Pwyllgor Strategaeth a Chynllunio/ Strategy and Planning Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 AUGUST 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Pharmaceutical Needs Assessment (PNA) Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rhian Bond. Assistant Director of Primary Care

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

Section 82A of the National Health Service (Wales) Act 2006 (the "2006 Act") 1 requires each Local Health Board (LHB) to assess the pharmaceutical needs for its area and to publish a statement of its assessment and of any revised assessment. Termed a "Pharmaceutical Needs Assessment" (PNA), the NHS (Pharmaceutical Services) (Wales) Regulations 2020 (the "2020 Regulations") set out the minimum information that must be contained within a PNA and also outline the process that must be followed in the development of the PNA.

Cefndir / Background

Regulation 6 (1)(a) places a duty on Health Boards to publish a revised PNA within the defined five-year period. In line with the development of the Health Boards Primary and Community Services Strategic Plan it would appear to be timely to consider bringing forward the publication of a revised PNA.

A defined timescale for the revision of the PNA has been agreed and a Steering Group has been established to have oversight of the development of a revised PNA and its associated publication.

In reviewing and updating the current information, each Cluster has worked with the Pharmacy Collaborative Lead to review the content of each Cluster chapter to ensure that the most recent information is provided in the revised document. Oversight of this work has been undertaken through a Working Group who have reported into the overarching Steering Group who will have oversight of the development of the final revised PNA. Public Health, Llais and Community Pharmacy Wales have all been members of the Steering Group.

Welsh Government (WG) has advised that the timescale for consultation remains the same for the revised document as the original.

Asesiad / Assessment

In developing a revised PNA the Health Board has undertaken community pharmacy contractor engagement during October 2025, run a public engagement survey in February 2026 and then opened up the draft document (Appendix 1) for consultation between 18 May 2026 and 17 July 2026.

The consultation has been made available as an easy read/ summery document online with an online survey or completing a paper survey (available in pharmacies). Provision has also been made for hard copies of the draft document to be made available if requested.

The following parties identified as having an interest in the Pharmaceutical Regulations were also included in the consultation:

- Community Pharmacy Wales (CPW)
- Dyfed Powys Local Medical Committee (LMC)
- Contractors included in its pharmaceutical list
- GPs included in its dispensing doctor list
- GP practices within the Health Board area
- Llais
- West Wales Regional Partnership Board (WWRPB)
- Carmarthenshire County Council
- Pembrokeshire County Council
- Ceredigion County Council
- The Welsh Ambulance Service NHS Trust (WAST)
- Betsi Cadwaladr University Health Board (BCUHB)
- Powys Teaching Health Board (PTHB)
- Swansea Bay University Health Board (SBUHB)

A communications pack was also developed, and social media as well as media releases were used to promote the consultation process.

The consultation received a total of 81 responses; 95.7% of the responses came from members of the public. In addition, responses were received from Llais, Boots UK Limited and Community Pharmacy Wales (CPW)

The responses were considered by the Steering Group on 11 August 2026 and the revised draft PNA was shared with the Executive Team on 12 August 2026. The final version is attached for recommendation subject to final approval by Board at its meeting on 24 September 2026, allowing for publication by 1 October 2026, in line with the Regulations.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** that the Health Board has undertaken the review and revision of the PNA in accordance with the requirements of Section 82A of the National Health Service (Wales) Act 2006 and the NHS (Pharmaceutical Services) (Wales) Regulations 2020
- **RECOMMEND** the PNA for Board approval on 24 September 2026 noting the timescale for publication in October 2026

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1.15.Seek assurances on the development and delivery of the Primary Care and Community Strategic Plan.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health 6. Work with partners and communities to nurture and support everyone to achieve their best well-being
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic*	3. Involvement with individuals and communities will take place to understand their needs and support the co-production of solutions. 4. Collaborations with partners will be strengthened and developed to make the most of the building blocks of health and wellbeing, with the goal of enabling individuals and communities to build resilience and improve health equity

change and/or significant service changes)	5. A more preventative approach, including earlier identification and intervention, will be taken to support people to maintain and improve their health and wellbeing.
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within report
Rhestr Termau: Glossary of Terms:	Included within report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Included within report

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Tegwch Iechyd: Health Equity:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable

Cydraddoldeb: Equality:	Not Applicable

Hywel Dda University Health Board

Pharmaceutical Needs Assessment

October 2026

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Contents

Executive Summary

The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 sets out the statutory duty placed upon each Health Board to prepare and publish a Pharmaceutical Needs Assessment (PNA). This is Hywel Dda University Health Board's second Pharmaceutical Needs Assessment.

The development of the PNA has been overseen by a steering group, membership of the group included a wide range of stakeholders (Appendix F).

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 2026 to 30 September 2031)
- 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
- Considers 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

The Pharmaceutical Needs Assessment is used by the Health Board when considering whether 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 also informs 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 seven clusters. A cluster brings together local services involved in the provision of health and care across a geographical area. A review of the needs of the population, the current provision of pharmaceutical services to residents and whether current provision meets the needs of those residents has been completed at cluster level. Each cluster 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 three other Health Boards; Betsi Cadwaladr University Health Board, Powys Teaching Health Board and Swansea Bay University Health Board.

The population of Hywel Dda is ageing with Pembrokeshire 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 34.3% by 2047.

Development of the Pharmaceutical Needs Assessment

The views of residents and stakeholders were gathered via a public engagement exercise. This was conducted between 9 February to 9 March 2026. An on-line survey was launched, with a paper version also available. 451 responses were submitted, which offered an indication of the public's view on current pharmaceutical services available.

Existing pharmacy contractors and dispensing GP practices were also asked to complete a questionnaire. The questionnaire exercise was undertaken between 13 October and 31 October 2025. 95 out of 96 pharmacies completed the questionnaire and four out of five dispensing GP practice sites completed the questionnaire (one dispensing GP practice operates across two sites).

Identifying Gaps

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 cluster, opening hours and availability of clinical 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 pharmaceutical services

The current and future provision of pharmaceutical services in each of the seven clusters 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 number of pharmacy hours per 10,000 population.
- 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 pharmaceutical services for the residents of Hywel Dda UHB is very good/good/generally good. In the Tywi Taf Cluster area, community pharmacy provision has reduced over the past five years. Despite this, access remains within a 30-minute drive time for all areas. Most pharmacies report sufficient capacity to meet increased demand, over the next 5 years.
- Based on current service provision, population distribution, and respondent data, no current unmet need has been identified in relation to the provision of GP dispensing 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 Health Board's Health Needs Assessment. Whilst the Health Needs Assessment focuses on the general health needs of the population in 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 second PNA by 1 October 2026;
- 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; and
- 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 and the NHS (Pharmaceutical Services) Regulations 2020.

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; and
- 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 University Health Board there are 96 pharmacies, no dispensing appliance contractors and four dispensing GP practices.

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 University Health Board does not hold 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 (Clinical Services) (Wales) Directions 2022 and the Pharmaceutical Services (Advanced Services) (Appliances) (Wales) Directions 2010.

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

- Essential services – all pharmacies must provide these services
  - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
  - Dispensing of repeatable prescriptions
  - Disposal of unwanted drugs
  - Promotion of healthy lifestyles
  - Signposting, and support for self-care

- Clinical services - pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the services, they must be fully compliant with the service specification.
  - Discharge Medicines Review
  - Clinical Community Pharmacy Service (CCPS)
  - Pharmacy Independent Prescribing Service (PIPS)
  - Seasonal Influenza (Flu) Vaccination Service

- Additional Services – service specifications for this type of service are developed by the Health Board and then commissioned to meet specific health needs.
  - Smoking Cessation Service
  - Patient Sharps Service
  - Supervised Administration Service
  - Needle & Syringe Programme
  - Just In Case Service
  - Care Home Support Service Level 1
  - Urgent Medication Service
  - Medication Administration Review (MAR) Service
  - Lateral Flow Testing Service
  - Blood Borne Virus (BBV) Testing Service
  - Out of Hours (OOH) Service
  - Waste Reduction Service

In addition, a local Anti-Coagulation Monitoring service has been developed in Hywel Dda UHB.

Further information on the essential, clinical and additional services requirements can be found in Appendices B, C and D respectively.

Pharmacies are required to open for a minimum of 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. Under the NHS (Pharmaceutical Services) Regulations 2020 it is possible for pharmacy contractors to successfully 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 three months' notice.

1.3.2 Pharmaceutical Services Provided by Dispensing Appliance Contractors

As with pharmacy contractors, Hywel Dda University Health Board 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
- Supply of appropriate supplementary items (e.g. disposable wipes and disposal bags)
- Provision of expert clinical advice regarding the appliances, and
- Signposting

As with pharmacies, dispensing appliance contractors are required to participate in a system of clinical governance. 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.

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 PNA to determine whether to agree to the change in core opening hours or not.

Most 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 (measured in a straight line) from a pharmacy, and 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 University Health Board which affect the need for pharmaceutical services are also included within the PNA; for example; minor injuries units.

1.5 How the Assessment was Undertaken

1.5.1 PNA Steering Group

Hywel Dda University Health Board has overall responsibility for the publication of the PNA, and Andrew Carruthers, Chief Operating Officer is accountable for its development. Hywel Dda University Health Board 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 Clusters

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

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

The seven clusters are located between three counties and three local authorities as illustrated in Table 1.1.

Table 1.1: Clusters, counties and local authorities within Hywel Dda University Health Board

Carmarthenshire	Pembrokeshire	Ceredigion
Amman Gwendraeth	North Pembrokeshire	North Ceredigion
Llanelli	South Pembrokeshire	South Ceredigion
Tywi Taf		
Carmarthenshire County Council	**Pembrokeshire County Council**	**Ceredigion County Council**

1.5.3 Patient and public engagement

To gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and made available from 9 February to 9 March 2026. The questionnaire was promoted through social media, sent to local stakeholders, a press release about the patient and public questionnaire was featured on the Health Board's website and paper copies were made available in all Community Pharmacies. The questionnaire was accessible via QR codes printed on posters and displayed in all Community Pharmacies. A copy, which shows the questions asked, can be found in Appendix G. The full results can be found in Appendix H.

There were 451 responses to the Public Engagement survey, however, not all respondents answered every question. 203 people completed the English version online and 240 completed paper versions. Six people completed the Welsh version of the survey online and two completed paper versions.

About the Respondents

72% of respondents (326 people) were female, 25% (113 people) were male. Two respondents were non-binary, one respondent was Trans Male/Trans Man, and one respondent was Trans Female/Trans Woman. Seven respondents preferred not to say, two respondents selected that they use another term other and nine skipped the question.

The age categories for the largest number of respondents were aged 65-74 years (29%) followed closely by 75 and over years (27%). Three respondents preferred not to say and eight skipped the question.

85% of respondents (384 people) said that the main language spoken/used at home was English. Only 12% (54 people) said their preferred language was Welsh. Five respondents commented that they preferred not to say and eight skipped the question.

Summary of Responses to Questions on Pharmaceutical Services

Most respondents (62%) indicated that they access an Independent Community Pharmacy and 33% said that they accessed a Community Pharmacy that is part of a large chain such as Boots, Well, Tesco, Asda, Morrisons or Allied.

254 respondents indicated that they receive their prescription via a green paper form and 173 respondents indicated that they receive their prescription electronically (via Electronic Prescribing Service / EPS).

144 respondents indicated that they ordered their repeat medication via the NHS app whilst the majority of respondents (294 out of 438) indicated that they order their repeat medication via other methods such as via their pharmacy.

The main reason for people visiting a pharmacy was to get a prescription for themselves or someone else, selected by 420 respondents. 295 respondents indicated they use pharmacies to purchase medicines, 270 respondents used pharmacies to obtain advice and 87 went to the pharmacy to access a service (e.g. smoking cessation, flu vaccination). Multiple answers could be given to this question and the number of responses received indicates that some people chose more than one reason for visiting a pharmacy.

Most respondents (62%, 278 people) receive their repeat prescription every 28 days/monthly and 22% receive their repeat prescription every 56 days/every two months.

When asked how long it takes from ordering medication to the prescription being ready to collect from the pharmacy, most indicated that it takes 3-5 working days (153 people) followed closely by less than 3 working days (145 people)

The survey gauged the level of knowledge of a range of pharmacy services, and the results are shown in the table below. Not all respondents answered these questions.

Pharmaceutical Service	Yes	No
Common Ailments Service	61%	10%
Pharmacy Independent Prescribing Service	54%	11%
Emergency Supply Service	65%	29%
Contraception Services	61%	29%
Flu Vaccination	83%	11%
Discharge Medicines Review	35%	55%
Smoking Cessation Services	62%	27%

The survey broke the Common Ailments Service down into each ailment and asked patients how many they were aware of. The most common ailments covered under this service that patients were aware of were: sore throat (357), hay fever (340) and diarrhoea (338). The least known common ailment services that patients knew about were in-growing toenails (203 respondents), followed by scabies and threadworms.

Of the 51% that indicated that they were aware of the Pharmacy Independent Prescribing Service, the most common condition that patients were aware could be treated under this service was respiratory e.g. sinusitis, sore throat or tonsillitis (342).

When asked how often people use a pharmacy, most (218 out of 450) visit monthly reflecting the length of their prescription for repeat medication.

The most convenient days to visit a pharmacy were through the working week, with Friday being the most popular though there was little difference between the other weekdays. Sunday was reported as being the least convenient day to visit a pharmacy. Respondents could choose more than one response to this question.

The most convenient time to visit a pharmacy was between 9.00am and 12 noon closely followed by 12noon until 3pm and 3pm until 6pm.

The survey asked patients if they had ever experienced difficulties obtaining medication on a prescription issued by 111 or an out of hours service; 32 patients indicated that they had experienced difficulties and a summary of the comments provided are below:

- Patients find it difficult to find a pharmacy that is open at a time when the prescription is given
- Medicine not readily available
- Communication issues between Out of Hours and Pharmacy

Most respondents prefer to use the same pharmacy, of the 450 responses received, 314 respondents (70%) said they always use the same pharmacy and 126 respondents (28%) said they use different pharmacies but prefer to visit one most often. One respondent said that they always use different pharmacies and nine respondents said they rarely use a pharmacy.

There are many reasons that influence the choice of pharmacy. Multiple answers were given by the 450 people who answered the question as to what influences choice of pharmacy. The most popular reasons were close to home (308 responses) followed by close to my doctor (242 responses) and the pharmacy provides good advice and information (229 responses).

80% of respondents said that they feel able to discuss something personal and/or confidential with a pharmacist.

The most popular way of travelling to a pharmacy was by car (69%, 309 out of 450 people) and then on foot (26%).

Half of all respondents (50%, 223 people out of a total of 448) could get to a pharmacy between 5 and 15 minutes. 24% (106 people) could get to a pharmacy between 15 and 30 minutes and 22% of respondents (97 people) could get to a pharmacy in less than 5 minutes. Only 4% of respondents (19 people) indicated that it took more than 30 minutes, this journey could be by any mode of transport and could be to the patient's usual pharmacy rather than nearest pharmacy.

248 people provided comments on pharmacy services. A small sample of comments are listed below (comments are shown as written). The full list can be seen in Appendix H.

Many respondents shared strong appreciation for their local pharmacies. The main positive points included:

Friendly, helpful, knowledgeable staff
Patients repeatedly praised:

- Excellent advice
- Kindness and compassion

- Feeling known and supported by staff

Vital community service
Pharmacies seen as:

- Essential for rural or ageing populations
- Easier to access than GPs
- Lifesaving in some cases (e.g., spotting serious illness)

Good range and quality of services
Often highlighted:

- Vaccinations (flu, COVID-19)
- Quick consultations
- Efficient repeat prescription handling

Some comments expressed dissatisfaction or difficulties. The main issues identified were:

1. Long queues and waiting times due to high demand
2. Stock shortages resulting in having to visit the pharmacy multiple times
3. Limited opening hours on Saturdays, lunchtime closures and weekday-only hours create access issues for working people
4. Communication problems such as prescriptions not at the pharmacy or a delay between GP and pharmacy
5. Services inconsistently available
6. Service quality varies widely, some pharmacies are described as excellent while others experienced poor customer service, dispensing errors and felt unable to discuss private matters.

1.5.4 Contractor Engagement

An online questionnaire for pharmacies and dispensing appliance contractors was undertaken using Microsoft forms, and the approach was taken to only ask contractors for information that could not be sourced elsewhere.

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

The questionnaire was open from 13 October to 31 October 2025, and the results are summarised below. Of the 96 pharmacies and dispensing appliance contractor premises in Hywel Dda University Health Board 95 responded, a response rate of 99%. One pharmacy was closed at the time of the questionnaire being open and this was the one pharmacy that did not respond to the questionnaire.

91 Pharmacies said their premises are accessible by wheelchair

Consultation rooms are a pre-requisite for providing clinical services and are often included as a requirement for a wider range of pharmacy commissioned services.

- All 95 of the pharmacies that responded said that they had a consultation area on the premises
- 87 of these consultation areas have wheelchair access

When considering whether the consultation area met the minimum requirements:

- 91 confirmed their consultation area is a closed room
- 78 confirmed that the consultation area is a designated area where both the pharmacist and the patient can sit down together
- 76 said that the patient and the pharmacists can talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy
- 81 confirmed that their consultation area is clearly designated as an area for confidential consultation, distinct from the public areas of the pharmacy
- 75 pharmacies provided information on languages in addition to English. The following languages are spoken in pharmacies in Hywel Dda;
  - Welsh – 67 pharmacies
  - French – 1 pharmacy
  - Ukrainian – 1 pharmacy
  - Panjabi – 2 pharmacies
  - Hindi – 3 pharmacies
  - Urdu – 2 pharmacies
  - Polish – 1 pharmacy
  - Greek – 1 pharmacy
  - Italian – 1 pharmacy
  - Romanian – 1 pharmacy
  - Yoruba – 1 pharmacy

When considering whether the pharmacy dispenses appliance:

- 71 confirmed that prescriptions for all types of appliances are dispensed from the premises.
- 18 pharmacies dispense dressings
- 3 pharmacies responded that they don't dispense any appliances.

When asked about collection services offered:

- All 95 pharmacies said they collect prescriptions from their neighbouring GP practices.

It should be noted that collection and delivery services are not contractual services and are therefore provided privately by pharmacies at their discretion.

When asked if there is a requirement for a new clinical service that is currently not available 45 pharmacies replied:

- MDS Service
- Blood Pressure Checks/monitoring
- Phlebotomy
- Inhaler Review Service

- Cryotherapy
- Sinusitis as part of CAS
- Ear wax removal/syringing
- PGD's for Skin, ear and chest infections
- Re-instate Medicines use review service
- Re-instate Triage and Treat Service

It should be noted that six pharmacies listed more than one suggestion.

In addition, the health needs identified within Section 3 will be utilised to direct the development of future pharmaceutical services which could be provided in a Community Pharmacy setting.

Pharmacy contractors were asked about their ability to meet future needs. The responses were as follows:

- 54 pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.
- 21 pharmacies don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in the area.
- 20 pharmacies don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand in the area.

When asked whether pharmacies have any plans to develop or expand their premises or service provision, 41 pharmacies responded positively with all 41 pharmacies providing further details. The themes of the responses are as follows:

- Increasing/upgrading consultation room(s)
- Introduce Pharmacy Independent Prescribing service
- Increasing private services

The pharmacy contractor questionnaire responses confirmed that all pharmacies have consultations areas to deliver pharmaceutical services. The responses also confirmed that the majority of pharmacies have capacity to manage or make adjustments to manage an increase in demand.

An online questionnaire for dispensing GP practices was also undertaken using Microsoft forms. As with pharmacies and dispensing appliance contractors the approach was taken to only ask contractors for information that could not be sourced elsewhere.

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

The questionnaire was open from 13th October to 31st October 2025 and the results are summarised below. Of the 5 dispensing GP practice sites in Hywel Dda University Health Board four responded, a response rate of 80%.

One of the dispensing GP practices operate more than one dispensary as they have branch locations. Where a question relates to premises, the responses are collated for the 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:

- 1 site dispenses all types of appliances
- 2 sites only dispensed dressings
- 1 site does not dispense any appliances

Three dispensing GP practices noted Welsh as a language spoken in the premises in addition to English. The following languages were also spoken in one dispensing GP practice: Hindi, Assamese and Khasi.

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
- 1 practice doesn'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 GP practices were asked to provide details of any other activities provided that relate to dispensing services. Responses included the following activities:

- MAR Charts (2)
- Just in Case packs (2)
- Patient Sharps Service (2)
- Dossett Boxes (1)

Two practices do not provide any other activities. The responses confirm that most dispensing GP practices have sufficient capacity to manage or make adjustments for any potential increase in demand in dispensing services during the lifespan of the PNA.

1.5.5 Other Sources of information

Data on clinical and additional clinical services activity for Pharmacies was sourced from systems, which gather service activity. These included the Choose Pharmacy platform and National Electronic Claim and Audit Form (NECAF). Prescribing and dispensing data was obtained from NHS Wales Shares Services Partnership. Other health related data was sourced from Public Health and NHS Wales Shared Services Partnership (NWSSP).

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 of 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.

The University towns of Aberystwyth and Lampeter have a considerable impact on the population of 20-24 year olds in the county with 9.1% of the population in this age group compared to approximately 4% in Carmarthenshire and Pembrokeshire.

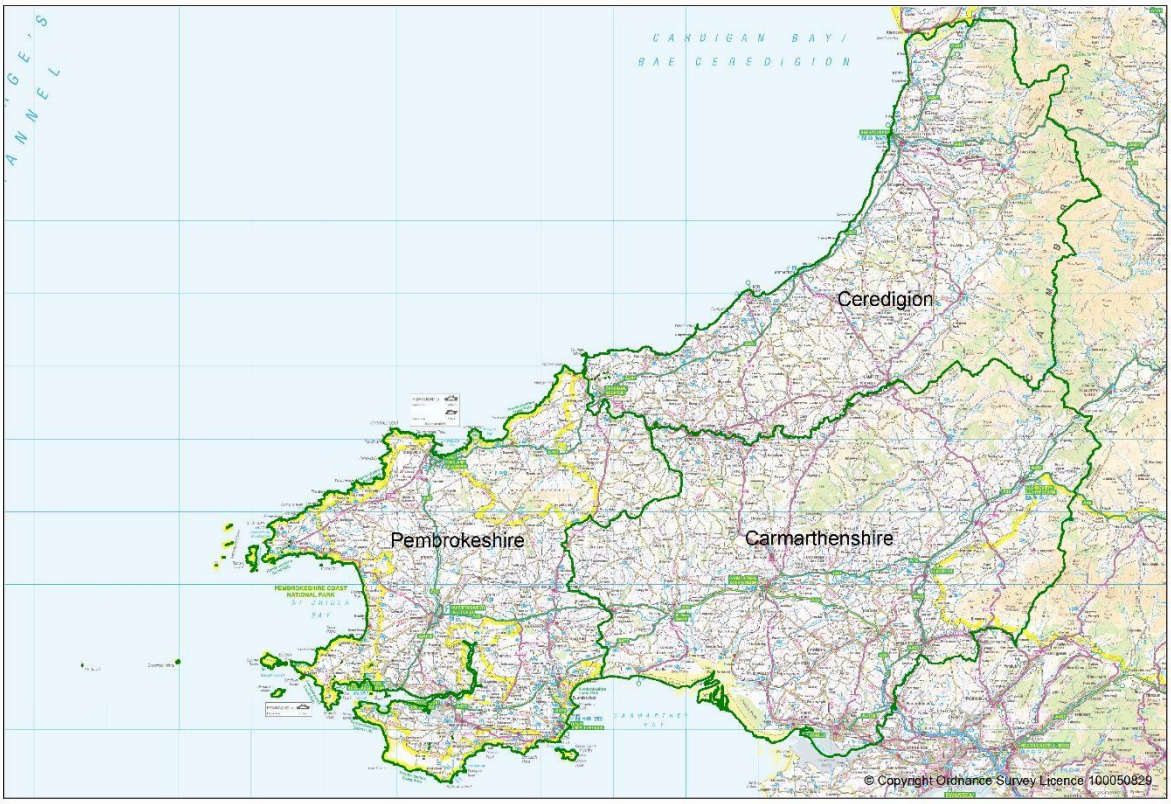
Pembrokeshire is bordered by Carmarthenshire to the east, Ceredigion to the northeast, and the sea everywhere else. The county is home to Pembrokeshire Coast National Park, the only national park in the United Kingdom established primarily because of the coastline. The Park occupies more than a third 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

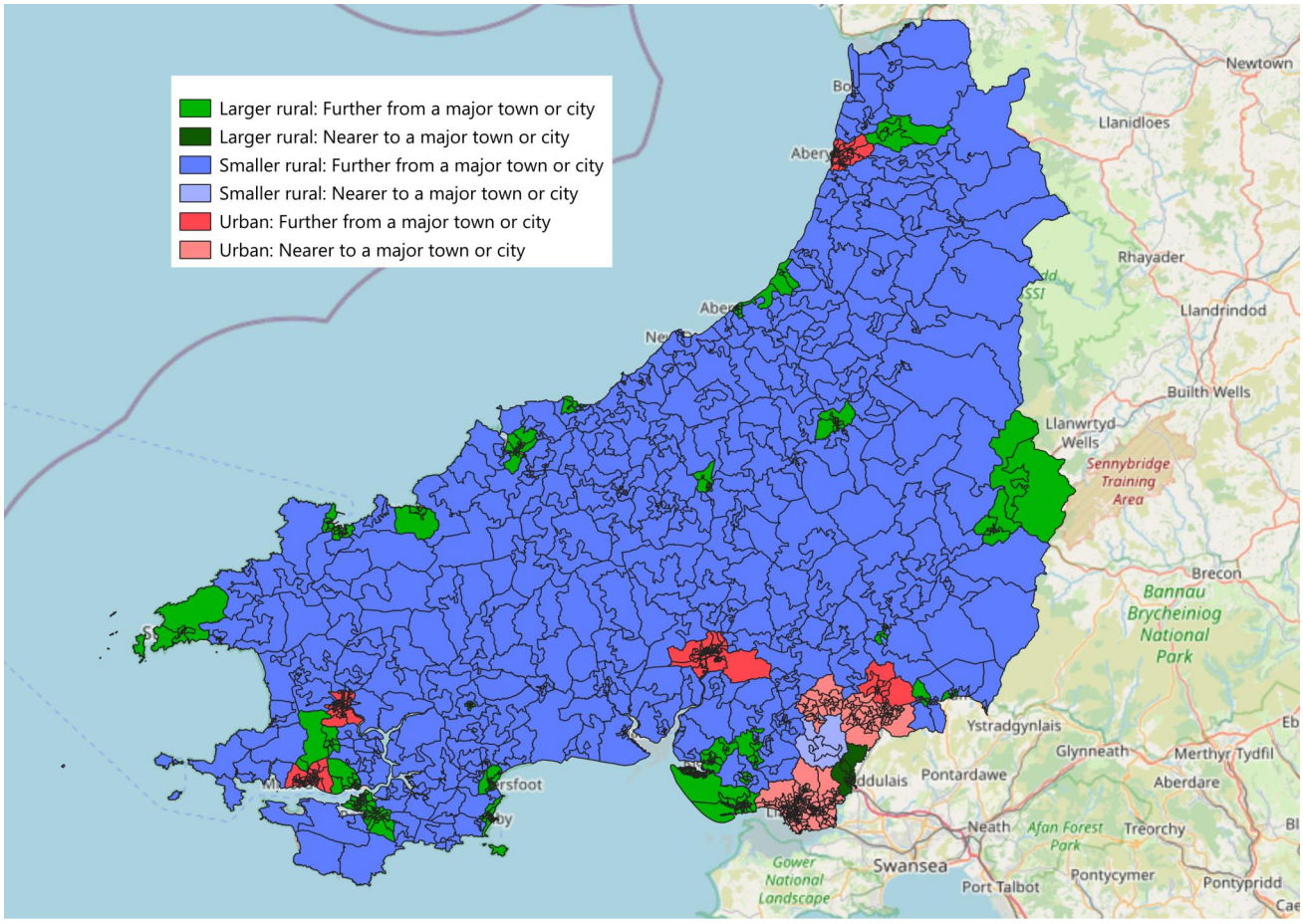
Latest population estimates (mid-2024, Office for National Statistics) for the Hywel Dda UHB area put the total population at 389,160. This represents a small increase (0.3%) over 2023 and a 2% increase in the period 2014-2024. Carmarthenshire has experienced the largest population growth in the period 2014-2024 of 3.5%, Pembrokeshire has grown by 3.0% and the overall population in Ceredigion has decreased by 3.5%.

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 'Smaller rural: Further from a major town or city'. 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 Carmarthen 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 'Urban: Nearer to a major town or city'. 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.[1]



49% of the Hywel Dda UHB population live in Carmarthenshire (190,800) with 32.3% (125,761) living in Pembrokeshire and 18.7% (72,599) 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 4.2% in Pembrokeshire and 4.3% 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).

[1] Office for National Statistics (ONS) Rural Urban Classification

Figure 2.2.2 Population Profile, Hywel Dda UHB

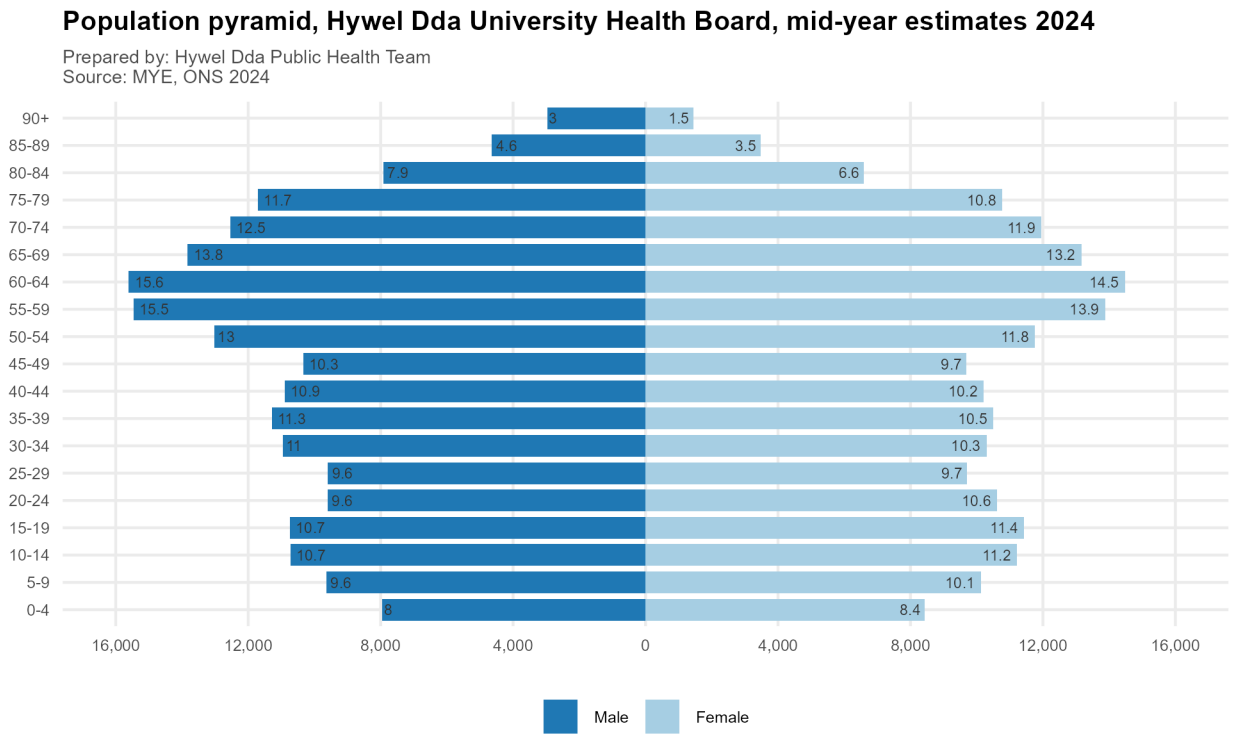


Figure 2.2.3. Population Profile, Carmarthenshire

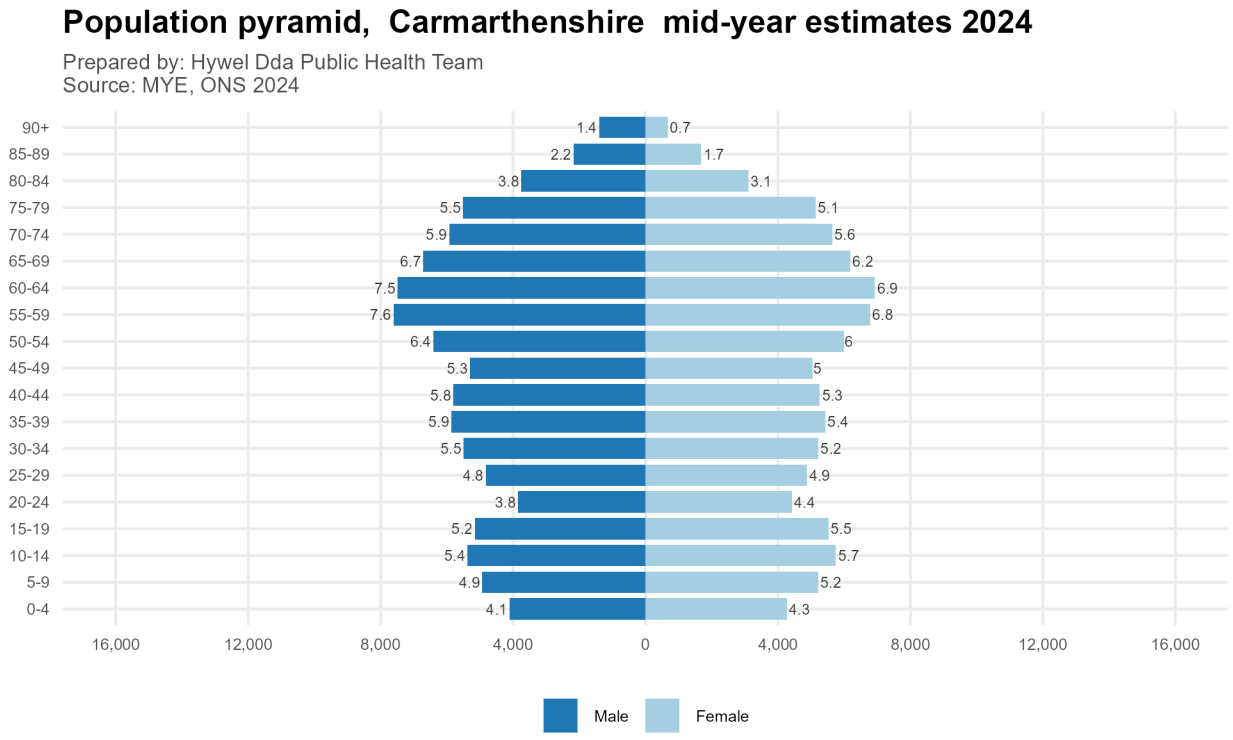


Figure 2.2.4 Population Profile, Ceredigion

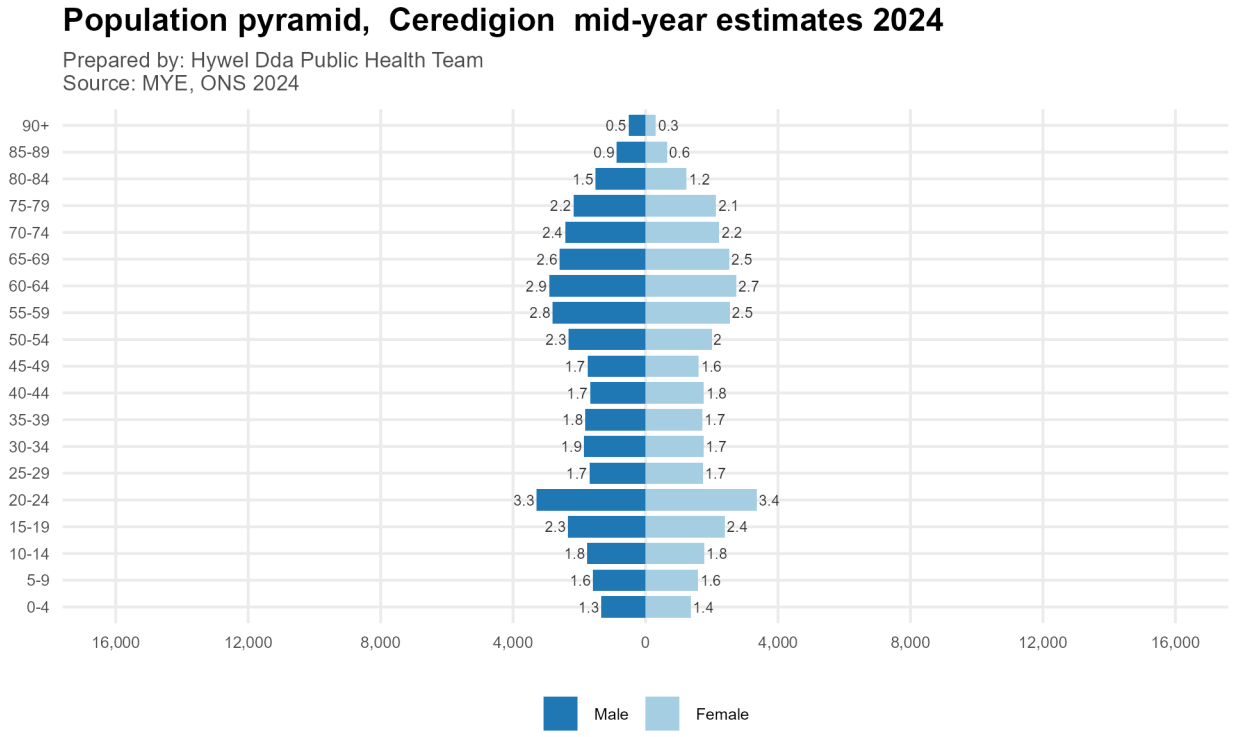
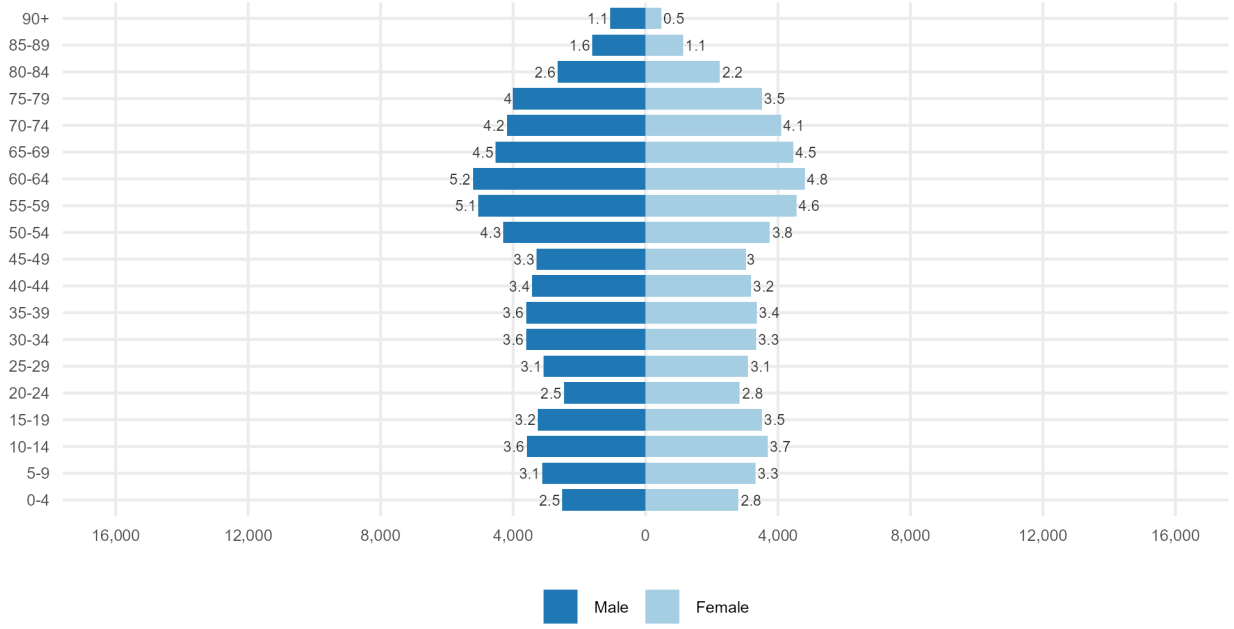


Figure 2.2.5 Population Profile, Pembrokeshire

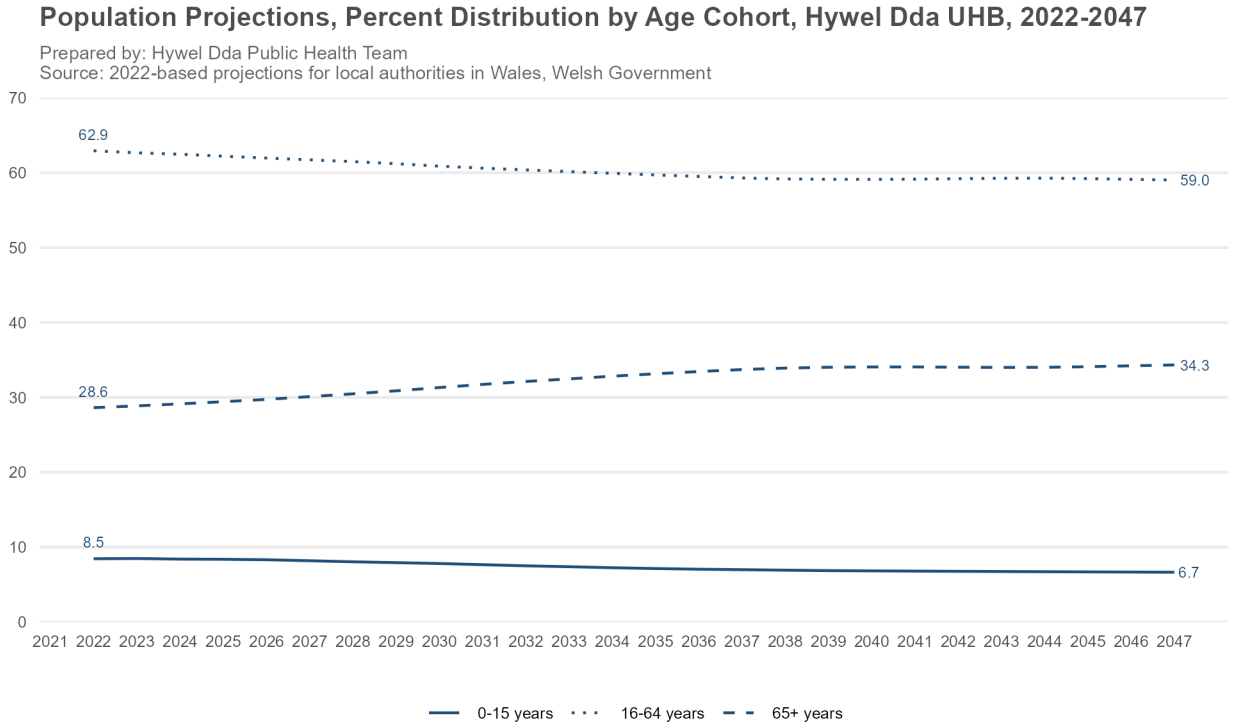


The overall age structure of the population shows no growth in terms of births and deaths. In the year 2024 there were a total of 2,928 births in Hywel Dda UHB and 4,887 deaths, therefore, there was a natural decrease in the population of 1,959. Both Carmarthenshire and Pembrokeshire saw a population growth as a result of internal migration (7,946 and 5,114,

respectively). All counties experienced population growth due to inward international migration during this period with the largest net growth in Ceredigion.[2]
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 (26% to be exact) of the population of Hywel Dda UHB with 27% in Pembrokeshire, 26.4% in Ceredigion and 25.1% in Carmarthenshire. The slightly higher proportion in Pembrokeshire reflects the desirability of Pembrokeshire as a retirement destination.

Projections suggest that by 2047, 34.3% 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 216.5%. 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, 2022 - 2047



2.3 Ethnicity

The greatest percentage of the population in Hywel Dda UHB (97.8%) are White British or Irish. The White British or Irish population in Hywel Dda UHB is 378,200. Black, Asian and Minority Ethnic (BAME) groups represent 2.2% (8,500) of the total Hywel Dda UHB

[2] StatsWales, 2022-based population projection components of change by local authority and year | StatsWales

population. The highest proportion of BAME groups live in Pembrokeshire (3%) compared to 1.7% in Ceredigion and 1.9% in Carmarthenshire.

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 2021 census with over one fifth (26.9%, 828,500) 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 (0.7%, 20,862), followed by Arabic (0.3%, 8,515).[3]

Carmarthenshire:

The 2021 Census highlighted:

- The number of people aged 3 years and above able to speak Welsh in Carmarthenshire in was 85,100. This equated to 46.4% of the population aged years and over
- Between 2011 and 2021 the proportion of people able to speak Welsh in Carmarthenshire increased from 43.9% to 46.4%
- 46.5% (85,287) of the people in Carmarthenshire had no Welsh language skills in 2021.[3]

Ceredigion:

The 2021 Census highlighted:

- The number of people aged 3 years and above able to speak Welsh in Ceredigion in 2021 was 39,200. This equates to 51.9% of the population aged 3 years and over
- Between 2011 and 2021 the proportion of people able to speak Welsh in Ceredigion increased from 47.4% to 51.9%
- 40.3% (30,475) of the people in Ceredigion had no Welsh language skills in 2021.[3]

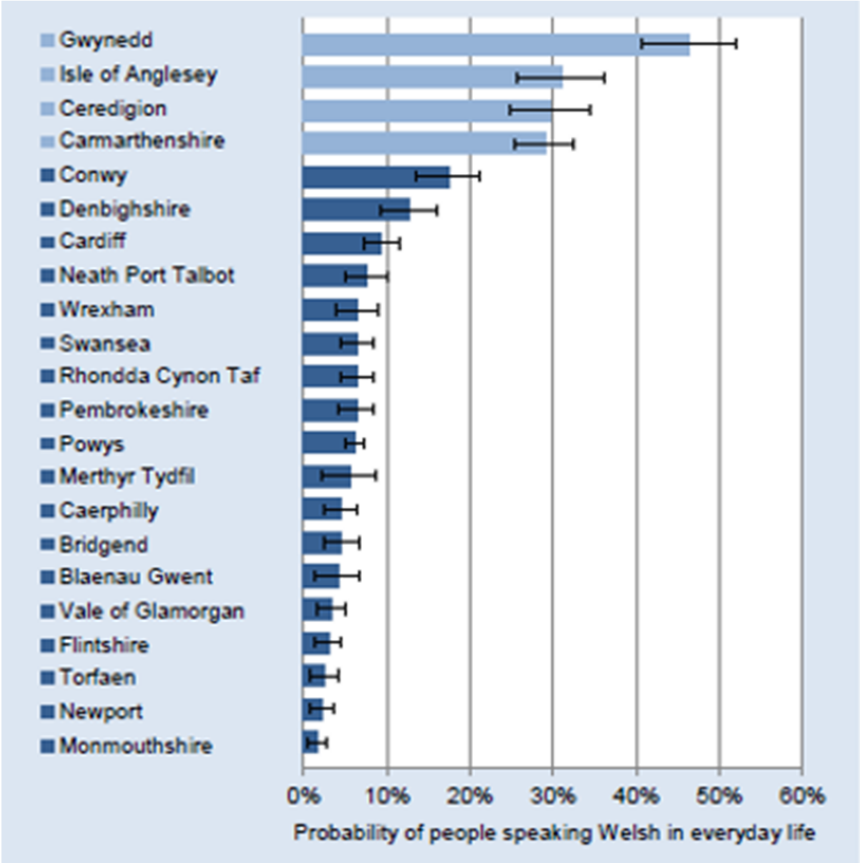
Pembrokeshire:

The 2021 Census highlighted:

- The number of people aged 3 years and above able to speak Welsh in Pembrokeshire in 2021 was 25,500. This equates to 20.7% of the population aged 3 years and over
- Between 2011 and 2021 the proportion of people able to speak Welsh in Pembrokeshire increased from 19.3% to 20.7%
- 73.0% (89,901) of the people in Pembrokeshire had no Welsh language skills in 2021.[3]

The Annual Population Survey (year ending 30th September 2025), reported that 26.9% of people in Wales aged 3 years and over, were able to speak Welsh. This figure equates to 828,500 people. This is 0.8% lower than the previous year (year ending 30th September 2024), equating to 23,200 fewer people.

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.

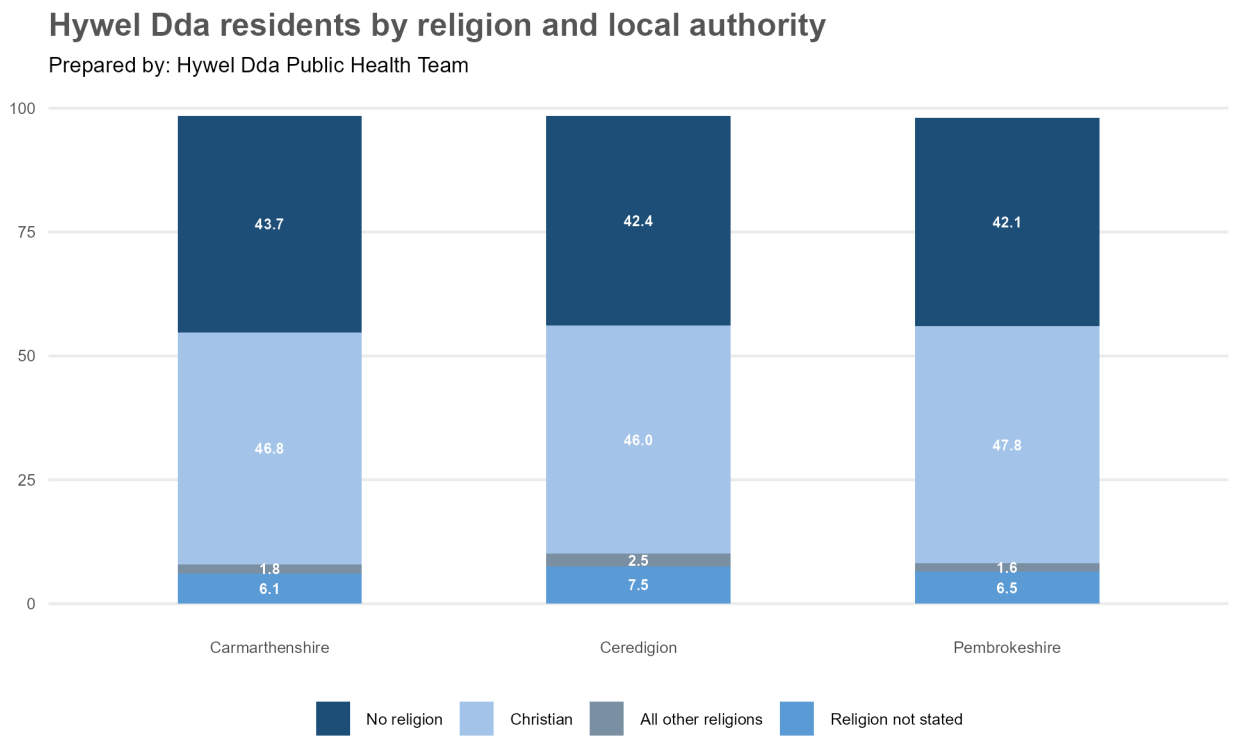
2.5 Religion

49% of Hywel Dda UHB is made up of residents who stated that they followed 1 of the 6 main religions with around 43.7% 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 2011 census. In all 3 counties, the number of individuals who see themselves as Christians has decreased by over 10% in the 2021 census, whilst the numbers for all other religions, including having no religion at all has increased.

[9] 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

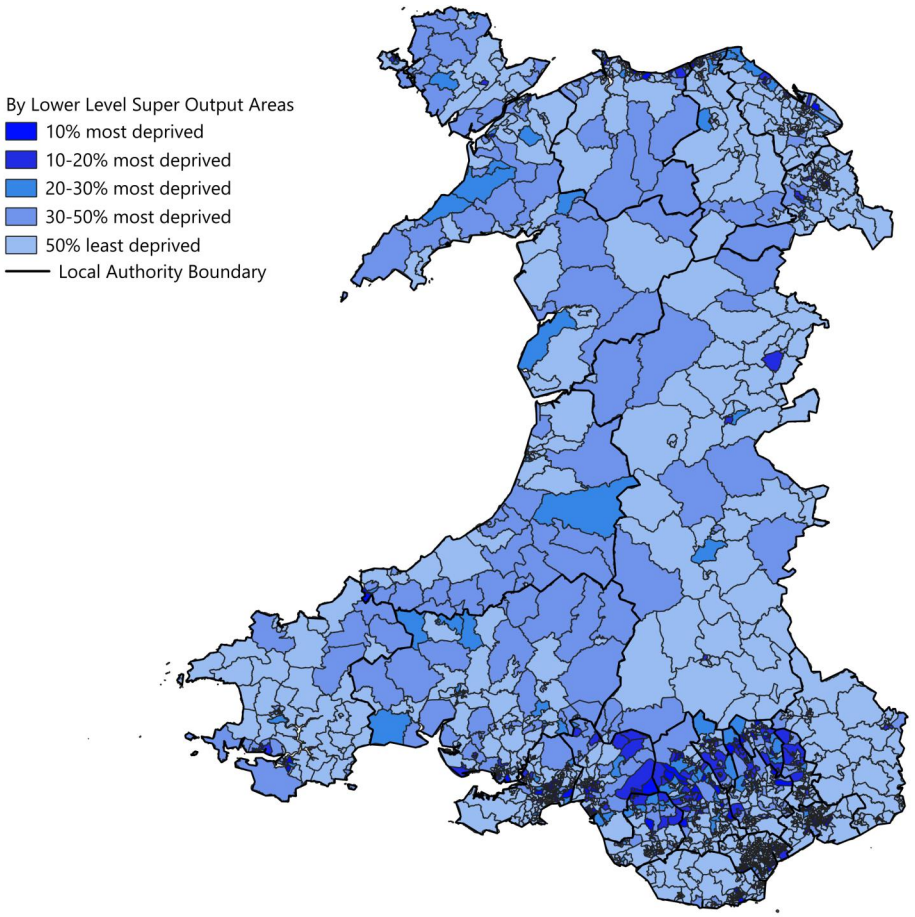
Figure 2.5.1 Hywel Dda UHB residents by religion and local authority



2.6 Welsh Index of Multiple Deprivation

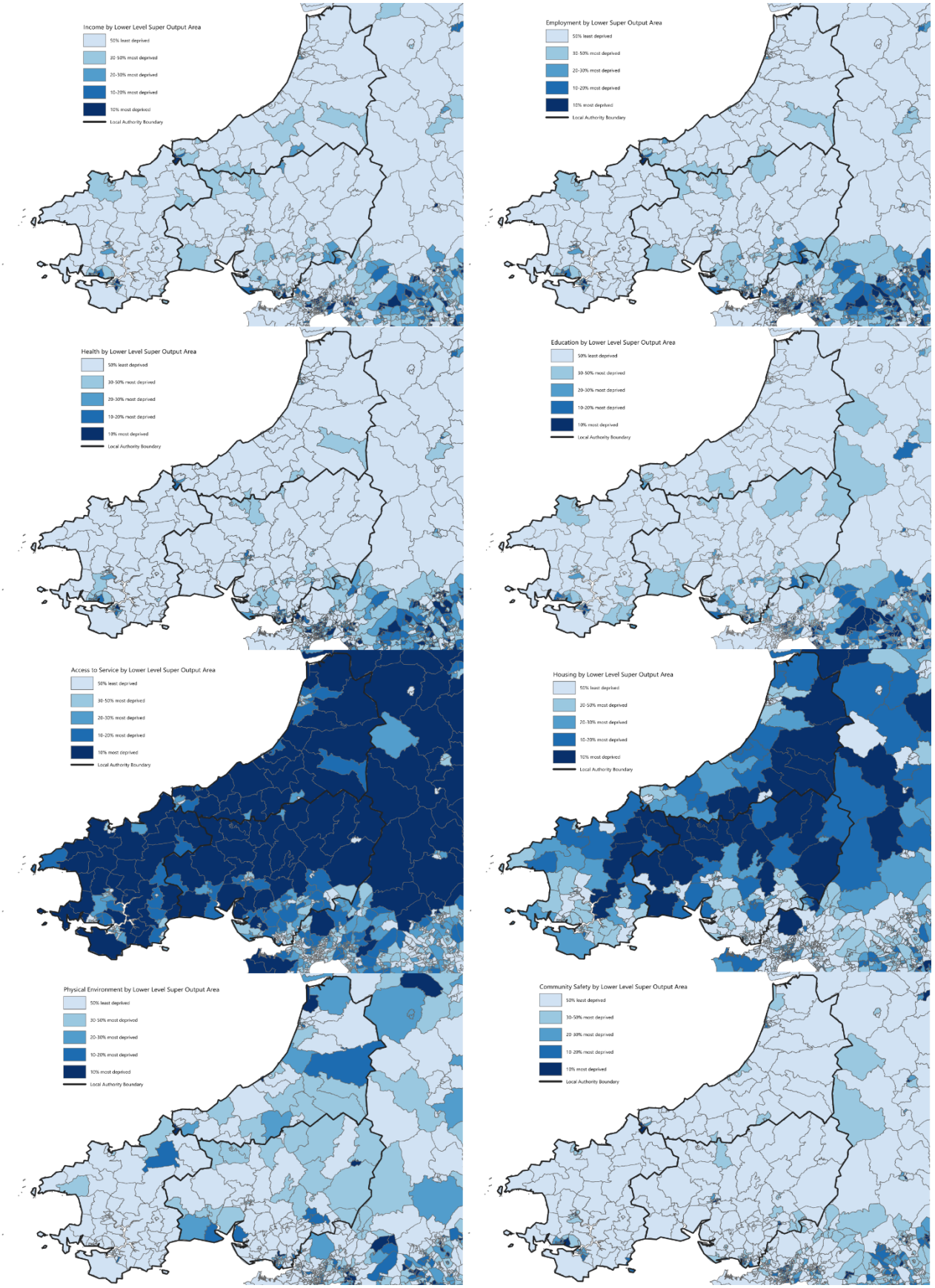
Deprivation is the lack of access to opportunities and resources, which we might expect in our society. This can be in terms of material goods or the ability of an individual to participate in the normal social life of the community. The Welsh Index of Multiple Deprivation (WIMD) is the official measure 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), 2025



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 3.7% of the population of Carmarthenshire. In Pembrokeshire, Llanion 1, Garth 2, Monkton and Hubberston 2 are in the most deprived 10% of LSOAs in Wales. This accounts for 4.8% of the population of Pembrokeshire. In Ceredigion, Cardigan – Teifi (which accounts for 1.7% of the population) is the only community in the most deprived 10%.

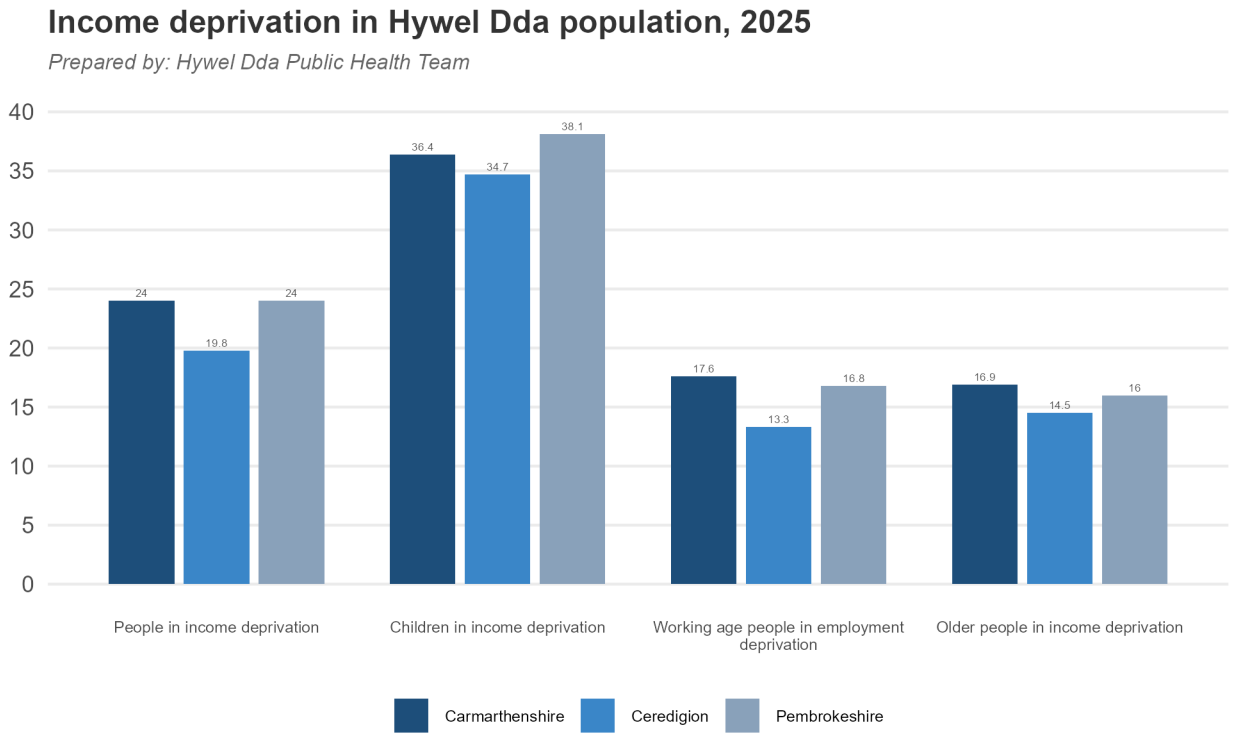
Figure 2.6.2. WIMD Domains for Hywel Dda UHB



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 Southeast Carmarthenshire. Figure 2.6.3 below shows income deprivation by age group and employment deprivation.

Figure 2.6.3 Income deprivation

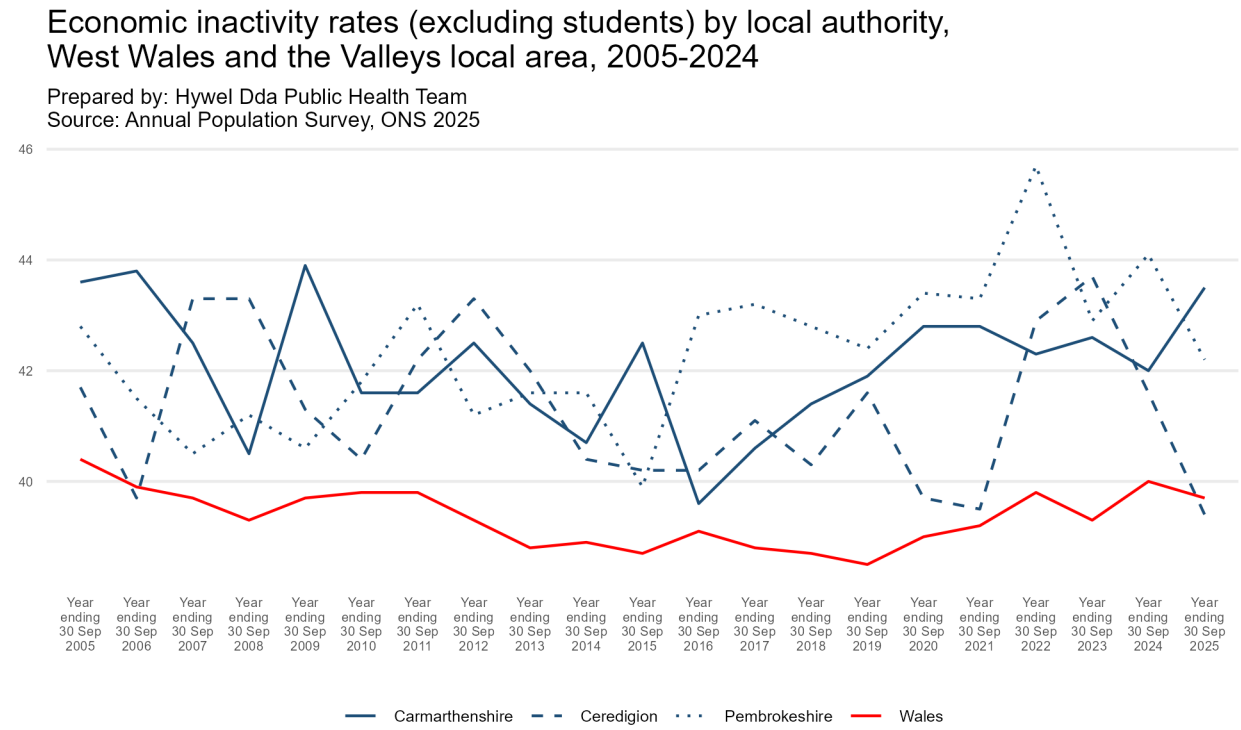


Employment

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 Southeast Carmarthenshire and parts of Pembrokeshire.

Since 2012-13 overall economic inactivity rates have declined across Hywel Dda (see Figure 2.6.4, below).

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 exist 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 4, Tyisha 2 and 3, Bigyn 4 and Llwynhendy 3 in Carmarthenshire and Pembroke Dock: Llanion 1 and Haverfordwest: Garth 2 have poorer health outcomes than the rest of Hywel Dda UHB. All these LSOAs are in the top 10% of deprived LSOAs in Hywel Dda UHB, Ceredigion has no LSOAs in the top 10%. There are 14 LSOAs in the most deprived 10-20%, these are Cardigan Teifi in Ceredigion, Milford: East, Pembroke Dock: Central and Pembroke: Monkton

in Pembrokeshire, Ammanford 1, Carmarthen Town North 1, Carmarthen Town North 2, Dafen 2, Felinfoel, Glanymor 2, Kidwelly 1, Lliedi 3, Llwynhendy 2 and Trimsaran 1 in Carmarthenshire.

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

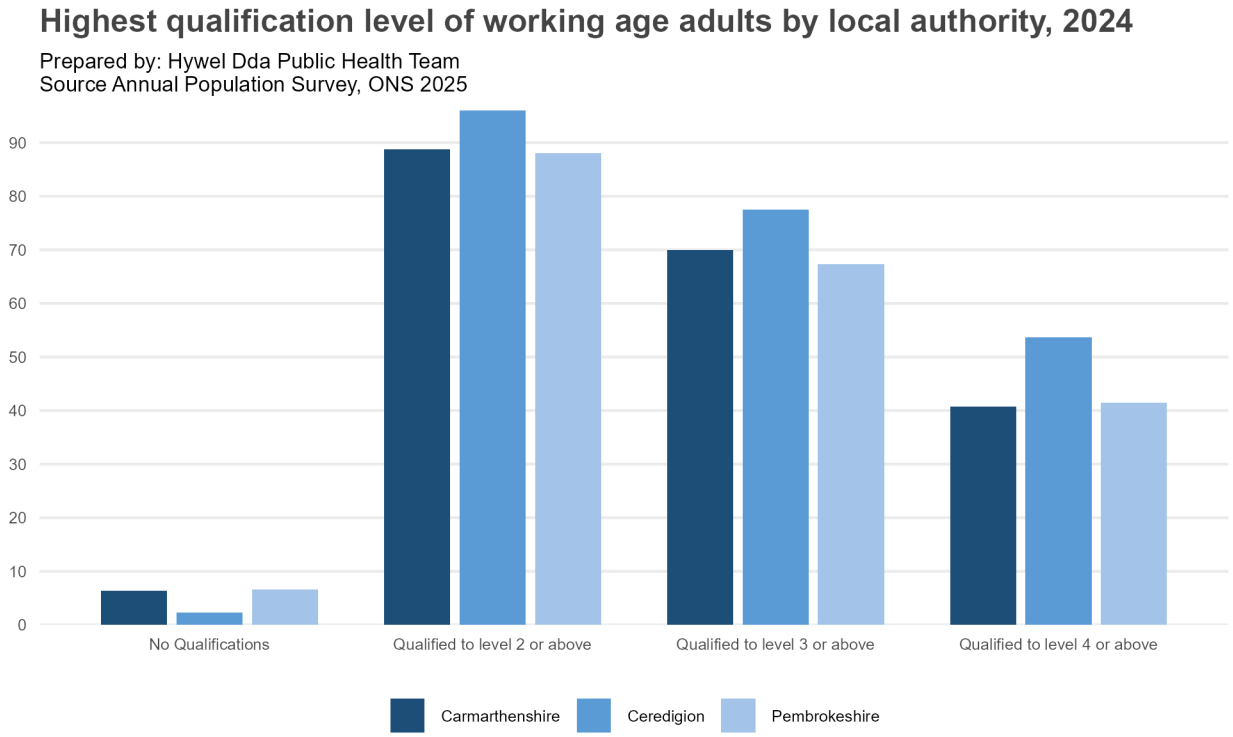
Education

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).

Figure 2.6.5 Qualifications



Access to Services

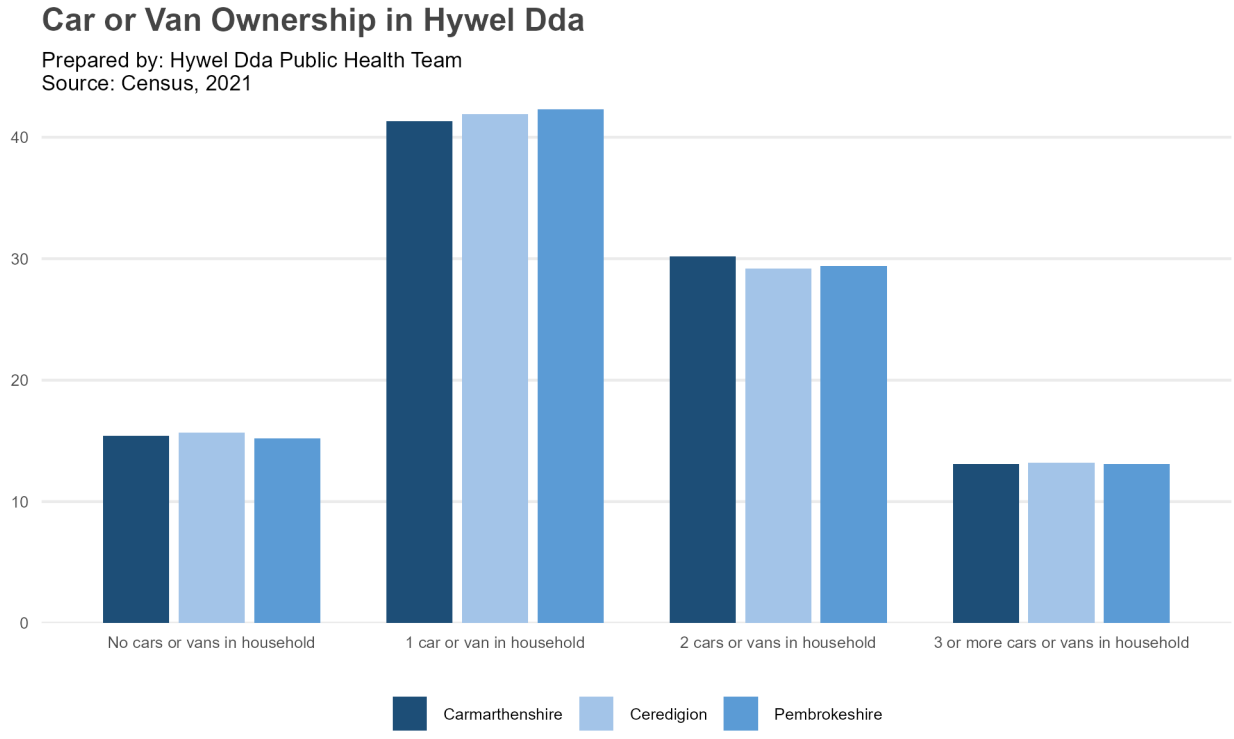
The purpose of the access to services domain is to capture deprivation as a result of a household's inability to access a range of services considered necessary for day-to-day living, both physically and online.

