Date	**2026-08-20**
Time	**09:30 - 12:30**
Location	**Microsoft Teams Meeting**

Virtual Strategy and Planning Committee

Strategy and Planning Committee

NHS Wales

Agenda - 20 August 2026

1 Governance and Risk

09:30, 0 min

1.1 Welcome and Apologies

09:30, 0 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

1.2 Declarations of Interests

09:30, 0 min
All

1.3 Minutes from the Strategy and Planning Committee meeting on 25 June 2026

09:30, 0 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

1.4 Table of Actions the Strategy and Planning Committee meeting on 25 June 2026

09:30, 5 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

1.5 Matters Arising

09:35, 0 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

1.6 Committee Self-Assessment 6 Month Update

09:35, 10 min
Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

2 Population Health, Primary and Community

09:45, 0 min

2.1 Planning Goal 3: ‘20Four7’ population health

09:45, 15 min
Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Bruce Bolam (Hywel

Dda UHB - Deputy Director Public Health/Consultant in Public Health), Glenna Jones (Hywel Dda UHB - Head of Nursing)

2.2 **Vaccination Programme for Prevention and Response Plan - Progress Update, Key Priorities and Delivery Plan**

10:00, 15 min
Bethan Lewis (Hywel Dda UHB - Assistant Director of Public Health Strategic Business and Operations), Glenna Jones (Hywel Dda UHB - Head of Nursing)

2.3 **Wellbeing of Future Generations Annual Report 2025-2026**

10:15, 10 min
Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health), Sara Rees (Hywel Dda UHB - Senior Public Health Practitioner)

2.4 **DEFERRED: Climate Mitigation and Adaption**

10:25, 10 min

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3 **Capital and Estates**

10:35, 0 min

3.1 **Capital Programme Update**

10:35, 10 min
Shaun Ayres (Hywel Dda UHB - Director of Delivery), Eldeg Rosser (Head of Capital Planning)

BREAK

10:45, 10 min

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4 **Strategy, Planning and Partnerships**

10:55, 0 min

4.1 **Annual Plan Progress Report**

10:55, 10 min
Shaun Ayres (Hywel Dda UHB - Director of Delivery)

4.2 **Transport and Accessibility Plan**

11:05, 10 min
Shaun Ayres (Hywel Dda UHB - Director of Delivery), Paul Williams (Hywel Dda UHB -

Assistant Director Of Strategic Planning), Gareth Skye (Hywel Dda UHB - Business & Governance Manager), Ceri Rees (Hywel Dda UHB - Transport Development Manager)

4.3 A Healthier Mid and West Wales Strategy Update

11:15, 15 min
Paul Williams (Hywel Dda UHB - Assistant Director Of Strategic Planning), Nathan Davies (Hywel Dda UHB - Senior Project Manager), Alexander Martin (Hywel Dda UHB - Principal Programme Manager)

4.4 Planning Goal 8: Fit for purpose, modern facilities and services

11:30, 10 min
Paul Williams (Hywel Dda UHB - Assistant Director Of Strategic Planning), Helen Morgan-Howard (Hywel Dda UHB - Head of Transformation Programme Office), Alexander Martin (Hywel Dda UHB - Principal Programme Manager), Yvette Pellegrotti (Hywel Dda UHB - Principal Programme Manager), Ben Rogers (Hywel Dda UHB - Principal Programme Manager Transformation)

4.5 Pharmaceutical Needs Assessment

11:40, 10 min
Rhian Bond (Hywel Dda UHB - Assistant Director of Primary Care)

4.6 Strategic Commissioning Report: Bi-annual update

11:50, 10 min
Shaun Ayres (Hywel Dda UHB - Director of Delivery), Anne Simpson (Hywel Dda UHB - Head of Strategic Commissioning)

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5 Risk & Assurance

12:00, 0 min

5.1 Assurance and Risk Report

12:00, 10 min
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Huw Thomas (Hywel Dda UHB - Director of Finance), Shaun Ayres (Hywel Dda UHB - Director of Delivery)

5.2 Targeted Intervention Update

12:10, 10 min
Shaun Ayres (Hywel Dda UHB - Director of Delivery)

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6 For Information

12:20, 0 min

6.1 Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Reports

12:20, 0 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

6.2 Mid Wales Joint Committee Update

12:20, 0 min
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Keith Jones (Hywel Dda UHB - Director of Operational Planning & Performance), Nia Williams (Hywel Dda Health Board - Programme Manager)

6.3 Strategy & Planning Committee Workplan 2026-27

12:20, 0 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

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7 Issues for Board/Committees

12:20, 5 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

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8 Any Other Business

12:25, 5 min
Winston Weir (Hywel Dda UHB - Independent Board Member)

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9 Date and Time of Next Meeting

12:30, 0 min

9.1 Monday 2 November 2026, 2026, 09:30 - 12:30, HDD Picton - Dolau Cothi & MS Teams

12:30, 0 min

Table of contents

2026-08-20 09:30 - 12:30

1 - Governance and Risk 10

1.1 - Welcome and Apologies 11

1.2 - Declarations of Interests 12

1.3 - Minutes from the Strategy and Planning Committee meeting on 25 June 2026 13

Attachments

1.3 2026-06-25 - Strategy and Planning Committee - Minutes 14

1.4 - Table of Actions the Strategy and Planning Committee meeting on 25 June 2026 32

Attachments

1.4 SPC ToA August 2026 33

1.5 - Matters Arising 35

1.6 - Committee Self-Assessment 6 Month Update 36

Attachments

1.6 SPC Self Assessment 6 Month Update 37

2 - Population Health, Primary and Community 42

2.1 - Planning Goal 3: ‘20Four7’ population health 43

Attachments

2.1 SPC SBAR 20four7 update Aug 2026 final copy 44

2.2 - Vaccination Programme for Prevention and Response Plan - Progress Update, Key Priorities and Delivery Plan 50

Attachments

2.2 SPC SBAR Autumn Respiratory Vaccination Programme 2026_27 51

2.3 - Wellbeing of Future Generations Annual Report 2025-2026 60

Attachments

2.3.1 WFGA Annual Report 2025-26 - SPC SBAR for 20.08.2026_ 61

2.3.2 WFGA Annual Report 2025-26 66

2.4 - DEFERRED: Climate Mitigation and Adaption 88

3 - Capital and Estates 89

3.1 - Capital Programme Update 90

Attachments

3.1.1 Capital Programme Update 26-27 91

3.1.2 Annex 1 - Sealing schedule SPC Aug 26 104

3.1.3 Annex 2 - CSC Update (3As) Report. July 26 105

4 - Strategy, Planning and Partnerships 109

4.1 - Annual Plan Progress Report 110

Attachments

4.1.1 SPC Annual Plan Update August 2026 - Final 111

4.1.2 App 1 Jacqueline Totterdell Letter to Phil Kloer - Hywel Dda Annual Plan Update 121

4.2 - Transport and Accessibility Plan 123

Attachments

4.2.1 2026.08.10 SBAR Transport _ Accessibility Plan 124

4.2.2 2026.08.10 Transport _ Accessibility Plan 131

4.3 - A Healthier Mid and West Wales Strategy Update 182

Attachments

4.3 SPC SBAR - AHMWW Update - Aug 2026 183

4.4 - Planning Goal 8: Fit for purpose, modern facilities and services 187

Attachments

4.4.1 PG8 Fit for purpose, modern facilities and services 188

4.4.2 Planning Objective 8 Highlight Report Aug 26 Draft v0.1 195

4.5 - Pharmaceutical Needs Assessment 197

Attachments

4.5.1 SPC SBAR PNA Update July2026 FINAL 198

4.5.2 HDdUHB - PNA October 2026 Final 203

4.6 - Strategic Commissioning Report: Bi-annual update 518

Attachments

4.6 SPC - Aug 2026 Commissioning Update 519

5 - Risk & Assurance 531

5.1 - Assurance and Risk Report 532

Attachments

5.1.1 SPC CRR Assurance and Risk Report August 2026 FINAL 533

5.1.2 Appendix 1 - Strategy _ Planning Corporate Risk Register 547

5.1.3 Appendix 2 - Overdue Audit _ Inspection Recommendations aligned to SPC 559

5.2 - Targeted Intervention Update 562

Attachments

5.2 SPC Targeted Intervention Update 563

6 - For Information 576

6.1 - Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Reports 577

Attachments

6.1 2.2.2 PPF Highlight Report 02 July 2026 vFinal 578

6.2 - Mid Wales Joint Committee Update 584

Attachments

6.2.1 SPC SBAR MWJC Priorities and Delivery Plan 202627 July 26 draft v2 30~ 585

6.2.2 SPC Appdx A MWJC Priorities and Delivery Plan 2026-27 July 26 v3 3007~ 593

6.3 - Strategy & Planning Committee Workplan 2026-27 612

Attachments

6.3 SPC Work Programme 2026-27 v0.1 613

7 - Issues for Board/Committees 626

8 - Any Other Business 627

9 - Date and Time of Next Meeting 628

9.1 - Monday 2 November 2026, 2026, 09:30 - 12:30, HDD Picton - Dolau Cothi & MS Teams 629

1

09:30, 0 Mins

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1 - Governance and Risk

1.1

09:30, 0 Mins

1.1 - Welcome and Apologies

Winston Weir (Hywel Dda UHB - Independent Board Member)

Eleanor Marks
Lee Davies
Huw Thomas

1.2 **09:30, 0 Mins**

1.2 - Declarations of Interests ***All***

hduhb.nhs.wales/about-us/governance-arrangements/register-of-interests-gifts-sponsorship-and-hospit…

1.3

09:30, 0 Mins

1.3 - Minutes from the Strategy and Planning Committee meeting on 25 June 2026

Winston Weir (Hywel Dda UHB - Independent Board Member)

For approval

Attachments

1.3 2026-06-25 - Strategy and Planning Committee - Minutes.pdf

MINUTES OF THE HDD STRATEGY AND PLANNING COMMITTEE MEETING

Date of Meeting: **09:30, Thursday 25 June 2026**
Venue: **Microsoft Teams Meeting; HDD Picton - Dolau Cothi**

Present:
Mr Winston Weir, Independent Member/ Chair
Mr Maynard Davies, Independent Member/ Vice Chair
Mr Michael Imperato, Independent Member
Mrs Eleanor Marks, Independent Member/ HDUHB Vice Chair
Mr Neil Prior, Independent Member

