months I find the pharmacy quite aggressive and unhelpful
- My local pharmacy is getting to the point where I want to change. Half the time they loose my prescription and place the blame on my GP surgery, my GP says the prescription went on xyz day. This happens far too much
- Helpful owner, senior pharmacist, and delivery driver.
- Delays - always having to wait and under current circumstances - having to queue outside - sometimes in the cold and wet and then once inside have to wait for the script to be checked
- They changed . I ask for repeat medication and it takes a week . They have let me run out on a few occasions and say they are not available!
- My pharmacy is great, they even have leaflets every month on a topic of health written in easy to understand language
- small but only one who could get the cancer medication brand i am not allergic to

- They are doing a superb job. Over and above what should be expected of them. Since the change of GP provision in [Area Name] the pharmacist is often the better option of getting help rather than attempt to get to see a GP
- My Pharmacist is very knowledgeable and approachable .
- No
- Need to be open all day
- The staff are really lovely, friendly & helpful
- We have a fantastic Pharmacy thankfully, as we have no choice of any other. Excellent staff!
- We very much appreciate the services offered by our local pharmacy.
- Great staff
- Excellent service
- Excellent service
- Excellent service
- I think there is quite a long way to go if I need medication out of hours. Please keep the local pharmacies.
- Would be good if I could look up in one place what Pharmacy services are available at what Pharmacy
- Prescriptions not sent until day when medication runs out and pharmacy not always adequately stocked
- During covid they have been a lifeline as all other services have closed down. The other pharmacies in my town are very unreliable too. They get very busy and there are long queues but this cannot be helped in a large university town.
- No
- Local pharmacy is great . Lovely pharmacist and very friendly, helpful staff
- [Pharmacist Name] in [Pharmacy Name] [Area Name] goes above and beyond to look after us
- NO
- [Pharmacy Name] in [Area Name] are fantastic
- I feel my pharmacist has the monopoly in my area ... and I feel they are detached from the public
- My pharmacy sends me a text when my medication is ready to be collected. I think this is great.
- Our pharmacy closes at 5.30 on the dot, before the surgery has finished, making it difficult to get a prescription that day
- My pharmacy is well run and all the staff are extremely helpful
- At the beginning of lockdown pharmacist was so unhelpful and cold on the phone I was reduced to tears, even though the prescription was for anxiety medication. On another occasion a different pharmacist was so rude I boycotted ever after.
- Excellent safe service
- Quick, efficient and friendly service
- no
- They do a great job.
- Offering Saturday morning service would be really helpful
- As stated, every time you collect your monthly medication it's always different. It must be very confusing for the elderly as they go by colour of tablets. Pharmacies constantly giving different brands, usually cheaper, so if you have an allergy and then can't take the non-prescribed Talley version, it's a waste of NHS money! Unscrupulous chemists making money.



- Sometimes I forget to submit my repeat prescription. I appreciate this is my own fault, but there does seem to be a way to get a repeat quickly. So if I forgot to put it in until I only have a day or so left, I can be left for days before I can get more medication, which often results in me feeling very poorly
- [Pharmacy Name] Pharmacy second to none
- Professional and efficient with all aspects of their work
- They do a fantastic job and are an undervalued service. Their knowledge largely remains untapped and people should be visiting their pharmacy more often than choosing 111 or even A&E for the minor issues.
- This is an unusual time but the one thing I don't think is right is to let people wait outside in the rain waiting for their prescription to be made up. This will have a bad effect on already sick people and mean some will not go to get help at all.
- My local pharmacy are excellent. Fantastic service and care
- Fantastic service
- Only that I get very good service
- Staff are very professional and friendly. They always give good advice and are very helpful too, and will advise you to see the GP if necessary.
- I find the one I use very reliable and helpful
- No
- Excellent service from [Pharmacy Name], [Area Name]
- My medication was given out to another person last week. I was issued with the medication needed even though they claimed I had picked it up. I informed the police and it seems there was a mistake and it was handed out to someone else . There has been a data breach and they haven't informed me about it yet and it's seven days after the event. The police informed me about what had happened.
- fortunate to have one so close
- Good service, knowledge of patients' medications and agreeable manner are very important. [Pharmacy Name] in [Area Name] excellent on all these counts. [Pharmacy Name] a nightmare.
- My local pharmacy and GP are appalling. There doesn't seem to be any communication between the two and I am frequently having to chase essential medication for both me and other family members. It is extremely stressful.
- My local pharmacy has very knowledgeable staff and very helpful. That is why I go there first instead of going to the GP
- My Local pharmacist [Pharmacy Name] in [Area Name] is fantastic, the staff are helpful and friendly at all times
- Very efficient service & friendly always,
- I feel it is dangerous to keep swapping generic drug brands as it can be confusing. I once had 3 packets of the same medication but 3 different generic types with different coloured boxes and pills. This could cause serious harm to some people who rely on the shape or colour of packaging or pills. I also received meds once where a pack had been split and the medication had been cut in such a way that I couldn't see what it was. I just had to take their word for it. Another very poor practice
- If two pharmacies are under the same umbrella, it would be easier if they shared info.
- Very helpful and quick
- They are really valuable, and reduce demand for other nhs services. Much easier to access than the GP.

- A local pharmacy is invaluable. The pharmacist knows the local regulars, it's easier for the elderly to get what they need. It contributes to the community.
- N/a
- they provide an excellent service with knowledgeable and cheerful staff
- I think the pharmacy is an incredibly valuable tool, I have many times visited the pharmacy because the GP has refused to see me without an appointment and I have had concerns regarding my COPD and heart condition. Suggesting always that I dial 999 and waste NHS funds. The pharmacy always sees me, runs what tests they can, re-assure me and occasionally call the doctor to ask for an urgent appointment.
- My pharmacy is very helpfull
- It's hit or miss as to whether the prescription is there or not and when it will be ready. This is sometimes due to the GP not sending it straight away but sometimes pharmacy staff not knowing it's on the shelf
- Really good service
- They are always busy
- Sadly our pharmacy is only open limited hours and there seems to be real issues between them and the doctors, sometimes taking a week for a repeat prescription to come through
- No
- Very helpful and informative, friendly
- They are easy to access and totally reliable.
- We've received an excellent service from our local pharmacist in [Area] on a number of occasions during the last year.
- I would not like to lose any of my chosen pharmacies, or be forced to go elsewhere.
- If I had given faults info I could have had my precription from my doctor because I gave the same address. I hadn't moved I just had to change doctors because it was 16 miles to the one I had and I was out of their area so moved to the one 5 miles away to be in their area. Now I can't pick up Prescription from them like My neighbours do I have to go to town 12 miles away to pick up Prescription. Seems a bit odd but this is how it is
- They are so important to the community. The pharmacy I use is brilliant.
- no
- Brilliant service
- [Pharmacy Name] pharmacy never gets my prescription right and one more than one occasion I have had another person's tablets. I find this unacceptable.
- I'm concerned that [Pharmacy Name] in [Area Name] is closing, so we are losing a really good service. I've found both [Pharmacy Name] and [Pharmacy Name] are often very busy at the pharmacy counter and so it feels very indiscreet there.
- With many pharmacies now linked in with GP's surgeries, access is unavailable on weekends. I think it is vital that some pharmacies are open for walk-in medicines and services 7 days a week.
- None
- Marvellous, very helpful and knowlegable. Husband needs loads of complicated perscriptions, delivers every week.
- They offer invaluable services to their communities and on a personal note I am grateful for how they have served my mum.
- They need to have more delivery services available. In 2020 during lockdown and after pharmacies in [Area Name] haven't been able to take on more clients and because the service offered by [Practice Name] is so abysmal and inaccessible many

people have had to wait days and sometimes weeks for important medication. The pharmacies try their best but when the gp service won't work with other partners it falls apart

- [Pharmacy Name] chemist the staff are very friendly and professional
- Concern that local pharmacy is closing in Jan 2021. I will have to travel 13 miles to nearest
- Yes, I believe that the staff and management at [Pharmacy Name] [Area Name] do a great job. Always, conscientious , caring and sincere....worth commendation
- It is a small pharmacy, with very helpful, polite and professional staff.
- Keep them. In England, before moving to Pembrokeshire, 19 years ago, the pharmacy was part of the GP surgery....next door.

Q18. How old are you? (Please tick the appropriate box)

Answer Choices	Responses	
Under 18	0.08%	1
18 to 29	3.12%	40
30 to 45	14.66%	188
46 to 64	39.47%	506
65 to 79	34.87%	447
80+	7.02%	90
Prefer not to say	0.78%	10
	<b>Answered</b>	<b>1282</b>
	<b>Skipped</b>	<b>88</b>

Q19. How would you describe your ethnic origin? (Please tick the appropriate box)

Answer Choices	Responses	
Prefer not to say	2.93%	37
White – White British	92.23%	1163
White – White Irish	0.95%	12
White – White Gypsy or Irish Traveller	0.00%	0
White - Other White Background	1.27%	16
Asian or Asian British – Indian	0.24%	3
Asian or Asian British - Bangladeshi	0.00%	0
Asian or Asian British - Pakistani	0.16%	2
Asian or Asian British - Chinese	0.08%	1
Asian or Asian British - Other Asian Background	0.08%	1
Mixed / Multiple ethnic Background - White & Black Caribbean	0.08%	1
Mixed / Multiple ethnic Background - White & Asian	0.00%	0
Mixed / Multiple ethnic Background - White & Black African	0.00%	0
Mixed / Multiple ethnic Background - Other mixed / multiple background	0.16%	2
Black or Black British - Caribbean	0.00%	0
Black or Black British - African	0.08%	1
Black or Black British - Other Black Background	0.00%	0
Other ethnic group – Arab	0.00%	0
Other ethnic group - Any other ethnic group (please state):	1.74%	22
	<b>Answered</b>	<b>1261</b>

	<b>Skipped</b>	<b>109</b>
--	----------------	------------

Other ethnic group – please state;

- Gwyn – Cymreig
- Cymreig
- Cymraes
- Welsh
- White Welsh
- White semetic, celtic mixed race
- White - Welsh
- White welsh
- European
- Welsh
- White Welsh
- Welsh
- White - Welsh
- Welsh
- White Welsh
- White Welsh
- White Welsh
- White Welsh
- White Welsh

Q20. Do you have a disability? (Please tick the appropriate box)

Answer Choices	Responses	
Yes	26.37%	336
No	70.64%	900
Prefer not to say	2.98%	38
	<b>Answered</b>	<b>1274</b>
	<b>Skipped</b>	<b>96</b>

Q21. If yes, please tick the appropriate box(es) which best describes your disability?

Answer Choices	Responses	
Mental health	22.39%	75
Physical disability	72.54%	243
Hearing impairment	22.39%	75
Learning disability	5.97%	20
Sight impairment	11.04%	37
Other (please specify)	15.82%	53
	<b>Answered</b>	<b>335</b>
	<b>Skipped</b>	<b>1035</b>

Other – Please specify;

- ADHD
- arthritis
- Heart failure + arthritis
- Autoimmune disease, chronic migraine, ibs, depression
- Awaiting hip replacement surgery
- Cancer
- Care Home, multiple different conditions.
- N/A
- Hidden disability
- Residents have various disabilities.
- Arthritis
- N/A
- chronic illness
- Lymphoma
- Heart Failure.
- COPD. Vein Constriction.
- Fibromyalgia Osteoarthritis
- Arthritis of the hip.
- Asthmatic
- Crohn's Disease
- Type 1 Diabetes
- Prefer not to say
- Care home.
- Arthritis in knees

- EMI Registered Home
- COPD
- Stammer
- All 22 residents have disabilities.
- Both mild.
- Aspergers
- Depends: Over 70, wear glasses/ hearing aids. Lunch cancer 1/2 lung. Dyslexic. Otherwise good.
- Because of arthritis and a total knee replacement I have mobility problems.
- Cancer
- heart bone
- prefer not to say
- Mental health, long-term physical condition AND a neurodevelopmental disorder
- Have no problems
- Brain tumour
- Epilepsy also MSK problems and arthritis with persistent pain.
- Epileptic
- Brain injury & incurable congenital genetic heart defect
- Diabetes type 1
- Fibromyalgia
- Emphysema
- Diabetes T1
- Epilepsy
- Osteoarthritis
- Ibd
- neurological
- CPS, COPD,
- Leukaemia
- Chronic pain
- Mobility

Q22. Do you provide unpaid care by looking after someone (a family member, friend or neighbour) who is older, disabled or seriously ill?

Answer Choices	Responses	
Yes	24.70%	312
No	73.16%	924
Prefer not to say	2.14%	27
	<b>Answered</b>	<b>1263</b>
	<b>Skipped</b>	<b>107</b>

Q23. What is your religion or belief? (Please tick the appropriate box)

Answer Choices	Responses	
None	30.18%	380
Christian	59.73%	752
Hindu	0.16%	2
Jewish	0.08%	1
Muslim	0.32%	4
Sikh	0.00%	0
Buddhist	0.16%	2
Prefer not to say	6.35%	80
Other (please specify)	3.02%	38
	<b>Answered</b>	<b>1259</b>
	<b>Skipped</b>	<b>111</b>

Other – Please specify

- Roman Catholic
- Jehovahs Witness
- Welsh Independent Anibynwr (Soar Chapel)
- Spiritual



- Wicca
- Welsh Independent
- Jehovahs witness
- quaker
- Residents have various beliefs.
- Methodist
- Catholic
- Catholic
- Jehovahs Witness
- Spiritualist
- Spiritual
- Independent
- Evangelical
- Quaker
- We are a care home
- Quaker
- Quaker
- Spiritual
- Methodist
- Spiritual
- No definite, excluding denomination. Inspired by several religions/spiritualities.
- What does religion have to do with how your pharmacy deals with you
- Atheist
- Spiritual
- Pagan
- Pagan
- Pagan
- Agnostic
- Agnostic
- JEDI
- Realist
- Spiritualism
- Spiritualust
- Roman catholic

Q24. What is your sex or current gender? (Please tick all that apply to you)

Answer Choices	Responses	
Man	24.74%	313
Woman	72.33%	915
Trans Male/Trans man	0.16%	2
Trans Female/Trans woman	0.08%	1
Gender variant or Non-binary	0.08%	1
Intersex	0.16%	2
Prefer not to say	2.37%	30
Additional Category (Please specify):	0.63%	8
	<b>Answered</b>	<b>1265</b>
	<b>Skipped</b>	<b>105</b>

Additional Category – Please specify;

- Care home with mix of residents.
- Why is this a relevant question ?
- Toaster
- Mix of male and female residents
- Why do you want to know?
- Male
- For data collection purposes you only really need to know someone's sex - male or female. Also 'intersex' is not a sex - those with DSDs are still either male or female, not some 'third sex'.
- 5

Q25. What sex were you assigned at birth?

Answer Choices	Responses	
Male	25.24%	319
Female	72.07%	911
Intersex	0.00%	0
Prefer not to say	2.69%	34
	<b>Answered</b>	<b>1264</b>
	<b>Skipped</b>	<b>106</b>

Q26. If you are 16 or over which of the following options best describes how you think of yourself? (Please tick the appropriate box)

Answer Choices	Responses	
Asexual	5.33%	63
Bisexual	1.61%	19
Gay man	1.35%	16
Gay woman/lesbian	0.76%	9
Heterosexual	76.67%	907
Pansexual	0.17%	2
Prefer not to say	14.12%	167
	<b>Answered</b>	<b>1183</b>
	<b>Skipped</b>	<b>187</b>



## Appendix I – Pharmacy Contractor Questionnaire

### PNA pharmacy questionnaire

#### Premises details

Contractor code (ODS code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading name	
Address of pharmacy	
Pharmacy email address	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
Can the health board store the above information and use it to contact you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Consultation facilities

Are the premises accessible by wheelchair?

Yes/No

There is a consultation area (tick as appropriate)

No, or	<input type="checkbox"/>
Available (including wheelchair access), or	<input type="checkbox"/>
Available (without wheelchair access), or	<input type="checkbox"/>
Planned within the next 12 months, or	<input type="checkbox"/>
Other (specify)	
Where there is a consultation area;	
Is it a closed room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it a designated area where both the patient and pharmacist can sit down together?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the patient and pharmacist able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there is no consultation area are there alternative arrangements for confidential discussions?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Languages spoken (in addition to English)

## Services

Does the pharmacy dispense appliances?

Yes – All types, or	<input type="checkbox"/>
Yes, excluding stoma appliances, or	<input type="checkbox"/>
Yes, excluding incontinence appliances, or	<input type="checkbox"/>
Yes, excluding stoma and incontinence appliances, or	<input type="checkbox"/>
Yes, just dressings, or	<input type="checkbox"/>
Other [identify]	
None	<input type="checkbox"/>

## Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	<input type="checkbox"/>
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/>
Delivery of dispensed medicines – Selected patient groups (list criteria)	
Delivery of dispensed medicines – Selected areas (list areas)	
Delivery of dispensed medicines - Chargeable	<input type="checkbox"/>

<b>In your opinion is there a requirement for an existing enhanced service which is not currently provided in your area? If so, what is the particular requirement and why.</b>	
<b>In your opinion is there a requirement for a new service that is currently not available? If so, what is the particular requirement and why.</b>	

## Capacity

The demand for pharmaceutical services in general is increasing. Thinking of your pharmacy do you:

	YES
Have sufficient capacity within your existing premises and staffing levels to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand?	

(Please tick one option)



### Business development

Do you have any plans to develop or expand your premises or service provision?

Yes/No

If yes, please can you provide details?

### Details of the person completing this form:

Contact name of person completing questionnaire, if questions arise	Contact telephone number





## Appendix J – Dispensing GP Practice Questionnaire

[to inform the content of a pharmaceutical needs assessment for Hywel Dda University Health Board]

Hywel Dda UHB is preparing its first Pharmaceutical Needs Assessment (PNA), due to be published by 1<sup>st</sup> October 2021, and we need your help to gather some information to support its development.

This questionnaire has been agreed by all the health boards and will be used across Wales. In developing the questionnaire we are only asking for information that is needed but is not routinely held or collected. As you will see we have kept the questionnaire as short as possible.

The closing date for this questionnaire is the 10<sup>th</sup> of December 2020 we would encourage you to complete the questionnaire as soon as possible.

For queries relating to the information requested or the answers required please email [angela.evans10@wales.nhs.uk](mailto:angela.evans10@wales.nhs.uk) with a subject title of 'PNA dispensing practice survey'.

Please insert the name of the practice you are completing the questionnaire on behalf of:

Please insert the address or addresses of the premises for which the practice has premises approval to dispense from:

- Please complete the table below in respect of the times at which the dispensary is open using the 24 hour clock.**

	Address -	Address –
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		
<b>Saturday</b>		
<b>Sunday</b>		



## 2. Are appliances dispensed from the premises?

Range of appliances: one answer 'yes' only	YES
Yes - All types, or	
Yes, excluding stoma appliances, or	
Yes, excluding incontinence appliances, or	
Yes, excluding stoma and incontinence appliances, or	
Yes, just dressings, or	
None	

## 3. Delivery of dispensed items

Do you offer a delivery service?	Yes		No	
If yes, is the service available to all patients?	Yes		No	

If the service is restricted please confirm the patient groups who may use the service.