The indicators are:

- Average of public and private travel times to food shops
- Average of public and private travel times to GP practices
- 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, 69 LSOAs are in the most deprived 10% for Wales with 7 communities ranking in the top 10. Llanegwad 2 in Carmarthenshire is ranked as the most deprived in Wales, for this domain. Data from the 2021 Census highlights availability of a car(s) or van(s) in the Hywel Dda UHB population. Approximately 15.3% of the population of Hywel Dda UHB do not have access to a car or van.

Figure 2.6.6



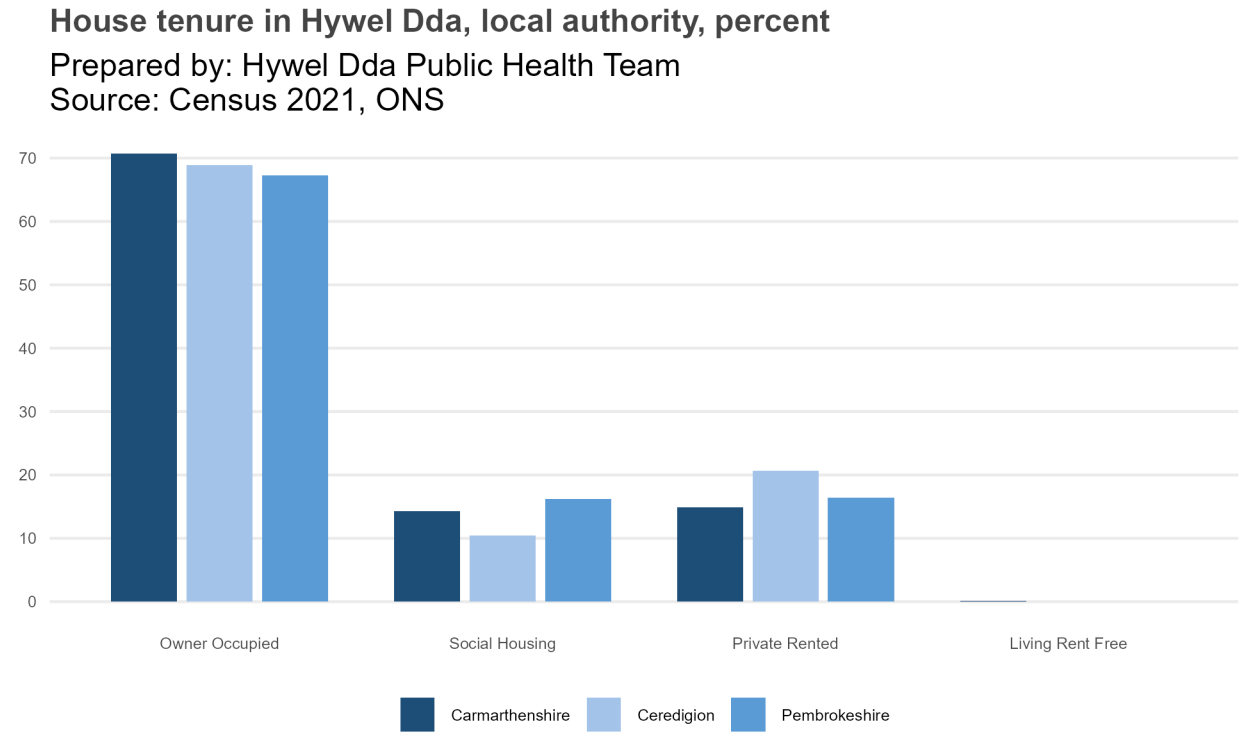
Housing and Households:

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 27 communities that are in the most deprived 10% for this domain, which accounts for 11.3% 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). 2.6% of households in Ceredigion have no central heating compared to just over 1% in Carmarthenshire and 1.7% in Pembrokeshire. OBJ

The average household size for each county is on par with the Welsh average (2.25). Compared to 2001 Census data average household size has not significantly changed for the counties (Carmarthenshire 2.26, Ceredigion 2.18 and Pembrokeshire 2.17).[3]

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 (NO2)
- Population weighted average concentration values of Particulates < 10 µm (PM10)
- Population weighted average concentration values of Particulates < 2.5 µm (PM2.5)
- 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.

In Hywel Dda UHB there are 8 LSOAs that are in the 10% most deprived for Wales. These include (in rank order) Lliedi 1, Aberystwyth Central, Llandovery 2, Elli 2, Cardigan Teifi, Felinfoel, Borth and Aberaeron.

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 6.2% 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.

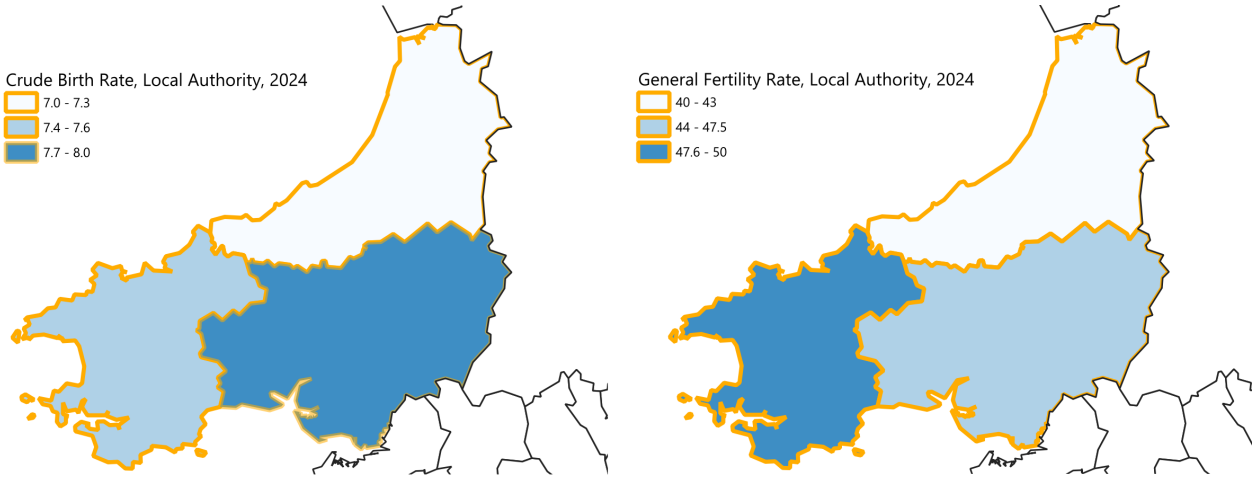
[3] Household estimates: mid-2024 [HTML] | GOV.WALES

2.7

Births

The overall birth rate in Hywel Dda UHB has dropped according to 2024 statistics it is now a crude birth rate of 7.5 per 1,000 population and is below the Welsh average of 8.3 per 1,000 population which has also declined. Figure 2.7.1 below provides an overview of live births by county - Carmarthenshire has the highest birth rate overall.

Figure 2.7.1 Overview of births in Hywel Dda UHB



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 2024, the general fertility rate for Hywel Dda was 45.6 per 1,000 women of childbearing age and was below the Welsh Average of 47.1 per 1,000 women of child-bearing age. In Hywel Dda UHB, GFR is highest in Pembrokeshire.

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 2024, the highest numbers of LBW are in Carmarthenshire (84) followed by Pembrokeshire (52) and lastly Ceredigion (32).

The number of conceptions under the age of 18 years decreased between 2008 to 2022 from a rate of 33.2 per 1,000 female residents aged 15 to 17 to 15.1. Pembrokeshire has the highest under 18 conception rate (18/1,000 females aged 15 to 17 years) followed by Carmarthenshire (13.9) and Ceredigion (13.5).[4]

[4] Births in England and Wales: birth registrations - Office for National Statistics

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 ONS[5], life expectancy in Wales, together with other countries, has been stalling and is a marked change to the steady increase in life expectancy seen since the end of the Second World War. Some of the key findings include:

- Male healthy life expectancy has declined since 2011-2013 from 61.3 to 59.2 years in 2022-24. Female healthy life expectancy has declined more from 61.9 in 2011-2013 to 58.5 in 2022-24.
- The all-cause mortality rate for Wales has changed erratically between 2015 and 2024, however it is at its lowest rate in 2024 of 1016.5.
- The difference in healthy life expectancy between deprivation quintiles remains high at roughly 7 years between the most deprived and least deprived.

The table below provides an overview of life expectancy and healthy life expectancy for the counties in Hywel Dda UHB using 2024 data.

	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	79.7	63.3	79.4	83.3	63.2	75.9
Pembrokeshire	78.8	61.6	78.2	83.1	61.5	74.0
Carmarthenshire	78.7	57.7	73.3	81.9	56.2	68.6

The life expectancy deprivation gap remained in the same area for both males and females from a difference of just over 6 years in 2015-17 to a difference of just under 7 years in 2022-

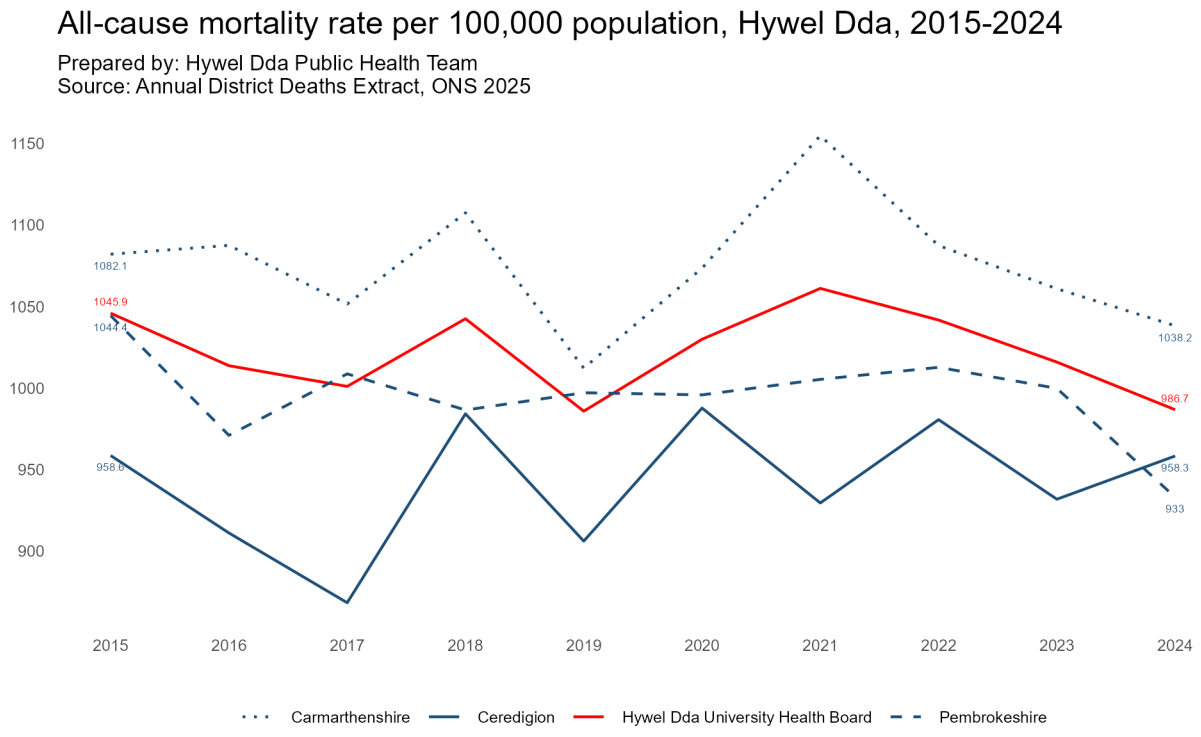
[5] Healthy life expectancy, UK - Office for National Statistics

2024. The pattern is similar for males with the difference in life expectancy between the most and least deprived fifth being approximately 7.5 years in 2015-17 to just under 8 years in 2022-2024.

2.9 Deaths

Since the mid-20th 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 hit a low of 985.8 in 2019, the rate then climbed over the next couple of years but has since declined again to a rate of 986.7 deaths per 100,000 population.

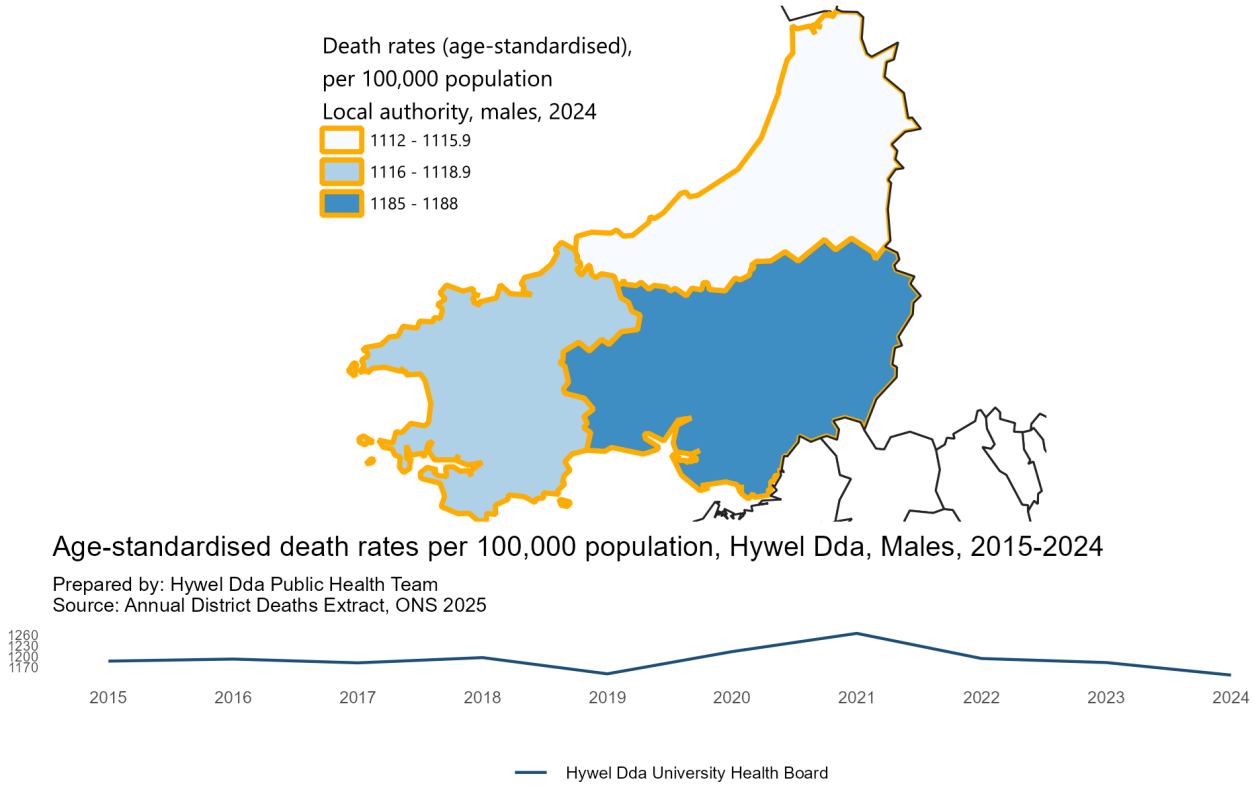
Figure 2.9.1 All-cause mortality rate per 100,000 population



In 2024, the age-standardised all-cause mortality rate in Hywel Dda UHB was 986.7 per 100,000 population.

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. Preventable deaths declined in the period 2009-11 to 2012-14 (see Figure 2.9.3 below), the rate remained steady until 2017 to 2019 at which point the rates increased quite drastically before beginning to decline again until 2022 to 2024 where it sits at 178 deaths per 100,000 population.

Figure 2.9.2 Age-standardised mortality rates for males and females



1991

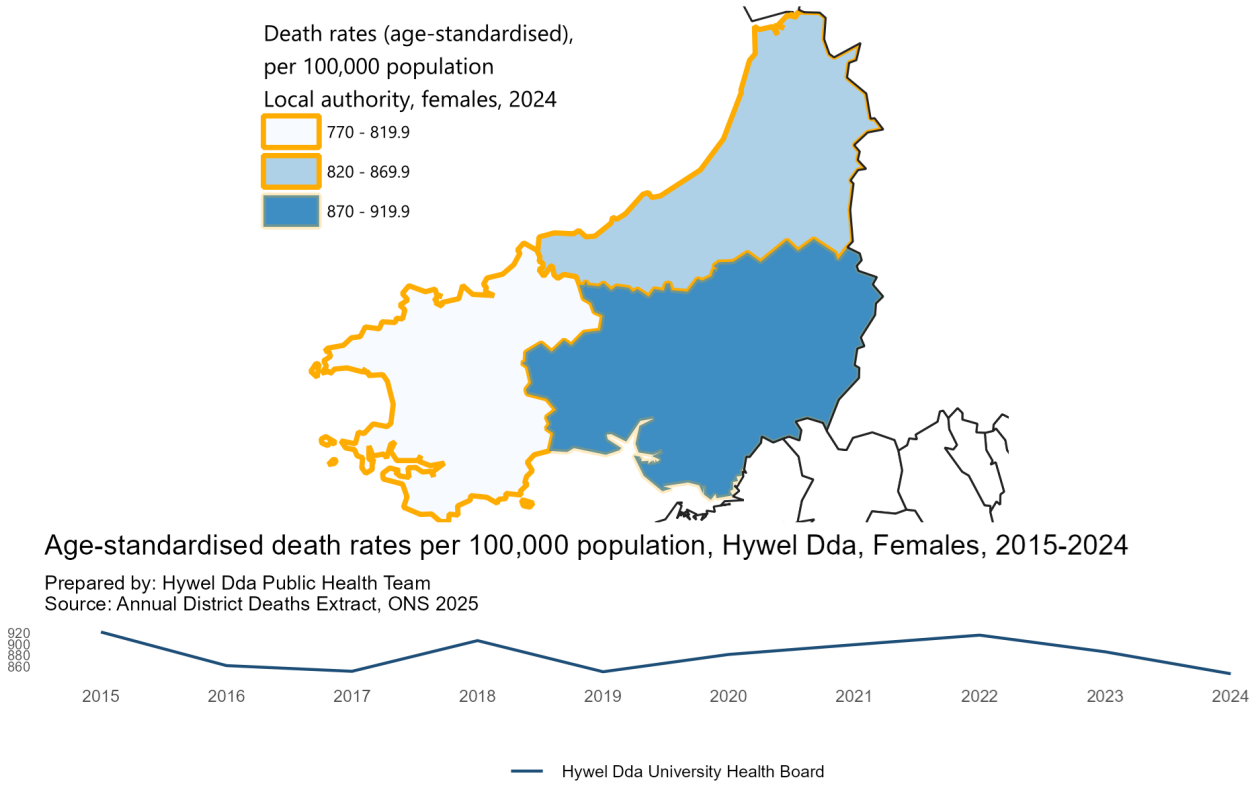


Figure 2.9.4 provides an overview of preventable deaths by cause for the period 2009-11 to 2022-24. During this period, there has been a decline in preventable neoplasm deaths (80 per 100,000 population in 2009-11 to 70 per 100,000 population in 2015-17). Preventable

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

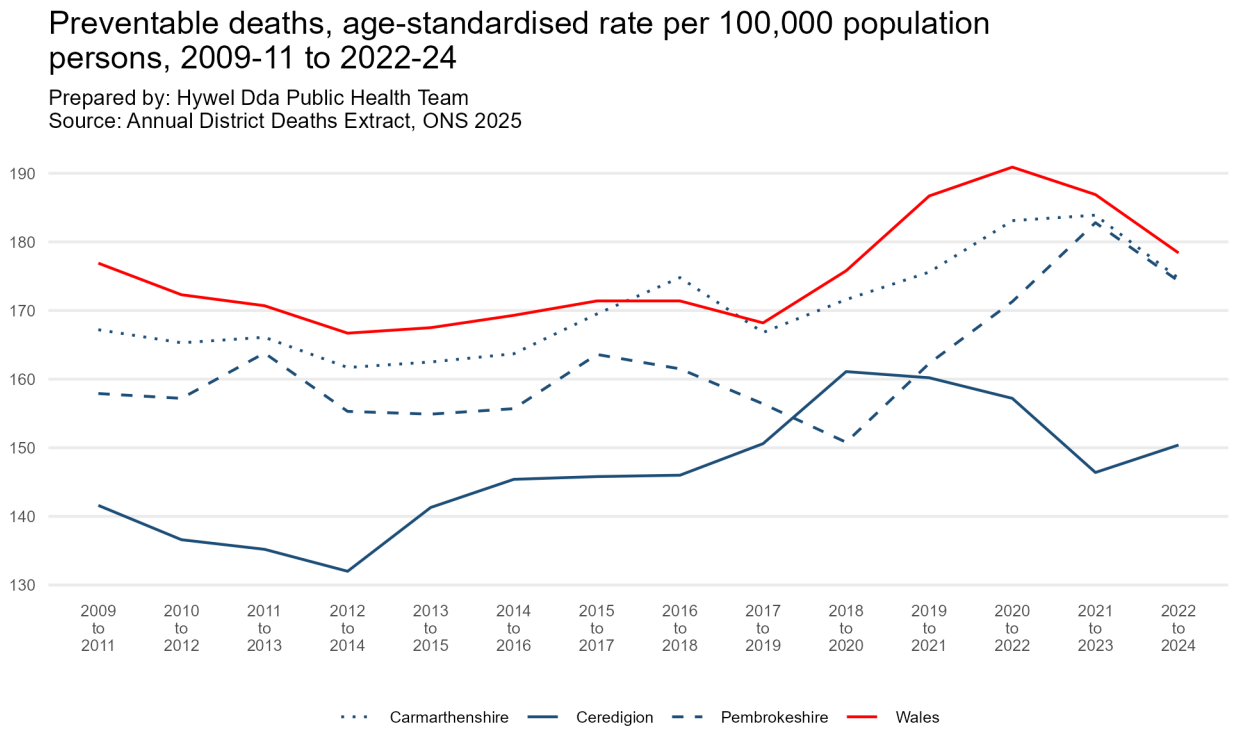
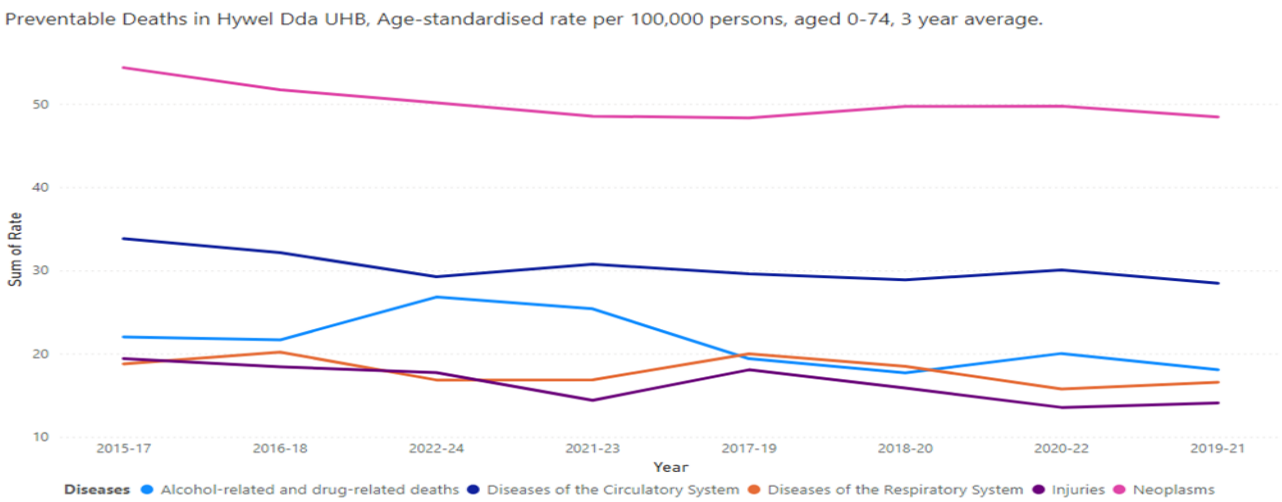


Figure 2.9.4 Preventable death by cause



Source: DHCW using Annual District Deaths Extract: ONS

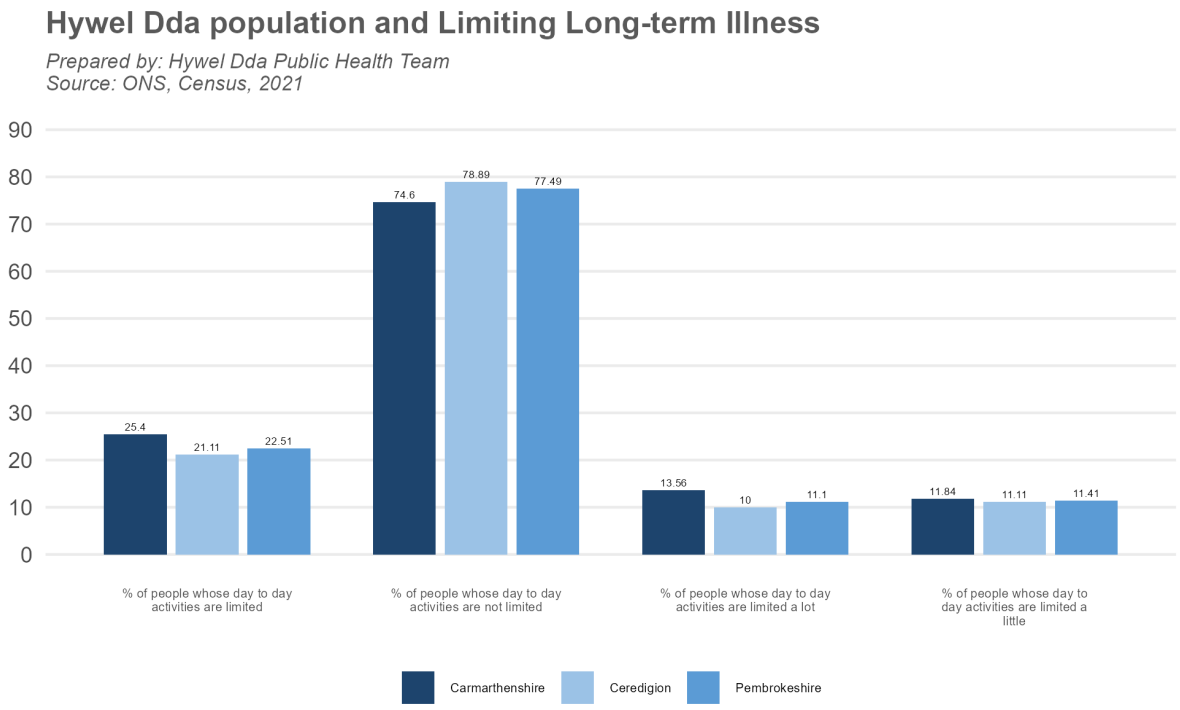
2.10 People with Disabilities

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, 31/03/22[6]:

- Carmarthenshire – 4,277
- Ceredigion – 1,102
- Pembrokeshire – 2,754

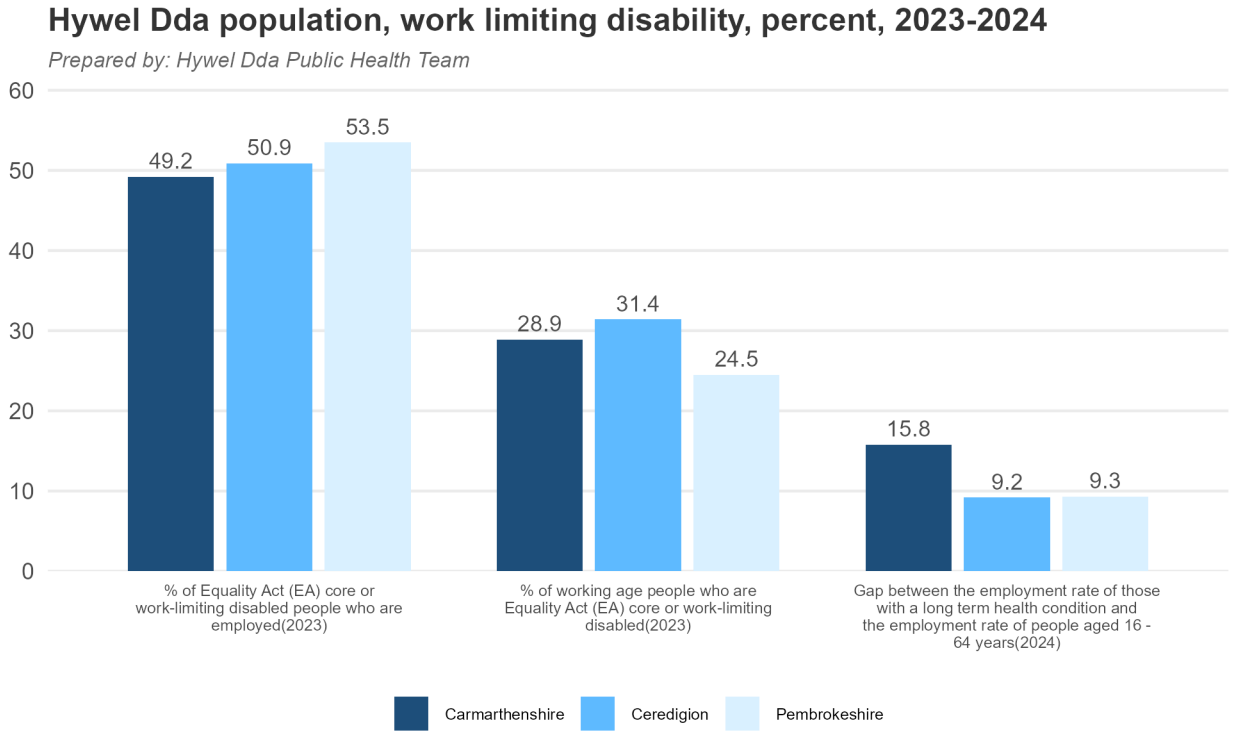
Figure 2.10.1 Limiting Long-term illness



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 2021 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).

[6] Table | Adults with physical or sensory disabilities, up to March 2022 (No longer updated) | Adults with disabilities | Social care for adults and older people | Health and social care | Data | Home - InfoBaseCymru

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 2019 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.

The main points from the analysis are[7][8]:

- In 2019, 94.4% of people in Wales aged 16 and over identified as heterosexual/straight. This compares to 1.9% who identified as gay/lesbian, 1.0% who identified as bisexual, and 1.0% 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 (LGBTQ+) has steadily increased from 1.6% in 2014 to 2.9% in 2019.

[7] 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

[8] Sexual orientation: 2019 | GOV.WALES

- Of those people in Wales who identified as gay/lesbian/bisexual, over two thirds (71.2%) were between 16 and 44 years of age. This compares with under half (42.8%) of the overall population.
- Around twice as many males as females identified as gay/lesbian whilst just over 65% of people who identified as bisexual were females.
- People who identified as LGBTQ+ were more likely to be single than married or in a civil partnership.
- Of those people who identified as LGBTQ+, 59.5% lived in South-East Wales (compared with 48.3% of the overall population). Whereas 14.0% lived in North Wales (compared with 29.3% of the population).
- 75.5% of people identifying as LGBTQ+ live in a large town as opposed to a small town or village (compared with 67.8% of the population).

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

Table 2.11.1 Sexual Identity

Sexual identity by Hywel Dda University Health Board			
Heterosexual	283,603	All Other Sexual Orientations	970
Gay/Lesbian	3,879	Did Not Answer	26,806
Bisexual	4,167		

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.

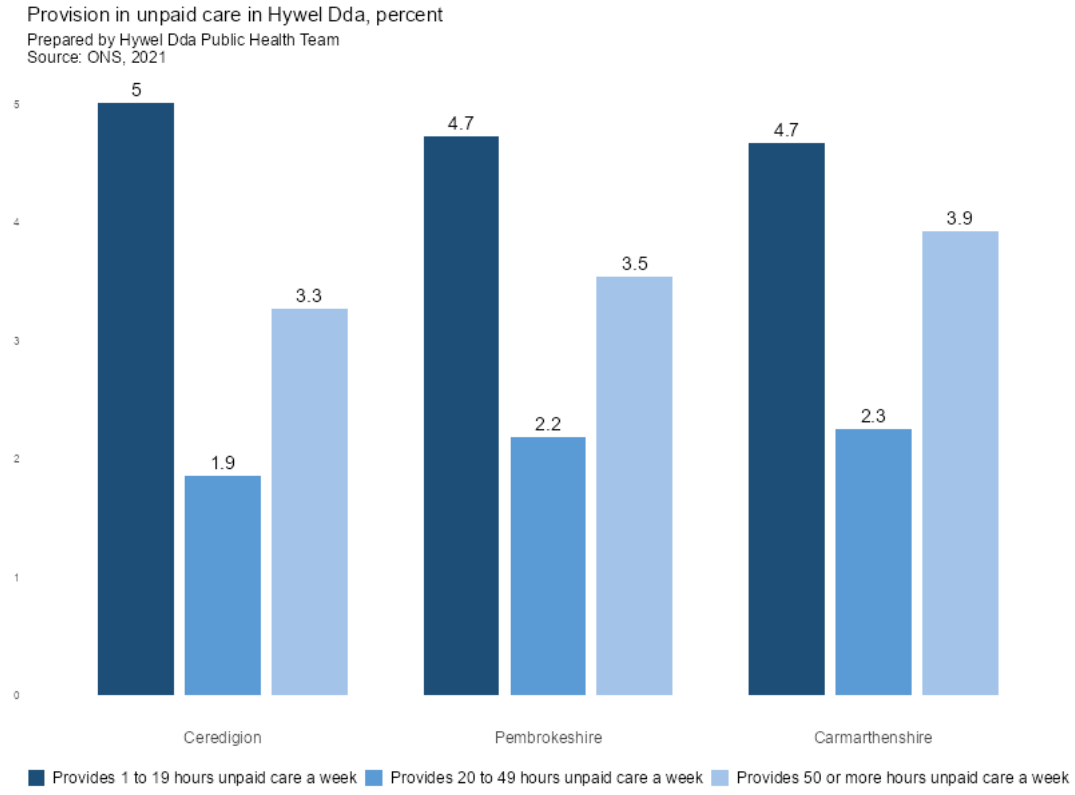
Research by the University of Sheffield has estimated that the financial value of care in Wales amounts to around £10.6 billion per year – a value that exceeds direct health services funding in Wales by more than 25%. [9]

There are more than 40,522 unpaid carers representing from 10.2% to 10.9% of residents in each of the local authorities in Hywel Dda UHB (ONS, Census 2021)10. 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

[9] Poverty and financial hardship of unpaid carers in Wales
[10] Unpaid care by age, sex and deprivation, England and Wales - Office for National Statistics

followed by 50+ hours of unpaid care. The least amount of unpaid care in all three counties was between 20–49 hours.

Figure 2.12.1 Unpaid care in Hywel Dda UHB



Looking at previous census data (2011) and comparing actual numbers of individuals who provide unpaid care with the 2021 census data, not surprisingly numbers have increased for each county but numbers for 1-19 hours of care have dropped across all 3 counties, 20-49 and 50+ hours have both increased, however.

Total number of people who provide unpaid care by County and number of hours of care provided									
Hours of Care provided per week	Carmarthenshire			Ceredigion			Pembrokeshire		
	2001	2011	2021	2001	2011	2021	2001	2011	2021
1-19 Hours	12,861	13,390	8,778	4,593	5,234	3,582	8,432	9,006	5,828
20-49 Hours	2,729	3,485	4,231	877	1,144	1,326	1,667	2,128	2,693
50+ Hours	6,250	7,114	7,377	1,981	2,225	2,338	3,484	4,061	4,369

2.13 Traveller and Gypsy Communities

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

- Romany Gypsies
- Roma
- New Travellers
- Bargees or Boat Dwellers
- Scottish Travellers
- Welsh Travellers (Kale)
- Irish Travellers
- 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 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.[11] [12] [13] [14]

In 2015 the Welsh Government developed guidance to support local authorities manage gypsy traveller 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.[15]

In January 2025 there were 1,320 Gypsy and Traveller caravans and 177 sites reported in Wales, this highlighted an increase of 9% (104 caravans) of Gypsy and Traveller caravans and 12% (19 sites) of number of sites (both authorised and

[11] European Commission. Roma Health Report: Health status of the Roma population. Data collection in the member states of the European Union. European Union, 2014.

[12] 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.

[13] 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 Health2013; 58:885–911.

[14] 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. [25] Managing Gypsy and Traveller Sites in Wales, Welsh Government 2015

[15] Managing Gypsy and Traveller Sites in Wales, Welsh Government 2015

unauthorised). Of the total number of caravans, 87% (1,147 caravans) were on authorised sites, of which 60% (692 caravans) were on Local Authority sites and 40% (455 caravans) were on private sites. [16]

Number of Gypsy and Traveller caravans in Wales on 16 January 2025

	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[1]	Private	Tolerated	Not Tolerated	Tolerated	Not Tolerated	All Caravans
Carmarthenshire	19	61	0	0	0	0	80
Ceredigion	0	0	0	0	3	0	3
Pembrokeshire	112	59	1	1	2	3	178
Wales	692	455	27	53	53	40	1,320

Number of pitches[1] on Gypsy and Traveller sites provided by local authorities[2] 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	80	3	0	0	83
Wales	454	16	0	2	472

Source: Gypsy and Traveller Caravan Count, Welsh Government

[1] 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's 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

[16] Gypsy and Traveller caravan count: January 2025 (official statistics in development) [HTML] | GOV.WALES

- Infections disease
- Support following release

2.15 Homelessness 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 2023-2025.

Local Authority	**Estimated number of people sleeping rough over a two-week period**		
	2023	**2024**	**2025**
Carmarthenshire	5	4	3
Ceredigion	8	17	21
Pembrokeshire	10	8	16
Wales	169	173	157
Source: Annual rough sleeper counts and estimates returns from local authorities[17]			

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

[17] Homelessness accommodation provision and rough sleeping: October 2025 [HTML] | GOV.WALES

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 March 2025, there were 6,285 households placed in temporary accommodation across Wales.

Homeless Households in Temporary accommodation at 31 March 2025 (a)

	Number of households in temporary accommodation at 31 March 2025	Mid-year 2025 household estimates	Rate per 10,000 households
Carmarthenshire	258	84,633	30.5
Ceredigion	84	31,889	26.3
Pembrokeshire	234	57,873	40.4
Wales	6,285	1,401,715	44.8
(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, 2025 (Section 66)

	Carmarthenshire	Ceredigion	Pembrokeshire	Wales
Households threatened with Homelessness within in 56 days **Number**	243	144	189	7,920
Households threatened with Homelessness within in 56 days -**Rate per 10,000 households**	29	45	34	58

Households successfully prevented from Homelessness – **Number**	168	96	138	4,491
Households successfully prevented from Homelessness – **Percentage (%)**	69	68	73	57
Households successfully prevented from Homelessness **– Rate per 10,000 households**	20	31	24	33
Total Outcomes	1,968	1,245	465	33,609

Households assessed as homeless and owed duty to secure, 2025 (Section 73)

	Carmarthenshire	Ceredigion	Pembrokeshire	Wales
Households assessed as homeless and owed duty to secure - **Number**	1,041	177	408	13,287
Households assessed as homeless and owed duty to secure – **Rate per 10,000 households**	125	56	72	96
Households successfully relieved from Homelessness – **Number**	246	57	102	3,372
Households successfully relieved from Homelessness **– Percentage (%)**	24	33	25	25
Households successfully relieved from Homelessness - **Rate per 10,000 households**	29	18	18	24
Total Outcomes	1,968	465	1,245	33,609

Households eligible for homelessness assistance and in priority need by Area and Measure, 2025 (Section 75)

	Carmarthenshire	Ceredigion	Pembrokeshire	Wales
Households unintentionally homeless and in priority need - **Number**	606	66	336	6,840

Households unintentionally homeless and in priority need - **Rate per 10,000 households**	73	20	60	50
Households positively discharged - **Number**	420	48	213	4,860
Households positively discharged from Homelessness - **Percentage (%)**	69	72	63	71
Households positively discharged from Homelessness - **Rate per 10,000 households**	51	15	38	35
Total Outcomes	1,968	465	1,245	33,609

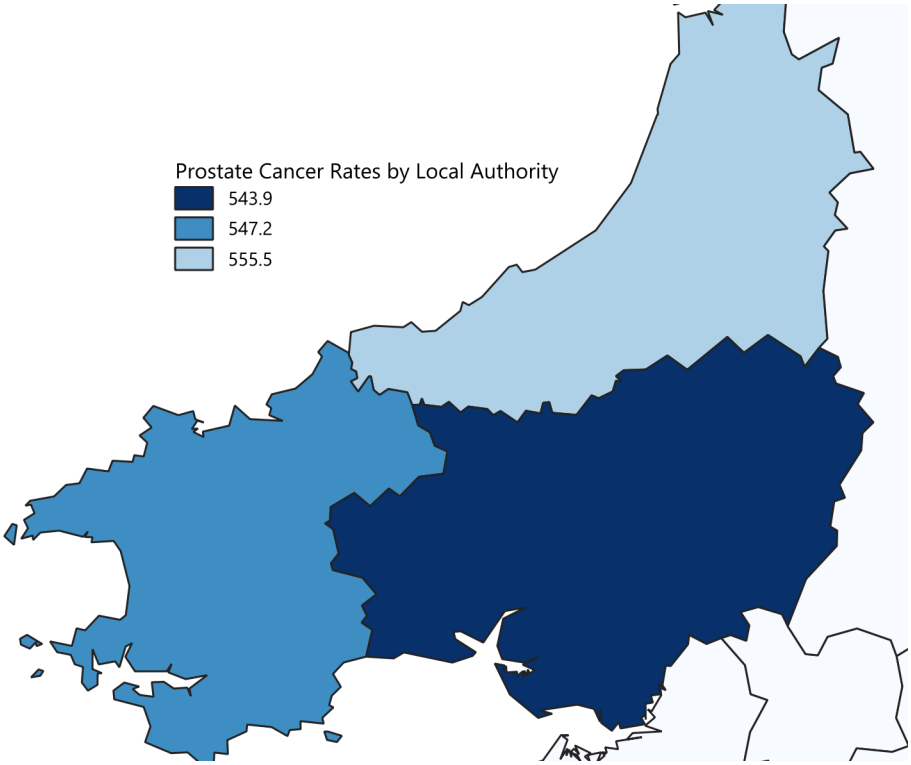
3. General Health Needs of Hywel Dda University Health Board

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. As far as the most common types of cancer are concerned for the 3 year period 2020-22 prostate cancer incidence rates in Hywel Dda UHB for men were significantly higher than all other cancers (EASR 172.9, Count 1,184) followed by colorectal cancer (EASR 82.1, Count 542) and lung cancer (EASR 72.3, Count 404). In the period, 2002-04 to 2012-14 incidence rates for prostate cancer increased (EASR 190.6-218.9), they stabilised for a period of time and in 2017-19 the rates have been declining (EASR 172.9, 2020-22). Incidence rates for other cancers in men have remained stable, also following a similar pattern with a decrease since 2017-19. Likewise, breast cancer rates for women have decreased from an EASR of 165.6 in 2002-04 to 155.2 in 2020-22.[18]

Figure 3.1.1 Cancer Incidence Rates



[18] Cancer Reporting Tool - Official Statistics - Public Health Wales

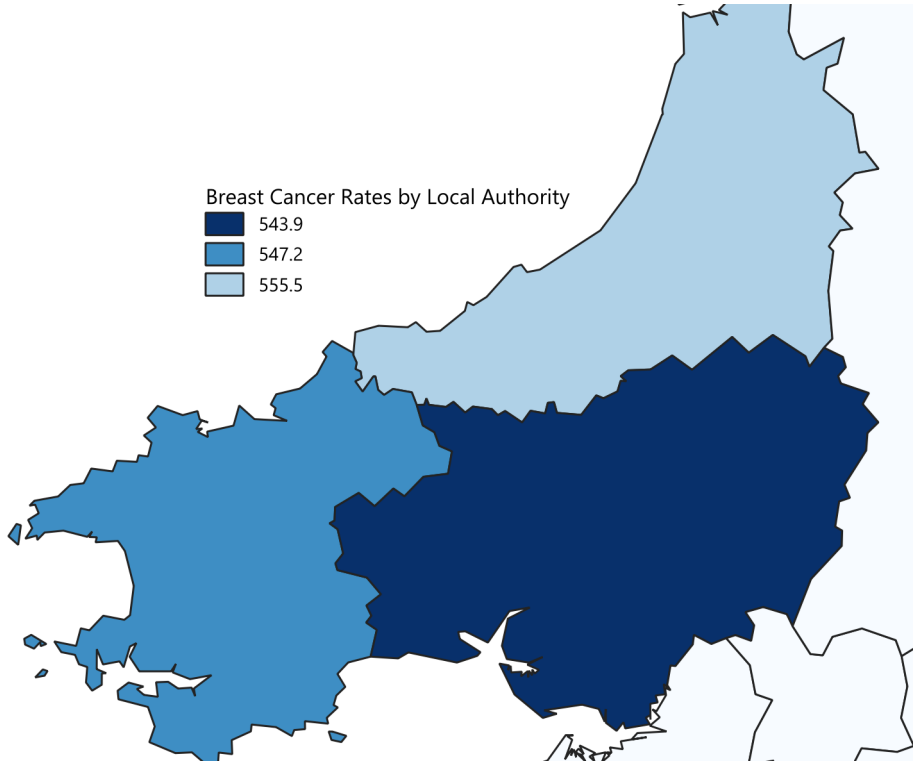
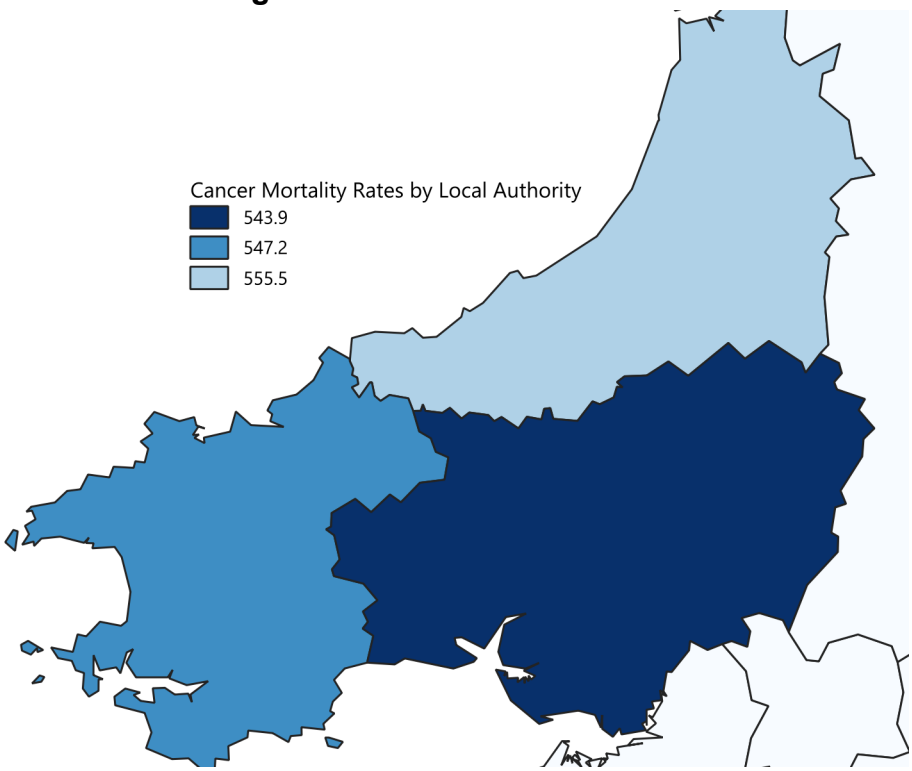


Figure 3.1.2 All cancers: Age standardised death rates



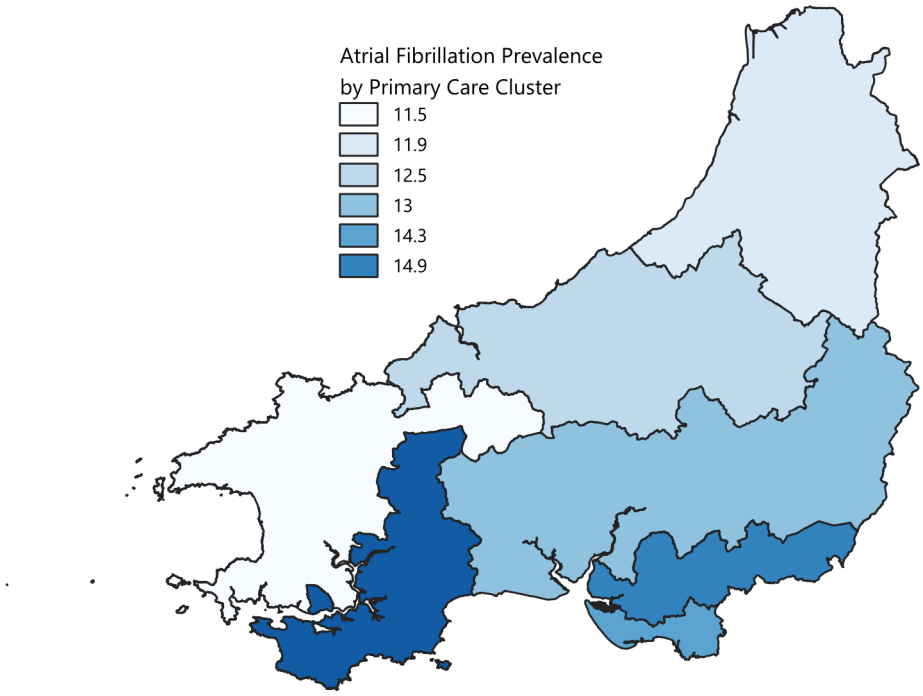
In Hywel Dda UHB the lowest age standardised mortality rates per 100,000 population for cancer was in Carmarthenshire at 541.9, with Ceredigion being the highest at 555.5. Hywel Dda UHB's mortality rate for men with prostate cancer is 48.5 in 2024 which is slightly above the Wales average of 42.6. Female breast

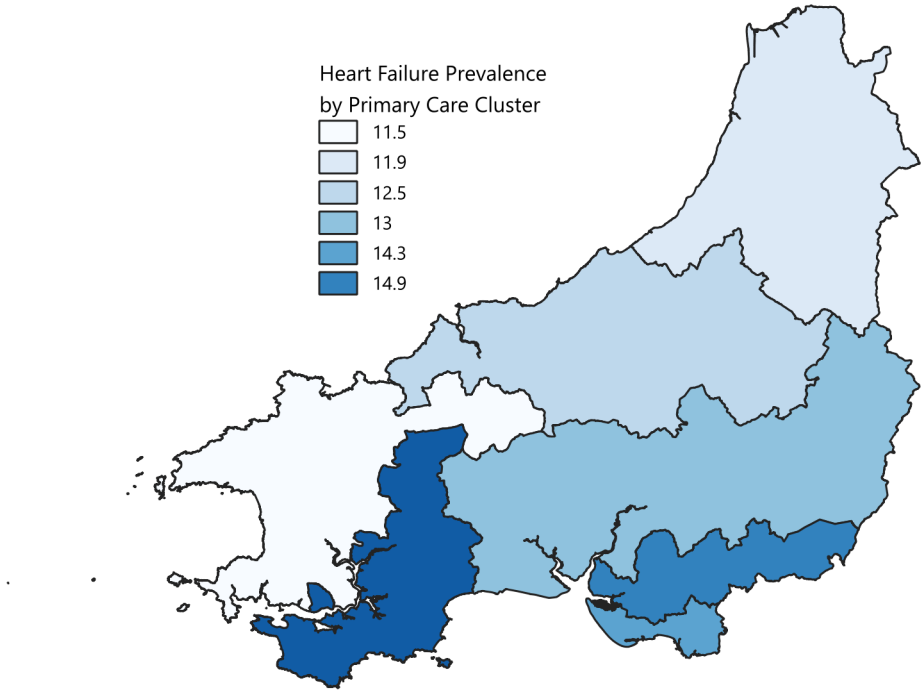
cancer rates in Hywel Dda UHB are slightly below the Wales average at 29.5 (Wales average – 32.1).

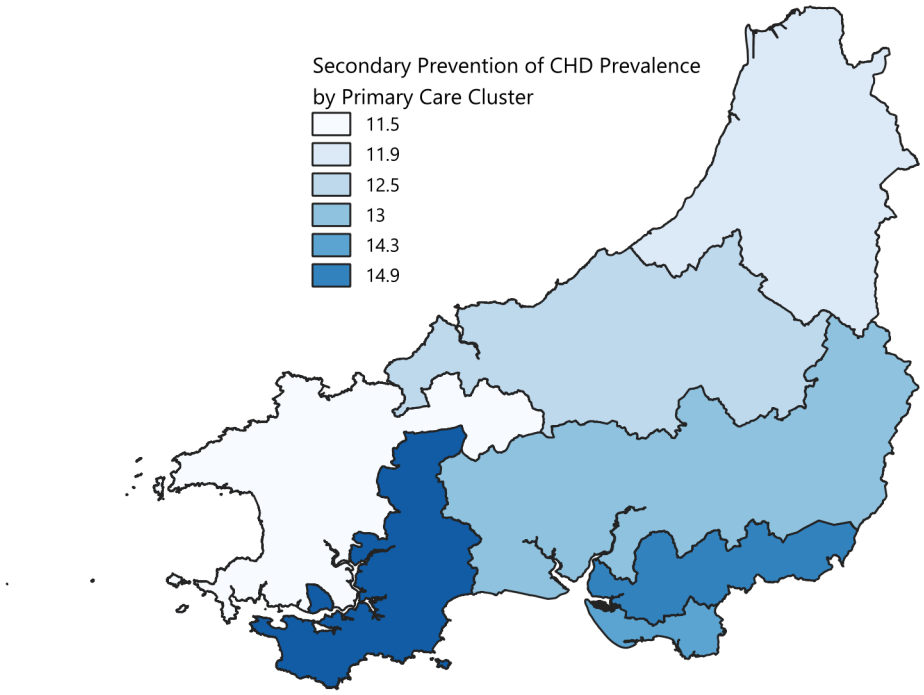
3.2 Cardiovascular Disease

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 prevalence and mortality in Hywel Dda UHB




Heart Failure Prevalence
by Primary Care Cluster
11.5
11.9
12.5
13
14.3
14.9


Secondary Prevention of CHD Prevalence
by Primary Care Cluster
11.5
11.9
12.5
13
14.3
14.9

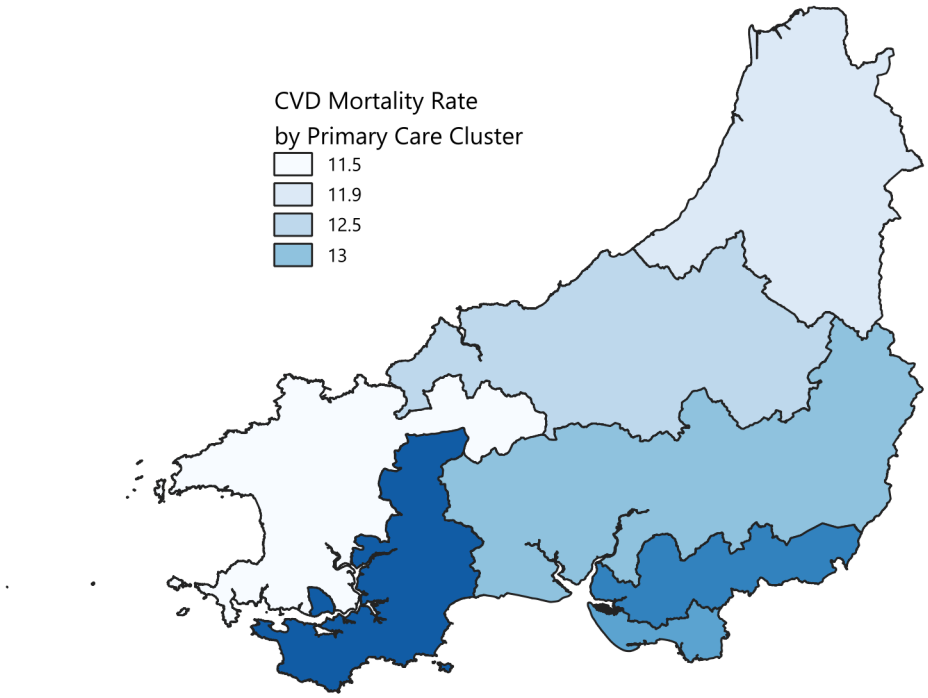
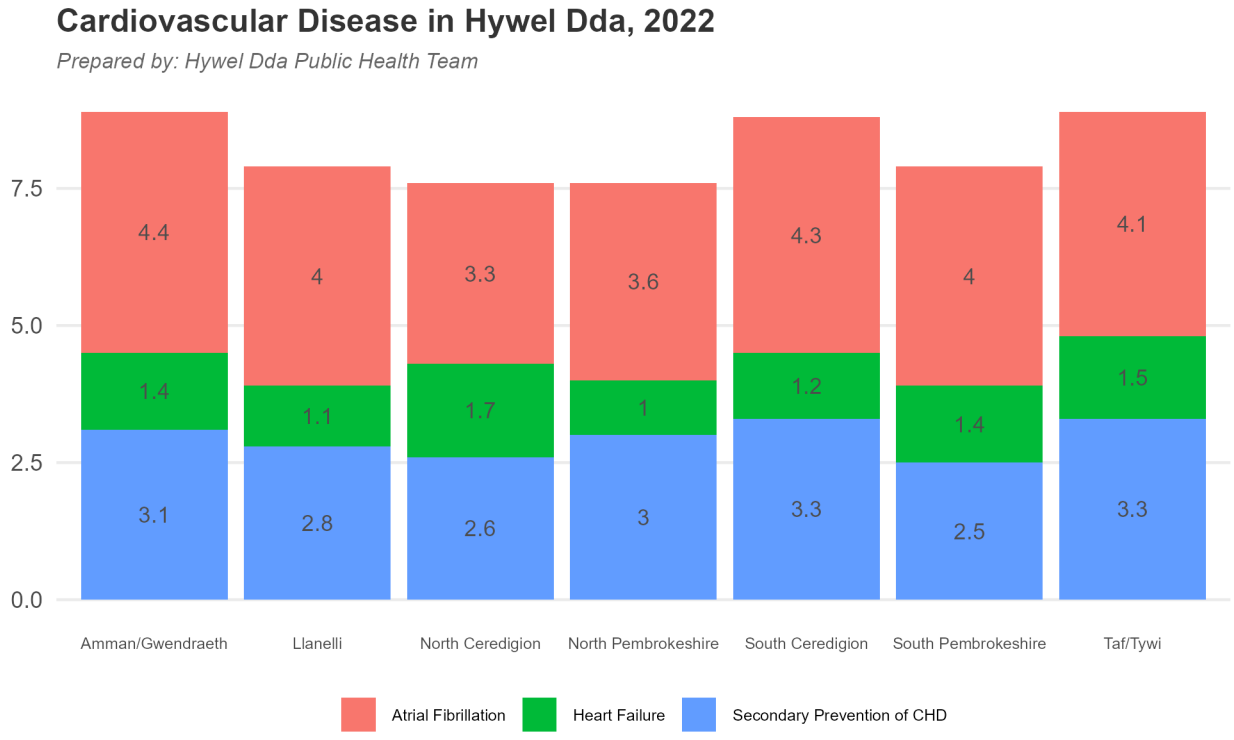


Figure 3.2.2 below provides an overview of CVD prevalence by primary care locality in Hywel Dda UHB. The highest CVD related condition in Hywel Dda UHB is Atrial Fibrillation which is around 4% across all the clusters.[19]

Figure 3.2.2 Cardiovascular Disease in Hywel Dda



[19] ARCH Health Needs Assessment, 2023

One in five 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.[20]

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 one in five 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, seven 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 3,378 deaths in 2024 (ischaemic heart disease).

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

[20] Global Burden of Disease study, The Lancet (2020), volume 396, No. 10258

advice and appropriate treatment. A lack of treatment increases the risks of morbidity, mortality and hospitalisation for people with CHD.

3.3 Diabetes

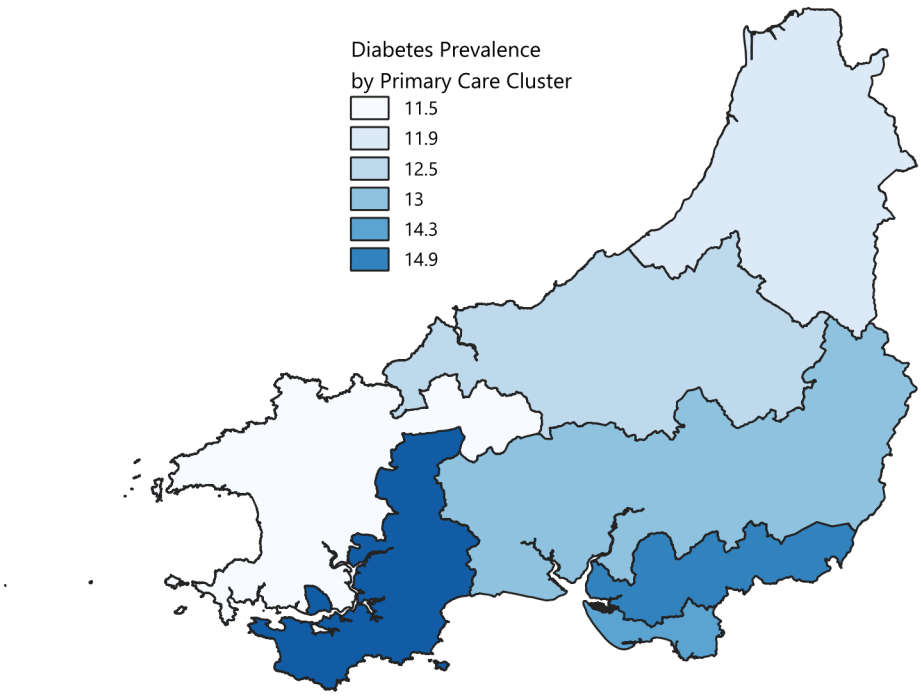
There are two main types of diabetes, type 1 and type 2 with the latter being much more common. Type 1 diabetes is an autoimmune disorder that usual manifests in childhood and requires lifelong management to avoid poor health outcomes.

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[21], Wales has the highest prevalence of diabetes in the UK, with more than 209,000 people, or 8% of the population, living with diabetes. 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.

Figure 3.3.1 Diabetes prevalence by Primary Care Cluster



[21] Diabetes UK, Diabetes in Wales

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. 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. The West Wales Regional Partnership Board has published an in-depth review of dementia in Hywel Dda UHB in 2025, some of the key points are[22]:

- Estimated number of people living with dementia in West Wales is 6,161
- Total number of people living with a diagnosis of dementia in West Wales in 2025 is 3,210
- In 2024 the dementia diagnosis rate in West Wales was 52.1%
- Estimated that 2,951 in West Wales are undiagnosed with dementia
- There is a projected regional increase of 41% to 2030 (severe dementia) in West Wales, with variation as follows (West Wales MSR 2020): Carmarthenshire=41%, Ceredigion=37%, Pembrokeshire=44%

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: [23]

[22] Dementia - West Wales Regional Partnership Board

[23] Mental Wellbeing in Wales, Public Health Wales, 2020
https://publichealthwales.shinyapps.io/MentalWellbeingInWales/

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

Dementia

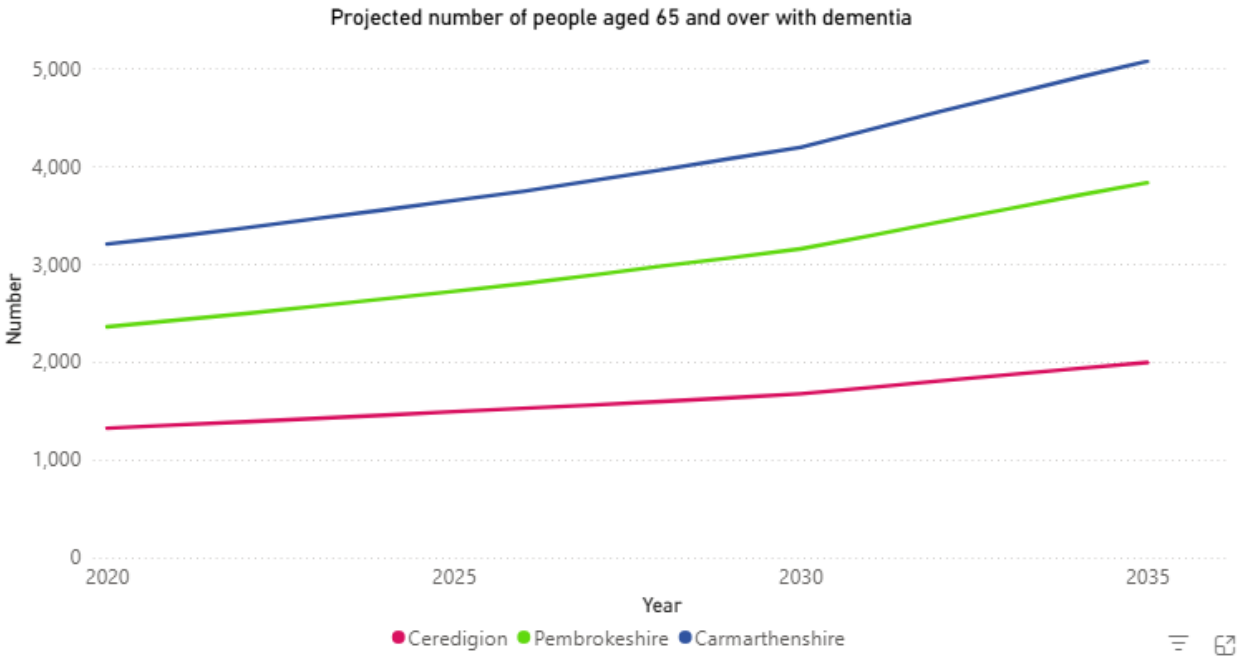
Dementia is a major public health problem in Wales with an estimated 42,426 cases. In Hywel Dda UHB 3,210 individuals are registered with dementia which is likely to be an underestimate due to symptoms not being recognised and delays in diagnosis. The predicted number of people aged 65+ with dementia in 2025 is 6,161.

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). 1 in 15 of deaths in men 65 years of age and older and 1 in 8 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.[24]

Figure 3.4.1 provides an estimate of the number of people aged 65 and over with dementia across Hywel Dda UHB 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



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.

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.[25] It may, therefore, be amenable to primary prevention, awareness raising to reduce stigma and reducing barriers to early diagnosis and support for cares 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

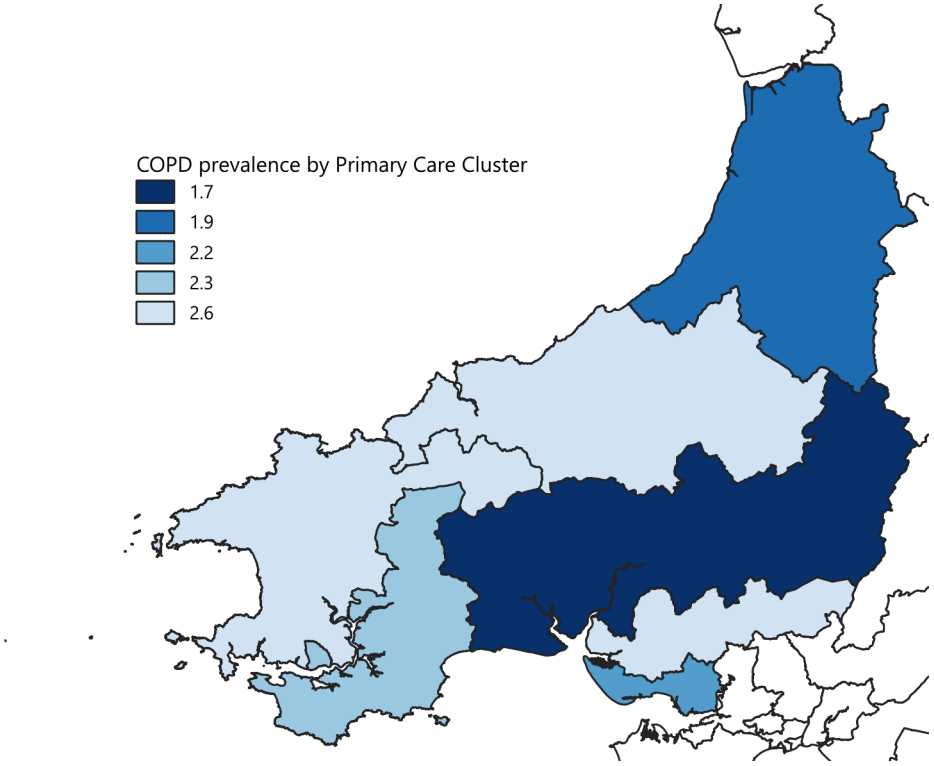
[24] Van de Flier and Scheltens (2005)
[25] WHO (2012). Dementia: a public health priority

- Detecting and treating behavioural and psychological symptoms
- Providing information and long-term support to carers.