In Attendance:
Mr Lee Davies, Executive Director of Strategy and Planning
Mr Keith Jones, Director of Operational Planning & Performance deputising for Mr Andrew Carruthers, Chief Operating Officer
Mr Huw Thomas, Director of Finance
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
Ms Alwena Hughes Moakes, Communications and Engagement Director
Dr Bruce Bolam, Deputy Director Public Health, deputising for Dr Ardiana Gjini, Executive Director of Public Health
Mr Shaun Ayres Director of Delivery
Mrs Helen Mitchell, Committee Services Officer (Minutes)
Ms Urvisha Perez, Audit Lead, Audit Wales: Observing

Items SPC(26)58, SPC(26)69, SPC(26)71
Mr Shaun Ayres, Director of Delivery

Item SPC(26)60
Dr Mark Henwood, Executive Medical Director
Dr Leighton Phillips, Director Research, Innovation and Value
Mr Simon Mansfield, Head of Value Based Healthcare

Item SPC(26)62
Ms Sarah Bolton, Head of Primary Care Transformation

Item SPC(26)63
Ms Anna Swinfield, Head of GMS

Item SPC(26)63
Ms Zoe Paul Gough, Head of Nutrition and Dietetics Service
Ms Claire Jones, Weight Management Clinical Pathway Lead

Item SPC(26)64

Ms Bethan Lewis, Assistant Director of Public Health Strategic Business and Operations

Dr Michael Thomas, Consultant in Public Health Medicine

Item SPC(26)65

Ms Eldeg Rosser, Head of Capital Planning

Item SPC(26)66

Mr James Severs, Executive Director of Allied Health Professions and Health Science

Mr Simon Day, Head of Maintenance & Engineering

Item SPC(26)67

Ms Sam Hussell, Head of Emergency Preparedness, Resilience & Response (EPRR)

Item SPC(26)69

Ms Anne Simpson, Head of Strategic Commissioning

Minutes Ref.	Item	Action
SPC(26)53	**Welcome and Apologies** Mr Winston Weir welcomed members to the Strategy and Planning Committee (SPC) meeting. Apologies were received from: • Mrs Eleanor Marks, Independent Member/ Hywel Dda University Health Board (HDdUHB) Vice Chair • Dr Ardiana Gjini, Executive Director of Public Health • Mr Andrew Carruthers, Chief Operating Officer	
SPC(26)54	**Declarations of Interests** HDdUHB Register of Board Members Interests 2026-27 No declarations were made.	
SPC(26)55	**Minutes from the Strategy and Planning Committee meeting on 28 April 2026** The minutes of the Strategy and Planning Committee (SPC) meeting held on 28 April 2026 were **APPROVED** as an accurate record of proceedings subject to two spelling corrections.	
SPC(26)56	**Table of Actions from the Strategy and Planning Committee meeting on 28 April 2026** The Committee reviewed the action log and noted one amber item concerning audit and risk reporting, specifically relating to inspection-related updates expected later in the agenda. *SPC(26)039* *Assurance and Risk Report*	

- *To ensure that audit and inspections updated timelines are included in the next Committee update, including clear links to service redesign activity.*

This would be revisited later in the meeting in light of changes to attendance and the running order.

SPC(26)57 Matters Arising

No additional matters arising were identified beyond those already covered through the action log review.

SPC(26)58 Annual Plan Progress

Mr Shaun Ayres joined the meeting.

Mr Shaun Ayres presented the 2026/27 Annual Plan, indicating that it remained unacceptable to Welsh Government due to both its scale and the way it had been drafted. He described the current position as an evidence bridge rather than a fixed document, linking the March 2026 submission, the May 2026 response, the Quarter (Q) 1 de-risking activity, and the organisational maturity work now under way. He also indicated that the conversion of savings into deliverable schemes remained a genuine challenge and that the current planning response was therefore bringing together savings, workforce, agency, performance and the wider resource envelope in a more methodical way than had been possible earlier in the year.

The Committee considered the Planning Goals and whether the reported on-track position was genuinely meaningful. Mr Maynard Davies noted that the Community by Design Planning Goal still appeared to be a vision without a clear route to delivery, while also requesting an update on the Programme Business Case (PBC) Addendum. Mr Lee Davies indicated that broad planning goals were difficult to reduce meaningfully to simple status labels, because they could appear to be on track against actions while still not delivering the intended outcomes. He reported that discussions with Welsh Government on the PBC Addendum were continuing, with a preference to secure a decision before summer recess, although September 2026 remained possible if Ministerial timing prevented that.

Mr Ayres then outlined the Maturity Matrix as a delivery confidence radar rather than an annual compliance exercise. He explained that the process now used a Microsoft form in place of a live scoring session, with the aim of securing more impartial and inclusive responses. Ms Joanne Wilson requested that Independent Members (IMs) be included in future circulation of the Matrix, and Mr Ayres acknowledged that their omission had been an oversight and agreed to correct this. IMs welcomed the relative consistency between the Health Board's view and Welsh Government's response, while requesting clearer action plans, trajectories, owners and timescales. **SA**

In terms of planning capability and delivery, Mr Ayres indicated that HDdUHB still lacked sufficient combined planning capability to model scenarios, triangulate data, understand operational impact, and connect performance, workforce and finance without relying heavily on a small number of individuals. He confirmed that Heads of Strategic Planning would initially be deployed into Planned and Specialist Services, Community and Integrated Medicine, and Allied Health Professions, with mental health also expressing interest. Mr Michael Imperato asked how quickly the SPC and Finance and Performance Committee (FPC) would begin to see more refined outputs, and Mr Ayres indicated this should begin to emerge through Urgent and Emergency Care (UEC) scenario work reporting to FCP, including four modelled scenarios and clearer articulation of cost and performance consequences.

Mr Neil Prior observed that the report gave the impression that considerable effort was being devoted to assessing maturity and process rather than delivery itself. He questioned whether the Committee could do the topic justice in the time available and challenged the acceptability of maturity scores of one and two. Mr Ayres responded that the lower scores were not being accepted as satisfactory but were being recorded honestly to reflect the current position and to establish the basis for improvement.

The Committee agreed to alert the Board that the Annual Plan remains unacceptable due to concerns regarding deliverability, performance trajectories and financial recovery.

Mr Ayres left the meeting.

Decision:
The Committee:

- **ACKNOWLEDGED** the Welsh Government feedback on the 2026/27 Annual Plan
- **RECEIVED ASSURANCE** that mitigating actions are subject to robust oversight through the Finance and Performance Committee, with clear governance, monitoring arrangements, and escalation in place
- **SCRUTINISED** and **REVIEWED** the updated 2026/27 Maturity Matrix

SPC(26)59 Partnership Assurance Report

Dr Bruce Bolam presented a short update on partnership activity, highlighting continued work around Regional Partnership Boards (RPBs) in anticipation of a post Regional Integration Fund (RIF) environment, noting Welsh Government's first 100 days commitment to place RPBs on a statutory footing and move towards pooled Health and Social Care budgets. He also reported that the Ceredigion and Carmarthenshire Public Service Board (PSB) mergers were progressing, with first formal meetings expected in mid-September 2026, while Pembrokeshire PSB continued in its existing form. Further updates covered regional climate adaptation planning, a major Tier 2 substance use procurement process through the Area Planning Board (APB), and

developing university partnerships, including work with the Centre for Social Innovation and a potential Macmillan Cancer Support opportunity which is expected to commence in December 2026.

IMs considered whether HDdUHB was deriving sufficient value from an increasingly crowded partnership landscape. Mr Prior, referencing his own Partnership Masterclass, questioned whether the organisation was being sufficiently candid with itself about which partnerships delivered real benefit, warning that partnership forums could default into discussion forums unless they were actively curated around clear priorities and delivery. Mr Imperato reinforced the point, arguing that representatives needed to enter regional forums with a clear organisational agenda and sufficient mandate to act, particularly where joined-up funding and community-based service delivery were concerned. Dr Bolam agreed to liaise with Mr Prior regarding his Partnerships Masterclass. **BB**

Dr Bolam acknowledged both the transformational potential and the frequent frustrations of partnership working, indicating that some partnerships were mandatory, but that this did not remove the need to be more purposeful about where effort was focused and what the Health Board wished to achieve through them. Mr Lee Davies added that some areas of Wales had simplified their architecture by aligning PSBs and RPBs more clearly and suggested that HDdUHB should more proactively consider the mandate it gives to people attending partnership forums. Mr Huw Thomas and Mr Maynard Davies both emphasised that the discussion pointed to a need for clearer articulation of strategic risks and opportunities arising from partnerships, so that representation and effort could be better targeted.

Decision:
The Committee:

- **RECEIVED ASSURANCE** that the Health Board continues to meet its statutory obligations through its engagement in key partnerships
- **NOTED** the main strategic risks and opportunities arising from current developments, particularly the post-RIF funding process, the Ceredigion and Carmarthenshire PSB merger, climate adaptation planning, the Tier 2 substance use service procurement process, and emerging CfSI and Macmillan Cancer Support partnership opportunities.

SPC(26)60 Value Based Healthcare Strategic Plan

Dr Mark Henwood, Dr Leighton Phillips and Mr Simon Mansfield joined the meeting.

Dr Mark Henwood presented the refreshed Value-Based Healthcare (VBHC) Strategic Plan for 2026 to 2031, explaining that it had been developed over the previous nine months with significant stakeholder engagement and external expert support. The updated approach builds on the previous 3-year strategy and is organised around three core aims:

- Moving from insight to measurable impact
- Embedding value coherently across organisational priorities rather than through isolated projects
- Working across the whole system with partners to improve outcomes over the life course.

Mr Simon Mansfield indicated that a fully designed version would be launched around the end of July 2026, supported by action plans and annual planning arrangements, and stressed that a number of actions were already under way rather than waiting for formal publication.

In response to Mr Maynard Davies' enquiry regarding how the work aligned with national value-based healthcare structures, whether digital capability posed any constraints, and how patient-reported experience and outcome measures would be brought together, Mr Mansfield indicated that HDdUHB remained strongly linked to national teams and high-value, high-impact pathways, referencing Prof Sally Hughes comments that HDdUHB were the "most forward thinking and most progressed VBHC team in Wales." He also outlined current work with Aberystwyth University, machine learning applications, and a developing value scorecard that combines Patient Reported Outcome Measures (PROMs), Patient Reported Experience Measures (PREMs), clinical outcomes, audit information, operational data and resource use.