--

## 4. Apart from English which other languages, if any, are available to patients from staff at the premises every day – please list main languages spoken

List of languages spoken:

## 5. Capacity

The demand for health services in general is increasing. Thinking of your dispensing service only, do you: (Please tick one option)

	YES
Have sufficient capacity within your existing premises and staffing levels to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand?	



## 6. Other dispensing related services

Please can you provide details of any other activities that you provide related to your dispensing service, for example MARs charts, 'just in case packs' and patient sharps.

## 7. Please provide us with your contact details.

**Name:**

**Job title:**

**Email:**

**Telephone number:**

Please return to Angela Evans – Email: [angela.evans10@wales.nhs.uk](mailto:angela.evans10@wales.nhs.uk) Fax: 01554 777985



## Appendix K – Consultation Report

### 1. Introduction

As part of the pharmaceutical needs assessment process the Health Board is required to undertake a consultation of at least 60 days with certain organisations. The purpose of the consultation is to establish if the pharmaceutical providers and services supporting the population of the Health Board's area are accurately reflected in the final PNA document. This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

### 2. Consultation process

In order to complete this process the Health Board has consulted with those parties identified under regulation 7 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020, to establish if the draft PNA addresses issues that they considered relevant to the provision of pharmaceutical services:

- Community Pharmacy Wales
- The Dyfed Powys Local Medical Committee
- Contractors included in its pharmaceutical list
- GPs included in its dispensing doctor list
- GP practices within the Health Board area
- The Hywel Dda Community Health Council
- The West Wales Regional Partnership Board
- Carmarthenshire County Council
- Pembrokeshire County Council
- Ceredigion County Council
- The Welsh Ambulance Service NHS Trust
- Betsi Cadwaladar University Health Board
- Powys Teaching Health Board
- Swansea Bay University Health Board

In addition, the Health Board consulted with the following non-statutory parties:

- NHS 111 Wales
- Hywel Dda University Health Board GP Out of Hours Service
- County Directors for Carmarthenshire, Pembrokeshire and Ceredigion
- Health Board stakeholders

It was also considered appropriate to include the public in the consultation stage and for this purpose a summary document was produced which was less technical and shorter than the full PNA document.

The consultation documents were hosted on the Health Boards engagement HQ site where links to the draft PNA document, summary document, easy read document and questionnaires were available.



The statutory and non-statutory consultees were contacted via email explaining the purpose of the PNA and that as a statutory party the Health Board welcomed their opinion on whether they agreed with the content of the proposed draft. They were directed to Hywel Dda UHB's Engagement HQ site to access the documents and the questionnaire.

Each community pharmacy was provided with 5 paper copies of the summary document and questionnaire, with a freepost envelope for issue to patients. In addition, 20 flyers were provided per pharmacy, which could be attached to prescription bags with QR codes to link to the documents and questionnaire as well as a contact number to request a paper version. Additional supplies were offered half way through the consultation period, but none were requested.

The summary document and questionnaire was also sent to a wide range of stakeholders via post by the Health Boards patient engagement team. This included stakeholders such as Siarad Iechyd/Talking Health members, Town and Community Councils, Care Homes, Nurseries, Colleges, Women's Institutes, etc. The email link was also sent by email to stakeholders such as; County Voluntary Councils, Youth Councils, Young farmers, Community Transport, 50+ Forums, Merched Y Wawr, Housing Associations etc.

Consultees were given the opportunity to respond by completing a set of questions and were able to submit additional comments. This was undertaken by completing the questions online via the Health Boards Engagement HQ portal or through returning paper copies of the questionnaire to the Health Board via a freepost envelope.

The set questions were to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change and identify any current and future gaps in pharmaceutical services.

The consultation ran from the 7<sup>th</sup> May 2021 to the 6<sup>th</sup> July 2021.

This report outlines the considerations and responses to the consultation. It should be noted that participants in the consultation were not required to complete every question.

The consultation received 158 responses, 155 in English and 3 in Welsh. 80 responses were sent in by post and the remainder completed through Engagement HQ. The respondents identified themselves as the following:





Answer options	Response percent	Response count
Member of the public	77.0%	120
Member of Local Authority	5.7%	9
Pharmacy Contractor	3.2%	5
Professional Body	3.2%	5
GP Practice	1.3%	2
Other	9.6%	15
<b>Answered question</b>		<b>156*</b>

\*2 responders skipped this question

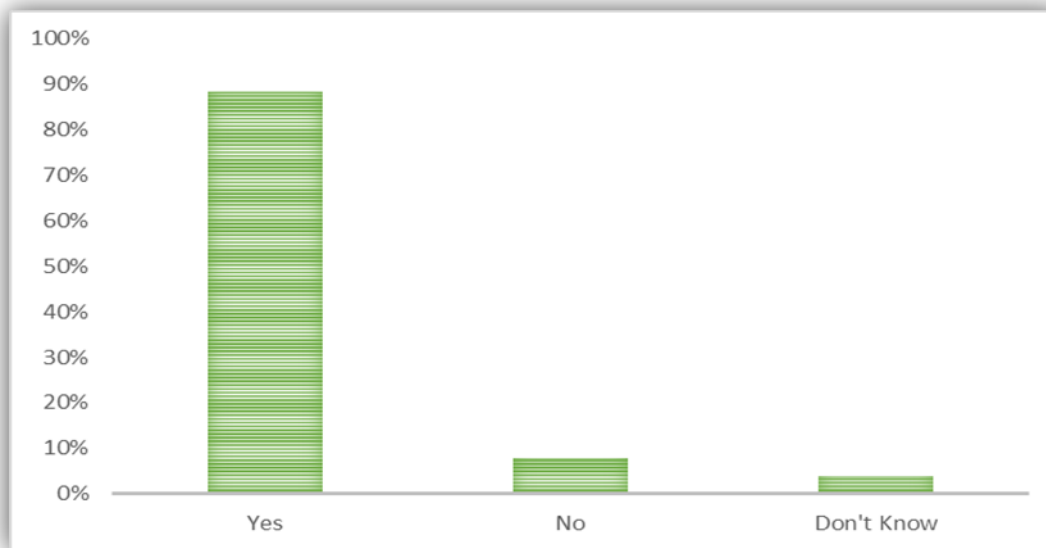
As well as the categories above the Health Board is pleased to note that responses were submitted by;

- Welsh Ambulance Services NHS Trust
- Waunfawr Community Council
- Llandysul Family Centre
- Llandybie Community Council
- Carew Community Council
- Milford Haven Town Council
- Cenarth Community Council
- Llanelli Rural Council
- Llandybydder Community Council
- Clerec cyngor cymuned Nantcwnlle
- Min y Mor Residential Care Home
- Gelli Mor Ltd
- Woodhill Care Ltd
- All Wales Diabetes Patient Reference Group
- Pembrokeshire County Director

### 3. Summary of questions, responses and the Health Board's considerations

Note - comments included in this section are displayed as they were written in the questionnaire.

## Has the purpose of the Pharmaceutical Needs Assessment been explained?



The Health Board was pleased to note 136 respondents (88%) selected 'yes', and the following comments were made;

- *Reading the documents it explains what services we have, what could be better and what we need*
- *read the documentation - clearly explained*
- *I read the Easy Read PDF and I can make sense of it.*
- *The PNA Summary is concise and thorough and provides a useful insight into the provision of community pharmacy services in HD over the next five years*
- *I was given the PNA booklet by my pharmacist. I also went online to read the Draft PNA.*

12 respondents selected 'No' that the document had not and gave the following reasons (some didn't answer);

- *This survey is the first time I have heard of it.*
- *the document has statements on what is provided rather than needs or requirements*
- *Pharmacy support, locally, has been already been detailed as exceptionally effective.*
- *It is also understood that where pharmacies are nearer than GPs effective initial medical advice is appreciated.*
- *Where there is an alternative view, there should be a need to respond.*
- *It's the first time I've heard of it.*
- *because it hasn't. what a stupid question.*
- *Didn't read it*
- *Only just heard about it through the post today.*
- *No explanation given*

The following response was received from Community Pharmacy Wales (CPW);

CPW is aware of the purpose of a pharmaceutical needs assessment. In the introduction 1.1 Purpose of the Pharmaceutical Needs Assessment it is stated:

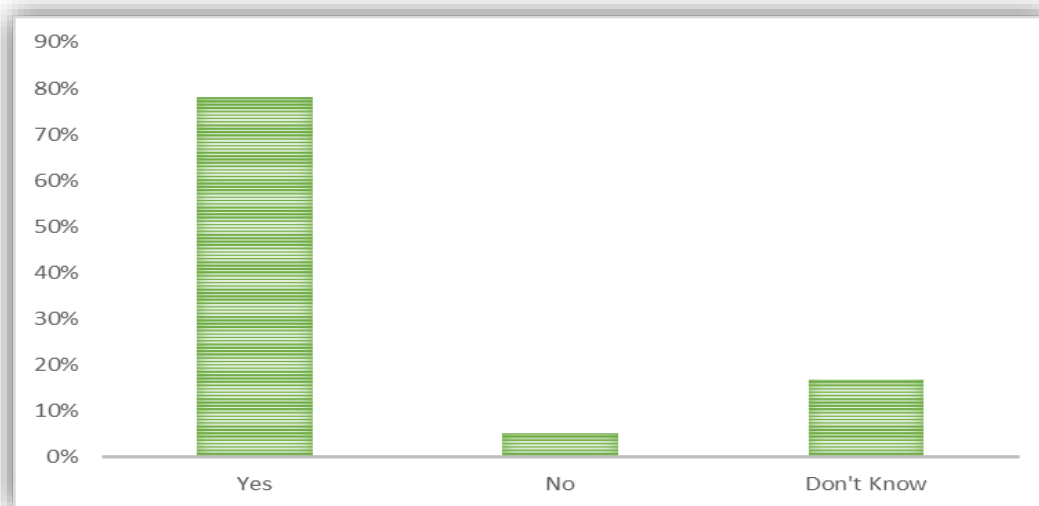
*“In general, their application must offer to meet a need set out in the Health Board’s PNA”.*

*The words “in general” could possibly be misinterpreted to mean there is an exceptional scenario that could allow someone to apply for a new pharmacy; similar to the Unforeseen Benefit in England, where even if a PNA does not identify a current or future need for a new pharmacy an application can be made to secure improvements or better access to services. It may be beneficial early on to outline in this section the types of application which are determined against the PNA to avoid any confusion. Application for changes of ownership and relocations for business type reasons (e.g. lease has expired and need new premises) under Reg 15(1)9b) (ii) aren’t determined against PNA so it may be worth making this clear.*

The points raised by CPW have been noted and revisions made to the Introduction in 1.1

The Health Board notes that those who replied ‘yes’ to this question were a mix of contractors, organisations and members of the public and is therefore satisfied that the purpose of the PNA is explained and that the language of the document does not need to be changed.

**Does the draft Pharmaceutical Needs Assessment reflect the current community pharmacy provision within the Hywel Dda UHB area?**



The majority of respondents, 121 (78.1%) said that it did. 8 respondents said that it didn't, and the following comments were left in response to this question (comments not relevant were omitted – full list of comments available in Appendix M);

- *There is a need for certain children’s medicines like melatonin to be prescribed by a gp and or the ability to pick them up from an allocated pharmacy. Instead*



*of travelling and spending silly money on taxis to get to west wales general as the bus services are unreliable*

- *<<Name>> pharmacy is shut over the weekend at <<Area Name>>*
- *<<Area>> swansea <<Post Code>> very poor service by <<pharmacy name>> chemist*
- *Never open over Bank Holiday, Christmas etc and it is around 17 miles to another Pharmacy. Far too long a distance if anyone requires prescription meds.*
- *Yes-ish. I'm not so sure there are no gaps in the provision of dispensing services.*
- *Yes but not good enough services. As Pembroke Dock have lots coming and goings as Cararthen in peck times. Poor weather conditions*

In response to the comments above; some medicines that are recommended by specialists in the hospital are prescribed and supplied within the hospital for reasons of cost, availability, safety etc. this therefore relates to an area outside of the remit of the PNA.

With regards to the second comment, weekend opening has been considered as part of the PNA. The area specified does have other pharmacies within 1 mile who are open on Saturday and Sunday and therefore the area is sufficiently served in terms of pharmaceutical services over the weekend.

The third comment relates to a pharmacy that is outside of the Health Board area – this comment will be forwarded to Swansea Bay University Health Board for consideration.

With regards to the fourth comment, as noted within the PNA document, the terms of the NHS Pharmaceutical Services Regulation for community pharmacies do not require them to open on Public and Bank holidays, though many choose to do so. In the lead up to each bank holiday information is gathered as to which pharmacies intend to open, in order to provide details to NHS Wales 111, GP Out of Hours and A&E departments etc. This supports signposting of patients appropriately to Pharmaceutical Services. This information is also published on the Health Boards website. If there are no pharmacies open in a specific county, the Health Board has the option of directing or commissioning a pharmacy to open for a limited time.

Dispensing services have been considered as part of the PNA this has included the ratio of pharmacies per 10,000 population and the travel time to access pharmaceutical services and therefore the 5<sup>th</sup> comment is noted but no changes will be made to the PNA document.

The sixth comment has been noted but as the respondent has failed to advise which services are not good enough it has been difficult to address how the pharmaceutical needs could be amended. With regards to the 'coming and goings' in Pembroke Dock and Carmarthen it is noted that all the pharmacies in these areas have confirmed that they would be able to manage an increase in demand and therefore should be able to support an increase. The PNA regulations did not require the weather conditions to be considered as part of this document.

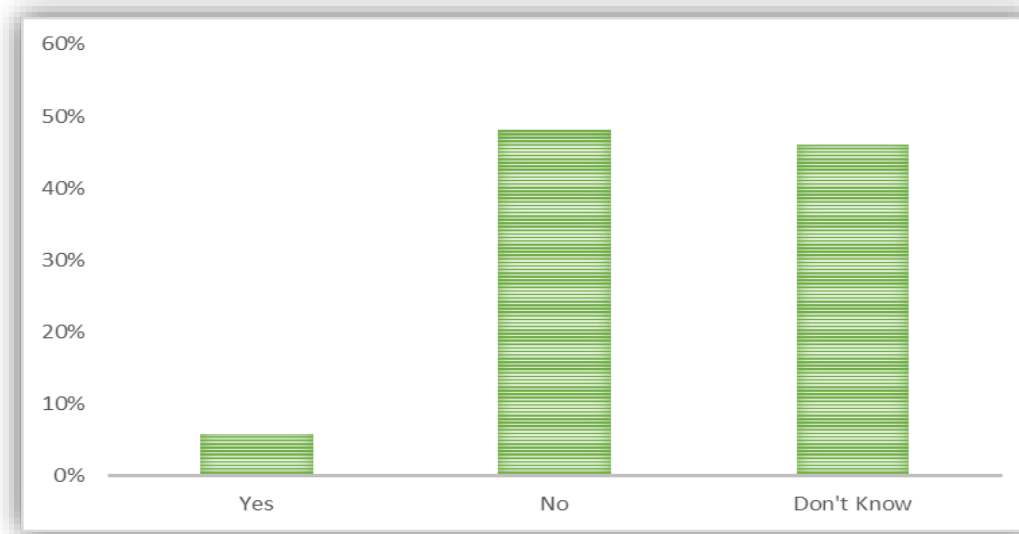
The following response was also received from CPW;

*Hywel Dda UHB (H DUHB) has used the information submitted by pharmacy contractors as part of the All-Wales Pharmacy Database (AWPD) exercise completed*

*last year to determine current community pharmacy provision. Whilst the detail of which pharmacy contractor provides each of the Advanced and Enhanced services is not contained within the PNA we trust that HDUHB has robustly analysed the data. As such, CPW is content that the current provision of NHS pharmaceutical services by the community pharmacy network in the HDUHB area is reflected accurately in the Pharmaceutical Needs Assessment*

The Health Board is satisfied that the PNA reflects the current community pharmacy provision within the Hywel Dda UHB area.

### **Are there any pharmaceutical services currently provided in the Hywel Dda UHB area that have not been highlighted within the draft Pharmaceutical Needs Assessment?**



The majority of respondents selected “No” - 74 (48%) or “Don’t know” – 71 (46.1%) to this question.

Only 9 respondents said ‘Yes’ they expanded as follows (only comments relevant to the PNA included):

- <<pharmacy name>> offering weight management service
- *Delivery of repeat prescriptions by post for single person households. The present delivery service is inadequate and requires the recipient to be at home. If that person is at a social club or shopping the service is unusable. No precise appointment can be made for the delivery.*
- *The ability of GP Dispensers to service the public living greater than 1 mile from another dispensing chemist.*
- *Triage & treat, Walk in Centre , independent Prescriber service*

The first and second comments are related to services not provided by the Health Board these are private services and therefore not included in the PNA.



The third comment is in relation to dispensing GP practices. Information on GP dispensing practices are included within the PNA and therefore it is unclear what has not been highlighted. The final comment relates to services that are included in the full draft PNA document.

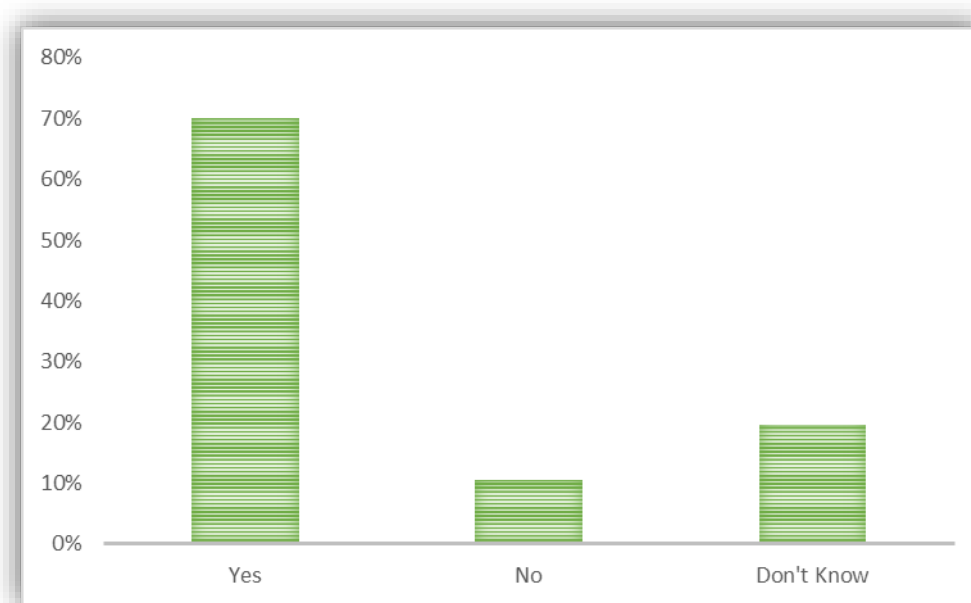
The following response was received from CPW;

*We are not aware of any pharmaceutical services currently provided that have not been highlighted in the draft PNA.*

Even though there were a high number of respondents who selected 'Don't know' it can be difficult for respondents to know what is not included without an in depth knowledge of pharmaceutical services. A review of the draft PNA did identify that the care home service had not been included therefore the updated document has been amended to reflect this.

The Health Board is therefore satisfied that the PNA has included all pharmaceutical services currently provided within Hywel Dda.