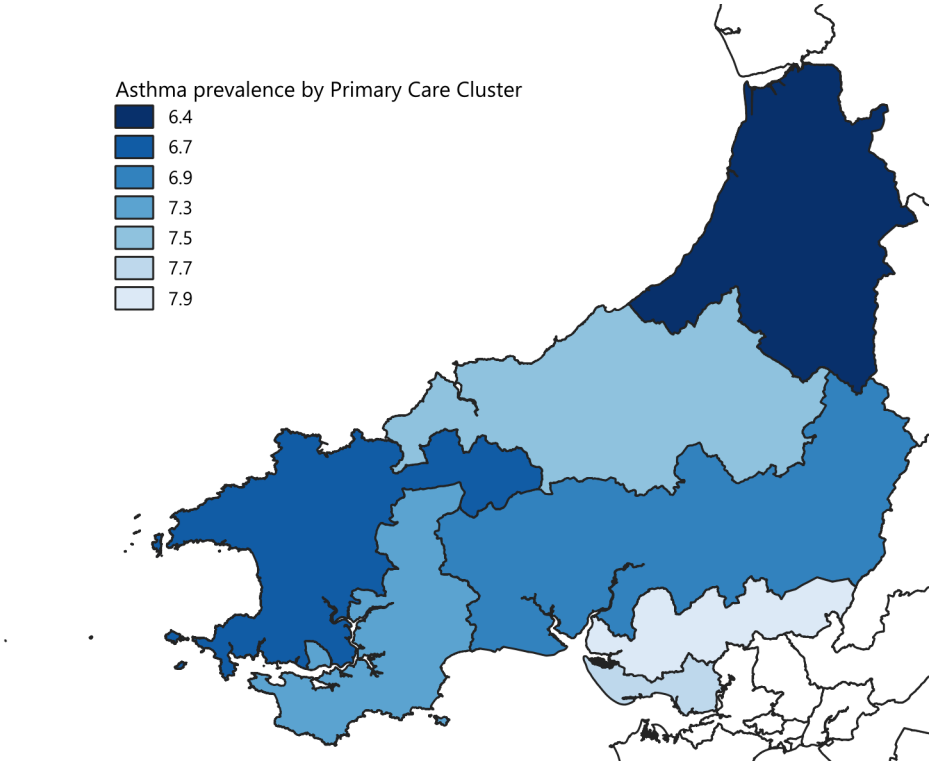
3.5 Respiratory Disease

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[26]



[26] Arch Health Needs Assessment, 2023



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. 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.'[27]

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

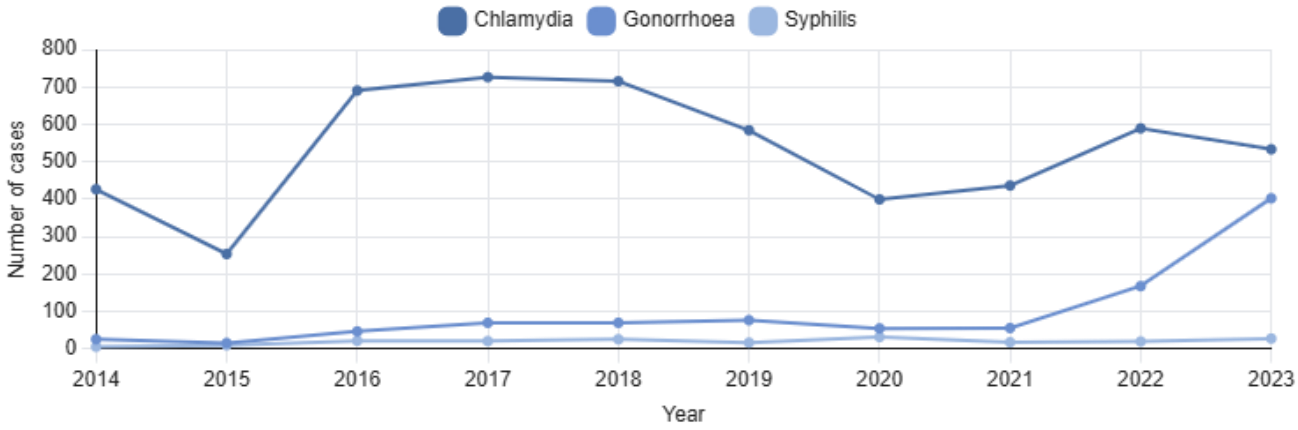
[27] Sexual health

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)

The Sexual Health in Wales report 2024[28] shows the following trends in STI rates in Hywel Dda Health Board. Genital chlamydia remains the most frequently diagnosed bacterial STI in Wales. Diagnoses of chlamydia remain fairly constant. There was a substantial increase in the number of gonorrhoea diagnoses in 2023.

Figure 3.6.1: Number of individuals diagnosed with chlamydia, gonorrhoea and syphilis, by Hywel Dda University Health Board and year.



Human Papillomavirus (HPV) Vaccine

The HPV vaccine is delivered as part of the NHS vaccination programme to help protect against cancers caused by the Human Papillomavirus. From September 2023 the HPV vaccination programme changed from a two dose to a one-dose-only schedule. Human Papillomavirus (HPV) vaccine uptake for children turning 14 years of age in Wales during the 2024/25 school year (School Year 9) was 72.0% for one dose. Uptake of the complete one-dose course in children turning 15 years of age (School Year 10) was 76.6%. Data produced in the Public Health Wales vaccine uptake in Children in Wales: COVER Annual Report 2025[29] highlighted the local uptake in different age groups in Hywel Dda UHB. All three local authorities in Hywel Dda have higher uptake rates than Wales for children turning 14. Both Carmarthenshire and Ceredigion have higher uptake rate for children turning 15, Pembrokeshire's uptake rate is lower.

[28] phw.nhs.wales/publications/publications1/sexual-health-trends-in-wales-annual-report-2025/
[29] Children in Wales: COVER Annual Report 2025

Table 3.6.2 Uptake of HPV vaccine in children reaching 14, 15 and 16 years of age between 01/09/2024 and 31/08/2025 and resident on 31/03/2025.

Area Hywel Dda UHB	14 years (2024 – 2025 School Year 9)		15 years (2024 – 2025 School Year 10)		16 years (2024 – 2025 School Year 11)	
	Resident	HPV 1 dose %	Resident	HPV 1 dose %	Resident	HPV 1 dose %
Carmarthenshire	2359	74.8	2200	76.9	2174	80.9
Ceredigion	682	79.0	752	81.5	621	86.5
Pembrokeshire	1417	71.4	1414	65.8	1364	70.2
Health Board Total	**4458**	**74.4**	**4366**	**74.1**	**4159**	**78.2**

Table 3.6.3 Uptake of HPV vaccine in girls and boys reaching 16 years of age between 01/09/2024 and 31/08/2025 and resident on 31/03/2025.

Area Hywel Dda UHB	16 years (2024 – 2025 School Year 11) Girls		16 years (202+4 – 2025 School Year 11) Boys	
	Resident	HPV 1 dose %	Resident	HPV 1 dose %
Carmarthenshire	1066	83.1	1088	78.6
Ceredigion	311	89.4	310	83.5
Pembrokeshire	695	76.7	669	63.5
Health Board Total	**2092**	**81.9**	**2067**	**74.5**

The uptake rates for boys are lower than that for girls in each of the three Local Authorities, the uptake rate for girls and boys in Carmarthenshire and Ceredigion are higher than the uptake rate for Wales (79.7% and 73.8% respectively), the uptake rate for both girls and boys in Pembrokeshire are lower than the Wales uptake rate, with the uptake rate for boys in Pembrokeshire being significantly lower.

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 [30] shows Pembrokeshire has the highest teenage conception rate in the locality at 18.0 per 1,000 females aged under 18, Ceredigion has a rate of 11.4 per 1,000 females aged under 18 years and Carmarthenshire has a rate of 13.9 per 1,000 females aged under 18, Ceredigion and Carmarthenshire are lower than the rate for All Wales (15.7 per 1000).

Figure 3.6.1 Teenage Conceptions 2022 by Health Board

Source: Public Health Wales using Conception statistics, Office for National Statistics (ONS): Mid-year population estimates (MYE), Office for National Statistics (ONS).

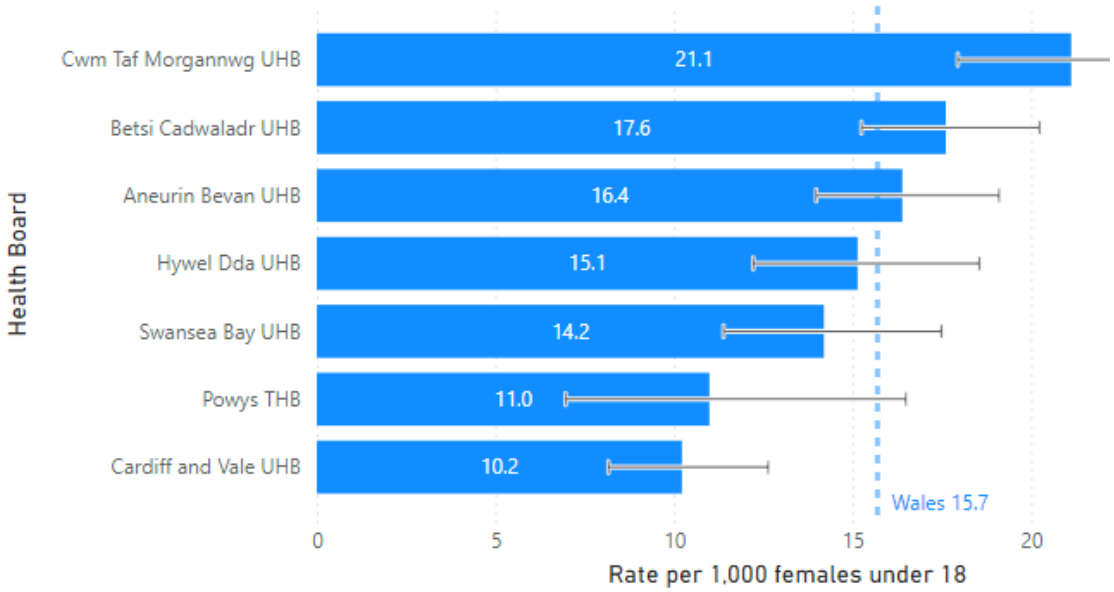
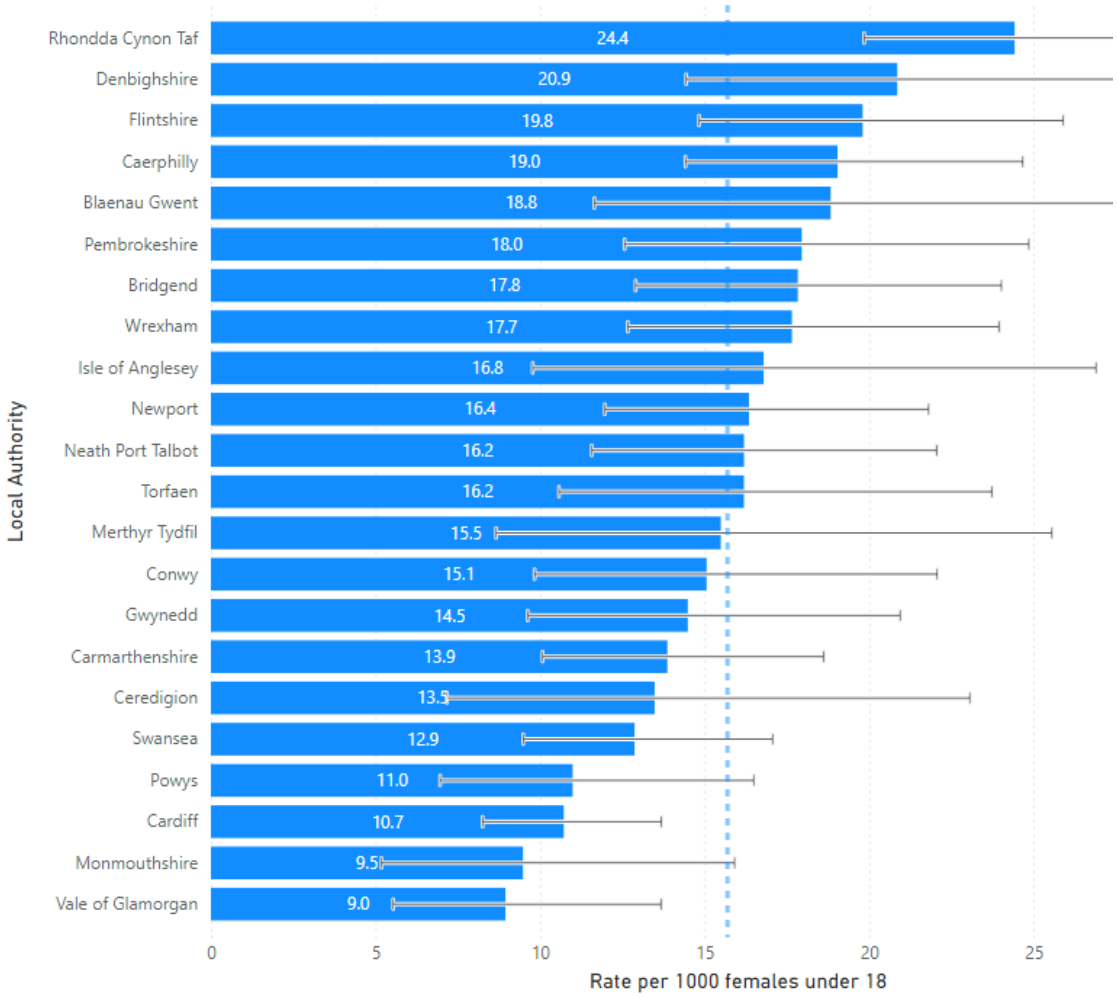


Figure 3.6.2 Teenage Conceptions 2022 by Local Authority

Source: Public Health Wales using Conception statistics, Office for National Statistics (ONS): Mid-year population estimates (MYE), Office for National Statistics (ONS).

30 PHOF Reporting Tool



3.7 Alcohol

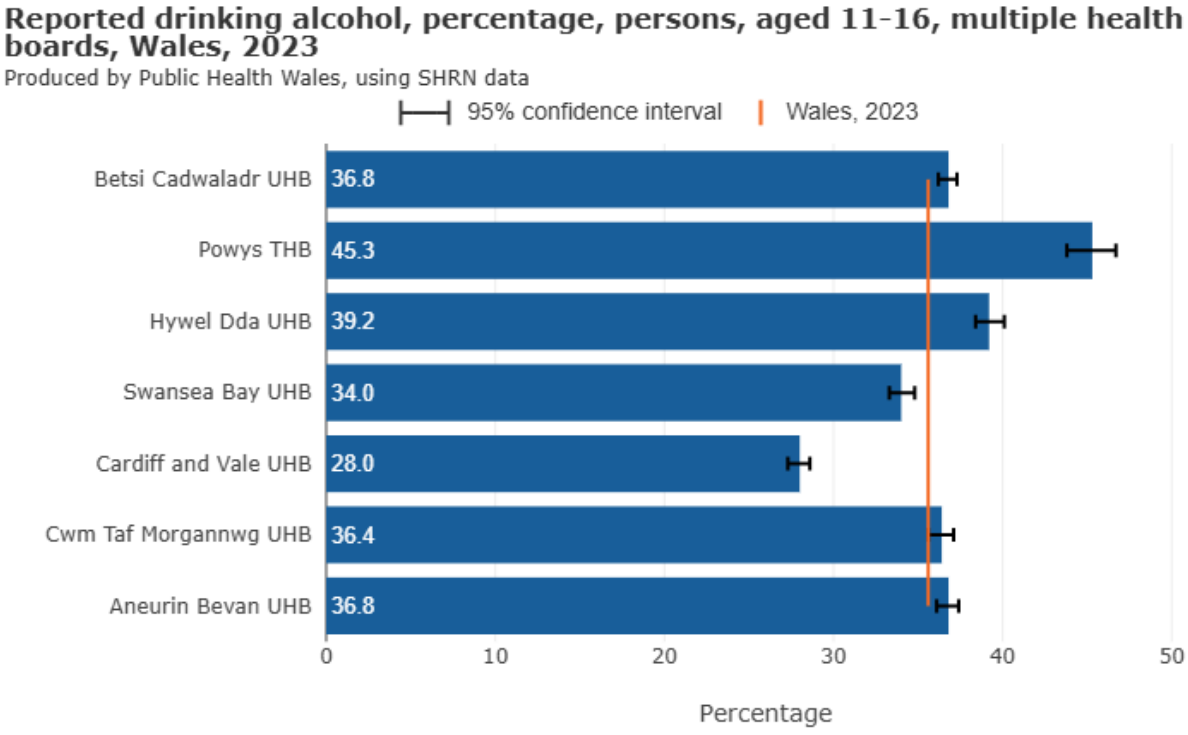
Alcohol consumption is deeply engrained within the culture of Wales and Hywel Dda UHB. Many people enjoy alcoholic drinks in moderation, but alcohol is also a dependency inducing drug, and alcohol misuse can lead to significant harm to individuals, families and communities.

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.

Young People using Alcohol[31]

The data presented below provides a breakdown of adolescents (aged 11-16) who drink, and similarly to the adults, Hywel Dda UHB is the second highest Health Board with 39.2% of children reporting they had used alcohol, compared with all Wales at 35.8%.

Figure 3.7.1



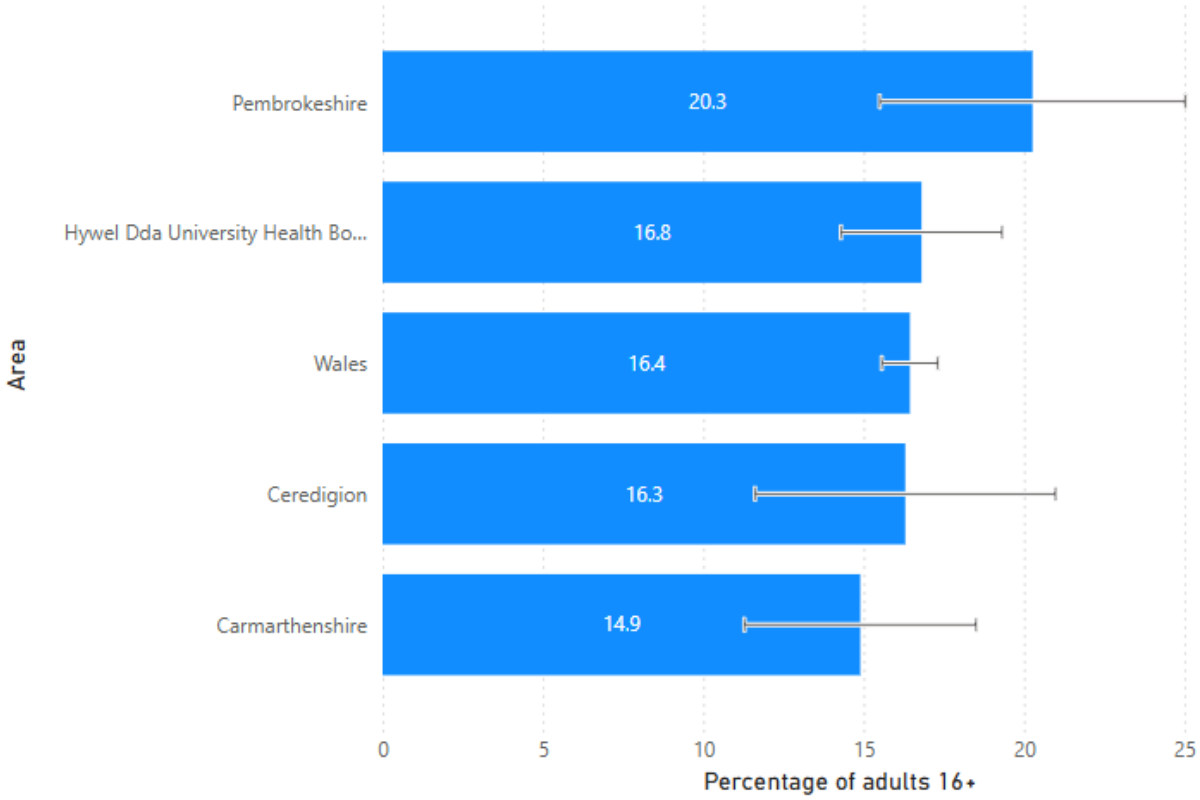
In terms of the local authority area, all three areas have a higher percentage of young people reporting alcohol consumption than the Wales average.

In Hywel Dda UHB, 16.8% of residents drink more than the recommended guidelines, they are the third highest Health Board in Wales within this category and are higher than the Welsh average of 16.4%. Pembrokeshire (20.3%) is higher than the Welsh average. Ceredigion with 16.3% and Carmarthenshire, with 14.9% of its residents drinking more than the recommended guidelines are lower.

Figure 3.7.2 Alcohol consumption among adults

Age standardised percentage weekly alcohol consumption above guidelines April 2021 to March 2023. Produced by Hywel Dda Public Health Team, using National Survey for Wales data (April 2021 – March 2023 data used as single year data not available due to smaller age specific sample size).

[31] publichealthwales.shinyapps.io/SHRN_Dashboard/



Carmarthenshire and Pembrokeshire have the most harmful drinkers of the Hywel Dda UHB local authority areas with 3.1% each compared to 2.1% in Ceredigion. Carmarthenshire also has the lowest proportion of hazardous drinkers 11.8% with Pembrokeshire having 17.2% and Ceredigion having 14.2%. Carmarthenshire the highest percentage of non-drinkers at 20%. 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 (National Survey for Wales).

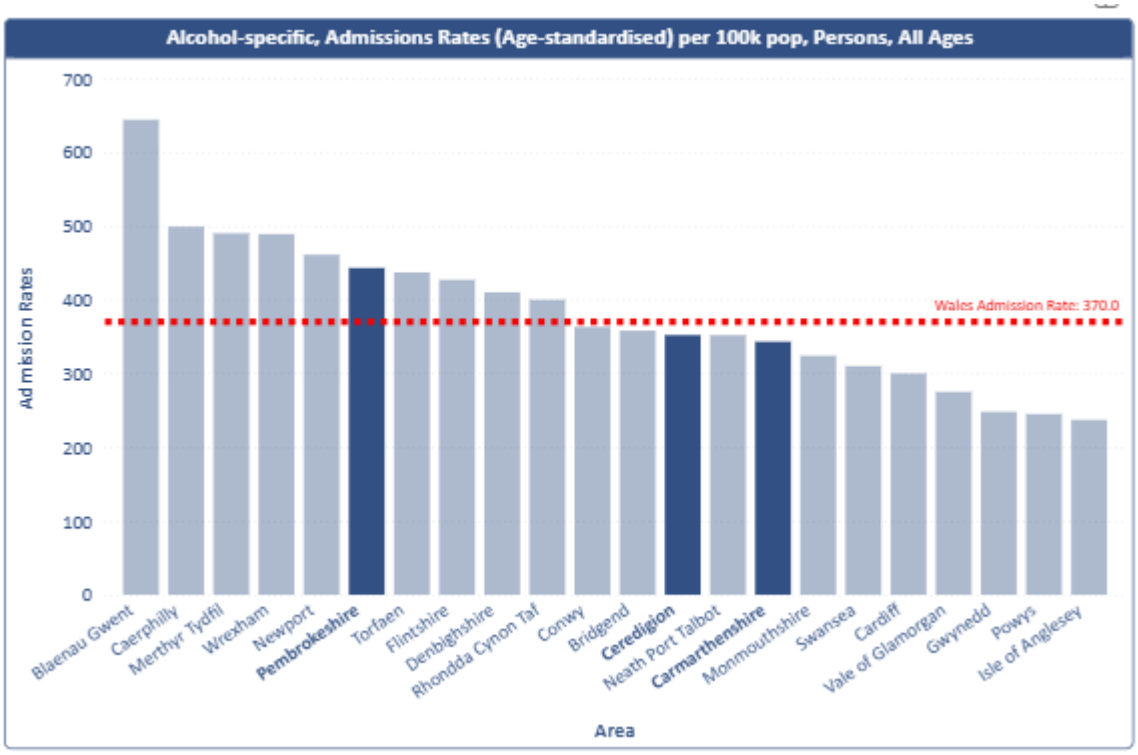
Hospital Admissions involving use of Alcohol

'Alcohol-specific conditions' are commonly defined as those conditions, such as alcoholic liver disease, which are 100 per cent attributable to the use of alcohol. Recently, additional measures related to 'alcohol-attributable conditions' have become more frequently reported in literature evaluating alcohol harms. Alcohol attributable measures include those conditions, which have been evaluated as partially, but not completely, caused by alcohol consumption when considered across the whole population.

In relation to hospital admissions for an alcohol specific condition Pembrokeshire had a higher rate (443 per 100,000) than the Wales rate (370 per 100,000), both Carmarthenshire and Ceredigion had lower rates (343 per 100,000 and 352 per 100,000 respectively). [32]

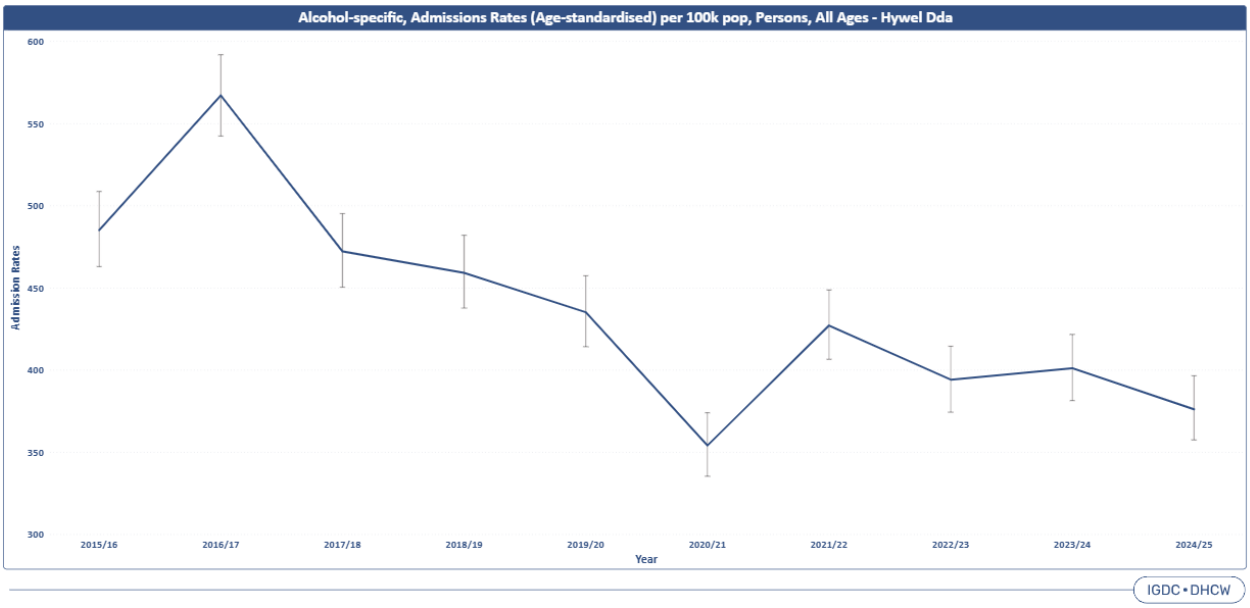
[32] Microsoft Power BI Health Maps Wales 2024/2025

Figure 3.7.3



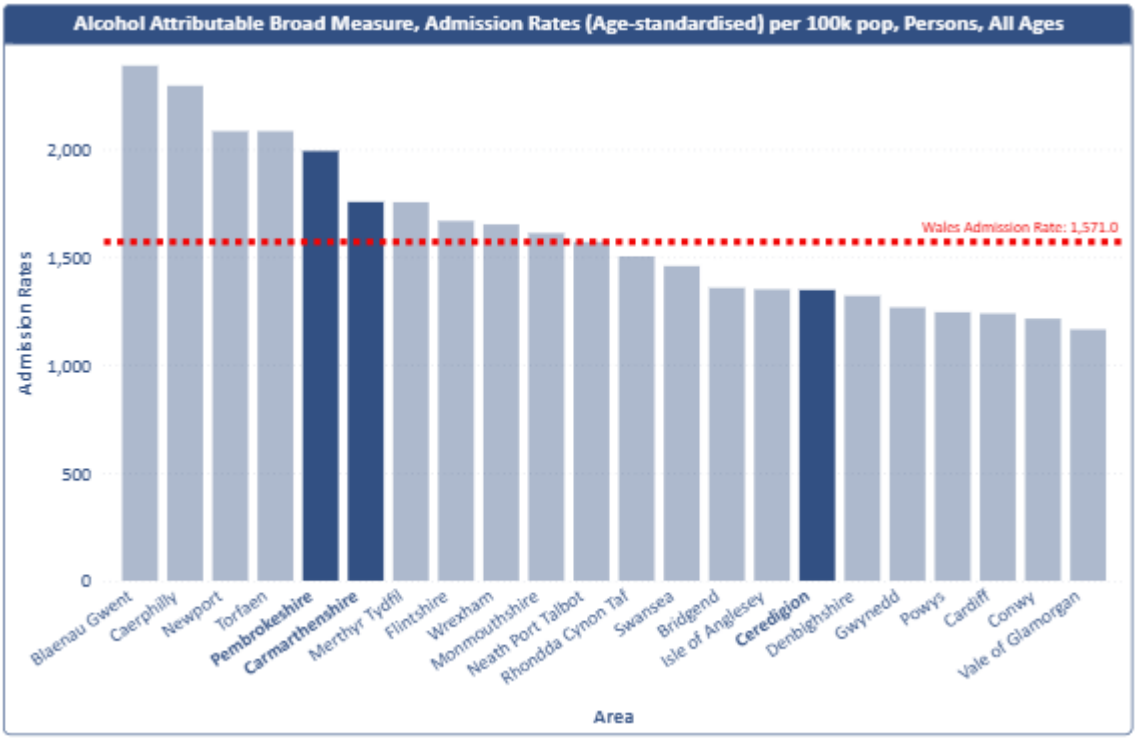
The rate for Hywel Dda UHB is 376 per 100,000, rates have decreased since 2021/ 2022.

Figure 3.7.4



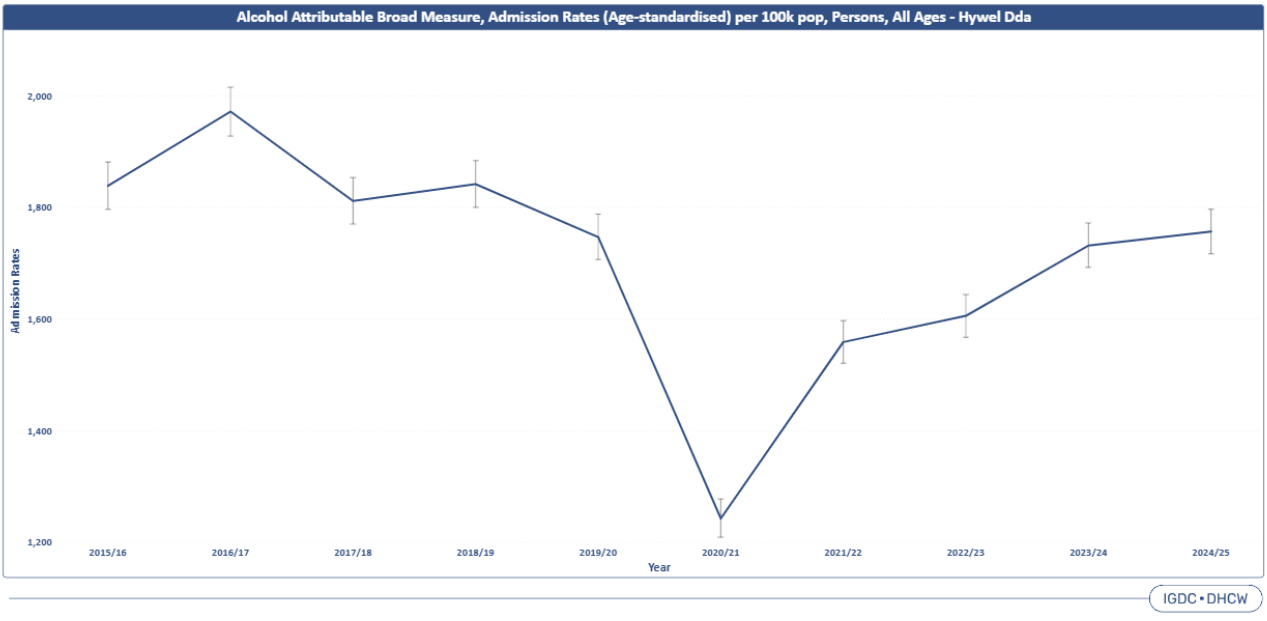
In relation to alcohol attributable admissions Hywel Dda UHB is above the Wales average, at 1,756 per 100,000 compared to 1,571 per 100,000. Pembrokeshire (1,992/100,000) and Carmarthenshire (1756/100,000) have a higher rate than Wales whereas Ceredigion has a lower rate per 100,000 population (1348/ 100,000).

Figure 3.7.5



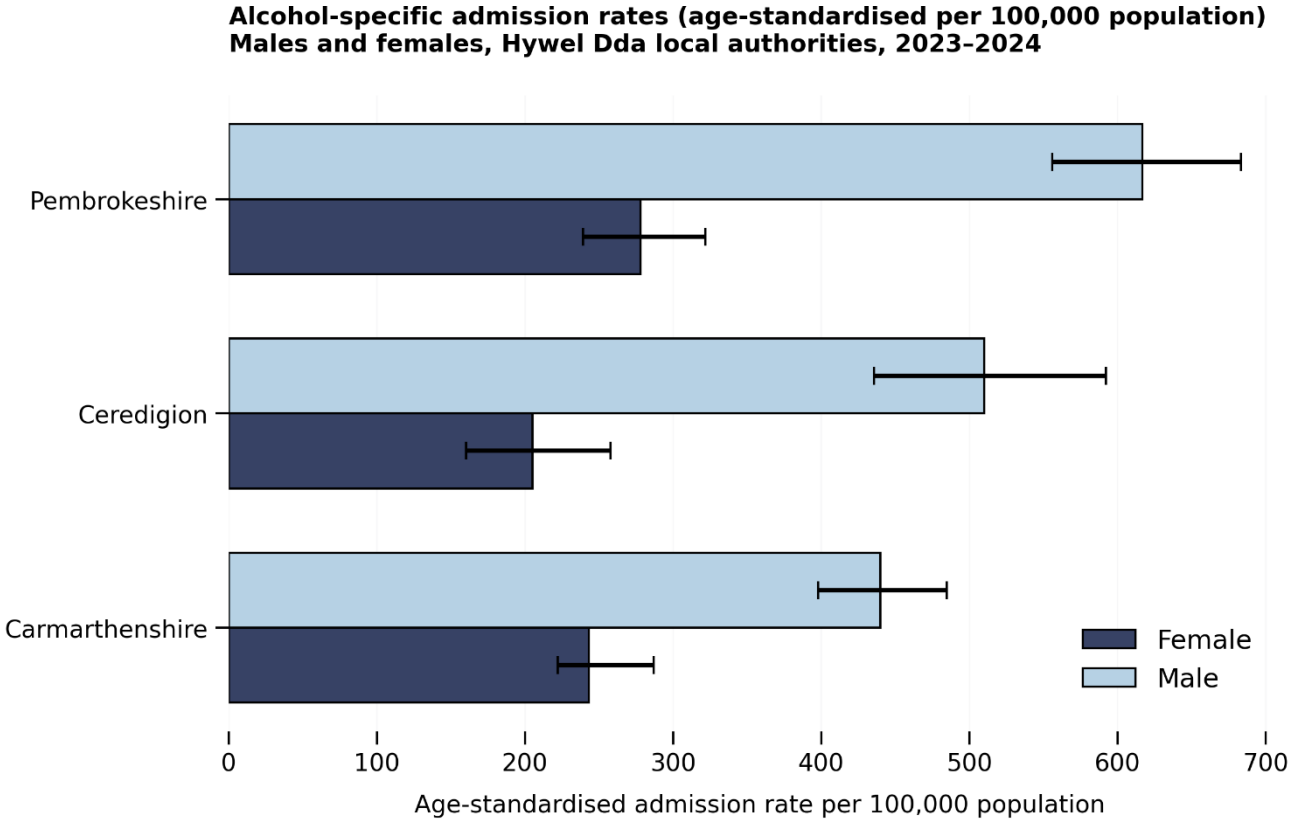
The rates for alcohol attributed admissions have been increasing since year on year since 2020/ 2021.

Figure 3.7.6



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 3.7.7



Source: Health Maps Wales (DHCW). Produced by Hywel Dda UHB Public Health Team.

Alcohol Mortality

Alcohol specific mortality in Hywel Dda UHB (19.0 per 100,000 population, 3-year avg.) is higher than all Wales average (17.0 per 100,000 population, 3-year avg.). Within Hywel Dda UHB, Carmarthenshire and Pembrokeshire are above the Wales average with 21.0 and 18.0 per 100,000, 3-year avg. population, respectively. Ceredigion (17.0 per 100,000 population, 3-year avg.) has the lowest rate in Hywel Dda UHB and is the same as the all-Wales average. Gender related alcohol mortality is higher in males (24 per 100,000, 3-year avg.) than females (15 per 100,000, 3-year avg.) at Health Board level, both the male and the female rates are higher than the Wales average (22 per 100,000 for men, and 12 per 100,000 for women.

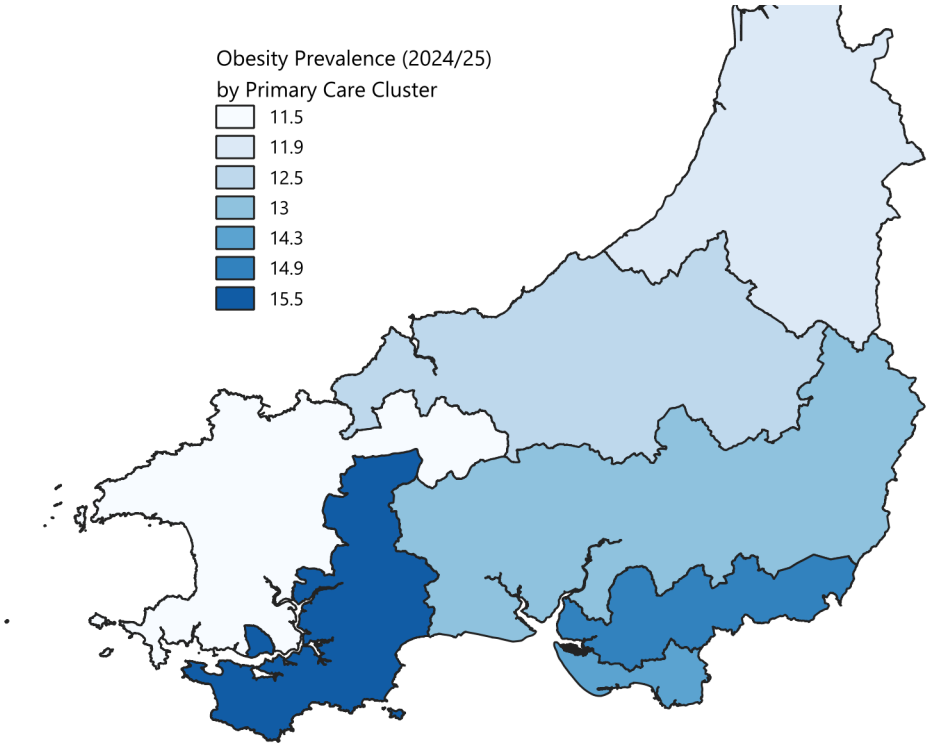
3.8 Obesity[33]

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

[33] DHCW – Welcome to Health Maps Wales

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 primary care obesity register is restricted to measurements within a relatively short time period, while still using the whole population/whole population aged 16+ (depending on source) as a denominator (NHS Wales Informatics Service, 2019; Digital Health and Care Wales (DHCW), 2025). This makes the prevalence of obesity look misleadingly low.

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 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 28.9 % of children, aged 4-5 years are overweight or obese. Across the 3 counties, the prevalence in Carmarthenshire is 30.5%, Ceredigion 25.9% and Pembrokeshire 27.9%. All three counties are higher than the Welsh average (24.8%).

Figure 3.8.2

Percentage of children aged 4 to 5 years with obesity, Child Measurement Programme, Wales and health boards, 2022/23
Produced by Public Health Wales, using CMP data (DHCW)

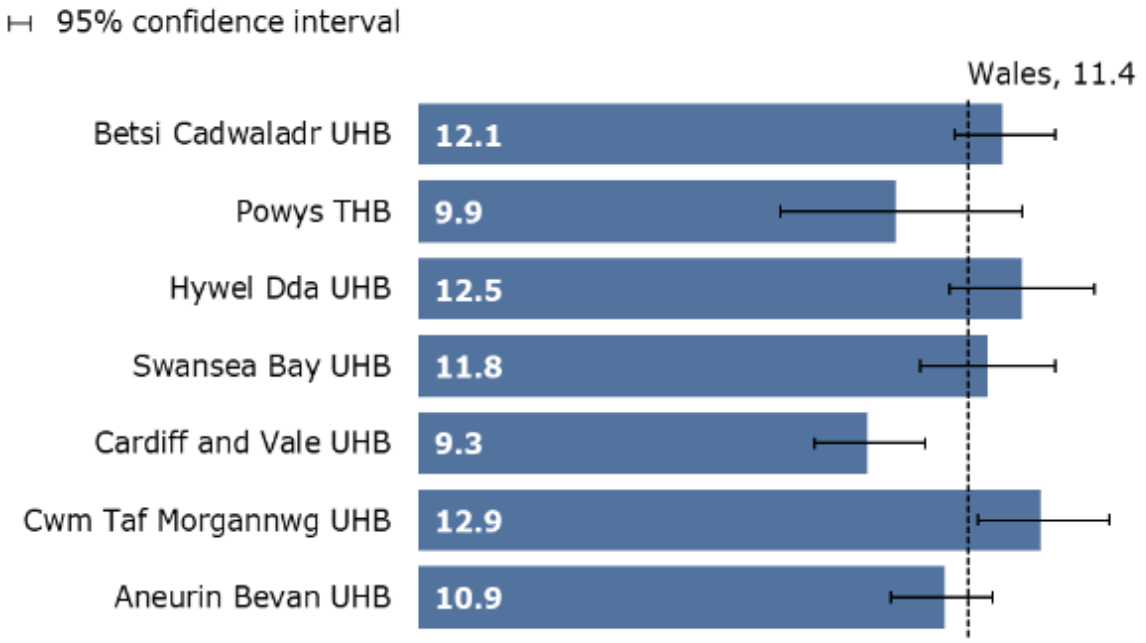
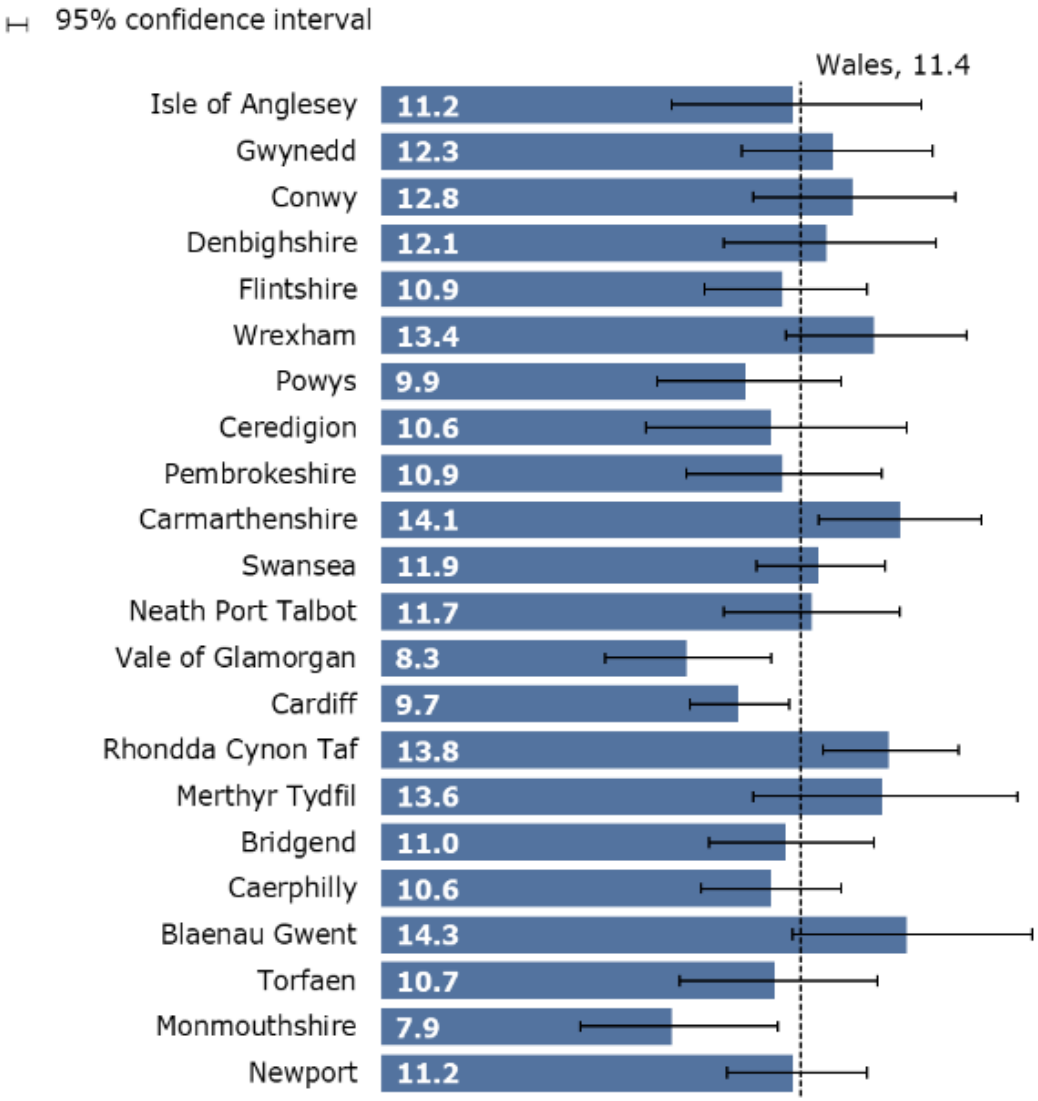


Figure 3.8.3

Percentage of children aged 4 to 5 years with obesity, Child Measurement Programme, Wales and local authorities, 2022/23
Produced by Public Health Wales, using CMP data (DHCW)



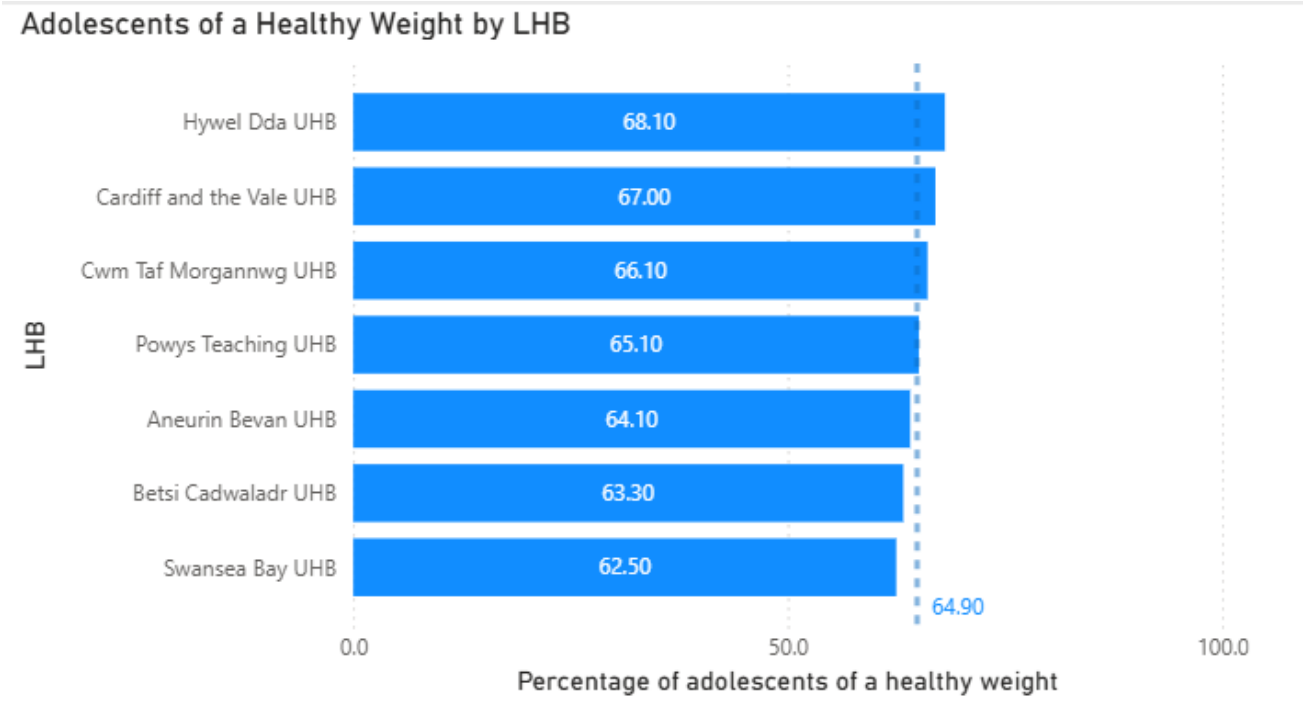
In terms of those who are classed as obese, Hywel Dda UHB has 12.5% of children aged 4-5 years; this is above the Wales average of 11.4%. Carmarthenshire (14.1%) has the highest prevalence of the 3 Hywel Dda UHB counties. Ceredigion (10.6%) and Pembrokeshire (10.9%) both have noticeably lower levels of obesity in 4–5-year-olds.

Evidence shows that 55% of children who are obese at age 4-5 years, and approximately 80% of obese adolescents will still be obese in adulthood. [34]

[34] https://doi.org/10.1111/obr.12334

68.1% of children aged 11-16 years in Hywel Dda are of a healthy weight, higher than the Wales average of 64.9% (self-reporting their height and weight and fall within the 'healthy range': School Health Research Network).

Figure 3.8.4



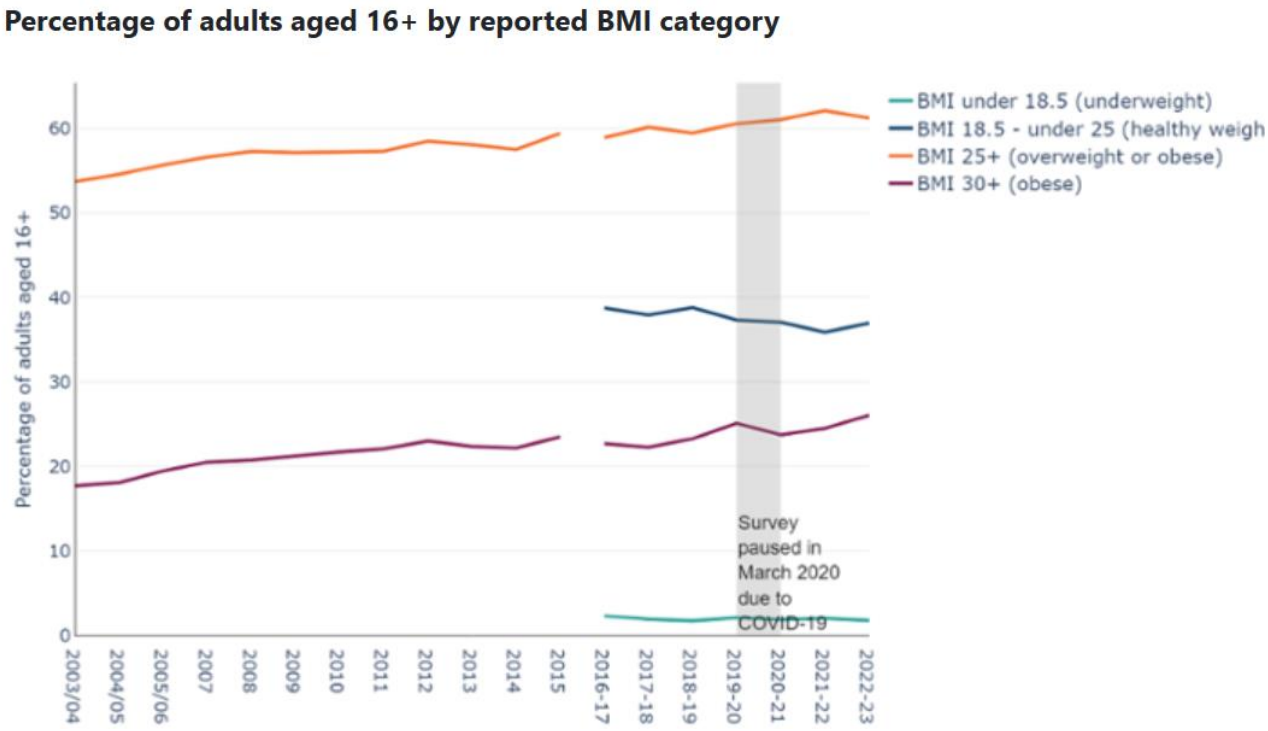
Source PHOF 2021, Public Health Wales

Overweight and Obesity Prevalence – Adults (16+)

The proportion of adults living with obesity in Wales has increased by 44% in the last 20 years, from 18% in 2003/04 to 26% in 2022/23. This is a little over one in four people; there is a strong increasing trend in the prevalence of living with obesity in Wales. This trend does not show signs of slowing.

Figure 3.8.5

The percentage of adults aged 16 years or older in Wales living with obesity has increased by 44% in the last 20 years, from 18% in 2003/04 to 26% in 2022/23 (Welsh Health Survey, observed percentage, 2003/04 – 2015/16, National Survey for Wales, observed percentage, 2016/17 - 2022/23, Welsh Government).



Hywel Dda has a lower percentage rate of adults (33.8%) with a healthy BMI than Wales 35.4%, Carmarthenshire has a lower percentage again at 29.9%, whereas both Pembrokeshire and Ceredigion have higher volumes of adults with a healthy weight.

Table 3.8.1 Percentage of working age adults of healthy weight (age-standardised)

Carmarthenshire	29.9%
Ceredigion	36.3%
Pembrokeshire	39.4%
Hywel Dda	33.8%
Wales	**35.4%**

Source: Public Health Wales Observatory, PHOF 2022

Studies have also demonstrated a relationship between adverse childhood experiences (ACEs) and adult obesity. Exposure to ACEs were associated with poor diet, physical inactivity, and other behaviours that strongly predict obesity.[35] Adults living in the most deprived fifth of areas in Wales are about 50% more likely to be living with obesity than those in the least deprived fifth, with roughly 1 in 3 people living with obesity.[36] Since 2020/21, more females report living with obesity than males.[37]

[35] https://phw.nhs.wales/
[36] National Survey for Wales, 2022/23, Welsh Government
[37] National Survey for Wales, 2020/21 – 2022/23, Welsh Government

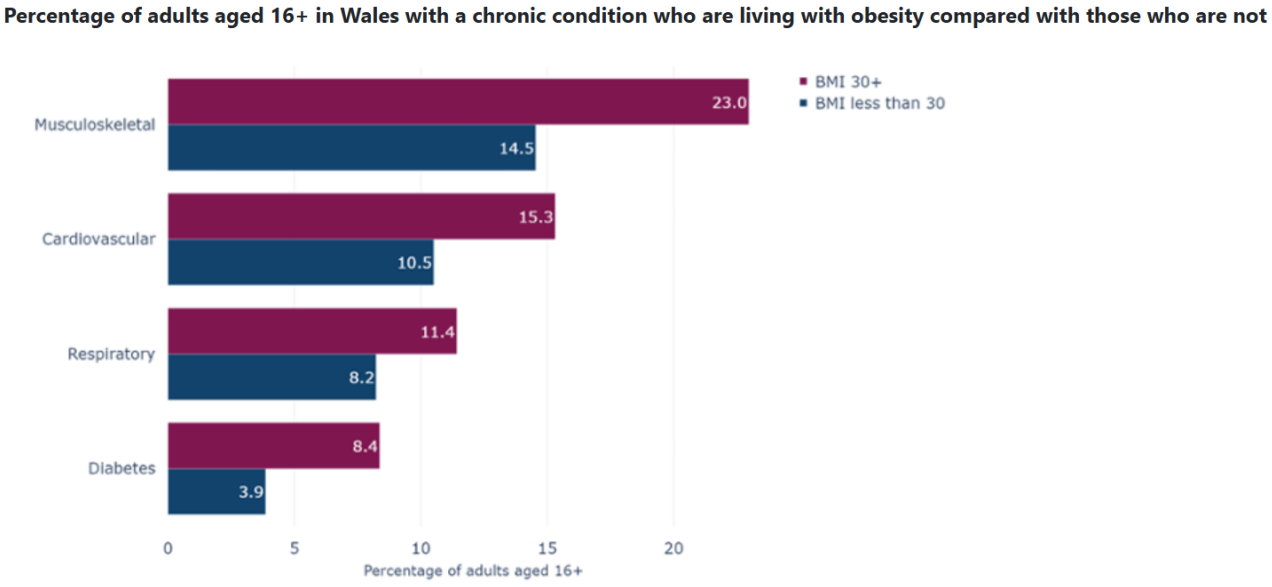
The Impact on Population Health and Well-being

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

The prevalence of some diseases is consistently higher for people living with obesity compared to those who are not. There is also a higher risk of being diagnosed with certain cancers, often with a poorer prognosis and outcome.

Figure 3.8.6

The prevalence of diabetes, musculoskeletal, respiratory and cardiovascular diseases are statistically significantly higher for people living with obesity compared to those that are not (National Survey for Wales, observed percentage, 2022/23, Welsh Government)



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.

Cost

Guidance from Public Health England[38] estimated that overweight and obesity related ill health cost the NHS in England £6.1 billion, with a wider societal cost of £27 billion, in 2014/15. The direct costs cover the treatment of people living with overweight or obesity and obesity related diseases. The indirect costs include loss

[38] https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2

of earnings due to obesity related sickness and obesity related premature mortality. An estimate of the costs for Wales adjusting for population size (Population estimates: mid 2023, ONS) and inflation (Bank of England's inflation calculator, December 2024) gives estimated costs for Wales in 2024 of around £0.5 billion and £2 billion respectively.[39]

3.9 Smoking

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 13.4 % in 2021-23. This is due to the following:

- The introduction of legislation in Wales to reduce access to and visibility of tobacco products and reduce expose 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.

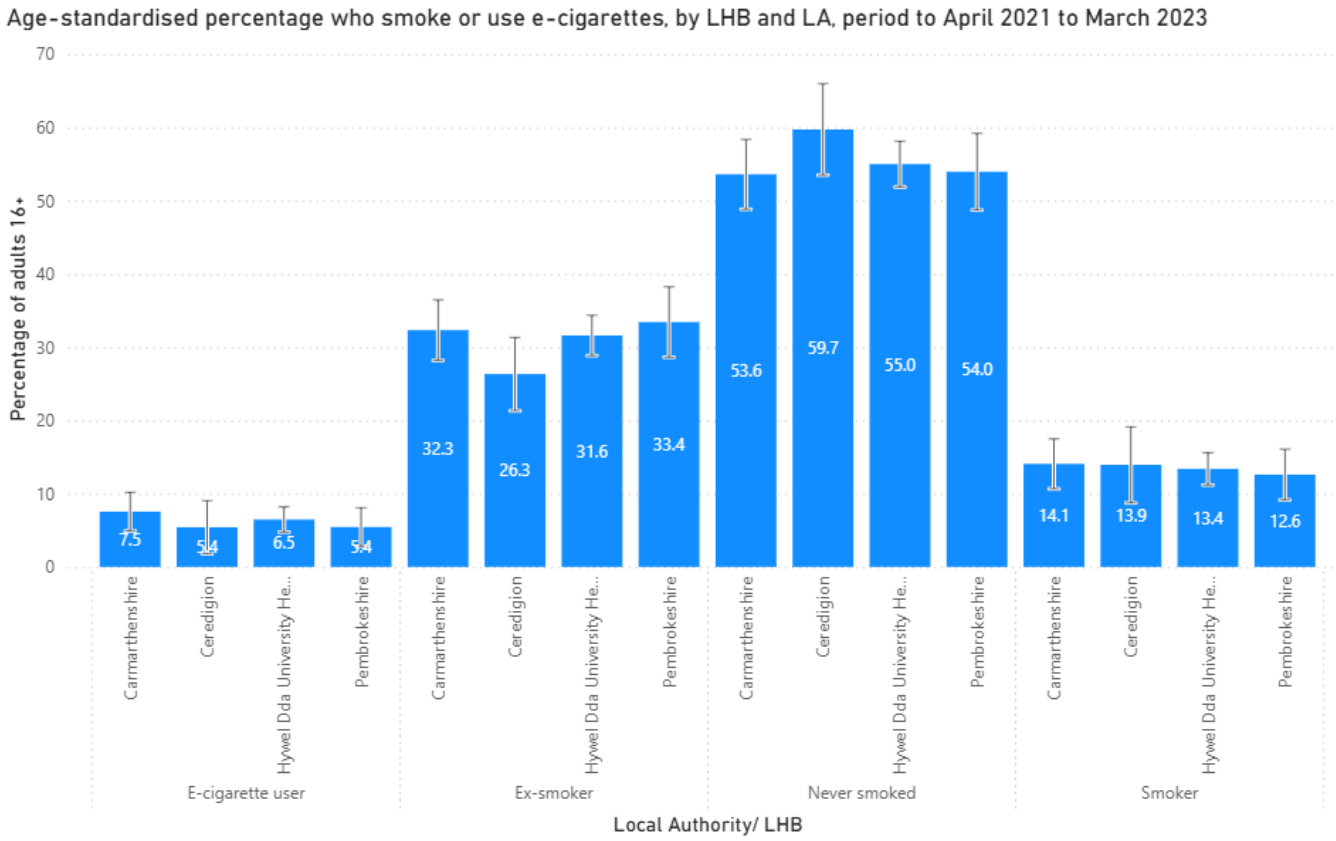
Adult Smoking Prevalence

According to the National Survey for Wales 2021 to 2023 (NSW), 13.4% of adults in Hywel Dda UHB report that they smoke, this figure as with Carmarthenshire (14.1%) is higher than the Welsh average (18.4%). Both Ceredigion (13.9%) and Pembrokeshire (12.6%) are lower. Carmarthenshire has the highest rate of E cigarette use at 7.5%, which is higher than the Wales figure of 7.0%, Hywel Dda UHB in totality (6.5%), Ceredigion (5.4%) and Pembrokeshire (5.4%) have lower rates.

[39] A summary of trends in risk factors for non-communicable diseases - Public Health Wales

Figure 3.9.1 Adult smoking prevalence in Hywel Dda UHB

Produced by Hywel Dda Public Health Team, using National Survey for Wales data



Smoking and Disease

Smoking remains a major cause of mortality and ill health in Wales. Over the period 2020-22, an estimated 3,845 deaths per year amongst those aged 35 and over in Wales were due to smoking. This means that on average 10.7% of all deaths in Wales amongst those aged 35 and over in these years were attributable to smoking. The proportion of deaths attributable to smoking varies considerably by deprivation. Amongst those aged 35 and over living in the most deprived fifth of areas, 14.5% of all deaths were attributable to smoking in 2020-22. Amongst those living in the least deprived fifth the proportion was 7.7%. This analysis demonstrates that smoking, whilst harmful to everyone across all economic and social settings in Wales causes substantially greater harms amongst those experiencing the greatest deprivation.

Figure 3.9.2

Proportion of all deaths attributable to smoking, persons aged 35+ by deprivation quintile, Wales, 2020-22. Source: Public Health Wales

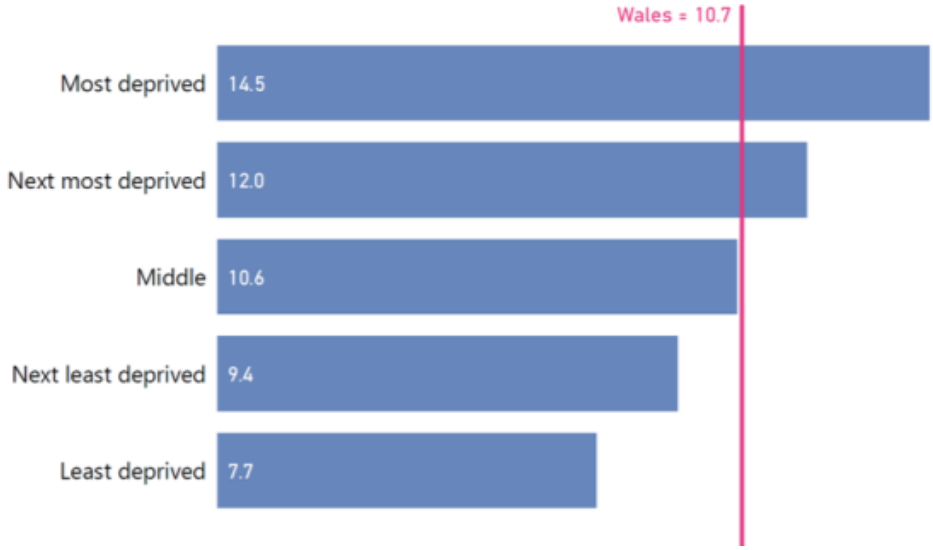
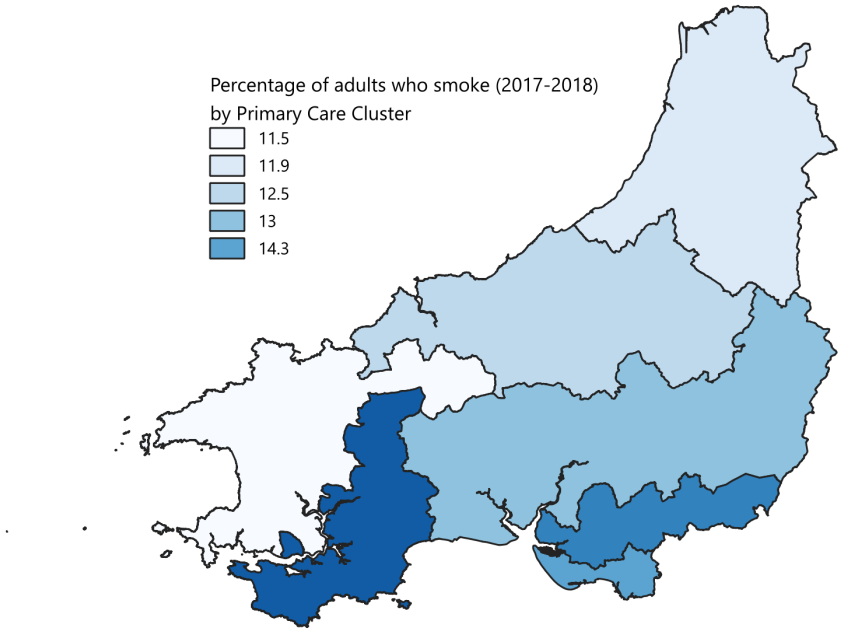


Figure 3.9.3 Smoking prevalence by Primary Care Cluster



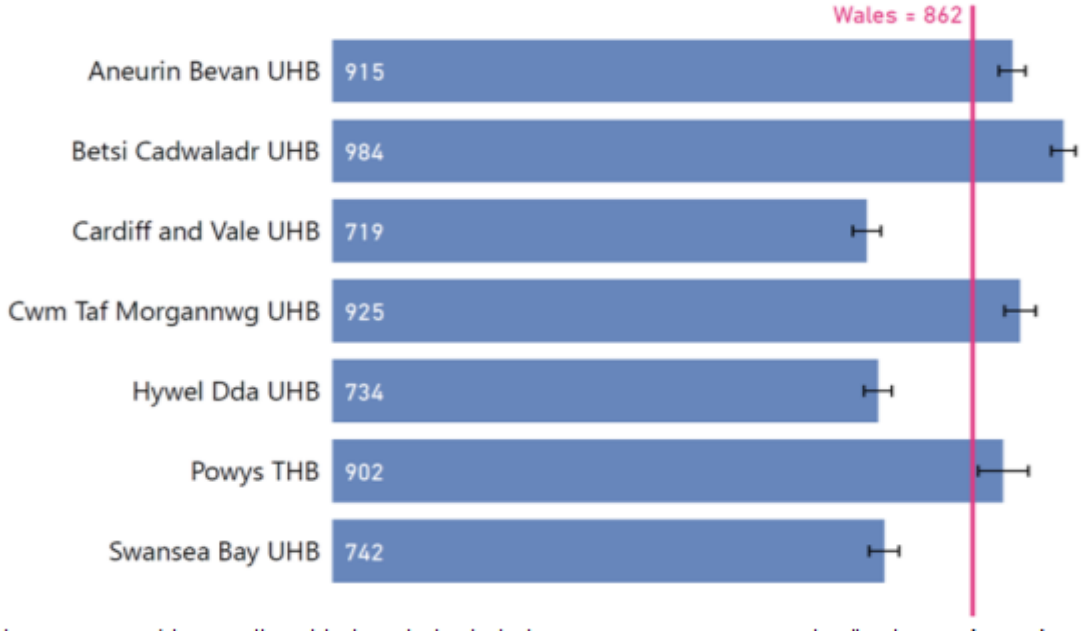
While smoking prevalence in Hywel Dda UHB has continued to decline the drop has been less marked in specific population groups such as those with mental ill health, Gypsy and traveller groups, the homeless, and in geographical areas of deprivation across the 3 counties. Such smokers tend to be more heavily addicted and are disproportionally impacted by its harms. Efforts are being made to provide tailored, in-reach to improve quit rates and decrease health inequalities.

The EASR for smoking attributable mortality for Hywel Dda UHB is 172, per 100,000 lower than the Wales rate of 190 per 100,000. [40] Similarly, the smoking attributable hospital admission rate per 100,000 people in Hywel Dda is significantly lower at 734 per 100,000 than the Wales rate (862 per 100,000).