Mr Huw Thomas indicated that the Board did not currently devote sufficient governance time to value and suggested that this should be brought more explicitly into organisational reporting and discussion. He further highlighted the need to strengthen the organisation's governance culture to ensure that patient perspectives are embedded within governance processes and inform strategic decision-making. Dr Phillips agreed to liaise with Mrs Wilson regarding value-based governance and reporting framework. **LP**

Mr Prior, approaching the report as a newer reader, felt that the vision still needed to be communicated more clearly for staff and IMs, especially if value was to become part of workforce expectations and not remain a separate programme. In response, Dr Phillips emphasised that value needed to become embedded in the way staff are trained, appointed and developed, while Dr Henwood added that the concept needed to run as a golden thread through governance, workforce, performance and finance rather than sitting outside core business. Mr Lee Davies concluded that the strategic approach was compelling but would benefit from clearer links to Planning Goals and wider organisational strategy and suggested that a future Board discussion would be valuable when further refinement had been made. Dr Phillips agreed to liaise with Mr Prior regarding communication of the vision; and ensure that the Value Based Health care Strategic Plan is presented to Board in September 2026, including links to Planning Goals. **LP** **LP**

Dr Henwood, Dr Phillips and Mr Mansfield left the meeting.

Decision:
The Committee:

- **RECEIVED ASSURANCE** from the final draft of Delivering Value Based Health Care Across the Life Course – Our Strategic Approach 2026–2031, which is currently being produced as a professionally typeset document.

SPC(26)61 DEFERRED: Pharmaceutical Needs Assessment: Annual Review

SPC(26)62 Planning Goal 4: Community by Design

Ms Sarah Bolton joined the meeting.

Mr Keith Jones presented the Planning Goal 4: Community by Design report, indicating that it was intended to set out a governance structure that balanced national expectations with local priorities, particularly the shift from a cluster-based model towards integrated neighbourhood working. He noted that the report was not intended to answer every question raised at the Board discussion in May 2026 but confirmed that Integrated Neighbourhoods would sit as a specific workstream within the wider structure and that a further Board Seminar would address the broader direction of travel.

IMs welcomed the clarity of the report and used the discussion to test whether the governance model was sufficiently capable of supporting such a significant strategic agenda. Mr Maynard Davies questioned whether the A Healthier Mid and West Wales (AHMWW) group had sufficient capacity to oversee the scale of work involved, while Mr Imperato enquired where the existing clusters sat in the new system and whether the community voice was sufficiently visible in a framework explicitly framed around community design. Ms Sarah Bolton confirmed that the clusters would form part of the Integrated Neighbourhood Development Group and highlighted current work to build a Primary Care and Community of Practice, involving organisations such as Carmarthenshire Association of Volunteer Services (CAVS), Pembrokeshire Association of Volunteer Services (PAVS) and Ceredigion Association of Volunteer Organisations (CAVO) to strengthen co-production and community links.

In response to an enquiry from Mr Imperato regarding the future configuration of clusters and engagement with Locality Leads, Ms Bolton advised that discussions on whether the current number of clusters should change were ongoing and formed part of wider considerations around organisational development. She noted that a further meeting would be convened to explore the rationale in greater detail. Ms Bolton also confirmed that Locality Leads remained closely engaged through weekly discussions and formal monthly meetings, with their feedback having informed much of the thinking reflected within the Board report.

Ms Bolton left the meeting.

Decision:
The Committee:

- **NOTED** the Community by Design Update report.

SPC(26)63 Annual Managed Practices Assurance Report

Ms Anna Swinfield joined the meeting.

Mr Jones introduced the Annual Managed Practices Assurance Report, referencing the internal audit considered earlier in the year. He noted that the audit had given reasonable assurance overall but had highlighted two higher-priority areas requiring further work: finance and strategy. Ms Anna Swinfield explained that workforce planning and establishment-setting work was under way, using input from Health Education and Improvement Wales (HEIW), the Primary Care Nursing Team and administrative reviews, with a meeting planned for the following month to translate this into agreed establishments and budgets. She indicated that this was likely to require resource movement between Managed Practice Teams, with some areas requiring investment and others disinvestment or divestment.

Indicating that an Annual Review Panel had now been established, with Terms of Reference included in the report and the first meeting held at the end of April 2026 with Local Medical Committee input, Ms Swinfield advised that the Panel had recommended further work on the financial position of individual managed practices before any procurement decisions were taken. This would inform the next steps when the finance work was complete.

The Committee considered whether managed practices were simply a reactive necessity or could form part of a more proactive community service model; and IMs were clear that the wider strategic position remained underdeveloped. Mr Imperato questioned whether the organisation was reviewing managed practices only as a response to failure in individual surgeries or whether they could be used more deliberately as part of Community by Design.

Mr Lee Davies agreed that the conversation had exposed the absence of a formal Board position on the future role of managed practices. A further point was raised about service-change governance and the need to ensure that any future changes involving managed practices properly reflected Welsh Government requirements around consultation and engagement. Mr Maynard Davies noted the need for a clearer organisational strategy linking managed practices to the wider primary and community services model. Mr Jones agreed to work with Ms Rhian Bond to develop strategic plan for managed practices; and clarify which Committee should oversee it. **KJ**

KJ

Noting Mr Weir's concern that certain timescales in the audit report had passed, Mr Jones agreed that an update would be provided to the next meeting via the Table of Actions.

The Committee agreed to advise the Board that the wider strategic approach to managed practices remained underdeveloped.

Ms Swinfield left the meeting.

Decision:
The Committee:

- **NOTED** the process that has been established
- **RECEIVED ASSURANCE** that a regular review of managed practices will be undertaken to assess their longer-term feasibility.

SPC(26)64 Healthy Weight Implementation Plan

Ms Zoe Paul-Gough and Ms Claire Jones joined the meeting.

Dr Bolam introduced the Healthy Weight Implementation Plan as a detailed but necessary response to one of the Health Board's most significant population health challenges, indicating that approximately two in three adults and almost one in three children were living with overweight or obesity, with major implications for diabetes, service demand and widening inequalities. He linked the plan to current Welsh Government direction, including a new Ministerial focus on public and preventive health, a planned food strategy centred on food access and food security, and anticipated statutory footing for RPBs. The Plan is structured around healthy environments, healthy settings, healthy people, and leadership and system change, and aims to shift HDdUHB towards a prevention-led whole-system response rather than a service model focused only on consequences.

Ms Clare Jones reported that the waiting list for the Level 3 service had risen from circa 600 to just under 4,000 over roughly the last one to two years, largely reflecting increased awareness and expectation regarding Glucagon-Like Peptide- (GLP-) 1 medicines. Dr Bolam described both the opportunity and the risk associated with drugs such as Wegovy, stressing that medication alone could not address a population-level issue and that any prescribing needed to sit within a controlled pathway and wider behavioural and environmental support. Immediate priorities for 2026/27 included establishing a child and young person weight management service, scaling early years and school-based interventions, focusing particularly on areas of greatest need and expanding lifestyle and digital support.

IMs highlighted both the scale of the agenda and the need to focus on actions within the Health Board's own control. Mr Prior referenced healthier NHS food environments as an area where HDdUHB could act more directly, while Mr Imperato and Mr Maynard Davies requested clarity on how impact would be

measured and what the practical ambition was. Dr Bolam indicated that national expectations were framed less around a rapid drop in prevalence and more around changing the trajectory over time, because rates were still rising. He then gave a more immediate example around sugar-sweetened drinks, explaining that the Health Board was mapping where such products were still available and could potentially measure the number of tonnes of sugar removed from public-sector supply over time. He also described active work with PSBs, Swansea Bay University Health Board (SBUHB), procurement colleagues, private industry and the third sector to support healthier local food systems and more place-based action.

The Committee noted that success would depend on sustained partnership working, realistic prioritisation and meaningful measures of progress over time.

Ms Paul-Gough and Ms Jones left the meeting.

Decision:
The Committee:

- **APPROVED** the Healthy Weight Implementation Plan 2026/27 to 2028/29 for subsequent Board ratification.

SPC(26)65 Deep Dive: Healthy Domain Metrics

Ms Bethan Lewis and Dr Michael Thomas joined the meeting.

Dr Michael Thomas presented the Deep Dive: Healthy Domain Metrics Report highlighting it as a practical foundation for planning, prevention and service design; and indicating that the dashboard, launched in February 2026, provides a live overview of demography, wider determinants, risk factors, and health and wellbeing indicators, and is now being expanded to include cardiovascular access and variation data. He illustrated how the underlying analysis had already been used in several areas, including planning for transaortic valve implantation based on demographic projections to 2047, preparing the Pharmaceutical Needs Assessment (PNA), informing haematology hub development at Prince Philip Hospital (PPH), and shaping the sexual health hub planned for the former Debenhams site in Carmarthen.

Dr Michael Thomas highlighted a growing prevalence over a 10-year period in chronic conditions such as diabetes, cardiovascular disease, respiratory disease and musculoskeletal disorders, alongside increasing multimorbidity in an ageing population. He also drew attention to stalled healthy life expectancy, including variation across counties, and described obesity, smoking, alcohol use and inactivity as major modifiable drivers. Among the examples given were the emergence of Type 2 Diabetes in the later years of primary school, childhood healthy-weight levels of only circa 70% in the reception-year measurement programme, alcohol consumption above recommended guidelines in almost

70% of residents, and fewer than 20% of children achieving 60 minutes of activity on each of the previous seven days.

Mr Huw Thomas welcomed the analysis and challenged the system to move beyond description towards evidence-based allocation of prevention resources, indicating that a clearer model of optimal investment across smoking, alcohol and other interventions was required before diminishing returns set in. Dr Michael Thomas responded by outlining local examples where needs assessments had already supported targeted preventive work, including podiatry referral routes for poor pedal pulses into the national exercise programme, atrial fibrillation detection to reduce stroke risk, and a staff cardiovascular risk reduction initiative previously run for circa £50k per year with strong results. Mr Maynard Davies emphasised the value of the presentation and asked how widely the intelligence was being used internally, with Dr Michael Thomas confirming active work with clinical teams to embed prevention into service strategies and consultation practice.

Ms Lewis and Dr Michael Thomas left the meeting.

Decision:
The Committee:

- **RECEIVED ASSURANCE** from the Healthy Domain Metrics Report regarding the progress made in strengthening escalation metrics and system maturity, acknowledge the ongoing challenges in improving outcomes and reducing inequalities
- **SUPPORTED** the prioritisation of targeted, prevention-focused action to improve population health outcomes.

SPC(26)66 Capital Programme for 2026-27 and Capital Governance

Ms Eldeg Rosser joined the meeting.

Ms Eldeg Rosser presented the Capital Programme for 2026-27 and Capital Governance Report, noting that just under 50% of the contingency had already been committed even though the year was only at the end of Month 3. She indicated that spend-to-save bids had been invited from Clinical Care Groups (CCGs), with one bid received so far on replacing single-use instruments with reusable alternatives, and a further proposal still being worked through with procurement. Additional bids for estates and digital infrastructure investment were being prepared for submission to Welsh Government on 26 June 2026.