### **Does the draft Pharmaceutical Needs Assessment reflect the needs of the Hywel Dda UHB area's population?**



The majority of respondents said 'Yes' 108 responses (70%).

Of the 16 respondents that did not feel that it did, 15 left comments which included the following themes;

- Rural services
  - *Not enough consideration for rural services*
  - *Rural provision*
  - *People living out in rural areas are unable to seek advice from pharmacy due to lack of staffing.*

- *It does not cater for the rural communities. Great if you live in North Wales or South East Wales but not where I live.*
- *De Ceredigion*
- *because not everyone can get to a pharmacy .It says in your document most people live 30 minutes away from 1 ,but how do they get there and is that as crow flies or real time along windy narrow country lanes.*

The Health Board notes these comments and recognises the difficulty some people living in rural areas may have in accessing services in general. The document has highlighted that 99% of the population can access a pharmacy by car within 30 minutes, this mapping has been done with software which takes account of the types of road and the limitations of those roads e.g. speed limits etc.. Also noted in the document is that Hywel Dda has a higher ratio (2.53) of pharmacies per 10,000 population than the average for Welsh Health Boards (2.26), this indicates that the area is well served in terms of pharmacy provision.

With regard to the provision of pharmaceutical services, the Health Board is satisfied that consideration has been given to the provision of services in rural communities. There are a high number of pharmacies who offer a private collection and delivery service and means that all residents are able to access their prescribed medication.

- Out of Hours services
  - *The out of hours provision in particular on sundays/BH/in ceredigion is woeful*
  - *There is a shortage of out of hours community pharmacy services to cover between 8pm and 8am in the hywel dda area, patients cannot obtain ooh/111 prescriptions issued outside of these hours*
  - *More pharmacies should be open on a Sunday*

With regards to out of hours provision, in particular the availability of pharmacy services on Sunday, trials were undertaken to increase Sunday opening across a number of pharmacy locations during January to March 2020. Activity during this trial period was low, with a total of 223 patients accessing the pharmacies. The trial cost was £25,254. This did not represent value for money and as a result the trial was suspended. The Health Board will continue to review weekend access and consider commissioning additional opening should the level of concern submitted to the Health Board increase.

The following comments were also made;

- *At present there seems to be an increase of people moving into the area*
- *<<Swansea Bay Area>> queuing outside for over half an hour*
- *too few responses from the public engagement exercise*
- *A prescription delivery service for over 60's needed in my town*
- *There is inconsistency of provisions across the Health Board area, which is compounded by a lack of detailed descriptions of local provisions. More detailed local provision information would appear necessary. COMMUNICATION.*
- *Surgeries or GP's should have supplies for 3 to 4 days - as public transport can be a problem.*

Population growth and housing development have been included as part of the PNA, 83 of the 98 pharmacies said that they could manage an increase in demand and therefore the Health Board is satisfied that there is sufficient provision to meet the demands of people moving into the area.

Hywel Dda UHB are unable to comment on service provision in the Swansea Bay Health Board area. This information will be passed to Swansea Bay for consideration.

There were 1,370 responses to the public engagement exercise undertaken November/December 2020. Unfortunately the way that the engagement was done had to be virtual due to restrictions associated with the COVID-19 pandemic. The public engagement was promoted weekly on social media platforms and all Health Board stakeholders were sent information by post and email, all pharmacies had printed questionnaires and flyers, which they provided to patients. The Health Board is satisfied that the engagement exercise was as successful as it could have been within the restrictions imposed due to the COVID-19 pandemic.

A prescription delivery service is provided by 63 of the 98 pharmacies in Hywel Dda UHB. Delivery of medication is not an NHS service and therefore the Health Board are unable to direct pharmacies to provide the service. Feedback will be provided to Welsh Government on the responses suggesting a funded delivery service.

The Health Board aims to address the issue of inconsistency of service provision across the area by working with contractors who do not provide services that the PNA Steering Group consider should be available in all pharmacies to improve provision and have these services available in all pharmacies. The full PNA document includes detailed information on all enhanced services and activity data relating to these services. The Health Board does note that the communication of pharmacy services could be improved and will endeavour to raise public awareness of enhanced services in the future.

It would not be practical for GP practices to hold 3-4 days of all prescribed medication. In addition, the supply of drugs in the NHS is highly regulated. NHS prescriptions must be dispensed at pharmacies except where a doctor has been granted permission to be a dispensing doctor (information on dispensing GP practices is included in the full PNA document ).

The following comment was made by CPW;

*Whilst CPW is pleased that all pharmacy contractors are eligible to provide the services deemed as necessary by the Health Board, we do not believe that the conclusions in the Executive Summary “provision of enhanced services could be improved by commissioning more pharmacies to provide those services identified as necessary to enable the best possible access for all residents” should be reached without a thorough understanding of the reasons for lower delivery of these services.*

*HDUHB has deemed it necessary that the following services to be provided from all 98 pharmacies:*

- *Common Ailments Service – all 98 pharmacies provide this service*
- *Emergency Supply of Medication – 97 pharmacies provide the service*
- *Emergency Contraception – 79 pharmacies provide this service*
- *Smoking Cessation Level 2 – 77 pharmacies provide the service*
- *Smoking Cessation Level 3 – 69 pharmacies provide the service*
- *Influenza Vaccination (2020/21) – 81 pharmacies provide the service*
- *Patient Sharps – 93 pharmacies provide the service*
- *Just in Case Service – 88 pharmacies offer the service*

*It is noted that Smoking Cessation Services Levels 2 & 3 and the EHC Service are provided in 77 (L2), 69 (L3) and 79 pharmacies respectively, out of 98 pharmacies across the Health Board.*

*Both EHC and Smoking Cessation services have a lower uptake than other enhanced services in other areas of Wales. A number of reasons come to mind:*

#### *Smoking Cessation:*

- *Other providers: There are a number of other service providers that patients can access to assist in an attempt to quit smoking as described in section 6.11. In addition, GPs may prescribe smoking cessation products for dispensing or it may be purchased both pharmacy and non-pharmacy outlets. There may be a patient preference for these services.*
- *Referrals: Referrals to pharmacies may be made by the Hywel Dda Healthy Lifestyle and Wellbeing Team or Help Me Quit. It is possible that these services are not referring patients to community pharmacy but to the other providers and this could be examined.*
- *Patient Awareness of the Service: The patient questionnaire indicated that 29% of participants didn't know about the service compared to 16% for CAS and 14% for Flu. A targeted communications drive to highlight the service may be necessary.*

#### *EHC services:*

- *Other Providers: There are eight Sexual Health Clinics across the Health Board area which offer a mixture of Walk-In and appointment only clinics. In addition GPs may prescribe EHC. Again, there could be a preference for patients to use these alternative services.*
- *Patient Awareness of the Service: The patient questionnaire indicated that 30% of participants didn't know about the service compared to only 16% for CAS and 14% for Flu. A targeted communications drive to highlight the service may be necessary.*

*Hywel Dda UHB has stated that it will work with pharmacy contractors to improve provision of these services.*

*CPW will also work with contractors to improve provision of these services and will especially seek to help pharmacies who are not commissioned become*



commissioned. Where pharmacies are commissioned but not providing the necessary services CPW will seek to establish the barriers/reasons for non-provision and overcome them where possible. **Until this work has been undertaken, we do not feel that the Health Board can be assured that the draft pharmaceutical needs assessment reflects the needs of the Hywel Dda UHB area's population.**

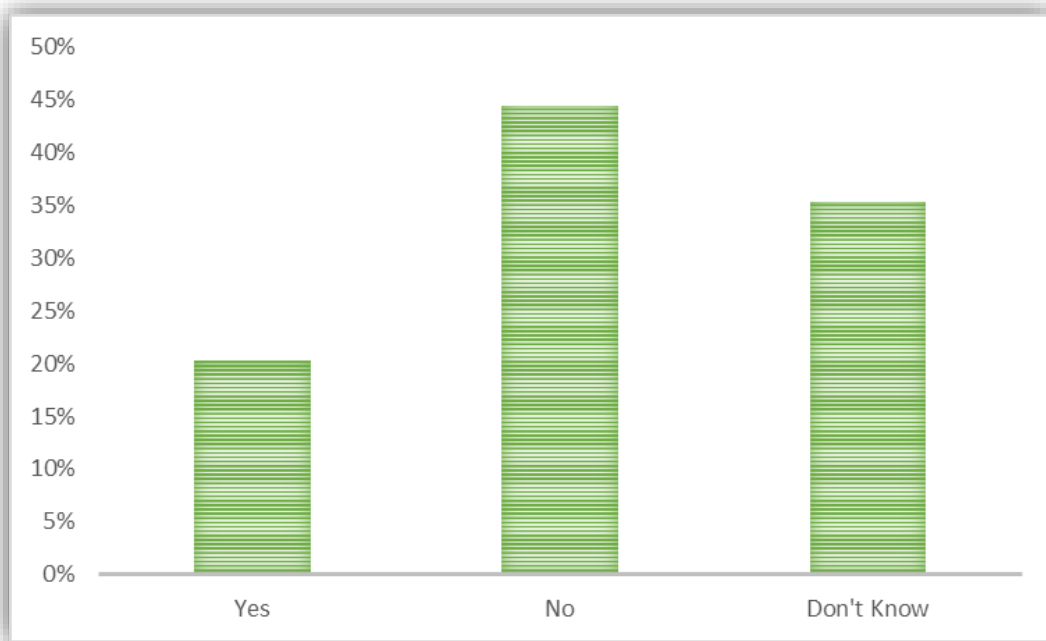
In addition, the wording of the statement: "provision of enhanced services could be improved by commissioning more pharmacies to provide those services identified as necessary to enable the best possible access for all residents" is confusing. The term "more pharmacies" could be misinterpreted as an additional new pharmacy; we believe that this is not what is intended and is contrary to the conclusion that no future gap has been identified for any of these services as clearly stated in Chapter 15.

**It is suggested that the phrase highlighted in italics be reworded to ensure there is no ambiguity and to remove the risk that "more pharmacies" could be inferred to mean new pharmacies; perhaps the phrase more of the current network of pharmacies would be more appropriate. It has been concluded clearly in Chapter 15 that based on information available at the time of developing the PNA no current and future need has been identified and we agree with this.**

The points raised by CPW have been noted and revisions made to the Executive Summary and Conclusions (Section 15) to clarify that the Health Board will explore reasons for lower uptake of some enhanced services with existing pharmacy contractors.

The Health Board is satisfied that the PNA reflects the needs of the Hywel Dda University Health Board area's population.

**Are there any gaps or issues in pharmaceutical provision in the Hywel Dda UHB area that have not been reflected in the draft Pharmaceutical Needs Assessment?**







The majority of respondents selected 'No' 68 (44.4%) or 'Don't know' 31 (20.3%) to this question. Of the 31 respondents who said that there were gaps or issues, 29 left comments. The main themes of these comments were;

- Pharmacy opening hours - lack of services at lunch times, evening and weekends
- Free delivery of prescriptions

These themes have been noted in earlier questions and have been addressed.

Other comments received which were outside of this theme but of relevance were;

- *I could not see anything about unpaid carers, these people provide a vital role in our communities caring for people and saving billions of pounds. Also Young Carers who might need to collect prescriptions etc. Community Pharmacies also need educating about this set of people as they too can support the carer and signpost them.*

The Health Board has taken on board this comment. There is information available in Chapter 2 (2.12) which highlights the number of unpaid carers in Hywel Dda UHB. Information on the number of unpaid carers in each county has now also been added into the locality sections. All pharmacies are offered the opportunity to engage in the Investors in Carers' awards and to undertake carer aware training. This is actively encouraged by the Health Board.

- *Because there does not appear to be a full and detailed description of the local services provided it is difficult to know.*

In the full PNA document there is detailed information on all the enhanced services offered, where they are available and the activity data relating to those services for 2019/2020, data has also been added to the revised version on the full activity for 2020/2021. This comment is not specific enough to allow adjustments to be made.

- *Dispensing Practices lack checks on prescriptions*

Every Dispensing practice will have Standard Operation Procedures that will be followed as part of the dispensing and accuracy check process. Any individual concerns should be raised with the Health Board.

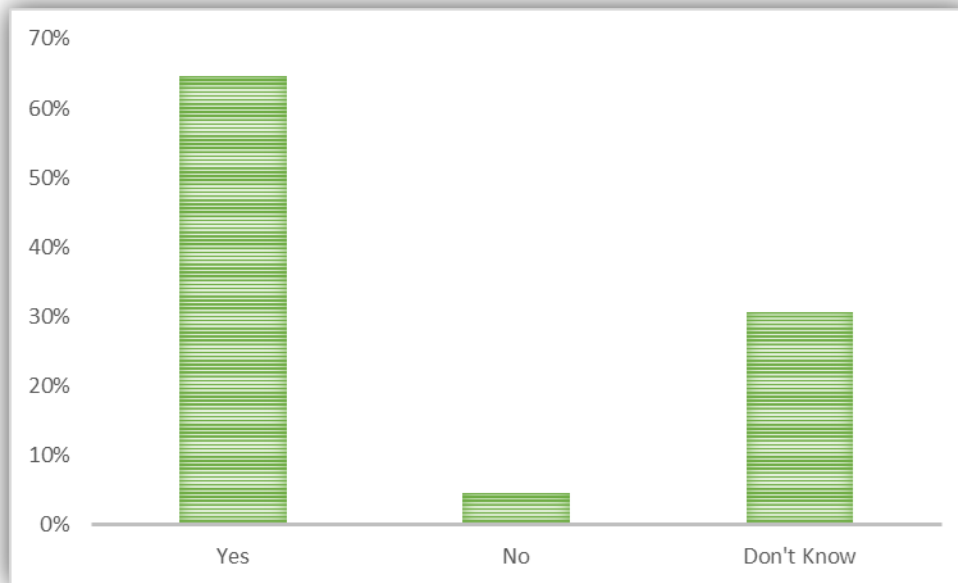
- CPW - Whilst we have not identified any gaps there are some issues which are detailed in Question 6

The points raised by CPW have been noted and revisions made to the Executive Summary and Conclusions (Section 15) to clarify that the Health Board will explore reasons for lower uptake of some enhanced services with existing pharmacy contractors.

Since drafting the PNA the Health Board noted that it had not included information on the Essential Small Pharmacies Scheme. This has now been included in section 5 of the revised PNA document.

Therefore the Health Board is satisfied that there are no gaps or issues in pharmaceutical provision in the Hywel Dda UHB area that have not been reflected in the PNA.

**Has the draft Pharmaceutical Needs Assessment provided information to support decisions i.e. decisions on applications for new pharmacies, relocations and range of services?**



The majority of respondents said 'Yes' 99 (64.7%) or 'Don't know' 47 (30.7%).

Of the 7 respondents who said 'No', the following comments which were relevant to the question were made;

- *More local interaction with local communities appears to be essential before such discussion are made.*

Pharmacy services and applications have to be determined in accordance with the NHS (Pharmaceutical Services) Regulations 2020 and with reference to any needs identified in the PNA.

- *Ddim yn glir. Dim digon o gwybodaeth am adeiladau tai yng Ngeredigion. Dim son am yr holl dai sydd wedi eu gwerthu yn ystod y blwyddyn dwethaf.*

The PNA has requested information from each Local Authority regarding their planned builds for the next 5 years. The document has included any that are over 100 and likely to impact the pharmaceutical needs within that area. In addition, consideration has been given to the estimated population growth for each county.

- *The PNA needs to contain copies of designated controlled area maps if it is to meet this requirement.*  
*The NHS (Pharmaceutical Services) (Wales) Regulations 2020 non-statutory guidance states:*

*Page 15 Pharmaceutical Services Provision by GPs – Within their PNA, LHBs will need to include information on the area or areas that their dispensing doctors have outline consent to dispense to, along with information on which premises those doctors have premises approval for. It is suggested that LHBs either include maps of their controlled localities within their PNA or provide the web link (URL) to where they are published on the LHB's website.*

*Page 36 Maps of Controlled Localities - Under Paragraph 7 of Schedule 3 of the Regulations, LHBs continue to be under a duty to precisely delineate the boundary of any controlled locality that is determined on a map, or to remove the delineated boundary of a locality that has ceased to be a controlled locality. Such maps are to be made available for inspection and should be included in the LHB's PNA. It is important that the boundaries of controlled localities are clearly marked, using appropriate geographical markers, for example rivers, not simply the squared off grid markings overprinted on Ordnance Survey maps. They should also be at a sufficient level of detail to enable any enquirer to tell whether any particular location falls within a controlled locality or not.*

*Page 36 Determination that an area is a controlled locality Changes can occur to the appropriate designation of an area, particularly where an urban area is expanding into the surrounding countryside, or where there has been a substantial development permitted in what has hitherto been a controlled locality.*

*The reverse is much rarer but can happen, for example, where an industrial area in the country (for example mining) ceases.*

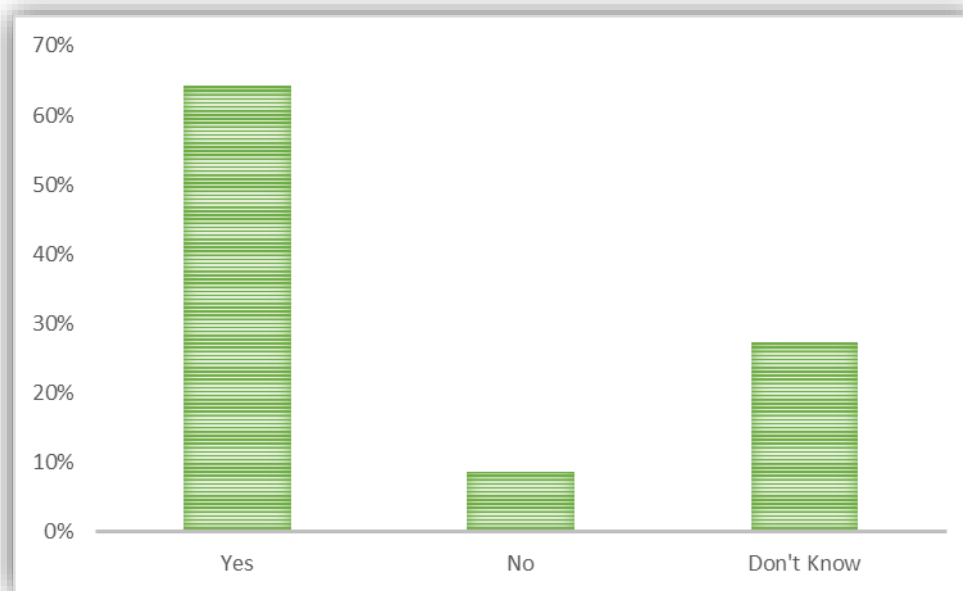
*Without the inclusion of maps of controlled localities there is no assurance that patients receiving pharmaceutical services from their doctor, reside in properly determined controlled localities; there has been a lot of development on the outskirts of rural towns and, areas that were thought to be controlled localities may no longer be. In addition, unless the Health Board is able to provide evidence by way of a delineated map of their controlled areas the Health Board will not be able to take any action on any application it receives until it has been determined that the application is in a controlled area or not.*

*CPW reserves the right to inspect maps of controlled area in line with Paragraph 7 of Schedule 3 of the Regulations and, to request a determination as to whether or not an area is controlled in line with Regulation 13 (2).*

The Health Board has noted the non-statutory guidance which indicates that maps of controlled localities should (rather than must) be included in the PNA. It has noted that to do so is not a statutory requirement. As the PNA will be in the public domain for up to 5 years, and sections cannot be updated on an as required basis,

there is a risk that including the current controlled locality maps means that they will remain in the public domain even if they are subsequently amended following a determination under regulation 13(2) of the NHS (Pharmaceutical Services) (Wales) Regulations 2020. Should copies of the controlled locality maps be required they can be provided by the Health Board.