[40] https://phw.nhs.wales/news/

Figure 3.9.4

Smoking attributable hospital admissions, European Age Standardised Rate (EASR) per 100,000, persons aged 35+ by Health Board, Wales, 2020-22. Source: Public Health Wales



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 focuses 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 the majority of the major 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 nonsmokers. Female smokers are at greater risk for post-menopausal osteoporosis. Half of long-term smoker's 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
- Loneliness can have significant and lasting effects on health. It is associated with higher blood pressure and depression and leads to higher rates of mortality. Social isolation and loneliness have been linked to various forms of morbidity, including increased risk for heart attack and stroke and type 2 diabetes, mental and behavioural health issues, including increases risk for depression and anxiety, suicidal ideation and addiction, and cognitive health

issues including mild cognitive impairment, dementia, and Alzheimer's disease.[41] [42] People who reported feeling lonely often incur more costs to the NHS than non-lonely people. [43]

- Depression is the most common mental health need for older people and prevalence rises with age. 22% of men and 28% of women over 65 live with depression. This rises to 30% of older people who have caring responsibilities. Older people with physical and mobility challenges were 70% more likely to experience poor mental health. People living in care homes have higher rates of depression (40%)
- Dementia is the leading cause of death in England and Wales and has an enormous impact on our society, with 51,000 people living with dementia in Wales. This is projected to rise by 37% to almost 70,000 by 2040. Just 57.2% of people living with dementia in Wales have a diagnosis, and diagnosis rates are even lower in rural areas, with Hywel Dda UHB recording a diagnosis rate of just 52.1%.[44] Dementia affects individuals and families across Wales, but it also places significant and growing pressure on health services, social care and the wider economy. We know that dementia currently costs Wales £2.3 billion per year. With increasing prevalence, this is projected to rise to £4.6 billion by 2040. This impact is also being felt by the health service. In primary care, dementia is accountable for around 918,000 contacts annually, and an additional 336,100 per year will be needed by 2040. In secondary care, 1 in 6 UK hospital beds are currently occupied by someone living with dementia. In Wales alone, dementia accounts for 410,000 bed days every year, estimated to rise to 560,000 within the next 15 years.[45]
- Age is the single biggest factor associated with having a long-term condition, currently in the UK, between 20–40% of the population live with multiple long-term conditions, rising to more than half of all people aged over 65.[46] Smoking, excessive alcohol consumption, unhealthy diets and physical inactivity are the leading risks factors driving preventable ill health and premature mortality.[47]

[41] National Academies of Sciences Engineering and Medicine. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. National Academies of Sciences Engineering and Medicine; 2020

[42] Valtorta NK, Kanaan M, Gilbody S, *et al* Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies *Heart* 2016;**102:**1009-1016.

[43] How loneliness relates to health, wellbeing, quality of life, and healthcare resource utilisation and costs across multiple age groups in the UK | PLOS One

[44] Dementia diagnosis by Local Health Boards in Wales

[45] 2026: the year of progress for dementia in Wales - Institute of Welsh Affairs

[46] Improving Clinical Coordination Of Multiple Long-Term Conditions | The King's Fund

[47] Addressing the leading risk factors for ill health

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.[48] [49] [50]
- Childhood immunisations must be supported 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 those identified as least likely to breast feed.[51]
- 90% of lifetime smoking started between the ages of ten and twenty.[52]
- 8 out of 10 obese teenagers go on to become obese adults.[53]
- 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.

4.2 Disability

Approximately 1.5 million people in the UK have a learning disability. In Wales 54,000 adults and 15,000 children have a learning disability. In Wales, people with a learning disability not only experience poorer health outcomes, but they also sadly die significantly younger, with a median age of death around 67 compared to

[48] International Horizon Scanning and Learning Report: Impact of Poverty on Babies Children and Young People Report 48 - World Health Organization Collaborating Centre On Investment for Health and Well-being
[49] PHW-Children-and-cost-of-living-report-ENG.pdf
[50] https://phw.nhs.wales/public-health-network-cymru/
[51] Breastfeeding data: 2024 [HTML] | GOV.WALES
[52] Smoking in young people - RCPCH - State of Child Health
[53] Simmonds, M., Llewellyn, A., Owen, C. G., and Woolacott, N. (2016) Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. Obesity Reviews, 17: 95–107. doi: 10.1111/obr.12334.

87 for non-disabled people.[54] Worryingly many of these deaths could have been prevented, which highlights the serious health inequalities facing people with a learning disability.

The Confidential Inquiry into premature deaths of people with a learning disability found that 38% of people with a learning disability died from an avoidable cause, compared to 9% in a comparison population of people without a learning disability.[55] LeDeR found that 39% of deaths of people with a learning disability were avoidable (LeDeR, 2025).[56]

Health Screening rates are lower for people with a learning disability than for those without.[57] Mencap identifies that a number of barriers are stopping people with a learning disability from getting good quality healthcare, including staff having little understanding about learning disability, failure to make the correct diagnosis, lack of joint working between care providers and lack of confidence in caring for people with a learning disability.[58]

Evidence also suggests that mental health problems may be higher in people with a learning disability than in those without a learning disability. Some studies suggest the rate of mental health problems in people with a learning disability is double that of the general population. [59]

In Wales, Annual Health Checks are offered every year by GP practices to adults with a learning disability aged 18 and over. These checks provide an opportunity to identify health issues early, review existing conditions and medications, and plan personalised care. Findings from a major study into the experiences of people with learning disabilities during the pandemic show that in Wales between September 2020 and March 2021 just 40% of respondents had an annual health check.[60]

A systematic review of lived experience of disabled people highlighted systemic issues in healthcare including:

- Discrimination
- Lack of information
- Inadequate adjustments within healthcare settings

[54] Learning-Disability-Wales-Manifesto-2026-Detailed.pdf
[55] Heslop, P., Blair, P., Fleming, P., Hoghton, M., Marriott, A., & Russ, L. (2013). Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD). *Bristol: Norah Fry Research Centre*
[56] kcl.ac.uk/ioppn/assets/pdfs/leder/2023-final-updated.pdf
[57] Health and Care of People with Learning Disabilities , Experimental Statistics: 2017 to 2018 [PAS] - NHS England Digital
[58] Learning Disability and Mental Health - Mental Health Research | Mencap
[59] Learning Disability and Mental Health - Mental Health Research | Mencap
[60] Learning Disability Wales. [2021], https://www.ldw.org.uk/Wales-Easy-Read-Highlights-Wave-1-March-2021-.pdf

- Access and travelling to healthcare.[61]

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
- 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 an impact on short- and long-term health outcomes include:

Maternal Obesity

There is an increasing prevalence of maternal obesity in Wales, with Hywel Dda UHB having the second highest rate in Wales, with 33.1% of pregnant women having a BMI of 30+ at initial assessment (Wales 32.1%)[62] with an increased risk of:

- Miscarriage
- Gestational Diabetes
- Pre-eclampsia

[61] The lived experience of disabled people in the UK: a review of evidence - GOV.UK
[62] Maternity initial assessment records, deliveries, live and still births, by local health board | StatsWales

- 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. Breastfeeding rates in 2024 for Wales at ten days, six weeks and six months were the highest on record showing a continuing upward trend.[63] Breast feeding rates amongst mothers living in the most deprived areas are lower than those in the least deprived areas (52% compared to 75% respectively), exacerbating health inequalities.

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, including perinatal depression, perinatal anxiety, perinatal OCD, postpartum psychosis, and postpartum PTSD. These conditions can be mild to extremely severe, and if not adequately addressed may become chronic and long term. These are collectively called perinatal mental illnesses.

Key findings:

- It is generally accepted that between 10% and 20% of women experience perinatal mental health problems. Given that there were 26,944 live births in Wales in 2024, this equates to between 2,694 and 5,388 women
- Fathers/partners and other family members can be affected by perinatal mental health problems
- Having a pre-existing or previous mental health problem can be a risk factor for perinatal mental health problems. In 2023, 31.3% of pregnant women reported a mental health condition at their initial assessment, the highest on record [64]
- However, many women experience a mental health problem for the first time in the perinatal period. 50% of women who develop the rare condition of postpartum psychosis have no history of previous mental illness [65]

[63] Breastfeeding data: 2024 [HTML] | GOV.WALES
[64] Mental health statistics: interactive dashboard | GOV.WALES
[65] Children, Young People and Education Committee (2017) Perinatal Mental Health in Wales

- Awareness of perinatal mental health remains poor among the public and health professionals. Frontline staff - including midwives and GPs - feel ill equipped to identify and treat maternal mental illness. [66]

Maternal Smoking

Smoking during pregnancy remains one of the leading preventable risks to maternal and child health. While the percentage of women smoking during pregnancy has decreased, the latest data highlights that 12% of women giving birth in Wales in 2024 were recorded as smokers, the rate in Hywel Dda is lower at 10.3% of women giving birth.[67] Supporting pregnant women to quit is vital for ensuring healthier pregnancies and the longer-term health of the child:

- Smoking in pregnancy can increase the risk of miscarriage, stillbirth, placenta previa and abruption, as well as premature birth, low birth weight and Sudden Infant Death Syndrome (SIDS)
- Smoking during pregnancy increases the risk of developmental issues such as learning difficulties, hyperactivity and conditions such as diabetes and asthma
- Women in the most deprived areas are three times more likely to smoke while pregnant compared to those in the least deprived areas, and younger mothers are also more likely to report smoking at their initial assessment. [68]

4.4 Race

5.2% of the population in Wales identify themselves as non-White (StatsWales, 2023). Ethnic minority groups are more likely to report ill-health, and ill-health starts at a younger age than in the White British. The cause of these inequalities is complex and is likely to be the result of an interplay between deprivation, environmental, physiological, behavioural and cultural factors.

Socio-economic deprivation disproportionately impacts on ethnic minority groups and is driven by a wider social context in which structural racism and discrimination can reinforce inequalities among ethnic groups, for example in housing, employment and the criminal justice system. This in turn can have a negative impact on the mental and physical health of ethnic minority groups.[69]

Analysis published by the Office for National Statistics (ONS) shows that the risk of deaths involving COVID-19 among some ethnic groups in England and Wales has been significantly higher than that of those of White ethnicity. This difference

[66] ibid.
[67] Smoking status of women at initial assessment and at birth by local health board | StatsWales
[68] Smoking and Pregnancy - Action on Smoking and Health
[69] The Health Of People From Ethnic Minority Groups In England | The King's Fund

is partly explained by socio-economic factors, geographical location and other circumstances, but to an extent the difference remains unexplained.[70]

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. There is also an increased risk of sickle cell anaemia, which is an inherited blood disorder, mainly affecting people of African or Caribbean origin.

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 religion. 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.

4.6 Sex

- Average male life expectancy at birth in the Health Board's area ranges from 78.7 in Carmarthenshire, 78.8 in Pembrokeshire and 70.7 in Ceredigion. For females the figures are 81.9 in Carmarthenshire, 83.1 in Pembrokeshire and 83.3 in Ceredigion.
- Men tend to use health services less than women and present later with diseases than women do.
- Men are more likely to die prematurely from cardiovascular disease than women (Hywel Dda EASR per 10,000 persons 10.01 for men, 4.42 for women 2024).[71]
- 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.[72]
- 17% of adults in Wales were drinking above the weekly guidelines (April 2022 – March 2023). 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.

[70] Anti-racist Wales Action Plan: section b [HTML] | GOV.WALES
[71] CVD_AtlasOfVariation_v1 - Power BI
[72] https://www.menshealthforum.org.uk/key-data-mental-health

- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex-specific, for example colorectal cancer. [73]

4.7 Sexual Orientation

Poor mental health, sexually transmitted infections, problematic drug and alcohol use and smoking are amongst the top public health issues facing Wales, we know these disproportionately affect Lesbian, Gay, Bisexual, Transgender and Queer (or Questioning) (LGBTQ+) populations: [74]

- One in eight aged 18-24 took drugs at least once a month
- Higher prevalence of drinking alcohol to an increased or higher risk (32% for LGBTQ+ adults compared to 24% of heterosexual adults)
- 27% LGBTQ+ individuals smoke, compared with 18% of their heterosexual peers
- LGBTQ+ people are at higher risk of mental disorder, suicidal ideation, substance misuse and deliberate self-harm.[75]

Within healthcare settings LGBTQ+ people may face unequal treatment and discrimination, which can lead to LGBTQ+ people avoiding healthcare treatment.

4.8 Gender Reassignment [76]

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 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 associated with gender reassignment. 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

[73] ARCH Health Needs Assessment 2023 - Downloaded from Web 25-11-25.pdf
[74] LGBTQ+ Action Plan for Wales: themes, evidence and actions [HTML] | GOV.WALES
[75] [Report] United Kingdom
[76] Gender Identity Research and Education Society Trans Health Factsheets

- Smoking can affect oestrogen levels, increase the risk of osteoporosis and reduce the feminising effects of oestrogen medication
- More trans people are likely to experience issues with their mental health, including depression, anxiety and thoughts of suicide
- 45% of trans young people (aged 11–19) have tried to take their own life. We also know that trans people are more likely to report a long-term health condition.[77]

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:
  - Mental health problems are increasing within the student population. The proportion of students who disclosed a mental health condition to their university increased rapidly from under 1% in 2010/11 to 5.8% in 2022/23 [78]
  - 57% of students self-reported experiencing a mental health issue and 27% reported having a diagnosed mental health condition
  - Mental health is by far the most common main reason someone considered dropping out of university. [79]
- 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's 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

[77] Hidden-figures-LGBT-health-inequalities-in-the-UK.pdf
[78] Student mental health in England: Statistics, policy, and guidance - House of Commons Library
[79] student-mental-health-in-2023.pdf

- Oral health
- Infectious diseases and
- Support following release

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 wellbeing needs should help reduce health inequalities and reduce the risk of re-offending by young people.

4.11 Homelessness 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 45.9 years for men and 43.4 years for women compared to the mean age at death for the general population of England and Wales which is 79.1 and 83 years respectively (2024). 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 three most common causes of deaths amongst homeless people in England and Wales in 2019 were [80]:

- Drug poisoning (37.1%)
- Suicide (14.4%)
- Alcohol-specific causes (9.8%).

[80] Deaths of homeless people in England and Wales - Office for National Statistics

More than one in three 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 Centrepoint[81], there are around 5,856 young people currently presented as homeless or at risk of homelessness which is an 8% increase from 2023/24; homeless young people are amongst the most socially disadvantaged in society.

Previous research has shown that many homeless people have complex problems including substance misuse, mental and physical health problems, and have suffered abuse or experienced traumatic events. According to the Crisis foundation 68% of homeless people report having a long-term illness, disability or infirmity which is over three times higher than the general population (22%). 82% of the homeless population have a mental health diagnosis compared to 12% of the general population and 45% of the homeless population use drugs and alcohol to cope with their mental health issues and their situation.

4.12 Traveller and Gypsy Communities [82]

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[83]
- 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

[81] Stats and facts | Centrepoint

[82] https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/360/full-report.html

[83] 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/s12889-020-096144.PMID: 33081730

- 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 Gypsies and Travellers have the potential to be disproportionally 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[84]
- 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 of services as well as low levels of health literacy of what services they are entitled to use or how to access them.[85]

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 2025 has seen a decrease compared to the year before but are still currently higher than the years before. Service provision to refugees and people seeking asylum by non-government organisations has decreased significantly in recent years.

Being an asylum seeker/refugee has an adverse impact on health and wellbeing. For service users the lack of, or limited access to, information and tenancy support appear to be 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.

84 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/929125/COVID-19_-_mitigating_impacts_on_gypsy___traveller_communities.pdf

85 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

The 2021 census found that the top 10 countries of origin of people born outside the UK, in order of highest numbers first were [86]:

- Pakistan
- India
- Bangladesh
- Poland
- Romania
- Germany
- South Africa
- Nigeria
- Italy
- Ireland

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 support for migrants, lack of a strategic approach to information 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 which includes Post Traumatic Stress Disorder (PTSD). Other health issues include substance misuse, 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

[86] International migration, England and Wales - Office for National Statistics

- 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 are:

- Depression
- Anxiety
- Alcohol abuse

Probable PTSD affects about 10.5% of veterans. 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 2026 report on the cost of poor military to civilian transition from the Forces In Mind Trust highlights the problems often faced by military veterans. Currently they estimate that 27.2% of men and 35.5% of women suffer from a mental health disorder as a result of their service. 8.7% of veterans are estimated to be drinking harmful levels of alcohol and 0.8% are estimated to have a drug dependency problem[87].

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.

[87] The cost of poor military-to-civilian transition among the UK Armed Forces community: Findings from 'Understanding the Transition from Military to Civilian Life'

5. Provision of Pharmaceutical Services

5.1 Current Provision within Hywel Dda University Health Board Area

There are 96 pharmacies included in the pharmaceutical list for the area of the Health Board as of 1 March 2026, operated by 47 different contractors to GP registered population of 401,515 this is an increase from 387,284 in 2021. There are no dispensing appliance contractors providing services within the area of the Health Board.

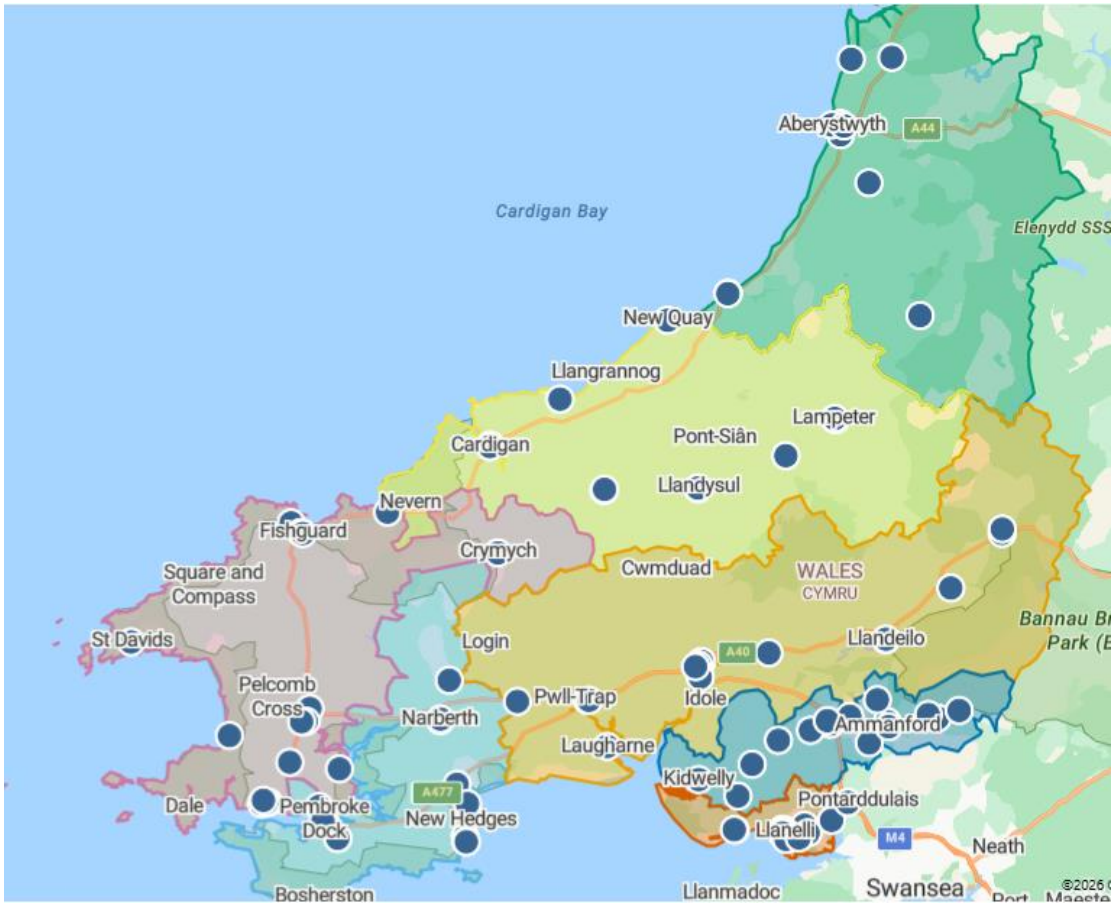
Of the 47 GP practices in the Health Board area, four dispense to eligible patients from five sites within the Health Board's area. As of 1 March 2026, the GP practices dispensed to 10,479 of their registered patients (40% of the total list size for all four practices). The percentage of dispensing patients at practice level varied between 4% to 86% of registered patients.

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.

Controlled locality maps are not currently available for inclusion within this PNA. The Health Board recognises the value of spatially presenting controlled locality boundaries to support understanding of the pharmaceutical services market entry framework and dispensing GP practice arrangements. The development and publication of controlled locality maps will therefore be considered as part of future PNA reviews and updates.

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

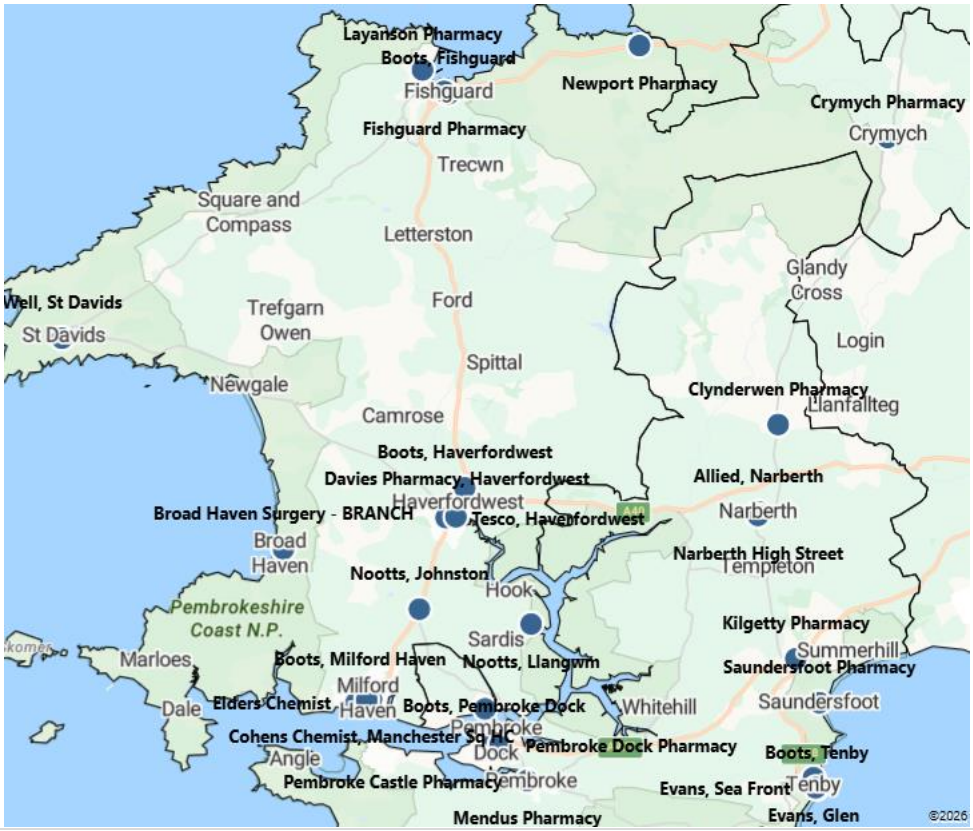
Map 5.1.1 - Location of Community Pharmacies and Dispensing GP practices in Hywel Dda



Map 5.1.2 - Location of Community Pharmacies and Dispensing GP practices – Carmarthenshire

Map 5.1.3 - Location of Community Pharmacies and Dispensing GP practices – Ceredigion

Map 5.1.4 - Location of Community Pharmacies and Dispensing GP practices – Pembrokeshire

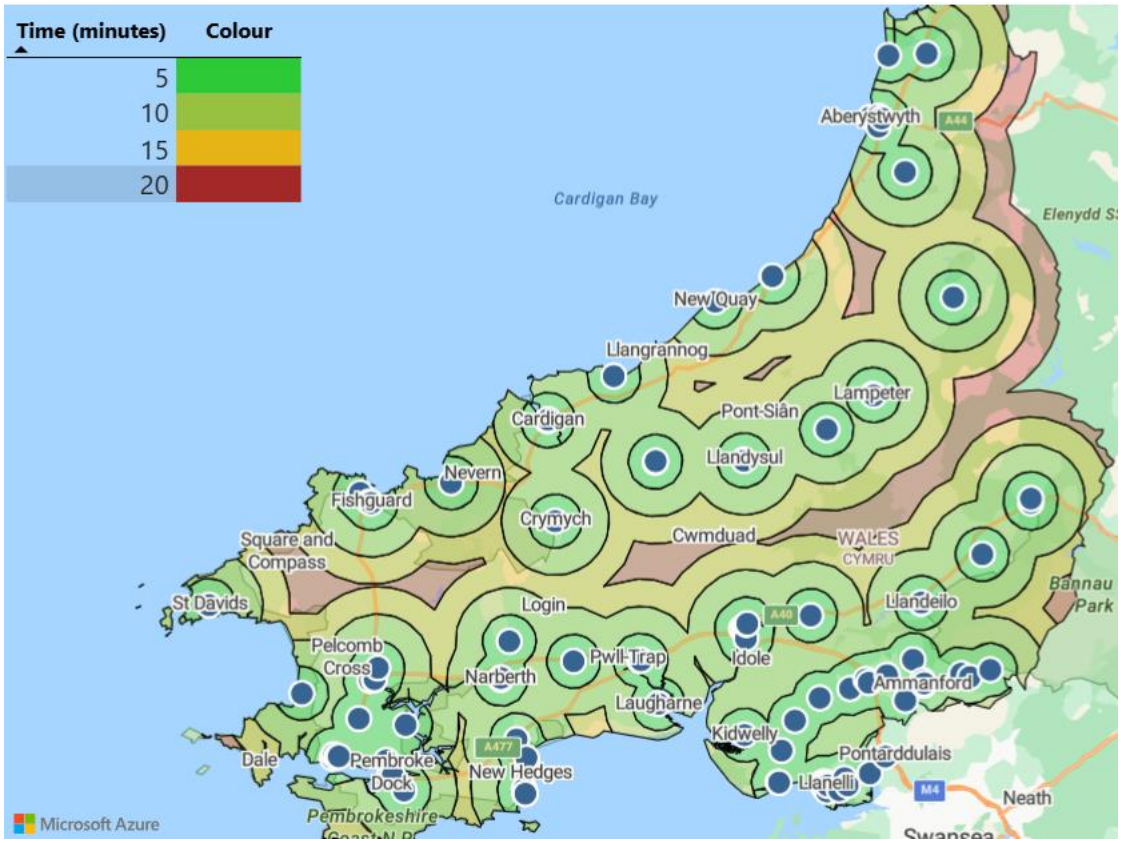


In 2024/25 92% of items prescribed by GP practices in the Health Board's area were dispensed by pharmacies within the Health Board's area and 4% were dispensed or personally administered by the GP practices.

5.1.1 Access to premises

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 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.

Map 5.1.5 – Time taken to access a community pharmacy or dispensing GP practice by car in Hywel Dda



Responses to the public and patient questionnaire provide the following insights into accessing pharmacies:

50% could get to a pharmacy between 5 and 15 minutes. 24% could get to a pharmacy between 15 and 30 minutes and 22% of respondents could get to a pharmacy in less than 5 minutes. Only 4% of respondents indicated that it took more than 30 minutes,

this journey could be by any mode of transport and could be to the patient's usual pharmacy rather than nearest pharmacy.

5.1.2 Access to Pharmaceutical Services

Whilst the majority of people will visit a pharmacy during the 8.30am to 6.30pm period, Monday to Friday, following a visit to their GP or another healthcare professional, there will be times when people will need, or choose, to access a pharmacy outside of those times. This may be to have a prescription dispensed after being seen by the out of hours GP service, NHS Wales 111, or to collect dispensed items on their way to or from work, or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day.

The patient and public engagement questionnaire showed that weekdays between 9am -12noon is the most convenient time for respondents to visit a pharmacy

Appendix K provides information on the pharmacies opening hours as at 1st February 2026 and at that point in time there were:

- 9 pharmacies open seven days a week
- 16 pharmacies open Monday to Saturday
- 22 pharmacies open Monday to Friday, and part of Saturday
- 49 pharmacies that open Monday to Friday.

The latest opening hours can be found on the NHS111 website.

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

- 2 in Llanelli
- 1 in Tywi Taf
- 1 in North Pembrokeshire

There are four clusters; Amman Gwendraeth, North Ceredigion, South Ceredigion and South Pembrokeshire that do not have any pharmacies open after 6.30pm Monday to Friday. Residents of these clusters are within a 30-minute drive time of a pharmacy that is open until 8pm in a neighbouring cluster. The following pharmacies provide a commissioned out of hours rota service, where they receive a service payment to open outside of their normal opening hours – see 5.1.5.12 for further information.

County	Area	Pharmacies Participating	Additional Hours Offered
Carmarthenshire	Amman Valley	Garnant Pharmacy / Aman Pharmacy (alternate weeks)	Monday, Tuesday, Wednesday & Friday 17:30-18:00
Carmarthenshire	Kidwelly	Kidwelly Pharmacy	Monday-Friday 17:30-18:00
Carmarthenshire	Llandovery	Llandovery Pharmacy	Monday-Thursday 17:30-18:30; Friday 17:30-18:00
Carmarthenshire	Penygroes	Harlow & Knowles Pharmacy	Monday, Tuesday, Wednesday & Friday 17:30-18:00
Carmarthenshire	Pontyates	Harlow & Knowles Pharmacy	Monday, Tuesday, Thursday & Friday 17:30-18:00
Carmarthenshire	Tumble	Nigel Williams Chemist	Monday, Tuesday, Thursday & Friday 17:30-18:00
Carmarthenshire	St Clears	Evans Pharmacy Medical Hall / Evans Pharmacy Rebecca House (alternate weeks)	Monday-Friday 17:30-18:00
Carmarthenshire	Llandeilo	Well Pharmacy / Nigel Williams Chemist (alternate weeks)	Monday, Wednesday & Friday 17:30-18:00
Ceredigion	Newcastle Emlyn	Well Pharmacy	Monday & Wednesday 17:30-18:00
Ceredigion	Llandysul	Allied Pharmacy	Sundays - 16:00-17:00

GP practices are contracted to provide services between 8.00am and 6.30pm, Monday to Friday, excluding bank and public holidays. 1 practice in Hywel Dda UHB is signed up to provide extended hours Local Supplementary Service (LSS) which offers longer opening times. Details of the practice and the extended opening that they operate are detailed below. GP dispensaries will generally be open at the same time as the GP practice and dispense prescriptions issued as part of a consultation during this time as well as dispensing repeat prescriptions.

In 2024/25, two practices are open outside of their contracted hours. No practices are open on Saturday mornings.

- Brynteg Surgery – Ammanford Opens until 9.30pm on one evening between Monday and Thursday, twice a month
- Tywi Taf - Opens until 8.30pm on one evening between Monday and Thursday

There are no pharmacies within Hywel Dda UHB that are open beyond 8.00pm therefore any prescriptions issued after this time would need to be dispensed the following day.

Should GP practice opening hours change then the Health Board can direct existing pharmacies to open for longer hours where necessary.

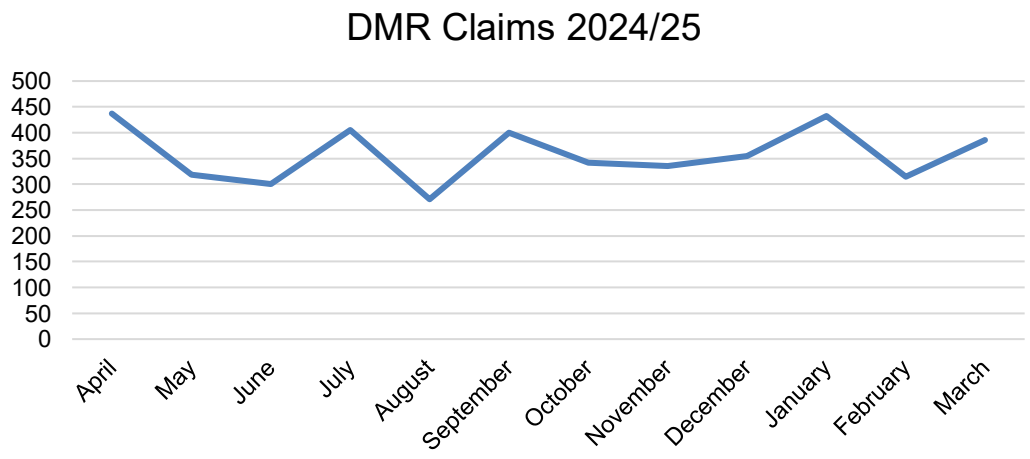
There are no plans for any GP practice mergers or relocations during the lifetime of the PNA which may affect access to pharmaceutical services.

There are minor injury units at all the main hospitals in Aberystwyth, Carmarthen, Haverfordwest, and Llanelli. There is also a nurse-led walk-in service at Tenby Hospital and a Same Day Urgent Care Service in Cardigan.

5.1.3 Access to Discharge Medicines Review Service

In 2024/25 95 pharmacies provided this service, and a total of 4,296 discharge medicines reviews were claimed for over the year. This is an increase from 1,356 in 2019/20.

Figure 5a



In 2025/26 as of January data, 4,013 discharge medicines reviews have been claimed for.

5.1.4.1 Clinical Community Pharmacy Service (CCPS)

In 2022, the Clinical Community Pharmacy Service was launched, bringing together components of community pharmacy services under one service specification.

In 2025, the CCPS was made up of the Common Ailments Service (CAS), Emergency Medicine Service (EMS) and Contraception Services (Bridging and Emergency Contraception) as detailed below.

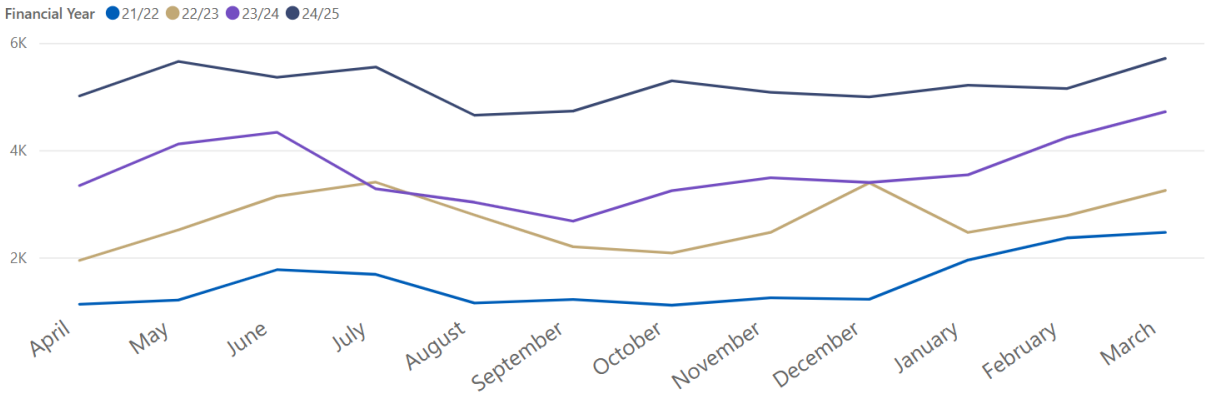
All 96 pharmacies in Hywel Dda offer CCPS in 2025/26.

5.1.4.1.1 Common Ailments Service (CAS)

The Common Ailment Service (CAS) aims to make community pharmacies the first point of contact for free confidential NHS advice and treatment for a range of common ailments without the need to make an appointment at a GP practice. CAS also seeks to promote self-care and responsible medicine use by supporting patients to manage minor conditions themselves, reducing future reliance on prescriptions and NHS services (further information on the Common Ailment Service and the conditions included are available in Section 7).

In 2024/25 all 96 pharmacies provided this service, and a total of 62,379 CAS consultations were claimed for over the year. This is an increase from 7,550 in 2019/20.

Figure 5b

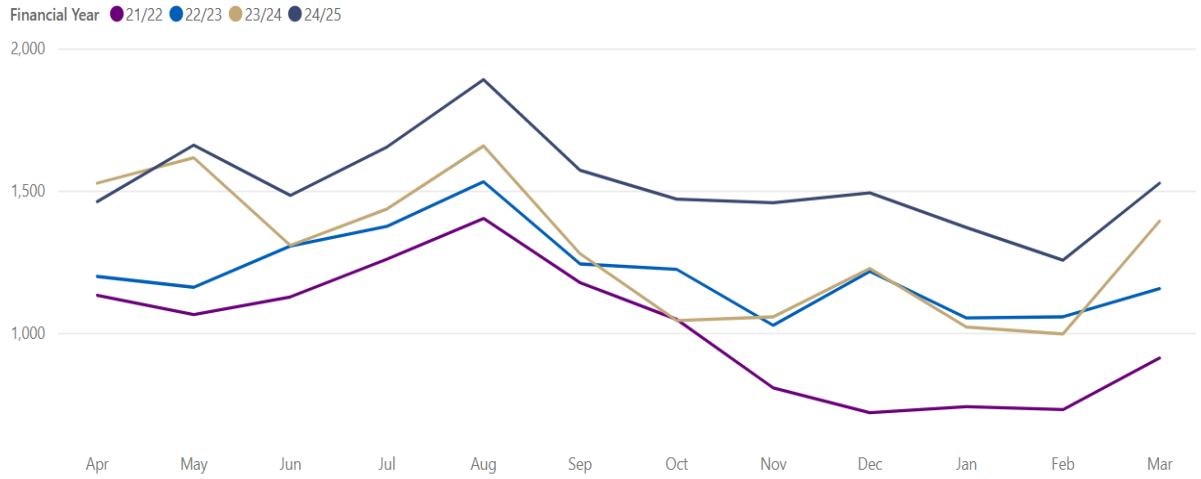


In 2025/26, as of January data, 60,648 CAS consultations have been claimed for.

5.1.4.1.2 Emergency Medicines Supply (EMS)

The Emergency Medicine Supply (EMS) Service provides the supply of urgently required, prescribed, repeat medication to patients where they are unable to obtain a prescription before they need to take their next dose.

Figure 5c



In 2024/25, the most frequently selected reason given by patients for accessing the service was 'Not ordered in time'. This reason accounted for 47% of the total supplies made. A further 22% noted that the prescription was not available in the GP practice for collection and 16% reported that they were on holiday and medication forgotten.

In 2024/25, 69% of medication dispensed via this service was dispensed in hours, this is defined as between 9am and 6pm Monday-Friday.

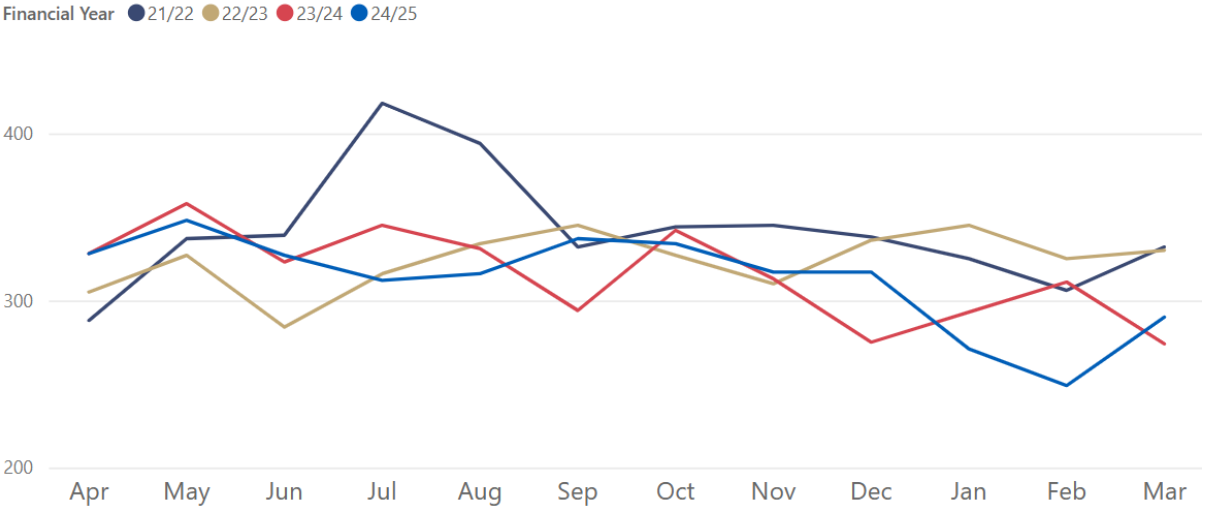
The EMS service is key in reducing demand on the NHS Wales 111 service, particularly on weekends by diverting patients who don't have access to their medication to a community pharmacy. This also has a positive impact on hospital and/or GP services in dealing with potential consequences of patients not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

5.1.4.1.3 Contraception Service

The service provides general advice and support to those seeking advice on contraception and signposting to specific services where appropriate, assisting them in obtain support via an appropriate NHS service provider, e.g. General Practitioner or local Sexual Health clinic. The service can be provided by a Pharmacist or Pharmacy Technician and allows emergency contraception and/or bridging and quick start contraception to be supplied, where appropriate, to patients aged 13 years and over, under a Patient Group Direction (PGD).

A total of 3,746 consultations were claimed for during 2024/25. This is a small decrease from 3,771 in 2019/20. All 96 pharmacies provide this service under CCPS which is an increase from the 83 pharmacies that provided the service when it was not under the CCPS umbrella, in 2019/20.

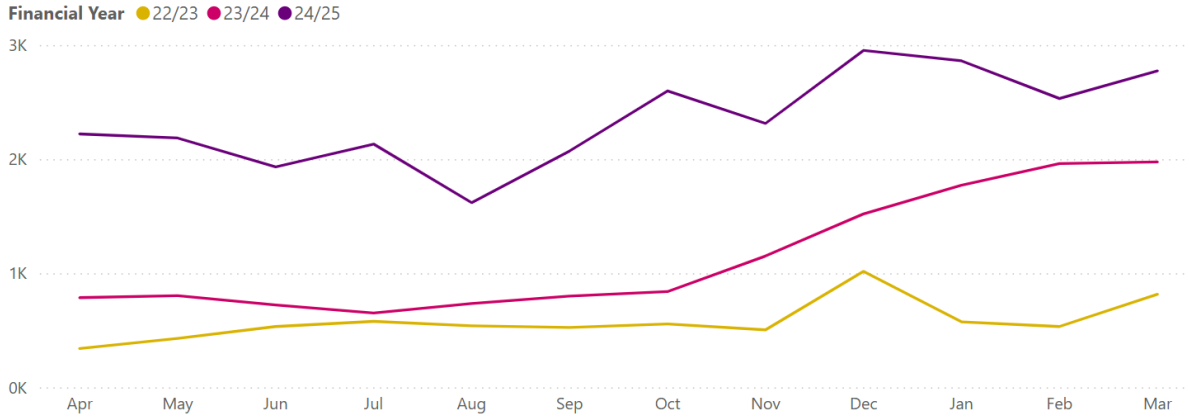
Figure 5d



5.1.4.10 Pharmacy Independent Prescribing Service (PIPS)

PIPS provides patients with timely access, commonly without an appointment, to appropriate advice and treatment from an Independent Prescriber (IP) at a Community Pharmacy. Where the patient is presenting with conditions and requests for care that are within the scope of practice of the IP and can be appropriately managed in a community pharmacy setting, the prescriber can prescribe medication. The service can reduce pressure on GP practices and other primary care services where self-care or over the counter medication is not appropriate and patients would have ordinarily made an appointment with their GP. Patients may be referred to other health or social care services when needed or if presenting with symptoms for conditions outside of the service or IP scope.

Figure 5e



The number of IP consultations taking place in Community Pharmacies have increased significantly, from 6,941 consultations in 22/23 to 28,191 in 2024/25 as pharmacists have completed their Independent Prescribing qualification. From 2026,

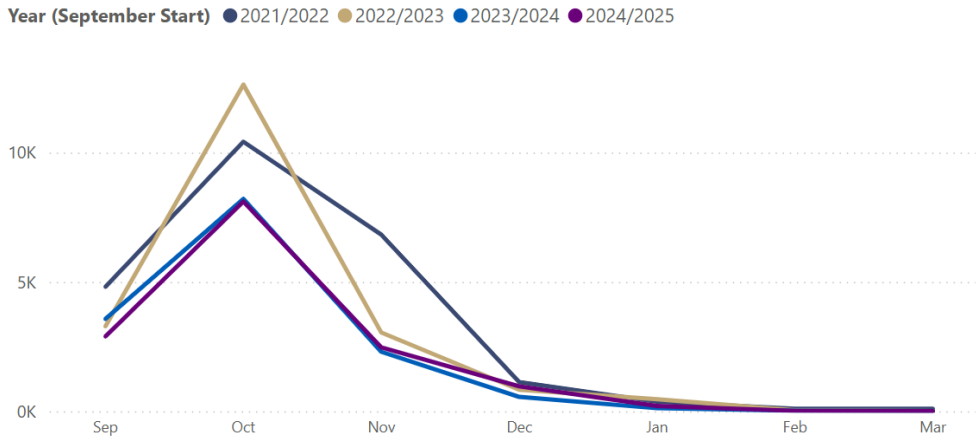
all newly qualified pharmacists will graduate as Independent Prescribers therefore we expect the service to continue to grow significantly over the next five years.

5.1.5 Access to Additional Services

5.1.5.1 Influenza Vaccination Service

In previous years, the service was a component of CCPS and offered by all 96 pharmacies. During 2024/25, 91 pharmacies provided the service, and 14,659 vaccines were administered to eligible cohorts of patients.

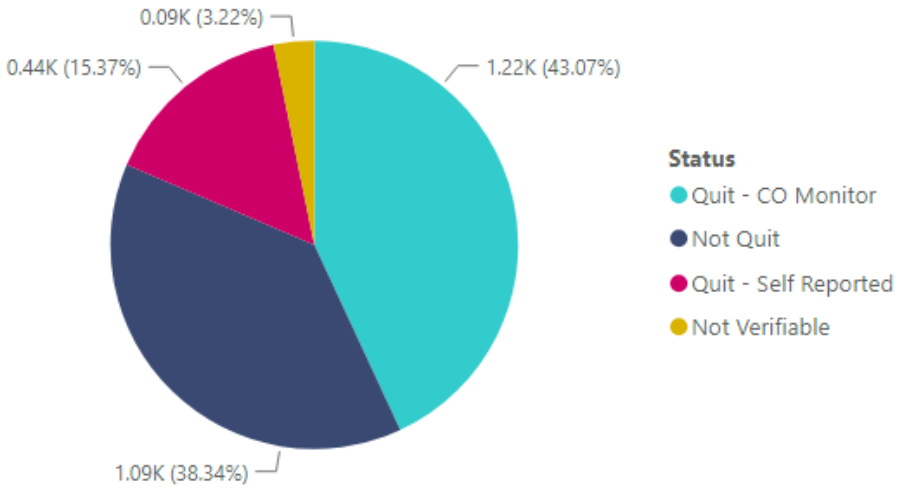
Figure 5f



5.1.5.2 Smoking Cessation Service

The service is available via two levels; Level 2 service is for patients who have been assessed and referred to the service via one of the referral pathways. They will have a recommended treatment pathway and visit a pharmacy to access a supply free Nicotine Replacement Therapy. 88 pharmacies are offering the Smoking Cessation Level 2 service, compared to 76 pharmacies in 2019/20. The Level 3 service provides the opportunity for patients who want to quit smoking to access support in addition to nicotine replacement therapy. 66 pharmacies are offering the Smoking Cessation Level 3 service, compared to 67 pharmacies in 2019/20. In 2024/25, 58% of patients referred to the service quit smoking.

Figure 5g



5.1.5.3 Patient Sharps Service

The service allows patients to dispose of full sharps bins, 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. In 2024/25 94 pharmacies offered the service and 87 pharmacies completed 9,676 transactions.

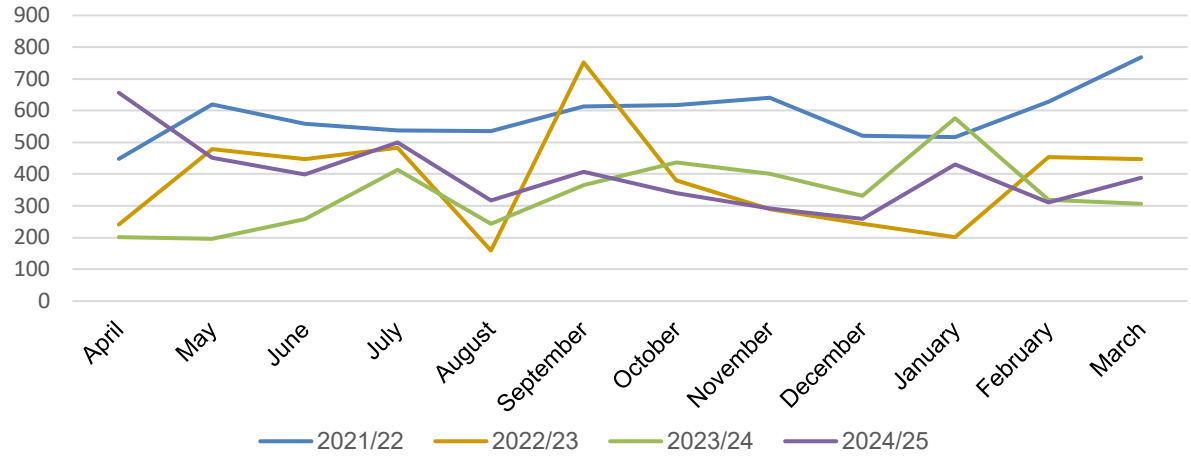
5.1.5.4 Supervised Administration Service

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. 73 pharmacies offer the service compared to 75 pharmacies in 2019/20.

5.1.5.5 Needle & Syringe Programme

The Needle & Syringe Programme (previously known as 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. 42 pharmacies offer the service compared to 43 pharmacies in 2019/20.

Figure 5h

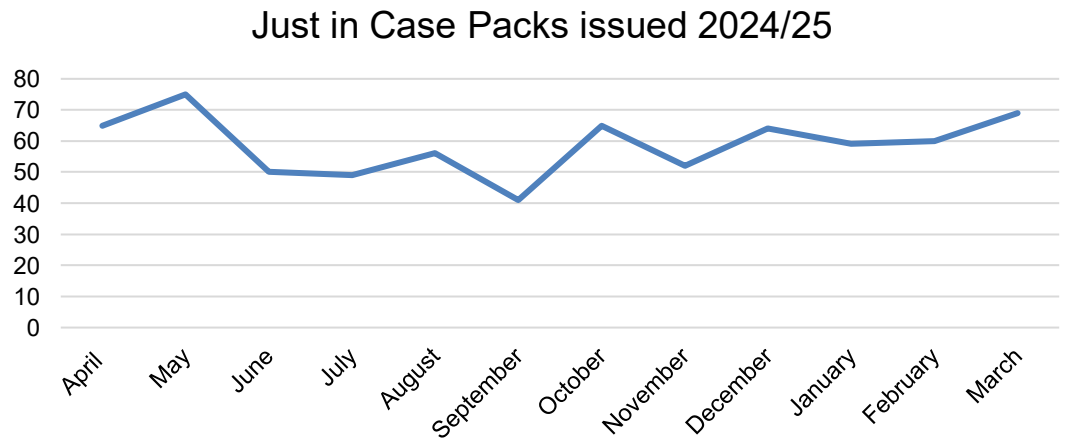


5.1.5.6 Just in Case Service

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.

During 2024/25, 87 pharmacies offered the JIC service and 705 packs were issued over the year, this is a slight decrease from 2019/20. Figure 5g illustrates how many were claimed per month.

Figure 5i



5.1.5.7 Care Home Support Service Level 1

The Care Homes Support and Medicines Optimisation Service aims to support the effective management of medication within Registered Care Homes. The service 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.

There are currently 18 pharmacies offering the service compared to 19 pharmacies during 2019/20.

5.1.5.8 Urgent Medication Service

The Urgent 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 to ensure that patients 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 cluster.

5.1.5.9 Medicines Administration Review (MAR) Service

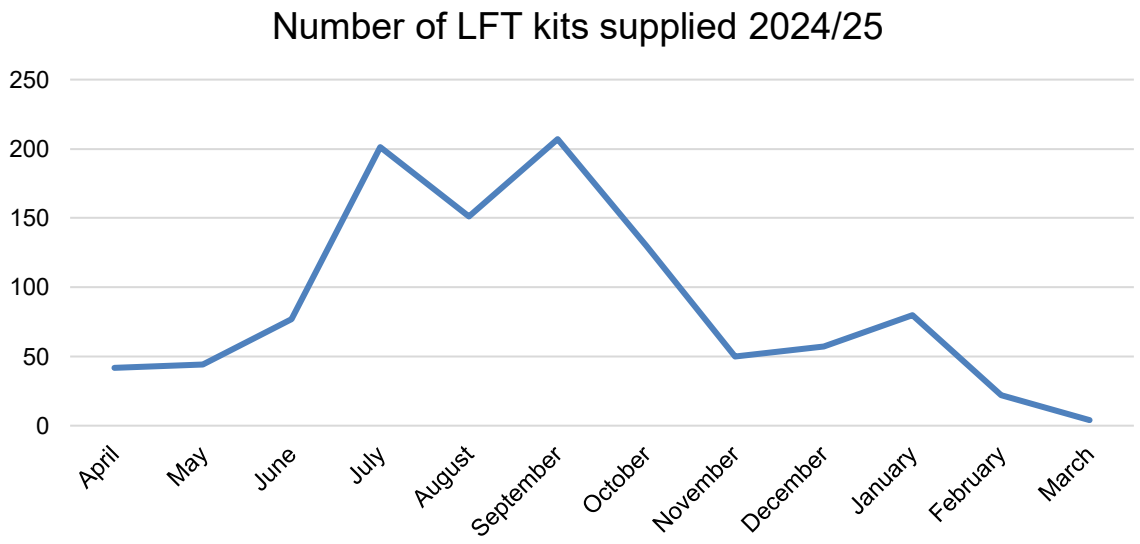
The service aims to use the expertise and accessibility of community pharmacies to support safe and effective medicines use for people receiving domiciliary care. This includes providing clear MAR charts for care workers, establishing strong links with care providers, ensuring robust systems for prescription management, acting as an accessible point of contact for medicine-related queries, and working closely with other healthcare professionals to resolve any medication issues raised by care workers or providers.

The service was commissioned in 2024 and there are 46 pharmacies offering the service. In 2024/25, 349 MAR Charts were issued, and the service is expected to continue to grow over the next five years as more care staff become trained in using MAR Charts.

5.1.5.10 Lateral Flow Testing (LFT) Service

The service was commissioned in 2023 and offers access to LFTs for patients who have a health condition that makes them eligible for COVID-19 treatment, to enable testing at home for COVID-19, following symptoms of infection. A positive LFT test result will be used to inform a clinical assessment to determine whether the patient is suitable for and will benefit from NICE recommended COVID-19 treatments. 63 pharmacies offered the service in 2024/25.

Figure 5j



5.1.5.11 Blood Borne Virus (BBV) 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 and Syringe Programme and Supervised Administration Services. The service was reviewed and commissioned in 2024 with seven pharmacies delivering the service.

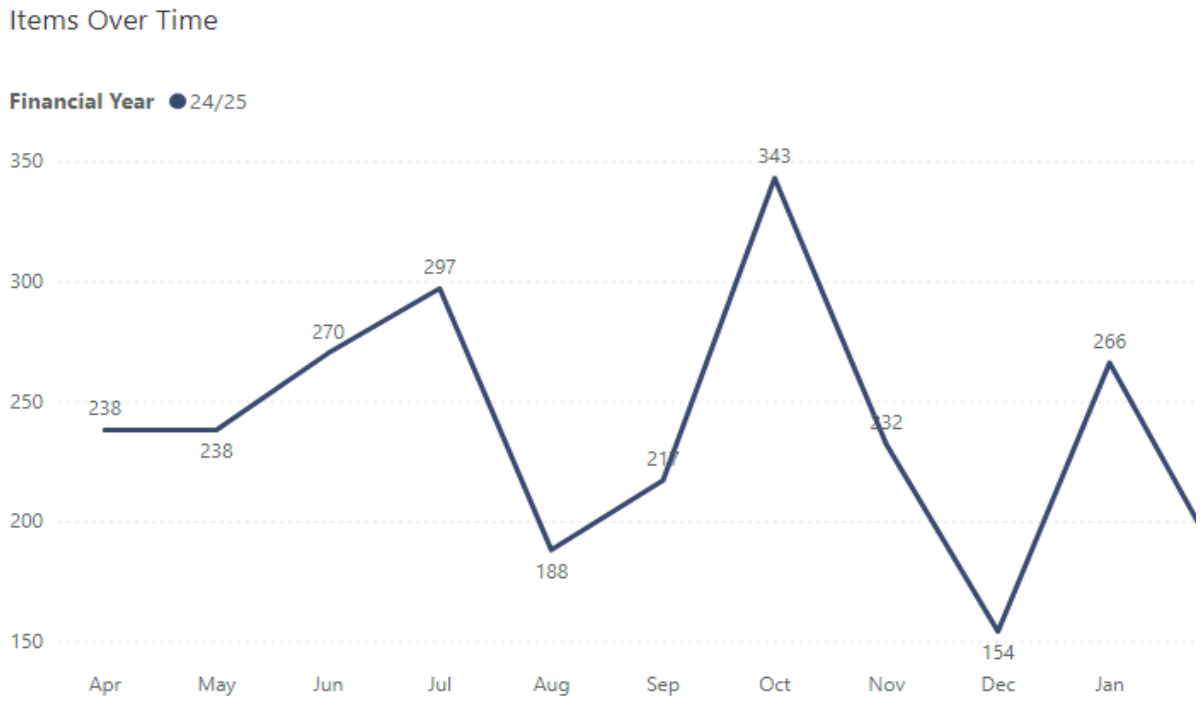
5.1.5.12 Out of Hours (OOH) Service

The service facilitates pharmaceutical services during the out of hours period. Pharmacies are paid to deliver pharmaceutical services outside of their usual opening hours, this is usually during the evening, weekend or during public or bank holidays to enable patients, carers and healthcare professionals to access pharmaceutical services. More information on pharmacies providing regular rota is detailed in 5.1.2. More information on public and bank holiday arrangements is detailed in 5.1.7.

5.1.5.13 Waste Reduction Service

The waste reduction service aims to reduce prescribing waste and over-ordering of repeat medication by utilising community pharmacists and support staff to ascertain directly from patients whether each item presented for dispensing is required. In 2024/25, 2,625 items were identified as not required, therefore not dispensed and this equated to a saving of £44,165.

Figure 5k



5.1.5.14 Anti-Coagulation Monitoring Service (INR) - Local 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 service which is offered in 1 pharmacy to support a local need in the area.

In 2019/20 an average of 44 patients per month were monitored via the service, this has reduced to an average of 32 patients in 2024/25.

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 Philip Hospital in Llanelli. For those without access to a car, this involved 2 buses. Further commissioning of this service will be based on local need, where no other accessible service is available.

5.1.6 Dispensing Service provided by some GP Practices

There are four dispensing GP practices providing dispensing services across five sites usually during their core hours which are 8.00am to 6.30pm from Monday to Friday excluding public and bank holidays. This has reduced from six dispensing GP practices dispensing across 8 sites in 2021.

As of 1 March 2026, 10,479 people were registered as a dispensing patient with their practice. 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.

5.1.7 Access to Pharmaceutical Services on Public and Bank Holidays

The Health Board has a duty to ensure that residents of its area are able to access pharmaceutical services every day. Pharmacies and dispensing appliance contractors are not required to open on public and bank holidays, or Easter Sunday, although some 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 Board's 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 University Health Board 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 for shopping, recreational or other reasons. Consequently, not all the prescriptions written for residents of the Health Board's area are dispensed within the same area although as noted in the previous section, the vast majority of items are.

In 2024/25, 4% of items were dispensed outside of the Health Board's area, of which 3% were dispensed elsewhere in Wales by a total of 345 different contractors. 1% were dispensed in England.

5.2.2 Access to Clinical and Additional Services

Information on the provision of clinical and additional 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 these services from contractors outside of the area.

5.2.3 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.

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 96 pharmacies, operated by 47 different contractors.

When asked what influences their choice of pharmacy the most common responses in the patient and public questionnaire were close to home / work (308 responses) and close to GP Practice (242 responses). Please note that more than one option could be ticked.

5.4 Statutory Role of the Pharmaceutical Needs Assessment (PNA)

The Pharmaceutical Needs Assessment (PNA) is a statutory requirement under the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020. In addition to informing service planning and commissioning, the PNA performs a formal regulatory function within the market entry system. Local Health Boards must have regard to the pharmaceutical needs identified in the PNA when determining applications for new pharmacy premises and certain relocation applications. The PNA therefore provides the statutory evidence base that underpins market entry decisions and helps ensure that changes to pharmaceutical service provision are aligned with identified current and future population need.

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 in hospitals are dispensed by the hospital pharmacy service
- Personal administration of items by GPs – similar to hospital pharmacies this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and other clinicians at the practice thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered
- GP out of hours service or NHS Wales 111 - – whether a patient is given a full or part course of treatment after being seen by the out of hours service will depend on the nature of their condition. This service will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing. Patients who contact NHS Wales 111 may be signposted if appropriate to a Community Pharmacy.
- 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.
- Sexual Health Clinics - 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.
- NHS dental care - may result in a prescription which will need to be dispensed in community pharmacy.
- Optometrists - 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.
- Substance misuse agencies - 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 Urgent Medication Service.
- Local stop smoking services - 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 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 number of items for these products being dispensed in the community.
- Prescriptions for patients receiving care results in the use of the Medicines Administration Review Service
- Patients prescribed sharps can dispose of them via their community pharmacy via the Return of Patient Sharps Service

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.

Bronglais General Hospital Pharmacy Department
Caradoc Road,
Aberystwyth,
SY23 1ER
Opening hours Mon – Fri 8.45am – 5.00pm (closed between 1pm-2pm)
Saturday 8.45am – 12.00pm
Sunday Closed

Glangwili General Hospital Pharmacy Department
Dolgwili Road,
Carmarthen,
SA31 2AF
Opening hours Mon – Fri 8.45am – 5.00pm
Sat & Sun – 8.45am – 12.30pm

Prince Philip Hospital Pharmacy Department
Llanelli,
SA14 8QF
Opening hours. Mon – Fri 8.45am – 5.00pm
Sat & Sun – 8.45am – 12.30pm

Withybush General Hospital Pharmacy Department
Fishguard Road,
Haverfordwest,
SA61 2PZ
Mon – Fri 9.00am – 5.15pm
Sat & Sun – 9.00am – 12.45pm

6.2 Personal Administration of Items by GPs

Under their primary medical services contract with the Health Board there will be occasion where a GP or other healthcare profession 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 or dispensing appliance contractor. In some instances, however, the GP or practice nurse will supply the item against a prescription, and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or the 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 GP practices. However, as a minimum in 2024/25 115,768 of items were personally administered by practices that do not also dispense.

6.3 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 GP practice 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 Philip Hospital
    - Llandysul
    - 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.

The Out of Hours service available in Community Pharmacy extends opening hours to support patients to access dispensing services during out of hours periods.

6.4 Minor Injury Units

Minor Injury Unit, Glangwili Hospital, Carmarthen	8.00am-8.00pm, 7 days a week
Minor Injury Unit, Prince Philip Hospital, Llanelli	8.00am-8.00pm, 7 days a week
Minor Injury Unit, Bronglais Hospital, Aberystwyth	8.00am - 8.00pm, 7 days a week.
Minor Injury Unit, Withybush Hospital	8.00am - 8.00pm
Same Day Urgent Care service, Cardigan	Monday - Friday 8.00am - 6.00pm Bank Holidays 9.00am - 4.30pm
Nurse Led Walk in Centre, Tenby Hospital, Tenby	Monday - Friday 10.00am - 5.00pm (including Bank Holidays, closed Christmas Day).

6.5 Sexual Health Clinics

There are appointment only sexual health clinics operating in Hywel Dda UHB. Appointments can be made by contacting the central telephone number 01267 248 674. The service provides advice and support for:

- sexual health, including testing and treatment for sexually transmitted infections (STIs and STDs)
- contraception, including emergency contraceptive pill and emergency coils
- abortion services
- access to PrEP (pre-exposure prophylaxis)
- access to PEP (post-exposure prophylaxis)
- vaccinations
- help for victims of sexual assault and
- psychosexual counselling

Carmarthenshire

Penlan, 1 Penlan Road, Carmarthen, SA31 1TF
Elizabeth Williams Clinic, Mill Lane, Llanelli, SA15 3SE

Ceredigion

Sexual & Reproductive Healthcare Centre, Penglais Road, Aberystwyth, SY23 3DU
Cardigan Integrated Care Centre, Rhodfa'r Felin, Cardigan, SA43 1JX

Pembrokeshire

Withybush General Hospital, Fishguard Road, Haverfordwest, SA61 2PZ
Pembroke Dock Clinic, Water Street, Pembroke Dock, SA72 6DW
Tenby Cottage Hospital, Gas Lane, Tenby, SA70 8AG

6.6 Dental Care

There are 25 NHS dental practices in Hywel Dda UHB. There are 12 located in Carmarthenshire, six in Ceredigion and seven in Pembrokeshire. Some dental appointments will result in prescriptions being issued and these will be dispensed in community pharmacies. In 2024/25, there were 20,154 NHS prescription items dispensed in community pharmacies written by Dentists.

6.7 Optometrists

There are 42 opticians located in Hywel Dda UHB. There are 20 of which are based in Carmarthenshire, 11 in Ceredigion and 11 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 2024/25 there were 5,840 consultations for conjunctivitis as part of the Common Ailment Scheme. This is an increase from the 1,548 consultations seen in 2019/20. 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.

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.

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

The Hywel Dda Smoking and 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 2,929 patients via the Level 2 service in 2024/25. 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 Food Subsidy Cards

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.

6.13 Medicines Administration Review Service

The service supports safe and effective medicines use for people receiving domiciliary care. This includes providing clear MAR charts for care workers, establishing strong links with care providers and ensuring robust systems for prescription management.

6.14 Return of Patient Sharps

The service allows patients to dispose of full sharps bins, safely and conveniently and receive a new one in return.

7. Health Needs that can be met by Pharmaceutical Services

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.

7.1 Dispensing

Everyone will at some stage require prescriptions to be dispensed irrespective of whether or not they are in one of the groups identified in section four. This may be for a one-off course of antibiotics or for medication that they will need to take, or an appliance that they will need to use, for the rest of their life in order to manage a long-term condition. This health need can only be met within primary care by the provision of pharmaceutical services be that by pharmacies, dispensing appliance contractors or dispensing doctors.

Coupled with this is the safe collection and disposal of unwanted or out of date dispensed drugs. Both the Health Board and pharmacies have a duty to ensure that people living at home or in a residential care home can return unwanted or out of date dispensed drugs for their safe disposal.

It should be noted that collection and delivery services are not contractual services and are therefore provided privately by pharmacies at their discretion.

7.2 Substance Use

The provision of a supervised consumption enhanced service by pharmacists can:

- Assist prescribing clinicians in the provision of community based prescribing;
- Ensure that the patient takes the correct doses of medication as prescribed;
- Prevent prescribed medication being diverted to the illegal market;
- Reduce the possibility of accidental poisoning, particularly of children; and
- Reduce incidents of accidental death through overdose.

The needle and syringe programme and return of patient sharps services will assist in the reduction of the sharing of needles (and equipment) which can consequently result in blood-borne viruses and other infections being transmitted. A Blood Borne Virus (BBV) testing service is available to help identify HIV, Hepatitis B and Hepatitis C. The service can raise awareness of such viruses and encourage safer practice of needle use.

There are also elements of service provision which will help address this health need:

- Where the pharmacy does not provide services such as needle and syringe programme signposting people using the pharmacy to other providers of the services.
- Signposting people who are potentially dependent on alcohol to local specialist alcohol treatment providers
- Pharmacies participation in public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected and could include substance use.
- Providing healthy living advice during consultations for other services.

7.3 Cancer

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to cancer care as part of the essential services they provide:

- Disposal of unwanted drugs, including controlled drugs
- Providing appropriate advice to people who use the pharmacy and appear to smoke or are overweight with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their personal circumstances.
- Pharmacies participation in public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected and could include cancer.
- Signposting people using the pharmacy to other providers of services or support.
- Providing healthy living advice during consultations for other services.

7.4 Long-term conditions

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to long-term conditions as part of the essential services they provide:

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances
- Pharmacies participation in public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected and could include long term conditions.
- Signposting people using the pharmacy to other providers of services or support.

- Providing healthy living advice during consultations for other services.

The Influenza Vaccination service offers the flu vaccine to a defined group of eligible patients usually aged 18 and over. The vaccination can be arranged at a convenient time and location improving uptake and supporting health and wellbeing.

The anti-coagulation Monitoring service is a local additional 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

7.5 Obesity

Four elements of the essential services will address this health need:

- Where a person presents a prescription, and they are overweight, the pharmacy is required to give appropriate advice with the aim of increasing the person's knowledge and understanding of the health issues which are relevant to their circumstances
- Pharmacies participation in public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected and could include obesity.
- Signposting people using the pharmacy to other providers of services or support
- Providing healthy living advice during consultations for other services.

7.6 Sexual Health & Teenage Pregnancy

Contraception Services coupled with elements of other service provision will help address this health need:

- Pharmacies participation in public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected and could include sexual health and teenage pregnancy.
- Providing healthy living advice during consultations for other services.

7.8 Smoking

In addition to a smoking cessation enhanced service there are elements of essential service provision which will help address this health need:

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances
- Pharmacies participation in public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected and could include stop smoking.
- Where the pharmacy does not provide the smoking cessation service, signposting people using the pharmacy to other providers of the service
- Routinely discussing stopping smoking when selling relevant over the counter medicines
- Providing healthy living advice during consultations for other services.

7.9 Support for Self-Care

Support for self-care is an essential, clinical and additional service. The common ailment service and pharmacy independent prescribing service encourages patients to consult a participating pharmacy, rather than their GP. The pharmacist will supply medication from an agreed formulary or prescribe medication within their scope of practice if an independent prescriber, as well as give advice or refer the patient to the GP if necessary. Medicines provided are supplied free of charge thereby removing the payment barrier, which can prevent patients choosing to see a pharmacist instead of their GP. will increase year on year which will result in better access to an acute conditions IP service.

Ailments covered by the common ailment service include:

- Acne
- Athletes foot
- Back pain
- Colic
- Conjunctivitis
- Constipation
- Diarrhoea
- Dry eyes
- Dry skin
- Haemorrhoids
- Hay fever
- Head lice

- Indigestion and reflux
- Intertrigo/ringworm
- Mouth ulcers
- Nappy rash
- Oral thrush
- Scabies
- Sore throat
- Teething
- Threadworms
- UTI
- Vaginal thrush
- Verrucae

The Emergency Medication Supply 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.

All 96 community pharmacies offer Common Ailments Scheme and Emergency Supply Service.

7.10 Care Home and Medicines Administration Support

The Care Home Support additional service supports the safe ordering, supply, storage and administration of medicines and appliances within care homes. It involves a systematic review of all medicine management processes in the care home and the development of medicines protocols and procedures to support effective use of medicines, reduction of risk and reductions of avoidable waste. The Medicines Administration Review Service supports safe and effective medicines use for people receiving domiciliary care. This includes providing clear MAR charts for care workers and working closely with other healthcare professionals to resolve any medication issues raised by care workers or providers.