Ms Rosser advised that Fishguard Health and Wellbeing Centre remained delayed because of the unresolved land issue, although a briefing had now been prepared for the HDdUHB Chief Executive to discuss the scheme directly with Pembrokeshire County Council's Chief Executive. The Carmarthen Hwb development also remained delayed, with completion now expected in February 2027. IMs welcomed the clearer spend profiling in the report but queried whether it reflected the recurring

pattern of very heavy expenditure late in the year. Ms Rosser indicated that the profile had been built from current project information and should benefit from the two-year Targeted Estates Fund (TEF) structure, although it did not yet include any in-year or end-year allocations from Welsh Government.

Mr Maynard Davies argued that the system still needed to guard against the familiar year-end rush into suboptimal spending decisions. Mr Lee Davies added that the position should be understood in context, as the previous year had seen more end-of-year funding than the whole discretionary capital allocation, with £18m spent in the final three weeks alone.

Dr Bolam also used the item to flag a linked estates resilience issue: a review of high-consequence infectious disease preparedness had highlighted the importance of negative-pressure isolation capacity, and refreshed costings were now being considered with capital colleagues as part of broader resilience planning.

Ms Rosser left the meeting.

Decision:
The Committee:

- **RECEIVED ASSURANCE** from the update on the Capital Programme and CRL for 2026/27
- **NOTED** the Board endorsed allocation of the DCP for 2026/27
- **RECEIVED ASSURANCE AND WILL UPDATE THE BOARD**, that the seal can be applied for all schemes listed in Annex 1
- **RECEIVED ASSURANCE** from the capital schemes governance update
- **RECEIVED ASSURANCE** from the Capital Sub Committee updates in Annex 2 and Annex 3.

SPC(26)67 NHS Hospital Resilience Survey Report 2025

Mr James Severs and Mr Simon Day joined the meeting.

Mr Simon Day presented the NHS Estate Resilience Survey Report 2025, highlighting that the survey findings largely reflected issues already known and understood within the Health Board. He explained that the findings aligned closely with HDdUHB's existing risk profile, particularly the overarching estates and infrastructure risk, and therefore did not present any significant new concerns. The Committee was reminded that the previous comparable resilience survey had been undertaken in 2015 and that, over the intervening period, the estate had continued to age, resulting in increased infrastructure challenges. The findings were therefore considered to provide further independent validation of known vulnerabilities rather than identify previously unrecognised risks.

Mr Day, indicating that considerable work had already been undertaken to strengthen resilience across the estate despite

significant financial pressures and competing demands, outlined a number of measures introduced through previous Estates and Facilities Assurance Board (EFAB) workstreams and through the current TEF programme. These included the installation of additional connection points to facilitate the rapid deployment of temporary generators during power outages, thereby reducing the risk of service disruption. More recently, second standby generators had been installed at a number of sites to improve resilience and provide greater assurance in the event of equipment failure. Members noted that Bronglais Hospital (BGH) remained an exception, although progress had recently been made to secure and install a new generator following issues highlighted during Storm Darragh.

The Committee was also advised that assurance regarding critical infrastructure systems had improved through external audit activity. Mr Day, highlighting positive outcomes from NHS Wales Shared Services Partnership (NWSSP) audits, including a Green audit rating for high-voltage electrical systems and a strong level of assurance received from the low-voltage systems audit at Prince Philip Hospital (PPH). These findings provided additional confidence regarding the effectiveness of current maintenance, monitoring and governance arrangements.

In response to Mr Maynard Davies' enquiry regarding why smaller hospitals and community facilities appeared less prominently within the survey findings, Mr Day indicated that the survey methodology had primarily focused on acute inpatient sites due to their critical operational importance and the potential impact of infrastructure failure on patient care. However, he emphasised that non-acute and community facilities continued to receive appropriate attention and investment. Examples included recently completed roofing works at South Pembrokeshire Hospital (SPH) and planned replacement works to kitchen flooring at the same site, demonstrating that estate improvement activity extended across the wider estate portfolio.

IMs also recognised that certain elements of organisational resilience extended beyond traditional estates infrastructure, noting that resilience in areas such as telecommunications, switchboard services and cyber security required assurance through complementary governance arrangements, particularly those overseen through digital and information governance structures. It was acknowledged that a holistic view of resilience would continue to require close alignment between estates, digital and operational risk-management processes.

The Committee, acknowledging the significant challenges associated with maintaining an ageing estate and managing backlog maintenance liabilities within a constrained financial environment, was assured that the principal risks identified through the survey were well understood, appropriately prioritised and already subject to robust management through established governance arrangements.

The Committee concluded that the survey findings provided valuable external confirmation that the Health Board had appropriately identified its key estate resilience risks and was taking proportionate action to mitigate them. Whilst recognising that long-term improvements would continue to require sustained investment, IMs were assured that effective controls, monitoring arrangements and improvement programmes were currently in place.

The Committee agreed to advise the Board that whilst assurance had been received, the HDdUHB estate was the oldest in Wales.

The Committee agreed to advise the Board that the report demonstrated that estate has continued to age and face increasing challenges, with the Health Board now having the oldest NHS estate in Wales.

Mr Severs and Mr Day left the meeting.

Decision:
The Committee:

- **RECEIVED ASSURANCE** that that the findings of the NHS Wales Estates Resilience Survey 2025 have been reviewed and that a comprehensive Health Board action plan is in place, recorded on and monitored through established Estates governance arrangements.
- **NOTED** that key infrastructure resilience risks continue to be actively managed and prioritised through the Health Board risk management process and capital planning frameworks.

SPC(26)68 Sustainability Report

Ms Sam Hussell joined the meeting.

Ms Sam Hussell presented the annual Sustainability Report, highlighting that overall environmental performance had improved, with total greenhouse gas emissions down by 11% year on year and gas consumption down by 12%. Electricity use had risen slightly because of downtime in on-site generation systems and increased reliance on grid power during refurbishment activity. Recycling performance had reduced slightly to 51%, against a target of 58% and remained the clearest area of challenge.

Ms Hussell indicated that a number of mitigations were already under way, including clearer bin labelling, colour coding, communications activity, bespoke training, Electronic Staff Record (ESR) waste-awareness learning and audit-led changes. Funded estates investment was also now in delivery and should support longer-term improvements in energy, emissions and renewables. In response to Mr Maynard Davies' enquiry regarding how data quality could be improved, referring to the caveat in the report, Ms Hussell confirmed that this was being reviewed in more detail through the Climate Adaptation Steering Group arrangements and

that the current position still relied in part on estimates, but more robust reporting metrics were being developed.

Ms Hussell left the meeting.

Decision:
The Committee:

- **RECEIVED ASSURANCE** from the statutory Sustainability Report section of the Annual Report
- **NOTED** its inclusion for publication as part of the Health Board's Annual Report submission to Welsh Government.

SPC(26)69 Regional 5th LINAC Business Case

Mr Shaun Ayres and Ms Anne Simpson joined the meeting.

Ms Simpson presented the updated Regional Fifth Linear Accelerator (LINAC) Business Case, highlighting the revised revenue requirement and the implications for medium-term financial planning. Mr Lee Davies and Mr Huw Thomas clarified that part of the increase reflected inflationary pressures, and that the revised position also incorporated Computerised Tomography (Simulator) (CT (SIM)) capacity, which was an integral part of delivering the expanded LINAC model rather than a separate enhancement.

The affordability discussion distinguished between immediate and future-year implications. IMs noted that £1m had already been built into the current year's plan, leaving a residual difference of circa £400k for the current planning round, while the more significant recurrent effect would emerge in later years as the service moved into part-year and then full-year operation. Mr Huw Thomas described this as a necessary early planning commitment rather than a discretionary addition, given that the case reflected recognised demand from patients already requiring radiotherapy access. The Committee also noted the report's wider reflections on possible 6th and 7th LINAC requirements and the implications for accelerated bunker development and future position changes.

IMs were clear that the report presented to the Board would need to express the cost movements clearly, particularly the relationship between inflationary effects, CT (SIM) capacity and the longer-term trajectory of the service model.

Ms Simpson left the meeting.

Decision:
The Committee:

- **SUPPORTED** the business justification case for the additional 5th LINAC and expansion in CT (SIM) capacity, and its onward submission to the Board, prior to submission to Welsh Government, recommending that the Board:

    - Approve £2.8m recurring revenue, shared equally at £1.4m each. For HDdUHB this is circa £0.4m more than we have already agreed in principle.
    - Support the £6.832m capital investment, led by SBUHB and funded by Welsh Government.
- **NOTED** the risk of adverse patient safety and outcomes or increased cost, if the 5th LINAC development does not proceed to the required timeline.
- **NOTED** the emerging thinking on the 6th/7th (single/double) bunker and the potential change in position regarding Business Justification Case 2 (BJC2).
- **SUPPORTED** developing the BJC 2 choices and options in greater detail.

SPC(26)70 Assurance and Risk Report

Ms Wilson presented the Assurance and Risk Report, noting that the principal risks had already been discussed at the recent Board Seminar. She highlighted that there were now nine principal risks aligned to that structure and 15 operational risks, of which six met the reporting threshold for this Committee. The report also set out movements in risk status and confirmed that all monitored Welsh Health Circular actions remained in progress.

Mr Prior commented that some of the risk wording still read more like live issues than future risks, while other items appeared closer to routine operational uncertainty than strategic risk. Ms Wilson acknowledged the point, indicating that a further discussion on risk framing was already planned.

Decision:
The Committee, in relation to the areas presented in this paper:

Risk Management

- **RECEIVED ASSURANCE** that the principal risks are being refreshed and will be reported to the Board in July; and
- **RECEIVED ASSURANCE** that there are processes in place to oversee operational risks to ensure these are being managed effectively.

Welsh Health Circulars

- **RECEIVED ASSURANCE**, or otherwise, from the lead Executive Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

SPC(26)71 Targeted Intervention Update

Mr Ayres presented the Targeted Intervention Update, focusing on two points not already covered earlier in the meeting. First, he referred to the Clinical Services Plan (CSP) and noted that the process, responses and engagement arrangements were now

clear, but that the real test would be whether robust implementation plans were put in place at the appropriate stage. Second, he raised concern regarding regional planning, arguing that regional arrangements did not yet demonstrate the same clarity of ownership, timescales and delivery planning that the organisation was increasingly expecting of itself internally.

The Committee agreed that the regional planning position required stronger visibility. IMs reflected that this concern linked to a wider theme running through the meeting, namely whether regional and partnership mechanisms were sufficiently transparent, purposeful and delivery focused. The Annual Plan remained an alert to the Board, and members agreed that regional planning should also be escalated as an alert rather than left only as advice. Integrated planning and the Maturity Matrix were treated as advise, while the CSP remained a matter where assurance was being maintained but implementation would require close monitoring.