### Has the draft Pharmaceutical Needs Assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies?



The majority of respondents 97 (64.2%) agreed that it had provided enough information to inform future pharmaceutical services provision.

Of the 13 who said it hadn't, all left comments which included the following;

- *Could be greater number of homes build across the region within the next 5 years that could affect the plans*

The Health Board has consulted with all 3 Local Authorities and reviewed the three local development plans. These may change in the 5 years of the PNA if there are significant developments that occur within the 5 years then the PNA will need to be reviewed. The PNA has to be written at a point in time, based on information available at that time.

- *pharmacies do not open weekends often .needs to state how people will know which pharmacy are open times and easily accessible list.*

Weekend opening is considered as part of the PNA and a full list of pharmacies and opening hours is included in Appendix L. Information on all pharmacies including opening times is available via the NHS 111 Wales website.

- *A dispensing chemist should not dictate to patients where they can get their medicines.*

It is assumed that this comment relates to dispensing practices not being able to offer dispensing services to all their patients. As highlighted in the PNA, dispensing GP practices have to adhere to the NHS (Pharmaceutical Services) Regulations 2020, which allow doctors to dispense to eligible patients in certain circumstances. The regulations are complicated on this matter but in summary:

- Patients must live in a 'controlled locality' (an area which has been determined by the Health Board or a preceding organisation as rural in character, or on appeal by the Welsh Ministers), more than 1.6km/1 mile (measured in a straight line) from a pharmacy
- Their practice must have premises approval and consent to dispense to that area

There are some exceptions to this, for example patients who have satisfied the Health Board that they would have serious difficulty in accessing a pharmacy by reason of distance or inadequacy of means of communication.

- *The Council is concerned that with the centralisation of GP services eg Cross Hands, the existence and future of smaller pharmacies in local villages will become perilous. Many elderly residents who use village pharmacies may not have this option in future.*

The aim of the PNA is to ascertain whether there are any gaps in the provision of pharmaceutical services in Hywel Dda. There is no intention to reduce the number of pharmacies as a result of this document.

- *There is no assessment of loop system provision for hard of hearing people*

The comment regarding hearing loops has been noted. This was not included as part of the pharmacy contractor questionnaire. The Health Board has gathered this information subsequently and information on hearing loops has been included in chapter 1 and in the locality sections, chapters 8-14.

- *People are not aware of the detail of local provisions and are not enrolled locally in coming to these discussions.*

The detail of local provisions are included in the full draft PNA document. All Health Board stakeholders were consulted via post/email. The Pharmacy survey and consultation was circulated widely including information provided to all pharmacies and GP practices for sharing with patients.

- *You have no proposals that give the public any hope that the issues are not already decided*

All applications will be considered in accordance with the NHS (Pharmaceutical Services) Regulations 2020.



- *The take up of the enhanced services varies considerable between localities e.g. emergency contraception - this may require further investigation*

This has been addressed as a part of the PNA. The Health Board will work with contractors not providing the identified enhanced services with the aim of having these services available in as many pharmacies as possible.

- *Sim son am newidiadau posibl mewn meddygfeydd. Mae'r nifer o Ddoctoriaid yn yr ardal yn ofid.*

It was not a requirement of the PNA to address changes within GP practices.

- *With ganolbwyntion ormodol ar yr agweddau positif rhai peidio anwybyddr'r canran bach negyddol*

All comments positive and negative have been included as part of the PNA.

- *Roedd nifer o ardaloedd o fewn ardal BIP Hywel Dda gyda canran isel o bobl yn ymateb i'r ymholiad /yn yr asesiad - yn enwedig rhai sy'n ifancach na 40au.*

The PNA was shared via social media, by letter and email to Health Board stakeholders and with all pharmacies and GP practices for cascading to their patients. The level of response received was on par with other Health Board consultations and met the requirements for the regulations.

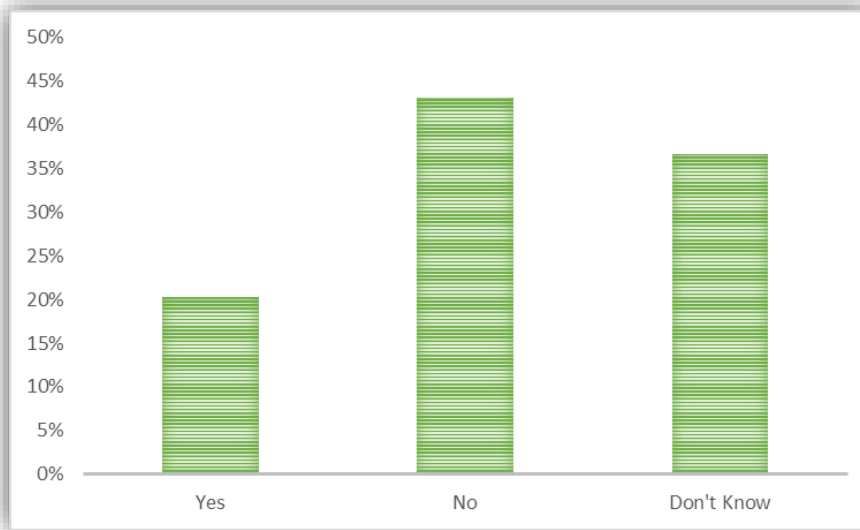
CPW responded with the following;

*The PNA has assessed pharmacy contractors' ability to increase capacity should there be an increase in demand for pharmaceutical services via the pharmacy contractor questionnaire (AWPD exercise) and included and reviewed plans for new housing developments etc in its PNA. However, a more detailed analysis of the necessity for some of the enhanced services deemed necessary from all pharmacies will strengthen informing the future pharmaceutical services provision as outlined in Chapter 6.*

The points raised by CPW have been noted and the further detail on the lack of provision of the listed enhanced services has been included in each of the Locality sections (8-14).

The Health Board is satisfied that the PNA has provided enough information to inform future pharmaceutical services provision and plans for pharmacies.

## Are there any pharmaceutical services that could be provided in the community pharmacy setting that have not been highlighted?



The majority of responses 66 (43.1%) said 'No' and 56 (36.6%) said 'Don't Know'.

31 respondents said there were Pharmaceutical Services that could be provided in a community pharmacy. 29 of these respondents left comments; the main themes for the comments were;

- *Funding for an out of hours/late night opening community pharmacy service/rota?*

As highlighted in the previous question; with regards to out of hours provision, trials were undertaken to increase Sunday opening across a number of pharmacy locations during January to March 2020. Activity during this trial period was low, with a total of 223 patients accessing the pharmacies. The trial cost was £25,254 and did not represent value for money, as a result the trial was suspended. The Health Board will continue to review out of hours access to pharmaceutical services and consider commissioning additional opening should there be an identified need in the future.

- *A pharmacy at the doctor's practice.*

Included in the full PNA document, within Hywel Dda UHB there are;

- 30 GP practices have pharmacies co-located, next door or adjacent.
- 21 GP practices are within  $\frac{1}{4}$  of a mile of a pharmacy.
- 9 GP practices are with  $\frac{1}{2}$  a mile of a pharmacy.
- 1 GP practice is within 1 mile of a pharmacy
- 5 GP practices have a pharmacy within 6 miles
- 6 dispensing GP practices which for eligible patients means the pharmacy is located in the same building as the GP practice.

Therefore, the Health Board is confident that all patients are able to access pharmaceutical services within a reasonable distance of their GP practice.

The following additional comments were made;

- *Blister packs can now be recycled All hospitals should stop sending to landfill. All surgeries should be a collection point.*

The Health Board has noted the comment and will circulate information on blister pack recycling to all pharmacies with a view to getting pharmacies set up as collection centres in the future.

- *COVID vaccine service. Travel clinics, independent prescriber roles.*
- *COVID vaccinations*
- *More facilities such as blood tests etc could be provided at local pharmacy*
- *Certain tasks that the Practice Nurse does , have a nurse in the room at the chemist 1) Blood Pressure 2) urine test 3) Minor Injuries. Would release more appointments at the doctors*
- *There is an abundance of opportunity for clinical services which could be developed in Community Pharmacy. This is an accessible service for the population and I would encourage it's potential to continue to be explored and developed as part of our Integrated Community Networks.*
- *Blood pressure measuring*

Since the draft PNA was written, around 20 pharmacies have been used to provide COVID-19 vaccinations. Pharmacies will be considered for the COVID-19 booster programme from September onwards, once more detail is known.

Travel Clinics is a private service that some pharmacies already offer.

Independent prescriber roles are something the Health Board are keen to expand. The number of independent prescribers in pharmacy are likely to increase during the next 5 years as more pharmacists take up the training and are commissioned to provide services, this will then increase their scope for offering treatment for acute conditions.

Hywel Dda UHB is actively looking to develop new services that can be provided at Community Pharmacy and take pressure off GP practices, one of these services is a Community Pharmacy based UTI service. There is also the Triage + Treat Service which offers patients treatment for minor injuries, such as minor burns, wounds and insect bites.

Blood Pressure monitoring is not currently a commissioned service but many pharmacies offer the service to patients. It is a service that the Health Board will consider. Work needs to be carried out with regards to the scoping of this service.

- *The communication process between GP and pharmacist, how it is facilitated, and how it can be done promptly when the need is important.*

The Health Board have noted this comment and work is currently underway to have dedicated professional telephone lines available to facilitate easier communications between practitioners in primary care.

- *Free parking. Why does a patient seeing a rural Doctor have to drive into town and have to pay for parking when they could have obtained their medicine at the GP practice dispenser at the same time as seeing their GP???*

All dispensing GP practices have to adhere to the NHS (Pharmaceutical Services) Regulations 2020, which allow doctors to dispense to eligible patients in certain circumstances. The regulations are complicated on this matter but in summary:

- Patients must live in a 'controlled locality' (an area which has been determined by the Health Board or a preceding organisation as rural in character, or on appeal by the Welsh Ministers), more than 1.6km/1 mile (measured in a straight line) from a pharmacy
- Their practice must have premises approval and consent to dispense to that area

There are some exceptions to this, for example patients who have satisfied the Health Board that they would have serious difficulty in accessing a pharmacy by reason of distance or inadequacy of means of communication.

Therefore if a patient does not meet the criteria above then they can not have their medicines dispensed at a GP practice.

- *People living out in rural areas are unable to seek advice from pharmacy due to lack of staffing.*

Staffing levels are not controlled by the Health Board as all Community Pharmacies are independent contractors and manage their own staffing levels.

- *Medication review for patients who require medication administration by carers.*
- *Telephone MUR's*

The Medication Use Review (MUR) service is currently suspended.

The Health Board is in the process of working with the 3 Local Authorities in the Hywel Dda UHB area to develop a service where Care Workers will be trained to administer medication to patients using a Medicines Administration Record (MAR chart). As part of this service, a pharmacist / GP practice will carry out a medicines review.

- *Access to GPs is difficult, could more be done via pharmacies? For example periodic health checkups?*
- *Provision for antibiotics for viral complaints such as sore throats, septic fingers, etc. Seems a waste of money to go to a pharmacist who says you need antibiotics - then have to ring 111 to wait for on call to ring back, then fax a script to pharmacy.*

The number of enhanced services provided in Community Pharmacy is increasing and new services which divert low level patients from GP practices are regularly explored. The increase in independent prescribing services will support GP

sustainability going forward and mean that patients will be able to access medicines for acute conditions at participating pharmacies.

- *Carer information and signposting.*

Pharmacies are encouraged to engage in Investors in Carers awards and offered carer aware training so they can effectively support unpaid carers and signpost to services. QR Boards which are displayed in each pharmacy have a dedicated QR code 'Help for Carers' this links the patient with up to date information.

- *Non-Commissioned "Ask Your Pharmacist" advice*

'Ask your pharmacist' advice is already available in all pharmacies as part of essential services all pharmacies are required provide support for self-care as well as promotion of healthy lifestyle advice.

- *Provision for help for Alzheimer patients*

All pharmacies are encouraged to have staff that have undertaken dementia awareness training. Dementia awareness training information is shared with pharmacies regularly.

- *Notification of prescribed medication being discontinued or unavailable. It would enable patient to consult with GP for a substitute.*

This would need to be discussed with pharmacies locally as availability of medication can vary from one location to another.

- *Stoma care needs not on prescription list as I understand you have to telephone for items needed and GP surgery has to confirm the need. This is what I am told by someone with a stoma.*

As noted in the full PNA document pharmacies in Hywel Dda UHB do not provide a Stoma Appliance Customisation Service. Prescriptions are often dispensed by specialist stoma providers.

- *Yellow box collections*

"Yellow Box" collections have been taken to mean sharps boxes. 93 pharmacies do currently accept up to 5 litre size sharps bins. It isn't practical for them to accept larger sizes due to the amount of storage space required. If the comment relates to the collection of sharps bins from a patient's home, as opposed to returning to a participating pharmacy, this can be arranged for larger bin sizes or where it is not possible to return to a pharmacy. This would be arranged via the Health Boards Environmental Team.

- *lower travelling by car. 74% as your aware when ill or use machines taking medications is wrong.*





The Health Board covers a vast geographical area and is rural in nature. 74% of patients travel by car to the pharmacy but not all of these patients will be unwell or taking medication that will impair their driving ability. This comment does not relate to a service that could be provided in a Community Pharmacy setting. CPW provided the following response;

*The PNA reviews the provision of Essential, Advanced and Enhanced Services in each of the 7 locality groups. The review of enhanced services however has been undertaken with reference to the current list of commissioned services and does not look at those services that could be put in place to meet identified population needs.*

*For example, Section 3.7 notes that 'Alcohol consumption is deeply engrained within the culture of Wales and Hywel Dda UHB. Many people enjoy alcoholic drinks in moderation, but alcohol is also a dependency inducing drug, and alcohol misuse can lead to significant harm to individuals, families and communities. In Hywel Dda UHB 20% of residents drink more than the recommended guidelines, they are one of the top 3 Health Boards in Wales within this category and are higher than the Welsh average of 19%.*

*The analysis clearly identifies a need to support the people of the HDUHB area to reduce their alcohol intake and this support will need to be delivered at scale and be easily accessible if it is to be effective. Community pharmacies help people to undertake change of this nature through their stop smoking Help Me Quit@Pharmacy service and therefore this is the natural place to provide alcohol support services.*

*In a similar manner section 3.2 highlights the significant health burden associated with cardiovascular disease and confirms that 'CVD accounts for over 25% of all QOF registrations with over 16 per cent of prevalence being for hypertension'. The analysis also states that '1 in 5 adults in Wales report being treated for high blood pressure (hypertension) and there are many more undiagnosed and untreated'. The PNA therefore clearly identifies a need to improve the diagnosis of undiagnosed hypertension.*

*In section 1.5.4 contractors identified the following service need: 'blood Pressure Monitoring (and Atrial Fibrillation detection) - due to an increase demand in patients requesting'. CPW believes that the community pharmacy network can make a significant contribution to this identified need and the contractors stand by to deliver this service.*

*The same section identifies the significant burden posed by growing obesity. This need again coincides with the feedback from pharmacists that one of the services they could deliver was a weight management service.*

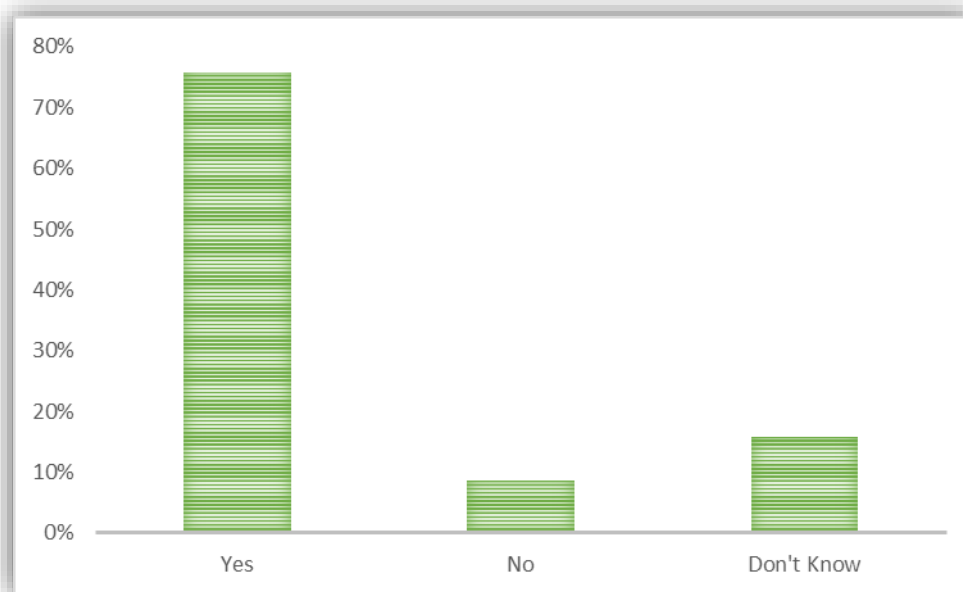
*CPW feel that an opportunity may have been lost not to have fully used the detailed analysis undertaken to develop a comprehensive list of local services to be introduced in the years ahead. HDUHB, through its Pharmacy Walk-in Centres initiative has shown itself to be one of the more forward-thinking health boards in the way that it leverages its community pharmacy network and CPW*

*feels that this approach would help develop this initiative further. The PNA identifies that '83 pharmacies confirmed there was sufficient capacity within their existing premises and staffing levels to manage an increase in demand in their local area' and CPW feel that this should provide the health board with the confidence to follow this approach.*

The detailed feedback provided by CPW has been noted. Much of the information on services within the PNA is based on the current range of services available to be commissioned by the Health Board. Pharmacy contract negotiations are on-going between CPW and Welsh Government at the time of preparing the PNA and other services may be included in the contract revisions over the next 5 years. The Health Board will continually review the opportunities to commission new (local or national) enhanced services to meet local needs.

The Health Board is encouraged by the comments regarding pharmaceutical services that could be provided in the community pharmacy setting. We anticipate that in the next 5 years the number of services offered by community pharmacy will increase. It is also noted that having more pharmacists trained in independent prescribing will allow an increase of conditions that can be treated at the pharmacy.

#### Do you agree with the conclusions of the Pharmaceutical Needs Assessment?



The Health Board is pleased to note that a resounding 75.7% (115) of respondents answered 'Yes' and agreed with the conclusions of the PNA.

Of the 13 patients who said 'No'; 13 left responses. Relevant comments that relate to the question are included;

- I do not think it fully understands the difficulty with rural communities having a Pharmacy that is shut over Bank Hols etc.*



The terms of the NHS Pharmaceutical Services Regulation for community pharmacies do not require them to open on Public and Bank holidays, though many choose to do so. In the lead up to each bank holiday information is gathered as to which pharmacies intend to open, in order to provide details to NHS Wales 111, GP Out of Hours and A&E departments etc. This supports signposting of patients appropriately to Pharmaceutical Services. This information is also published on the Health Boards website. If there are no pharmacies open in a specific county, the Health Board has the option of directing or commissioning a pharmacy to open for a limited time.