7.11 Palliative Care Services

Hywel Dda UHB operate an Urgent 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. Community pharmacies also dispense a Just in Case pack upon receipt of a prescription by a clinician. The Just in Case Service 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.

7.12 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 Pharmacy Independent Prescribing services that in the future there will be a greater range of services available through community pharmacy.

8. Amman Gwendraeth Cluster

8.1 Key facts

8.1.1 Population and Population Projections

The Amman Gwendraeth Cluster serves a GP-registered population of 60,602 as at October 2025 and is the third largest cluster by population in the Health Board Area. It is one of the three clusters within the county of Carmarthenshire. The Amman Gwendraeth Cluster has two distinct areas: Ammanford and its surrounding villages; and the Gwendraeth Valley. The cluster 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 31 miles. The largest town within the Amman Gwendraeth Cluster is Ammanford.

Carmarthenshire as a county is classified as predominantly rural, with approximately 60% of its population living in areas defined as ‘’Village, Hamlet & isolated Dwellings – both sparse and less sparse”.

The GP registered population of the Amman Gwendraeth Cluster has increased by 0.32% since the previous PNA in 2021Carmarthenshire’s total population is projected to rise to 193,104 by 2031. 3,469 between 2025 and 2035 (from 190,925 to 194,404). The population of Carmarthenshire increased by 2.2% between the last two census (held in 2011 and 2021) from 183,800 in 2011 to 187,900 in 2021.

8.1.2 Life Expectancy and Health of the Population

- The Amman Gwendraeth Cluster has approximately 15,231 people aged 65 years and over (23.8%) which is lower than the Welsh average of 21.7%. 25.1% of the population are aged of 65 years and over which is lower than the Hywel Dda UHB average of 26%, and lowest across the 3 counties (Pembrokeshire, Ceredigion & Carmarthenshire). (ONS 2024)
- Carmarthenshire has a teenage conception rate of 13.9 per 1000 females aged under 18 years, which is lower than the rate for Wales (15.7) and lower than the rate for Hywel Dda UHB (15.1) and second highest across 3 counties. (ONS MYE)
- 15% of residents in Carmarthenshire drink more than the recommended guidelines. This is 1.4% lower than the Welsh average (16.4) and lowest in Hywel Dda UHB.
- The adult smoking prevalence in Carmarthenshire is 14.1% which is the highest in Hywel Dda UHB and 1.1% higher than the Welsh average of 13% (National Survey for Wales 2021 – 2023) In Carmarthenshire, there are 4,281 people with a physical disability on local authority registers.

- 12.1% of the population within the Cluster are providing unpaid care.
- The four most prevalent cancers in Carmarthenshire show incidence rates (per 100,000, all ages) are generally below the Wales average and sit mid-range across the three counties. Prostate cancer (179.5) is similar to the Wales rate (178.1), slightly above ceredigion (176.8) and below Pembrokeshire (202.9. Colorectal cancer (73.2) is lower than both Ceredigion (80.7) and Pembrokeshire (75.3), and below Wales (81.1). Lung cancer (66.0) is higher than Ceredigion (55.2), similar to Pembrokeshire (65.2), and below Wales (74.9). Breast cancer (64.3) is markedly lower than both Ceredigion (112.3) and Pembrokeshire (118.3) and well below the Wales rate (178.1). (Cancer Reporting Tool, Public Health Wales 2022)
- The percentage of working age adults of health weight in Carmarthenshire is 29.9% which is lower than the Wales average (35.4%) and lowest in Hywel Dda UHB (Public Health Wales Observatory, PHOF 2022)
- Diabetes prevalence (17+) across Carmarthenshire is at or above the Wales average, with Llanelli (8.5%) 0.5 points higher, Tywi Taf (8.1%) close to average, and Amman Gwendraeth highest at 9.0%. Within the region, Llanelli sits mid-range, similar to South Ceredigion (8.5%), lower than South Pembrokeshire (9.3%), and above North Pembrokeshire (8.3%) and North Ceredigion (6.7%). Overall, Amman Gwendraeth is highest, Tywi Taf lowest, and all three clusters in Carmarthenshire meet or exceed the Wales average (8%). (ARCH Health Needs Assessment, 2023)
- According to the 2021, Census 39.9% of people aged 3 years and above in Carmarthenshire are able to speak Welsh.
- 15% of residents in Carmarthenshire drink more than the recommended guidelines. This is 1.4% lower than the Welsh average (16.4) and lowest in Hywel Dda UHB. (National Survey for Wales 2021 – 2023)
- The percentage of working age adults of health weight in Carmarthenshire is 29.9% which is lower than the Wales average (35.4%) and lowest in Hywel Dda UHB (Public Health Wales Observatory, PHOF 2022)
- According to the 2022/23 Child Measurement Programme produced by Public Health Wales, using CMP data (DHCW), children aged four to five with Obesity in Carmarthenshire is 14.1 per 1000 children. This is significantly higher than the Welsh average (11.4) and highest in Hywel Dda UHB. (QAIF Obesity Register Data)
- Carmarthenshire is the 5th highest local authority across Wales for Cardiovascular deaths with 285.3 per 100,000 which is 23.6 higher than the Wales average.

8.1.3 Deprivation

Within the 30% most deprived LSOAs in Wales (WIMD 2025), there is an uneven distribution across the three clusters in Carmarthenshire, with the largest share in Llanelli (14), followed by Amman Gwendraeth (10) and Tywi Taf (7). This pattern highlights a clear concentration of relative deprivation in Llanelli, alongside notable levels in Amman Gwendraeth and a smaller, though still significant, presence in Tywi Taf.

8.1.4 Cluster Developments

The Carmarthenshire County Council development plan indicates a substantial programme of new-build and affordable housing across the county, recognising that Hywel Dda UHB and local authority boundaries do not fully align and therefore all totals remain indicative. Between 2026 and 2030, around 340 RSL properties are expected in Amman Gwendraeth. In addition, across the Ammanford and the Amman Valley areas, approximately 18 council homes are in the pipeline. This is still indicative.

While anonymised and with postcodes removed due to the sensitive nature of the data, this projected growth provides a useful indication of the scale of change that community pharmaceutical services may need to prepare for across the Amman Gwendraeth footprint.

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.

8.2 Current Provision of Pharmaceutical Services within the Cluster

There are 16 pharmacies in the Amman Gwendraeth Cluster operated by 13 different contractors. Locations of the pharmacies run the full length of the cluster (see map 8.2.1).

There are 2.64 pharmacies for every 10,000 population in the cluster. This is above the overall rate for Hywel Dda UHB, which is 2.47.

In 2021, there were 2.65 pharmacies for every 10,000 population in the cluster. The overall rate for Hywel Dda UHB was 2.53 in 2021.

There are no dispensing GP practices within the cluster.

8.2.1 Location of Community Pharmacies in the Amman Gwendraeth Cluster

Full Pharmacy addresses can be found in Appendix K

It is expected that a pharmacy will provide at least 40 hours of opening each week. There are four pharmacies within the Amman Gwendraeth Cluster 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
- 3 pharmacies are open Monday to Friday and Saturday morning
- All 16 pharmacies are open Monday to Friday (with 1 open for only part of the day on Wednesday)

No pharmacies within the cluster are open beyond 6.30pm Monday to Friday.

All pharmacies open at 9am, except one, which opens at 8.30am.

Nine of the 16 pharmacies close for lunch at varying times between 12.00 and 2.00pm Monday to Friday.

One pharmacy closes for lunch on Wednesday and Thursday only.

One pharmacy does not close for lunch on a Wednesday as they close at 2.00pm.

The remaining pharmacies are open all day.

The next section sets out data on total opening hours in February 2026 provided by pharmacies compared to total opening hours in August 2021. Full details of current pharmacy opening times can be found in Appendix K.

Pharmacy	Total Hours 01/08/21	Total Hours 01/02/26	Changes to weekend hours	Total Hours Change
Allied, Ammanford	50.5	48.0	0.0	-2.5
Boots, Ammanford	45.0	45.0	0.0	0.0
Margaret Street Pharmacy	40.0	40.0	0.0	0.0
EM Morris Pharmacy	37.0	37.0	0.0	0.0
Cross Hands Pharmacy	45.0	45.0	0.0	0.0
Nigel Williams, Cross Hands	48.0	48.0	0.0	0.0
Garnant Pharmacy	40.5	40.5	0.0	0.0
Aman Pharmacy	38.0	38.0	0.0	0.0
Kidwelly Pharmacy	40.5	40.5	0.0	0.0
Williams Pharmacy	40.0	42.0	0.0	2.0
Harlow & Knowles, Penygroes	46.25	40.0	-3.0	-6.25
Harlow & Knowles, Pontyates	40.0	40.0	0.0	0.0
Well, Pontyberem	37.5	37.5	0.0	0.0
Well, Trimsaran	42.5	42.5	0.0	0.0
Nigel Williams, Tumble	42.5	42.5	0.0	0.0
Tycroes Pharmacy	37.5	37.5	0.0	0.0
Total Hours gained/lost	670.75	664	-3.0	-6.75

There are 664 total pharmacy opening hours per week in the cluster and equates to 109.57 pharmacy hours for every 10,000 population.

This has reduced from 670.75 total hours in 2021 and 111.03 pharmacy hours for every 10,000 population.

The overall rate for pharmacy hours per 10,000 population in Hywel Dda UHB in 2026 is 108.37.

Six pharmacies in the Amman Gwendraeth Cluster provide a rota service on alternate weeks, which supports additional opening hours. The pharmacies are:

Pharmacy	Rota Duty Times
Kidwelly Pharmacy	Monday-Friday, 17:30-18:00
Harlow & Knowles, Penygroes	Monday, Tuesday, Wednesday & Friday, 17:30-18:00

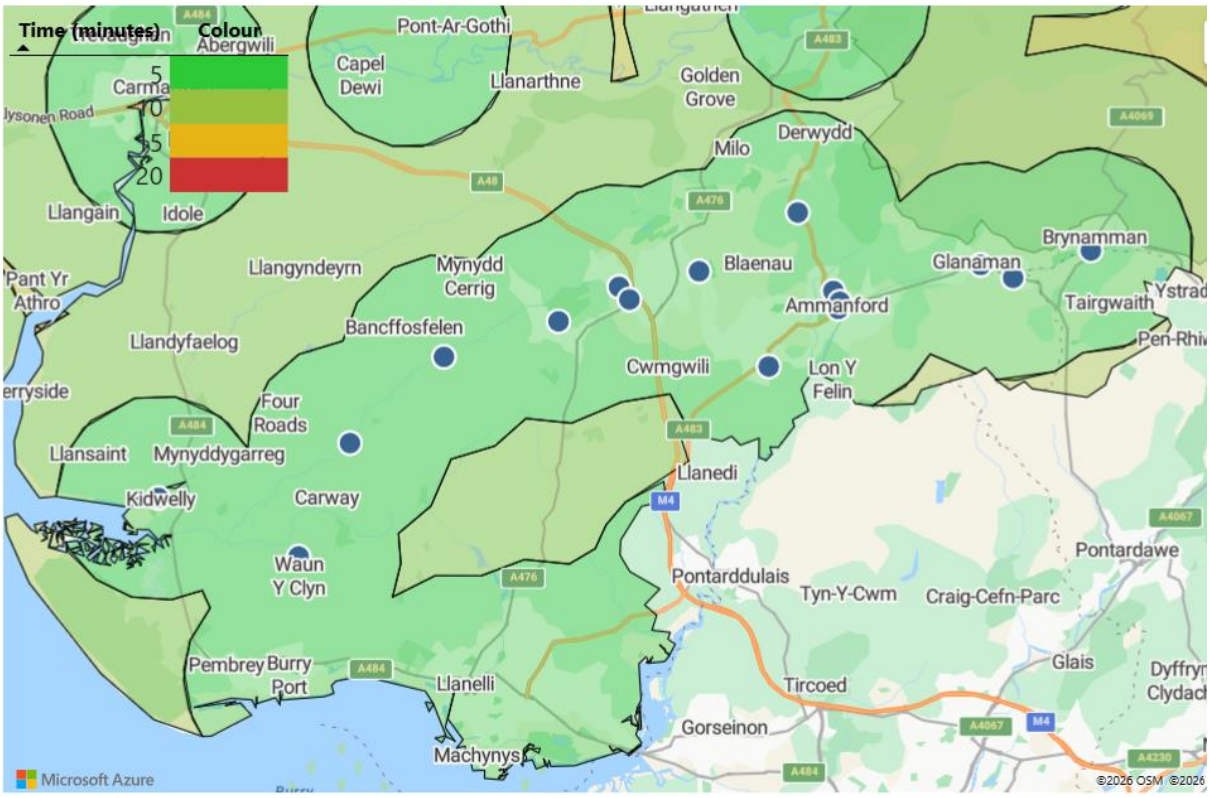
Harlow & Knowles, Pontyates	Monday, Tuesday, Thursday & Friday, 17:30-18:00
Nigel Williams, Tumble	Monday, Tuesday, Thursday & Friday, 17:30-18:00
Aman Pharmacy	Rota Service provided on alternative weeks Monday, Tuesday, Wednesday & Friday 17:30-18:00
Garnant Pharmacy	

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.

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 one pharmacy serving that population.

Map 8.2.2 shows the areas of the Amman Gwendraeth Cluster which are within a 5-, 10-, 15-and 20-minute drive of a pharmacy. This evidences that all residents living within the cluster are able to access a pharmacy well within the 30-minute drive time standard set for the maximum access time to pharmaceutical services.

8.2.2 Drive times from pharmacies in the Amman Gwendraeth Cluster



For Amman Gwendraeth 94.54% of all prescriptions written in 2024/25 by GP practices based in the cluster were dispensed by pharmacies within the cluster.

The next section sets out data on pharmaceutical services in 2024/25 provided by pharmacies compared to service availability and levels in 2019/20, for full information on these services please refer to Section 5.

Pharmaceutical Service	Number of pharmacies providing service 2019/20	Number of pharmacies providing service 2024/25	Number of patients accessed service 2019/20	Number of patients accessed service 2024/25
Common Ailment Service	16	16	1,905	12,829
Emergency Medicine Supply Service	15	16	826	2,920
Contraception Services	13	16	303	362
Influenza Vaccination Service	14	14	1,119	1,722
Just in Case Pack Service	14	14	45	92
Smoking Cessation Level 2	14	14	161	642
Smoking Cessation Level 3	13	13	131 with quit rate of 44%	295 with quit rate of 79%
Patient Sharps Service	16	16	1,045	1,801
Discharge Medicines Review	10	16	169	877
Pharmacy Independent Prescribing Service	0	11	Data not available	9,382
Needle & Syringe Service / Needle Exchange Programme	5	5	286**	270**

**This displays the number of transactions carried out by pharmacies

One pharmacy within the cluster offers the Urgent Medication Service.

8.3 Current Provision of Pharmaceutical Services outside the Cluster

Some residents choose to visit contractors outside both the cluster and the Health Board area in order to access services. Whilst the majority of prescription written by the GP practices in 2024/25 were dispensed within the Amman Gwendraeth Cluster, 2.54% were dispensed elsewhere in Hywel Dda UHB, whilst 1.81% were dispensed outside of Hywel Dda UHB by contractors in other areas of Wales and a further 0.06% were dispensed outside of Wales.

Considering that some residents might choose to access pharmacy services outside of the cluster, all residents would be able to access a pharmacy by car within 20 minutes from their home location.

8.4 Other NHS Services

The cluster has one community hospital: Amman Valley Hospital, Glanamman, in the north of the cluster.

The cluster has eight GP practices. Five of the practices operate branch surgeries in addition to their main sites.

There are four dental practices that offer NHS treatment and five optometric practices.

There are no Minor Injuries Units or GP Out of Hours treatment centres in the Amman Gwendraeth Cluster. 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.

One of the eight GP practices in the cluster provide extended opening hours:

- Brynteg Surgery, Ammanford opens until 9.30pm on one evening twice a month between Monday and Thursday

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 clusters of Llanelli or Tywi Taf to obtain dispensing services at one of the pharmacies in these areas that open until 8.00pm.

GP 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 services’.

Smoking cessation services are provided by Help Me Quit at a number of locations across the Amman Gwendraeth Cluster 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 cluster and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside of the cluster usually do so either to access a pharmacy in a neighbouring cluster or Health Board or a dispensing appliance contractor outside of the Health Board's area.

Any prescriptions dispensed after 6:30pm at these extended opening sessions would have to wait.

In 2024/25 a total of 194 contractors dispensed items written by one of the GP practices in this cluster, of which 109 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 seven clusters.

11 out of the 16 pharmacies in the Amman Gwendraeth Cluster have indicated in the contractor engagement survey that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three pharmacies said that they don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand.

The location of pharmacies across the cluster and a travel time of no more than 20 minutes by car meets the criteria set for access in Section 5.1.1, which defines a maximum travel time of 30 minutes. While not all households have access to a car, the nature of the cluster means that walking to a pharmacy will be a realistic option for many residents.

Number of pharmacies per 10,000 population

Noting the current and change in provision since 2021, as detailed in 8.2, the cluster is well served in terms of pharmaceutical services, based on current provision.

Number of pharmacies open within normal working hours

(Monday to Friday, 9.00am – 5.30pm)

Noting the current opening hours and change in total opening hours since 2021, as detailed in 8.2 and Appendix K, there is sufficient access to pharmacies within normal working hours in the Amman Gwendraeth Cluster.

Number of pharmacies open outside of normal opening hours on weekdays

(After 5.30pm Monday to Friday)

Noting the current opening hours and change in total opening hours since 2021, as detailed in 8.2 and Appendix K, overall, weekday coverage is consistent, but weekend access is limited and inequitable across the cluster.

Number of pharmacies open on weekends

Noting the current opening hours on weekends and changes to weekend hours since 2021 as detailed in 8.2 and Appendix K, it is concluded that they are sufficient to meet the likely needs of residents in the cluster. Additionally, pharmaceutical services are available within a 30-minute drive in neighbouring clusters, ensuring broader coverage and access when required.

Availability of pharmaceutical services

It is concluded that there is currently sufficient provision for pharmaceutical services to meet the likely needs of residents in the cluster 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 cluster. It is the Health Boards aim to have the best access possible for all pharmaceutical services.

Proximity of Dispensing Services to GP Practices

Each of the eight practices within the cluster operate from 15 sites (M = Main Site, B = Branch) have access to pharmaceutical services as follows:

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
Amman Tawe Partnership	Crosshands (M)	Pharmacy – next door
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
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.

It is concluded that the location of pharmacies in the Amman Gwendraeth Cluster is currently appropriate to serve GP practices and their patients.

9. Llanelli Cluster

9.1 Key Facts

9.1.1 Population and Population Projections

The Llanelli Cluster serves a GP-registered population of 62,515 as at October 2025 and is the second largest cluster by population in Hywel Dda UHB area. It is one of the three clusters within the County of Carmarthenshire. Llanelli is a highly diverse set of communities in an urban setting. The largest town within the Llanelli Cluster is Llanelli.

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 cluster to Pembrey in the west would take 20 minutes by road and cover a distance of 11 miles. Carmarthenshire as a county is classified as predominantly rural, with approximately 60% of its population living in areas defined as ‘’Village, Hamlet & isolated Dwellings – both sparse and less sparse”.

The GP registered population of the Llanelli Cluster has increased by 0.80% since the previous PNA in 2021. The population of Carmarthenshire increased by 2.2% between the last two census (held in 2011 and 2021) from 183,800 in 2011 to 187,900 in 2021. Carmarthenshire’s total population is projected to rise to 193,104 by 2031.

According to the 2021 Census 25.8% of people aged 3 years and above in Llanelli are able to speak Welsh compared to 39.9% for Carmarthenshire. Llanelli has the highest percentage of immigration from outside the UK within the Health Board area. The cluster has a number of travelling community sites.

9.1.2 Life Expectancy and Health of the Population

- 25.1% of the population are aged of 65 years and over which is lower than the Hywel Dda UHB average of 26%, and lowest across the 3 counties (Pembrokeshire, Ceredigion & Carmarthenshire). (ONS 2024)
- Carmarthenshire has a teenage conception rate of 13.9 per 1000 females aged under 18 years, which is lower than the rate for Wales (15.7) and lower than the rate for Hywel Dda UHB (15.1) and second highest across 3 counties. (ONS MYE)
- Carmarthenshire is the 5th highest local authority across Wales for Cardiovascular deaths with 285.3 per 100,000 which is 23.6 higher than the Wales average.

- 15% of residents in Carmarthenshire drink more than the recommended guidelines. This is 1.4% lower than the Welsh average (16.4) and lowest in Hywel Dda UHB. (National Survey for Wales 2021 – 2023)
- The adult smoking prevalence in Carmarthenshire is 14.1% which is the highest in Hywel Dda UHB and 1.1% higher than the Welsh average of 13% (National Survey for Wales 2021 – 2023)
- In Carmarthenshire, 24.2% of the population is disabled under the Equality Act.
- The census data in 2021 showed that Carmarthenshire had over 20,000 (11.4%) people providing weekly unpaid care.
- Llanelli has the second lowest cancer prevalence in Hywel Dda UHB at 3.55%.
- The four most prevalent cancers in Carmarthenshire show incidence rates (per 100,000, all ages) are generally below the Wales average and sit mid-range across the three counties. Prostate cancer (179.5) is similar to the Wales rate (178.1), slightly above Ceredigion (176.8) and below Pembrokeshire (202.9. Colorectal cancer (73.2) is lower than both Ceredigion (80.7) and Pembrokeshire (75.3), and below Wales (81.1). Lung cancer (66.0) is higher than Ceredigion (55.2), similar to Pembrokeshire (65.2), and below Wales (74.9). Breast cancer (64.3) is markedly lower than both Ceredigion (112.3) and Pembrokeshire (118.3) and well below the Wales rate (178.1). (Cancer Reporting Tool, Public Health Wales 2022)
- Llanelli is the cluster with the second lowest diabetes prevalence in the Health Board at 8.17% of the population. Slightly lower than the Health Board average of 8.71%.
- The percentage of working age adults of health weight in Carmarthenshire is 29.9% which is lower than the Wales average (35.4%) and lowest in Hywel Dda UHB (Public Health Wales Observatory, PHOF 2022)
- Diabetes prevalence (17+) across Carmarthenshire is at or above the Wales average, with Llanelli (8.5%) 0.5 points higher, Tywi Taf (8.1%) close to average, and Amman Gwendraeth highest at 9.0%. Within the region, Llanelli sits mid-range, similar to South Ceredigion (8.5%), lower than South Pembrokeshire (9.3%), and above North Pembrokeshire (8.3%) and North Ceredigion (6.7%). Overall, Amman Gwendraeth is highest, Tywi Taf lowest, and all three clusters in Carmarthenshire meet or exceed the Wales average (8%). (ARCH Health Needs Assessment, 2023)
- According to the 2022/23 Child Measurement Programme produced by Public Health Wales, using CMP data (DHCW) the Percentage of children aged four to five with Obesity in Carmarthenshire is 14.1 per 1000 children. This is significantly higher than the Welsh average (11.4) and highest in Hywel Dda UHB. (QAIF Obesity Register Data)

9.1.3 Deprivation

Within the 30% most deprived LSOAs in Wales (WIMD 2025), there is an uneven distribution across the three clusters in Carmarthenshire, with the largest share in Llanelli (14), followed by Amman Gwendraeth (10) and Tywi Taf (7). This pattern highlights a clear concentration of relative deprivation in Llanelli, alongside notable levels in Amman Gwendraeth and a smaller, though still significant, presence in Tywi Taf.

9.1.4 Cluster Developments

The Carmarthenshire County Council development plan indicates a substantial programme of new-build and affordable housing across the county, recognising that Hywel Dda UHB and local authority boundaries do not fully align and therefore all totals remain indicative. Between 2025 and 2027, 221 RSL properties are expected in Llanelli. In addition, approximately 309 council homes are in the pipeline. This gives a combined indicative total of 530 potential new housing units across the Llanelli Cluster area between 2025 and 2030.

Based on the assumption of 2-3 occupants per household, this could translate into an estimated 1,060 to 1,590 new residents moving into the cluster over this period.

While anonymised and with postcodes removed due to the sensitive nature of the data, this projected growth provides a useful indication of the scale of change that community pharmaceutical services may need to prepare for across the Llanelli footprint.

9.2 Current Provision of Pharmaceutical Services within the Cluster

There are 16 pharmacies in the Llanelli Cluster (see map 9.2.1) operated by 10 different contractors. The majority of pharmacies are located in the centre and residential suburbs of Llanelli town. One pharmacy closed on 2 December 2023 and no gap was identified.

The availability of pharmacy services within the Llanelli Cluster, per 10,000 population is 2.56 pharmacies, which is higher than the Hywel Dda UHB average of 2.47.

In 2021, there were 2.74 pharmacies for every 10,000 population in the cluster. The overall rate for Hywel Dda UHB was 2.53 in 2021.

There are no dispensing GP practices within the cluster.

Map 9.2.1 Location of Community Pharmacies within the Llanelli Cluster

Full Pharmacy addresses can be found in Appendix K

It is expected that a pharmacy will provide at least 40 hours of opening each week. There are no pharmacies within the Llanelli Cluster 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
- 3 pharmacies open full days Monday to Saturday
- 1 pharmacy is open Monday to Friday and Saturday morning
- All 16 pharmacies open Monday to Friday

There are 13 pharmacies open beyond 5.30pm Monday to Friday.

There are two pharmacies open past 6.30pm Monday to Friday.

12 pharmacies open at 9.00am, one at 8.45am, two at 8.30am and one at 8.00am.

Nine of the 16 pharmacies close for lunch at varying times between 1.00pm and 3.00pm. The remaining pharmacies open all day.

The next section sets out data on total opening hours in February 2026 provided by pharmacies compared to total opening hours in August 2021. Full details of current pharmacy opening times can be found in Appendix K.

Pharmacy	Total Hours 01/08/21	Total Hours 01/02/26	Changes to weekend hours	Total Hours Change
Harlow & Knowles, Burry Port	43.0	43.0	0.0	0.0
Well, Burry Port	45.0	45.0	0.0	0.0
Dafen Pharmacy	40.0	40.0	0.0	0.0
Hendy Pharmacy	40.0	40.0	0.0	0.0
Asda Pharmacy	64.0	66.0	2.0	2.0
Boots, Llanelli	52.0	50.0	1.0	-2.0
Davies Chemist	41.25	41.25	0.0	0.0
Evans, Vauxhall	47.5	42.5	0.0	-5.0
Gravells Pharmacy	50.5	47.5	-3.0	-3.0
Tesco, Llanelli	78.0	78.0	0.0	0.0
Well, Fairfield	45.0	45.0	0.0	0.0
Well, Station Road	42.5	42.5	0.0	0.0
Well, Vauxhall	42.5	42.5	0.0	0.0
Llangennech Pharmacy	40.5	40.0	-3.0	-0.5
Well, Llwynhendy	45.0	45.0	0.0	0.0
Evans, Machynys	41.25	40.00	0.0	-1.25
Total Hours gained/lost		748.25	-3.0	-9.75
Superdrug Pharmacy (Closed December 2023)	51	0	-8.5	-51

There are 748.25 total pharmacy opening hours per week in the cluster and equates to 119.69 pharmacy hours for every 10,000 population.

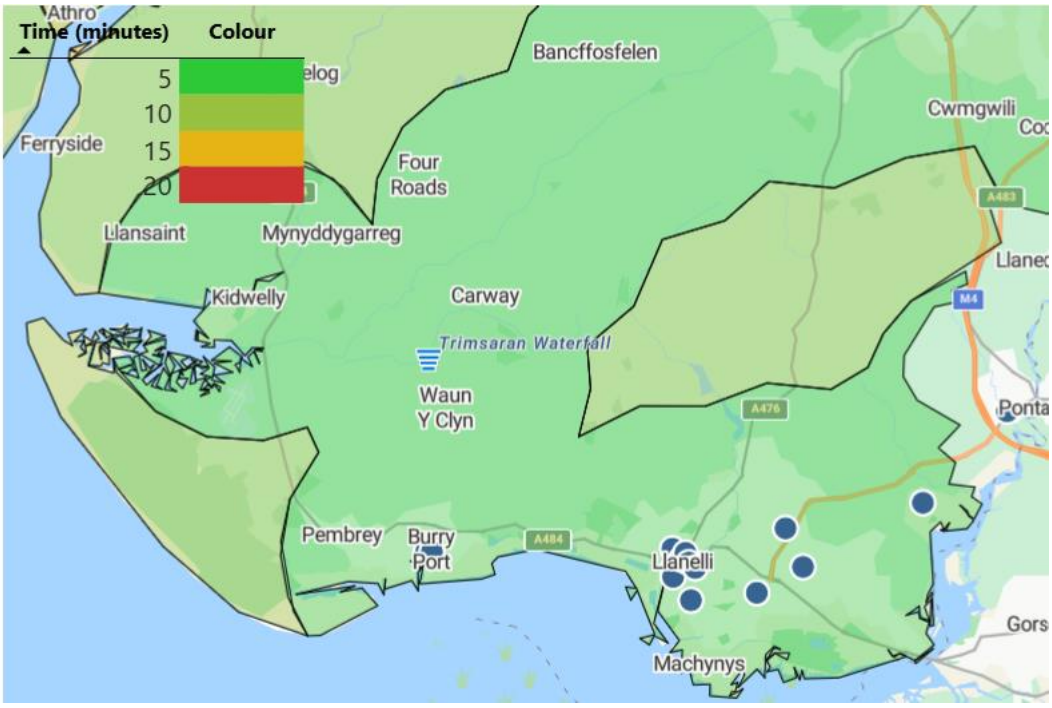
This has reduced from 809 total hours in 2021 and 130.44 pharmacy hours for every 10,000 population.

The overall rate for pharmacy hours per 10,000 population in Hywel Dda UHB in 2026 is 108.37.

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.

Map 9.2.2 shows the areas of the cluster which are within a 5-, 10-, 15-and 20-minute drive of a pharmacy. This evidences that all residents living within the Llanelli Cluster are able to access a pharmacy within the 30-minute drive time standard set for the maximum access time to pharmaceutical services.

Map 9.2.2 Drive times from Pharmacies in the Llanelli Cluster



For Llanelli 94.86% of all prescriptions written in 2025/26 by GP practices based in the cluster were dispensed by pharmacies within the cluster.

The next section sets out data on pharmaceutical services in 2024/25 provided by pharmacies compared to service availability and levels in 2019/20, for full information on these services please refer to Section 5.

Pharmaceutical Service	Number of pharmacies providing service 2019/20	Number of pharmacies providing service 2024/25	Number of patients accessed service 2019/20	Number of patients accessed service 2024/25
Common Ailment Service	17	16	1,692	12,657
Emergency Medicine Supply Service	17	16	548	3,550
Contraception Services	16	16	710	755
Influenza Vaccination Service	16	16	1,235	2,167
Just in Case Pack Service	15	14	168	149
Smoking Cessation Level 2	15	14	263	467
Smoking Cessation Level 3	11	9	183 with quit rate of 37%	492 with quit rate of 70%

Patient Sharps Service	16	15	734	1565
Discharge Medicines Review	17	16	148	1,036
Pharmacy Independent Prescribing Service	0	6	Data not available	6,409
Needle & Syringe Service / Needle Exchange Programme	6	6	2,902**	2,434**

**This displays the number of transactions carried out by pharmacies

One pharmacy within the cluster offers the Urgent Medication Service.

9.3 Current Provision of Pharmaceutical Services outside the Cluster's area

Some residents choose to visit contractors outside both the cluster and Health Board area in order to access services. Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed within the Llanelli Cluster, 2.15% were dispensed elsewhere in Hywel Dda UHB, whilst 0.42% were dispensed outside of Hywel Dda UHB by contractors in other areas of Wales and a further 0.04% were dispensed outside of Wales.

Taking into account that some residents might choose to access pharmacy services outside of the cluster, all residents would be able to access a pharmacy by car within 20 minutes from their home location.

9.4 Other NHS services

The Llanelli Cluster has one hospital site at Prince Philip Hospital, Llanelli which includes a Minor Injuries Unit and a GP Out of Hours treatment centre.

There are seven GP practices within the cluster that operate from eight sites. There are no GP extended opening hours in Llanelli.

There are seven dental practices that offer NHS services and five optometric practices.

GP 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 services'.

Smoking cessation services are provided by Help Me Quit at a number of locations across the Llanelli Cluster 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 cluster 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 cluster and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside of the cluster usually do so either to access a pharmacy in a neighbouring cluster or Health Board or a dispensing appliance contractor outside of the Health Board's area.

In 2024/25 a total of 194 contractors dispensed items written by one of the GP Practices in this cluster, of which 114 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 seven clusters.

Six out of the 16 pharmacies in the Llanelli cluster have indicated that they have sufficient capacity within their existing premises and staffing level to manage an increase in demand. Three pharmacies said that they don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand.

The location of pharmacies across the cluster 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 cluster means that walking to a pharmacy will be a realistic option for many residents.

Number of pharmacies per 10,000 population

Noting the current and change in provision since 2021 as detailed in 9.2 the cluster is well served in terms of pharmaceutical services, based on current provision.

Number of pharmacies open within normal working hours

Noting the current opening hours and change in total opening hours since 2021 as detailed in 9.2 and Appendix K, there is sufficient access to pharmacies within normal working hours in the Tywi Taf Cluster.

Number of pharmacies open outside of normal opening hours on weekdays

(After 5.30pm Monday to Friday)

Noting the current opening hours and change in total opening hours since 2021 as detailed in 9.2 and Appendix K, overall, weekday coverage is consistent, but weekend access is limited and inequitable across the cluster.

Number of pharmacies open on weekends

Noting the current opening hours on weekends and changes to weekend hours since 2021 as detailed in 9.2 and Appendix K, it is concluded that they are sufficient to meet the likely needs of residents in the cluster on weekends.

Availability of pharmaceutical services

It is concluded that there is currently sufficient provision for pharmaceutical services to meet the likely needs of residents in the cluster 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 cluster. It is the Health Boards aim to have the best access possible for all pharmaceutical services.

Proximity of Dispensing Services to GP Practices

Each of the 8 GP practice sites, both main and branch, within the cluster has access to pharmaceutical services as follows (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 Surgeries	Vauxhall, Llanelli (M)	Pharmacy co-located
Ty Elli Group Surgeries	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

It is concluded that the location of pharmacies in the cluster is currently appropriate to service GP practices and their patients.

10. Tywi Taf Cluster

10.1 Key facts

10.1.1 Population and Population Projections

The Tywi Taf Cluster serves a GP-registered population of 60,682 as of October 2025 and is the fourth largest cluster in the Health Board area. It is one of the three clusters within the county of Carmarthenshire. The cluster 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 Cluster is Carmarthen. The University of Wales Trinity Campus is situated within the cluster at Carmarthen as well as Llandovery College that has a transient student population.

Carmarthenshire as a county is classified as predominantly rural, with approximately 60% of its population living in areas defined as ‘’Village, Hamlet and Isolated Dwellings – both sparse and less sparse’’

The GP registered population of the Tywi Taf Cluster has increased by 3.17% since the previous PNA in 2021. This is the second highest cluster population increase. The population of Carmarthenshire increased by 2.2% between the last two census (held in 2011 and 2021) from 183,800 in 2011 to 187,900 in 2021.

Carmarthenshire’s total population is projected to rise to 193,104 by 2031. 3,469 between 2025 and 2035 (from 190,925 to 194,404). According to the 2021 Census 39.9% of people aged 3 years and above in Carmarthenshire are able to speak Welsh. 22.1% higher than the Welsh average. Tywi Taf Cluster is 42.2%.

10.1.2 Life Expectancy and Health of the Population

- The Tywi Taf Cluster has approximately 16,570 people aged 65 years and over (27.3%) which is higher than the Welsh average of 21.7%. Carmarthenshire has a percentage of 25.1%, with an average of 26% across HDUHB. (ONS 2024)
- Carmarthenshire has a teenage conception rate of 13.9 per 1000 females aged under 18 years, which is lower than the rate for Wales (15.7) and lower than the rate for Hywel Dda UHB (15.1) and second highest across 3 counties.
- 15% of residents in Carmarthenshire drink more than the recommended guidelines. This is 1.4% lower than the Welsh average (16.4) and lowest in Hywel Dda UHB. (National Survey for Wales 2021 – 2023)
- The adult smoking prevalence in Carmarthenshire (14.1%) which is the highest in Hywel Dda UHB, and 1.1% higher than Welsh average of 13%.
- There are 5,190 people with a physical disability on local authority registers for Carmarthenshire.

- 20.6% of the population in Tywi Taf Cluster are registered Disabled under the Equality Act.
- The census date in 2021 showed Carmarthenshire had 20,386 unpaid carers. 10.4% of people as providing unpaid care in Tywi Taf, 1% lower than the county average.
- The four most prevalent cancers in Carmarthenshire show incidence rates (per 100,000, all ages) are generally below the Wales average and sit mid-range across the three counties. Prostate cancer (179.5) is similar to the Wales rate (178.1), slightly above Ceredigion (176.8) and below Pembrokeshire (202.9. Colorectal cancer (73.2) is lower than both Ceredigion (80.7) and Pembrokeshire (75.3), and below Wales (81.1). Lung cancer (66.0) is higher than Ceredigion (55.2), similar to Pembrokeshire (65.2), and below Wales (74.9). Breast cancer (64.3) is markedly lower than both Ceredigion (112.3) and Pembrokeshire (118.3) and well below the Wales rate (178.1).
- Diabetes prevalence (17+) across Carmarthenshire is at or above the Wales average, with Llanelli (8.5%) 0.5 points higher, Tywi Taf (8.1%) close to average, and Amman Gwendraeth highest at 9.0%. Within the region, Llanelli sits mid-range, similar to South Ceredigion (8.5%), lower than South Pembrokeshire (9.3%), and above North Pembrokeshire (8.3%) and North Ceredigion (6.7%). Overall, Amman Gwendraeth is highest, Tywi Taf lowest, and all three clusters in Carmarthenshire meet or exceed the Wales average (8%). (ARCH Health Needs Assessment, 2023) The obesity prevalence of adults in the cluster 16 and over is 23.67% highlighting a 132.1% increase since 2019/20 data showing 10.2%.
- The percentage of working age adults of health weight in Carmarthenshire is 29.9% which is lower than the Wales average (35.4%) and lowest in Hywel Dda UHB (Public Health Wales Observatory, PHOF 2022)
- According to the 2022/23 Child Measurement Programme produced by Public Health Wales, using CMP data (DHCW) the Percentage of children aged four to five with Obesity in Carmarthenshire is 14.1 per 1000 children. This is significantly higher than the Welsh average (11.4) and highest in Hywel Dda UHB. (QAIF Obesity Register Data)
- Carmarthenshire is the 5th highest local authority across Wales for Cardiovascular deaths with 285.3 per 100,000 which is 23.6 higher than the Wales average.

10.1.3 Deprivation

Within the 30% most deprived LSOAs in Wales (WIMD 2025), there is an uneven distribution across the three clusters in Carmarthenshire, with the largest share in Llanelli (14), followed by Amman Gwendraeth (10) and Tywi Taf (7). This pattern highlights a clear concentration of relative deprivation in Llanelli, alongside notable

levels in Amman Gwendraeth and a smaller, though still significant, presence in Tywi Taf.

10.1.4 Cluster Developments

The Carmarthenshire County Council development plan indicates a substantial programme of new-build and affordable housing across the county, recognising that Hywel Dda UHB and local authority boundaries do not fully align and therefore all totals remain indicative. Between 2026 and 2029, around 250 RSL properties are expected in Tywi Taf, with approximately 30 units in 2028-29 unconfirmed, alongside a further 270 mostly confirmed RSL homes in rural and market town areas between 2025 and 2029. In addition, across the Carmarthen and West and Rural and Market Town areas, approximately 514 council homes are in the pipeline, though a significant proportion from 2027 onwards fall into the ‘’to be agreed’’ category, totalling 342 units. This gives a combined indicative total of 1,034 potential new housing units across the Tywi Taf cluster area between 2025 and 2030.

Based on the assumption of 2-3 occupants per household, this could translate into an estimated 2,068 to 3,102 new residents moving into the cluster over this period.

While anonymised and with postcodes removed due to the sensitive nature of the data, this projected growth provides a useful indication of the scale of change that community pharmacy services may need to prepare for across the Tywi Taf footprint.

10.2 Current Provision of Pharmaceutical Services within the Cluster

There are 13 pharmacies in the Tywi Taf Cluster, with six of these being in Carmarthen town (see map 10.2.1), operated by nine different contractors.

There are 2.14 pharmacies for every 10,000 population in the cluster. This is below the overall rate for Hywel Dda UHB, which is 2.47. However, if this too into account the two dispensing GP Practices as providers of dispensing services this would increase the ratio of dispensaries for every 10,000 population to 2.47, which is the same as the overall rate for Hywel Dda UHB.

In 2021, there were 2.21 pharmacies for every 10,000 population in the cluster. Including the two dispensing GP Practices, this increased the ratio for every 10,000 population to 2.55. The overall rate for Hywel Dda UHB was 2.53 in 2021.

There are two dispensing GP Practices within the cluster that operate across three sites (see map 10.2.1).

Map 10.2.1 – Location of Community Pharmacies and Dispensing GP Practices in the Tywi Taf Cluster

Full Pharmacy addresses can be found in Appendix K

Contractually, it is expected that a community pharmacy will provide at least 40 hours of opening each week. There is one pharmacy within the Tywi Taf Cluster 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:

- 2 pharmacies open on 7 days a week (previously 3 in 2021)
- 3 pharmacies open full days Monday to Saturday (previously 4 in 2021)
- 4 pharmacies are open Monday to Friday and Saturday morning (previously 5 in 2021)
- 6 pharmacies are open Monday to Friday only (previously 4 in 2021)

There is one pharmacy open later than 6.30pm Monday to Friday. There has been an overall reduction in the number of pharmacies open on weekends compared to 2021.

Nine pharmacies open at 9.00am, three open at 8.30am and one opens at 8.00am.

Five of the 13 pharmacies close for lunch at varying times between 12.30 and 2.30pm. The remaining pharmacies are open all day without any closure.

The next section sets out data on the total opening hours in February 2026 provided by pharmacies compared to total opening hours in August 2021.

Pharmacy	Total Hours 01/08/21	Total Hours 01/02/26	Changes to weekend hours	Total Hours Change
Boots, Carmarthen	63.0	60.0	-0.5	-3.0
Morrisons, Carmarthen	66.5	53.0	-6.0	-13.5
Nigel Williams, Carmarthen	47.5	47.5	0.0	0.0
Nigel Williams, Richmond Terrace	45.75	45.0	0.0	-0.75
Tesco, Carmarthen	78.0	72.0	-1.0	-6.0
Walter Lloyd	48.5	42.5	-3.5	-6.0
Laugharne Pharmacy	35.5	35.5	0.0	0.0
Nigel Williams, Llandeilo	50.5	46.5	-4.0	-4.0
Well, Llandeilo	46.5	46.5	0.0	0.0
Llandovery Pharmacy	43.0	43.0	0.0	0.0
Evans, Medical Hall, St Clears	42.5	42.5	0.0	0.0
Evans, Rebecca House, St Clears	46.5	42.5	-4.0	-4.0
Boots, Whitland	46.5	44.0	0.0	-2.5
Total Hours gained/lost	660.25	620.5	-19.0	-39.75

Full details of current Pharmacy opening times can be found in Appendix K.

The Tywi Taf Cluster has seen the largest reduction in pharmacy opening hours in Hywel Dda and the largest reduction in weekend opening hours since 2021.

There is a total of 620.5 pharmacy opening hours per week in the cluster and equates to 102.25 pharmacy hours for every 10,000 population.

This has reduced from 660.25 total hours in 2021 and 112.25 pharmacy hours for every 10,000 population.

The overall rate for pharmacy hours per 10,000 population in Hywel Dda UHB in 2026 is 108.37.

Five pharmacies in the Tywi Taf Cluster currently provide a rota service , which supports additional opening hours. The pharmacies are:

Pharmacy	Rota Duty Times
Llandovery Pharmacy	Monday-Thursday 17:30-18:30; Friday 17:30-18:00
Evans, Medical Hall	Rota Service provided on alternative weeks Monday-Friday 17:30-18:00
Evans, Rebecca House	
Nigel Williams, Llandeilo	Rota Service provided on alternative weeks Monday, Wednesday & Friday 17:30-18:00
Well, Llandeilo	

The Health Board asks all community pharmacies if they will be open on public and Bank Holidays and Easter Sunday. The responses are collated and the Health Board establishes whether there are any geographic gaps in provision; where a gap exists, a pharmacy can be commissioned or directed to open.

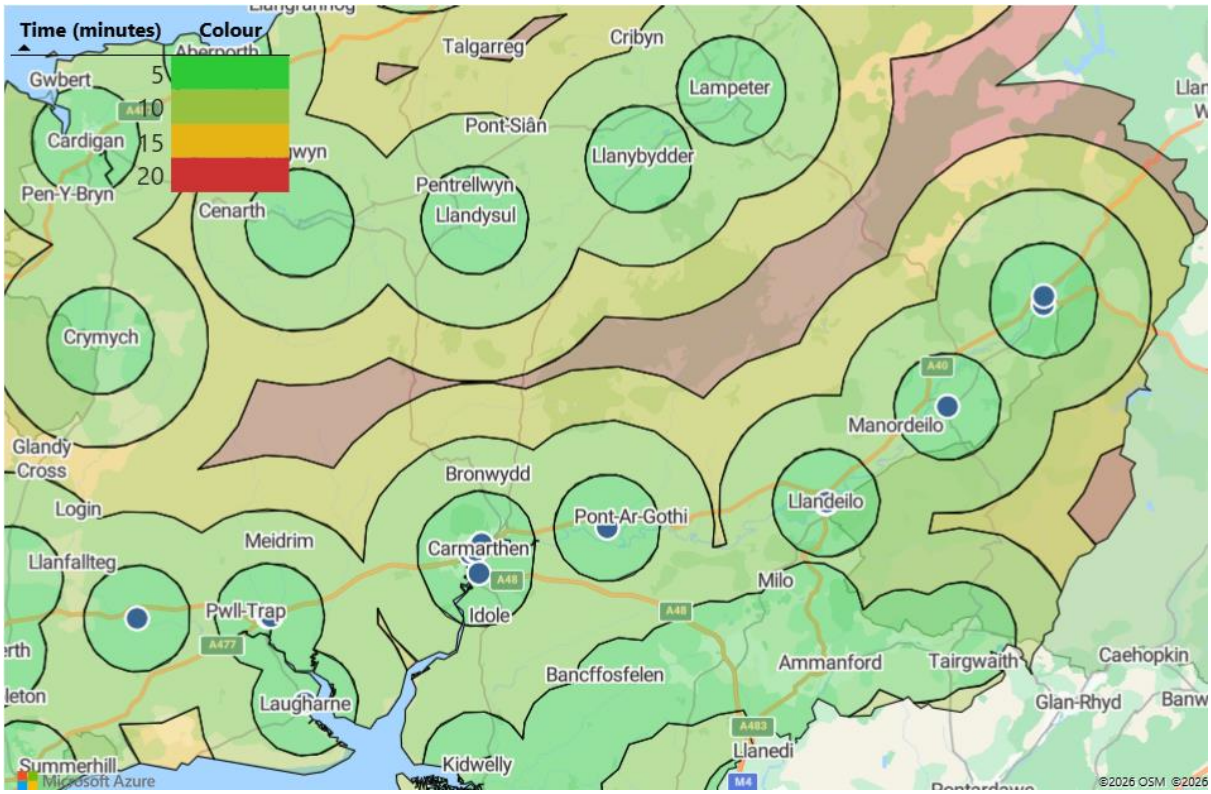
The dispensing GP practices offer the following opening hours for the dispensing services they provide:

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 - 1.00pm; 3.00pm - 6.00pm Monday 9.00am - 1.00pm Tuesday to Thursday 9.00am - 4.00pm Friday

The following services were also offered by the dispensing GP Practices in the cluster; Meddygfa Cadog (Branch), Llangadog – MARs charts, ‘just in case packs’ and patient sharps.

There are multiple pharmacies located within the town centre of Carmarthen, which has the highest population density in the area.

Map 10.2.2 shows the areas of the cluster which are within a 5-, 10-, 15-and 20-minute drive of a pharmacy. This evidences that all residents living within the Tywi Taf Cluster can 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 cluster that are also within a 20–30-minute drive of pharmacies in neighbouring towns outside of the cluster e.g. Llanwrtyd Wells in Powys. These areas have low population density.



Map 10.2.2 Drive times from Pharmacies in the Tywi Taf Cluster

There are two dispensing GP Practices in the Tywi Taf Cluster. Llanfair Surgery in Llandovery operates over two sites with a branch located in Llangadog. The second dispensing GP practice is Meddygfa Tywi, Nantgaredig which is six 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 95.40% of all prescriptions written in 2024/25 by GP Practices based in the cluster were dispensed by pharmacies within the cluster.
The next section sets out data on pharmaceutical services in 2024/25 provided by pharmacies compared to service availability and levels in 2019/20, for full information on these services please refer to Section 5.

Pharmaceutical Service	Number of pharmacies providing service 19/20	Number of pharmacies providing service 24/25	Number of patients accessed service 19/20	Number of patients accessed service 2024/25
Common Ailment Service	13	13	690	6,264
Emergency Medicine Supply Service	13	13	504	1,227
Contraception Services	13	13	620	694
Influenza Vaccination Service	11	12	989	1,327
Just in Case Pack Service	12	13	123	133
Smoking Cessation Level 2	13	13	212	345
Smoking Cessation Level 3	10	9	142 with quit rate of 39%	193 with quit rate of 46%
Patient Sharps Service	13	12	826	1,309
Discharge Medicines Review	13	13	273	540
Pharmacy Independent Prescribing Service	0	6	Data not available	2,176
Needle & Syringe Service / Needle Exchange programme	6	7	2,131**	832**

**This displays the number of transactions carried out by pharmacies

Three pharmacies within the cluster offers the Urgent Medication Service.

10.3 Current provision of pharmaceutical services outside the cluster

Some residents choose to visit contractors outside of both the cluster and the Health Board area in order to access services. Whilst the majority of prescriptions written by the GP Practices were dispensed within Tywi Taf, 2.59% were dispensed elsewhere in Hywel Dda UHB, whilst 1.9% were dispensed outside of Hywel Dda UHB by contractors in other areas of Wales and a further 0.06% were dispensed outside of Wales.

Considering that some residents might choose to access pharmacy services outside of the cluster, all residents would be able to access a pharmacy by car within 20 minutes from their home location.

10.4 Other NHS services

The Cluster has the largest general hospital within the Health Board area which includes a Minor Injuries Unit (MIU) and Emergency Department at Glangwilli General Hospital, Carmarthen as well as a GP Out of Hours Treatment Centre.

The cluster also has a 16-bed community hospital in Llandovery. This also includes a nurse led Minor Injuries Unit.

The cluster has eight GP practices and two branch practices; two of these are dispensing GP practices. There are no extended GP practice opening hours in the Tywi Taf Cluster.

There are nine dental practices that provide NHS treatment and 11 optometric practices.

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 services'.

Smoking cessation services are provided by Help Me Quit at a number of locations across the Tywi Taf Cluster other than in 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 Cluster 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 cluster and registered with one of the GP practices generally choose to access a pharmacy in the cluster to have their prescriptions dispensed. Those that look outside of the cluster usually do so either to access a pharmacy in a neighbouring cluster or Health Board or a dispensing appliance contractor outside of the Health Boards area.

In 2024/25 a total of 182 contractors dispensed items written by one of the GP practices in this cluster, of which 86 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 seven clusters.

Nine out of the 13 pharmacies in the Tywi Taf cluster have indicated in the contractor engagement survey that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand. three pharmacies advised that they don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand.

The location of pharmacies across the cluster 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 cluster means that walking to a pharmacy will be a realistic option for many residents. Nantgaredig and Llangadog have pharmacies within 6 miles of the practice, therefore, public transport could be a primary method of transport for patients.

Number of Pharmacies and Pharmacy Hours per 10,000 population

Noting the current and change in provision since 2021 as detailed in 10.2 together with the cluster developments detailed in 10.1.4, Community pharmacy provision has reduced over the past five years. Despite this, access remains within a 30-minute drive time for all areas. Most pharmacies report sufficient capacity to meet increased demand, indicating a need for additional opening hours, particularly at weekends, rather than an additional pharmacy.

Number of Pharmacies Open within Normal Working Hours

(Monday to Friday, 9.00am – 5.30pm)

Noting the current opening hours and change in total opening hours since 2021 as detailed in 10.2 and Appendix K, Community pharmacy provision has reduced over the past five years. Most pharmacies report sufficient capacity to meet increased demand, indicating a need for additional opening hours within normal and outside of working hours.

Number of Pharmacies Open outside of normal Opening Hours on Weekdays

(After 5.30pm Monday to Friday)

Noting the current opening hours and change in total opening hours since 2021 as detailed in 10.2 and Appendix K, Community pharmacy provision has reduced over the past five years. Most pharmacies report sufficient capacity to meet increased demand, indicating a need for additional opening hours within normal and outside of working hours.

Number of Pharmacies Open on Weekends

Noting the current opening hours on weekends and changes to weekend hours since 2021 as detailed in 10.2 and Appendix K, Community pharmacy provision has reduced over the past five years. Most pharmacies report sufficient capacity to meet increased demand, over the next five years.

Availability of Pharmaceutical Services

It is concluded that whilst there is a need for additional opening hours there is currently sufficient provision for pharmaceutical services to meet the likely needs of residents in

the cluster however, the Health Board will work with pharmacy contractors to improve on the provision of those services that are not currently available in all pharmacies in the cluster. It is the Health Boards aim to have the best access possible for all pharmaceutical services.

Proximity of Dispensing Services to GP Practices

Each of the 10 GP practices sites, both main and branch, within the cluster has access to pharmaceutical services as follows (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
Meddygfa Parc Surgery (Formally Morfa Lane)	Carmarthen	Pharmacy within 1 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

It is concluded that the location of current pharmacies in the Tywi Taf Cluster is appropriate to serve the existing GP practices and their registered population.

11. North Pembrokeshire Cluster

11.1 Key Facts

11.1.1 Population and Population Projections

The North Pembrokeshire Cluster serves a GP-registered population of 68,937 as at January 2026 and is the largest cluster in terms of population in the Health Board area. It is one of the two clusters in the county of Pembrokeshire. It stretches from Newport in the north to Milford Haven in the south. The largest town within the cluster is Milford Haven, closely followed by Haverfordwest.

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. 55.7% of the people living in the North Pembrokeshire Cluster are living in a rural area. The cluster is a tourist area with a population that significantly increases during the holiday seasons. A journey from Newport to Milford Haven by road would take approximately 45 minutes and cover 30 miles.

The GP registered population of the North Pembrokeshire Cluster has increased by 3.83% since the previous PNA in 2021. This is the highest cluster population increase. Between the 2011 and 2021 censuses, the population of Pembrokeshire increased by 0.8%, rising from approximately 122,400 in 2011 to 123,400 in 2021. This rate of growth was lower than the Welsh average (1.4%) over the same period. Population projections indicate continued, but modest, growth, with the total population expected to increase to approximately 128,482 by 2033, and 130,196 by 2043, reflecting an ageing population and comparatively low inward migration.

According to the 2021 Census, 17.1% of Pembrokeshire residents aged three years and over reported being able to speak Welsh. This is slightly below the Welsh national average of 17.8%, and represents a decrease compared with 2011. Welsh language ability varies significantly across the county, with higher proportions of Welsh speakers generally found in North Pembrokeshire, and lower proportions in more urban and coastal areas in the south.

11.1.2 Life Expectancy and Health of the Population

- ONS Mid-Year Estimates (2024) indicate that approximately 27% of the Pembrokeshire population is aged 65 years and over, compared to 26% across Hywel Dda University Health Board and 21.7% across Wales. This confirms that North Pembrokeshire has a proportionately older population, with associated higher demand for pharmaceutical services related to long-term conditions, frailty, polypharmacy and support for care closer to home.

- Teenage conception rates (ONS, 2022) show 18 per 1,000 females aged under 18 in Pembrokeshire, compared with 15.7 per 1,000 across Wales.
- National Survey for Wales data (2021–2023) indicates that 20% of adults in Pembrokeshire drink above recommended guidelines, compared with 17% in Hywel Dda University Health Board and 16.4% across Wales. Due to survey methodology changes, these figures are not directly comparable with earlier years.
- Smoking prevalence data from the National Survey for Wales (2021–2023) shows an age-standardised smoking rate of 12.6% in Pembrokeshire, compared with 13.4% in Hywel Dda University Health Board and 13% across Wales. These figures should not be compared with earlier reporting periods due to methodological changes.
- There are 3,071 people with a physical disability on local authority registers for Pembrokeshire.
- The census data in 2021 showed that Pembrokeshire had 12,890 unpaid carers.
- The four most prevalent cancers in Pembrokeshire show incidence rates (per 100,000 population, all ages) that are generally mixed when compared with the Wales average and vary across the three counties. Prostate cancer incidence in Pembrokeshire (202.9) is higher than the Wales rate (178.1) and higher than both Carmarthenshire (179.5) and Ceredigion (176.8). Colorectal cancer incidence (75.3) is below the Wales average (81.1) and lower than Ceredigion (80.7), but slightly higher than Carmarthenshire (73.2). Lung cancer incidence (65.2) is below the Wales rate (74.9), similar to Carmarthenshire (66.0), and higher than Ceredigion (55.2). Breast cancer incidence in Pembrokeshire (118.3) is substantially lower than the Wales average (178.1) but higher than both Carmarthenshire (64.3) and Ceredigion (112.3).
- Cardiovascular disease prevalence data from the ARCH Health Needs Assessment (2023) indicates that cardiovascular disease prevalence in the North Pembrokeshire Cluster is approximately 3%, which is higher than the Wales average of 2.4%, reflecting the older age profile of the population.
- Diabetes prevalence (patients aged 17+) in the North Pembrokeshire Cluster is 8.3%, which is above the Wales average (8%) and consistent with the wider Hywel Dda University Health Board population profile (ARCH Health Needs Assessment, 2023).
- Obesity prevalence in North Pembrokeshire is 10.14%. Prevalence by cluster has been derived from the QAIF Obesity Register. However, the primary care obesity register is restricted to BMI measurements recorded within a relatively short time period, while using the whole registered population (or whole population aged 16+, depending on source) as the

denominator (NHS Wales Informatics Service, 2019; Digital Health and Care Wales, 2025). As a result, recorded obesity prevalence is likely to significantly underestimate true population need. Public Health Wales Outcomes Framework data (2022) shows that only 39.4% of working-age adults in Pembrokeshire are of a healthy weight, compared with 35.4% across Wales, indicating a continued need for prevention and weight-management support

11.1.3 Deprivation

Deprivation within North Pembrokeshire is not uniform and is concentrated within specific localised areas. The Welsh Index of Multiple Deprivation (WIMD) 2025 identifies that, while Pembrokeshire is often perceived as relatively affluent overall, there remain persistent pockets of deprivation, with four Lower Super Output Areas (LSOAs) within the North Pembrokeshire Cluster falling within the 20% most deprived areas in Wales. In rural areas such as North Pembrokeshire, deprivation is often driven by factors such as access to services, transport and rural isolation rather than income alone, which is relevant when considering access to healthcare and pharmaceutical services.

11.1.4 Cluster Developments

The Pembrokeshire County Council Local Development Plan identifies a continuing programme of new-build and affordable housing across the county. Planned developments include a mix of Registered Social Landlord (RSL) and local authority housing, with delivery phased across the latter half of the decade. A proportion of planned schemes, particularly those scheduled from the late 2020s onwards, remain subject to confirmation or final agreement**,** reflecting the evolving nature of funding approvals, land availability and construction timelines.

Using a conservative assumption of 2–3 occupants per household, the anticipated housing growth would be expected to result in a corresponding increase in service demand**,** particularly for primary care and community pharmaceutical services**.** This projected growth provides a useful indication of the scale and direction of change that services will need to plan for, alongside the wider demographic pressures associated with an ageing population and rural service delivery**.** For Pembrokeshire there will be around 2,500 – 3000 new homes over the next 5 years (2026 – 2031).

11.2 Current Provision of Pharmaceutical Services within the Cluster Area

There are 16 pharmacies in the North Pembrokeshire Cluster (see map 11.2.1 – pharmacies in blue) operated by 12 different contractors and one dispensing GP practice. One pharmacy closed on 1 September 2022, and one dispensing GP practice ceased dispensing on 31 March 2023.

There are 2.32 pharmacies for every 10,000 population in the cluster. This is below the overall rate for Hywel Dda UHB, which is 2.47. Including the one dispensing GP practice as providers of dispensing services this would increase the ratio of dispensaries for every 10,000 population to 2.47, which is the same as the overall rate for Hywel Dda UHB.

In 2021, there were 2.56 pharmacies for every 10,000 population in the cluster. Including the two dispensing GP practices this increased the ratio for every 10,000 population to 2.86. The overall rate for Hywel Dda UHB was 2.53 in 2021.

Map 11.2.1 – Location of Pharmacies and Dispensing GP Practices in the North Pembrokeshire Cluster

Full Pharmacy addresses can be found in Appendix K.

It is expected that a pharmacy will provide at least 40 hours of opening each week, there are two pharmacies within the North Pembrokeshire Cluster who provide less than 40 hours of opening, one is significantly lower as they are part of the Essential Small Pharmacy Scheme. The second pharmacy was operating under the Essential Small Pharmacy Scheme until 2024.

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
- 5 pharmacies open Monday to Saturday
- 2 pharmacies open Monday to Friday and Saturday morning
- 6 are open Monday to Friday (with two of these opening part time)

One pharmacy within the cluster is open beyond 6.30pm Monday to Friday.

11 pharmacies open at 9am, one at 9:30am, one at 8.30am and one at 8.00am.

One of the pharmacies operate under the essential small pharmacy scheme with reduced hours to coincide with a branch practice opening times.

Seven of the 16 pharmacies close for lunch at varying times between 12.30 and 3.00pm. The remaining pharmacies open all day, except for one pharmacy which is open for part of the day and one pharmacy operating essential small pharmacy hours.

The next section seta out data on total opening hours in February 2026 provided by pharmacies compared to total opening hours in August 2021. Full details of current pharmacy opening times can be found in Appendix K.

Pharmacy	Total Hours 01/08/21	Total Hours 01/02/26	Changes to weekend hours	Total Hours Change
Crymych Pharmacy	42.0	42.0	0.0	0.0
Boots, Fishguard	48.0	44.5	-0.5	-3.5
Fishguard Pharmacy	42.5	42.5	0.0	0.0
Layanson Pharmacy	49.0	45.0	-4.0	-4.0
Elders Chemist	42.5	42.5	0.0	0.0
Boots, Haverfordwest	65.0	57.0	-0.5	-8.0
Davies Pharmacy, Haverfordwest	49.0	47.5	-1.5	-1.5
Tesco, Haverfordwest	72.0	54.0	-3.0	-18.0
Well, Haverfordwest	45.25	45.25	0.0	0.0
Nootts, Johnston	26.25	26.25	0.0	0.0
Nootts, Llangwm	8.0	8.0	0.0	0.0
Boots, Milford Haven	47.5	47.5	0.0	0.0
Cohens Chemist, Manchester Sq HC	47.5	47.5	0.0	0.0
Milford Pharmacy	45.0	42.0	-3.0	-3.0
Newport Pharmacy	46.5	46.5	0.0	0.0
Well, St Davids	55.0	55.0	0.0	0.0
Total Hours gained/lost	731	693	-12.5	-38.00

There are 693 total pharmacy opening hours per week in the cluster and equates to 100.53 pharmacy hours for every 10,000 population.

This has reduced from 731 total hours in 2021 and 110.1 pharmacy hours for every 10,000 population.

The overall rate for pharmacy hours per 10,000 population in Hywel Dda UHB in 2026 is 108.37.

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 there are any geographic gaps in provision. Where a gap exists, a pharmacy can be commissioned or directed to open.

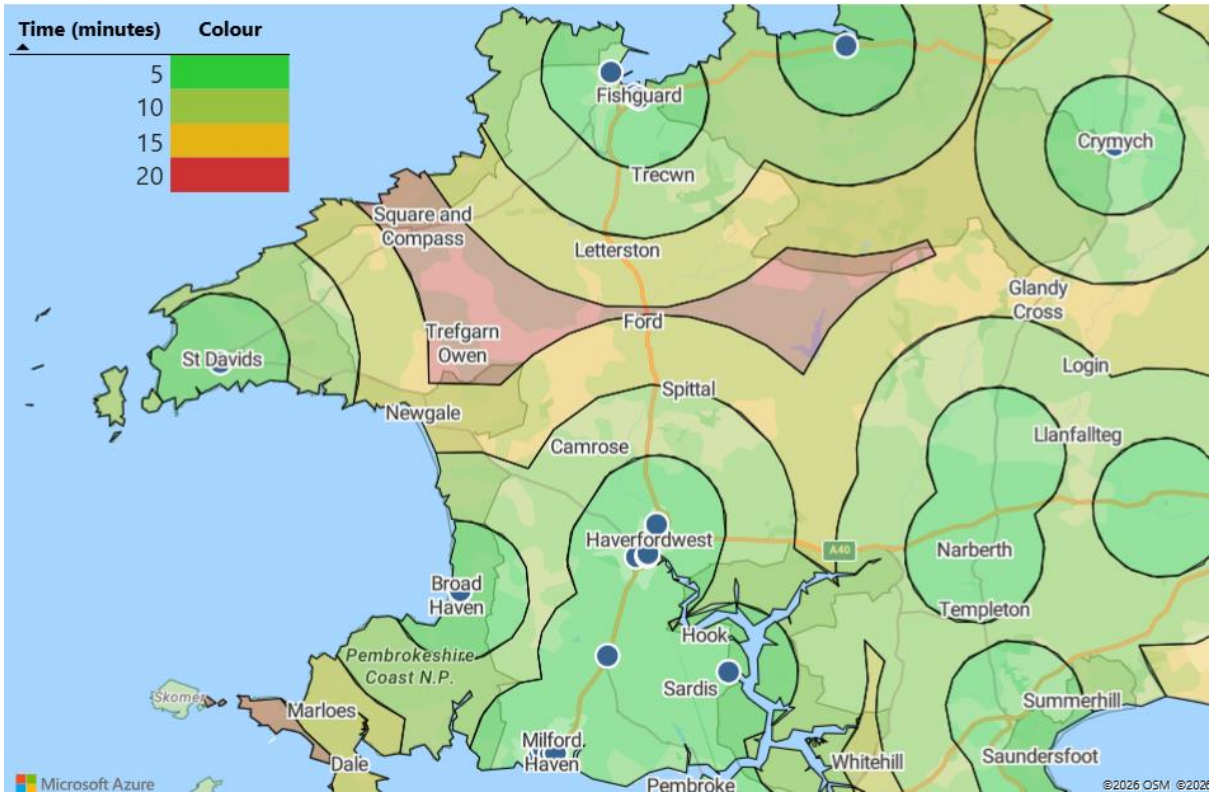
The dispensing GP practice offers the following opening hours for the dispensing services they provide:

St Thomas' Surgery, Broad Haven	8.30am - 1:00pm Monday and Wednesday 8.30am – 2.00pm Tuesday and Thursday

The 16 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 shows the areas of the cluster which are within a 5, 10, 15 and 20 minute drive of a pharmacy. This evidences that all residents living within the North Pembrokeshire Cluster are able to access a pharmacy well within the 30 minute drive time standard set for the maximum access time to pharmaceutical services.

Map 11.2.2 – Drive time to a Pharmacy in the North Pembrokeshire Cluster.



There is one dispensing GP practice site in North Pembrokeshire, which is located at Broad Haven (branch site of St Thomas' Surgery, Haverfordwest). (See map 11.2.1). One dispensing GP practice ceased dispensing on 31 March 2023.

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, 92.34% of all prescriptions written in 2024/25 by GP practices based within the cluster were dispensed by pharmacies within the cluster.

The next section sets out data on pharmaceutical services in 2024/25 provided by pharmacies compared to service availability and levels in 2019/20, for full information on these services, please refer to Section 5.

Pharmaceutical Service	Number of pharmacies providing service 2019/20	Number of pharmacies providing service 2024/25	Number of patients accessed service 2019/20	Number of patients accessed service 2024/25
Common Ailment Service	17	16	627	7,164

Emergency Medicine Supply Service	17	16	1,295	3,088
Contraception Services	13	16	862	643
Influenza Vaccination Service	13	16	2,000	2,102
Just in Case Pack Service	14	13	122	100
Smoking Cessation Level 2	16	15	173	480
Smoking Cessation Level 3	10	11	127 with a quit rate of 48%	221 with a quit rate of 66%
Patient Sharps Service	14	16	872	1,319
Discharge Medicines Review	12	15	181	345
Pharmacy Independent Prescribing Service	0	4	Data not available	58
Needle & Syringe Service / Needle Exchange Programme	11	8	826**	429**

**This displays the number of transactions carried out by pharmacies

Two pharmacies within the cluster offers the Urgent Medication Service.

The dispensing GP practice in the cluster does not offer any additional services such as provision and receipt of sharps bins.

11.3 Current Provision of Pharmaceutical Services outside the Cluster Area

Some residents choose to visit contractors outside both the cluster and the Health Board area in order to access services whilst the majority of prescriptions written by GP practices in 2024/25 were dispensed by one of the 16 pharmacies within the cluster, 6.17% were dispensed elsewhere in Hywel Dda UHB, whilst 0.38% were dispensed outside of Hywel Dda UHB by contractors in other areas of Wales and a further 0.05% were dispensed outside of Wales.

Taking into account that some residents might choose to access pharmacy services outside of the cluster, all residents would be able to access a pharmacy by car within 30 minutes of their home.

11.4 Other NHS Services

Withybush General Hospital, Haverfordwest is located in the county town of Haverfordwest. The hospital includes an Accident and Emergency department and also has a GP Out of Hours treatment centre on site.

The cluster has seven GP practices. One practice has two branch surgeries in addition to their main site, and one practice has one branch surgery in addition to their main site.

One of the practices is a dispensing GP practice. There are six dental practices that offer NHS treatment and six optometric practices.

There are no extended GP opening hours in the North Pembrokeshire Cluster.

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 Cluster other than pharmacies. A smoking cessation services 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 Cluster 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 cluster and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescription dispensed. Those that look outside of the cluster usually do so either to access a pharmacy in a neighbouring cluster or Health Board or a dispensing appliance contractor outside of the Health Boards area.