This discussion crystallised one of the meeting's principal messages: that stronger internal planning discipline now needed to be matched by greater clarity in regional planning arrangements if the Committee was to take full assurance.

Decision:
The Committee:

- **NOTED** and **SCRUTINISED** that, against Criteria 5 to 9, the Plan is not yet acceptable (Criterion 5) and regional planning cannot yet be shown to be delivering (Criterion 9), with Criterion 8 constrained and close to Alert.
- **ACCEPTED** the assessment: two criteria at Alert, one constrained, and assurance only on the CSP roadmap. CONSIDERED a specialty-by-specialty regional recovery position, **including** resolution of the orthopaedic financial and contractual framework, with owners and measurable milestones.
- **SUPPORTED** the direction of travel, including the planning-capacity build, including three heads of service planning and improvement, and the evidence-bridge work to move the plan towards acceptability.

SPC(26)72 Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Reports

The Committee noted the Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Reports.

SPC(26)73 Strategy & Planning Committee Workplan 2026-27

The Committee noted the Strategy & Planning Committee Workplan 2026-27.

SPC(26)74 Any Other Business

No additional business was raised.

SPC(26)75 Date and Time of Next Meeting

Thursday 20 August 2026, 09:30 - 12:30, Hybrid

2 November 2026
22 December 2026
2 March 2027

1.4

09:30, 5 Mins

1.4 - Table of Actions the Strategy and Planning Committee meeting on 25 June 2026

Winston Weir (Hywel Dda UHB - Independent Board Member)

For discussion

Attachments

1.4 SPC ToA August 2026.pdf

STRATEGY AND PLANNING COMMITTEE (SPC)/ PWYLLGOR STRATEGAETH A CHYNLLUNIO
04/08/2026
TABLE OF ACTIONS/TABL GWEITHREDOEDD

Key: BB-Bruce Bolam; LP-Leon Popham; LPh-Leighton Phillips; RB-Rhian Bond; SA-Shaun Ayres

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
25/06/2026	SPC(26)59	Partnership Assurance Report • To contact Neil Prior regarding his Partnerships Masterclass.	BB	20/08/2026	In progress
25/06/2026	SPC(26)59	Partnership Assurance Report • To ensure that risks/opportunities ae included in the next report.	BB	02/11/2026	Complete Forward planned for 2 November 2026.
25/06/2026	SPC(26)60	Value Based Healthcare Strategic Plan • To ensure Value Based Health care Strategic Plan is presented to Board in September 2026, including links to Planning Goals.	LP	20/08/2026	Complete Value Based Health Care Strategic Approach is scheduled to be presented to Board in September 2026.
25/06/2026	SPC(26)60	Value Based Healthcare Strategic Plan • To liaise with Jo Wilson regarding value-based governance and reporting framework.	LPh	20/08/2026	In progress Meeting requested to discuss reporting framework for Value Based Health Care
25/06/2026	SPC(26)60	Value Based Healthcare Strategic Plan • To liaise with Mr Prior regarding communication of the Value-Based Health Care vision.	LPh	20/08/2026	In progress Meeting requested with Mr. Prior to discuss the vision in the Strategic Approach to Value Based Health Care.
25/06/2026	SPC(26)63	Annual Managed Practices Assurance Report • To develop strategic plan for managed practices; and clarify which Committee should oversee it.	RB	20/08/2026	In progress Being followed up as part of the Primary and Community Services Strategic Plan development (CbD)
25/06/2026	SPC(26)63	Annual Managed Practices Assurance Report • To update the Audit Report with current timescales.	RB	20/08/2026	In progress For discussion at next MP QHS meeting (August 2026)

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
25/06/2026	SPC(26)58	Annual Plan Progress • To incorporate Independent Member input into Maturity Matrix assessment.	SA	20/08/2026	Complete Maturity Matrix assessment shared with IMs on 3 August 2026.

1.5 **09:35, 0 Mins**

1.5 - Matters Arising

Winston Weir (Hywel Dda UHB - Independent Board Member)

For information

1.6

09:35, 10 Mins

1.6 - Committee Self-Assessment 6 Month Update

Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

For assurance

Attachments

1.6 SPC Self Assessment 6 Month Update.pdf

Pwyllgor Strategaeth a Chynllunio/ Strategy and Planning Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	20 AUGUST 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Strategy and Planning Committee (SPC) Self - Assessment Outcome Report 2025/26 – Progress Update.
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Joanne Wilson, Director of Corporate Governance/Board Secretary.
SWYDDOG ADRODD: **REPORTING OFFICER:**	Charlotte Wilmshurst, Assistant Director of Assurance and Risk.

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/ For Assurance

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation The purpose of this report is to provide an update to the actions agreed by the Strategy and Planning Committee (SPC) in response to the outcomes from the Committee's Self-Assessment 2025/26 process.
Cefndir / Background In February 2026, SPC received a report which presented the outcomes of the Committee's Self-Assessment 2025/26 process. For SPC, this involved: A short digital form which requested feedback on the following areas: • Strategic oversight and alignment • Integrated planning and Integrated Medium Term Plan (IMTP) Development • Stakeholder engagement and collaboration • Performance, delivery and impact • Capital planning, expenditure and management

Asesiad / Assessment

The following actions were agreed in response to the outcomes of the SPC Self-Assessment 2025/26.

Area for improvement	By Whom	By When	Update
Ensure report authors receive feedback on the quality of their papers being brought to Committee in order to improve and develop. More focus on the key themes such as risk, outcomes, impacts relat -ing to patients etc.	Executive Leads	March 2026	Training provided via Foundations of Management sessions for new and aspiring managers. The 'New Ways of Working' processes have been implemented which provide regular touchpoints and opportunities for this feedback to be incorporated.
Strengthen triangulation between planning assumptions, performance trajectories and resource implications. This includes ensuring IMTP assumptions are fully aligned with Finance**.**	Executive Director of Strategy and Planning	April 2026	This was a key focus within the development of the Annual Plan. The Maturity Matrix review will provide a further assessment of the progress in this area and the opportunities for improvement.
Strengthen assurance regarding stakeholder engagement and visibility of continuous engagement.	Director of Communications and Engagement	July 2026	Established a proactive continuous engagement approach, including engagement calendar, stakeholder forums, consultation and involvement activity, and regular reporting of engagement outcomes (e.g. Strategy Refresh process). Ongoing Readers Panels and a focus on increasing membership to Siarad Lechyd / Talking Health with newly developed assets and communications. Sustained visibility of stakeholder feedback and evidence of how views are informing service planning and decision-making (over half of Board decisions on Clinical Service Plan (CSP) were based on community suggested options). Continuing to strengthen relationships with community groups, partners and elected representatives. At mid-

			point, second phase of Stroke Services Consultation has received relevant assurance from the Consultation Institute.
Provide assurance that capital spend is aligned to strategic aims rather than adjusting plans to available capital.	Executive Director of Strategy and Planning	April 2026	Capital projects are aligned to strategic objectives and capital spend prioritised through an established process and overseen through the Capital Sub-Committee. It is recognised however that capital is constrained and plans do sometimes need to be adjusted to fit within the available funding.
Provide earlier sight of draft plans (strategic, IMTP, capital) to enable more robust scrutiny of milestones, trajectories and resource needs.	Executive Director of Strategy and Planning	April 2026	Plans are provided at the earliest opportunity utilising a range of Board forums, i.e. Committees, Board Seminars, Public Board.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** from the progress made against the actions being undertaken to improve its effectiveness.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub-committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.
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)	Not Applicable
Galluogwyr Ansawdd:	Not Applicable

Enablers of Quality: Quality and Engagement Act (sharepoint.com)	
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	Not Applicable
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	10. Not Applicable
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 change and/or significant service changes)*	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	SPC Terms of Reference SPC Self-Assessment Outcome Report
Rhestr Termau: Glossary of Terms:	SOP – Standard Operating Procedure
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Director of Corporate Governance/Board Secretary

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts

Ansawdd / Gofal Claf: **Quality / Patient Care:**	No direct impacts
Gweithlu: **Workforce:**	No direct impacts
Tegwch Iechyd: **Health Equity:**	No direct impacts
Risg: **Risk:**	No direct impacts
Cyfreithiol: **Legal:**	No direct impacts
Enw Da: **Reputational:**	No direct impacts
Gyfrinachedd: **Privacy:**	No direct impacts
Cydraddoldeb: **Equality:**	No direct impacts

2

09:45, 0 Mins

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2 - Population Health, Primary and Community

2.1 **09:45, 15 Mins**

2.1 - Planning Goal 3: ‘20Four7’ population health

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health), Glenna Jones (Hywel Dda UHB - Head of Nursing)

- To reflect population health priorities that build in equality of opportunity and human rights, together with plans to reduce health inequalities

For assurance

Attachments

2.1 SPC SBAR 20four7 update Aug 2026 final copy.pdf

Pwyllgor Strategaeth a Chynllunio/ Strategy and Planning Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	20 AUGUST 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Planning Goal 3 - 20four7 Prevention Programme – Quarterly Update.
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Dr Ardiana Gjini, Executive Director of Public Health.
SWYDDOG ADRODD: **REPORTING OFFICER:**	Alistair Fisher, Public Health Programme Manager. Bethan Lewis, Assistant Director of Public Health Strategic Business and Operations. Dr Bruce Bolam, Deputy Director / Consultant in Public Health.

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/ For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report is brought to the Strategy and Planning Committee to provide a quarterly update on progress to develop and deliver the 20four7 Prevention Model, which is aligned within the 2026/27 Annual Plan to Hywel Dda University Health Board's (HDdUHB's) Strategic Objective 2: Healthier Communities and Planning Goal 3.

The Strategy and Performance Committee (SPC) is asked to review this report and receive assurance that progress has been made to:

- Align the Governance Framework of 20four7 to Community by Design, and to
- Initiate the plans to develop new models for the management of chronic conditions through the application of Population Health Management tools.

Cefndir / Background

The 20four7 Prevention Model has been developed by HDdUHB to provide the Health Board with a shared language and approach to address the rising demands placed on health services in West Wales due to avoidable and preventable ill-health, by embedding prevention as the foundation of our work.

Following the previous update provided to the SPC on 28 April 2026, which focused on emerging plans, early engagement, governance under development, further and significant engagement has been undertaken that has produced clearly defined governance arrangements for 20four7, aligned to Community by Design.

In addition, this work has identified a process to facilitate the full scope of Primary, Community and Secondary Care services to develop and embed high value and holistic prevention into existing delivery, whilst concurrently developing future service and pathways.