- *well broadly speaking yet but there are gaps and omissions*

As the gaps and omissions have not been specified it is difficult for the Health Board to address this comment.

- *It would be useful to know which pharmacies provided which services.*

This information is included in the full PNA and has now been updated to reflect the current situation in terms of who is able to offer services. In addition information on the services provided by each pharmacy is available on the NHS Wales 111 website and also the Hywel Dda Health Board website.

- *Sort of. But the Labour Gov in saying they are building 20,000 social rent houses in wales?*

The PNA has liaised with the 3 Local Authorities and also reviewed the local development plans in developing this document. Therefore the information used for housing development over the next 5 years is as informed as it can be at this stage. If further large developments are likely to affect the need for pharmaceutical services within the 5 years of this document then the Health Board will potentially need to review the document within that time frame.

- *From practice perspective, in our area, it seems that pharmacies can be overwhelmed by the demand for essential services. There are some distribution of delivery of enhanced services. None of the local pharmacies have the capacity to accept patients for MDS, which potentially can worsen.*

MDS is not currently an enhanced service. Work is ongoing with the Local Authorities to train care staff in the administration of medication via a MAR chart from original packs rather than a MDS as part of an enhanced service. This will hopefully reduce demand for MDS and improve capacity within community pharmacy.

- *I feel there is a basic gap in communication with the local populations. Only in this way will there be effective interaction and more accurate decision making.*

The Health Board agrees that communication is key which is why the patient survey and the consultation exercise has been shared and circulated so widely. Ideally there would have been consultation events as part of this exercise but

unfortunately due to COVID-19 pandemic and its associated restrictions all consultations needed to be done virtually. We will consider this comment and ensure that this is feedback to our communication and engagement teams.

- *The impression you give is that you wish to secure provision as it is*

The PNA has allowed the Health Board to review its current services and determine if there are gaps for services currently or in the future. It has concluded that there is sufficient provision currently and for the next 5 years and therefore no gaps have been identified. The Health Board will work with contractors not providing enhanced services to ensure more equitable access.

CPW responded as follows;

*We do believe that the conclusions, set out in Chapter 15 which indicates that based on the information available at the time of developing the PNA no current or future needs relating to the provision of Essential, Advanced or Enhanced Services have been identified in any of the 7 localities, are correct.*

*In section 15.4.1.2 the conclusion states “Based on the information available at the time of developing this PNA the Health Board is satisfied that there are no future needs relating to the provision of essential services outside of normal working hours. However, should the current supplementary opening hours change then this may create a gap and the Health Board will then consider whether or not it is necessary to either direct a pharmacy or pharmacies to have more core opening hours or will commission an extended opening hours enhanced service as required”*

*Prior to any decisions being made in respect of additional hours, CPW feels that a thorough review of why a pharmacy has reduced its supplementary hours would be needed. If further to this review it is still felt that there is a need for additional hours, in the first instance the health board should seek to commission the nationally agreed Rota Enhanced Service. If there is an exceptional circumstance that would require a Health Board to Direct a pharmacy to increase its core hours, in line with Schedule 5 (24) (4), the Health Board may only direct that an NHS pharmacist must provide pharmaceutical services at premises for more than 40 hours in any week where it is satisfied that the NHS pharmacist will receive reasonable remuneration in respect of the additional hours for which they are required to provide pharmaceutical services.*

The feedback from CPW supports the conclusions reached. The points raised relating to changes by pharmacies to opening hours will be followed through to understand reasons for any reduction in opening hours.





## Do you have any other comments on the draft Pharmaceutical Needs Assessment?

24 people left comments to this question. A selection of comments that were considered relevant are listed below. A full list of comments can be found in Appendix M.

- Has it been taken into account the predicted increase in age demographic within the Health Board.*

Population growth and the age demographic of the Health Board has been considered in Section 2 of the full PNA document.

- The needs assessment is not a needs assessment and the questionnaire does not match any points in the documents. There is no indication of geographical spread of services. e.g. there could be many places to dispose of sharps in Carmarthen, Llanelli but limited in a semi rural location. It is impossible to tell from the document. There is no indication of customer need volumetrics, geography*

The Health Board will note this comment but feel that the questionnaire reflected the information included in the PNA. Maps of where services are available have been included in Section 5 for each enhanced service and includes the pharmacies that do provide and those who do not, so that gaps can be identified. In addition, the activity data for each service has also been included. As noted in the PNA document the Health Board will work with contractors who do not provide the listed core enhanced services to provide more equitable access to services.

- as an ordinary member of the public I cannot answer yes or no to some of these questions as I do not know even though it is a comprehensive summary.*
- This assessment is too complicated for a member of the public to give any worthwhile comment on. I can only comment on my area and situation.*

The Health Board acknowledges that the PNA is a large and technical document and therefore may be difficult for the public to fully engage. We thank all the public for taking the time to read the information and to comment.

- need to be have a pharmacy that answers its phone and clear guidelines on what each can provide.also basic thing like which ones will take back unused medication.It used to be you could ring pharmacy order medication they would get prescription and have it ready for pick up or delivery.Now have to ring G.P. order or go on line order which can show dispensed and ring chemist to check available.*

During the last 18 months pharmacies have seen an unprecedented increase in workload due to the COVID-19 pandemic, which in some cases has meant that phone lines have been busier than usual. All pharmacies provide disposal of unwanted drugs as part of their essential services. The process for ordering prescriptions would need to be discussed with your pharmacy and GP practice.



- *There are enough dispensing chemist in the area but they should not be allowed to dictate to patients where they can and can not, get their medicine!!*

Patients are able to get their prescription dispensed in whichever community pharmacy they choose. Therefore the Health Board is unsure what this comment relates to.

- *As the population ages, they become more dependent on public transport. People living in village may find it difficult to access a pharmacy. Recently, pharmacies have had problems obtaining some medicines. This causes problems when people have to travel to the pharmacy if they have to book transport a few days ahead e.g. Bwcabws.*

Many pharmacies offer a free delivery service for patients that experience difficulty in attending a pharmacy.

- *Look, SE Wales has it all! Plenty of pharmacies, hospitals, GP Surgeries you name it. We in rural Wales have problems with Pharmacy shut downs over long periods at Christmas, Easter Bank Hols. These are poor opening hours. We need our little Pharmacies and NO I have no wish to order online! I prefer dealing face to face with a Pharmacist at all times.*

As noted in the PNA Hywel Dda UHB has a higher than average ratio of Community Pharmacy per 10,000 population. The terms of the NHS Pharmaceutical Services Regulation for community pharmacies do not require them to open on Public and Bank holidays, though many choose to do so. In the lead up to each bank holiday information is gathered as to which pharmacies intend to open, in order to provide details to NHS Wales 111, GP Out of Hours and A&E departments etc. This supports signposting of patients appropriately to Pharmaceutical Services. This information is also published on the Health Boards website. If there are no pharmacies open in a specific county, the Health Board has the option of directing or commissioning a pharmacy to open for a limited time.

- *The report has the word "accessible" on every page but there is no assessment of accessibility for physical disability groups or those with language needs. How accessible are the consultation rooms p8? Would someone with a guide dog or an interpreter be able to use them?*

The Health Board notes this comment and as a result of feedback has added the availability of hearing loops into the main PNA document. Page 20 of the main PNA document notes that 81 pharmacies have a consultation room, which is accessible by wheelchair and 97 pharmacies confirmed that the pharmacist and patients can sit down together. This information has now also been included in the locality sections so that information on the accessibility of the consultation room is available on a more localised level.

- *the public engagement exercise of 1 month during the winter of a Pandemic is not the way to form pharmaceutical needs for the future*
- *Additional local discussions with local communities.*

- *"1 - 2- More effective COMMUNICATION - informing communities of services provided and including them in decision making. "*

The Health Board has noted this comment. The time scale for the publication of the PNA is set in the NHS (Pharmaceutical Services) Regulations 2020 and is unable to be changed. Feedback will be provided to the Health Boards Communication and Engagement team to ensure that local discussions are facilitated for future consultations when restrictions are lifted.

- *How do the general public know which pharmacies are able to deliver, what services they offer and the rota for Sunday opening hours ? Information should be provided in other languages as well as in English and Welsh.*

Information on the services provided by each pharmacy including opening times is included on the NHS Wales 111 website. It would not be practical to have information available in all languages. All community pharmacies have access to telephone translation services should a patient need information in an alternative language.

- *As previously mentioned - Taking into account the large number of visitors to holiday areas and their potential needs.*
- *Ref Q7 - Tourists put increased burden on some pharmacies which would operate better during periods of the year where extra staff would be beneficial to the pharmacy and public.*

The majority of pharmacies (95) confirmed via the pharmacy contractor questionnaire that they have capacity to manage or make adjustments to manage an increase in demand for pharmaceutical services. Therefore, the Health Board is confident that the pharmacies located in tourist areas are able to manage the increase in numbers due to visitors in the area.

- *Ageing population may not be able to drive soon, so delivery of prescriptions will grow. Will Chemists cope.*

Medication delivery is not an NHS service. Feedback will be provided to Welsh Government and Community Pharmacy Wales regarding the need that has been highlighted through this PNA for a commissioned delivery service for the future.

- *A 2 month repeat prescription service should be made available.*

Currently, the standard recommendation across Wales is to prescribe monthly. An essential pharmacy repeat dispensing service may be suitable for some patients whose medication is stable and who can then be provided with prescriptions for a longer period e.g. for 6 consecutive months before a 'new' repeat prescription is required. The service requires a patients GP practice to provide the required order.

- *Your assessment is "patchy" at weekend - not including bank holiday and travels or drive car is wrong when ill or medicated.*



Weekend opening are considered throughout the PNA document, highlighting the number of pharmacies open on Saturdays and Sundays and including this in each locality section so that local provision is considered. As mentioned above; the terms of the NHS Pharmaceutical Services Regulation for community pharmacies do not require them to open on Public and Bank holidays, though many choose to do so. In the lead up to each bank holiday information is gathered as to which pharmacies intend to open, in order to provide details to NHS Wales 111, GP Out of Hours and A&E departments etc. This supports signposting of patients appropriately to Pharmaceutical Services. This information is also published on the Health Boards website. If there are no pharmacies open in a specific county, the Health Board has the option of directing or commissioning a pharmacy to open for a limited time.

- *Think closing at lunchtime during the week makes it hard for working people to pick up prescriptions, as lunch breaks often need to be used for that, especially as people are often busy at weekends etc.*

The Health Board has noted this comment and has now included lunchtime opening in each locality section. 45 out of the 98 pharmacies close during lunch times and although this can be inconvenient, this is often to allow the pharmacist to have a break during the day. Pharmacies are unable to dispense medication without a pharmacist available and therefore there is often no option but to close the pharmacy. We will recommend to pharmacy contractors that pharmacies in close proximity to each other should try where possible to stagger lunch breaks to improve pharmaceutical provision during these times.

- *Pg 256-301 : From the patient engagement feedback, it is clear that the Pharmacies are well appreciated however there remains a lack of understanding about service provision and what patients could access where. It would be positive to include an increased awareness campaign - although efforts have been made over the last 2 years on this. For Pembrokeshire I would like to do more work to embed the Community connectors and the pharmacies into the Integrated Community Networks - to support engagement, increasing awareness and local relationships.*

The Health Board are working with our communications teams to increase awareness of the services provided by Community Pharmacy and this will continue into the future.

CPW provided the following response;

*1. The statement in the Locality Chapters “where pharmacies do not take up the offer of these services the Health Board may review the need for additional pharmaceutical services in this area” is confusing:*

*a) Whilst Health Boards may regularly review how pharmaceutical services are performing, within the context of the PNA they cannot review the need for additional pharmaceutical services during the lifetime of the PNA unless there*

*is a significant change to the availability of pharmaceutical services. This would require the production of a supplementary statement.*

*b) To those without an understanding of legislation, the term additional pharmaceutical services could be misinterpreted to mean an additional pharmacy premise; in legislation in relation to directions, it means the services (of a kind that do not fall within section 80) which are specified in the directions ie advanced and enhanced services.*

*It is suggested that the phrase highlighted in italics is reworded to ensure there is no ambiguity and no suggestion that there may be a need to review the need for pharmaceutical services should existing pharmacy contractors not increase provision of these services. It has been concluded clearly in Chapter 15 that based on information available at the time of developing the PNA no current and future need has been identified and we agree with this.*

*2. In the Executive Summary it identifies that 'at least 50% of respondents were aware that pharmacies offered all 6 national enhanced services listed in the survey. While it is encouraging that 50% of the local population are aware of the services offered in community pharmacies it is disappointing that almost half the population are not aware of the services offered and many of these will be choosing to access services in other less appropriate entry points. CPW would encourage the health board to embark on a local marketing and awareness raising campaign to encourage the local population to Choose Well.*

The Health Board has taken note of the additional comments raised in this consultation question and will revise the final document to include changes noted above prior to publication.

### **Do you have any other comments you wish to make on pharmaceutical services in Hywel Dda UHB?**

68 comments were left to this question and a selection of these can be found below. These have been categorised into positive, negative, general comments and further comments which required a response;

#### **Positive**

- I am happy that my personal needs are met very well*
- Excellent customer services provided by local pharmacy*
- Only that pharmacies provide vital services that are much appreciated.*
- Our local pharmacy is very efficient to our patients.*
- Pharmacies are not used by the public in their capacity as part of community expertise.*
- Local pharmacy very good and knowledgeable. Good to have a local pharmacy in the community.*
- All chemists in <<Area>> provide an excellent receive. Lunchtime closure can be a problem if you are a full time worker.*
- Yes: Up until now and in my experience, excellent. I feel well cared for and I do not feel short of anything.*



- *We already have good services in my area, but go on to review, change and look to future, Pharmacists are great here to help with med reviews/ smaller health issues.*
- *This is a really thorough and comprehensive piece of work - I endorse the findings and welcome this as a useful future reference tool to aid strategic decision making.*
- *From a Trust perspective the PNA Summary provides useful background information on the availability of current service provision. The document will be of particular interest to our Advanced Paramedic Practitioners and those in NMP roles.*

#### Negative

- *<<pharmacy name>> in <<Area>> are a total nightmare. In the last year, I have NOT been able to pick up a regular prescription without having to return later, finding mistakes in the prescription or missing items.*
- *more time to discuss medications side effects risks and contra indications*
- *Pharmacists always seem really busy and stressed out which puts me off doing anything else than picking up my monthly prescription. When I have asked a question, they are reluctant to say anything other than "best speak to your GP" which is another survey in itself.*
- *Please see previous comments - if the enhanced service is advertised it should be delivered - the pressure on other services is meant to be relieved by these not put under further pressure eg. outcomes of MURs such as overordering/compliance are left to GP surgeries to sort out when the ordering is done by those very pharmacies or especially GP OOH/111 and A&E are dealing with emergency supply refusals (often from patient's own pharmacies!!) and then refusing faxes from those services for perfectly legal prescription requests.*
- *Sometimes the pharmacy will tick things on my prescription which I do not require therefore I have taken back my prescription in order to control my requirements - in order to save the NHS expense.*

#### General Comments

- *Just please don't take away any of the community pharmacies. It may make business sense to centralise but it certainly won't help the communities access the services they need.*
- *Would be good if Community pharmacies had Carer Champions like Dementia Champions.*
- *Several pharmacists give medication reviews and totally disregard what is discussed. As a person with allergies, when stated that what the doctor has prescribed is exactly what I can take, you are ignored and have to then re book to see the doctor to re issue a prescription hence wasted money! So far there is only one pharmacist that has listened and actually got the meds I need. <<Pharmacy Name>> will always go out of their way to help.*
- *We need electronic prescribing. Ability for visitors who have forgotten their medication to contact their own GP who can then send a prescription to a local pharmacy, even if they live in England.*



- *Again, members of the public could be more aware of the specific services offered by their local pharmacies. I have no idea where this information is be found apart from asking each pharmacy in <<Area>>.*
- *All flu jabs could be done in chemist across wales to release doctors to see more people face to face*
- *The introduction of requesting medication by internet is much appreciated and functions well.*
- *I am grateful that I do not have to go to the chemist for repeat prescriptions as it's easier to go to the GP surgery to collect these. Long may this arrangement continue.*
- *It would be nice if pharmaceutical staff could be kept in place, to enable the community he change to get to know them to help community.*
- *This is one of the worst surveys I have ever read. You could do much better than this by addressing some real issues - pharmacies are a golden gem for primary care - yet you limit their horizons.*
- *Hoffwn nodi pwysigrwydd Hywel Dda i gefnogi ag i hyrwyddo cyflogi staff sy'n siarad Cymraeg yn ein fferyllfaoedd.*
- *The Council is concerned that with the centralisation of GP services eg Cross Hands, the existence and future of smaller pharmacies in local villages will become perilous.*

Other comments;

- *As our GP practices seem to be under immense pressure to provide a service to the local community, it has become increasingly obvious that pharmacies are playing a greater role in providing primary care to the public. However there is a woeful lack of pharmacy services in my locality. In the last year, at least two pharmacies have closed which has meant long waits and queues for services.*

The Health Board will note this comment however only one community pharmacy has closed within the Health Board area in the last 9 years.

- *Many elderly residents who use village pharmacies may not have this option in future.*

The Health Board notes that there is no intention to reduce the number of community pharmacy contracts in the next 5 years.

- *Would it be possible to have repeat prescriptions automatically be renewed without having to go to the surgery to hand them in, and any alterations to prescriptions to be advised to the pharmacy.*

A pharmacy based repeat dispensing is available where medication can be supplied for a longer period e.g. for 6 consecutive months before a 'new' prescription is required. This would need to be discussed with the pharmacy and GP practice.



- *Pharmacists should not demand 7 day prescriptions for MDS patients. They stated that it's done due to the higher cost of dispensing MDS (e.g. staff hours) but this is artificially driving costs of medication up and reducing funds in NHS.*

This comment would need to be discussed with pharmacy locally – weekly prescriptions are valid for patients that have been assessed as at risk if a months worth of medication was supplied.

- *Pharmacy is being limited by reduced GP services during COVID, this issue needs addressing.*

GP services should now have returned to normal after COVID and therefore any impact on pharmacy should be minimal.

- *If possible could pharmacy open Saturday morning for 2 hours.*

63 of the 98 pharmacies already open on Saturdays, 33 of these for half a day and 30 for the whole day.

The Health Board is grateful for all the comments made regarding pharmaceutical services in Hywel Dda UHB. Consideration will be given to all comments and actions taken where improvements can be made.

## Summary conclusions

The Health Board is pleased to note that the overall response to the consultation has been positive. No concerns have been raised regarding non-compliance with the regulatory requirements, no pharmaceutical services provision has been missed and the main conclusions are agreed with. Although a high number of respondents selected 'Don't Know' to some of the questions it is understood that the PNA by its very nature is a technical document and must reflect the wording of, and phrases used within the regulations which can at times be difficult to interpret.

Where comments have been made regarding information not being included e.g. hearing loops and carers information, these will be included in the revised version for publication.