In 2024/25, a total of 192 contractors' dispensed items written by one of the GP practices in this cluster, of which 108 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 seven clusters.

Eight pharmacies and the dispensing GP practice confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Five pharmacies said that they could manage an increase in demand with some adjustment.

The location of pharmacies across the cluster 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 cluster means that walking to a pharmacy will be a realistic option for many residents.

Number of pharmacies per 10,000 population

Noting the current and change in provision since 2021 as detailed in 11.2 the cluster is well served in terms of the number of pharmacies based on current provision.

Number of pharmacies open within normal working hours

(Monday to Friday, 9.00am – 5.30pm)

Noting the current opening hours and change in total opening hours since 2021 as detailed in 11.2 and Appendix K, overall there is good access to pharmacies within normal working hours in the North Pembrokeshire Cluster.

Number of pharmacies open outside of normal opening hours on weekdays

(After 5.30pm Monday to Friday)

Noting the current opening hours and change in total opening hours since 2021 as detailed in 11.2 and Appendix K , there is good access to pharmacies outside of normal opening hours in the North Pembrokeshire Cluster.

Number of pharmacies open on weekends

Noting the current opening hours on weekends and changes to weekend hours since 2021 as detailed in 9.2 and Appendix K, it is concluded that they are sufficient to meet the likely needs of residents in the cluster on weekends.

Availability of pharmaceutical services

It is concluded that there is currently sufficient provision for the pharmaceutical services to meet the likely needs of residents in the cluster, 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 cluster. It is the Health Boards aim to have the best access possible for the listed pharmaceutical services.

Proximity of dispensing services to GP practices

There are seven practices within the cluster, 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
Meddygfa Penrhyn	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

It is concluded that the location of pharmacies in the cluster is currently appropriate to serve GP practices and their patients.

12. South Pembrokeshire Cluster

12.1 Key Facts

12.1.1 Population and Population Projections

The South Pembrokeshire Cluster serves a GP-registered population of 54,764 as at January 2026 and is the fifth largest cluster in the Health Board area. It is one of the two clusters in the county of Pembrokeshire. It is a large coastal area and stretches from Pembroke in the southwest to Clynderwen in the northeast. The largest town within the cluster is Pembroke Dock closely followed by Pembroke.

99.1% of people living in South Pembrokeshire live in a rural area. A journey from Clynderwen to Pembroke by road would take approximately 30 minutes and cover a distance of 18 miles. The cluster 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 cluster.

The GP registered population of the South Pembrokeshire Cluster has increased by 0.33% since the previous PNA in 2021. Between the 2011 and 2021 Censuses, the population of Pembrokeshire increased by 0.8%, rising from approximately 122,400 in 2011 to 123,400 in 2021. This rate of growth was lower than the Welsh average (1.4%) over the same period. Population projections indicate continued, but modest, growth, with the total population expected to increase to approximately 128,482 by 2033, and 130,196 by 2043, reflecting an ageing population and comparatively low inward migration.

According to the 2021 Census, 17.1% of Pembrokeshire residents aged three years and over reported being able to speak Welsh. This is slightly below the Welsh national average of 17.8%, and represents a decrease compared with 2011. Welsh language ability varies significantly across the county, with higher proportions of Welsh speakers generally found in North Pembrokeshire, and lower proportions in more urban and coastal areas in the south.

12.1.2 Life Expectancy and Health of the Population

- ONS Mid-Year Estimates (2024) indicate that approximately 27% of the Pembrokeshire population is aged 65 years and over, compared to 26% across Hywel Dda University Health Board and 21.7% across Wales. This confirms that South Pembrokeshire has an older population associated with long term conditions.
- Teenage conception rates (ONS, 2022) show 18 per 1,000 females aged under 18 in Pembrokeshire, compared with 15.7 per 1,000 across Wales.
- National Survey for Wales data (2021–2023) indicates that 20% of adults in Pembrokeshire drink above recommended guidelines, compared with 17% in

Hywel Dda University Health Board and 16.4% across Wales. Due to survey methodology changes, these figures are not directly comparable with earlier years.

- Smoking prevalence data from the National Survey for Wales (2021–2023) shows an age-standardised smoking rate of 12.6% in Pembrokeshire, compared with 13.4% in Hywel Dda University Health Board and 13% across Wales. These figures should not be compared with earlier reporting periods due to methodological changes.
- There are 3,071 people recorded with a physical disability on local authority registers for Pembrokeshire.
- The census data in 2021 showed that Pembrokeshire had 12,890 unpaid carers.
- Cancer prevalence is the highest in South Pembrokeshire at 4.3%.
- The percentage prevalence of cardiovascular disease in South Pembrokeshire is 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.

12.1.3 Deprivation

Deprivation within South Pembrokeshire is not uniform and is concentrated within specific localised areas. The Welsh Index of Multiple Deprivation (WIMD) 2025 identifies that, while Pembrokeshire is often perceived as relatively affluent overall, there remain persistent pockets of deprivation, with four Lower Super Output Areas (LSOAs) within the South Pembrokeshire Cluster falling within the 20% most deprived areas in Wales. In rural areas such as South Pembrokeshire, deprivation is often driven by factors such as access to services, transport and rural isolation rather than income alone, which is relevant when considering access to healthcare and pharmaceutical services.

12.1.4 Cluster Developments

The Pembrokeshire County Council Local Development Plan identifies a continuing programme of new-build and affordable housing across the county. Planned developments include a mix of Registered Social Landlord (RSL) and local authority housing, with delivery phased across the latter half of the decade. A proportion of planned schemes, particularly those scheduled from the late 2020s onwards, remain subject to confirmation or final agreement, reflecting the evolving nature of funding approvals, land availability and construction timelines.

Using a conservative assumption of 2–3 occupants per household, the anticipated housing growth would be expected to result in a corresponding increase in service demand, particularly for primary care and community pharmaceutical services. This

projected growth provides a useful indication of the scale and direction of change that services will need to plan for, alongside the wider demographic pressures associated with an ageing population and rural service delivery**.** For Pembrokeshire there will be around 2,500 – 3000 new homes over the next 5 years (2026 – 2031).

12.2 Current Provision of Pharmaceutical Services within the Cluster's Area

There are 13 pharmacies in the South Pembrokeshire Cluster (see Map 12.2.1) operated by 10 different contractors. The one dispensing GP practice within the cluster ceased dispensing on 1 April 2025.

There are 2.37 pharmacies for every 10,000 population in the cluster. This is below the overall rate for Hywel Dda UHB, which is 2.47.

In 2021, there were 2.38 pharmacies for every 10,000 population in the cluster. The overall rate for Hywel Dda UHB was 2.53 in 2021.

Map 12.2.1 – Location of Community Pharmacies and Dispensing GP Practices in the South Pembrokeshire Cluster

Full Pharmacy addresses can be found in Appendix K.

It is expected that a pharmacy will provide at least 40 hours of opening each week. There are no pharmacies within the South Pembrokeshire cluster 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 are open on Sundays
- 4 pharmacies open full days Monday to Saturday
- 3 pharmacies open Monday to Friday and Saturday morning
- 6 pharmacies open Monday to Friday

With regards to late opening, there are no pharmacies open past 6.30pm on weekdays. 10 pharmacies open at 9am and three open at 8.30am.

Five of the 13 pharmacies close for lunch at varying times between 12.30pm and 2.00pm. The remaining pharmacies open all day.

The next section sets out data on total opening hours in February 2026 provided by pharmacies compared to total opening hours in August 2021.

Full details of current pharmacy opening times can be found in Appendix K.

Pharmacy	Total Hours 01/08/21	Total Hours 01/02/26	Changes to weekend hours	Total Hours Change
Clynderwen Pharmacy	40.5	40.5	0.0	0.0
Kilgetty Pharmacy	53.0	53.0	0.0	0.0
Allied, Narberth	42.5	42.5	0.0	0.0
Narberth High Street	51.0	56.5	0.5	5.5
Neyland Pharmacy	45.75	42.5	-3.0	-3.25
Mendus Pharmacy	45.0	45.0	0.0	0.0
Pembroke Castle Pharmacy	53.5	49.0	-4.5	-4.5
Boots, Pembroke Dock	48.0	48.5	0.5	0.5
Pembroke Dock Pharmacy	48.75	50.0	0.0	1.25
Saundersfoot Pharmacy	40.0	40.0	0.0	0.0
Boots, Tenby	54.0	45.0	-6.0	-9.0
Evans, Glen	42.5	42.5	0.0	0.0
Evans, Sea Front	44.0	40.0	-4.0	-4.0
Total Hours gained/lost	608.5	595	-16.50	-13.50

There are 595 total pharmacy opening hours per week in the cluster and equates to 108.65 pharmacy hours for every 10,000 population.

This has reduced from 608.5 total hours in 2021 and 111.49 pharmacy hours for every 10,000 population.

The overall rate for pharmacy hours per 10,000 population in Hywel Dda UHB in 2026 is 108.37.

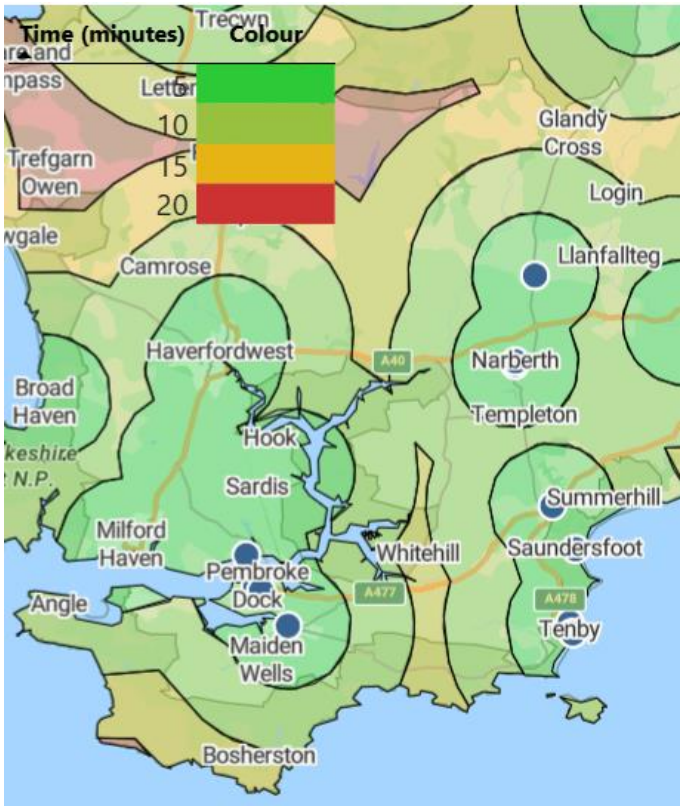
The Health Board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated and the Health Board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy can be commissioned or directed to open.

There are no dispensing GP practices within the cluster. The one dispensing GP Practice within the cluster ceased dispensing on 1 April 2025.

In areas with the highest population density such as Narberth, Tenby, Pembroke and Pembroke Dock there are multiple pharmacies.

Map 12.2.2 below shows the areas of the cluster which are within a 5, 10, 15 and 20 minute drive of a pharmacy. This evidences that all residents living within the South Pembrokeshire Cluster can access a pharmacy well within the 30-minute drive time standard set for the maximum access time to pharmaceutical services.

Map 12.2.2 – Drive time to a pharmacy in the South Pembrokeshire Cluster



For South Pembrokeshire, 91.35% of all prescriptions written in 2024/25 by GP practices based within the cluster were dispensed by pharmacies within the cluster.

The next section sets out data on pharmaceutical services in 2024/25 provided by pharmacies compared to service availability and levels in 2019/20, for full information on these services please refer to Section 5.

Pharmaceutical Service	Number of pharmacies providing service 2019/20	Number of pharmacies providing service 2024/25	Number of patients accessed service 2019/20	Number of patients accessed service 2024/25
Common Ailment Service	13	13	978	12,478
Emergency Medicine Supply Service	13	13	1,133	4,366
Contraception Services	12	13	327	400
Influenza Vaccination Service	9	12	2,064	4,780
Just in Case Pack Service	11	13	99	88
Smoking Cessation Level 2	11	13	144	490
Smoking Cessation Level 3	10	10	89 with a quit rate of 47%	306 with a quit rate of 42%
Patient Sharps Service	12	13	656	1,630
Discharge Medicines Review	10	13	134	449
Pharmacy Independent Prescribing Service	1	10	Data not available	7,970
Needle & Syringe Service / Needle Exchange Programme	4	4	634**	432**

**This displays the number of transactions carried out by pharmacies

Three pharmacies within the cluster offers the Urgent Medication Service.

12.3 Current Provision of Pharmaceutical Services outside the Cluster Area

Some residents choose to visit contractors outside both the cluster and the Health Board's area in order to access services. Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by one of the pharmacies within the cluster, 6.84% were dispensed elsewhere in Hywel Dda UHB, whilst 2.07% were dispensed outside of Hywel Dda UHB by contractors in other areas of Wales and a further 0.06% were dispensed outside of Wales, this is likely to be due to visitors to the Pembrokeshire area.

Taking into account that some residents might choose to access pharmacy services outside of the cluster, all residents would be able to access a pharmacy by car within 30 minutes of their home location.

12.4 Other NHS services

The cluster has two hospital sites;

- South Pembrokeshire hospital - rehabilitation ward and a day unit,
- Tenby Cottage hospital – Nurse Led Walk in Centre, which is open Monday to Friday 10.00am - 5.00pm.

The nearest Out of Hours Centre is in the North Pembrokeshire Cluster at Withybush General Hospital, Haverfordwest.

The cluster has five GP practices; two GP practices are Health Board managed practice. Three of the GP practices operate branch surgeries in addition to their main sites.

There are five dental practices that offer NHS treatment and six optometric practices. There are no extended GP opening hours in the South Pembrokeshire Cluster.

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 services.

Smoking cessation services are provided by Help Me Quit at a number of locations across the South Pembrokeshire Cluster 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 Cluster 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 cluster and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed.

In 2024/25 a total of 133 contractors dispensed items written by one of the GP practices in this cluster, of which 62 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 seven clusters.

Of the 13 pharmacies in the South Pembrokeshire Cnorth luster, nine indicated that they have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in their area. One 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.

The location of pharmacies across the cluster 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 cluster means that walking to a pharmacy will be a realistic option for many residents.

Number of pharmacies per 10,000 population

Noting the current and change in provision since 2021, as detailed in 12.2, the cluster is well served in terms of pharmaceutical services based on current provision.

Number of pharmacies open within normal working hours
(Monday to Friday, 9.00am – 5.30pm)

Noting the current opening hours and change in total opening hours since 2021, as detailed in 12.2 and Appendix K, there is good access to pharmacies within normal working hours in the South Pembrokeshire cluster.

Number of pharmacies open outside of normal opening hours on weekdays
(After 5.30pm Monday to Friday)

Noting the current opening hours and change in total opening hours since 2021, as detailed in 12.2 and Appendix K, there is reasonable access to pharmacies outside of normal opening hours on weekdays in the South Pembrokeshire cluster.

Number of pharmacies open on weekends

Noting the current opening hours on weekends and changes to weekend hours since 2021 as detailed in 12.2 and Appendix K, it is concluded that they are sufficient to meet the likely needs of residents in the cluster and that there are pharmaceutical services available within a 20-minute drive in neighbouring clusters on weekends.

Availability of pharmaceutical services

It is concluded that there is currently sufficient provision for pharmaceutical services to meet the likely needs of residents in the cluster 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 cluster. It is the Health Board's aim to have the best access possible for all pharmaceutical services.

Proximity of dispensing services to GP practices

There are five practices within the cluster that operate from 8 sites (M = Main Site B = Branch):

GP Practice	Location	Distance to nearest pharmacy
Neyland & Johnston Health Centre	Neyland (M)	Pharmacy within ¼ mile
Johnston Surgery	Johnston (B)	Pharmacy within ¼ mile
Argyle Medical Group	Pembroke Dock (M)	Pharmacy co-located
St Oswalds Surgery -Argyle Medical Group	Pembroke (B)	Pharmacy within ¼ mile
Tenby Surgery	Tenby	Pharmacy - adjacent
Saundersfoot Medical Centre	Saundersfoot (M)	Pharmacy within ½ mile
Kilgetty Branch Surgery - Saundersfoot Medical Centre	Kilgetty (B)	Pharmacy within ¼ mile
Narberth Health Centre	Narberth	Pharmacy co-located

It is concluded that the location of pharmacies in the cluster is currently appropriate to serve GP practices and their patients.

13. North Ceredigion Cluster

13.1 Key Facts

13.1.1 Population and Population Projections

The North Ceredigion Cluster is one of two in Ceredigion County and serves a GP registered population of 46,314 at October 2025 and is the smallest cluster by population in Hywel Dda University Health Board. The cluster covers the geographical coastal area from Llanarth in the south to Borth in the north. The cluster borders Betsi Cadwaladr UHB in the north, and Powys Teaching Health Board to the east.

There is a 23-mile distance between the most northerly & southerly practice within the cluster. It can take approximately 45 minutes to make this journey by road. The largest town in the cluster is Aberystwyth.

55.7% of the people living in the cluster are considered to be living in a rural area. The cluster 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 18% of the total population.

The GP registered population of the North Ceredigion Cluster has increased by 0.81% since the previous PNA in 2021.

According to the 2021 Census, 45.3% of people aged 3 years and above in Ceredigion are able to speak Welsh, and 42.8% of the North Ceredigion Cluster population are able to speak Welsh.

13.1.2 Life Expectancy and Health of the Population

- The North Ceredigion Cluster has approximately 10,420 people aged 65 years and over (26.4%) which is slightly higher than the Hywel Dda average of 26%.
- Ceredigion has the lowest teenage pregnancy rate of 13.5 per 1,000 females aged under 18 years in Hywel Dda UHB. This is lower than the rate for Wales (15.7%) and for Hywel Dda UHB (15.1%).
- 16% of residents in North Ceredigion drink more than the recommended guidelines, which is slightly lower than the Hywel Dda average of 16.4%, and lower than the national average of 17%.
- The smoking prevalence in Ceredigion is 13.9%, which is lower than the Hywel Dda average of 15.1, and the national average of 15.7.
- 21% of people in North Ceredigion live with a physical disability.

- The census data in 2021 showed that there are 7,246 unpaid carers in Ceredigion.
- The three highest prevalences of cancer in Ceredigion, per 100,000 persons, are Prostate (176.8), Breast (112.3; Female Breast cancer is higher at 224.6), and Colorectal (80.7). Breast and Colorectal cancer prevalences in Ceredigion are both higher than the Hywel Dda averages (187.1 and 75.3 respectively), but prostate cancer prevalence is lower than the Hywel Dda average (187.1).
- Obesity prevalence in North Ceredigion in persons over 16 years of age is 10.4%. This is considerably lower than the Hywel Dda average of 11.6%, which is slightly lower than the national average of 11.8%.
- The percentage of working age adults of healthy weights in Ceredigion is 36.3%, which is higher than the Hywel Dda average of 33.8%, and higher than the national average of 35.4%.
- The percentage of children aged four to five with Obesity in Ceredigion is 10.6%, which is lower than the national average of 11.4%, and the lowest in Hywel Dda UHB.
- North Ceredigion has a cardiovascular disease prevalence at 3.3%.
- Diabetes prevalence in North Ceredigion is 6.7%, which is the lowest in Hywel Dda, and is also below the national average of 8%.

13.1.3 Deprivation

Of the 20% most deprived LSOAs[88] in Wales, two are in Ceredigion but there are none in the North Ceredigion Cluster.

Deprivation at 8.4% is less than the Welsh average but is higher than the Health Board average.

13.1.4 Cluster Developments

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.

13.2 Current Provision of Pharmaceutical Services within the Cluster Area

There are nine pharmacies in the North Ceredigion Cluster operated by eight different contractors (see Map 13.2.1). One pharmacy closed in Aberystwyth on 8th January 2021, and a gap was not identified.

[88] Welsh Index of Multiple Deprivation

There are 1.94 pharmacies for every 10,000 population in the cluster. This is below the overall rate for Hywel Dda UHB, which is 2.47. Including the one dispensing GP practice as providers of dispensing services this would increase the ratio of dispensaries for every 10,000 population to 2.17, which is still below the overall rate for Hywel Dda UHB.

In 2021, there were 1.96 pharmacies for every 10,000 population in the cluster. Including the one dispensing GP practice this increased the ratio for every 10,000 population to 2.18. The overall rate for Hywel Dda UHB was 2.53.

Map 13.2.1 – Location of Community Pharmacies and Dispensing GP practices in the North Ceredigion Cluster

Full Pharmacy addresses can be found in Appendix K

It is expected that a pharmacy will provide at least 40 hours of opening each week.

There is one pharmacy within the North Ceredigion Cluster that opens for less than 40 hours each week. This pharmacy is part of the Essential Small Pharmacy Scheme.

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
- 4 pharmacies open full days Monday to Saturday
- 1 pharmacy opens Monday to Friday and Saturday morning
- 4 pharmacies open Monday to Friday only

Two pharmacies open at 8.30am, one pharmacy opens at 8:45am, five pharmacies open at 9.00am and one opens at 10.00am.

Three of the nine pharmacies close for lunch at varying times between 1:00pm and 2:30pm. One pharmacy closes at lunchtime on a Wednesday. The remaining pharmacies are open all day.

There are no pharmacies within the cluster open beyond 6.30pm Monday to Friday.

The next section sets out data on total opening hours in February 2026 provided by pharmacies compared to total opening hours in August 2021.

Full details of current pharmacy opening times can be found in Appendix K.

Pharmacy	Total Hours 01/08/21	Total Hours 01/02/26	Changes to weekend hours	Total Hours Change
Allied, Aberaeron	53.5	53.5	0.0	0.0
Boots, Aberaeron	45.0	51.0	1.0	6.0
Boots, Aberystwyth	53.0	54.75	0.5	1.75
Allied Pharmacy, Aberystwyth	50.0	47.5	0.0	-2.5
Morrisons, Aberystwyth	67.5	58.5	-1.5	-9.0
Well, Aberystwyth	45.0	45.0	0.0	0.0
Borth Pharmacy	40.0	40.0	0.0	0.0
New Heights Pharmacy	35.0	35.0	0.0	0.0
Huw Evans Tregaron	45.5	45.5	0.0	0.0
Total Hours gained/lost	434.5	430.75	0.0	-3.75

There are 430.75 total pharmacy opening hours per week in the cluster and equates to 93.01 pharmacy hours for every 10,000 population.

This has reduced from 434.5 total hours in 2021 and 94.58 pharmacy hours for every 10,000 population.

The overall rate for pharmacy hours per 10,000 population in Hywel Dda UHB in 2026 is 108.37.

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 GP practice at Llanilar offers the following opening hours for the dispensing service it provides:

Llanilar Health Centre	8.30am - 6.30pm Monday to Friday

The following services were also noted as being offered by the dispensing GP practice in the cluster;

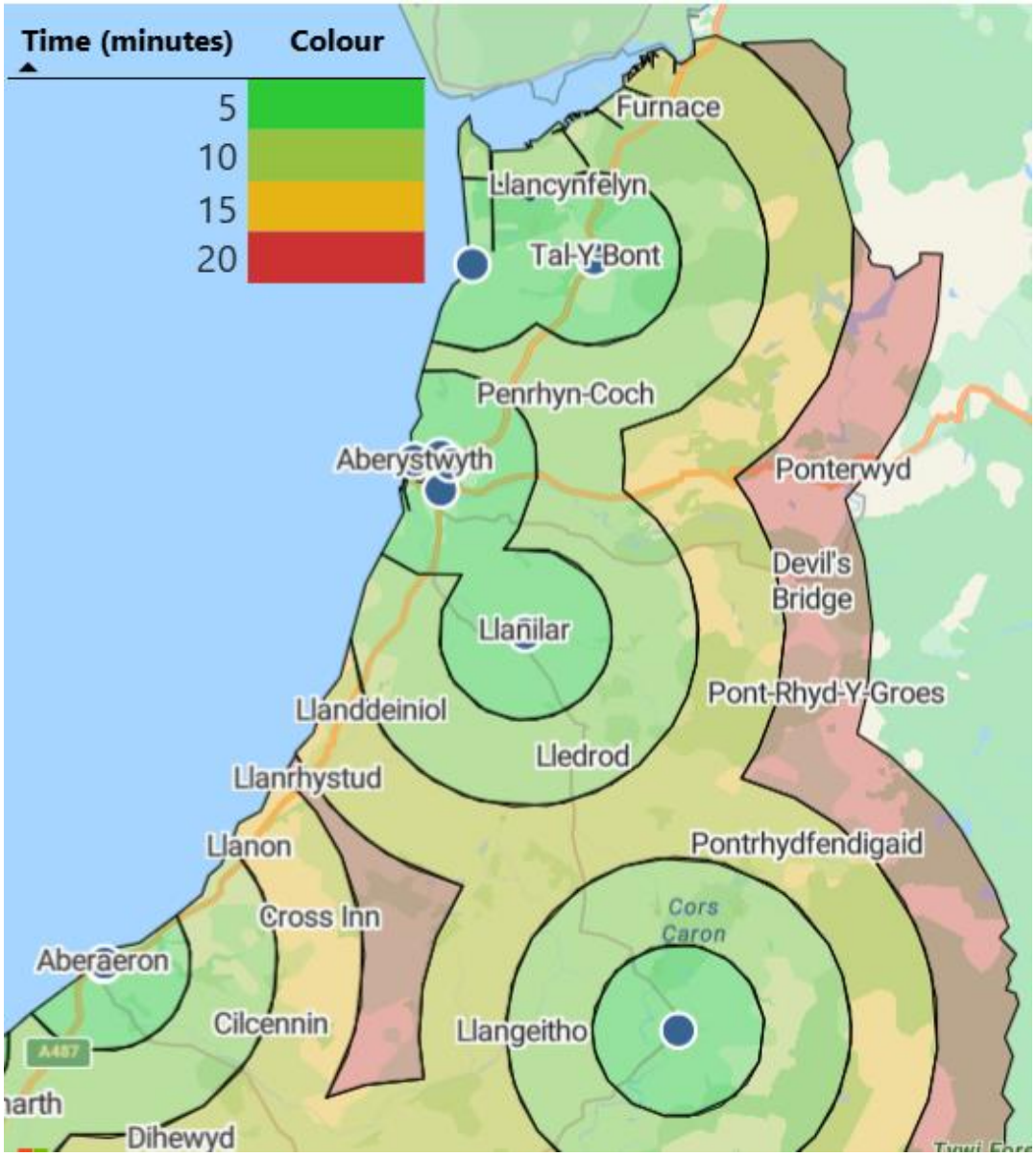
Llanilar Health Centre - MAR Charts, JIC Packs, patient sharps, and Dossett boxes.

There are multiple pharmacies in areas such as Aberystwyth and Aberaeron, which supports the population and tourists visiting the area. Two 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 shows the areas of the cluster, which are 5, 10, 15, and 20 minute drive from a pharmacy. This evidences that all residents living within the North Ceredigion Cluster are able to access a pharmacy within the 30 minute drive time standard set for the maximum access time to pharmaceutical services.

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 13.2.2 – Drive time to a Community Pharmacy in the North Pembrokeshire Cluster



There is one dispensing GP practice in North Ceredigion, and this is based within Llanilar Health Centre, Llanilar.

Dispensing GP practices can only dispense to patients on their registered lists who are deemed to live more than 1.6km/1 miles 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, 95.19% of all prescriptions written in 2024/25 by GP Practices based within the cluster were dispensed by pharmacies within the cluster.

The next section sets out data on pharmaceutical services in 2024/25 provided by pharmacies compared to service availability and levels in 2019/20, for full information on these services please refer to Section 5.

Pharmaceutical Service	Number of pharmacies providing service 2019/20	Number of pharmacies providing service 2024/25	Number of patients accessed service 2019/20	Number of patients accessed service 2024/25
Common Ailment Service	9	9	555	3,727
Emergency Medicine Supply Service	9	9	1,084	1,007
Contraception Services	7	9	704	554
Influenza Vaccination Service	7	9	1,063	1,227
Just in Case Pack Service	9	9	68	36
Smoking Cessation Level 2	8	8	154	171
Smoking Cessation Level 3	8	5	104 with a quit rate of 34%	4 with quit rate of 75%
Patient Sharps Service	9	9	747	768
Discharge Medicines Review	9	9	288	560
Pharmacy Independent Prescribing Service	2	3	Data not available	1,341
Needle & Syringe Service / Needle Exchange Programme	4	5	480**	168**

**This displays the number of transactions carried out by pharmacies

Four pharmacies within the cluster offer the Urgent Medication Service.

13.3 Current Provision of Pharmaceutical Services outside the Cluster Area

Some residents choose to visit contractors outside both the cluster and the Health Board area in order to access services.

Whilst the majority of prescriptions written in 2024/25 by GP practices based in the cluster were dispensed by pharmacies within the cluster. 3.39% were dispensed elsewhere in Hywel Dda UHB, whilst 2.48% were dispensed outside of Hywel Dda UHB by contractors in other areas of Wales and a further 0.04% were dispensed outside of Wales.

Taking into account that some residents might choose to access pharmacy services outside of the cluster, 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 Cluster. 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.

The North Ceredigion Cluster consists of seven GP practices and there is one dispensing GP practice. There are no extended GP opening hours in the North Ceredigion Cluster.

There are four dental practices that offer NHS treatment and five optometric practices.

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 services’.

Smoking cessation services are provided by Help Me Quit at a number of locations across the North Ceredigion Cluster 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 Cluster 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 cluster and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside of the cluster usually do so either to access a pharmacy in a neighbouring

cluster or Health Board or a dispensing appliance contractor outside of the Health Boards area.

In 2024/25 a total of 186 contractors dispensed items written by one of the GP practices in this cluster, of which 121 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 seven clusters.

Five out of the nine pharmacies in the North Ceredigion Cluster have indicated that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand. Two pharmacies said that they don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand. One pharmacy did not respond to the survey.

The location of pharmacies across the cluster 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 cluster 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.

Number of pharmacies per 10,000 population

Noting the current and change in provision since 2021 as detailed in 13.2 the cluster is well served in terms of pharmaceutical services, based on current provision.

Number of pharmacies open within normal working hours
(Monday to Friday, 9.00am – 5.30pm)

Noting current opening hours and change in total opening hours since 2021 as detailed in 13.2 and Appendix K, there is sufficient access to pharmaceutical services within normal working hours in the North Ceredigion cluster.

Number of pharmacies open outside of normal opening hours on weekdays
(After 5.30pm Monday to Friday)

Noting the current opening hours and change in total opening hours since 2021 as detailed in 13.2 and Appendix K, there is good access to pharmacies outside of normal working hours in the North Ceredigion cluster.

Number of pharmacies open on weekends

Noting the current opening hours on weekends and changes to weekend hours since 2021 as detailed in 13.2 and Appendix K, it is concluded that they are sufficient to meet the likely needs of residents in the cluster and that there are pharmaceutical services available within a 20-minute drive on weekends.

Availability of pharmaceutical services

It is concluded that there is currently sufficient provision for the listed services to meet the likely needs of residents in the cluster. 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 cluster. It is the Health Boards aim to have the best access possible for the listed services.

Proximity of dispensing services to GP practices

Each of the seven GP practice sites, both main and branch, within the cluster has access to pharmaceutical services as follows:

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

It is concluded that the location of pharmacies in the cluster is currently appropriate to serve GP practices and their patients.

14. South Ceredigion Cluster

14.1 Key Facts

14.1.1 Population and Population Projections

The South Ceredigion Cluster serves a GP-registered population of 47,527 as of October 2025 and is the second smallest cluster by population in the Health Board area. Ceredigion County is split into two clusters, South and North. The South Ceredigion Cluster is the most rural in nature of all the localities in Hywel Dda UHB. The largest town in the cluster is Cardigan. The area is a tourist location, which experiences large numbers of temporary patients during the holiday season.

The cluster runs along the coast and stretches from Cardigan (where the cluster shares a border with Pembrokeshire) in the west to Lampeter in the east. The cluster also includes Newquay, Llandysul and Newcastle Emlyn, where it shares a border with Carmarthenshire. A journey from Cardigan to Lampeter by road would take approximately 50 minutes and cover distance of 29 miles.

The GP registered population of the South Ceredigion Cluster has increased by 0.89% since the previous PNA in 2021. The population of Ceredigion has decreased by 5.8% in the period 2011-2021, dropping from 75,922 down to 71,475 (ONS)

According to the 2021, Census 48.8% of people aged 3 years and above in South Ceredigion are able to speak Welsh, this is higher than the county average of 45.3%.

14.1.2 Life Expectancy and Health of the Population

- The South Ceredigion Cluster has approximately 13,473 people over the age of 65 years (28.6%) which is higher than the Welsh average of 21.7%.
- Ceredigion has the lowest teenage pregnancy rate of 13.5 per 1,000 females aged under 18 years in Hywel Dda UHB. This is lower than the rate for Wales (15.7%) and for Hywel Dda UHB (15.1%)
- 16% of residents in South Ceredigion drink more than the recommended guidelines, which is slightly lower than the Hywel Dda average of 17%, and lower than the national average of 16.4%.
- The smoking prevalence in Ceredigion is 13.9%, which is lower than the Hywel Dda average of 15.1, and the national average of 15.7.
- There are 1,183 people with a physical disability on local authority registers for Ceredigion.
- The census data in 2021 showed that there are 7,246 unpaid carers in Ceredigion.
- The three highest prevalences of cancer in Ceredigion, per 100,000 persons, are Prostate (176.8), Breast (112.3; Female Breast cancer is higher at 224.6), and Colorectal (80.7). Breast and Colorectal cancer prevalences in Ceredigion

are both higher than the Hywel Dda averages (187.1 and 75.3 respectively), but prostate cancer prevalence is lower than the Hywel Dda average (187.1).

- South Ceredigion has a diabetes prevalence of 8.7% of the population.
- Obesity prevalence in South Ceredigion in persons over 16 years of age is 10.4%. This is considerably lower than the Hywel Dda average of 11.6%, which is slightly lower than the national average of 11.8%.
- The percentage of working age adults of healthy weights in Ceredigion is 36.3%, which is higher than the Hywel Dda average of 33.8%, and higher than the national average of 35.4%.
- The percentage of children aged four to five with Obesity in Ceredigion is 10.6%, which is lower than the national average of 11.4%, and the lowest in Hywel Dda UHB.
- South Ceredigion has the second highest cardiovascular disease prevalence of the seven clusters at 5.2%.

14.1.3 Deprivation

Of the 20% most deprived LSOAs in Wales, two are in Ceredigion and both are found in the South Ceredigion cluster. These are Cardigan-Teifi and Cardigan – Rhyd-Y-Fuwch. (WIMD 2025). Ceredigion does not have any LSOA's in the 10% most deprived. (WIMD 2025).

14.1.4 Cluster Developments

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 ONA 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.

14.2 Current Provision of Pharmaceutical Services within the Cluster Area

There are 13 pharmacies in the South Ceredigion Cluster operated by seven different contractors (see map 14.2.1).

There are 2.74 pharmacies for every 10,000 population in the cluster. This is above the overall rate for Hywel Dda UHB, which is 2.47.

In 2021, there were 2.76 pharmacies for every 10,000 population in the cluster. The overall rate for Hywel Dda UHB was 2.53 in 2021.

There are no dispensing GP practices within the South Ceredigion Cluster.

Map 14.2.1 – Location of Community Pharmacies in South Ceredigion

Full Pharmacy addresses can be found in Appendix K

It is expected that a pharmacy will provide at least 40 hours of opening each week. There are no pharmacies within the South Ceredigion cluster 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
- 5 pharmacies are open Monday to Saturday
- 5 pharmacies are open Monday to Friday and Saturday morning,
- 3 pharmacies are open Monday to Friday

Nine pharmacies open at 9.00am, two at 9:30am and two at 8.30am.

No pharmacies within the cluster are open beyond 6.30pm Monday to Friday.

Eight of the 13 pharmacies close for lunch at varying times between 12.00pm and 2.00pm. The remaining pharmacies open all day.

The next section sets out data on total opening hours in February 2026 provided by pharmacies compared to total opening hours in August 2021. Full details of current pharmacy opening times can be found in Appendix K.

Pharmacy	Total Hours 01/08/21	Total Hours 01/02/26	Changes to weekend hours	Total Hours Change
Penrhyn Pharmacy	41.0	41.0	0.0	0.0
Boots, Cardigan	48.0	47.5	-0.5	-0.5
Caerleon Pharmacy	56.0	56.0	0.0	0.0
Well, Cardigan	46.5	46.5	0.0	0.0
Adrian Thomas Pharmacy	45.0	44.0	0.0	-1.0
Allied, Lampeter	51.5	49.0	0.0	-2.5
Boots, Lampeter	45.0	42.5	-0.5	-2.5
Allied, Llandysul	50.0	50.0	0.0	0.0
Boots, Llandysul	47.0	47.5	0.0	0.5
Well, Llanybydder	42.5	42.5	-3.0	0.0
Boots, NCE	45.0	45.0	0.0	0.0
Well, NCE	51.0	46.5	-4.5	-4.5
New Quay Pharmacy	40.0	40.0	0.0	0.0
Total Hours gained/lost	**608.5**	**598**	**-8.5**	**-10.50**

There are 598 total pharmacy opening hours per week in the cluster and equates to 125.82 pharmacy hours for every 10,000 population.

This has reduced from 608.5 total hours in 2021 and 129.17 pharmacy hours for every 10,000 population.

The overall rate for pharmacy hours per 10,000 population in Hywel Dda UHB in 2026 is 108.37.

Two pharmacies in the South Ceredigion Cluster provides a rota service, which supports additional opening hours. The pharmacies are:

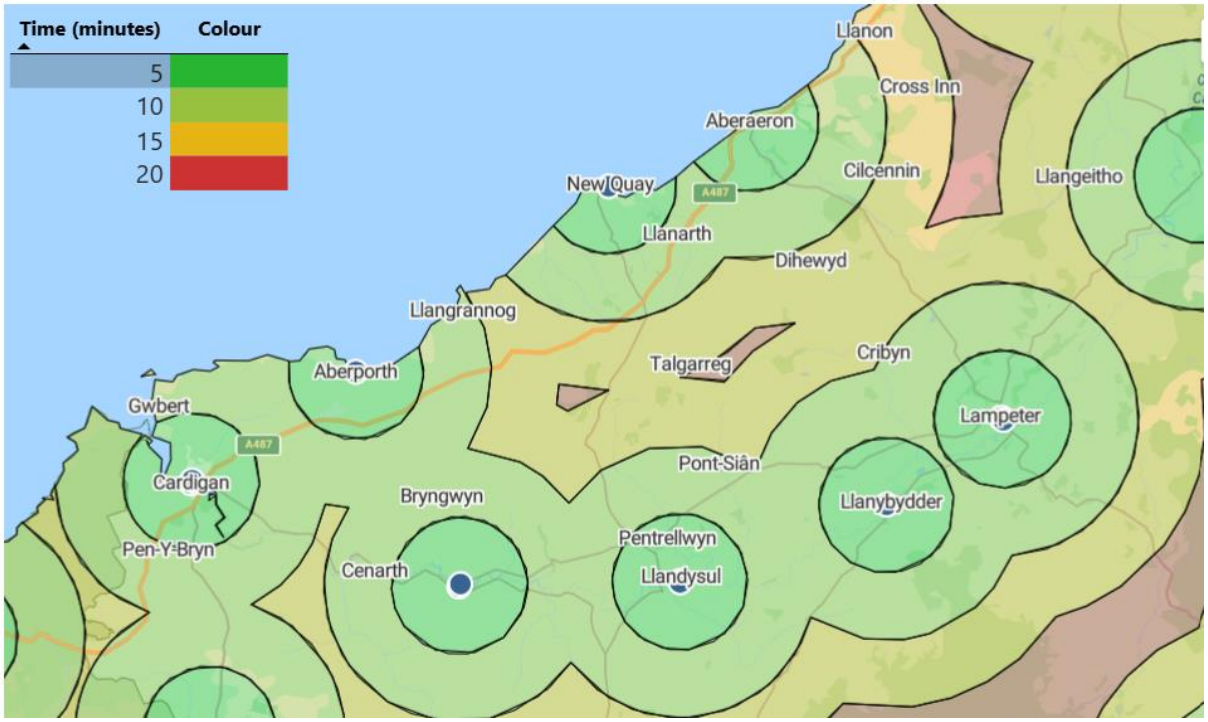
Pharmacy	Rota Duty Times
Allied, Llandysul	Sundays only 16:00-17:00
Well, Newcastle Emlyn	Monday & Wednesday 17:30-18:00

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.

In areas such as Cardigan and Lampeter where there is high population density there are multiple pharmacies and in smaller settlements there is usually one pharmacy.

Map 14.2.2 shows the areas of the cluster which are within a 5, 10, 15 and 20 minute drive of a pharmacy. This evidences that all residents living within the South Ceredigion Cluster 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 cluster e.g. Twyi Taf, North Pembrokeshire and North Ceredigion.

Map 14.2.2 – Drive time to a Pharmacy in South Ceredigion



95.42% of all prescriptions written in 2024/25 by GP practices based within South Ceredigion were dispensed by pharmacies within the cluster.

The next section sets out data on pharmaceutical services in 2024/25 provided by pharmacies compared to service availability and levels in 2019/20, for full information on these services please refer to Section 5.

Pharmaceutical Service	Number of pharmacies providing service 2019/20	Number of pharmacies providing service 2024/25	Number of patients accessed service 2019/20	Number of patients accessed service 2024/25
Common Ailment Service	13	13	1,103	7,260

Emergency Medicine Supply Service	13	13	894	2,130
Contraception Services	10	13	245	338
Influenza Vaccination Service	11	12	1,187	1,334
Just in Case Pack Service	12	12	102	105
Smoking Cessation Level 2	10	11	115	185
Smoking Cessation Level 3	8	9	17 with a quit rate of 54%	329 with quit rate of 39%
Patient Sharps Service	13	13	536	1,106
Discharge Medicines Review	12	13	163	489
Pharmacy Independent Prescribing Service	1	4	Data not available	855
Needle & Syringe Service / Needle Exchange Programme	8	7	853**	180**

**This displays the number of transactions carried out by pharmacies

Two pharmacies within the cluster provide the Urgent Medication Service.

14.3 Current Provision of Pharmaceutical Services outside the Cluster Area

Some residents choose to visit contractors outside both the cluster and the Health Board's area in order to access services. Whilst the majority of prescriptions written by the GP practices in 2024/25 were dispensed by one of the 13 pharmacies within the cluster, 3.18% were dispensed elsewhere in Hywel Dda UHB, whilst 0.28% were dispensed outside of Hywel Dda UHB by contractors in other areas of Wales and a further 0.03% were dispensed outside of Wales.

Considering some residents might choose to access pharmacy services outside of the cluster, 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 Cluster, 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 and Emergency services would need to access these at:

- Bronglais General Hospital – Aberystwyth
- Glangwilli General Hospital – Carmarthen
- Withybush General Hospital – Haverfordwest

There are five GP Practices in the cluster. There are no extended GP opening hours in the South Ceredigion Cluster.

There are three dental practices that offer NHS treatment and six optometric practices.

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 services'.

Smoking cessation services are provided by Help Me Quit at a number of locations across the South Ceredigion Cluster 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 Glangwili General Hospital.

No other NHS services have been identified that are located within the South Ceredigion Cluster 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 cluster and registered with 1 of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside of the cluster usually do so either to access a pharmacy in a neighbouring cluster or Health Board or a dispensing appliance contractor outside of the Health Boards area.

In 2024/25 a total of 155 contractors dispensed items written by one of the GP Practices in this cluster, of which 74 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 seven clusters.

Six out of the 13 pharmacies in the South Ceredigion Cluster have indicated that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand. Four pharmacies said that they don't have sufficient premises and staffing capacity at present but could make adjustments to manage an increase in demand.

The location of pharmacies across the cluster 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 cluster means that walking to a pharmacy will be a realistic option for many residents.

Number of pharmacies per 10,000 population

Noting the current and change in provision since 2021 as detailed in 14.2 the cluster is well served in terms of the number of pharmacies for 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)

Noting the current opening hours and change in total opening hours since 2021 as detailed in 14.2 and Appendix K, there is good access to pharmacies within normal working hours in the South Ceredigion Cluster.

Number of pharmacies open outside of normal opening hours on weekdays

(After 5.30pm Monday to Friday)

Noting the current opening hours on weekends and changes to weekend hours since 2021 as detailed in 14.2 and Appendix K, there are no pharmacy services available in the cluster after 6.30pm. Pharmacy services are available in the neighbouring clusters 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

Noting the current opening hours on weekends and changes to weekend hours since 2021 as detailed in 14.2 and Appendix K, as noted, there are no pharmacies open on a Sunday within the South Ceredigion Cluster. The nearest pharmaceutical services available on a Sunday would be located at Carmarthen, Aberystwyth or Haverfordwest. All of these towns are in the neighbouring clusters 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 Pharmaceutical Services

It is concluded that there is currently sufficient provision for pharmaceutical services to meet the likely needs of residents in the cluster 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 cluster. It is the Health Boards aim to have the best access possible for all pharmaceutical services.

Proximity of dispensing services to GP Practices

Each of the 6 GP practice sites, both main and branch, within the cluster has access to pharmaceutical services as follows (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
Llynyfran Surgery	Llandysul	Pharmacy within 1 mile
Taliesin Medical Practice	Lampeter (M)	Pharmacy co-located
Taliesin Medical Practice	Llanybydder (B)	Pharmacy within ½ mile

It is concluded that the location of pharmacies in the cluster is currently appropriate to service GP practices and their patients.

15. Conclusions for the purpose of schedule 1 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020

The PNA has considered the current provision of pharmaceutical services across the Health Board and specifically the demography and health needs of the population. It has analysed whether current provision meets the needs of the population of Hywel Dda University Health Board and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document.

15.1 Current Provision

Hywel Dda University Health Board has identified the following services as those that are necessary to meet the need for pharmaceutical services in its area:

- Essential, clinical and additional services provided at all premises included in the pharmaceutical lists
- 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 cluster.

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 the Hywel Dda University Health Board considers the following other NHS services as affecting the need for pharmaceutical services and has taken them into account:

- Hospital pharmacies
- Minor Injury Units
- Sexual Health Clinics
- GP Out of Hours / NHS Wales 111
- Personal administration of items by GPs
- Dental care
- Ophthalmic services
- Cobweb continence service
- Substance misuse services
- End of life care

- Stop smoking services
- 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 University Health Board 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 GP practices
- Opening hours of pharmacies and dispensing GP practices
- Proximity of pharmacies to GP practices

The above criteria were used to measure access to essential services in each of the 7 clusters within Hywel Dda UHB

15.3.1.1 Ratio of Pharmacies and GP Dispensaries per 10,000 population

There are 96 community pharmacies and four dispensing GP practices in Hywel Dda UHB. These provide pharmaceutical services to a population of 389,160. Taking only community pharmacies into account as providers there is a ratio of 2.47 per 10,000 population. When the dispensing GP practices are included the ratio per 10,000 population increases to 2.57. The ratio of pharmacies and GP dispensaries for each cluster is detailed in preceding sections by cluster.

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 cluster, 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. 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.

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 is detailed in preceding sections by cluster.

90 of the 96 pharmacies in Hywel Dda UHB meet the working hours criterion of being open weekdays from 9.00am-5.30pm. In the Tywi Taf Cluster area, community pharmacy provision has reduced over the past five years. Despite this, access remains within a 30-minute drive time for all areas. Most pharmacies report sufficient capacity to meet increased demand, over the next five years.

Based on the information available at the time of developing this PNA, there has been a reduction in community pharmacy provision over the past five years in the 2Ts Cluster area. Most pharmacies in the cluster report sufficient capacity to meet increased demand, indicating a need for additional opening hours, rather than an additional pharmacy.

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, Saturdays and Sundays is detailed in preceding sections by cluster.

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.

Based on the information available at the time of developing this PNA, there has been a reduction in community pharmacy provision over the past five years in the 2Ts Cluster area. Most pharmacies in the cluster report sufficient capacity to meet increased demand, indicating a need for additional opening hours outside of normal working hours, and weekends, rather than an additional pharmacy.

15.3.1.4 Proximity of pharmacies to GP practices

Across the 7 clusters that make up the Hywel Dda geographical area there are 47 GP practices that operate 47 main sites and 17 branches. The proximity of pharmacies to practices has been mapped for each of the cluster and is detailed in the preceding cluster sections.

49 of the 64 sites (47 main & 17 branch) have a pharmacy either co-located or within ¼ mile. Another 7 sites have a pharmacy located within ½ mile. The 5 sites that have a pharmacy, four or six 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 clinical services

Details of clinical services available in Hywel Dda and availability by cluster are set out in preceding sections.

It is concluded that there is sufficient provision of clinical services to meet the needs of residents in the Health Board area and the Health Board will continue to work with pharmacy contractors to maintain service levels and increase service provision when possible.

Based on the information available at the time of developing this PNA no current or future needs relating to the provision of clinical services have been identified in any of the 7 clusters. It is concluded that there is currently sufficient provision for the pharmaceutical services to meet the likely needs of residents in the cluster.

15.3.3 Current access to additional services

Details of additional services available in Hywel Dda and availability by cluster are set out in preceding sections.

It is concluded that there is sufficient provision of additional services to meet the needs of residents in the Health Board are and the Health Board will continue to work with pharmacy contractors to maintain service levels and increase service provision when possible.

Based on the information available at the time of developing this PNA, access to additional services is generally good with no gaps in the current service provision. It is concluded that there is currently sufficient provision for the pharmaceutical services to meet the likely needs of residents in the cluster.

15.3.4 Current Access to the GP Dispensing Service

There are four dispensing GP practices across five sites in Hywel Dda UHB, which serve a dispensing list size of 10,479. 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 four practices.

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 four 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 University Health Board 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 cluster sections (8-14) in this PNA and confirmation by 54 of the 96 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. 21 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. 20 pharmacies stated they would find it difficult to meet an increase in demand for services.

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 clusters.

15.4.1.1 Access to Essential Services during Normal Working Hours

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.

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 three 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 hours 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 Clinical Services

From the data available for advanced services, all pharmacies provide Discharge Medication Reviews.

Based on the information available at the time of developing this PNA no future needs relating to the provision of clinical services have been identified in any of the 7 clusters.

15.4.3 Future Access to Additional 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 five 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 additional 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 2.57 pharmacies and dispensing GP practices per 10,000 population, it is concluded that there is adequate provision of pharmaceutical services within Hywel Dda UHB to meet the needs its population. Should one of the four 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 April 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 Board's 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 April 2020 and Health Boards had until 1 April 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 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 – clinical services

1. **Discharge medicines review service (DMR)**

Service description

The DMR service provides 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.

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.

2. **Clinical Community Pharmacy Service (CCPS)**

Service description

CCPS includes the provision of the following services;

- Common Ailment Service
- Urgent Contraception Service
- Emergency Medicine Supply Service

Aims and intended outcomes

The underlying purpose of the Common Ailment Service is to provide advice and support to eligible patients complaining of a common ailment, and where appropriate, to supply drugs to them for the treatment of the common ailment;

The underlying purpose of the Urgent Contraception Service is to supply contraception in cases of urgency or emergency, or to supply regular contraception, to a patient under a Patient Group Direction;

The underlying purpose of the Emergency Medicine Supply Service is to ensure, at the request of a patient in cases of urgency, prompt access to drugs or appliances—(i) which have previously been prescribed for them in an NHS prescription but for which they do not have an NHS prescription, and (ii) where, in the case of prescription only

medicines, the requirements of regulation 225(1) of the Human Medicines Regulations (emergency sale etc. by Pharmacist: at patient's request) are satisfied.

3. **The Pharmacy Independent Prescribing Service (PIPS)**

Service description
The service enables a Pharmacist Independent Prescriber to provide patients presenting in the community pharmacy access to effective advice and treatment, relevant to their clinical needs, for treatment of common ailments or contraception where appropriate prescribed medication is required for the presenting circumstances.

Aims and intended outcomes
The underlying purpose is to

- to provide access to prescription only medicines for the treatment of common ailments that require treatment with prescription only medicines that are not available under the Clinical Community Pharmacy Service;
- to provide access to emergency or regular contraception where those needs cannot be met under the Clinical Community Pharmacy Service; and
- for the provision of any other service which the NHS pharmacist agrees with the relevant Local Health Board to provide.

Appendix D – Additional 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. An Emergency Pandemic Treatment and Prophylaxis Supply Service, the underlying purpose of which is for the NHS pharmacist to supply medicines to a patient under a Patient Group Direction or protocol authorised by Ministers or an NHS body in accordance with regulation 247 of the Human Medicines Regulations (exemption for supply in the event or anticipation of pandemic disease), and if an NHS pharmacist arranges to provide this service, it must provide it for the duration of the arrangement it has agreed with the Local Health Board;

5. An Emergency Pandemic Vaccination Service, the underlying purpose of which is for the NHS pharmacist to administer a vaccination to a patient under a Patient Group Direction or protocol authorised by the Welsh Ministers in accordance with regulation 247A of the Human Medicines Regulations (protocols relating to coronavirus and influenza vaccinations and immunisations), and if an NHS pharmacist arranges to provide this service, it must provide it for the duration of the arrangement it has agreed with the Local Health Board;

6. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.

7. A Home Delivery Service, the underlying purpose of which is for the NHS pharmacist to deliver to patients' homes;
    - drugs, and
    - appliances, other than specified appliances within the meaning of regulation 2(1) of the Pharmaceutical Services Regulations;

8. 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.

9. 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.

10. 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.

11. A Needle and Syringe Supply Service, the underlying purpose of which is for the NHS pharmacist 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 refer the drug misuser to another health care professional or a specialist drug treatment centre;

12. 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.

13. 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).

14. 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.

15. 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.

16. 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.

17. 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.

18. 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.

19. A Supervised Administration Service, the underlying purpose of which is for the NHS pharmacist to supervise the administration of prescribed medicines in the pharmacy;

20. A Prescribing Service, the underlying purpose of which is for the NHS pharmacist who is an independent prescriber, or who employs or engages an independent prescriber, to prescribe medicines in circumstances specified by the relevant Local Health Board;

21. 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.

22. a Waste Minimisation Service, the underlying purpose of which is to identify prescribed medicines or appliances which are not required by the patient at the point of supply.

Appendix E – 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. 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.

4. 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.

5. 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.

6. 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
Rhian Bond	Assistant Director of Primary Care (Chair)	Hywel Dda UHB
Amanda Whiting	Head of GMS & Community Pharmacy (Contracts & Performance) (Vice Chair)	Hywel Dda UHB
Michael Thomas	Public Health Representative	Public Health
Kirsty Thomas	Community Pharmacy Services Manager	Hywel Dda UHB
Rhys Jenkins	Lead Pharmacist for Primary & Community Services	Hywel Dda UHB
Alys Williams	Community Pharmacy Officer	Hywel Dda UHB
Alexandra Williams-Fry	Health Board Communications lead	Hywel Dda UHB
Delyth Evans	Patient Engagement Lead	Hywel Dda UHB
Kayleigh Williams	Community Pharmacy Wales Representative	Community Pharmacy Wales
Donna Coleman	Hywel Dda Llais Representative	Llais

Appendix G – Patient and Public Engagement Survey

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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.

The information from this survey will be used to update the Pharmaceutical Needs Assessment (PNA). This will look at where pharmacies (also known as 'chemists') 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 pharmacies are in the right areas, providing the services that people need and support us in making decisions for the future.

Your views are important to us so please spare a few minutes to complete this survey. The survey is anonymous. Any information you do give will not be linked to you. We estimate that the survey will take approximately 10 minutes to complete.

The results from this survey will be published in a draft pharmaceutical needs assessment in Autumn 2026 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 CommunityPharmacy.HDD@wales.nhs.uk or call 0300 303 8322 (local call rates) and select option 5 'other services'.

This survey will close on the Monday 9 March 2026– questionnaires received after this date will not be included. Please return this survey to **FREEPOST HYWEL DDA HEALTH BOARD**

You can also complete the survey online on **www.haveyoursay.hduhb.wales.nhs.uk** or by scanning the QR code with your mobile phone camera.

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

2. Do you access a:

☐ Community Pharmacy – independent

☐ Community Pharmacy – large chain (Boots, Well, Tesco, Asda, Morrisons, Allied)

☐ Dispensing Practice (your medication is dispensed at your GP Surgery instead of a Community Pharmacy)

3. How do you receive your prescription?

☐ Electronically (via Electronic Prescribing Service / EPS) ☐ Paper (green form)

4. Do you order your repeat medication via the NHS app?

☐ Yes

☐ No

How you use your pharmacy – either in person or by having someone else go there for you

5. Why do you usually access a pharmacy? Please tick all that apply.

☐ To pick up a prescription for myself/someone else ☐ To get delivery of a prescription

☐ To buy medicines for myself/someone else ☐ To access a service (e.g. Smoking cessation, flu vaccination)

☐ To get advice for myself/someone else ☐ Someone else picks up my prescription or gets advice for me

☐ To reorder repeat medication ☐ Other (please specify)

6. If you receive a repeat prescription how often do you receive your medication?

☐ 28 days/Monthly ☐ Other
☐ 56 days/Every 2 months

7. If you receive a repeat prescription, how long does it take from ordering your medication, to the prescription being ready to collect from your pharmacy?

☐ Less than 3 working days ☐ Between 5-7 working days
☐ Between 3-5 working days ☐ More than 7 working days

8. If you get your medicines delivered from your community pharmacy, why is this? Please tick one

☐ Unable to access the pharmacy ☐ Other (please specify

9. Are you aware that some community pharmacies can offer the following services? Please tick all you are aware of.

Service	Yes	No
Pharmacy Independent Prescribing Service - A Pharmacist with an IP qualification can assess, diagnose and prescribe medication for the following conditions:		
• Respiratory e.g. sinusitis, sore throat, tonsillitis		
• Urinary Tract Infection (UTI)		
• Emergency Contraception		
• Skin e.g. impetigo, dry skin, acne		
• Ears e.g. infection		
• Other e.g. migraine, constipation, gout, conjunctivitis, viral infection		
Common Ailments Service - pharmacists can provide you with advice and free treatment for common minor illnesses and ailments so that you do not need to see a GP		
• Acne		
• Athlete's foot		
• Back pain		
• Chicken Pox		
• Cold sores		

• Colic		
• Conjunctivitis		
• Constipation		
• Diarrhoea		
• Eye infections / Dry eyes		
• Dry skin / Dermatitis		
• Piles / Haemorrhoids		
• Hayfever		
• Head lice		
• Indigestion		
• Ingrowing toenails		
• Mouth ulcers		
• Nappy rash		
• Oral thrush		
• Ringworm / Intertrigo		
• Scabies		
• Sore throat		
• Teething		
• Threadworms		
• Vaginal thrush		
• Verruca		
• Urinary Tract Infection (UTI)		
Emergency Supply Service - in certain circumstances a pharmacist may be able to give you some of your medicines if you have run out and don't have a prescription.		
Contraception Services – emergency and bridging contraception		
Flu Vaccination - for those who are in one of the eligible, at-risk groups		
Discharge Medicines Review - this service is for people whose medicines have changed during a hospital stay, to help them understand the changes that have been made and to make sure future prescriptions are for the right medicines.		
Smoking Cessation Services - Help me quit – stop smoking service		

10. How often do you use a pharmacy? Please tick one

☐ Daily ☐ Bimonthly
☐ Weekly ☐ Quarterly
☐ Fortnightly ☐ Other (please specify)
☐ Monthly

11. 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

12. What time is the most convenient for you to use a pharmacy? Please tick all that apply

☐ Before 7am
☐ 7am to 9am
☐ 9am to 12 noon
☐ 12 noon to 3pm
☐ 3pm to 6pm
☐ 6pm to 9pm
☐ 9pm to midnight
☐ I don't have a preference

13. 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
☐ Other (please specify)

14. Have you ever experienced difficulties obtaining medication on a prescription issued by 111 or an out of hours service?

☐ Yes ☐ Not applicable
☐ No

If yes, please provide additional information.

Your Choice of Pharmacy

15. Please could you tell us whether you: Please tick one.

☐ Always use the same pharmacy ☐ Rarely use a pharmacy ☐ Use different pharmacies but I prefer to ☐ Never use a pharmacy visit one most often

☐ Always use different pharmacies

16. 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 ☐ Service is quick

☐ Close to my GP Practice ☐ Pharmacy collects my prescriptions from my surgery

☐ Close to other shops/inside a supermarket ☐ Pharmacy delivers my prescription

☐ Car parking ☐ Pharmacy provides good advice and information

☐ Good opening hours ☐ They have what I need in stock

☐ Accessible – wheelchair/buggy friendly ☐ There is a private area if I need to speak to a staff member

☐ Pharmacy offers Electronic Prescription ☐ Other (please specify) Service

Travelling to a Pharmacy

17. If you go to the pharmacy by yourself or with someone, how do you usually get there?

Please tick one.

☐ On foot ☐ By taxi

☐ By bus ☐ Not applicable

☐ By car ☐ Other (please specify)

☐ By bike

18. How long does it usually take to get to your usual Pharmacy? Please tick one.

- ☐ Less than 5 minutes
- ☐ Between 5 and 15 minutes
- ☐ Between 15 and 30 minutes
- ☐ More than 30 minutes
- ☐ Not applicable

Pharmacy services in general

19. 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.

- ☐ I would call them
- ☐ I would ask a friend
- ☐ I would call 111
- ☐ I would just pop in and ask them
- ☐ I would search the internet
- ☐ Other (please specify)

20. Do you feel able to discuss something personal/confidential with a pharmacist?

- ☐ Yes
- ☐ No
- ☐ Don't know

21. Is there anything else you would like to tell us about local pharmacy services?

Some information about you

The following questions are to ensure we take the views and needs of differing people into consideration and to further understand your responses to the questions we have asked. It is a legal requirement for us to ask these questions, but you are not obliged to answer any you do not wish to. The data acquired is used for this consultation/engagement programme only and cannot be used to identify you.

Age:

How old are you?

☐	18 – 24 years	☐	55 – 64 years
☐	25 – 34 years	☐	65 – 74 years
☐	35 – 44 years	☐	75 and above
☐	45 – 54 years	☐	Prefer not to say

Gender Identity:

1. What best describes your gender? (Tick all that apply)

☐	Man	☐	Trans Male / Trans Man
☐	Woman	☐	Trans Female / Trans Woman
☐	Non-binary	☐	I use another term
☐	Prefer not to say		

2. Is this the same sex you were assigned at birth?

☐	Yes	☐	Prefer not to say
☐	No		

Pregnancy and Maternity

Are you currently pregnant or have you given birth within the last year?

☐	Yes	☐	Not applicable
☐	No	☐	Prefer not to say

Disability 1:

Section 6(1) of the Equality Act 2010 states that a person has a disability if:

(a) That person has a physical or mental impairment, and

(b) The impairment has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Using this definition, do you consider yourself to be disabled?

☐	Yes	☐	Prefer not to say
☐	No		

Disability 2:

Please can you tell us what your disability, long-term illness or health condition relate to?

☐ Not applicable

☐ A long-standing illness or health condition (e.g. cancer, HIV, diabetes, epilepsy)

☐ A mental health difficulty (e.g. depression, schizophrenia, or anxiety disorder)
☐ A physical impairment or mobility issues
☐ A social/communication impairment
☐ A specific learning difficulty (e.g. dyslexia, dyspraxia or AD(H)D)
☐ Blind or have a visual impairment uncorrected by glasses
☐ D/deaf or have a hearing impairment
☐ An impairment, health condition or learning difference that is not listed above ☐ Prefer not to say

Ethnic Group:

Which race or ethnicity describes you?

☐ Arabic	☐ Mixed Race: Asian & White
☐ Asian/British Asian: Bangladeshi	☐ Mixed Race: Black & Asian
☐ Asian/British Asian: Chinese	☐ Mixed Race: Other
☐ Asian/British Asian: Indian	☐ Traveller: Gypsy or Roma
☐ Asian/British Asian: Pakistani	☐ Traveller: Irish
☐ Asian/British Asian: Other	☐ White: British (English/Northern/Irish/Scottish/Welsh)
☐ Black/British Black: African	☐ White: Irish
☐ Black/British Black: Caribbean	☐ White: European
☐ Black/British Black: Other	☐ Prefer not to say
☐ Mixed Race: Black & White	☐ Another race or ethnicity – please identify _____

Sexual Orientation:

Which of the following terms best describes your sexual orientation?

☐ Asexual ☐ Heterosexual or Straight ☐ Bisexual ☐ Prefer not to say
☐ Gay man ☐ Other
☐ Gay woman or lesbian

Religion or Belief:

What do you consider your religion to be?

☐	Buddhist	☐	Jewish	☐	Sikh
☐	Christian	☐	Muslim	☐	Other religion
☐	Hindu	☐	No religion	☐	Prefer not to say

Marriage /Civil Partnership:

Are you Married or in a Civil Partnership?

☐	Yes	☐	No	☐	Prefer not to say

Armed Forces:

Are you a member of the Armed Forces Community? (Veteran, Reservist, Cadet Force Adult Volunteer (CFAV) or a family member of someone in the Armed Forces)

☐ Yes ☐ No ☐ Prefer not to say

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

If yes, please tick any/all that apply

- ☐ Primary Carer of a disabled child or children
- ☐ Primary Carer or assistant for a disabled adult or adults (aged 18+)
- ☐ Primary Carer or assistant for an older person/people (aged 65+)
- ☐ Secondary Carer (another person carries out main caring role)
- ☐ Prefer not to say

Household Income:

Please tell us the total annual income of your hou including any benefits and allowances)

sehold (before tax and deductions, but

Tick one box only

☐	Below £10,000		
☐	£10,001 – £20,000	☐	Over £40,001
☐	£20,001 – £30,000	☐	Prefer not to say
		☐	£30,001 - £40,000

Language:

1. What is your main language spoken/used at home?

☐ English ☐ Prefer not to say

☐ Welsh ☐ Other (please state, including British Sign Language) _____

2. What is your preferred correspondence language?

☐ English ☐ Prefer not to say

☐ Welsh ☐ Other (please state, including British Sign Language) _____

Further Information:

Is there anything about what is being discussed or proposed that you feel, could either positively or negatively affect you or particular people in society more than others? If yes, please explain.

Appendix H – Full Results of the Patient and Public Questionnaire

1. **Do you access a:**

	Response	
	Total	**Percentage**
Community Pharmacy – independent	319	71.4%
Community Pharmacy – large chain (Boots, Well, Tesco, Asda, Morrisons, Allied)	171	38.3%
Dispensing Practice (your medication is dispensed at your GP Surgery instead of a Community Pharmacy)	23	5.1%
Total	447	
Skipped	4	

2. **How do you receive your prescription?**

	Response	
	Total	**Percentage**
Electronically (via Electronic Prescribing Service / EPS)	173	40.5%
Paper (green form)	254	59.5%
Total	427	
Skipped	4	

3. **Do you order your repeat medication via the NHS app?**

	Response	
	Total	**Percentage**
Yes	144	32.9%
No	294	67.1%
Total	438	
Skipped	13	

4. **Why do you usually access a pharmacy? Please tick all that apply.**

	Response	
	Total	**Percentage**
To pick a prescription for myself/someone else	420	93.8%
To buy medicines for myself/someone else	295	65.8%
To get advice for myself/someone else	270	60.1%
To reorder repeat medication	189	42.2%
To get delivery of a prescription	81	18.1%
To access a service (e.g. Smoking cessation, flu vaccination)	87	19.4%
Someone else picks up my prescription or gets advice for me	24	5.4%
Other (please specify)	14	3.1%
Total	448	
Skipped	3	

Other (please specify)

- "Our pharmacy delivers repeat prescriptions to our door so we only go to pharmacy after doctors appointment if he prescribes something new."
- "Chiropractor, who has rooms at the pharmacy."
- "Weight loss clinic."
- "To buy other non-medical supplies eg toothpaste."
- "Buy other health products in sale."
- "Enjoy local chat."
- "To collect parcels."
- "To access a service (e.g. Smoking cessation, flu vaccination)."
- "Sometimes significant delays from GP practice."
- "Only ordered as needed (for a child)."
- "Only when my script isn't delivered on time."
- "I receive them when ordered."
- "As and when I need to order more."
- "When I need advice. I used to have repeat prescriptions but following successful surgery I no longer need medications."
- "No repeat prescription."
- "Our pharmacy delivers repeat prescriptions so I only attend when something new is prescribed."

5. If you receive a repeat prescription how often do you receive your medication?

	Response	
	Total	**Percentage**
28 days/Monthly	278	65.3%
56 days/Every 2 month	97	22.8%
Other (please specify)	51	12.0%
Total	426	
Skipped	25	

Other (please specify)

- "three monthly"
- "as needed seasonally"
- "At least once every 12.5 days, but plus a few other times as so many different medications with different prescriptions."
- "I receive them when ordered."
- "Blood pressure medication every 28 days. All other prescribed medication every 56 days."
- "As and when I need to order more."
- "Annual. Contraceptive pill."
- "Approx 3 monthly."
- "6 monthly."
- "Quarterly."
- "HRT every 3 months."

- "HRT usually 3–6 months at a time."
- "3 months."
- "12 days."
- "When needed."
- "When medications are running low. Have one in use and a spare in the cupboard. Once I start the one from the cupboard, order more."
- "When I request it."
- "Only ordered as needed (for a child)."
- "Both the above ie every 28 days and mainly every 56 days."
- "1 × every 28 days, others every two months."
- "Varies. One 3 monthly. Others monthly."
- "It varies."
- "Indeterminate because prescriptions do not always start or end at the same time."
- "2 weekly."
- "Infrequently."
- "The different ones have gone out of sync."
- "Sometimes significant delays from GP practice."
- "Periodically, if I need something different to my prescription."

6. If you receive a repeat prescription, how long does it take from ordering your medication, to the prescription being ready to collect from your pharmacy?

	Response	
	Total	**Percentage**
Less than 3 working days	145	35.9%
Between 3-5 working days	153	37.9%
Between 5-7 working days	74	18.3%
More than 7 working days	37	9.2%
Total	404	
Skipped	47	

7. If you get your medicines delivered from your community pharmacy, why is this? Please tick one

	Response	
	Total	**Percentage**
Unable to access the pharmacy	13	22.0%
Other (please specify)	46	78.0%
Total	59	
Skipped	392	

Other (please specify)

- "Collect medication myself."
- "Being 74 it is more convenient to have my prescriptions delivered and Allied Pharmacy in Aberaeron provide an excellent and efficient service. They carry out the whole process so I am not normally involved."