This Health-Board wide engagement, with Primary Care, Clinical Care Groups (CCGs), Clinical Leads, Professional and Staff Forums, has been run in parallel to the emergence of new policy and guidance at a national level. Principally, that focused on Community by Design and Population Health Management.

Asesiad / Assessment

1. Governance

The strong foundations that 20four7 has established mean HDdUHB is well placed to deliver two of the three transformational shifts which form the national Community by Design programme. The 20four7 Prevention Model is expected to support delivery of:

- Transformational Shift 1 - Embedding Prevention & Population Health Management
- Transformational Shift 2 - A New Model for the Management of Chronic Conditions in the Community

Furthermore, the national architecture of Community by Design features “once for Wales with local subsidiary” approach that supports HDdUHB’s identification of seven priority health areas within the 20four7 Prevention Model.

Using Population Health Management methods and tools, which will include linking data, segmentation, risk stratification and professional knowledge, lived experience, community insight we can identify need, understand the drivers of that need, coordinate targeted interventions and evaluate whether those interventions improve outcomes. In doing this the Health Board will evidence it is delivering Transformation Shift 1 of Community by Design.

It is proposed that this work will be undertaken by seven Population Focus Outcome Improvement Groups (PFOIG):

1. Cancer
2. Cardiovascular Disease (CVD)
3. Child and maternal health
4. Diabetes
5. Frailty, falls and physical decline
6. Mental health and substance misuse
7. Respiratory diseases

Staff feedback indicates the seven PFOIGs will operate best by being built on established groups where they are already in existence and have good engagement, such as the Diabetes Programme and Delivery Group. It is proposed each PFOIG will support development of plans aligned to Transformation Shift 2 of Community by Design. Therefore, Terms of Reference, including membership, will be reviewed to ensure Health Board wide leadership.

The proposed role of the PFOIGs will be to support development and coordination of plans for the seven priority health areas, subject to confirmation. It is proposed that CCGs will be directly involved in the development of these plans through key senior staff participation in the PFOIG. With ongoing engagement through monthly 20four7 agenda item on each of the CCGs.

Where more than one CCG is accountable for delivery, coordination will be provided by the 20four7 Delivery Group. This will be a newly establish group that will provide updates to the A Healthier Mid and West Wales (AHMWW) Group and its subgroups. In accordance with its work programme quarterly updates will be presented to the SPC on a quarterly basis. The next update will be on 22 December 2026.

2. Planning

As set out within HDdUHB's 2026/27 Annual Plan, delivery Planning Goal 3 will be achieved by strengthening prevention services, advancing population health programmes and monitoring performance. The annual report states this will be delivered through actions grouped under four themes:

1. Leadership and Governance
2. Enabling Our Workforce
3. Evaluation and Performance
4. Operational Delivery

Over Quarters 2 and 3 of 2026/26, Operational Delivery Plans, Theme 4, will be developed through the work of the PFOIGs. Review will be provided by the 20four7 Delivery Group, with oversight provided by the Community by Design Transformation Group and the AHMWW Group. These plans will be presented at a 20four7 Board Seminar scheduled for October 2026.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** that the 20four7 Prevention Model is progressing with a Board Seminar on this topic scheduled for October 2026.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	2.1.2 Provide assurance in respect of the achievement of the Health Board's strategic aims, goals and priorities, on: 2.1.2.1The robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership; 3.1.13.Consider population health and wellbeing assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans. 3.1.14.Seek assurance on plans, systems and processes to deliver health improvement and increase health equity and seek assurance on the work of the Health Board to reduce avoidable health inequalities.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Principal Risk 1194
Parthau Ansawdd: Domains of Quality	7. All apply 1. Safe

Quality and Engagement Act (sharepoint.com)	3. Effective 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Healthier communities
Nodau Cynllunio 2026/27 Planning Goals 2026/27	3. 20Four7 Population Health
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
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 change and/or significant service changes)*	3. Involvement with individuals and communities will take place to understand their needs and support the co-production of solutions. 5. A more preventative approach, including earlier identification and intervention, will be taken to support people to maintain and improve their health and wellbeing. 6. A culture of testing and learning will be encouraged, enabled, supported and celebrated.
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS Wales (2026) NHS Wales Technical Planning Guidance 2026-29

	Welsh Government (2026) Welsh Health Circular: Population Health Management Well-being of Future Generations (Wales) Act 2015 ARCH Health Needs Assessment PHW (2025) Prevention Based Health and Care: A framework to embed prevention in the health and care system. Allied Health Professions Federation. UK Allied Health Professions Public Health Strategic Framework 2019-2024. 2019. PHW (2025) Identifying policy options to tackle health inequalities: policy analysis and opportunities for learning for Wales. PHW (2023) Working together for a healthier Wales: Our long-term strategy 2023-2035. PHW (2025) Investing in a Healthier Wales: prioritising prevention.
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	A Healthier Mid and West Wales Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The report does not seek approval for new funding. Activity described for 2026/27 is being delivered within existing and agreed resources, including approved allocations to support phased health coaching implementation. Future investment opportunities (e.g. further service expansion or digital supports) would be subject to separate business case development, affordability assessment and approval through established governance routes. Embedding prevention within core planning and delivery arrangements supports longer-term value for money by targeting avoidable demand and reducing inequalities.
Ansawdd / Gofal Claf: Quality / Patient Care:	Strengthening the delivery of the 20four7 Prevention Model is expected to have a positive impact on quality and patient outcomes by supporting earlier intervention, more proactive care and improved uptake of preventive services. The approach promotes consistency, equity and evidence-based practice across pathways, particularly for populations at higher risk of poor outcomes. No adverse impacts on quality or patient safety are anticipated.
Gweithlu: Workforce:	The paper focuses on embedding prevention within existing workforce roles and structures and on phased development of specific enabling roles. There are no anticipated adverse workforce impacts arising from the

	proposals. Workforce implications associated with future service development would be subject to separate consideration and approval, including appropriate engagement and workforce planning.
Tegwch Iechyd: **Health Equity:**	The 20four7 model is focused on the 20% most socioeconomically deprived communities, directing prevention efforts where the need is greatest. This report is not proposing service or pathway changes. As the development of new models of care is considered equity focussed health impact assessment will be undertaken.
Risg: **Risk:**	None at this stage.
Cyfreithiol: **Legal:**	No direct legal implications or risks are identified. The approach aligns with statutory duties under the Well-being of Future Generations (Wales) Act and relevant NHS Wales policy frameworks.
Enw Da: **Reputational:**	The report supports delivery of nationally visible prevention priorities and therefore has the potential to positively influence organisational reputation. Failure to demonstrate progress in these areas would carry reputational risk; however, the approach outlined provides a credible and proportionate framework for delivery and assurance.
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	The 20four7 model is focused on the 20% most socioeconomically deprived communities, directing prevention efforts where the need is greatest. In addition, the “20” includes individuals with protected characteristics, inclusion health groups, the poor access and health outcomes associated with rurality, and the intersectionality of these factors. This report is not proposing service or pathway changes. As the development of new models of care are considered Equality Impact Assessment (EqIA) will be completed.

2.2

10:00, 15 Mins

2.2 - Vaccination Programme for Prevention and Response Plan - Progress Update, Key Priorities and Delivery Plan

Bethan Lewis (Hywel Dda UHB - Assistant Director of Public Health Strategic Business and Operations), Glenna Jones (Hywel Dda UHB - Head of Nursing)

For assurance

Attachments

2.2 SPC SBAR Autumn Respiratory Vaccination Programme 2026_27.pdf

Pwyllgor Strategaeth a Chynllunio/ Strategy and Planning Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	20 AUGUST 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Autumn Respiratory Vaccinations Programme 2026/27
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: **REPORTING OFFICER:**	Glenna Jones, Head of Nursing – Health Protection & Public Health Nursing; Bethan Lewis, Assistant Director of Public Health Strategic Business & Operations

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

The Autumn/Winter Seasonal Influenza and COVID-19 vaccination programmes remain a critical health protection intervention. Respiratory viruses create significant pressure every winter through staff absence and increased demand across Primary, Community and Secondary Care. The programmes are therefore central to protecting vulnerable populations and maintaining NHS and social care resilience.

The 2026/27 programme is positioned as a prevention and winter preparedness programme, with an emphasis on timely access, maximising uptake, reducing inequity and maintaining close performance oversight. Influenza delivery will run from September 2026 to 28 February 2027, with COVID-19 vaccination expected to commence in October 2026 once supply and legal authorisations are available and conclude on 31 January 2027.

This report sets out to the Strategy and Planning Committee (SPC) the progress made, programme ambition and provides the proposed working delivery approach, with particular attention to early readiness, communications, digital recording, workforce resilience and targeted equity action.

Cefndir / Background

Hywel Dda University Health Board (HDdUHB) has used a mixed model over recent years, involving Health Board services, primary care contractors, community pharmacies, school nursing, occupational health and targeted outreach. This model is intended to maximise uptake, improve equity, maintain resilience and ensure those most at risk are offered vaccination as early as possible in the programme.

The 2025/26 programme saw improvement across several areas, but uptake remained below the 75% ambition in a number of eligible cohorts. Workforce uptake improved from 31.86% in 2024/25 to 43.89% in 2025/26, an improvement of 12.03 percentage points. For patient-facing staff, uptake was 43.90%, against the Public Health Wales recommendation that 70% of patient-facing staff are vaccinated against influenza.

Flu eligible group	2024/25 uptake	2025/26 uptake	Ambition
65 years and over	69.2%	71.0%	75%
6 months to 64 years at risk	35.9%	44.5%	75%
2–3 year olds	35.8%	49.5%	75%
Primary school children aged 4–10 years	69.5%	69.2%	75%
Secondary school children aged 11–15 years	59.0%	58.3%	75%
Healthcare staff	30.7%	43.8%	75%

COVID-19 eligible group	2024/25 uptake	2025/26 uptake	Ambition
75 years and over	57.1%	61.9%	75%
Care home residents	73.3%	77.6%	75%
6 months to 64 years at risk	20.7%	44.5%	75%

Staff group	Vaccinated	Denominator	2025/26 uptake	2024/25 uptake
Add Prof Scientific and Technical	200	414	48.31%	34.04%
Additional Clinical Services	1,020	2,558	39.87%	27.51%
Administrative and Clerical	1,113	2,404	46.03%	33.01%
Allied Health Professionals	379	833	45.50%	34.93%
Estates and Ancillary	371	833	45.50%	25.41%
Healthcare Scientists	86	208	41.35%	28.77%
Medical and Dental	390	740	52.70%	47.45%
Nursing and Midwifery Registered	1,692	3,826	44.22%	32.27%
Grand Total	5,251	11,816	43.89%	31.86%

Asesiad / Assessment

Progress update

The programme has moved from learning and stakeholder feedback into defined planning assumptions for 2026/27. Delivery partners have identified a positive foundation, including collaborative working between school nursing, immunisation teams, pharmacies, practices, maternity, care settings and outreach partners. Weekend and evening clinics, walk-ins, housebound contacts, antenatal delivery and opportunistic vaccination were all recognised as effective access routes.