## Amendments

The following amendments have been made to the PNA:

### Executive summary

- Additional information added to the Introduction
- Enhanced Services – wording amended in third paragraph
- Title changed from 'The assessment Process' 'Developing the Hywel Dda UHB Pharmaceutical Needs Assessment'
- Public Engagement – last paragraph sentence added.
- Draft PNA Consultation paragraph added.
- Title added 'Identifying Gaps'



- Summary of Conclusions – two additional bullet points added.

## Introduction

- 1.3.2 – additional information added about dispensing appliance contractors
- 1.5.6 Consultation information added

## Chapter 5

- 5.1 Information added on 'essential small pharmacies scheme'
- 5.1.4 updated to include DMR data for 2020/21
- 5.1.7.1 updated to include CAS data for 2020/21
- 5.1.7.2 updated to include EMS data for 2020/21
- 5.1.7.3 updated to include EC data for 2020/21 including up to date map of pharmacies offering the service
- 5.1.7.4 updated to include SCL2 and SCL3 activity data for 2020/21 including up to date map of pharmacies offering the services
- 5.1.7.5 updated to include Influenza vaccination activity data for 2020/21
- 5.1.7.6 updated to include patients sharps data for 2020/21
- 5.1.7.7 updated to include Substance Misuse - Supervised Administration of Medicines data for 2020/21
- 5.1.7.8 updated to include Substance Misuse – Needle Exchange Service for 2020/21
- 5.1.7.10 updated to include IP data up to end March 2021
- 5.1.7.11 updated to include Just in Case Service data for 2020/21
- 5.1.7.12 section added to include information on the Care Home Support and Medicines Optimisation Service
- 5.1.7.13 Palliative Care Medication Service map added to show locations of pharmacies providing
- 5.1.7.14 section added to include Triage + Treat activity data for 2020/21
- 5.1.7.16 amended the number of Pharmacy Walk-in Centres as this has reduced – map also amended to reflect
- 5.4 wording amended "The following National enhanced services have been identified by the PNA Steering Group as services that we would aim to have available in every pharmacy"

## Chapter 8

- 8.1 Health related key facts added (including the number of carers in each county)  
Cross Hands development information added
- 8.2.1 information added on the number of pharmacies open less than 40 hours  
Revised wording for Sunday opening  
Number of pharmacies closed at lunchtime included  
Information added regarding public and bank holidays and Easter Sunday  
Pharmacy and Dispensing GP practice questionnaire information by locality added  
Locality based prescription data added (previously county level data)  
Introduction added to advanced and enhanced service data
- 8.3 Locality prescription data added (previously at county level)



- 8.4 Information added on services that affect the need for Pharmaceutical services
- 8.5 sentence added
- 8.6.1 Wording revised in availability of enhanced services section to include specific locations.  
Wording for conclusion section revised.

Chapters 9 – 14 – changes as per section 8.

#### Chapter 15

- Wording added to introduction
- 15.3.1.1 Title change  
Sentence added regarding the closure of pharmacy in Aberystwyth  
Conclusion reworded
- 15.3.1.2 Title added  
Sentence added regarding drive time standard  
Conclusion reworded
- 15.3.1.3 Title added  
Additional sentence included regarding withdrawing Sunday opening
- 15.3.1.4 additional information on proximity of pharmacies to GP practice added
- 15.3.3 wording amended, services added, additional information included of areas where service not offered.  
Conclusion revised
- 15.3.4 sentence added regarding current needs
- 15.4.1.2 additional information on hours added
- 15.4.3 sentence added to clarify future position and conclusion reworded

#### Appendix K

- Consultation report added

#### Appendix L

- Updated to reflect pharmacy opening hours as of the 01.08.21

#### Appendix M

- Full comments from consultation included

## Appendix L: Pharmacy Opening Hours (accurate as at 01/08/2021)

### Amman Gwendraeth Locality

Name of Pharmacy/ Contractor	Town	Weekly Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Boots UK Ltd	Ammanford	40	Core	9:30-12:00 1:00-5:30	9:30-12:00 1:00-5:30	9:30-12:00 1:00-5:30	9:30-12:00 1:00-5:30	9:30-12:00 1:00-5:30	9:30-12:00 1:00-3:30	Closed
			Total	9:00-12:00 1:00-5:30	9:00-12:00 1:00-5:30	9:00-12:00 1:00-5:30	9:00-12:00 1:00-5:30	9:00-12:00 1:00-5:30	9:00-12:00 1:00-5:30	Closed
Lloyds Pharmacy	Ammanford	40	Core	9:00-1:00 2:30-6:00	9:00-1:00 2:30-6:00	9:00-1:00 2:30-6:00	9:00-1:00 2:30-6:00	9:00-1:00 2:30-6:00	9:00-11:30	Closed
			Total	9:00-6:30	9:00-6:30	9:00-6:30	9:00-6:30	9:00-6:30	9:00-12:00	Closed
Margaret Street. Pharmacy Ltd	Ammanford	40	Core	9:00-1:30 2:00-5:30	9:00-1:30 2:00-5:30	9:00-1:30 2:00-5:30	9:00-1:30 2:00-5:30	8:30-1:00 2:00-5:30	Closed	Closed
			Total	9:00-1:30 2:00-5:30	9:00-1:30 2:00-5:30	9:00-1:30 2:00-5:30	9:00-1:30 2:00-5:30	8:30-1:00 2:00-5:30	Closed	Closed
Morris, E.M.(Chemists)Ltd.	Brynamman	37	Core	9:00-1:00 1:30-5:30	9:00-1:00 1:30-5:30	9:00-2:00	9:00-1:00 1:30-5:30	9:00-1:00 1:30-5:30	Closed	Closed
			Total	9:00-1:00 1:30-5:30	9:00-1:00 1:30-5:30	9:00-2:00	9:00-1:00 1:30-5:30	9:00-1:00 1:30-5:30	Closed	Closed
Cross Hands Pharmacy	Cross Hands	40	Core	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	Closed	Closed
			Total	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	Closed	Closed
Nigel Williams Chemist Ltd	Cross Hands	40	Core	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-11:30	Closed
			Total	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-12:00	Closed
Garnant Pharmacy.	Garnant	40.5	Core	9:00-5:30	9:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-5:30	Closed	Closed
			Total	9:00-5:30	9:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-5:30	Closed	Closed
Amman Pharmacy	Glanamman	38	Core	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-5:00	9:00-1:00 2:00-5:30	Closed	Closed
			Total	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-5:00	9:00-1:00 2:00-5:30	Closed	Closed



Name of Pharmacy/ Contractor	Town	Weekly Hours	Weekly							
				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Kidwelly Pharmacy	Kidwelly	40.5		9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-12:00	Closed
			Core	2:00-5:30	2:00-5:30	2:00-5:30	2:00-5:30	2:00-5:30		
			Total	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-12:00	Closed
JRG Williams	Llandybie	40		9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	Closed	Closed
			Core	2:00-6:00	2:00-6:00	2:00-5:00	2:00-6:00	2:00-7:00		
			Total	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-5:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-7:00	Closed	Closed
Harlow & Knowles Pharmacy	Penygroes	38.25	Core	8:45-5:30	8:45-5:30	8:45-5:30	8:45-1:00	8:45-5:30	9:00-12:00	Closed
			Total	8:45-5:30	8:45-5:30	8:45-5:30	8:45-5:00	8:45-5:30	9:00-12:00	Closed
Harlow & Knowles Pharmacy	Pontyates	38	Core	9:00-5:30	9:00-5:30	9:00-3:00	9:00-5:30	9:00-5:30	Closed	Closed
			Total	9:00-5:30	9:00-5:30	9:00-3:00	9:00-5:30	9:00-5:30	Closed	Closed
Well Pharmacy	Pontyberem	37.5		9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	Closed	Closed
			Core	2:00-5:30	2:00-5:30	2:00-5:30	2:00-5:30	2:00-5:30		
			Total	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	Closed	Closed
Well Pharmacy	Trimsaran	37.5		9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	Closed	Closed
			Core	2:00-5:30	2:00-5:30	2:00-5:30	2:00-5:30	2:00-5:30		
			Total	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	Closed	Closed
Nigel Williams Chemist Ltd	Tumble	42.5	Core	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	Closed	Closed
			Total	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	Closed	Closed
Tycroes Pharmacy	Tycroes	37.5		9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	Closed	Closed
			Core	2:00-6:00	4:00-6:00	2:00-6:00	2:00-6:00	2:00-5:30		
			Total	9:00-1:00 2:00-6:00	9:00-1:00 4:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-5:30	Closed	Closed

### Llanelli Locality

Name of Pharmacy/ Contractor	Town	Weekly Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Harlow & Knowles Pharmacy	Burry Port	43	Core	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-12:00	Closed
			Total	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-12:00	Closed
Well Pharmacy	Burry Port	45	Core	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	Closed	Closed
			Total	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	Closed	Closed
M W Phillips Pharmacy	Dafen	40	Core	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	Closed	Closed
			Total	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	Closed	Closed
M W Phillips Pharmacy	Hendy	40	Core	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	Closed	Closed
			Total	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	Closed	Closed
Gravells Pharmacy	Llanelli	40	Core	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	Closed	Closed
			Total	8:30-6:00	8:30-6:00	8:30-6:00	8:30-6:00	8:30-6:00	8:30-11:30	Closed
Asda In-store Pharmacy	Llanelli	40	Core	9:00-12:30 2:30-6:00	9:00-12:30 2:30-6:00	9:00-12:30 2:30-6:00	9:00-12:30 2:30-6:00	9:00-12:30 2:30-6:00	9:00-12:30 2:30-4:00	Closed
			Total	8:00-12:30 2:30-8:00	8:00-12:30 2:30-8:00	8:00-12:30 2:30-8:00	8:00-12:30 2:30-8:00	8:00-12:30 2:30-8:00	8:00-12:30 2:30-8:00	10:00-12:30 2:30-4:00
Boots UK Ltd	Llanelli	40	Core	9:30-2:00 3:00-5:30	9:30-2:00 3:00-5:30	9:30-2:00 3:00-5:30	9:30-2:00 3:00-5:30	9:30-2:00 3:00-5:30	9:30-2:00 3:00-3:30	Closed
			Total	8:30-2:00 3:00-5:30	8:30-2:00 3:00-5:30	8:30-2:00 3:00-5:30	8:30-2:00 3:00-5:30	8:30-2:00 3:00-5:30	8:30-2:00 3:00-5:30	10:00-2:00
Well Pharmacy (Station Road)	Llanelli	40	Core	9:00-1:00 1:30-5:30	9:00-1:00 1:30-5:30	9:00-1:00 1:30-5:30	9:00-1:00 1:30-5:30	9:00-1:00 1:30-5:30	Closed	Closed
			Total	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	Closed	Closed

Name of Pharmacy/ Contractor	Town	Weekly Hours								
				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Well Pharmacy (Fairfield)	Llanelli	40	Core	9:00-6:00	9:00-1:00	9:00-6:00	9:00-6:00	9:00-6:00	Closed	Closed
			Total	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	Closed	Closed
Well Pharmacy (Vauxhall)	Llanelli	38	Core	9:00-5:30	9:00-1:00	9:00-5:30	9:00-5:30	9:00-5:30	Closed	Closed
			Total	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	Closed	Closed
Superdrug Pharmacy	Llanelli	40	Core	9:00-1:00, 3:00-5:30	9:00-1:00, 3:00-5:30	9:00-1:00, 3:00-5:30	9:00-1:00, 3:00-5:30	9:00-1:00, 3:00-5:30	9:00-1:30, 2:30-5:30	Closed
			Total	8:30-5:30	8:30-5:30	8:30-5:30	8:30-5:30	8:30-5:30	9:00-5:30	Closed
Tesco Instore Pharmacy	Llanelli	40	Core	9:00-1:00 2:00-5:00	9:00-1:00 2:00-5:00	9:00-1:00 2:00-4:30	9:00-1:00 2:00-4:30	9:00-1:00 2:00-4:30	9:00-1:00 2:00-4:30	Closed
			Total	8:00-8:00	8:00-8:00	8:00-8:00	8:00-8:00	8:00-8:00	8:00-8:00	10:00-4:00
Davies Chemists (Briton Ferry) Ltd	Llanelli	40	Core	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	Closed	Closed
			Total	8:45-1:00 2:00-6:00	8:45-1:00 2:00-6:00	8:45-1:00 2:00-6:00	8:45-1:00 2:00-6:00	8:45-1:00 2:00-6:00	Closed	Closed
Evans, Ty Elli	Llanelli	40	Core	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	Closed	Closed
			Total	8:30-6:00	8:30-6:00	8:30-6:00	8:30-6:00	8:30-6:00	Closed	Closed
Pentyrch Pharmacy	Llangennech	40.5	Core	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-11:30	Closed
			Total	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-12:00	Closed
Well Pharmacy	Llwynhendy	40	Core	9:00-1:00 1:30-6:00	9:00-1:00 1:30-5:30	9:00-1:00 1:30-5:30	9:00-1:00 1:30-5:30	9:00-1:00 1:30-5:00	Closed	Closed
			Total	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	Closed	Closed
Evans, Machynys	Morfa	40	Core	8:45-1:00 2:00-6:00	8:45-1:00 2:00-4:45	8:45-1:00 2:00-6:00	8:45-1:00 2:00-6:00	8:45-1:00 2:00-6:00	Closed	Closed
			Total	8:45-1:00 2:00-6:00	8:45-1:00 2:00-4:45	8:45-1:00 2:00-6:00	8:45-1:00 2:00-6:00	8:45-1:00 2:00-6:00	Closed	Closed

## Tywi/ Taf Locality

Name of Pharmacy/ Contractor	Town	Weekly Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Walter Lloyd & Son Ltd	Carmarthen	40	Core	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	Closed	Closed
			Total	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-12:30	Closed
Boots UK Ltd	Carmarthen	40	Core	9:30-12:30 1:30-5:30	9:30-12:30 1:30-5:30	9:30-12:30 1:30-5:30	9:30-12:30 1:30-5:30	9:30-12:30 1:30-5:30	9:30-12:30 1:30-3:30	Closed
			Total	8:30-12:30 1:30-6:00	8:30-12:30 1:30-6:00	8:30-12:30 1:30-6:00	8:30-12:30 1:30-6:00	8:30-12:30 1:30-6:00	8:30-12:30 1:30-6:00	10:30-4:30
Rowlands Pharmacy	Carmarthen	40	Core	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	Closed	Closed
			Total	8:30-1:00 1:20-6:00	8:30-1:00 1:20-6:00	8:30-1:00 1:20-6:00	8:30-1:00 1:20-6:00	8:30-1:00 1:20-6:00	Closed	Closed
Tesco Instore Pharmacy	Carmarthen	40	Core	9:00-1:00 2:00-5:00	9:00-1:00 2:00-5:00	9:00-1:00 2:00-4:30	9:00-1:00 2:00-4:30	9:00-1:00 2:00-4:30	9:00-1:00 2:00-4:30	Closed
			Total	8:00-8:00	8:00-8:00	8:00-8:00	8:00-8:00	8:00-8:00	8:00-8:00	10:00-4:00
Nigel Williams Chemist Ltd	Carmarthen	40	Core	9:00-12:00 12:30-5:30	9:00-12:00 12:30-5:30	9:00-12:00 12:30-5:30	9:00-12:00 12:30-5:30	9:00-12:00 12:30-5:30	Closed	Closed
			Total	8:30-6:00	8:30-6:00	8:30-6:00	8:30-6:00	8:30-6:00	Closed	Closed
Morrisons In-store Pharmacy	Carmarthen	40	Core	9:00-1:30 2:30-5:00	9:00-1:30 2:30-5:00	9:00-1:30 2:30-5:00	9:00-1:30 2:30-5:00	9:00-1:30 2:30-5:00	9:00-1:30 2:30-3:00	Closed
			Total	8:30-1:30 2:30-8:00	8:30-1:30 2:30-8:00	8:30-1:30 2:30-8:00	8:30-1:30 2:30-8:00	8:30-1:30 2:30-8:00	9:00-1:30 2:30-6:00	10:00-4:00
SJ Siggery	Laugharne	35.5	Core	9:00-1:00 1:30-5:00	9:00-1:00 1:30-5:00	9:00-1:00 1:30-3:00	9:00-1:00 1:30-5:00	9:00-1:00 1:30-5:00	Closed	Closed
			Total	9:00-1:00 1:30-5:00	9:00-1:00 1:30-5:00	9:00-1:00 1:30-3:00	9:00-1:00 1:30-5:00	9:00-1:00 1:30-5:00	Closed	Closed



Name of Pharmacy/ Contractor	Town	Weekly Hours								
				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Well Pharmacy	Llandeilo	40	Core	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	Closed	Closed
			Total	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-1:00	Closed
Nigel Williams Chemist Ltd	Llandeilo	40	Core	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	Closed	Closed
			Total	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:00	Closed
AR & H Davies Ltd	Llandovery	43	Core	9:00-12:30 1:30-5:30	9:00-12:30 1:30-5:30	9:00-12:30 1:30-5:30	9:00-12:30 1:30-5:30	9:00-12:30 1:30-5:30	9:00-2:30	Closed
			Total	9:00-12:30 1:30-5:30	9:00-12:30 1:30-5:30	9:00-12:30 1:30-5:30	9:00-12:30 1:30-5:30	9:00-12:30 1:30-5:30	9:00-2:30	Closed
Evans, Rebecca House	St Clears	40	Core	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	Closed	Closed
			Total	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-1:00	Closed
Evans, Medical Hall	St Clears	40	Core	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	Closed	Closed
			Total	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	Closed	Closed
Boots UK Ltd	Whitland	40	Core	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	Closed	Closed
			Total	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-1:00	Closed

### North Pembrokeshire Locality

Name of Pharmacy/ Contractor	Town	Weekly Hours								
				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
E P Parry Pharmacy	Crymych	37		9:00-1:00, 1:30-5:30	9:00-1:00, 3:00-5:30	9:00-1:00, 1:30-5:30	9:00-1:00, 3:00-5:30	9:00-1:00, 1:30-5:30	Closed	Closed
			Core	9:00-1:00 1:30-5:30	9:00-1:00 3:00-6:30	9:00-1:00 1:30-5:30	9:00-1:00 3:00-6:30	9:00-1:00 1:30-5:30	9:00-12:00	Closed
			Total	9:00-1:00 1:30-5:30	9:00-1:00 3:00-6:30	9:00-1:00 1:30-5:30	9:00-1:00 3:00-6:30	9:00-1:00 1:30-5:30	9:00-12:00	Closed
Boots UK Ltd	Fishguard	40		9:00-12:30 1:30-5:00	9:00-12:30 1:30-5:00	9:00-12:30 1:30-5:00	9:00-12:30 1:30-5:00	9:00-12:30 1:30-5:00	9:00-12:30 13:30-3:00	Closed
			Core	8:30-12:30 1:30-5:30	8:30-12:30 1:30-5:30	8:30-12:30 1:30-5:30	8:30-12:30 1:30-5:30	8:30-12:30 1:30-5:30	8:30-12:30 1:30-5:30	Closed
			Total	8:30-12:30 1:30-5:30	8:30-12:30 1:30-5:30	8:30-12:30 1:30-5:30	8:30-12:30 1:30-5:30	8:30-12:30 1:30-5:30	8:30-12:30 1:30-5:30	Closed
Lloyds Pharmacy	Fishguard	42.5	Core	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	Closed	Closed
			Total	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	Closed	Closed