- "Convenience as not always in stock on a particular day so saves having to travel back plus age as in 70's."
- "Care home."
- "Normally monthly but 'cared for' is now in Carehome."
- "Not delivered – I collect from a pharmacy."
- "Medicines are not delivered. I collect from a pharmacy."
- "Only when my script isn't delivered on time."
- "We have repeat medication delivered, however my husband has to collect some medication."
- "Can't get delivery in our area. This is a much needed service and here you have to be recommended by a medical practitioner and put on a waiting list that doesn't move. Can't get delivery for my housebound parents."
- "Periodically, if I need something different to my prescription."

8. **Are you aware that some community pharmacies can offer the following services? Please tick all you are aware of.**

Service	Yes	No
Pharmacy Independent Prescribing Service - A Pharmacist with an IP qualification can assess, diagnose and prescribe medication for the following conditions:	249	51
• Respiratory e.g. sinusitis, sore throat, tonsillitis	344	79
• Urinary Tract Infection (UTI)	284	136
• Emergency Contraception	304	109
• Skin e.g. impetigo, dry skin, acne	324	97
• Ears e.g. infection	299	121
• Other e.g. migraine, constipation, gout, conjunctivitis, viral infection	314	105
Common Ailments Service - pharmacists can provide you with advice and free treatment for common minor illnesses and ailments so that you do not need to see a GP.	284	43
• Acne	274	135
• Athlete's foot	303	110
• Back pain	247	159
• Chicken Pox	229	177
• Cold sores	323	90

• Colic	259	146
• Conjunctivitis	300	108
• Constipation	332	82
• Diarrhoea	338	77
• Eye infections / Dry eyes	329	90
• Dry skin / Dermatitis	325	84
• Piles / Haemorrhoids	291	120
• Hayfever	340	76
• Head lice	324	89
• Indigestion	331	81
• Ingrowing toenails	201	206
• Mouth ulcers	307	104
• Nappy rash	280	124
• Oral thrush	276	131
• Ringworm / Intertrigo	237	168
• Scabies	213	189
• Sore throat	357	57
• Teething	290	115
• Threadworms	225	177
• Vaginal thrush	281	128
• Verruca	309	104
• Urinary Tract Infection (UTI)	270	139
Emergency Supply Service - in certain circumstances a pharmacist may be able to give you some of your medicines if you have run out and don't have a prescription.	293	132
Contraception Services – emergency and bridging contraception	273	132
Flu Vaccination - for those who are in one of the eligible, at-risk groups	375	49

Discharge Medicines Review - this service is for people whose medicines have changed during a hospital stay, to help them understand the changes that have been made and to make sure future prescriptions are for the right medicines.	160	247
Smoking Cessation Services - Help me quit – stop smoking service	279	120
Total respondents	440	
Skipped	11	

9. How often do you use a pharmacy? Please tick one

		Response
	Total	**Percentage**
Daily	5	1.1%
Weekly	73	16.2%
Fortnightly	57	12.7%
Monthly	218	48.4%
Bimonthly	42	9.3%
Quarterly	16	3.6%
Other (please specify)	39	8.7%
Total	450	
Skipped	1	

Answers under 'Other (please specify)' category

- "As and when needed"
- "As needed"
- "As needed seasonally"
- "Very rarely"
- "Whenever required"
- "In good health generally so irregularly"
- "Only when picking up medication"
- "Only to use the pharmacy when ill or required to do so because of specific situations."
- "Only when my script isn't delivered on time."
- "As and when I need to order more"
- "When medications are running low. Have one in use and a spare in the cupboard. Once I start the one from the cupboard, order more"
- "When I request it"
- "No repeat prescription"
- "Sometimes three times a week"
- "Between 1 to 3 times a month. Rarely more"
- "Depends sometimes a few times a week or a couple of weeks to less"
- "2–3 times a week"
- "2 weekly"

- "12 days"
- "3 months"
- "Three monthly"
- "Approx 3 monthly"
- "Quarterly"
- "6 monthly"
- "HRT every 3 months"
- "HRT usually 3–6 months at a time"
- "Varies"
- "Varies. One 3 monthly. Others monthly"
- "Indeterminate BECAUSE PRESCRIPTIONS DO NOT ALWAYS START OR END AT THE SAME TIME"
- "The different ones have gone out of sync"
- "Normally monthly but 'cared for' is now in care home"
- "Care home"

10. Which day or days is the most convenient for you to use a pharmacy? (more than one option can be selected)

		Response
	Total	**Percentage**
Monday	297	68.0%
Tuesday	309	70.7%
Wednesday	316	72.3%
Thursday	312	71.4%
Friday	318	72.8%
Saturday	246	56.3%
Sunday	126	28.8%
Total	437	
Skipped	14	

11. **What time is the most convenient for you to use a pharmacy? Please tick one.**

		Response
	Total	**Percentage**
Before 7am	10	2.2%
7am to 9am	37	8.3%
9am to 12 noon	228	51.1%
12 noon to 3pm	204	45.7%
3pm to 6pm	194	43.5%
6pm to 9pm	67	15.0%
9pm to midnight	15	3.4%
I don't have a preference	100	22.4%
Total	446	
Skipped	5	

12. If the pharmacy you normally use wasn't open, what would you do? Please tick all statements that apply

	Response	
	Total	**Percentage**
Go to another pharmacy	246	55.5%
Wait until the pharmacy was open	275	62.1%
Go to my GP	42	9.5%
Call 111	36	8.1%
Other (please specify)	29	6.5%
Total	443	
Skipped	8	

Other (please specify)

- "Go to Tesco in the hope that their pharmacist was open, otherwise phone 111"
- "Go to my GP"
- "Go to A&E"
- "Ask someone to go to another pharmacy for me"
- "Wait until it reopened"
- "Depends on the circumstances"
- "Depends on necessities"
- "Depends on urgency"
- "Depends what service I require. Would wait to pick up a prescription. Go to another pharmacy if in a hurry. Wouldn't go to a GP – takes too long to get an appointment. Use the 111 service from home if I can't get out of the house."
- "If it wasn't open and non-urgent I would either wait or go to Tesco. If urgent then either call 111, visit MIU or if an emergency go to A&E!"
- "If an emergency would visit nearest MIU / A&E"
- "I would try to find another pharmacy, worst case scenario I would have to wait for my pharmacy to re-open"
- "To collect medication from its robot dispenser."
- "Ours has machine for out of hours pickup, normally should be a pharmacy in most big supermarkets or phone 111"
- "Struggle – the pharmacy, 111 and my GP advise us to go to A&E"
- "Weekends can be difficult as local pharmacies are closed and closest one is about 14 miles away"
- "Only one that is convenient. Only other chemist in [Name of location] is [Name of Pharmacy]. Not convenient. Queueing for well over an hour to get prescription"
- "It's now impossible to go to another pharmacy because GP sending entire year prescription via electronic prescribing… so it is dangerous for patients."
- "To collect a prescription I would have to wait. For diagnosis I go elsewhere"

13. Have you ever experienced difficulties obtaining medication on a prescription issued by 111 or an out of hour's service?

		Response
	Total	**Percentage**
Yes	32	7.1%
No	176	39.1%
Not applicable	242	53.8%
Total	450	
Skipped	1	

If yes, please provide additional information.

- "No pharmacy open when given script"
- "Pharmacies don't always have the prescribed medication Pharmacist don't have the time to give advice as they are so overwhelmed. It's a dire situation in [Name of location]"
- "Often the pharmacies near me do not have what I need and I don't drive so can't search around. Have had to wait days sometimes"
- "Medicine not readily available and needs to be ordered"
- "Pain relief prescribed for tooth abscess after hours, had to travel long way to find pharmacy that was open"
- "I couldn't find a pharmacy open."
- "Pharmacist did not have prescribed medication. Had to go back to dr to try to get another prescription for same medication but different form. It's a jike"
- "Medication not available, going round in circles gp saying they'd sent it to pharmacy, pharmacy advising me to speak to GP"
- "The prescription was written for something that was not available in community"
- "Trying to find late night pharamacy"
- "Item not in stock in Sunday pharmacies. Having to drive to [Name of pharmacy and location]"
- "Had to go into town to get medication, local pharmacy closed"
- "Unable to access local pharmacy services on a weekend"
- "Not impressed seems to be a total waste 'Dr ring in 2-3 hours Son in pain on right side ' at A+E 45 mins being seen by Dr 1 hr"
- "From ordering online, at present it takes a week or sometimes longer before it's ready"
- "It's now impossible to go to another pharmacy because GP sending entire year prescription via electronic prescribing. This is ridiculous because pharmacy is incompetent and often loses prescription or is closed/no pharmacist. So it is dangerous for patients."
- "No pharmacy open after 5 on Saturday, Sunday and Bank Holidays"
- "All chemists closed"
- "Bank holiday when in pain advised to drive to Carmarthen hospital"
- "Provena prescribed by hospital but was not available at any local pharmacies last year"
- "Yes - a handwritten prescription was faxed/sent to the chemist. When I went to pick it up I was told the paper copy was required due to the nature of the drugs prescribed

so I had to go to the out of hours 111 department in the hospital to pick it up. The whole process took well over an hour 1/2 with queues each time I went to the chemist and at the hospital. Very annoying!"

- "There was a period when no Solifenacin succinate was availble to any chemist. Confidence in drug supply is key"
- "Communication between pharmacy and my GP is incredibly poor so I have to constantly ring my GP to ty sort this out. Also, compression stockings tale up to 3 weeks, upon the pharmacy receiving the prescription slip to arrive. I have to constantly visit the pharmacy to ask if the various repeat prescriptions have arrived. Often, due to no fault of my own, I am down to the last 2 tablets before anything is done"
- "Have to travel to swansea ooh"
- "A long time ago when living in Yorkshire so probably n/a By time Dr on ward gave me special pain med prescription the hospital pharmacy was closed and non of the city pharmacys stocked it. Very painful experience"
- "Waiting times from 111 to the pharmacy unacceptable. Having to ring 111 back to find cause/reason for delay even when Morphine was prescribed for extreme pain. This is totally unacceptable."
- "Had to travel miles as I live in a very rural area to the "on duty" pharmacy"
- "The difficulty is obtaining 111 within pharmacy hours"

Your choice of pharmacy

14. **Please could you tell us whether you: Please tick one.**

		Response
	Total	**Percentage**
Always use the same pharmacy	314	70.0%
Use different pharmacies but I prefer to visit one most often	126	28.0%
Always use different pharmacies	1	0.2%
Rarely use a pharmacy	9	2.0%
Never use a pharmacy	0	0.0%
Total	450	
Skipped	1	

15. **We would like to know what influences your choice of pharmacy. Please tick all that statements that apply to you.**

		Response
	Total	**Percentage**
Close to my home/work	308	68.6%
Close to my GP Practice	242	53.9%
Close to other shops/inside a supermarket	88	19.6%
Car parking	148	33.0%
Good opening hours	172	38.3%
Accessible – wheelchair/buggy friendly	45	10.0%
Pharmacy offers Electronic Prescription Service	100	22.3%
Service is quick	183	40.1%
Pharmacy collects my prescriptions (from my surgery)	199	44.3%

Pharmacy delivers my prescription	32	7.1%
Pharmacy provides good advice and information	229	51.0%
They have what I need in stock	143	31.8%
There is a private area if I need to speak to a staff member	220	49.0%
Other (please specify)	32	7.1%
Total	449	
Skipped	2	

Other (please specify)

- "Only one pharmacy in our town"
- "It's the nearest pharmacy."
- "Near to bus stop"
- "Nice staff"
- "Staff are very friendly and helpful."
- "Friendly all staff professional and helpful"
- "Fantastic helpful staff"
- "Excellent and expert service delivered in a friendly way."
- "Good service from regular staff who know me and my regular meds – they provide a personal and confidential service."
- "Quiet"
- "Accessible – wheelchair/buggy friendly"
- "It's the only one in the town."
- "Only one that is convenient. Only other chemist in [Name of location] is [Name of Pharmacy]. Not convenient. Queueing for well over an hour to get prescription."
- "Whichever has the medications needed – have travelled to 6 before to get the meds needed."
- "Use [Name of Pharmacy] as other local ones won't supply me with branded medication. They go out of their way to get me these as I have allergies to the bulking agents so need specific brands."
- "They are always professional & knowledgeable as well knowing us customers as individuals ie family / community friendly pharmacy."
- "GP surgery is the main problem – they need to get a grip."
- "Local knowledge"
- "Bus stop nearby"
- "Only pharmacy that will get specific brands I need due to allergies."

Travelling to a pharmacy

17. If you go to the pharmacy by yourself or with someone, how do you usually get there? Please tick one.

	Response	
	Total	**Percentage**
On foot	115	25.6%
By bus	8	1.8%
By car	309	68.7%

By bike	4	0.9%
By taxi	1	0.2%
Not applicable	4	0.9%
Other (please specify)	9	2.0%
Total	450	
Skipped	1	

Other (please specify)

- "Bus and car equally"
- "5 minutes in a car, 20–30 minutes walking (if you miss a bus you have an hour to wait for the next bus)"
- "Wheelchair / mobility scooter"
- "Lift from family member"
- "Taxi"
- "As a care home business, we need to access pharmacy 24/7"
- "Collect prescriptions for people in the community"

18. **How long does it usually take to get to your usual Pharmacy? Please tick one.**

		Response
	Total	**Percentage**
Less than 5 minutes	97	21.7%
Between 5 and 15 minutes	223	49.8%
Between 15 and 30 minutes	105	23.4%
More than 30 minutes	20	4.5%
Not applicable	3	0.7%
Total	448	
Skipped	3	

19. **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.**

		Response
	Total	**Percentage**
I would call them	184	41.4%
I would call 111	4	0.9%
I would search the internet	281	63.3%
I would ask a friend	40	9.0%
I would just pop in and ask them	178	40.1%
Other (please specify)	26	5.9%
Total	444	
Skipped	7	

Other (please specify)

- "I know the hours of opening."
- "Opening times are on the pharmacy door."
- "Read the notice on their door / window."

- "Sign on door."
- "Sign in window."
- "Local knowledge."
- "Facebook page."
- "Look on the door."
- "Web search."
- "I know their opening times."

20. **Do you feel able to discuss something personal/confidential with a pharmacist?**

	Response	
	Total	**Percentage**
Yes	357	80.2%
No	43	9.7%
Don't know	45	10.1%
Total	445	
Skipped	6	

21. Is there anything else you would like to tell us about local pharmacy services?

- "The are significantly under pressure and often find it hard to obtain medications"
- "I think all Pharmacies are doing a fantastic job, under very difficult times."
- "Popeth yn iawn, diolch"
- "Gwasanaeth hynod bwysig mewn ardal wledig ac yn enwedig i bobl heb geir, dim gwasanaeth cyhoeddus ddibynnol, pobl ifanc a'r henoed"
- "Gwasanaeth da iawn yn lleol."
- "Gwasanaeth da ac hanfodol i wasanaethu'r gymuned."
- "Cael gwasanaeth yny Gymraeg"
- "Please don't mess about with them. Please do not 'improve' the service by making things worse and instigating unnecessary change. [Name of Pharmacy and location] town centre is great, please don't change it. There is a pharmacy attached to [Name of GP Surgery], but it is not pleasant so I don't go there. They are slow and the staff can be rude and unpleasant, and unwelcoming."
- "Would be good if most, if not all, pharmacies could have a home delivery option."
- "As an alternative to seeing the doctor, it is getting almost as difficult to see the pharmacist as the doctor. Either through pharmacist being booked for days or not present."
- "I changed the pharmacy I use for my regular repeat prescriptions from the one in [Name of location] close to my GP surgery to [Name of Pharmacy] as the [Name of Pharmacy] had become very inefficient and unreliable"
- "Because so many have closed in recent years the queue and waiting time to get prescriptions in town is ridiculous. I've counted 12 other patients in front of me waiting in [Name of Pharmacy] and 8 waiting in [Name of Pharmacy] only to be told you have to come back to collect it tomorrow. My village pharmacist commutes from Birmingham and is only open 10-4 which is no use when you are working. He's also only open Monday to Friday."
- "[Name of Pharmacy] are polite, quick and personable whereas the other local pharmacy is abrupt, slow and difficult to deal with"
- "Since [Name of Pharmacy] closed down, the strain on the remaining pharmacies in [Name of location] is really showing - long queues to get prescriptions, and

occasionally a long queue only to be told to return the next day. Difficult to stand for a long time in the queue"

- "I use one particular pharmacy near where I live for my repeat medication and they are always helpful, efficient and have a smile on their face. I have used another particular pharmacy near where I work for the common ailments scheme and they are always helpful, efficient and have a smile on their face."
- "Excellent private pharmacy"
- "Local pharmacy has brilliant wide range of services polite and dedicated staff feel acknowledged and as a long-term user feel that they're aware of any medication changes and their effects"
- "Had to change to another village as the [Name of Pharmacy] right by my house became unreliable"
- "The medication I need is often out of stock. They all take a long time to get to"
- "A valuable asset that are needed"
- "A return to Saturday opening at independent pharmacies would help greatly Health care isn't a 9to 5 facility"
- "I'd very much appreciate delivery. I'm disabled and rely on my husband to collect for me"
- "Pity the rest of the nhs isnt as efficient"
- "I asked for a medicine review and apparently this is no longer an option."
- "We need more pharmacies in [Name of location]. There are long long queues in [Name of Pharmacy] & [Name of Pharmacy] prove this. You can hardly call it a service anymore"
- "I have had some horrendous experiences in the past with my local pharmacist. I have been treated me with disdain. I have felt as if I was a nuisance if I asked for help. That particular person is no longer there so it has improved but it has left it's mark - I rarely ask for help"
- "My local chemist is in my Village of [Name of location]. I would like to say that it has won awards for excellence. It is an exceptionally well run establishment."
- "There needs to be consistency in what pharmacies offer. It's no good driving to see one and they say my pharmacist can't do xyz!"
- "My GP Surgery is associated with [Name of Pharmacy] - in my experience, prescriptions are never ready for collection, if they are ready - the staff can't find them and you invariably have to remind them of your details during their search, you have to wait an inordinate length of time for your prescription to be made up. You are not treated or viewed as a customer - it's a case of you're dependent on a service and therefore you should put up and shut up."
- "Our isn't open on a Saturday and closes by 5. Greater pharmacy flexibility in access would help"
- "Our local pharmacy has been a lifeline since Covid. When our doctors (receptionist triaging) have not been able to help me the pharmacist have been there for me …..for example age related UTIs, asthma issues, conjunctivitis. I am so grateful to them. Also I can get my Flu and Covid vaccines something like 6 weeks before the doctors invite me for them, even though I have severe asthma (treated with injections) and am over 65 and a carer! They seem to "forget" to invite me so I book with a pharmacy for the earliest availability every year."
- "The pharmacy I usually use shares a car park with the doctors' surgery. There are not enough parking spaces for patients to the surgery and customers of the pharmacy. When the surgery and pharmacy staff use the car park, there are very few

spaces left for anyone else. The streets near the pharmacy are always also full of parked cars during opening hours."

- "Really helpful and friendly They def go that extra mile to help! Especially recently sorting out blister packs for my 90yr old mum"
- "Really helped me when i recently had surgery and I couldn't get to see a doctor."
- "[Name of Pharmacy and location] is the best around"
- "Local pharmacy services are shocking. There is not a common ailments scheme that functions properly in [Name of location]. This year within my family we have had impetigo between the children and UTIs and couldn't get GP appointments and pharmacists wouldn't consult at [Name of Pharmacy] - they said they are too busy and other pharmacies they said there wasn't a pharmacist who was available. Three times this year I bought antibiotics from [Name of Pharmacy] online and collected in store. I have also used an GP online service for a consultation when Impetigo wouldn't go away and they prescribed medication which I then brought to [Name of Pharmacy] the reference number to get medication from pharmacist and pay for (entire GP appointment and medication costs £100). The system is a complete disaster here."
- "My local pharmasist does not open on a Saturday. This is inconvenient,"
- "I would say more recently they appear to be under a lot of pressure with queues often forming in the shop to collect prescriptions/seek advice. With limited staff they can only do with so many customers any one time."
- "I use a certain independent one as it's the Only place that supplies a certain brand of my medication."
- "Service has declined in my local Pharmacy. There are lots of staff but the introduction of a roller blind between the front counter and the back dispensary feels unapproachable and disconnected. Shelves are empty of stock, the waiting times are longer, general customer service has declined. We no longer feel part of our care just a "like it or lump it attitude". Everything takes longer even though there is more staff. My surgery recently added HRT to the acute list without warning and when questioned no one in the Pharmacy was aware either even though the surgery insisted they had been made aware. This confusion resulted it distress and late getting my medication. The surgery and pharmacy have a duty of care and this was not followed. When questioned in both surgery and pharmacy why I had not been made aware when ordering my repeat I was given lots of excuses and reasons why they had changed the process (which I understand and agree with) but not once did anyone take responsibility for not communicating the change. Which could of avoided unnecessary distress. Sadly poor communication seems to be the culture within the HDUHB and no one wants to take owner ship. Patients feel like mushrooms, kept in the dark and feed Bull.....!"
- "They never have what I need in stock. Basic things like prednisolone, I had to wait 6 days for - from electronic prescription to them having it in stock, which isn't ideal when it's something that I could become quite ill from not taking frequently. The staff often seem stressed and frazzled, and can sometimes be heard making unprofessional chitchat from the back, presumably thinking that customers can't hear them. Very often they are unable to offer the Common Ailment Scheme as there isn't the 'right pharmacist' in, and 9/10 the pharmacist will advise to go to the GP anyway. Only being open during the week makes it very difficult for people who work to access the pharmacy - they should definitely be open on a Saturday morning, at the very least."

- “They don't tell me if my meds are out of stock leaving me panicked to get a new script and find somewhere else to locate. Opening hours do not cater for working people and they now close Saturday mornings too”
- “I know in theory what services pharmacies offer but in practice have not been able to access these when I need them. Twice I have had a UTI, been unable to get a GP or pharmacist appointment and once I ended up being treated by paramedics as the infection worsened before I could get simple treatment.”
- “Literally no point in trying to access common ailments service - the queue is out of the door of ALL the pharmacies in [Name of Location] just with people trying to collect prescriptions which were issued weeks ago!!”
- “I do like to use my local pharmacy if i can as it saves a lot of time”
- “[Name of Pharmacy] new owners are delightful and we are lucky to have them”
- “[Name of Pharmacy] is absolutely great! Lovely staff, always smiling, chatty, friendly, efficient, accommodating, patient and caring. I can't rate them highly enough”
- “Pharmacist’s don’t get paid enough, that’s why some don’t work weekends.”
- “NHS app to order meds is very convenient BUT

1. You can only see the medication that is in issues so not always your full list of medication, and when EPS starts at my surgery I won't get the paper side of my prescription so won't be able to access a full list of my medication so how can I access that to show other people involved in my care?
2. I get a message from my pharmacy in the app to say my medication is ready but not which medication, and it's not always available at the same time so I have to make multiple trips.
3. My pharmacy also don't seem to know what all of my medication is, they tell me they can't access my GP records to check so how can they help with my questions about medicine if they can't see my record?”

- “Living in a very rural area and everything in the hospital and services is closing. But [Name of location] has a huge increase in population throughout the year, not just names on the electoral register. Please stop closing are services, we pay are taxes and cuts and costing lives. Thank you.”
- “I wish they would open on Saturday mornings again.”
- “For advice we travel to a pharmacy a few miles from home because the pharmacist is up to date, easy to talk to and gives a great service. Our prescriptions are sent to the local pharmacy which is nearer.”
- “Having to return numerous times, put script in, go back on a few days, then have to return as not ready, go back not enough meds, return in a few days and repeat. Some scripts take 5 visits!”
- “Could be helpful if open on Saturday”
- “There have been several occasions where my script was not at the pharmacy after receiving a text message stating it was ready to collect. Working full-time during the week makes my time limited and I always end up missing some days of my medication until I can revisit to collect.”
- “The pharmacy I use is excellent, the staff and pharmacists are always very helpful and would choose to go there over everywhere else without doubt.”
- “Local pharmacist in [Name of pharmacist and Pharmacy] is excellent-knowledgeable and helpful. Service never as good when locums are there. Time for prescriptions to get from the surgery overly long. Only way to guarantee available next day is to collect from practice [Name of GP Practice] in person which is not

possible for many elderly patients Often v long queues in the pharmacy. Over an hour at times."

- "The pharmacy I use seem to be short of staff continually which means on some occasions you might have to wait 20 minutes to collect your prescription"
- "Having lost our pharmacy outlet in [Name of location] I worry about the future and getting older if I can not drive all the way to [Name of location]. I would like delivery service available which it is not at present"
- "My pharmacy is usually my first point of contact for advice & I rarely contact my GP"
- "They are currently very overwhelmed and can take up to 2 weeks to dispense a prescription [Name and location of Pharmacies]. There are also a lot of medications which are not available."
- "[Name and location of Pharmacy] often gets my prescription wrong and often dispenses meds that I'm no longer on. The wastage is horrific because once you've taken the tablets out of the pharmacy they can't put them back in stock"
- "Quying for too long. More often than not having to come back the following day for prescriptions due to lack of staff & pharmacies in [Name of location]. Certain member of staff very rude & unhelpful."
- "Not always quick at serving ,could be waiting ageswhie they do there allocated work .they do not always prioritise people waiting . Also blame drs for not recieig script ,you go to tem only to be told tey have had it a cope of days and not made it up."
- "Could be a quicker service. [Name of Pharmacy] closes 1.30 to 2.30 for lunch."
- "My village pharmacy is rubbish. I choose to travel further for a better service"
- "We use our local pharmacy for being close to were we live"
- "I have often been refused for things it appears should have been provided through common aliment scheme. Other pharmacy's, even of the same company [Name of Pharmacy] don't seem to like you to change your pharmacy as i would like to use services closer to work."
- "Car parking in the day time is an issue. we use the robot to collect our repeat prescriptions in an evening."
- "Long waits to collect ordered prescription- should have separate pick up area, can be over thirty minutes wait"
- "Medicine shortages are becoming dangerous- aspirin is so important. All of the changes the pharmacists are required to arrange are totally unreasonable."
- "Longer opening hours would be useful due to working sometimes unsociable hours"
- "Very friendly and helpful"
- "Excellent service provided by pharmacist in village"
- "Great friendly helpful service"
- "They dont read information they have.I can not take medicine with sorbitol in have this on their records but keep sending.also say they cant get something but another pharmacy can not helpful when others will look at stock in other pharmacy and tell you where available .many people complain about unavailability of meds pharmacies very coomplacent not their problem even if you missed doses"
- "[Name of Pharmacy] offer an excellent service to pay"
- "There are two excellent pharmacies in the local town, one of which provided reliable collection and delivery service to my late husband."
- "It is always difficult, if not impossible to obtain a same day appointment at our surgery, [Name and location of GP Practice]. An excellent pharmacist is essential. I sincerely hope that as a result of this survey extra work is not heaped onto the Pharmacy profession. I do not accept that the Health Authority can no supply

additional doctors for this area, When we came to this area,forty years ago, we had two excellent well staffed surgeries,"

- "The queue times can be extremely long, which is very frustrating. Also, they shut for lunchtime, which is ridiculous."
- "Not enough capacity in [Name of location] for 10,000 students on top of local population."
- "Getting pharmacists to do other activities, such as consultations takes them away from issuing prescriptions is complete folly - that is what GPs are for. I recently needed a prescription which couldn't be issued while the pharmacist was on two back-to back consultations. I had to wait for one and a quarter hours to be given the prescription that had been pre-ordered two weeks previously and was sat on the shelf ready. With a 30 mile round trip I couldn't 'pop back later' as was suggested. Home delivery for repeat prescriptions by driver or post must be the better way."
- "Can't believe how incredibly busy pharmacies have become. Staff always seem to be under pressure and it would be good to find a way of easing that."
- "I like the text service my pharmacy provide. Previously lockers were available to collect out of open hours, this was great as I am usually available in the time they close for lunch"
- "This is an invaluable service that has meant I could get swift treatment for my ailments."
- "They are wonderful! Twenty years of personal , local service has been greatly valued."
- "Always a friendly, professional service - offered through the medium of Cymraeg/Welsh which is extremely important to us as a family."
- "As someone with a sight impairment I wouldn't want to be without my local pharmacy within walking distance. They know me, are welcoming, helpful and able to answer my questions."
- "Local pharmacies are good support. we only use for interim items. we used to use local [Name of Pharmacy] for our all monthly meds and interims but now the monthly meds are being delivered from [Name of location]. Also local pharmacies no longer print the MAR sheets so we need to hand write them."
- "I would them to be open at lunchtimes."
- "The staff at my local pharmacy are always friendly and helpful which gives me complete confidence to visit with any problems"
- "Always helpful and friendly"
- "When I have presented at a pharmacy with symptoms, I have always been told to speak to my surgery."
- "Very grateful for our local pharmacy services, the staff are always friendly, helpful and knowledgeable. It is a concern that they seemed to be over whelmed by people who should be seeing a GP but have been unable to get an appointment."
- "Since the one next to [Name of GP Practice] has been closed it has been difficult to get repeat prescriptions in a timely manner. [Name of Pharmacy] has been backlogged and there have been long queues and often have to return another day to pick up the prescription as although they have received the prescription from the surgery they haven't had chance to make it up. And often regular medication is out of stock. The staff have tried hard to help but they have been inundated after the loss of 2 [Name of Pharmacies] in [Name of location] and then [Name of Pharmacy]. No parking available at [Name of Pharmacies] make it difficult to access them."

- “Excellent and friendly service. When I visit elderly friends, I am amazed to see 3 or more months worth of medication supplies not required but according to friends pharmacy informed but unnecessary medications continue to be delivered. It is a vast waste of resources. Needs addressing.”
- “I really valued my pharmacy - they have been a huge help over the years. Always use [Name of Pharmacy]”
- “I use [Name of Pharmacy] and I have gone there on numerous occasions, during their 'opening' hours only to find it closed early, or not able to give out a prescription as pharmacist is not there. As I work I am unable to get there before 7 or after 5pm a lot of the time. On occasions I have left work early to catch the pharmacy and found a note up saying they are closed early. I honestly do not know how they can get away with it. The lunchtime closing is also not appropriate, what about the working person that relies on their lunch hour to get a prescription? It feels like working people are being discriminated against. Also when there is a problem with the prescription, nobody will take accountability, the pharmacy blames the surgery, the surgery blames the pharmacy, meanwhile you are caught in the middle of their politics without your medication. I have to walk to my pharmacy also so when I go there I expect everything to be alright and come back with my medication, I have had to return up to 4 times once to get my prescription, which considering it is blood pressure medication, is putting me at risk as I find the whole process very stressful. It has led to me previously having a mild panic attack as I was so frustrated with the service. [Name of Pharmacy] either needs a revamp with more staff or needs to be closed permanently. Staff are friendly enough but the whole system on how it is operated is appalling.”
- “The pharmacy in [Name of location] is always very helpful and order my prescription on a monthly basis, then deliver it to me. If I have a question, it’s quicker to ask them than try to reach the surgery Receptionists. Staff are always pleasant.”
- “Brilliant service and friendly easy to talk to in [Name of Pharmacy]”
- “Pharmacy services provided by [Name of Pharmacy] i find are excellent. They are able to provide a range of services. However if I have to access GPOOH services this can be tricky finding a pharmacy. [Name of location] i find stock is an issue depending on why i've seen GP. I would also like to suggest it would be great to have a saturday pharmacy open in the [Name of location]”
- “Mine is excellent and I trust him more than my GP. He understands the medication I take and what can be taken with which something my GP has failed on twice! He also has time”
- “The local [Name of Pharmacy] is always very busy with a long queue. The staff always look overworked, have to suffer constant abuse and looks crammed and too small for the amount of staff there. They could do with a much bigger pharmacy. They offer all the services mentioned which I've used many times. Although overworked the staff are always polite and pleasant and try to help in any way they can.”
- “Been amazing when a Drs appointment is impossible to get”
- “My usual pharmacy has been unable for some months to obtain Amantadine. I now use a different pharmacy for the Amantadine . There is a Pharmacist but no pharmacy in my GP surgery and the pharmacist is overworked and sometimes difficult to get hold of but, when avaib, provides an excellent service.”
- “Queues are far too long, difficult to entertain children when waiting half an hour in a queue only to find you can't get the prescription or have to wait a month for it to come in”

- “They are great. Only wish one or the other in out local area alternated weekend morning(s)”
- “Sadly not a great experience of our local pharmacy - prescription medication takes a long time to become available, missing scripts, medication that would normally be held by a pharmacy unavailable. When getting immunisations pharmacist wanted to charge an extortionate amount of money and thankfully my GP practice provided most. General staff are lovely but pharmacist seems more intent on making money.”
- “1.0 Repeat prescriptions: where the repeats are initiated by the pharmacy they are often delayed for some reason thus I have to keep chasing items rather than just relying on the pharmacy informing me of their timely arrival.
  2.0 The text service to notify of prescriptions being ready for collection is extremely unreliable and, alas, despite the pharmacy being informed of the situation I'm usually given reasons like "something wrong with the system" and "there is a glitch somewhere" etc. And even sometimes though checks are made that the patient is shown as having this service and checks are made on the phone numbers being correct, the problem persists. It would seem that the associated technical dept is not contacted they have far more to do than they have time available.
  3.0 The extremely odd situation where some items have 28 tablets in a packet and some have 30 tablets results in the mismatch potentially causing items not being available when required. It must be possible in this day and age for the software that is used to reorder/repeat the items can reconcile the differences and provide a reliable service that does not require constant human monitoring and invariable intervention ..... usually by me!!!!!!! Or maybe the manufacturers can be convinced to be consistent in number of doses per packet!!
  4.0 Human involvement ie Surgeries and Pharmacies are not always flexible or understanding enough to realise that the possible reason for requests ..... which they might consider untimely ..... are, in fact, due to the difference in dosage in a pack!!!!!!!
  5.0 Prescriptions ought to always be dispensed in brown paper bags with sticky labels being used to seal the bag. Not plastic bags even though they are now recyclable and certainly not 'starch'(?) bags as not everyone has a compost heap especially as the garden recycle will not accept the bags!!!!!! That could have been checked before production - what a farce!! Staples should not be used to seal the bags as it affects recycling ; sticky name labels are good enough.”
- “[Name of Pharmacy] offer an excellent service. Very impressed”
- “[Name of Pharmacy] is excellent. Quick turn around for prescription requests, knowledgeable, friendly service. Only complaint is they are not open Saturday afternoons.”
- “Yes. As stated above I have allergies to certain bulking agents and artificial sweeteners. I tried to explain to other pharmacies and even though the doctor stated this on the repeat prescriptions they ignored and gave generic brands which had to be re issued and wasted NHS money re issuing! Also if on a new medication then I think a trial dose should be given and if tolerated then give a full dose. There must be loads of wasted money on meds not used or thrown away due to intolerances.”
- “Good independent service but could do with a better weekend rota cover eg on a sunday morning. nearest is 35 mins away by car. Unacceptable”
- “Absolutely necessary as this village is now a hub for retirees. Unfortunately as you get older your medical needs escalate so imperative to keep this service.”

- “[Name of Pharmacy] is excellent”
- “Very short staffed, therefore long waiting times to receive medication. Very few pharmacies in area”
- “Our pharmacy on the [Name and location of Pharmacy] now offers excellent advice and services. Approachable and professional. It would be hard to beat.”
- “It's shame that it doesn't work at Saturday. Even half of day will so useful. I work all week, and I'm single mother, and I always need to take couple hours off during the work day to visit pharmacy.”
- “Great improvement since [Name of Pharmacy] replaced by [Name of Pharmacy]. Much faster service and helpful friendly staff”
- “Very helpful, would be lost without them.”
- “Some medicines are sometimes unavailable or in short supply, occasionally for extended periods. I don't know if this is due to the pharmacy or wholesalers.”
- “Np week end facility”
- “Excellent”
- “It takes so long to get a repeat prescription. No sooner have I collected prescription, I feel like I'm ordering the next one.”
- “Does anything and everything I ask of them”
- “Amazing service allways willing to help”
- “I use [Name of Pharmacy] next door to [Name and location of GP Practice]. After using many different pharmacies across the town, I can honestly say this is the best pharmacy team I have come across. They offer so much more than just prescriptions and are very well liked in the community. I would like if they were to open on Saturdays for ease of access however fully understand that with funding cuts to pharmacies (and many other services over the past few years) this is not possible (plus they all deserve a weekend off!). If I need a pharmacy on the weekend there are 2 large supermarkets near to me that I can easily access.”
- “The local, [Name of Pharmacy] is dreadfully understaffed. They never answer the phone and even though there are two serving positions, one for dispensing and the other for retail, only one person serves at any one time.”
- “All staff are helpful and friendly.”
- “[Name of Pharmacy] staff are superb - always friendly, always able to offer advice, and have clear communication regarding prescriptions”
- “It’s very helpful to be able to collect repeat prescriptions on a Sunday when necessary.”
- “My husband has stage 4 cancer and we wanted to find a pharmacy where he could get a private flu vaccination so he could have it as soon as it was available as it was a month earlier than through the NHS and was better with his cancer treatment cycle. It was very frustrating that there isn’t a central internet site that you can search to find location and availability of flu or covid or other vaccination services. I could not find I for,action from Hywel Dda and had to phone individual pharmacies. We ended up travelling from [Name of location] to [Name of location] as that was the nearest place that had a flu vaccine available. I was frustrated with being advised by a pharmacist that I needed antibiotics for an ear infection and told that they could prescribe them if I was a child but as an adult I needed to go to A&E It is very helpful to have services available from a pharmacy. I greatly value being able to orde4 prescriptions online and for the pharmacy to be able to deliver them for myself and my husband.”

- “I find my local pharmacy excellent. They always try their best to get the medication I need, when I need it. The staff are friendly, helpful and informative. They also get to know the community members so you feel they really fit into the local area.”
- “They do provide a personel touch that the big chains don't offer.”
- “They are excellent with really lovely, helpful staff.”
- “Not all pharmacists off the full range of services, for example I was recently told by a GP receptionist to “see a pharmacist” about an ear problem but when I tried to do so, I found that neither of the pharmacists in my town “do ears” (as they put it). Pharmacists are vital but it should be made clear on the NHS website and by GP receptionists that some pharmacy services may not be available locally.”
- “Our Pharmacy has just changed hands but it seems business as usual”
- “GP practice staff / a nurse advised my 84 year old mother to go to a pharmacy for UTI only to be told no prescribing pharmacist to try another pharmacist/ chemist then to be told after travelling to a second pharmacy she was older than they were allowed to treat . So some poor knowledge / misinformation amongst surgery staff . Communication systems are not linked e.g Surgery did not know I had paid for and had my flu vaccine at my local chemist with pharmacist . Overall local pharmacy is excellent”
- “Friendly staff”
- “Nearest Pharmacy is in [Name of location]. [Name of Pharmacy] is alweays very helpful and makes one feel valued. It is a great assistance to be able to access your Pharmacy for minor ailments instead of visiting your GP. AT present it is very difficult to book an appointment with the GP.”
- “[Name of Pharmacist], the main Pharmacist is excellent. Helpful, sympathetic, patient and as good as seeing a GP, well done [Name of Pharmacist]”
- “We have a brilliant pharmacy service in [Name of location] , great advice, super efficient”
- “Please keep the pharmacy in the village as I pick up prescriptions for myself and my Son. They text me when prescriptions are ready which is really helpful. The only thing I would improve is the NHS Wales app so I could order repeat prescriptions for my son through this”
- “Please see my previous comments. My husband has Parkinson’s disease and on of his medications was out of stock in all the pharmacies in our town. Our regular pharmacy said they would try and locate some but didn’t. My husband eventually sourced some that our local hospital pharmacy had in stock but they couldn’t dispense it to us. Trying to obtain this medication Amantadine took so long because of the system meaning that my husband was with out for 3 days and became very unwell. Our pharmacy still can not obtain this medication and we have to go to another pharmacy with a separate script for this.”
- “To get the pharmacy to put my parents meds in a blister pack required a district nurse to write to ask for it and she also asked for delivery to them but they have no available slots. If they are prescribed new meds they are not added to the blister pack unless a GP requests it causing problems as my parents have memory loss and confusion. Having no parking makes life very difficult for us as we both have mobility problems . Our town planners have been reducing parking spaces in the town and two pharmacies are there”
- “It's now impossible to go to another pharmacy because GP sending entire year prescription via electronic prescribing. This is ridiculous because pharmacy is incompetent and often loses prescription or is closed/no pharmacist. So it is dangerous for patients.”

- “I think our local pharmacy is an important and integral part of healthcare provision in our area, it’s excellent and we should make the most of what it offers to relieve pressure on other services, especially the GP surgery.”
- “My local pharmacy services are so much better than my nearby medical centre.”
- “My Pharmacy shuts at lunchtimes which is inconvenient. Our 3 local pharmacies also used to run a rota so that one was open on Sunday mornings, That does not happen any more and is a massive issue.”
- “No matter how many staff are on hand there is always a long wait to be seen. Sometimes up to an hour which is difficult if you're collecting for someone else or you have caring responsibilities which means you can't be away for a long time.”
- “My local pharmacy frequently does not stock my regular prescription. I very often have to go back another day to collect what is owing. There is a private area, but conversations in the room can be overheard outside. The service generally is slow and not very good. The staff are frequently chatting together and ignoring people waiting. Service has remarkably improved over the last couple of weeks. This normally is the case whenever there is a survey in progress!”
- “The service from our local pharmacy is excellent. Their kind efficient service is noted and always appreciated”
- “The staff are brilliant and very compassionate and informative in pontyates (pontyberem staff not nice)”
- “Fantastic service”
- “Extremely polite and work under tremendous pressures. not always appreciated by the general public”
- “In a small community, it's difficult to keep things private, someone could overhear conversations from outside the cubicle the it goes down the local grapevine”
- “We only shop LOCAL and only support our INDEPENDENT pharmacy”
- “Thanks to pharmacist suggesting I had a damage checked I went to a&e and got a scan and my cancer was found. very grateful”
- “Very friendly and quick service. very happy”
- “Always very busy. sometimes long queue. staff helpful”
- “Denial of essential services at weekends”
- “Both of my pharmacies are closed on a saturday and sunday - why?”
- “Often advised by surgery receptionist to see pharmacist but then pharmacist feels unqualified/unhappy to advise apart from "see your GP". such a waste!”
- “They are excellent”
- “They are first class”
- “Very helpful and friendly”
- “Local within the village and close to the surgery”
- “Local pharmacy unable to fill out prescription for latex gloves that I need and he says "the warehouse doesn't stock them" He suggested I ask for a separate prescription so I could take it elsewhere but he is the only pharmacy in the town. I tried asking for a separate prescription, but the surgery just added it on to the normal prescription, so I have to ask a friend to buy some from tesco as I can't do without them”
- “I find pharmacy services superior to GP services. luckily I am in good health however, when I did have a UTI, my GP service provided inferior service than a pharmacist would have provided due to being over 65”
- “The excellent pharmacist is no longer there ad the new one is not as knowledgeable”

- “They are very helpful”
- “They often get repeat prescriptions wrong which results in extra visits which is quite a distance for me. It shouldn't happen when there has been no change in my regular medications”
- “[Name of location] - really helpful”
- “Very good service except there is usually a queue. prescriptions not quick but I think thats the fault of the surgery”
- “Excellent service, friendly and knowledgeable staff”
- “Essential to this community as we dont have own surgery now and the surgery we have is now non-dispensing”
- “When I did let surgery and chemist do my prescription, they kept ordering all items when some should have been for different times. I found out lots of people end up with loads of over ordered pills lying in doors. A huge waste of funds!! that was when I got the paper prescriptions back to do it myself. chemists are so busy. so many times the tablets or full prescription not available when people re told to pick them up.”
- “How long does it take to change from collection to delivery? I have had to phone each month for last 18 months”
- “[Name of Pharmacy] is just class”
- “Not only give credit to the pharmacists but to the friendly and sensible conversations I get in [Name and Location of Pharmacy], thank you”
- “Difficulty is no private place to talk to pharmacist. If there is a private area I can be seen it is ideal service but not to discuss over the counter with others present”
- “Lunchtime closing can be inconvenient”
- “They charge for delivery and sometimes gets prescription wrong”
- “Again, without them local families would begin to suffer the consiquences due to lack of government funding/support all because of the labour government”
- “You cannot use the NHS app if you are registered with [Name of GP Practice]. Pharmacy quite helpful”
- “1 - they should be LOCAL
  2 - they should provide a comprehensive service (as detailed in the questionnaire)
  3 - the selling of ancillary products e.g shower gel/toothpaste/perfumes etc is very helpful”
- “Helpful, friendly, confidential, trustworthy, Full of good humour, Able to help me think through issues (incl. barriers) and suggest a pathway to access”
- “They provide essential service as the nearest GP practice is [Name of location]. Exceptional pharmacy for advice and efficiency.”
- “They work very efficiently with the GP surgery and are so helpful with advice and kind and knowledgeable”
- “Unclear as to what is possible to order via the pharmacy and doctors and why isn't it possible to have an app with [Name of GP Practice].”
- “Great”
- “Our pharmacy in [Name and location of Pharmacy] are wonderful”
- “They are very helpful”
- “They are a vital part of a community. More accessible and approachable than GPs”
- “Excellent friendly service and always helpful”
- “Very pleased with the quality of service”
- “It can take up to 2 weeks to receive medication after putting n the prescription to the pharmacy”

- “For a rural area, we are well-serviced by our local pharmacy. However, it appears speaking to others, that only large chains of pharmacies are able to deliver this expanded service envisaged. Plus many times you may ask pharmacist for advice about dosage/type of medication and you are referred back to your GP who are more familiar with patients history. AND pharmacists are not able to access patient records so can only advise in generic terms.”
- “Lovely helpful staff. I have had to have emergency supplies when the GP clinic hasn't sent the prescription as requested and the pharmacy has been very helpful when prescriptions are delayed. It has been the fault of the GP clinic, often they have told me that someone has forgotten to send it over to the pharmacy”
- “Pharmacies in general should be appropriately paid for dispensing NHS prescriptions”
- “Closing for a period of time in the day can make it more difficult for people - appreciate lunch breaks but enough staff to not close for an hour plus”
- “Brilliant staff and service, fantastic people skills”
- “My pharmacist does his best to open during bad weather, despite difficult travel conditions”
- “Absolutely lovely within the constraints of trust rations with supplies/shortages the staff try really hard to help myself and my family with getting supplies, particularly with medication related to diabetes and secondary digestive issues where there are ongoing issues to get medication but the staff have always been brilliant and supportive – thank you”
- “Very friendly”
- “[Name of Pharmacy] has always been very efficient. They are very knowledgeable and welcoming”
- “Please keep [Name of Pharmacy], they are professional, caring, ahppy and friendly”
- “High praise. Efficient, cheerful, available, knowledgeable”
- “Excellent all round service at [Name and location of Pharmacy]. All staff there are so helpful”
- “Its very friendly. The staff are great”
- “Very good helpful staff. Always busy working in a small space”
- “I use [Name and location of Pharmacy] who have usually been helpfu”
- “Efficient, friendly, helpful, knowledgeable”
- “Where we live, not enough pharmacys in the town”
- “My local pharmacy in [Name of location] is excellent and pleasant staff”
- “Closed over lunch hours (12:00 - 14:00) often queues waiting for it to open. Not being able to access during many peoples only time off i.e lunch break from work. Staff very helpful and pleasant.”
- “As it is very difficult to get an appointment with a doctor/nurse now it makes me feel less frightened if I can consult the pharmacist”
- “Local pharmacies provide a high standard of care and delivery. Good 2 way communication”
- “The local pharmacy is convenient, the staff are friendly, well informed, have a prescribing pharmacist, a private room for confidential matters and close by to the GP surgery”
- “Helpful”
- “The willingness to help and the service from [Name of Pharmacy] is impeccable. The team are always willing to help and advise patients We are so very luck in the [Name of location] area to have a pharmacy willing to go the extra mile for its

patients. The fact that a pharmacy is literally across the road the the GP surgery is an added bonus and such a convenience. The pharmacy not only provides prescribed medications but also the covid and flu vaccines which, as we all know, have saved lives. Indeed, my family has used the pharmacy vaccination service when we were refused it elsewhere, keeping my elderly mother safe from the viruses. It was a worry when the previous pharmacist retired that perhaps the pharmacy would close but then [Name of Pharmacist] arrived and has continued that great service and I, and I'm sure others, especially the elderly, thank you for that. [Name of Pharmacy] provides a lifeline for people in a very rural community, to enable the community to stay fit and well."

- "Excellent service"
- "They're a great place to get lots of info and help more easily and quicker to use than a doctor"
- "The link between GP and pharmacy is an issue. We have tried to minimise wastage and sort my husbands prescriptions but it's caused numerous issues"
- "Vital for our community!"
- "They are always cheerful and helpful it's a long way to the next pharmacy"
- "The pharmacist is always helpful"
- "The staff are always extremely helpful polite and cheerful"
- "Before a change of flow I acquired my scripts I was able to just collect every 28 days now I have to order online and wait a week before I can collect them from the pharmacy"
- "Could pharmacies have contact information for help groups societies e.g stroke, MS, Cancer etc"
- "Why do prices of fat jabs - mounjaro/wegovy - so differently priced?"
- "[Name of Pharmacy] provides a very efficient and speedy service concerning every aspect of local pharmaceutical health care. the staff are kind and helpful without exception - I have not found this to be the case when visiting larger chains such as [Name of Pharmacy] or [Name of Pharmacy]"
- "So busy with long queues so one has to time it carefully"
- "Prescriptions not often ready on time. Sometimes items missing"
- "Their excellent and would not like to change"
- "Always friendly and helpful"
- "Great service but I wish it was open Saturday mornings. There are 2 chemists in our village both owned by the same person - both closed on Saturdays"
- "I have been over the years when house bound caring for my husband, that there was no delivery service"
- "[Name of Pharmacy] provides an excellent service of dispensing prescriptions, vaccinations as well as other advice on various ailments. It is efficiently run, with friendly staff and a helpful knowledgeable pharmacist"
- "My pharmacy at [Name of location] provides an excellent service , is well run with friendly and knowledgeable staff. Prescriptions available at short notice and the pharmacist is always on hand to provide advice"
- "Very friendly and helpful"
- "Please don't close them!!"
- "In the main a first class service in collaboration with the surgery next door
- "In our village pharmacy, we have to wait up to 10 days for my prescription to be received [Name of Pharmacy]"
- "EXCELLENT"

- "I honestly feel we are luck in [Name of location]"
- "Friendly and helpful"
- "Local pharmacy services are important to the community because access is easy and you can have consultations with a pharmacist that knows you well"
- "2 pharmacies in nearest town seemed to be struggling with demand/workload. Another just opened, hope this will take up slack"
- "They are always helpful, thorough, obliging and very well informed"
- "They are always friendly to everyone"
- "They also do blood pressures and advice. They also have much helpful information for anyone needing advice on mental health, loneliness, dementia etc All available but unobtrusive"
- "They provide an excellent service and if closed would be detrimental to myself and husband and surrounding community"

About you

22. **How old are you? (Please tick the appropriate box)**

		Response
	Total	**Percentage**
18-24	1	0.2%
25-34	16	3.6%
35-44	22	5.0%
45-54	40	9.0%
55-64	104	23.5%
65-74	133	30.0%
75 and above	124	28.0%
Prefer not to say	3	0.7%
Total	443	
Skipped	8	

23. What best describes your gender?

		Response
	Total	**Percentage**
Man	113	25.6%
Woman	326	73.8%
Trans Male / Trans Man	1	0.2%
Trans Female / Trans Woman	2	0.5%
Non-binary	2	0.5%
I use another term	2	0.5%
Prefer not to say	7	1.6%
Total	442	
Skipped	9	

24. Is this the same as the sex you were assigned at birth?

	Response	
	Total	**Percentage**
Yes	411	96.3%
No	4	0.9%
Prefer not to say	12	2.8%
Total	427	
Skipped	24	

25. Are you currently pregnant or have you given birth within the last year?

	Response	
	Total	**Percentage**
Yes	5	1.1%
No	249	57.0%
Not applicable	178	40.7%
Prefer not to say	5	1.1%
Total	437	
Skipped	14	

26. Do you consider yourself to be disabled?

	Response	
	Total	**Percentage**
Yes	107	24.5%
No	310	70.9%
Prefer not to say	20	4.6%
Total	437	
Skipped	14	

27. Please can you tell us what your disability, long-term illness or health condition relates to?

	Response	
	Total	**Percentage**
Not applicable	178	51.1%
A long standing illness or health condition (e.g. cancer, HIV, diabetes, epilepsy)	89	25.6%
A mental health difficulty (e.g. depression, schizophrenia or anxiety disorder)	29	8.3%
A physical impairment or mobility issues	81	23.3%
A social/communication impairment	10	2.9%
A specific learning difficulty (e.g. dyslexia, dyspraxia, AD(H)D)	12	3.4%
Blind or have visual impairment uncorrected by glasses	9	2.6%
D/deaf or have a hearing impairment	26	7.5%

An impairment, health condition or learning difference that is not listed above	10	2.9%
Prefer not to say	12	3.4%
Total	348	
Skipped	103	

28. Which race or ethnicity best describes you?

	Response	
	Total	**Percentage**
Arabic	0	0.0%
Asian/British Asian: Bangladeshi	0	0.0%
Asian/British Asian: Chinese	0	0.0%
Asian/British Asian: Indian	1	0.2%
Asian/British Asian: Pakistani	0	0.0%
Asian/British Asian: Other	0	0.0%
Black/British Black: African	0	0.0%
Black/British Black: Caribbean	0	0.0%
Black/British Black: Other	0	0.0%
Mixed Race: Black & White	2	0.5%
Mixed Race : Asian & White	1	0.2%
Mixed Race : Black & Asian	0	0.0%
Mixed Race : Other	1	0.2%
Traveller: Gypsy or Roma	0	0.0%
Traveller: Irish	1	0.2%
White: British (British/English/Northern Irish/Scottish/Welsh)	393	90.6%
White: Irish	3	0.7%
White: European	18	4.1%
Prefer not to say	10	2.3%
Another race or ethnicity	4	0.9%
Total	434	
Skipped	17	

29. Which of the following terms best describes your sexual orientation?

	Response	
	Total	**Percentage**
Asexual	17	4.0%
Bisexual	10	2.4%
Gay Man	3	0.7%
Gay woman or lesbian	6	1.4%
Heterosexual or Straight	349	82.5%
Prefer not to say	35	8.3%
Other	3	0.7%
Total	423	
Skipped	28	

30. What do you consider your religion to be?

	Response	
	Total	**Percentage**
Buddhist	1	0.2%
Christian	266	61.0%
Hindu	1	0.2%
Jewish	1	0.2%
Muslim	1	0.2%
No religion	126	29%
Other religion	11	2.5%
Sikh	0	0.0%
Prefer not to say	29	6.7%
Total	436	
Skipped	15	

31. Are you married or in a civil partnership?

	Response	
	Total	**Percentage**
Yes	300	69.1%
No	108	24.9%
Prefer not to say	26	6.0%
Total	434	
Skipped	17	

32. Are you a member of the Armed Forces Community? (Veteran, Reservist, Cadet Force Adult Volunteer (CAFV) or a family member of someone in the Armed Forces)

	Response	
	Total	**Percentage**
Yes	22	5.2%
No	393	92.3%
Prefer not to say	9	2.1%
Total	424	
Skipped	27	

33. Do you provide unpaid care by looking after someone (a family member, friend or neighbour) who is older, disabled or seriously ill?

	Response	
	Total	**Percentage**
Yes	119	27.3%
No	302	69.3%
Prefer not to say	15	3.4%
Total	436	
Skipped	15	

34. If yes, please tick any/all that apply

	Response	
	Total	**Percentage**
Primary Carer of a disabled child or children	5	4.3%
Primary Carer or assistant for a disabled adult or adults (aged 18+)	32	27.6%
Primary Carer or assistant for an older person/people (aged 65+)	61	52.6%
Secondary Carer (another person carries out main caring role)	20	17.2%
Prefer not to say	6	5.2%
Total	116	
Skipped	335	

35. Is there anything about what is being discussed or proposed that you feel could either positively or negatively affect you or particular people in society more than others? If yes, please explain.

- “Popeth yn iawn, diolch”
- “Mae gwir angen y gwasanaeth a gynigir gan y fferyllfa lleol. Deallaf nad yw'r gwasanaeth a geir yn y tref agosaf yn foddhaol.”
- “Yes - this is a digital format. Those least likely to respond are those probably at greatest need of a service available close to their homes.”
- “Lack of access to appointments within certain days and also being able to get through to make an appointment. Surgery doctors should work shifts, this would stop A&E visits”
- “There just aren't enough pharmacies to sustain the population and it's only getting worse. Pharmacies often don't stock relatively mainstream medicines and sometimes GPs don't prescribe the standard product so you end up going round in circles getting scripts updated.”
- “I just hope that the private pharmacy in our town continues to be financially viable for the private company to continue to run it. There is now no pharmacy in our local Surgery and the nearest would be 12 miles away if it should close. Re this form - would it be helpful to have Widow or Widower in the Marriage/Civil Partnership question?”
- “Would be helpful to have up to date info online. Have been told a service is offered and when I have travelled (for over half an hour to get there) find it is not the case. They also don't pick up the phone”
- “You havent said what is being discussed so i cant answer this question !”
- “I have found that I now have to check all contraindications myself as recently I have twice been prescribed drugs incorrectly, I have always assumed that if the doctor made a mistake the pharmacist would pick it up. This seems not to be the case and the latest mistake could have been lethal.”
- “I don't know what is being discussed or proposed.”
- “We need reliable pharmacies where you don’t have to queue for ages to be dealt with, and then have to wait for hours for prescriptions to be processed and they need to be open for longer hours. And have time to see you for minor health issues which they don’t have the time to do so currently, taking pressure from GP surgeries please, please”

- “I am concerned about people who do not have access to a vehicle. To be far away from a pharmacy with no transport is a dangerous and frightening situation Also worry about lack of services on Sundays and Bank holidays”
- “Our chemist is a fantastic assit in the community.”
- “Difficult to comment when you don’t know what the proposals are.”
- “I am having new issues with eyesight due to a condition so will not be able to drive in the near future. I need a pharmacy within walking distance which I have at present but am worried this will close with you closing out GO practice which let’s face it, whatever we do,you will!”
- “It’s a part of a village hub and many would be lost and unable to be seen without it in the village”
- “You should be clear about what you do with the equality information and not just default to we have to because WG ask. WG therefore need to be clear as to why they need and what their intention is with the information given.”
- “My local pharmacy does not cater for working people. Longer opening hour would benefit me. I tend to use supermarket pharmacy if I need anything other than my regular repeat because my local pharmacy is not open after I finish work”
- “Too much emphasis on the Welsh language is alienating non Welsh speakers and Welsh speakers alike.”
- “If the pharmacy didn't exist, it would greatly disadvantage my disabled husband who is 89yrs old and has his medications delivered to the house”
- “Please keep Pharmacies open and accessible”
- “This questionnaire is full of stupidity and woke questions. Like sex etc and religion. We are British, diversity and woke is appalling.”
- “People without smart phones to access the app won't be able to order medication as easily”
- “Not swopping everything to online please. Alienates people without WiFi, phones access to computers etc.”
- “Not enough medications or pharmacies when tourists are here in the summer months. GPS prescribing meds that are not available or in short supply. Last year I travelled to 6 pharmacies trying to get a prescription filled for my elderly father.”
- “Wish the process of recieving meds to be quicker. If you are similar meds that are not regular stock but you get it monthly why can they not stock it rather than have to order each month”
- “I prefer to see doctor for medical issues. I will use pharmacy if necessary”
- “I take Immunosuppresant drugs as I am a Kidney transplant recipient”
- “Should local pharmacies close it would be very difficult for me to travel further. I am very concerned and worried about the proposals regarding the vital stroke service at Bronglais. There should be no downgrading there. No-one should be forced to travel long distances with such time-sensitive illness, or to visit sick relatives.”
- “We use [Name of Pharmacy] and they are excellent, from efficient and helpful staff on the retail side through to the professionals. Very efficient dispensing and excellent interview manner.”
- “Transport issues for those that depend on buses”
- “If home delivery for repeat prescriptions (or new ones) becomes possible then this would be very positive. I cannot drive and there is no public transport from my village - I have to rely on others to give me a lift for the 30 mile round-trip. A big ask.”
- “NHS app on prescriptions doesn't let you order something that you've had before but do not need it as a repeat prescription”

- “I was answering this survey as a manager of care home, so I felt some answer may not reflect correctly in context of individual answering. I.e health problems- I am ok but patients we look after ticks all the boxes.”
- “Not sure what is being proposed. Have I missed something?”
- “Important for the village to have a community pharmacist, it is an asset to the village”
- “If the local pharmacy is removed then everyone will suffer. Distances and routes are not taken into consideration in this area of [Name of location].”
- “Yes. I believe the proposals, when considered alongside the wider pattern of service changes locally, would disproportionately affect certain groups — particularly working people and those living in rural parts of the [Name of location]. Access to healthcare is not just about seeing a GP during standard weekday hours. It also depends on access to pharmacies and follow-up services. In the [Name of location], weekend pharmacy provision is already fragmented and limited. Opening hours are inconsistent, and availability can change, meaning patients may have to travel outside the immediate area to collect prescriptions. If GP services are moved further away and pharmacy access remains limited at weekends, this creates a compounded barrier to care. For those who work 9–5, Monday to Friday, access is particularly challenging. If GP appointments are primarily offered during standard working hours, and pharmacies close shortly after 5pm, patients may need to:

  * Take unpaid leave from work
  * Use annual leave for routine appointments
  * Delay collecting prescriptions

  * Travel further afield after work.

  In rural areas like the [Name of location], transport options in the evenings are extremely limited. If a prescription is issued following a daytime appointment at a practice outside [Name of location], collecting it after work may not be straightforward. This particularly affects:
  * Full-time workers
  * Single parents
  * Shift workers
  * Those without flexible employment arrangements

  Fragmented pharmacy access also poses risks for people on regular medication. Delays in collecting prescriptions — especially for conditions such as asthma, diabetes, heart disease, or mental health conditions — can have direct health consequences. In contrast, individuals who are retired, not in employment, or who have flexible working arrangements may find it easier to attend daytime appointments and collect prescriptions during limited pharmacy hours. This means the impact of service centralisation is not evenly distributed. There is also a rural equity issue. In more urban areas, pharmacies may offer longer hours or weekend availability within walking distance. In the [Name of location], distances between villages, limited public transport, and reduced evening services mean that any fragmentation of access has a greater impact. In summary, the proposed changes, combined with already fragmented weekend pharmacy provision and limited after-5pm access, would disproportionately affect working-age adults in full-time employment, rural residents, and those without flexible work arrangements. Without extended hours, coordinated pharmacy planning, or improved transport options,

these groups will face increased practical and financial barriers to accessing healthcare."

- "Any changes will suit Hywel Ddu! I live in [Name of location] you have no regard for our health and I'm sure if you can make services worse then you will."
- "Hywel Ddu will have already decided what they will do. I live in [Name of location] and your consultations are pointless you don't listen, you don't care, you're not in reality fit for purpose but at the moment we're stuck with you. I suspect your perfect plan would be to move everything to corporates [Name of Pharmacies] and preferably in [Name of location]."
- "Too many pharmacies closing in town, can't easily get to those out of town"
- "We have recently lost, or had to pay for more and more health services (teeth, GP appointments etc.). Please!!!!!!!!! do not reduce a further service."
- "What are you proposing as this is just a survey? Pharmacies in general should be given instruction/training on how to deliver correct medicines to allergy sufferers. Listen to the customers when trying to explain the problems with generic medication as to why they cannot take them! Why do medications have to have all the bulking agents and artificial sweeteners especially when WHO reported that artificial sweeteners do not help in weight loss therefore use sugar so allergy sufferers can actually take the medications doctors prescribe! Saving NHS money on wasted drugs."
- "The older generation need these facilities"
- "Loss of emergency surgery at [Name of Hospital]. Dangerous for [Name of location] residents. Look at how the pharmacy in [Name and location of Pharmacy] is operating and learn from good practice."
- "It's great that my pharmacy can reorder my medicines without me visited them. And great that they can give medicines for 2 month. Thank you!"
- "Our local pharmacy is unable to provide prescriptions because there is no pharmacist available, which is difficult if a prescription is needed. Trying to get a phone response can be a challenge. I gave up asking them to order my meds because it was unreliable so now use tge NHS wales apl to order my own. But the pharmacy is most local, otherwise I have to travel approx 25 mins by car."
- "WHAT THE HECK DOES IT MATTER ABOUT GENDER, ETHNIC , SEXUAL ORIENTATION OR RELIGION? WE ARE ALL HUMAN BEINGS AND SHOULD BE TREATED THUS! NOT AS GUINEA PIGS FOLLWING THE TENETS OF AN IMMORAL SOCIETY. Admittedly some races have different problems due to their upbringing and genetics."
- "Closing our pharmacy would be a disaster!"
- "Workload for pharmacy will be huge it needs funding . Local pharmacies are disappearing sadly."
- "Regarding Health issues having a local Pharmacist that can help has a positive affect on us all."
- "It's now impossible to go to another pharmacy because GP sending entire year prescription via electronic prescribing. This is ridiculous because pharmacy is incompetent and often loses prescription or is closed/no pharmacist. So it is dangerous for patients."
- "Not seen the proposal any where. Is it made public somewhere?"
- "The inability to get medication straight away from the local pharmacy is a big problem. Sometimes I have to wait a week for medication to arrive in the pharmacy

or have to travel to another pharmacy to get the medication. This means a round trip of over 20 miles sometimes. This is difficult as I have caring responsibilities."

- "I do not understand the question. What is being discussed or proposed?"
- "If anything happens and the pharmacy in [Name of Pharmacy] closes, I will not be able to collect my prescriptions. would have to walk 5 miles to the nearest one as no buses to [Name of location]. also cant afford taxis"
- "In rural communities, its essential to have local services such as pharmacies as transport links are not always good. closest town is 8 miles away. essential for aging population and provides support for the most vulnerable in the local community.
- Access to medicine and care etc is becoming less accessible for older people who find it difficult to use computerised systems by themselves, getting confusing and overwhelming"
- "If anything happened to me, my husband is not able to use a smartphone or internet for pharmacy surgery or anything"
- "Close GP surgeries, open district clinics. available 7 days a week"
- "Very important to have a local pharmacy in our community. provides an excellent service"
- "If pharmacies are to be used more to ease the workload of GP surgeries, more should be able to issue a prescription drugs (antibiotics etc) for minor illnesses"
- "I avoid town pharmacies, I dont do busy places very well"
- "Policy and strategies to centralise health services is hugely difficult within rural areas. in addition, I totally believe in community pharmacists having more responsibility to deliver services within our communities whilst in turn could alleviate pressure on GP surgeries"
- "Local pharmacist seems to favour Welsh speaking customers, understandable if his first language is Welsh but several people (English speakers) have commented on this, and do not feel comfortable discussing personal ailments"
- "Senior folk are discriminated against in regard to health issues"
- "[Name of location] is lucky to have such a brilliant pharmacy"
- "I would be very upset if my pharmacy had to close(based on news bulletins that report that many pharmacies are closing because of financial difficulties)"
- "Transport issues in rural areas cause problems for patients without family/carers or own transport - collections of meds scripts"
- "The unquestioning acceptance and promotion of gender identity ideology (unproven to exist, scientifically) actively harms women, especially lesbians. Please drop the insistence upon it shown in your "some info about you" page"
- "Lack of public transport in area I live Pharmacist's webpage informs you can order on line but told this is incorrect Always busy, long queues."
- "Without continued support from local pharmacy's hundreds to thousands of people would have to travel serious distances just to obtain a prescription or the services you provide. they are a key staple of our community"
- "I need to access services in person - all other methods create barriers to me accessing services , even 'phoning' is a barrier. Barriers mean that I will go a long time - until crisis point - before forcing myself to try and access - to do this I need to get someone to help me Living alone with a limited social circle and support service, getting someone to help me is another barrier, which adds to the time lag in accessing services. To access in person in a local setting, where I am known reduces the barriers I have to accessing services."

- “I live on my own, very lonely. My Son calls every weekend, he calls in with his partner. A few weeks ago I had a stroke. I was in hospital 3 week or maybe more”
- “The distance from a pharmacy could be a problem for those without a car or unable to drive”
- “With pharmacies being able to deliver a wider range of services, it is important that they are appropriately funded.”
- “Worried that everything will need to be done online which I could not cope with”
- “This survey although comprehensive is directed at an individual however, most families come into different categories so its findings could be biased or not specific enough to determine future policy or direction. Perhaps future surveys could be households.”
- “I am 71 years old and my mobility is suffering, and will get worse, therefore I need local and reliable facilities!”
- “We are asked to reorder 10 days ahead which is MUCH more complicated that 7 days ahead”
- “Shortages of medication has been difficult (supply issues) for example HRT, anti allergy medication, supplies to treat diabetes - this in turn affects and puts pressure on the staff/team/chemist and service users who rely on the medication for optimum health”
- “How much I earn is private and doesn't help my health in any way”
- “Reduced opening hours will cause problems. Especially for older people without transport. Already the number of out of hours are vastly reduced and causing issues and forcing people to A&E”
- “Poor public transport Costly and limited parking”
- “[Name of Pharmacy] is in a great spot. Often parking very near by. The staff get to know you, even by name, very community orientated. I can't think of any problems/improvement to make, their service is great”
- “The pharmacy in my location is convenient, accessible and the staff care about the service they provide to the community”
- “Lack of bus service where there is a primary school a pharmacy would be very useful in a rural area like ours”
- “What is a greater worry is that pharmacies are being forced to close across Wales and the wider UK. This will definitely negatively impact on the elderly and the disabled. We the public have in recent times been encouraged to use our pharmacies for minor ailments and illnesses rather than go to our already stretched GP surgeries. I myself have done so and have been given excellent treatment and advice. I am therefore perplexed as to the reasons why our pharmacies are now closing. This cannot be allowed to happen. I hope the community and our local councillors and county council will rally round and indeed prevent closures of our pharmacies so that we can continue to receive a service we have come to rely on.”
- “Pharmacy services are under pressure and if they are forced to close though lack of funding, this would negatively affect me and many others. Government needs to ensure community pharmacies are correctly funded”
- “Is this another paper exercise when any policys are already set”
- “Being disabled, accessibility to the village pharmacy is very important and makes life easier. If the pharmacy were to close or reduce its existing services it provides it would make life a lot more difficult. Travelling to a pharmacy 3 miles away would be impossible”

- “The continuation of having a pharmacy in the village is vital to the local community of [Name of location]. The elderly is very reliant on the dispensing and other services being provided by the pharmacist. If the pharmacy were to close, the nearest pharmacies are 3 miles away at [Name of location] and [Name of location]. Being disabled, the accessibility to the village pharmacy is a lifeline”
- “Too much info required. No questions about local pharmacies or how they operate. Too much personal info required. Local pharmacy- too long to serve you. Not as helpful as they could be. Too many people chatting in back room!”
- “Having a good pharmacy with excellent staff. there are many elderly people in the village. I think we are lucky in Llangennech to have an accessible shop although the door could be automatic. we are also retired and appreciate for working people it may be more difficult to access”
- “A regular and reliable bus service need for villager to get to town to attend appointments and collect prescriptions”

Appendix I – contractor questionnaire

PNA Pharmacy Questionnaire - October 2025

Hywel Dda University Health Board (HDdUHB) is preparing its refreshed pharmaceutical needs assessment (PNA), due to be published by 1st October 2026, and we need your help to gather some information to support its development. 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. Please complete and return this questionnaire by **31st October 2025**.