Contractor discussions are underway, with GP practices and community pharmacies placing orders for flu vaccine. The Health Board immunisation team will continue to provide planned local clinics, care home visits, housebound provision and targeted outreach, and will support clinical-risk cohorts, nursery flu, school-aged vaccination, inpatients, pregnant women, homeless populations and eligible populations of GP practices not opted to deliver.

The workforce programme has also shown progress. The 2025/26 approach included Flu Fridays, roving nurse teams, Occupational Health, community hubs/community outreach and peer vaccinators. Roving provision delivered 2,285 vaccinations compared with 910 in 2024/25, representing a 151.1% increase and demonstrating the value of taking vaccination directly to clinical and workplace areas.

Key issues and risks

The programme remains exposed to a number of delivery risks. These include priority groups not being vaccinated early enough to realise maximum protection, workforce constraints, the risk that individuals may choose one vaccine and not attend for both, communication challenges relating to appointments and venues, vaccine waste, and duplicate vaccination where records are not updated promptly.

Workshop feedback identified three main areas requiring corrective focus: late readiness; digital friction; and capacity and access barriers. Late readiness included late PGDs, protocols, order forms, communications, training, leaflets, delivery timings and programme updates. Digital friction included WIS slowness, writeback delays, access and support issues, workflow gaps and incomplete data. Capacity and access barriers included staffing constraints, administrative burden, consent confusion, language and accessibility gaps, transport barriers and list accuracy issues.

Risk area	Issue	Mitigation focus
Readiness	Late Patient Group Directions (PGDs), protocols, order forms, training, leaflets, delivery timings and programme updates.	Single readiness timeline with owners, dates and escalation triggers.
Digital and data	Welsh Immunisation System (WIS) slowness, writeback delays, access and support issues, incomplete data and stock recording challenges.	WIS improvement plan covering training, support, writeback, Egton Medical Information Systems (EMIS) integration, data completeness and workflow.
Workforce capacity	Staffing constraints, administrative burden and weekend/evening delivery pressures.	Review workforce model, role flexibility, bank support, administration and peer vaccinator delivery.
Equity and access	Eligibility awareness gaps, language and accessibility needs, transport barriers,	Targeted equity plan with accessible materials, outreach

	housebound list accuracy and care-home consent issues.	and household/postcode-aware booking.
Logistics	Unclear order windows, early/late delivery, storage pressure, consumables delays and cold-chain transfer challenges.	Confirmed order windows, delivery confirmations, storage plans and bank-holiday contingencies.
Communications	Late or unclear public and stakeholder communications, generic materials and weak signposting.	Audience-specific communications plan using plain language, accessible formats and clearer appointment letters.

Key Priorities for 2026/27

Priority	Key Actions	Intended impact
Earlier planning and readiness	Publish and monitor a single readiness timeline covering communications, logistics, WIS, training, PGDs/protocols, stock ordering and go-live dates.	Reduces launch delays, confusion and operational pressure.
Communications and engagement	Develop earlier, clearer and audience-specific communications in plain language and accessible formats, with improved appointment letters and text reminders.	Improves confidence, eligibility awareness and uptake.
Equity and targeted access	Build an equity delivery plan using outreach, accessible materials, household/postcode booking and targeted engagement.	Reduces inequity in access and vaccination uptake.
WIS and data quality	Strengthen WIS training, support, writeback, EMIS integration, data completeness and workflow functionality.	Improves call/recall, uptake monitoring, stock recording and assurance.
Workforce capacity	Review workforce model, training requirements, Health Care Assistant (HCA)/ Band 3 governance, administrative capacity and weekend/evening staffing.	Maintains clinic capacity and reduces pressure on clinical teams.
Logistics predictability	Confirm order windows, delivery dates, auto-replies, storage plans, bank-holiday contingencies and cold-chain transfer arrangements.	Supports reliable clinic scheduling, stock control and waste reduction.
Staff vaccination	Continue Executive and Directorate ownership through escalation metrics, targeted roving, peer vaccination and communication to improve workforce uptake.	Protects patients, staff and service resilience during winter.

Proposed Working Delivery Plan

Workstream	Delivery plan
Programme timeline	Influenza delivery from September 2026 to 28 February 2027, with strongest focus on achieving high uptake between September and 30 November 2026. COVID-19 vaccination expected to commence in October 2026 and conclude on 31 January 2027. Health Board-led mop-up activity begins from 1 December 2026, with earlier remedial action where uptake trajectories are not being achieved.
Delivery model	Mixed model involving Health Board services, primary care contractors, community pharmacies, school nursing, occupational health and targeted outreach.
Health Board provision	Planned local clinics, care home visits, housebound provision, targeted outreach, inpatient vaccination, antenatal-aligned flu vaccination, homeless population routes and support where GP practices do not opt in to delivery.
School-aged and nursery delivery	School nursing services will deliver flu vaccination to reception to Year 6 and secondary school Years 7 to 11. Injectable flu preparations should be available in schools for children not consenting to Fluenz. Nursery flu vaccination is planned from 26 October 2026.
Primary care and community pharmacy	GP practices and community pharmacies will contribute to eligible cohort delivery, including older people, clinical-risk groups, carers, household contacts of immunocompromised people, frontline health and care workers, pregnant women not vaccinated in antenatal clinics and occupational groups at risk of zoonotic influenza exposure.
Staff vaccination	Build on Flu Fridays, roving nurse teams, Occupational Health drop-ins, community hubs/outreach and peer vaccinators. Prioritise early text messaging, targeted roving, directorate ownership and Executive-level championing.
Monitoring and governance	Use WIS for same-day vaccination recording and stock balances. Monitor uptake, denominators, delivery capacity, stock position and equity impact through the Respiratory Immunisation Delivery Group, reporting to the Immunisation Oversight Group.

Indicative Readiness Milestones

Milestone	Timing / trigger	Assurance requirement
Single readiness timeline agreed	Before operational deadlines compress	Named owners, dates, dependencies and escalation routes confirmed.

Contractor commissioning and local delivery schedules finalized.	Ahead of campaign launch	Opt-in/opt-out arrangements, clinic models and escalation routes agreed.
Public and stakeholder communications launched	First wave ahead of campaign start	Plain-language, accessible and audience-specific messages available.
WIS training and support plan in place	Before first clinics	Training, support response routes and writeback monitoring agreed.
Flu priority delivery period	September to 30 November 2026	Weekly review of uptake trajectories, capacity and equity impact.
COVID-19 delivery period	October 2026 to 31 January 2027	Readiness dependent on vaccine supply and legal authorisations.
Nursery flu launch	26 October 2026	Delivery model, consent and communications confirmed.
Health Board-led mop-up	From 1 December 2026	Targeted call/recall and outreach focused on lower-uptake cohorts and communities.

Staff Vaccination Focus

Staff vaccination is a key resilience and patient safety priority. Although uptake improved in 2025/26, the Health Board remains below the Public Health Wales (PHW) recommendation for patient-facing staff. A more targeted, Care Group-led model is therefore required for 2026/27, supported by Population Health Escalation Metrics and operational delivery close to staff workplaces.

Care group	2024/25 uptake	2025/26 uptake	Difference
Chief Executive	43.4%	50.0%	+6.6
Chief Operating Officer Management	36.3%	45.8%	+9.5
Community & Integrated Medicine	28.7%	43.1%	+14.4
Digital	32.8%	39.7%	+6.9
Estates & Facilities	26.2%	39.6%	+13.4
Finance	17.9%	37.1%	+19.2
Medical	46.0%	38.7%	-7.3
Mental Health & Learning Disabilities	29.4%	38.0%	+8.6
Nursing, Quality & Patient Experience	29.5%	47.7%	+18.2
Operational Allied Health & Health Sciences	34.7%	46.7%	+12.0
Planned & Specialist Care	34.3%	46.9%	+12.6
Primary Care	28.9%	43.5%	Increase
Public Health	46.3%	60.1%	+13.8
Strategy & Planning	50.0%	26.3%	-23.7

Workforce & Organisational Development	60.8%	44.7%	-16.1

Staff Vaccination Improvement Actions
To improve performance in 2026/27, the Health Board will adopt a more targeted and data-driven approach. This will include using Power BI intelligence to identify areas and staff groups with lower uptake and deploying roving vaccination teams to those locations. The successful peer vaccinator model will be expanded to improve accessibility for staff who are unable to attend static clinics, while earlier text messaging and reminder communications will support greater awareness and uptake throughout the campaign. A network of directorate flu leads will be established to strengthen local ownership, improve engagement and provide visible leadership within services. In addition, consideration will be given to appointing an Executive-level flu champion to reinforce the Board's commitment to staff vaccination and to promote vaccination as an essential patient safety intervention. Targeted education and engagement activity will also be undertaken to address vaccine hesitancy, challenge misinformation and strengthen understanding of the role vaccination plays in protecting vulnerable patients, maintaining workforce capacity and reducing winter service pressures. Collectively, these actions are intended to build on the improvements achieved in 2025/26 and support a sustained increase in staff vaccination uptake across all directorates.

Assurance
There is a clear programme structure and governance route. Action and delivery monitoring will be managed through the Respiratory Immunisation Delivery Group and reported to the Immunisation Oversight Group. Monitoring will include uptake, denominator changes, delivery capacity, stock position and equity impact. Where variation is identified between practices, localities or population groups, rapid corrective action is expected to maintain programme pace and reduce inequity.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** progress and programme ambition.
- **RECEIVE ASSURANCE** for the proposed delivery approach for the HDdUHB Winter Respiratory Vaccination Programme 2026/27, with particular attention to readiness, communications, digital recording, workforce resilience and targeted equity action.
- **RECOMMEND** the Autumn Respiratory Vaccinations Programme 2026/27 for onward ratification by Board on 24 September 2026.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1.14.Seek assurance on plans, systems and processes to deliver health improvement and increase health equity and seek assurance on the work of the Health Board to reduce avoidable health inequalities.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Risk 1773 – risk score 9.
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:	2. Healthier communities
Nodau Cynllunio 2026/27 Planning Goals 2026/27	3. 20Four7 Population Health 4. Community by Design
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
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 change and/or significant service changes)*	7. All Apply
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The national influenza immunisation programme 2026 to 2027 (WHC/2026/010) | GOV.WALES The national COVID-19 vaccination programme autumn 2026 (WHC/2026/009) | GOV.WALES Public Health Wales: Influenza and Covid-19 Vaccination data.
Rhestr Termau: Glossary of Terms:	Contained within report.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	LMC Immunisation Oversight Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Service model delivery of all immunisation programmes will consider any financial constraints from existing budgetary allocations
Ansawdd / Gofal Claf: Quality / Patient Care:	It is important that there are effective plans in place for the 2026/27 Autumn Respiratory Vaccination Programme, not only to improve overall respiratory health in the population of HDdUHB but also to protect those at risk, prevent ill health and minimise further impact on health and social care services
Gweithlu: Workforce:	As above for Quality / Patient Care impact
Tegwch Iechyd: Health Equity:	Approaches already undertaken in the area to encourage vaccination uptake and target interventions at groups and communities to address health inequities. Strategy designed to reduce inequities further.
Risg: Risk:	Risks are detailed in the report. Areas where uptake levels are lower than target will be reflected within directorate risk register
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Communication team supporting Immunisation programmes and align to Public Health Wales assets and reporting to prevent reputational risk
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Approaches already undertaken in the area to encourage vaccination uptake and target interventions at groups and communities to address health inequalities.