Name of Pharmacy/ Contractor	Town	Weekly Hours								
				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Myrtle Pharmacy	Goodwick	40		9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	Closed	Closed
			Core	2:00-6:00	2:00-6:00	2:00-6:00	2:00-6:00	2:00-6:00		
			Total	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-1:00	Closed
Elders Chemists	Hakin	42.5	Core	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	Closed	Closed
			Total	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	Closed	Closed
Boots UK Ltd	Haverfordwest	40		9:30-2:00	9:30-2:00	9:30-2:00	9:30-2:00	9:30-2:00	9:30-2:00	Closed
			Core	3:00-5:30	3:00-5:30	3:00-5:30	3:00-5:30	3:00-5:30	3:00-3:30	
			Total	9:00-2:00 3:00-8:00	9:00-2:00 3:00-8:00	9:00-2:00 3:00-8:00	9:00-2:00 3:00-8:00	9:00-2:00 3:00-8:00	9:00-2:00 3:00-7:00	10:30-4:30
Lloyds Pharmacy	Haverfordwest	40		9:00-1:00, 2:30-6:00	9:00-1:00, 2:30-6:00	9:00-1:00, 2:30-6:00	9:00-1:00, 2:30-6:00	9:00-1:00, 2:30-6:00	9:00-11:30	Closed
			Core							
			Total	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-1:00	Closed
Noott's Pharmacy	Haverfordwest	40		9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	Closed	Closed
			Core	2:00-6:00	2:00-6:00	2:00-6:00	2:00-6:00	2:00-6:00		
			Total	9:00-1:00 1:45-6:00	9:00-1:00 1:45-6:00	9:00-1:00 1:45-6:00	9:00-1:00 1:45-6:00	9:00-1:00 1:45-6:00	9:00-1:00	Closed
Tesco Instore Pharmacy	Haverfordwest	40		9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	Closed
			Core	2:00-5:00	2:00-5:00	2:00-4:30	2:00-4:30	2:00-4:30	2:00-4:30	
			Total	8:00-1:00 2:00-8:00	8:00-1:00 2:00-8:00	8:00-1:00 2:00-8:00	8:00-1:00 2:00-8:00	8:00-1:00 2:00-8:00	8:00-1:00 2:00-8:00	10:00-4:00
Noott's Pharmacy	Johnston	26.25	Core	12:45-5:00	10:15-5:00	12:45-5:00	10:15-5:00	12:45-5:00	Closed	Closed
			Total	12:45-5:00	10:15-5:00	12:45-5:00	10:15-5:00	12:45-5:00	Closed	Closed
Noott's Pharmacy	Llangwm	8		10:30-12:30	9:00-10:00	10:30-12:30	9:00-10:00	10:30-12:30	Closed	Closed
			Core							
			Total	10:30-12:30	9:00-10:00	10:30-12:30	9:00-10:00	10:30-12:30	Closed	Closed
Cohens Chemist	Milford Haven	40	Core	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	Closed	Closed
			Total	8:30-6:00	8:30-6:00	8:30-6:00	8:30-6:00	8:30-6:00	Closed	Closed

Name of Pharmacy/ Contractor	Town	Weekly Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Boots UK Ltd	Milford Haven	40	Core	9:00-1:00 2:00-5:00	9:00-1:00 2:00-5:00	9:00-1:00 2:00-5:00	9:00-1:00 2:00-5:00	9:00-1:00 2:00-5:00	9:00-1:00 2:00-3:00	Closed
			Total	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-5:30	Closed
Lloyds Pharmacy	Milford Haven	40	Core	9:00-1:00 2:30-6:00	9:00-1:00 2:30-6:00	9:00-1:00 2:30-6:00	9:00-1:00 2:30-6:00	9:00-1:00 2:30-6:00	9:00-11:30	Closed
			Total	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-12:00	Closed
Milford Pharmacy	Milford Haven	40	Core	9:00-1:00 1:30-5:30	9:00-1:00 1:30-5:30	9:00-1:00 1:30-5:30	9:00-1:00 1:30-5:30	9:00-1:00 1:30-5:30	Closed	Closed
			Total	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-1:00 1:30-5:30	9:00-12:00	Closed
Newport Pharmacy	Newport	42.5	Core	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	Closed	Closed
			Total	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-1:00	Closed
Well Pharmacy	St. Davids	40	Core	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	Closed	Closed
			Total	9:00-6:30	9:00-6:30	9:00-6:30	9:00-6:30	9:00-6:30	9:00-4:30	Closed

### South Pembrokeshire Locality

Name of Pharmacy/ Contractor	Town	Weekly Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Clynderwen Pharmacy	Clynderwen	40.5	Core	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-12:00	Closed
			Total	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-12:00	Closed
Kilgetty Pharmacy	Kilgetty	38	Core	9:00-1:00 2:00-5:00	9:00-1:00 2:00-5:00	9:00-1:00 2:00-5:00	9:00-1:00 2:00-5:00	9:00-1:00 2:00-5:00	9:00-12:00	Closed
			Total	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-5:00	Closed
Lloyds Pharmacy (The Health Centre)	Narberth	40	Core	9:00-12:00 12:30-5:30	9:00-12:00 12:30-5:30	9:00-12:00 12:30-5:30	9:00-12:00 12:30-5:30	9:00-12:00 12:30-5:30	Closed	Closed
			Total	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	Closed	Closed

Name of Pharmacy/ Contractor	Town	Weekly Hours	Weekly Hours							
				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lloyds Pharmacy (High Street)	Narberth	40		9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-12:00	Closed
			Core	2:30-5:30	2:30-5:30	2:30-5:30	2:30-5:30	2:30-5:30	3:30-5:30	
			Total	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	
Neyland Pharmacy	Neyland	40.5	Core	9:00-5:30	9:00-5:30	9:00-4:30	9:00-4:30	9:00-5:30	Closed	Closed
			Total	9:00-6:00	9:00-6:00	9:00-5:00	9:00-5:00	9:00-5:45	9:00-12:00	Closed
Lloyds Pharmacy	Pembroke	40		9:00-12:30	9:00-12:30	9:00-12:30	9:00-12:30	9:00-12:30	9:00-12:00	Closed
			Core	2:30-6:00	2:30-6:00	2:30-6:00	2:30-6:00	2:30-6:00	3:30-5:30	
			Total	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-5:30	
Mendus Pharmacy	Pembroke	40	Core	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	Closed	Closed
			Total	8:30-5:30	8:30-5:30	8:30-5:30	8:30-5:30	8:30-5:30	Closed	Closed
Boots UK Ltd	Pembroke Dock	40		9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	Closed
			Core	2:00-5:00	2:00-5:00	2:00-5:00	2:00-5:00	2:00-5:00	2:00-3:00	
			Total	8:30-1:00	8:30-1:00	8:30-1:00	8:30-1:00	8:30-1:00	8:30-1:00	
Lloyds Pharmacy	Pembroke Dock	40		9:00-1:30	9:00-1:30	9:00-1:30	9:00-1:30	9:00-1:30		Closed
			Core	2:00-5:30	2:00-5:30	2:00-5:30	2:00-5:30	2:00-5:30		
			Total	9:00-6:45	9:00-6:45	9:00-6:45	9:00-6:45	9:00-6:45		
B M Patel & Son Ltd	Saundersfoot	40		9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:30-12:00	Closed
			Core	2:00-5:30	2:00-5:30	2:00-5:30	2:00-5:30	2:00-5:30		
			Total	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:30-12:00	
Boots UK Ltd	Tenby	43		9:00-12:30	9:00-12:30	9:00-12:30	9:00-12:30	9:00-12:30	9:00-12:30	Closed
			Core	1:30-5:30	1:30-5:30	1:30-5:30	1:30-5:30	1:30-5:30	1:30-3:30	
			Total	8:30-12:30	8:30-12:30	8:30-12:30	8:30-12:30	8:30-12:30	8:30-12:30	
Evans Pharmacy, Sea Front	Tenby	40		9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00		Closed
			Core	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00		
			Total	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	9:00-1:00	
Evans Pharmacy, Glen	Tenby	40		9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00		Closed
			Core	2:00-6:00	2:00-6:00	2:00-6:00	2:00-6:00	2:00-6:00		
			Total	8:30-1:00	8:30-1:00	8:30-1:00	8:30-1:00	8:30-1:00		



### North Ceredigion Locality

Name of Pharmacy/ Contractor	Town	Weekly Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Boots UK Ltd	Aberaeron	40		9:30-1:00	9:30-1:00	9:30-1:00	9:30-1:00	9:30-1:00	9:30-1:00	Closed
			Core	2:00-5:30	2:00-5:30	2:00-5:30	2:00-5:30	2:00-5:30	2:00-3:30	
			Total	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	Closed
Lloyds Pharmacy	Aberaeron	40		9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-12:00	Closed
			Core	3:00-6:00	3:00-6:00	3:00-6:00	3:00-6:00	3:00-6:00	3:30-5:30	
			Total	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-5:30	Closed
Boots UK Ltd	Aberystwyth	40		9:30-1:00	9:30-1:00	9:30-1:00	9:30-1:00	9:30-1:00	9:30-1:00	Closed
			Core	2:00-5:30	2:00-5:30	2:00-5:30	2:00-5:30	2:00-5:30	2:00-3:30	
			Total	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:30-1:00	10:00-4:00
Lloyds Pharmacy	Aberystwyth	40		8:30-12:00	8:30-12:00	8:30-12:00	8:30-12:00	8:30-12:00		Closed
			Core	1:30-6:00	1:30-6:00	1:30-6:00	1:30-6:00	1:30-6:00	Closed	
			Total	8:30-6:30	8:30-6:30	8:30-6:30	8:30-6:30	8:30-6:30	Closed	Closed
Morrisons Instore Pharmacy	Aberystwyth	40		9:00-1:30	9:00-1:30	9:00-1:30	9:00-1:30	9:00-1:30	9:00-1:30	Closed
			Core	2:30-5:00	2:30-5:00	2:30-5:00	2:30-5:00	2:30-5:00	2:30-3:00	
			Total	8:30-1:30	8:30-1:30	8:30-1:30	8:30-1:30	8:30-1:30	8:30-1:30	10:00-1:30
Well Pharmacy	Aberystwyth	42.5		2:30-8:00	2:30-8:00	2:30-8:00	2:30-8:00	2:30-8:00	2:30-7:00	2:00-4:00
			Core	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	Closed	Closed
			Total	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	Closed	Closed
Borth Pharmacy	Borth	40		9:00-1:15	9:00-1:15		9:00-1:15	9:00-1:15		Closed
			Core	1:45-6:30	1:45-6:30	9:00-1:00	1:45-6:30	1:45-6:30	Closed	
			Total	9:00-1:15	9:00-1:15	9:00-1:00	9:00-1:15	9:00-1:15	Closed	Closed
Talybont Pharmacy	Talybont	35		1:45-6:30	1:45-6:30		1:45-6:30	1:45-6:30		
			Core	10:00-5:00	10:00-5:00	10:00-5:00	10:00-5:00	10:00-5:00	Closed	Closed
			Total	10:00-5:00	10:00-5:00	10:00-5:00	10:00-5:00	10:00-5:00	Closed	Closed

Name of Pharmacy/ Contractor	Town	Weekly Hours	Weekly							
				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
The Pharmacy	Tregaron	45.5	Core	9:00-5:30	9:00-5:00	9:00-6:30	9:00-5:30	9:00-5:00	9:00-12:00	Closed
			Total	9:00-5:30	9:00-5:00	9:00-6:30	9:00-5:30	9:00-5:00	9:00-12:00	Closed

### South Ceredigion Locality

Name of Pharmacy/ Contractor	Town	Weekly Hours	Weekly							
				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Penrhyn Pharmacy	Aberporth	40		9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-1:00	9:00-12:00	Closed
			Core	2:00-5:30	2:00-5:30	2:00-5:30	2:00-5:30	2:00-5:30		
			Total	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-12:30	Closed
Boots UK Ltd	Cardigan	40		9:30-12:30	9:30-12:30	9:30-12:30	9:30-12:30	9:30-12:30	9:30-12:30	Closed
			Core	1:30-5:30	1:30-5:30	1:30-5:30	1:30-5:30	1:30-5:30	1:30-3:30	
			Total	8:30-12:30 1:30-5:30	8:30-12:30 1:30-5:30	8:30-12:30 1:30-5:30	8:30-12:30 1:30-5:30	8:30-12:30 1:30-5:30	8:30-1:30 2:30-5:30	Closed
Caerleon Pharmacy	Cardigan	42.5	Core	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	Closed	Closed
			Total	9:00-6:30	9:00-6:30	9:00-6:30	9:00-6:30	9:00-6:30	9:00-5:30	Closed
Well Pharmacy	Cardigan	42	Core	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	Closed	Closed
			Total	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-1:00	Closed
Adrian Thomas Pharmacy	Lampeter	40	Core	9:00-5:30	9:00-5:30	9:00-3:00	9:00-5:30	9:00-5:30	Closed	Closed
			Total	9:00-5:30	9:00-5:30	9:00-4:00	9:00-5:30	9:00-5:30	9:00-1:00	Closed
Boots UK Ltd	Lampeter	40		9:30-1:00	9:30-1:00	9:30-1:00	9:30-1:00	9:30-1:00	9:30-1:00	Closed
			Core	2:00-5:30	2:00-5:30	2:00-5:30	2:00-5:30	2:00-5:30	2:00-3:30	
			Total	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	Closed
Lloyds Pharmacy	Lampeter	40	Core	9:00-2:00, 2:30-5:30	9:00-1:00, 2:30-5:30	9:00-1:00, 2:30-5:30	9:00-1:00, 2:30-5:30	9:00-1:00, 2:30-5:30	9:00-1:00	Closed
			Total	8:30-6:00	8:30-6:00	8:30-6:00	8:30-6:00	8:30-6:00	9:00-1:00	Closed
Lloyds Pharmacy	Llandysul	40	Core	9:00-1:00, 2:30-6:30	9:00-1:00, 2:30-6:30	9:00-1:00	9:00-1:00, 2:30-6:30	9:00-1:00, 2:30-6:30	9:00-1:00	Closed
			Total	9:00-6:30	9:00-6:30	9:00-5:00	9:00-6:30	9:00-6:30	9:00-1:00	Closed



Name of Pharmacy/ Contractor	Town	Weekly Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Boots UK Ltd	Llandysul	40	Core	9:30-1:00 2:00-5:30	9:30-1:00 2:00-5:30	9:30-1:00 2:00-5:30	9:30-1:00 2:00-5:30	9:30-1:00 2:00-5:30	9:30-1:00 2:00-3:30	Closed
			Total	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-5:30	9:00-1:00 2:00-6:00	9:00-1:00 2:00-6:00	9:00-1:00 2:00-5:30	Closed
Well Pharmacy	Llanybydder	40	Core	9:00-1:00 1:30-5:30	9:00-1:00 1:30-5:30	9:00-1:00 1:30-3:00	9:00-1:00 1:30-5:30	9:00-1:00 1:30-5:30	Closed	Closed
			Total	9:00-5:30	9:00-5:30	9:00-1:00 1:30-3:00	9:00-5:30	9:00-5:30	9:00-12:00	Closed
Central Pharmacy	New Quay	40	Core	9:00-1:30 2:00-5:30	9:00-1:30 2:00-5:30	9:00-1:30 2:00-5:30	9:00-1:30 2:00-5:30	9:00-1:30 2:00-5:30	Closed	Closed
			Total	9:00-1:30 2:00-5:30	9:00-1:30 2:00-5:30	9:00-1:30 2:00-5:30	9:00-1:30 2:00-5:30	9:00-1:30 2:00-5:30	Closed	Closed
Bridge Pharmacy	Newcastle Emlyn	51	Core	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	Closed
			Total	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	Closed
Boots UK Ltd	Newcastle Emlyn	40	Core	9:30-1:00 2:00-5:30	9:30-1:00 2:00-5:30	9:30-1:00 2:00-5:30	9:30-1:00 2:00-5:30	9:30-1:00 2:00-5:30	9:30-1:00 2:00-3:30	Closed
			Total	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	Closed

## Appendix M – Full consultation comments

Q4. Does the draft pharmaceutical needs assessment reflect the current community pharmacy provision within the Hywel Dda UHB area?

Comment
There is a need for certain children's medicines like melatonin to be prescribed by a gp and or the ability to pick them up from an allocated pharmacy. Instead of travelling and spending silly money on taxis to get to west wales general as the bus services are unreliable
Community Pharmacy - health board wide
[Pharmacy Name] is shut over the weekend at [Town Name]
[Swansea Bay University Health Board Town Name] very poor service by [Pharmacy Name]
Never open over Bank Holiday, Christmas etc and it is around 17 miles to another Pharmacy. Far too long a distance if anyone requires prescription meds.
Yes-ish. I'm not so sure there are no gaps in the provision of dispensing services.
Yes but not good enough services. As [Town Name] have lots coming and goings as [Town Name] in peck times. Poor weather conditions

Q5. Are there any pharmaceutical services currently provided in the Hywel Dda UHB area that have not been highlighted within the draft pharmaceutical needs assessment?

Comment
the pharmacist at GP surgery who i have requested they review my drugs but they never do

[Pharmacy Name] offering weight management service
Delivery of repeat prescriptions by post for single person households. The present delivery service is inadequate and requires the recipient to be at home. If that person is at a social club or shopping the service is unusable. No precise appointment can be made for the delivery.
The ability of GP Dispensers to service the public living greater than 1 mile from another dispensing chemist.
Triage & treat, Walk in Centre , independent Prescriber service
medication delivered to the home addresses
There are times when the surgery does not communicate the right medication requirements to the pharmacies, and have at time lost the prescription.
Your question is leading - however, in the light of no proposals to develop provision I'm guessing you just want the status quo but I think pharmacies could further develop primary care provision if funded appropriately.
Services on Sunday is more limited for no reasons. The size of area and weather conditions need more open.

Q6. Does the draft pharmaceutical needs assessment reflect the needs of the Hywel Dda UHB area's population?

Comment
Not enough consideration for rural services
The out of hours provision in particular on sundays/BH/in [County Name] is woeful
There is a shortage of out of hours community pharmacy services to cover between 8pm and 8am in the hywel dda area, patients cannot obtain ooh/111 prescriptions issued outside of these hours
At present there seems to be an increase of people moving into the area

because not everyone can get to a pharmacy .It says in your document most people live 30 minutes away from 1 ,but how do they get there and is that as crow flies or real time along windy narrow country lanes.
People living out in rural areas are unable to seek advice from pharmacy due to lack of staffing.
[Swansea Bay University Health Board Town Name] queuing outside for over half an hour
It does not cater for the rural communities. Great if you live in North Wales or South East Wales but not where I live.
too few responses from the public engagement exercise
A prescription delivery service for over 60's needed in my town
There is inconsistency of provisions across the Health Board area, which is compounded by a lack of detailed descriptions of local provisions. More detailed local provision information would appear necessary. COMMUNICATION.
More pharmacies should be open on a Sunday
Rural provision
Surgeries or GP's should have supplies for 3 to 4 days - as public transport can be a problem.

Q7. Are there any gaps or issues in pharmaceutical provision in the Hywel Dda UHB area that have not been reflected in the draft pharmaceutical needs assessment?