* Required

* This form will record your name, please fill your name.

Pharmacy information

1. Cluster *

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

Pharmacy Name - Amman Gwendraeth

- 603405D Allied, Ammanford
- 603362B Aman Pharmacy
- 603810M Boots, Ammanford
- 603052A Cross Hands Pharmacy
- 603452A EM Morris Pharmacy
- 603195A Garnant Pharmacy
- 603200A Harlow & Knowles, Penygroes
- 603200B Harlow & Knowles, Pontyates
- 603677E Kidwelly Pharmacy
- 603091A Margaret Street Pharmacy
- 603748C Nigel Williams, Cross Hands

- 603748B Nigel Williams, Tumble
- 603189A Tycroes Pharmacy
- 603850B Well, Pontyberem
- 603855L Well, Trimsaran
- 603675A Williams Pharmacy

Pharmacy Name - Llanelli

- 603806E Asda Pharmacy
- 603812B Boots, Llanelli
- 603545M Dafen Pharmacy
- 603120D Davies Chemist
- 603421B Evans, Machynys
- 603421A Evans, Vauxhall
- 603205B Gravells Pharmacy
- 603200C Harlow & Knowles, Burry Port
- 603545N Hendy Pharmacy
- 603205C Llangennech Pharmacy
- 603870I Tesco, Llanelli
- 603855H Well, Burry Port
- 603855J Well, Fairfield
- 603855K Well, Llwynhendy
- 603857I Well, Station Road
- 603855I Well, Vauxhall

Pharmacy Name - Tywi Taf

- 603810N Boots, Carmarthen
- 603819G Boots, Whitland
- 603421G Evans, Medical Hall, St Clears
- 603421K Evans, Rebecca House, St Clears
- 603627A Laugharne Pharmacy
- 603091B Llandovery Pharmacy
- 603845B Morrisons, Carmarthen
- 603748D Nigel Williams, Carmarthen
- 603748A Nigel Williams, Llandeilo
- 603748E Nigel Williams, Richmond Terrace
- 603870H Tesco, Carmarthen
- 603404B Walter Lloyd
- 603850A Well, Llandeilo

Pharmacy Name - North Ceredigion

- 603490B Allied, Aberaeron
- 603812F Boots, Aberaeron

- 603810L Boots, Aberystwyth
- 603017A Borth Pharmacy
- 603162A Huw Evans Tregaron
- 603403A Jhoots Pharmacy
- 603604E Morrisons, Aberystwyth
- 603463A New Heights Pharmacy
- 603857K Well, Aberystwyth

Pharmacy Name - South Ceredigion

- 603670A Adrian Thomas Pharmacy
- 603490A Allied, Bridge Street
- 603490C Allied, Llandysul
- 603812G Boots, Cardigan
- 603812A Boots, Lampeter
- 603818L Boots, Llandysul
- 603812E Boots, NCE
- 603588A Caerleon Pharmacy
- 603020B New Quay Pharmacy
- 603013A Penrhyn Pharmacy
- 603853P Well, Cardigan
- 603857J Well, Llanybydder
- 603858C Well, NCE

Pharmacy Name - North Pembrokeshire

- 603810O Boots, Fishguard
- 603810P Boots, Haverfordwest
- 603812C Boots, Milford Haven
- 603387H Cohens Chemist
- 603126A Crymych Pharmacy
- 603662B Davies Pharmacy, Haverfordwest
- 603549A Elders Chemist
- 603192A Fishguard Pharmacy
- 603608A Milford Pharmacy
- 603618N Myrtle Pharmacy
- 603465A Newport Pharmacy
- 603476C Nootts, Johnston
- 603476B Nootts, Llangwm
- 603870A Tesco, Haverfordwest
- 603858D Well, Haverfordwest
- 603853A Well, St Davids

Pharmacy Name - South Pembrokeshire

- 603405C Allied, Narberth
- 603818H Boots, Pembroke Dock
- 603812D Boots, Tenby
- 603140A Clynderwen Pharmacy
- 603421E Evans, Glen
- 603421F Evans, Sea Front
- 603662A Kilgetty Pharmacy
- 603669A Mendus Pharmacy
- 603214A Narberth High Street
- 603480A Neyland Pharmacy
- 603669B Pembroke Castle Pharmacy
- 603505A Pembroke Dock Pharmacy
- 603721A Saundersfoot Pharmacy

Pharmacy phone number *

Enter your answer

9. Pharmacy website address (if applicable)

Enter your answer

10. Can the health board store the above information and use it to contact you? *

- ○ Yes
- ○ No

11. Are the premises accessible by wheelchair? *

- ○ Yes
- ○ No

12. Languages spoken (in addition to English *

Enter your answer

Consultation Facilities

13. There is a consultation area: *

- Available (including wheelchair access), or
- Available (without wheelchair access), or

- Other

14. Is the Consultation area: *

- In a closed room
- A designated area where both the patient and pharmacist can sit down together?
- Where the patient and pharmacist are able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy?
- Clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy?

Services

16. Does the pharmacy dispense appliances? *

- Yes, all types
- Yes, excluding stoma appliances
- Yes, excluding incontinence appliances
- Yes, just dressings
- No
- Other

17. Does the Pharmacy collect prescriptions from GP practices? *

- ○ Yes
- ○ No

18. Does the pharmacy provide any of the following? *

- Delivery of dispensed medicines – Free of charge on request
- Delivery of dispensed medicines – Selected patient groups (list criteria below please)
- Delivery of dispensed medicines – Selected areas (list areas)
- Delivery of dispensed medicines - Chargeable
- None of the above

19. Please list criteria for Selected Patient Groups

Enter your answer

20. Please list areas for delivery of dispensed medicines

21. In your opinion is there a requirement for a new clinical service that is currently not available? If so, what is the particular requirement and why. *

Enter your answer

Capacity

22. Thinking of your pharmacy do you: *

- 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?

Business Development

23. Do you have any plans to develop or expand your premises or service provision? *
    - Yes
    - No

24. If yes, please can you provide details?

Enter your answer

25. Name of person completing form and contact number (if questions or more information required) *

Enter your answer

Appendix J – Dispensing GP Practice Questionnaire

The Pharmaceutical Needs Assessment for Hywel Dda University Health Board

Hywel Dda University Health Board (HDdUHB) is preparing its refreshed pharmaceutical needs assessment (PNA), due to be published by 1st October 2026, and we need your help to gather some information to support its development. 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. Please complete and return this questionnaire by **31st October 2025.**

* Required

* This form will record your name, please fill your name.

Practice Information

1. Please insert the name of the practice you are completing the questionnaire on behalf of: *

Enter your answer

2. Please insert the address or addresses of the premises for which the practice has premises approval to dispense from: *

Enter your answer

Opening Times

Please confirm the times at which the dispensary is open using the 24-hour clock

3. Monday *

Enter your answer

4. Tuesday *

Enter your answer

5. Wednesday *

Enter your answer

6. Thursday *

Enter your answer

7. Friday *

Enter your answer

8. Saturday *

Enter your answer

9. Sunday *

Enter your answer

Services and capacity

10. Are appliances dispensed from the premises? Are appliances dispensed from the premises?

- 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

11. Do you offer a delivery service for dispensed items?

- Yes
- No

12. Is the service available to all patients?

- Yes
- No

13. If the service is restricted please confirm the patient groups who may use the service.

Enter your answer

14. Which languages are available to patients from staff at the premises every day – please list main languages spoken *

Enter your answer

15. The demand for health services in general is increasing. Thinking of your dispensing service only, do you: *

- 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?

16. 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.

Enter your answer

17. Your name & job title *

Enter your answer

18. Email & Phone number *

Enter your answer

Appendix K – Opening Hours

Amman Gwendraeth Cluster

Name of Pharmacy/ Contractor	Address	Weekly Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Allied Pharmacy	Brynmawr Avenue, Ammanford, SA18 2DA	48	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
Boots UK Ltd	23-25 Quay Street, Ammanford, SA18 3DB	45	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
Margaret Street Pharmacy Ltd	6 Margaret Street, Ammanford, SA18 2NP	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.	Station Road, Brynamman, SA18 1SH	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	6 Llandeilo Road, Cross Hands, SA14 6NA	45	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	Isfryn, Cross Hands, SA14 6SU	48	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	115 Cwmamman Road, Garnant, SA18 1NB	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
Aman Pharmacy	70 Cwmamman Road, Glanamman, SA18 1DJ	38.5	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	9:00-5:00	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
Kidwelly Pharmacy	16 Bridge Street, Kidwelly, SA17 4UU	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
Williams Pharmacy	31 High Street, Llandybie, SA18 3HX	42	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	9:00-5:00	9:00-5:30	9:00-5:30	Closed	Closed
Harlow & Knowles Pharmacy	8 Birdge Street, Penygroes, SA14 7RP	40	Core	8:30-1:00 2:00-5:30	8:30-1:00 2:00-5:30	8:30-1:00 2:00-5:30	8:30-1:00 2:00-5:30	8:30-1:00 2:00-5:30	Closed	Closed
			Total	8:30-1:00 2:00-5:30	8:30-1:00 2:00-5:30	8:30-1:00 2:00-5:30	8:30-1:00 2:00-5:30	8:30-1:00 2:00-5:30	Closed	Closed
Harlow & Knowles Pharmacy	2 Heol Y Meinciau, Pontyates, SA15 5TR	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	9:00-1:00 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
Well Pharmacy	The Square, Pontyberem, SA15 5EA	37.5	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	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	9:00-1:00 2:00-5:30	9:00-1:00 2:00-5:30	Closed	Closed
Well Pharmacy	1 Heol Llanelli, Trimsaran, SA17 4AA	42.5	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	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
		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

Nigel Williams Chemist Ltd	35 Heol Y Neuadd, Tumble, SA14 6HR		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	5 Penygarn Road, Tycroes, SA18 3NY	37.5	Core	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
			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 Cluster

Name of Pharmacy/ Contractor	Address	Weekly Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Harlow & Knowles Pharmacy	11a Station Road, Burry Port, SA16 0LR	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	Parc Y Minos Street, Burry Port, SA16 0BN	45	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	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	Closed	Closed
M W Phillips Pharmacy	2 Maescanner Road, Dafen, SA14 8LR	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	1 Iscoed Road, Hendy, SA4 0TP	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		47.5	Core	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	Closed	Closed

	Ashgrove Medical Centre, Thomas Street, Llanelli, SA15 3JH		Total	8:30-6:00	8:30-6:00	8:30-6:00	8:30-6:00	8:30-6:00	Closed	Closed
Asda In-store Pharmacy	Murray Street, Llanelli, SA15 1BX	66	Core	9:00-12:30 1:00-4:30 5:00-5:30	9:00-12:30 1:00-4:30 5:00-5:30	9:00-12:30 1:00-4:30 5:00-5:30	9:00-12:30 1:00-4:30 5:00-5:30	9:00-12:30 1:00-4:30 5:00-5:30	9:00-11:30	Closed
			Total	9:00-12:30 1:00-4:30 5:00-8:00	9:00-12:30 1:00-4:30 5:00-8:00	9:00-12:30 1:00-4:30 5:00-8:00	9:00-12:30 1:00-4:30 5:00-8:00	9:00-12:30 1:00-4:30 5:00-8:00	9:00-12:30 1:00-4:30 5:00-8:00	Closed
Boots UK Ltd	1-3 Vaughan Street, Llanelli, SA15 3US	50	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	9:00-2:00 3:00-5:30	9:00-2:00 3:00-5:30	9:00-2:00 3:00-5:30	9:00-2:00 3:00-5:30	9:00-2:00 3:00-5:30	9:00-5:30	10:00-2:00
Well Pharmacy (Station Road)	150-152 Station Road, Llanelli, SA15 1YU	42.5	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
Well Pharmacy (Fairfield)	Fairfield Surgery, 1 Park Crescent, Llanelli, SA15 3AE	45	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)	5 Vauxhall, Llanelli, SA15 3BD	42.5	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
Tesco Instore Pharmacy	Parc Trostre, Llanelli, SA14 9UY	78	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	Avenue Villa Surgery, Llanelli, SA15 2TJ	41.25	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	Ty Elli Pharmacy, Vauxhall, Llanelli, SA15 3BD	42.5	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 2:00-6:00	8:30-1:00 2:00-6:00	8:30-1:00 2:00-6:00	8:30-1:00 2:00-6:00	8:30-1:00 2:00-6:00	Closed	Closed
Llangennech Pharmacy	60 Bridge Street, Llangennech, SA14 8TN	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
Well Pharmacy (Llwynhendy)	Llwynhendy Road, Llwynhendy, SA14 9BN	45	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	The Avenue, Morfa, SA15 3DP	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

Tywi Taf Cluster

Name of Pharmacy/ Contractor	Town	Weekly Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Walter Lloyd & Son Ltd	12 Lammas Street, Carmarthen, SA31 3AD	42.5	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	12 Red Street, Carmarthen, SA31 1QL	60	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	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	10:00-4:00
Nigel Williams Chemist Ltd (Furnace House)	Furnace House Surgery, Carmarthen, SA31 1EX	47.5	Core	8:30-6:00	8:30-6:00	8:30-6:00	8:30-6:00	8:30-6:00	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

Tesco Instore Pharmacy	Morfa Lane, Carmarthen, SA31 3AX	72	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 (Richmond Terrace)	1A Richmond Terrace, Carmarthen, SA31 1HE	45	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	8:30-5:30	8:30-5:30	8:30-5:30	8:30-5:30	8:30-5:30	Closed	Closed
Morrisons In-store Pharmacy	Parc Pensarn, Carmarthen, SA31 2NF	53	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 2:30-6:30	8:30-1:30 2:30-6:30	8:30-1:30 2:30-6:30	8:30-1:30 2:30-6:30	8:30-1:30 2:30-6:30	9:00-1:30 2:30-6:00	Closed
A&S Pharmacy Ltd	King Street, Laugharne, SA33 4QE	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
Well Pharmacy	52 Rhosmaen Street, Llandeilo, SA19 6HA	46.5	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	109 Rhosmaen, Llandeilo, SA19 6EN	46.5	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
AR & H Davies Ltd	4 Kings Road, Llandovery, SA20 0AW	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	Rebecca House, Pentre Road, St Clears, SA33 4LR	42.5	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
Evans, Medical Hall	Medical Hall, Pentre Road, St Clears, SA33 4AA	42.5	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	11 St John Street, Whitland, SA34 0AN	44	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	9:00-1:00	Closed

North Pembrokeshire Cluster

Name of Pharmacy/ Contractor	Town	Weekly Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
E P Parry Pharmacy	Tenby Road, Crymych, SA41 3QG	42	Core	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
			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	Market Square, Fishguard, SA65 9HA	44.5	Core	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
			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- 12:30 1:30-5:00	Closed
Fishguard Pharmacy	5 The Ropewalk, Fishguard, SA65 9BT	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
Layanson Pharmacy	Goodwick Square, Goodwick, SA64 0BP	45	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	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	Closed	Closed
Elders Chemists	St Annes Road, Hakin, SA73 3LL	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	Unit 2 Withybush Retail Park, Haverfordwest, SA61 2PY	57	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	9:30-2:00 3:00-7:00	9:30-2:00 3:00-7:00	9:30-2:00 3:00-7:00	9:30-2:00 3:00-7:00	9:30-2:00 3:00-7:00	9:30-2:00 3:00-7:00	10:30- 4:30
Davies Pharmacy	16-17 Bush Row, Haverfordwest, SA61 1RJ	47.5	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- 11:30	Closed
Well Pharmacy	3 St Thomas Green, Haverfordwest, SA61 1QX	45.25	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 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	Fenton Trading Estate, Haverfordwest, SA61 1BU	54	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	8:00-1:00 2:00-5:00	8:00-1:00 2:00-5:00	8:00-1:00 2:00-5:00	8:00-1:00 2:00-5:00	8:00-1:00 2:00-5:00	8:00-1:00 2:00-5:00	10:00- 4:00
Noott's Pharmacy	6 Glebelands, Johnston, SA62 3PN	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	29 Main Street, Llangwm, SA62 4HP	8	Core	10:30- 12:30	9:00- 10:00	10:30-12:30	9:00- 10:00	10:30- 12:30	Closed	Closed
			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	Manchester Square Health Centre, Milford Haven, SA73 2HJ	47.5	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
Boots UK Ltd	Unit C3, Havens Road Retail Centre, Milford Haven, SA73 3AU	47.5	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

Milford Pharmacy	47-49 Charles Street, Milford Haven, SA73 2AA	42	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	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-1:30 2:00-5:30	Closed	Closed
Newport Pharmacy	2 Market Square, Newport, SA42 0PH	46.5	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	13-14 Cross Square, St. Davids, SA62 6SE	55	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 Cluster

Name of Pharmacy/ Contractor	Town	Weekly Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Clynderwen Pharmacy	Crinow Glebe, Clynderwen, SA66 7NP	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	The Pharmacy, Kilgetty, SA68 0UE	53	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	9:00-5:00	Closed
Allied Pharmacy	The Health Centre, Northfield Road, Narberth, SA67 7AA	42.5	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
Narberth High Street Pharmacy	39 High Stree, Narberth, SA67 7AS	56.5	Core	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 2:30-5:30	9:00- 12:00 3:30-5:30	Closed
			Total	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-6:00	Closed
Neyland Pharmacy		42.5	Core	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	Closed	Closed

	94 High Street, Neyland, SA73 1TF		Total	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	Closed	Closed
Pembroke Castle Pharmacy	15 Main Street, Pembroke, SA71 4JS	49	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	9:00-1:00	Closed
			Total	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-1:00	Closed
Mendus Pharmacy	31 Main Street, Pembroke, SA71 4JS	45	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	8-10 Dimond Street, Pembroke Dock, SA72 6AH	48.5	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	9:00-5:30	Closed
Pembroke Dock Pharmacy	Argyle Medical Centre, Argyle Street, Pembroke Dock, SA72 6HL	50	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	8:30-6:30	9:00-6:45	9:00-6:45	9:00-6:45	9:00-6:45	Closed	Closed
Saundersfoot Pharmacy	The Strand, Saundersfoot, SA69 9ES	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	9:30- 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	9:30- 12:00	Closed
Boots UK Ltd	Jasperly House, High Street, Tenby, SA70 7HD	45	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- 12:30 1:30-3:30	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- 12:30 1:30-5:30	10:00- 4:00 (May-Aug only)
Evans Pharmacy, Sea Front	6 High Street, Tenby, SA70 7EU	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	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	9:00-5:00	Closed	Closed
Evans Pharmacy, Glen	2A No Acre, Gas Lane, Tenby, SA70 8AG	42.5	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 2:00-6:00	8:30-1:00 2:00-6:00	8:30-1:00 2:00-6:00	8:30-1:00 2:00-6:00	8:30-1:00 2:00-6:00	Closed	Closed

North Ceredigion Cluster

Name of Pharmacy/ Contractor	Town	Weekly Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Allied Pharmacy	2 Alban Square, Aberaeron, SA46 0AD	53.5	Core	9:00-1:00 3:00-6:00	9:00-1:00 3:00-6:00	9:00-1:00 3:00-6:00	9:00-1:00 3:00-6:00	9:00-1:00 3:00-6:00	9:00-12:00 3:30-5:30	Closed
			Total	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-6:00	9:00-5:30	Closed
Boots UK Ltd	5a Bridge, Aberaeron, SA46 0AP	51	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	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	9:00-5:30	Closed
Boots UK Ltd	55-57 Terrace Road, Aberystwyth, SY23 2AF	54.75	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 2:00-5:30	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	9:00-1:00 2:00-5:30	10:00-4:00
Allied Pharmacy	Padarn Surgery, Penglais Road, Aberystwyth, SY23 3DU	47.5	Core	8:30-12:00 1:30-6:00	8:30-12:00 1:30-6:00	8:30-12:00 1:30-6:00	8:30-12:00 1:30-6:00	8:30-12:00 1:30-6:00	Closed	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	Parc Y Llyn, Aberystwyth, SY23 3TL	58.5	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 2:30-6:30	8:30-1:30 2:30-6:30	8:30-1:30 2:30-6:30	8:30-1:30 2:30-6:30	8:30-1:30 2:30-6:30	9:00-1:30 2:30-6:00	10:00-1:30 2:00-4:00
Well Pharmacy	Church Surgery, Portland Street, Aberystwyth, SY23 3DX	45	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	High Street, Borth, SY24 5JQ	40	Core	9:00-1:15 1:45-6:30	9:00-1:15 1:45-6:30	9:00-1:00	9:00-1:15 1:45-6:30	9:00-1:15 1:45-6:30	Closed	Closed

			Total	9:00-1:15 1:45-6:30	9:00-1:15 1:45-6:30	9:00-1:00	9:00-1:15 1:45-6:30	9:00-1:15 1:45-6:30	Closed	Closed
New Heights Pharmacy	Tyrrel Place, Talybont, SY24 5HA	35	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
The Pharmacy	Chapel Street, Tregaron, SY25 6HA	45.5	Core	9:00-5:30	9:00-5:00	9:00-6:30	9:00-5:30	9:00-5:00	Closed	Closed
			Total	9:00-5:30	9:00-5:00	9:00-6:30	9:00-5:30	9:00-5:00	Closed	Closed

South Ceredigion Cluster

Name of Pharmacy/ Contractor	Town	Weekly Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Penrhyn Pharmacy	Banc Y Dyffryn, Aberporth, SA43 2EU	41	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	9:30- 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- 12:30	Closed
Boots UK Ltd	3 Pendre, Cardigan, SA43 1JL	47.5	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 1:30-5:30	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	9:00- 12:30 1:30-5:30	Closed
Caerleon Pharmacy	23 Pendre, Cardigan, SA43 1JT	56	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	59 Pendre, Cardigan, SA43 1JR	46	Core	9:00-5:30	9:00-5:30	9:00-5:00	9:00-5:30	9:00-5:30	Closed	Closed
			Total	9:00-5:30	9:00-5:30	9:00-5:00	9:00-5:30	9:00-5:30	9:00-1:00	Closed

Adrian Thomas Pharmacy	3 High Street, Lampeter, SA48 7BA	44	Core	8:30-12:00 1:00-5:30	8:30-12:00 1:00-5:30	8:30-4:30	8:30-12:00 1:00-5:30	8:30-12:00 1:00-5:30	Closed	Closed
			Total	8:30-5:30	8:30-5:30	8:30-5:30	8:30-5:30	8:30-5:30	9:00-1:00	Closed
Boots UK Ltd	9a Harford Square, Lampeter, SA48 7DX	42	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	9:30-1:00 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	9:00-1:00 2:00-5:00	Closed
Allied Pharmacy	Taliesyn Court, Lampeter, SA48 7AA	49	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	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
Allied Pharmacy	New Road, Llandysul, SA44 4QJ	50	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
Boots UK Ltd	8 Lincoln Street, Llandysul, SA44 4BJ	47.5	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	9:30-1:30 2:00-6:00	9:30-1:30 2:00-6:00	9:30-1:30 2:00-6:00	9:30-1:30 2:00-6:00	9:30-1:30 2:00-6:00	9:00-1:00 2:00-5:30	Closed
Well Pharmacy	Market Square, Llanybydder, SA40 9UE	42.5	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	9:00-1:00 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
Central Pharmacy	Arfyn, Church Street, New Quay, SA45 9NX	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
Well Pharmacy	Bridge Street, Newcastle Emlyn, SA38 9DX	46.5	Core	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
			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

Boots UK Ltd	Sycamore Street, Newcastle Emlyn, SA38 9AP	45	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 L – 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
Llais
The West Wales Regional Partnership Board
Carmarthenshire County Council
Pembrokeshire County Council
Ceredigion County Council
The Welsh Ambulance Service NHS Trust
Betsi Cadwaladr University Health Board
Powys Teaching Health Board
Swansea Bay University Health Board

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 'Have your say' webpage 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 'Have your say' webpage to access the documents and the questionnaire.

Each community pharmacy was provided with 5 paper copies of the summary document and questionnaire.

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 'Have your say' portal or through returning paper copies of the questionnaire to the Health Board.

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 18th May 2026 to the 17th July 2026.

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 81 responses, and these are breakdown as follows:

65 English responses

4 Welsh responses

12 English easy read responses

0 Welsh easy read responses

18 responses were sent in by post and the remainder completed through the Have your Say portal. The respondents identified themselves as the following (please note that this information was not collected from respondents completing the Easy Read questionnaire):

Answer options	**Response count**	**Response percent**
Member of the public	66	95.7%
Member of Local Authority	0	0.0%
Pharmacy Contractor	2	2.9%
Professional Body	0	0.0%
GP Practice	0	0.0%
Other	1	1.4%
Total	69	

As well as the categories above the Health Board is pleased to note that responses were submitted by;

Llais

Boots UK Ltd

Community Pharmacy Wales

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.

Survey responses

Q1. Has the purpose of the Pharmaceutical Needs Assessment been explained?

	Response	
	Total	**Percentage**
Yes	58	84.1%
No	7	10.1%
Don't Know	4	5.8%
Total	69	
Skipped	0	

Why do you say this?

- "Llyfryn 16 tudalen o esboniad"
- "Clear in outlining the present and potential future provision"
- "the introduction clearly explains and is supported by data throughout the PNA"
- "Evidence has suggested that a comprehensive review of provision is required."
- "No one gas explained it"
- "because it has and I read the guidance"
- "To plan for future services"
- "Read the easy version"
- "It was well laid out in the document"
- "Clear explanation on website"
- "I've read it as directed. spoken to local pharmacy about one item I did not know about whether they provided."
- "Because I read it"
- "Document clearly explains the reason for the assessment, how it has been carried out and what action is needed in the future"
- "I read the information on the previous page and also the easy read report."
- "I have read the document"
- "I have read the accompanying document"
- "Read the assessment"
- "Current pharmacy practices. Possible future needs."
- "In the big pre survey thing we needed to read before filling this out."
- "Yes it has been explained,it is nice to know that the pharmacy are able to help out more with health issues as trying to get an appointment with your local G.P is a nightmare."
- "I HAVE LOOKED AT THE DOCUMENTATION."
- "It is never easy to follow public service information and the logic behind the same"
- "With GP practices and Dental practices on site it would be beneficial to have a pharmacy to go along side these businesses"
- "Haven't discuss this with anyone but see the need of another farmacy"

- “I haven't had chance to read the PNA but will do.”
- “I've read the draft.”
- “I found it easy to follow”
- “I've read the documentation”
- “No idea what the assessment has said in the past or how the assessment findings will actually change anything”
- “The pharmacist said it was not to do with him”
- “Clear enough”
- “Yes explained well”
- “As I have read the booklet provided and understand the service assessment to get an overall broad view of services.”
- “they know about medicines, trained i'm not - simply!!”
- “Because you have written copious reasons in your Pharmaceutical Needs Assessment and I am intelligent enough to understand your "professional speak"”
- “It was long winded and not direct to the point”
- “lot's of information”
- “read accompanying letter”
- “full explanation”
- “Because I have read the first page of this document where you set out the needs assessment document”
- “explained in the summary document & survey for conditions”
- “I have read the pharmaceutical needs assessment document”
- “Explained in PNA summary document”
- “Because I have read the document & had experienced it myself”

The Health Board was pleased to note 58 respondents (84.1%) selected ‘yes’. The comments received were noted. 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.

The following response was received from Community Pharmacy Wales (CPW);

The draft PNA provides a helpful explanation of the relationship between the PNA, population health needs and pharmaceutical service provision. It also explains that applications for pharmaceutical services are generally assessed against needs identified in the PNA. However, the body of the PNA would be strengthened by a more explicit explanation of its statutory role within the market entry framework established by the NHS (Pharmaceutical Services) (Wales) Regulations 2020. In particular, it should be made clear that the PNA provides the evidential basis against which applications for new premises and certain relocated premises are assessed.

The points raised by CPW have been noted and section *‘5.4 Statutory Role of the PNA’* added.

Q2. Does the draft pharmaceutical needs assessment reflect the current community pharmacy provision within the Hywel Dda UHB area?

	Response	
	Total	**Percentage**
Yes	41	59.4%
No	11	15.9%
Don't Know	17	24.6%
Total	69	
Skipped	0	

If "No", please let us know which services and which area your comment refers to e.g. whole health board area, a particular county or locality

- "[Name of GP Surgery] dispensing pharmacy has been removed when the NHS took the surgery on. We are more than 1.6km from a pharmacy and within the next 5 years may not be able to drive. Local bus is 20-30 minutes walk from our home as well! We need pharmacy's in Wales to be able to deliver prescriptions. Our residential park home site has a majority of old people."
- "[Name of Pharmacy] WILL NOT PRESCRIBE ANTIBIOTICS TO OVER 65'S."
- "In [Name of Location] pharmacies are unable to take into account severe allergic reactions to the excipients in certain brands of generic medicines even though there is a clinical need. Even though the pharmacies do try to order certain brands they have no control over what brand arrives. Our surgery will not record allergic reaction to excipients and the only options offered are to change to a different type of medicine (e.g. for blood pressure moving off ace inhibiters) or to take ciclosporin to counteract any reaction. I believe that they are purposely avoiding prescribing 'specials' because the assumption is they are too expensive which is not necessarily the case."
- "Pharmacies are not adequately financed and the problems caused by out of stock medicines is getting worse and with pharmacy having so littel say in what happens then it leaves the patient beween an increasingly hosptile surgery and pharmacy staff unable to help"
- ""Access to services" within WIMD indicies was always based on public transport.... not by car!"
- "Silly question. How would I know about the UHB area??"
- "[Name of Location] needs more "Chemists" to aleviate waiting times for making up prescriptions so that patient do not run out of medicines"
- "How can it when each chemist is run differently/under staffed in some/not the same pharmacist can change daily etc etc"
- "I do not have the information required to give a useful answer"
- "ticked yes but it doesn't consider working individuals (9-5 5 days a week) who may not be able to access collecting prescriptions - whether for themselves or relatives. Sometimes the item prescribed was to be ordered into pharmacies"

The Health Board was pleased to note 41 respondents (59.4%) selected 'yes', the draft pharmaceutical needs assessment reflects the current community pharmacy provision within the Hywel Dda UHB area. The comments received were noted. The closure of a dispensing GP practice and subsequent pharmaceutical needs are addressed via a supplementary statement published at the time of the closure. WIMD indicators measure Access to Services based on an average of public and private

travel times. The Health Board is satisfied that the PNA reflects the current community pharmacy provision within the Hywel Dda UHB area.

The following response was also received from CPW;

The draft PNA broadly reflects current community pharmacy provision across the HDUHB area. It draws on an appropriate mix of contractual data, dispensing and service activity data, local Health Board intelligence and self-declared pharmacy contractor questionnaire returns, providing a reasonable high-level overview of current provision.

However, Chapter 1, the Introduction, omits Seasonal Influenza Vaccination from its list of clinical services. As a Directed Service, this should sit alongside Discharge Medicines Reviews, the Clinical Community Pharmacy Service and Pharmacy Independent Prescribing Services. The Additional Services section appears to be a generic list and does not reflect current provision. Although all clinical services are identified in the locality chapters, it would be helpful if they were also identified in the Introduction.

The 99% response rate to the pharmacy contractor questionnaire is particularly positive and provides valuable insight into current services and operating conditions across the network. However, the capacity reported is a point-in-time assessment. Pharmaceutical services provision remains closely linked to available funding, which directly affects contractor capacity, workforce resilience and service delivery. Without significant additional investment in the community pharmacy contractual framework, the level of provision described in the PNA will not be sustainable over its lifetime.

The points raised by CPW have been noted and the introduction, specifically *'1.3.1 Pharmaceutical services provided by pharmacy contractors'*, has been amended to include the Seasonal Influenza Vaccination and the Additional Services list updated to reflect current provision.

Q3. Are there any pharmaceutical services currently provided in the Hywel Dda UHB area that have not been highlighted within the draft pharmaceutical needs assessment?

	Response	
	Total	**Percentage**
Yes	5	7.2%
No	24	34.8%
Don't Know	40	58.0%
Total	69	
Skipped	0	

The majority of respondents selected "No" – 24 (34.8%) or "Don't know" – 40 (58%) to this question. Only 5 respondents said 'Yes' they expanded as follows:

If "Yes", what are these?

- "I believe weight loss management advice and services are provided from some pharmacies"

This is related to services not provided by the Health Board but provided privately and therefore not included in the PNA.

- "Pharmacy is very important in the community, as accessing a doctor or surgery is very difficult."
- "All of it"
- "Most close lunch times 1-2pm that affects trade in high st"
- "Above – consider working individuals & carers. Also is there a service to return unused prescribed medication & controlled drugs. I believe this could be a service that I'd pay for."

The disposal of unwanted drugs is a free essential pharmaceutical service and part of the community pharmacy contractual framework therefore available in all Community Pharmacies and is included in the 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. The Health Board is therefore satisfied that the PNA has included all pharmaceutical services currently provided within Hywel Dda.

The following response was received from Community Pharmacy Wales (CPW);

CPW is not aware of any pharmaceutical services currently provided that have not been highlighted somewhere within the PNA. However, it is suggested that Chapter 1, the Introduction, should clearly describe all clinical services provided by pharmacies within HDUHB. See Q4.

This has been addressed in the previous response and the introduction, specifically '1.3.1 Pharmaceutical services provided by pharmacy contractors', has been amended to include the Seasonal Influenza Vaccination and the Additional Services list updated to reflect current provision.

Q4. Does the draft pharmaceutical needs assessment reflect the needs of the Hywel Dda UHB area's population?

	Response	
	Total	**Percentage**
Yes	35	50.7%
No	10	14.5%
Don't Know	24	34.8%
Total	69	
Skipped	0	

If "No", please let us know why and which area your comment refers to

- "More and more houses are being built in the health board area and most GP surgeries and pharmacies are struggling to provide timely support to a growing population."
- "Pharmacy deliver service required as in England"
- "Accessing this service is difficult for people who do not have any public transport. It all looks good on paper but the reality on the ground is very different"
- "[Name of Location]"
- "Not everyone can drive to a pharmacy and as such, one dependent on public transport to access services. In rural areas within Hywel Dda this is much longer than 30 minutes"
- "Its a case of go around in a circle 1) can't get appointment at doctors 2) go to chemist can't help go to doctors 3) Phone 111 go to A&E 4) patients over 75 exhausted 5) we know in the UK what was going to happen birth rate 1945"
- "As question 4 - doesn't take into consideration working individuals who may need to access pharmacies out of 9-5 5 days a week. Is there a map identifying these locations."
- "We have a growing community and people are moving into the area/living longer, its a changing population (for the future)"

The majority of respondents said 'Yes' 35 responses (50.7%). Of the 10 respondents that did not feel that it did, 8 left comments which included the following themes; access, public transport, delivery service and population growth. The Health Board notes these comments and recognises the difficulty some people living in rural areas may have in accessing services in general. Delivery of medication does not form part of the contractual framework and is not an NHS service therefore the Health Board are unable to direct pharmacies to provide the service. Population growth and housing development have been included as part of the PNA, and pharmacies asked to identify if 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.

The Health Board is therefore satisfied that the PNA has reflects the needs to the population within Hywel Dda.

The following response was received from Community Pharmacy Wales (CPW);

Yes. The draft PNA identifies the principal health needs affecting the Hywel Dda population, including cancer, cardiovascular disease, diabetes, mental health, respiratory disease, sexual health, alcohol-related harm, obesity and smoking. These needs are supported by a broad range of demographic, prevalence and public health data. Chapter 7 then considers how pharmaceutical services contribute to meeting those identified needs and therefore provides the necessary link between general health need and pharmaceutical need. Taken together, the document provides a reasonable assessment of whether current pharmaceutical services are meeting the needs of the population and whether there are any current or future gaps in provision. However, there are some needs that could be met by additional pharmaceutical services. See Q10.

The comments made by CPW have been noted and an additional paragraph added to 1.5.4 Contractor Engagement to acknowledge that the health needs identified in Section 3 will be taken into consideration together with the contractor feedback.

Q5. 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?

	Response	
	Total	**Percentage**
Yes	18	26.9%
No	20	29.0%
Don't Know	29	42.0%
Total	67	
Skipped	2	

- "Pharmacy deliver service required as in England"
- "Retention of qualified pharmacists and dispensing GPs."
- "Can pharmacies do more to educate the public on how to treat/prevent common ailments before they get serious and need a doctor eg. hayfever, dry skin, colds, polyps, oesteoporosis, weight problems etc. How about a Look after Yourself monthly publication that is delivered to every home to educate people better on how to ook after their health before things deteriorate"
- "Out of Hours service for prescriptions is not adequate."
- "are all members of the public in the area offered delivery of medications if needed? Not everyone has neighbours or family close by."
- "Delivery of prescriptions to people with mobility issues"
- "Additional training and costs for Pharmacists to be able to prescribe and issue medicines like antibiotics. Why are so many Pharmacies struggling financially to survive?"
- "IF [Name of pharmacy] WON'T HELP OVER 65'S IT MEANS A TRIP INTO [Name of Location]"
- "Pharmacy are usually attached to surgeries and have the same hours therefore not accessible to all."
- "Greater co-operation (joined up service) between GP and pharmacy in terms of being able to access certain medications. There should be facility for the pharmacy to have access to the local health board 'hub' where patients' medical records are updated and in particular the have information re changes to meds - this is not always being checked my GPs which can cause chaos in my experience"
- "Financially reward them to keep open on Saturdays , which was withdrawn a few yrs ago"
- "See 5 above. Pharmacies and our practice are unable to take into account severe allergic reactions to medicines even though there is a clinical need."
- "I was told that a skin cancer treatment for which I had an NHS prescription was not available at my local chemist as they "weren't paid enough" and I was sent elsewhere"
- "Medical supply availability and opening times"

- "Public transport to services which I understand its not Hywel Dda's issue but it impacts on a lot of people who need to use it to access services"
- "chemist should monitor and report back to doctors, patients bringing bags of unwanted medicines. Don't just take the bag ask more."
- "Access after 5pm and Saturdays -Carers being able to access pharmacies in weekends *Communication between GP and Pharmacy with scripts not being delivered. *During waiting for scripts to be completed overheard conversation where they decided to decline to fulfil a residential home script which was urgent."

The majority of respondents said 'No' 20 responses (29%) or 'Don't Know' 29 responses (42%). There were several comments received which included the following themes; delivery, opening hours and medication availability. The Health Board notes these comments as addressed in the previous response and recognises the increasing national shortages of medication which can provide challenges to patients, pharmacies and the wider primary care sector.

The following response was received from Community Pharmacy Wales (CPW):

No. The draft PNA does not identify any gaps in pharmaceutical provision within the HDUHB area. However, CPW is concerned by the references in the Executive Summary, Section 10.6 and the Conclusion, which state that, within the Tywi Taf Cluster (2Ts):

…pharmacies report sufficient capacity to meet increased demand, indicating a need for additional opening hours, particularly at weekends, rather than an additional pharmacy.

CPW is not clear what is meant by this statement.

Section 10.2 (page 143) demonstrates that all residents within the Tywi Taf Cluster are able to access a pharmacy within the 30-minute maximum drive-time standard referred to in Section 5.1.1 (page 98). In addition, some people visit pharmacies outside the cluster and Health Board area, meaning that access by car is within 20 minutes for all residents. This demonstrates good geographical access to pharmaceutical services for people residing within the Tywi Taf Cluster, and it is unclear what evidence supports the conclusion that there is a need for additional opening hours.

CPW notes that several pharmacies (the narrative states two pharmacies, but the table indicates five) currently participate in a rota arrangement (page 145), which we understand is delivered through the nationally commissioned NHS Community Pharmacy Out-of-Hours Service. As no evidence of need for additional hours has been demonstrated, it may be assumed that the rota has been implemented to enhance patient convenience and choice outside normal opening hours and should not be interpreted as evidence of an unmet pharmaceutical need requiring additional provision should a pharmacy withdraw from the rota.

If the rota has been established specifically to address an identified need for additional weekday evening access, this should be clearly stated within the PNA and supported by appropriate evidence demonstrating the nature and extent of that need.

In any case, if evidence demonstrates a need for additional opening hours which cannot be met through a voluntarily commissioned out-of-hours service, there is a regulatory mechanism available to address this: the direction of opening hours by the Health Board. These mechanisms ensure that any identified need for extended opening hours can be met without requiring the establishment of an additional pharmacy.

CPW therefore considers that the wording in the draft PNA should be clarified to avoid any implication that a gap exists.

The points raised by CPW have been noted and the statement in the Executive Summary, Section 10.6 and the Conclusion has been reworded to provide clarification. The number of pharmacies providing rota in Section 10.2 has been updated to reflect the number of pharmacies listed in the table.

Q6. Has the draft pharmaceutical needs assessment provided information to support decisions i.e. decisions on applications for new pharmacies, relocations and range of services?

	Response	
	Total	**Percentage**
Yes	30	45.5%
No	7	10.6%
Don't Know	29	43.9%
Total	66	
Skipped	3	

- "i couldnt see that in the esdy read version"
- "Did not see mention of services such as a pharmacy if it has to close does the health board try to replace the facility?"
- "Not clear in your summary"
- "If the population increase then provision of pharmaceutical facilities will have to increase pro rata to provide an efficient"
- "was mentioned but no really how to be done. I would design a plan implement one at surgery and nearest chemist. Monitor for 2 months – then roll out after to proved to work"

The health board notes the high number of respondents who selected 'Don't know' and the feedback is noted. The additional section '5.4 Statutory Role of the PNA' explains the role of the PNA within the market entry system, determining applications for new pharmacy premises, relocations and provision for current and future population need. The Health Board is therefore satisfied that the PNA has provided sufficient information to support decisions within Hywel Dda.

The following response was received from Community Pharmacy Wales (CPW)

Not fully. Whilst the draft PNA provides a substantial amount of information on current pharmaceutical service provision, CPW is concerned that it does not provide sufficient information regarding controlled localities and dispensing doctor arrangements.

The PNA acknowledges that dispensing doctor provision depends upon patients residing within controlled localities and practices holding the relevant consent and premises approvals. However, it does not identify current controlled locality determinations, dispensing doctor outline consent areas, or provide controlled locality maps (or signposting to them). In a predominantly rural Health Board area where dispensing doctors form an important part of pharmaceutical service provision, this information is fundamental to a transparent and robust market entry system.

CPW draws the Health Board's attention to the non-statutory guidance accompanying the NHS (Pharmaceutical Services) (Wales) Regulations 2020, which states that PNAs should include information on dispensing doctor outline consent areas and suggests that controlled locality maps, or links to those maps, should be provided. The guidance also highlights the importance of maintaining accurate controlled locality boundaries, particularly where development or changing settlement patterns may affect previous determinations.

Earlier in 2026, CPW wrote to HDUHB requesting information and maps relating to controlled locality determinations. CPW has a ***statutory right*** *to inspect these maps under Paragraph 7 of Schedule 3 to the Regulations. It is therefore disappointing that no response has been received. In the absence of access to these maps, CPW cannot be assured that current controlled locality determinations remain accurate.*

CPW would therefore welcome greater transparency regarding current controlled locality determinations, the availability of supporting maps and whether any review of changes to boundaries, for example as a result of new housing developments, has been undertaken as part of the PNA evidence-gathering process is important. Without this information, there is no assurance that patients receiving pharmaceutical services from their doctor reside in properly determined controlled localities, nor is there a robust basis for determining applications for new pharmacy premises, relocations or dispensing doctor arrangements.

The health board acknowledges the PNA would benefit from the inclusion of controlled locality maps. While these are not currently available, consideration should be given to developing and publishing maps of controlled localities (and, where relevant, reserved locations) as part of future PNA updates. This would improve transparency and assist stakeholders in understanding the rural dispensing and market entry provisions that apply across the Health Board area.

Q7. Has the draft pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies?

	Response	
	Total	**Percentage**
Yes	30	46.2%
No	11	16.9%
Don't Know	24	36.9%
Total	65	
Skipped	4	

- "It suggests the nearest pharmacy is within your criteria - not if you have to use public transport!"
- "You've implied that there is scope for further provision, but this depends greatly on a number of factors including staffing and the ever increasing cost of provision. You're saying the right things but will you follow through?"
- "For members of the public it needs to be simpler language"
- "Not clear in your summary"
- "See 5 and 9 above regarding allergic reactions"
- "Does not specify if or when extra pharmacies will be available"
- "lots of words on paper where is proof of it working in practice"

The feedback received has been noted and the high number of respondents who selected 'Don't know' noted.

The following response was received from Community Pharmacy Wales (CPW);

The draft Pharmaceutical Needs Assessment provides a reasonable level of information to inform future pharmaceutical service provision and planning. It has considered pharmacy contractors' ability to increase capacity in response to rising demand, drawing on evidence from the contractor questionnaire, and has also taken account of wider factors such as planned housing developments and anticipated population changes. This helps to build a forward-looking picture of potential service need.

However, the conclusions regarding capacity should be viewed in the context of the current financial pressures facing the sector. Any suggestion of available or scalable capacity is heavily dependent on the availability of sustainable funding and an adequate workforce. In practice, there is clear evidence across the network that financial pressures are affecting service delivery. For some contractors, ongoing funding constraints are now affecting viability, with a small but growing number reaching a point where the sustainability of their businesses is in question. As such, while the PNA provides a useful evidence base for planning, the extent to which any identified capacity can be realised will depend on meaningful and sustained investment alongside contractual support. CPW would welcome the Health Board's support in recognising that the assumptions underpinning the PNA's conclusions depend on sustainable recurrent funding and sufficient workforce capacity.

The points raised by CPW have been noted.

Q8. Are there any pharmaceutical services that could be provided in the community pharmacy setting that have not been highlighted?

	Response	
	Total	**Percentage**
Yes	16	23.9%
No	16	23.9%
Don't Know	35	52.2%
Total	67	
Skipped	2	

- “weight loss management service would be useful.”
- “Pharmacy deliver service required as in England”
- “Home delivery of medication to older patirnts”
- “Double checking prescriptions for contra indications and interactions when new drugs are prescribed. This is rarely done in the surgery by the GP's or consultants at the hopsital and can have life threatening consequences.”
- “See my answer to Question7”
- “It would be very helpful if each pharmacy had a list for members of the public to pick up and keep so we know what services are available at our local pharmacy.”
- “Saturday opening … Morning”
- “In our doctors it constantly runs an advert telling us our first line of call, home first, next pharmacist can proscribe antibiotics etc - our pharmacist seems to be a rolling pharmacist or if we are lucky to have one they can’t proscribe anything only a doctor? So what is the point of an advert. We were repeatedly told pharmacists but this doesn’t seem to be the case.”
- “WHY CAN ONE PHARMACY PRESCRIBE ANTIBIOTICS AND ANOTHER CANNOT”
- “Blood pressure checks should be available - how can it be tight to expect eg an elderly patient to buy and use a bp machine to do own reading especially when that patient may eg have a sight impairment issue”
- “Mwy o lawer o fferyllwyr sy’n medru prescreibio yng [Enw lleoliad]”
- “As 5, 9 and 12 above”
- “See Q7”
- “Blood pressure/sugar test/urine test. When patient given added or new pills, ask person if they would like pills explained. Children's minor cuts/grazes etc could be done in chemist so are taken to A&E for this?”
- “Returning unused medication”

The health board notes and comments received, and the majority of respondents said ‘Don’t Know’ 35 responses (52.2%). Many of the comments have been addressed in previous responses.

The Discharge Medicine Review Service is available in all Community Pharmacies across Hywel Dda and is detailed in the PNA.

The Health Board acknowledges that services are provided based on the availability of an accredited pharmacist and their scope of practice in relation to Pharmacy Independent Prescribing Services.

A pilot Blood Pressure Service was undertaken during the lifetime of the previous PNA and the evaluation deemed the service ineffective however other avenues are being explored.

The following response was received from Community Pharmacy Wales (CPW);

Yes. Chapter 3 identifies a number of significant health needs within the Hywel Dda population that could potentially be addressed through community pharmacy-based pharmaceutical services. For example, Section 3.2 (page 51) highlights the burden of cardiovascular disease (CVD), noting that 7% of hospital admissions in Wales are attributable to CVD, including hypertension and atrial fibrillation, and that many people

remain undiagnosed with hypertension. Community pharmacy-led case-finding services could support earlier identification and intervention. Similarly, Section 3.8 (page 69) highlights the growing prevalence of obesity among adults in Wales, an area where pharmacy-based weight management services could make a meaningful contribution.

The health needs assessment therefore points to several opportunities for the development of additional community pharmacy services. However, the delivery of services such as hypertension case finding, weight management and other clinically focused interventions ***would require significant additional investment beyond the current Community Pharmacy Contractual Framework (CPCF).*** *It is suggested that the Health Board considers these identified health needs in greater detail, develops services in line with Community Pharmacy by Design principles, and secures appropriate recurrent funding to support their sustainable delivery through the community pharmacy network.*

In Section 1.5.4 (page 16), pharmacy contractors have identified a need for the existing All-Wales NHS Community Pharmacy Inhaler Review Service, which aims to improve patient outcomes, reduce medicines waste and support prudent, environmentally sustainable prescribing. Section 3.5 (page 58) highlights that respiratory disease continues to place a significant burden on NHS Wales, with one in twelve people affected by a respiratory condition. Common conditions include chronic obstructive pulmonary disease (COPD), asthma and pneumoconiosis, many of which are managed with inhalers. Patients with these conditions could therefore benefit from access to this established service through community pharmacy.

The points raised by CPW have been noted.

Q9. Do you agree with the conclusions of the pharmaceutical needs assessment?

		Response
	Total	**Percentage**
Yes	36	54.5%
No	10	15.2%
Don't Know	20	30.3%
Total	66	
Skipped	3	

- "i dont agree the statement that the gp service provides enough coverage as its very difficult to get hold of them to change or review or add anything to your prescription as you need an appointment which is almost impossible in [name of location] so maybe the community pharmacy could add this on as a service ie you ask the community pharmacy to liasie with the gp on your behalf"
- "Pharmacy deliver service required as in England as too far away"
- "This is not covered"
- "It asserts that most people can walk or get public transport to a pharmacy but this is not true given the current public transport options and the distance people have to go where I live. The more rural coastal areas are not well served."
- "MOST OF THE RESIDENTS OF [name of location] ARE OVER 65"

- "Eider provisions should be offered to include free delivery of meds to patients who are not on a bus route and have to rely on others to collect them from the pharmacy or to pay hefty charges for home delivery. People living in rural areas have a raw deal in terms of the service they receive - no public transport, high council tax charges etc"
- "Access to services are based on 30 mins or less to pharmacy by car only. Does not take into account access to services by public transport (WIMD)"
- "Very vague. Your conclusions only reflect the information cover by people who filled in the survey. People who have not are not represented thus giving a skewed perspective."

The health board notes the comments received and the comments have been addressed in previous responses.

The following response was received from Community Pharmacy Wales (CPW);

CPW agrees that current provision is sufficient to meet identified pharmaceutical need. In Section 15.3.1.3, the phrase "pharmacies in the cluster report sufficient capacity to meet increased demand, indicating a need for additional opening hours, particularly at weekends, rather than an additional pharmacy" is used. As highlighted in Q7, this requires clarification and rewording to ensure it is clear that no gap has been identified.

Sections 15.3.2 and 15.3.3 conclude that there is currently sufficient provision of pharmaceutical services to meet the likely needs of residents in the cluster. The PNA then states that the Health Board will work with pharmacy contractors to improve the availability of additional services. CPW supports contractor engagement in clinical services however, the conclusion of a PNA should be limited to clearly identified pharmaceutical needs, rather than wider service development intentions.

The points raised by CPW have been noted and sections 15.3.2 and 15.3.3 updated.

Q10. Do you have any other comments on the draft pharmaceutical needs assessment?

	Response	
	Total	**Percentage**
Yes	11	17.5%
No	52	82.5%
Total	63	
Skipped	6	

- "Pharmacy deliver service required as in England"
- "Need is based on current life expectancy, and increase in housing in the area. It doesn't mention immigration into the area or birth rate. Life expectancy in particular may fall due to the impact of covid and long term health changes and obesity with an increase in cancer cases, and other obesity related illnesses. The statistical modelling was somewhat simplistic. Since covid there has been an increase in the number of people moving into rural areas."

- "I found the questions bizarre as they questioned the assessment carried out by planners in these areas. One would hope that they have far more details than an ordinary member of the public. Hence, I can not judge if anything has been forgotten, ignored or inadequately done."
- "Some times an ill person has to rely on a family member(s) for support e.g. home care. Some people needing care may NOT have family support. If the Pharmacist identifies this issue is it then flagged to the GP Practice or the Health Board?"
- "Is there a public contact option between reviews where if things go wrong with the local pharmacy the local public know who to get in contact with. I know our local community seem to be a bit disgruntled and not sure where to go. Which is why I am trying my best to fill out this form."

Patient support services in Hywel Dda receive patient feedback and complaints. They can be contacted via phone, email, online via the website or freepost.

- "There is only one pharmacist in attendance, this makes it difficult for other part to work in dispensing prescription etc . Diolch"
- "I have a English questionnaire but no English notes only Welsh in this info pack making it difficult as I do not speak Welsh"
- "We need enough pharmacies to be able to cope with the needs of the population without long delays in accessing needs."
- "Waste! Waste! Waste! it has already been reported on TV 20 million pounds that is the tip of the iceburg. 1) over prescribed 2) mix ups between surgery and chemist with prescriptions 3) paracetamol should not be given free 4) doctors and chemist should reassess medication every 3 months"
- "I know that you have to conduct such a review however this it the most useless questionnaire that I have had the nightmare to complete. It is of no value whatsoever to the service users. Please excuse poor writing - arthritis in hands"
- "Would appreciate knowing more about it"

Several respondents questioned whether the assessment had fully considered future demand for pharmacy services. Comments highlighted population growth, new housing developments, migration into rural areas, birth rates, rising obesity rates, and increasing prevalence of chronic conditions as factors that may affect future need. These have all been addressed within the PNA.

The following response was received from Community Pharmacy Wales (CPW);

When provided by dispensing doctors, NHS services such as MAR charts, Just-in-Case medicines and sharps disposal are not classed as pharmaceutical services for the purposes of the PNA and should be included in Chapter 6, Other NHS Services. Page 9 of the Non-Statutory Guidance states:

Dispensing doctors also provide a level of pharmaceutical services. However, only the provision of those services set out in terms of service in Schedule 7 of the 2020 Regulations fall within the legal definition of pharmaceutical services. LHBs should note, therefore, that reviews of compliance and concordance under the Dispensary Services Quality Scheme are outside the definition of pharmaceutical services. In addition other services provided by dispensing doctors which may also be provided by pharmacies, for example smoking

cessation and the provision of emergency hormonal contraception (EHC) also fall outside the definition of pharmaceutical services.

There are a couple of inconsistencies in the draft PNA that should be addressed for clarity and accuracy:

Number of Dispensing GP practices: Page 195 refers to "5 GP practices" regarding dispensing, whereas the main body of the document consistently states there are 4 dispensing GP practices operating across 5 sites. For consistency, the reference on page 195 should be amended to "4 dispensing GP practices (across 5 sites)" to match the rest of the document.

Map Labelling: Map 13.2.1 on page 174 is labelled as "North Pembrokeshire Cluster," but it appears within Section 13, which covers the "North Ceredigion Cluster." The map label should be corrected to "North Ceredigion Cluster" to accurately reflect the section content.

The MAR chart service and Return of Patient Sharps have been added to the list in *'6. Other NHS Services',* the Just in Case Service and Urgent Medication Service are already included in the list.

The number of dispensing GP practices has been amended (4 GP practices across 5 sites) and the map labelling of Map 13.2.1 corrected to North Ceredigion cluster.

Q11. Do you have any other comments you wish to make on pharmaceutical services in Hywel Dda UHB?

34 comments were left to this question, many stated "No". The remaining have been categorised into positive, negative, and general comments as follows;

Positive

- "our pharmacies in [Name of Location] are exceptional and highly efficient unlike the gp services at [Name of Location]
- "In [Name of Location] we have two excellent pharmacies with lovely staff and expertise. Also text message service for repeat prescriptions
- "Fortunate to access a very good pharmacy in [Name of Location] which provides all my prescription and excellent advice when required"
- "Excellent service"
- "They are brilliant, I have used the independent prescriber service a few times, so good, professional and helpful."
- "[Name and Location of Pharmacy] perfect"
- "Our pharmacy is extremely good and helpful. Very satisfied with [Name of Pharmacy]"
- "My local pharmacy attached to [Name of GP Surgery], I can only praise them"
- "Very happy with local pharmacy"

Negative

- "They are very good - except for safety checking new medications, I have had five bad side effects from drugs prescribed this year, that should have been picked up by GP/consultant or pharmacist.
- "No provision for allergic reactions to excipients. This system does not work for all."

- "We have had to jump through many hoops to access meds and have even had to travel over 100 miles(round trip) to Singleton to obtain meds as none were available and nearer to home."
- "I'm obviously not up to speed with all this But I think we all need better access to more health care. The walk in common ailments scheme has helped but I wonder if there is room within its framework to expand services offered. I need a medication review but I have been unable to get one for some time now. Part of that includes my mental health condition, not something the common ailments scheme covers, but maybe it could???"
- "People who work 9-5 weekdays are poorly served by local pharmacies which close for lunch and then close early. The could stay open even if not dispensing, to prepare prescriptions and provide other services. There are too few staff at most pharmacies so they do not have any time to spend on keeping the shop aspect stocked, clean and tidy, thus missing out on retail opportunities they need."

General comments

- "Pharmacy deliver service required as in England"
- "Yes home delivery of repeat patients prescriptions to older patients"
- "My main concern is for people to have medications delivered from a pharmacy if they need to. Some people may be close to local services but when poorly can not get to the store to collect. Any provison made for this ?"
- "The constant lack of qualified permanent pharmacists and issues with medication availability is something that has to be addressed on a national level and as an organisation you cannot make promises about future provision until the issue is solved."
- "I think all pharmacies should have quality control of their services relevant to the public. E.g. I have on several occasions been to the pharmacy to pick up medications; not all of them were given to me at that one visit because the medications have been in 2 packs but this fact was not picked up by the person handing out the medications. This meant a return visit (with the waiting time envolved to be served) for me. As I said that happened on several occasions; but as this kind of thing is not recorded (despite being of great inconvenience to me as I am caring for my partner with dementia) I doubt that is acknowledged or picked up. Second, there is no mention of services for people with dementia. My pharmacy no longer issues repeat prescription green forms. Instead, I have to ring each time when I need a repeat prescription with the different items and that is also true for my partner. As we both, unfortunately, have several different medications prescribed, this has lead to missing out some items (on my part or that of the pharmacy) and the whole process starts again. This is very wasteful in regard to time, for everyone involved. A clear policy of green repeat prescription forms which can simply be handed in or even posted would save so much time !!!"
- "Seats to sit down for people waiting"
- only 451 responses from 389,160 popultation"
- "I believe this service should be available at weekends. Occasionally if one has to see an emergency dr and obtain a prescription there are no pharmacies open."
- "Funding in pharmacy in general has dropped in the last 10 years when talking inflation and this needs to be taken into account, as if pharmacies are not reimbursed the ability to provide more services in future will be limited due to potential staff numbers and pharmacists potentially being overwhelmed to keep up with service demand."
- "requirement to adhere with data protection requirements as discussion often overheard on individuals illnesses"

- "Delays in getting prescriptions from surgeries to the pharmacy are worrying for the patient. Times vary from 2 days to fourteen. This is confusing and can lead to patients running out of medication."
- "I have a monthly prescription order until I realised that I had to inform the pharmacy about waste and over ordering. There was considerable wastage of medication. When I informed the pharmacy that the medication was not required, I was told to keep it even though I could never have used it all up before the end date. I am never asked if everything is required in that month. Now I realise that I have to check in advance, because the wastage was heart-breaking and not just once"
- "I'm very lucky to have a pharmacy with in a mile from me. However… They still use a fax machine to communicate with the doctors which they barely have on. Trying to get my medication on time which is for a serious condition is like getting blood from a stone. The pharmacist and GPs do not seem to communicate at all. The shop is really small with 3 seats to sit on, you can't get a wheel chair or mobility scooter in and out so not disability friendly. The GP receptionist will not take medication prescription requests even if another service within the NHS has ordered it. So you end up taking an appointment just to get that medication which has been prescribed but missed. But the staff on both sides are really lovely, pharmacy staff come and go because they are working for a big company who doesn't care about them or us as a community. We need the pharmacy so if we comment negatively in a Facebook group we are shutdown by old village members. The GP's and most of the receptionist are lovely and just trying their best with limited appointments. I believe the people doing the jobs genuinely do them because they want to help the community and love the community."

CPW conclusions;

CPW acknowledges HDUHB's production of a comprehensive Pharmaceutical Needs Assessment and agrees that current provision is sufficient to meet identified pharmaceutical need.

CPW recommends that the final PNA clarifies ambiguous wording on additional opening hours and includes or signposts to controlled locality information and supporting maps. CPW also asks the Health Board to recognise that future service development and any assumptions about available capacity depend on sustainable recurrent funding and sufficient workforce capacity.

The recommendations from CPW have been noted and ambiguous wording on additional opening hours has been clarified in the relevant sections of the PNA as detailed in previous responses.

Easy read responses

Q1. Do you know why we've written this document?

		Response
	Total	**Percentage**
Yes	8	66.7%
No	2	16.7%
Don't Know	2	16.7%
Total	12	
Skipped	0	

Why do you say this?

- "To ensure pharmaceutical services can meet the needs of the population."
- "Because I don't, I am assuming it's because the 5 years suggests that things need to be looked at for say ageing communities"
- "Your explanation is rubbish"
- "To find out exactly what works for our community regarding the services offered
- "As I have read the information on social media and seen further information on the news (TV) regarding pharmacies and the services they can offer."
- "To see how pharmacies are viewed in practice"
- "Lmk"
- "To evaluate existing pharmacy provision for Hywel Dda Health Board and identify potential gaps and issues."
- "I understand the need for public awareness of pharmacy services and seek their opinions to enable gaps in the service to be addressed. It is also essential to be informed and aware of any changes that may be needed in the future."
- "Because I read your consultation"
- "to assess needs & plan for pharmacies in Carmarthenshire, take note of consumer views and needs"
- "Possibly to prepare for the future and confirm what has passed."

The Health Board was pleased to note 8 respondents (66.7%) selected 'yes'. The comments received were noted.

Q2. After reading the Easy Read consultation document do you now know what is available from our pharmacies?

	Response	
	Total	**Percentage**
Yes	10	83.3%
No	1	8.3%
Don't Know	1	8.3%
Total	12	
Skipped	0	

If "No", please tell us what we need to make clearer.

- "If it's got anything to do with [Name of Pharmacy] services in [Name of Location] it's shocking and needs closing they treat people like rubbish"

The Health Board was pleased to note 10 respondents (83.3%) selected 'yes'. The comment received was noted.

Q3. Is there anything that pharmacies in our area do that isn't in this document?

	Response	
	Total	**Percentage**
Yes	2	16.7%
No	3	25.0%
Don't Know	7	58.3%
Total	12	
Skipped	0	

If "Yes", please tell us what this is.

- They have a delivery service for people who are unable to get to the pharmacy.
- A Menopause clinic including a drop in question & answer availability.

Even though most respondents selected 'Don't know' it can be difficult for respondents to know what is not included without an in-depth knowledge. Delivery Services are not provided by the Health Board but provided privately and therefore not included in the PNA. The menopause clinic was available via a time-limited cluster project and therefore not included in the PNA.

Q4. Is there anything you think our pharmacies could help with that isn't in this document?

	Response	
	Total	**Percentage**
Yes	4	33.3%
No	3	25.0%
Don't Know	5	41.7%
Total	12	
Skipped	0	

- "Pharmacist are highly qualified medical personnel and should be available to patients more freely & frequently. For instance a yearly checkup of over 60s /blood pressure/ bloods for shall we say diabetes/ weight/ height. Stool samples. Etc etc. if this was offered by a pharmacist per year I think that would be an amazing help to doctor surgery & hospitals."

A pilot Blood Pressure Service was undertaken during the lifetime of the previous PNA and the evaluation deemed the service ineffective however other avenues are being explored.

- "Weight loss"

A weight loss service is available via specialist services within the health board and is often offered as a private service within community pharmacies and therefore not included in the PNA.

- "It is not always easy for people to get to a pharmacy, even though they are situated in the locality. Caring responsibilities, mobility, time constraints etc. It would be helpful if they had a 'contact by phone or email service' to obtain information on prescriptions and/or healthcare advice."

Most pharmacies are contactable by phone and prescriptions ordered via the NHS Wales app provide updates on the status of a prescription.

- "Ear wax removal"

Ear wax removal is a service currently available in the community via another health board department.

Q5. Do you think we're right about the gaps in what is available at our pharmacies?

		Response
	Total	**Percentage**
Yes	6	50.0%
No	3	25.0%
Don't Know	3	25.0%
Total	12	
Skipped	0	

If "No", please let us know why.

- "As above I have already explained as in the above"
- "Pharmacies and their staff already work hard to provide an excellent service."
- "See the above answer. There are many reasons people are tied to the house, you have not mentioned this or how it could be addressed"

The health board notes the comments received.

Q6. Is there anything else you would like to say about our pharmacies?

		Response
	Total	**Percentage**
Yes	6	54.5%
No	5	45.5%
Total	11	
Skipped	1	

If "Yes", please tell us in the box below.

- "It would be useful if they opened on a weekend, even it was for reduced hours."
- "I live in [Name of Location] pharmacies close around 6 p.m. they should be open later plus Sundays"
- "ALL PHARMACEUTICALS IN [Name of Location] ARE SHOCKINGLY CRAP"
- "They are good at bridging the gap between the GP surgery and the patient, especially when GP appointments are so difficult to access."
- "I have visited my local pharmacy for health advice in the past and asked to speak with a pharmacist. I was treated badly, made to feel a nuisance and went

away feeling I would never ask again. I would like to say that, although the service is made available, a bad attitude is very off-putting and can lead to people not getting the help they need. Pharmacies being there and open is not enough, the right staff is very important."

- "Always find staff very helpful"

The health board notes the comments made.

Summary conclusions

The Hywel Dda University Health Board notes 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. Whilst some important matters are outside of the PNA, Hywel Dda University Health Board has restricted its considerations to matters pursuant to the PNA. Hywel Dda University Health Board would like to thank those who completed the online questionnaire and CPW for the comprehensive assessment provided directly to the health board.

Amendments

The following amendments have been made to the PNA:

- Wording within **Executive Summary** changed to provide clarity, 'Most pharmacies report sufficient capacity to meet increased demand *over the next five years*'.
- *'Seasonal Influenza (Flu) Vaccination Service'* has been added to the list of Clinical Services in **1.3.1 Pharmaceutical services provided by pharmacy contractors**
- The list of additional services has been updated to reflect the current list of additional services commissioned by Hywel Dda University Health Board in **1.3.1 Pharmaceutical services provided by pharmacy contractors**
- The wording, *'In addition, the health needs identified within Section 3 will be utilised to direct the development of future pharmaceutical services which could be provided in a Community Pharmacy setti*ng' have been added to **1.5.4 Contractor engagement** for clarification.
- The wording, *'Controlled locality maps are not currently available for inclusion within this PNA. The Health Board recognises the value or spatially presenting controlled locality boundaries to support the understanding of the pharmaceutical services market entry framework and dispensing practice arrangements. The development and publication of controlled locality maps will therefore be considered as part of future PNA reviews and updates'*, has been added for clarity to **5.1 Current provision within Hywel Dda University Health Board area**
- For clarity, **5.4 Statutory Role of the Pharmaceutical Needs Assessment (PNA)** and following wording have been added, *'The Pharmaceutical Needs Assessment (PNA) is a statutory requirement under the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020. In addition to informing service planning and commissioning, the PNA performs a formal*

regulatory function within the market entry system. Local Health Boards must have regard to the pharmaceutical needs identified in the PNA when determining applications for new pharmacy premises and certain relocation applications. The PNA therefore provides the statutory evidence base that underpins market entry decisions and helps ensure that changes to pharmaceutical service provision are aligned with identified current and future population need.'

- The information in '**6 Other NHS services'** has been updated to include and provide further details on **'6.13 Medicines Administration Review Service'** and **'6.14 Return of Patient Sharps Service'.**
- **10.2 Current provision of pharmaceutical services within the cluster** corrected to 'five pharmacies in the Tywi Taf cluster currently provide a rota service which supports additional opening hours.'
- Wording within **10.6.1 Pharmacy services** changed to provide clarity, 'Most pharmacies report sufficient capacity to meet increased demand *over the next five years*'.
- **Map 13.2.1** title corrected to *'North Ceredigion Cluster'*
- Wording within **15.3.1.3 Opening hours of pharmacies & GP dispensaries** changed to provide clarity 'Most pharmacies report sufficient capacity to meet increased demand *over the next five years*.'
- Wording within **15.3.2 Current access to clinical services** changed to provide clarity *'It is concluded that there is sufficient provision of clinical services to meet the needs of residents in the Health Board area and the Health Board will continue to work with pharmacy contractors to maintain service levels and increase service provision when possible'*
- Wording removed from **15.3.2 Current access to clinical services** conclusion, *'however the health board will work with pharmacy contractors to improve the availability of Pharmacy Independent Prescribing Services'.*
- Wording within **15.3.3 Current access to additional services** changed to provide clarity, *'It is concluded that there is sufficient provision of clinical services to meet the needs of residents in the Health Board area and the Health Board will continue to work with pharmacy contractors to maintain service levels and increase service provision when possible'.*
- Wording removed from **15.3.3 Current access to additional services** conclusion *'however the health board will work with pharmacy contractors to improve the availability of additional services'.*
- Figures updated within **15.3.4 Current access to the GP dispensing** service to correctly reflect *'4 dispensing GP practices across 5 sites'.*