Comment
ones in surgery
Many pharmacies playing catch up from COVID. Increased funding and staffing levels required to meet service demands.
pharmacies closed at lunch time and evenings and weekends, provision for emergency supply of medication out of hours

A great number of pharmacies noted to provide minor ailments and especially emergency supply are refusing these services to patients at crucial times - weekends etc
Being able to collect paediatrician prescriptions from a selected [Town Name] centralised pharmacy
Assessment criteria for free delivery of monthly prescriptions to those with transport restrictions
There is a shortage of out of hours community pharmacy services to cover between 8pm and 8am in the Hywel Dda area, patients cannot obtain ooh/111 prescriptions issued outside of these hours. Patients who require urgent antibiotics or critical medication via prescription cannot obtain supply.
It was reported to me that [Town Name] pharmacy doesn't dispense into dosset -nomad boxes, unless the patient pays the upfront cost on these boxes and they do not deliver medication, as a rule. Some patients with [Town Name] surgery therefore get their medication from [Town Name] pharmacies who do deliver- if they have capacity.
Poor prescription delivery service and prescriptions not ready for collection at the pharmacy, even though a week has elapsed from request at the doctor's surgery. Automatic repeat prescriptions are seldom ready on the pre arranged collection day. This was the case even before Covid.
GP practice patients should be allowed to choose where they get their medicine dispensed. They should not be precluded from getting their medicine at the same location as where they see their Doctor. Completely irrational.
Dispensing GP practices do not provide a delivery service
The provision of pharmacy services on weekends. Other than supermarkets, and [Pharmacy Name], I don't know of any pharmacies that are open on weekends. Supermarkets are not the most private of places to ask questions or seek advice.
The number of pharmacies in the area in which I live has been reduced in recent times.
Better opening hours cover for rural communities.



It is not enough to state that a pharmacy has a private room for consultation when the size of the room is not considered. My local pharmacy room is too small and has no window - so it is not Covid-19 appropriate. It would also not be large enough for an interpreter should one be required as it is hardly big enough for 2 people
quite well numerous gaps but members of the public have not had a full opportunity to respond yet.
I could not see anything about unpaid carers, these people provide a vital role in our communities caring for people and saving billions of pounds. Also Young Carers who might need to collect prescriptions etc. Community Pharmacies also need educating about this set of people as they too can support the carer and signpost them.
To ensure that what the doctors prescribes on the prescription is given. Several pharmacies don't give the exact brand nor understand why some people have allergies to medications so vital the selected ones are give, elderly rely on the colour of a tablet not by the name. When giving out incorrect medication it's a waste of the NHS money.
The needs of tourism when the population exceeds the residential figures.
Dispensing Practices lack checks on prescriptions
Prescribe Antibiotics
Feedback to GP's on medicine handed in to the chemist
Several pharmacies locally have a delivery service which is useful but it does take longer.
Open for all day on Saturday + some Sunday services
Because there does not appear to be a full and detailed description of the local services provided it is difficult to know.
Please see Q10.
Same question different number - you need to develop your primary care provion so that gap practices can spread the load - eg type 2 programs
Yes public transport size of rural area's weather conditions - help when ill.

I don't think any provision for "out-of-hours" pharmaceutical services has been addressed anywhere in the assessment.

Q8. Has the draft pharmaceutical needs assessment provided information to support decisions i.e. decisions on applications for new pharmacies, relocations and range of services?

Comment
because I haven't seen the draft
Same comment as previous.
More local interaction with local communities appears to be essential before such discussion is made.
Vague reference only
The "advanced" review is only to change to cheaper supplies of medication.

Q9. Has the draft pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies?

Comment
Could be greater number of homes built across the region within the next 5 years that could affect the plans
pharmacies do not open weekends often. needs to state how people will know which pharmacy are open times and easily accessible list.
A dispensing chemist should not dictate to patients where they can get their medicines.
Same comment as previous.

The Council is concerned that with the centralisation of GP services eg [Town Name], the existence and future of smaller pharmacies in local villages will become perilous. Many elderly residents who use village pharmacies may not have this option in future.
There is no assessment of loop system provision for hard of hearing people
People are not aware of the detail of local provisions and are not enrolled locally in coming to these discussions.
You have no proposals that give the public any hope that the issues are not already decided
High areas of people and movement. Cardiff, Carmarthen, Pembroke Dock. 74% travelled by car. Warning when all this should be a lot lower.

Q10. Are there any pharmaceutical services that could be provided in the community pharmacy setting that have not been highlighted?

Comment
Blister packs can now be recycled All hospitals should stop sending to landfill. All surgeries should be a collection point.
COVID vaccine service. Travel clinics, independent prescriber roles.
The ability to collect children's paediatric prescription from a centralised in town pharmacy, instead of going to a hospital and collecting it
The communication process between GP and pharmacist, how it is facilitated, and how it can be done promptly when the need is important.
Funding for an out of hours/late night opening community pharmacy service/rota?
A pharmacy at the doctor's practice.

Free parking. Why does a patient seeing a rural Doctor have to drive into town and have to pay for parking when they could have obtained their medicine at the GP practice dispenser at the same time as seeing their GP???
People living out in rural areas are unable to seek advice from pharmacy due to lack of staffing.
Medication review for patients who require medication administration by carers.
Better opening hours for meds during Bank Holidays, Christmas, Easter etc.
Access to GPs is difficult, could more be done via pharmacies? For example periodic health checkups?
Carer information and signposting.
Provision for antibiotics for visual complaints such as sore throats, septic fingers, etc. Seems a waste of money to go to a pharmacist who says you need antibiotics - then have to ring 111 to wait for on call to ring back, then fax a script to pharmacy.
Blood pressure measuring
Non-Commissioned "Ask Your Pharmacist" advice
Telephone MUR's
Provision for help for Alzheimer patients
Saturday opening
Certain tasks that the Practice Nurse does , have a nurse in the room at the chemist 1) Blood Pressure 2) urine test 3) Minor Injuries. Would release more appointments at the doctors
Notification of prescribed medication being discontinued or unavailable. It would enable patient to consult with GP for a substitute.
More facilities such as blood tests etc could be provided at local pharmacy

COVID vaccinations
Stoma care needs not on prescription list as I understand you have to telephone for items needed and GP surgery has to confirm the need. This is what I am told by someone with a stoma.
During the first lock down I was unable to obtain antibiotics locally on Easter Monday. I phoned 111 and was informed that I would have to drive to [Town Name] to obtain a prescription. I have taken painkillers and thought it prudent not to drive, despite being in pain with toothache. I feel that there should be a pharmacy open within a reasonable distance at all times.
Yellow box collections
lower travelling by car. 74% as your aware when ill or use machines taking medications is wrong.
Once again, "out-of-hours" pharmaceutical services should be addressed. Perhaps a rota system of pharmacies who are open longer at the weekend (or even overnight??!!) should be set up.

Q11. Do you agree with the conclusions of the pharmaceutical needs assessment?

Comment
my pharmacy is great its gp giving out controlled drug too much when not needed
see previous
Patients should be allowed to choose where they get their medicine from. They should not be dictated to by dispensing chemists and Supermarkets!!
I do not think it fully understands the difficulty with rural communities having a Pharmacy that is shut over Bank Hols etc.
well broadly speaking yet but there are gaps and omissions



I would like to see a Pharmacy in the Integrated Care Centre in [Town Name].
It would be useful to know which pharmacies provided which services.
Sort of. But the Labour Gov in saying they are building 20,000 social rent houses in wales?
Same as above
From practice perspective, in our area, it seems that pharmacies can be overwhelmed by the demand for essential services. There are some distribution of delivery of enhanced services. None of the local pharmacies have the capacity to accept patients for MDS, which potentially can worsen.
I feel there is a basic gap in communication with the local populations. Only in this way will there be effective interaction and more accurate decision making.
The impression you give is that you wish to secure provision as it is
It is wrong to travel by car and drive when 'ill' and I think 98% travel time was 30minutes at weekends is wrong.

Q12. Do you have any other comments on the draft pharmaceutical needs assessment?

Comment
Has it been taken into account the predicted increase in age demographic within the Health board.
The needs assessment is not a needs assessment and the questionnaire does not match any points in the documents. There is no indication of geographical spread of services. e.g. there could be many places to dispose of sharps in Carmarthen, Llanelli but limited in a semi rural location. It is impossible to tell from the document. There is no indication of customer need volumetrics, geography

as an ordinary member of the public I cannot answer yes or no to some of these questions as I do not know even though it is a comprehensive summary.

I welcome these extra services being offered by pharmacies but I do feel that they are being "used" to lighten the load in GP Surgeries which seem to offer less services and opening hours than they did years ago. It seems to me before long the only choice will be to visit our pharmacy, phone 111 or go to overwhelmed A&E, woops it's already here. Which begs the question....what are our GP doing for their huge wages and what justifies getting an appointment with them.

need to be have a pharmacy that answers its phone and clear guidelines on what each can provide.also basic thing like which ones will take back unused medication.It used to be you could ring pharmacy order medication they would get prescription and have it ready for pick up or delivery.Now have to ring G.P. order or go on line order which can show dispensed and ring chemist to check available.  
G.P. say done prescription says on line processed chemist say no this goes on total waste of peoples time.then find been processed but nobody pressed print button.

There are enough dispensing chemist in the area but they should not be allowed to dictate to patients where they can and can not, get their medicine!!

Due to having a dossed box for my conditions my medication are not always ready on time, resulting in some days I have to go without due to lack of stock ot the pharmacy has not had time to complete!

As the population ages, they become more dependent on public transport. People living in villlage may find it difficult to access a pharmacy. Recently, pharmacies have had problems obtaining some medicines. This causes problems when people have to travel to the pharmacy if they have to book transport a few days ahead e.g. Bwcabws.

Look, SE Wales has it all! Plenty of pharmacies, hospitals, GP Surgeries you name it. We in rural Wales have problems with Pharmacy shut downs over long periods at Christmas, Easter Bank Hols. These are poor opening hours. We need our little Pharmacies and NO I have no wish to order online! I prefer dealing face to face with a Pharmacist at all times.

The report has the word "accessible" on every page but there is no assessment of accessibility for physical disability groups or those with language needs. How accessible are the consultation rooms p8? Would someone with a guide dog or an interpreter be able to use them?
the public engagement exercise of 1 month during the winter of a Pandemic is not the way to form pharmaceutical needs for the future
How do the general public know which pharmacies are able to deliver, what services they offer and the rota for Sunday opening hours ? Information should be provided in other languages as well as in English and Welsh.
As previously mentioned - Taking into account the large number of visitors to holiday areas and their potential needs.
Ref Q7 - Tourists put increased burden on some pharmacies which would operate better during periods of the year where extra staff would be beneficial to the pharmacy and public.
A couple of grammatical errors that set my teeth on edge. Page 5, fewer hours. Live 3, fourth paragraph = fewer opening hours,(not less opening hours). P12 v small misprint = 3rd line = 'Would have difficulty in', not 'would have difficult in'
Ageing population may not be able to drive soon, so delivery of prescriptions will grow. Will Chemists cope.
I feel that clients should be informed about the availability of some prescribed medicines. So that the pharmacist or GP would discuss this with patient. This could possibility of deaths.
A 2 month repeat prescription service should be made available.
Good Pharmacist cover in this area 7 days a week [Town Name]
This assessment is too complicated for a member of the public to give any worthwhile comment on. I can only comment on my area and situation.
1 - Additional local discussions with local communities. 2- More effective COMMUNICATION - informing communities of services provided and including them in decision making.

Your assessment is "patchy" at weekend - not including bank holiday and travels or drive car is wrong when ill or medicated.

Q13. Do you have any other comments you wish to make on pharmaceutical services in Hywel Dda UHB?

Comment
As I am a retired health professional I am no longer up to date with the shortfalls in the Hywel Dda pharmaceutical area.
Local service ([Pharmacy Name]) is excellent so far.
No
Not relating to pharmaceutical services but to Health & Wellbeing. All NHS properties with some land should recruit local volunteers to care for the hospital grounds. The current contract option system does not maintain grounds efficiently and is not cost effective.
None
As someone whom has worked in business transformation for public and private services the documents and survey are woeful lacking and need to be redone.
Just please don't take away any of the community pharmacies. It may make business sense to centralise but it certainly won't help the communities access the services they need.
Pharmacy is being limited by reduced GP services during COVID, this issue needs addressing.
NO
I am happy that my personal needs are met very well
Please see previous comments - if the enhanced service is advertised it should be delivered - the pressure on other services is meant to be relieved by these not put under further pressure eg. outcomes of MURs such as overordering/compliance are left to

GP surgeries to sort out when the ordering is done by those very pharmacies or especially GP OOH/111 and A&E are dealing with emergency supply refusals (often from patient's own pharmacies!!) and then refusing faxes from those services for perfectly legal prescription requests.
Funding for ooh/late opening community pharmacy service/rota for ooh/111 prescription collection/medication supply
Please sort out the pharmacies. Constantly getting incorrect prescriptions
why give this a public consultation. Do you widely circulate the pharmaceutical needs assesment to the general public
more time to discuss medications side effects risks and contra indications
Excellent customer services provided by local pharmacy
Our local pharmacist is excellent.
Only the comments above.
delivery of medication has been amazing during shielding and pandemic plus able to buy and get delivered other items .however I do hope rurality of area will be taken into account .
One wonders how much pressure the dispensing chemists/Supermarkets are putting on the health board to close down GP practice dispensers. Are they paying the University Health Board for favourable treatment?
Pharmacists always seem really busy and stressed out which puts me off doing anything else than picking up my monthly prescription. When I have asked a question, they are reluctant to say anything other than "best speak to your GP" which is another survey in itself.
[Pharmacy Name] in [Town Name] are a total nightmare. In the last year, I have NOT been able to pick up a regular prescription without having to return later, finding mistakes in the prescription or missing items.
[Swansea Bay University Health Board Town Name] need another pharmacy



As our GP practices seem to be under immense pressure to provide a service to the local community, it has become increasingly obvious that pharmacies are playing a greater role in providing primary care to the public. However there is a woeful lack of pharmacy services in my locality. In the last year, at least two pharmacies have closed which has meant long waits and queues for services.

We do not all want to live in places like Swansea, Cardiff and the likes. Wales is a population of mostly rural communities so stop trying to create problems for the people who farm and live in these rural communities. Left to HDUHB, we would have to travel to SE Wales for everything and a part of North Wales. Whoever comes up with these hair-brained cutting money projects has absolutely no idea about the needs of the Welsh People!

The Council is concerned that with the centralisation of GP services eg [Town Name], the existence and future of smaller pharmacies in local villages will become perilous. Many elderly residents who use village pharmacies may not have this option in future.

Only that pharmacies provide vital services that are much appreciated.

From a Trust perspective the PNA Summary provides useful background information on the availability of current service provision. The document will be of particular interest to our Advanced Paramedic Practitioners and those in NMP roles.

I see our local pharmacy overwhelmed with patients requiring medications, yet they still have a friendly positive attitude. I can't be bothered to read a document. I assumed this 'survey' would ask appropriate questions and be more patient friendly, sadly not. I fully support our local pharmacy and hope this change will help them provide a continued excellent service and not create more paperwork and hoops to jump through. They have all done an amazing job throughout this pandemic, give them the support they deserve. My local pharmacy is [Pharmacy Name] next to [GP Practice Name], [Town Name].

no

Would be good if Community pharmacies had Carer Champions like Dementia Champions.

No. As a member of the public, I am not aware of the details or far reaching effects and the scope of the document. I do appreciate that my pharmacy doesn't need me to request repeat prescriptions each month, and automatically texts me when they are available. This service would be invaluable for my elderly mother (sadly not in this area) because her pharmacy no

longer accepts telephone requests for repeats, and an email needs to be sent each month, but clearly an 84 year old with dementia without internet access is not able to do so.
Several pharmacists give medication reviews and totally disregard what is discussed. As a person with allergies, when stated that what the doctor has prescribed is exactly what I can take, you are ignored and have to then re book to see the doctor to re issue a prescription hence wasted money! So far there is only one pharmacist that has listened and actually got the meds I need. [Pharmacy Name] will always go out of their way to help.
No
We need electronic prescribing. Ability for visitors who have forgotten their medication to contact their own GP who can then send a prescription to a local pharmacy, even if they live in England.
Ref Q10 comment - Pharmacists should be able to prescribe antibiotics to visual conditions eg sore throats, not all doing swabs, septic fingers/ toes, etc. Waste of time and NHS money for sending a patient from one service to another to get a script which is then given back to pharmacy.
Our local pharmacy is very efficient to our patients.
Pharmacies are not used by the public in their capacity as part of community expertise.
Local pharmacy very good and knowledgeable. Good to have a local pharmacy in the community.
All chemists in [Town Name] provide an excellent receive. Lunchtime closure can be a problem if you are a full time worker.
Again, members of the public could be more aware of the specific services offered by their local pharmacies. I have no idea where this information is be found apart from asking each pharmacy in [Town Name].
Sometimes the pharmacy will tick thins on my prescription which I do not require therefore I have take back my prescription in order to control my requirements - in order to save the NHS expense.
If possible could pharmacy open Saturday morning for 2 hours.

Excellent services
Yes: Up until now and in my experience, excellent. I feel well cared for and I do not feel short of anything.
Would it be possible to have repeat prescriptions automatically be renewed without having to go to the surgery to hand them in, and any alterations to prescriptions to be advised to the pharmacy.
We already have good services in my area, but goof to review, change and look to future, Pharmacists are great here to help with med reviews/ smaller health issues.
On the whole the pharmacist in [Town Name] is helpful and kind, it delivers whatever I need. "Only 2" in the shop is difficult as it can be cold and wet.
All flu jabs could be done in chemist across wales to release doctors to see more people face to face
I experienced a rather distressing occurrence lasts week. I range the medical centre and was advised that my GP would return the call. He rang me back, within half an hour to say he would prepare a prescription for me then. It was roughly 8:30. I did not received it until gone 4:30pm. I rang several times, but it was 'on the delivery vehicle'. It was gone 4:30 when I received it!
please see all of my previous comments
Pharmacists should not demand 7 day prescriptions for MDS patients. They stated that it's done due to the higher cost of dispensing MDS (e.g. staff hours) but this is artificially driving costs of medication up and reducing funds in NHS.
There are a succession of different pharmacists in [Pharmacy Name],which makes me feel I can't get to know them enough to confide in them. As a result I have switched to [Pharmacy Name] and I get excellent service.
I have always been very grateful for and appreciate the service that I receive from staff in [Pharmacy Name].
The introduction of requesting medication by internet is much appreciated and functions well.
We use [Pharmacy Name] for our care Home and have an excellent Service

I am grateful that I do not have to go to the chemist for repeat prescriptions as it's easier to go to the GP surgery to collect these. Long may this arrangement continue.

It would be nice if pharmaceutical staff could be kept in place, to enable the community he change to get to know them to help community.

None thanks

This is one of the worst surveys I have ever read. You could do much better than this by addressing some real issues - pharmacies are a golden gem for primary care - yet you limit their horizons.

More delivery service for all "7 days a week" "no GP 3 mile limit" as most are ow constating over the phone and not seeing actual problems. So their feed need to be cut.

None

Please see my comments on two previous questions.