2.3 **10:15, 10 Mins**

2.3 - Wellbeing of Future Generations Annual Report 2025-2026

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health), Sara Rees (Hywel Dda UHB - Senior Public Health Practitioner)

For assurance

Attachments

2.3.1 WFGA Annual Report 2025-26 - SPC SBAR for 20.08.2026 .pdf

2.3.2 WFGA Annual Report 2025-26.pdf

Pwyllgor Strategaeth a Chynllunio/Strategy and Planning Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	20 AUGUST 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Well-being of Future Generations Annual Report 2025-2026
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Dr Ardiana Gjini, Executive Director Public Health
SWYDDOG ADRODD: **REPORTING OFFICER:**	Trina Nealon, Head of Population Health Improvement and Wellbeing/ Principal Public Health Officer Sara Rees, Senior Public Health Practitioner

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

The Well-being of Future Generations (WFGA) (Wales) Act 2015 (the Act) came into effect on 1 April 2016 with the aim of improving social, economic, environmental and cultural well-being across Wales. The Act requires NHS bodies to report on the progress they have made in meeting their well-being objectives in each financial year.

The Strategy and Planning Committee (SPC) is asked to approve Hywel Dda University Health Board's (HDdUHB's) Well-being of Future Generations Annual Report for the period 1 April 2025 – 31 March 2026.

Once approved, the Report will progress to the HDdUHB Board meeting in September 2026, with onward submission to Welsh Government (WG), in order to comply with the Act.

Cefndir / Background

The Well-being of Future Generations (Wales) Act 2015 sets out a number of requirements for individual public bodies, including HDdUHB. These include a requirement for the Health Board to:

- Set and publish well-being objectives (s.3(2)(a)) and take all reasonable steps to meet those objectives (s.3(2)(b))
- Publish a statement regarding well-being objectives (s.7(1))
- Publish an Annual Report showing the progress made in meeting the organisation's objectives (s.13 (1) and Sch.1)

Guidance states that where possible, NHS bodies should seek to integrate this reporting with their requirement to publish annual reports and accounts. Whilst a 'Well-being of Future Generations (Wales) Act' section is included within the HDdUHB Annual Report, a detailed

report of progress in meeting the Health Board's Well-being Objectives and steps taken to contribute to wider well-being goals for Wales, is specifically set out in this Report.

The Act outlines seven well-being goals which are underpinned by a 'sustainable development principle' which is reflected in 'five ways of working'. The Future Generations Report 2025 outlines the requirement for public bodies to report on their progress annually, ensuring they use both quantitative performance indicators and qualitative insights to track their impact.

The Health Board developed eight Well-being Objectives in 2019 that aligned with the strategic objectives to support long-term goals as outlined in the Strategy, A Healthier Mid and West Wales (AHMWW): Our Future Generations Living Well (HDdUHB, 2019). These objectives are not confined to a single national outcome and align to more than one of the seven well-being goals as outlined in the Act.

During 2025-2026 the objectives were refreshed in partnership with Trade Union colleagues and Health Board stakeholders. The updated objectives support long-term strategic aims, as well as Public Services Board (PSB) well-being plans, and were developed in line with the sustainable development principle. Themes include a greater focus on prevention and long-term approaches; addressing health inequalities; and staff well-being and workforce development.

Although new objectives have been established for 2026-2027 and beyond, this report provides a retrospective review of the objectives in place during 2025/26.

The Health Board's Well-being Objectives during 2025-2026:

1. Plan and deliver services to increase our contribution to low carbon.
2. Develop a skilled and flexible workforce to meet the changing needs of the NHS.
3. Promote the natural environment and capacity to adapt to climate change.
4. Improve population health through prevention and early intervention, supporting people to live happy and health lives.
5. Offer a diverse range of employment opportunities which support people to fulfil their potential.
6. Contribute to global well-being through developing international networks and sharing of expertise.
7. Plan and deliver services to enable people to participate in social and green solutions for health. Encouraging community participation through the medium of Welsh
8. Transform our communities through collaboration with people, communities and partners.

The Well-being objectives are aligned to four overarching themes:

- Workforce planning and development
- Collaboration, involvement, and integration
- Early intervention and prevention
- Environment and climate change

Asesiad / Assessment

The attached Well-being of Future Generations Annual Report 2025-2026 (Appendix 1) demonstrates:

- How the Health Board has embedded the Act's seven well-being goals and five ways of working within strategic planning, governance and service delivery

- Alignment with the Health Board's refreshed long-term Strategy, and supporting frameworks
- A continued shift towards a prevention focused approach, an emphasis on reducing health inequalities and improving well-being outcomes
- How the Health Board is working with PSBs, Local Authorities, third sector organisations and communities to deliver integrated solutions to health and well-being challenges
- Case studies that illustrate the practical application of the Well-being Objectives. These are not intended to be exhaustive but instead provide a flavour of the breadth of work across the organisation and its partners
- Priorities for future development through refreshed Well-being Objectives for 2026/27–2029/30, with continued focus on prevention, workforce sustainability, climate resilience and partnership working.

Next Steps
Following Strategy and Planning Committee approval, the report will be submitted to the HDdUHB Board Meeting on 24 September 2026 with onward progression to Welsh Government in order to meet the Health Board's statutory obligations of the Well-being of Future Generations (Wales) Act, 2015.

Argymhelliad / Recommendation

The Committee is asked to:

- **APPROVE** the Well-being of Future Generations Annual Report 2025-2026 for onward ratification by the Board approval on 24 September 2026.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1.13.Consider population health and wellbeing assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans. 3.1.14.Seek assurance on plans, systems and processes to deliver health improvement and increase health equity and seek assurance on the work of the Health Board to reduce avoidable health inequalities.
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	9. All HDdUHB Well-being Objectives apply
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 change and/or significant service changes)*	7. All Apply
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Well-being of Future Generations (Wales) Act 2015
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Staff Partnership Forum (July 2026) Formal Executive Team (12 August 2026)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial planning is one of the key corporate areas of change defined under the Act.
Ansawdd / Gofal Claf: Quality / Patient Care:	Evidence of improving the well-being of the population is at the forefront of this legislation.
Gweithlu: Workforce:	Implementing the five ways of working required under the Well-being of Future Generations (Wales) Act 2015 should lead to evidence of increased collaboration and integration between services, professionals and communities.

Tegwch Iechyd: **Health Equity:**	Supports health equity by demonstrating how actions and decisions address inequalities, improve outcomes for disadvantaged groups, and contribute to fairer opportunities for health and wellbeing.
Risg: **Risk:**	The HDdUHB has a duty to work collaboratively to address the seven Well-being Goals for Wales. There is a risk that the need to demonstrate our progress is considered an "add on" responsibility by HDdUHB staff. Embedding the principles of the act into everyday business is therefore paramount and contributing to the project and delivery groups of Public Service Boards (PSB) needs to demonstrate the synergy with achieving the Health Board's goals.
Cyfreithiol: **Legal:**	*The Well-being of Future Generations (Wales) Act 2015* (the Act) provides that HDdUHB (as a designated public body) must publish a Well-being Statement, Well-being Objectives and provide an Annual Report on progress towards meeting these objectives. An aim of the Act is to place communities at the heart of decision making. The public can use the Act to ensure that public bodies are taking the approach to decision making that utilises the five ways of working in line with the sustainable development principle when developing or making changes to services that impact upon them and their community. HDdUHB will need to ensure that all transformation and service change projects, including capital developments, take account of the new statutory requirements
Enw Da: **Reputational:**	There is a statutory requirement for HDdUHB to contribute to the work of the PSBs and relevant Wellbeing Plans.
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	A More Equal Wales is a key national goal under the Act and the report highlights examples of how HDdUHB is contributing to this.

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Well-being of Future Generations Annual Report

2025/26

Contents

1. Introduction and background 3
2. The Well-being of Future Generations Act 3
3. Embedding the principles of the Well-being of Future Generations Act in HDdUHB 4
3.1 Strategic Objectives 5
3.2 Our Well-being Objectives 6
3.3 Public Service Board Well-being Plans 8
4. Demonstrating our Well-being Objectives 2025/26 10
4.1 Early Intervention and Prevention 11
4.2 Workforce Planning and Development 14
4.3 Environment and Climate Change 16
4.4 Collaboration, Involvement, and Integration 17
5. Next steps 22

1. Introduction and background

Hywel Dda University Health Board (HDdUHB) is publishing this Annual Report to demonstrate our progress during 2025-2026 towards achieving the seven well-being goals and 'five ways of working' outlined in the Well-being of Future Generations (Wales) Act 2015 ("the Act").

The Health Board agreed eight Well-being Objectives in 2018 which reflect the principles of the Act and work towards achieving the long-term goals as outlined in our strategy, *A Healthier Mid and West Wales (AHMWW): Our Future Generations Living Well* (HDdUHB, 2019). The objectives were reviewed and refreshed during 2025/26 in line with the refresh of the long-term strategy *A Healthier Mid and West Wales: Healthier lives, well lived*. Details of how the review was conducted in partnership, and how recommendations were integrated are outlined later in the report. While the new objectives will guide future work, this report focuses retrospectively on the objectives that were in place during 2025/26.

This report outlines the Health Board's implementation of the Act by outlining the links to strategic objectives and plans, both internally and externally with partners, and provides an opportunity to highlight the examples of programmes and initiatives that our staff, patients and partners have undertaken to continue to embed our long-term vision as part our commitment to the Act.

In May 2025, on the tenth anniversary of the Act, Welsh Government published the Future Generations Report. The Report whilst noting the adoption of well-being objectives by public bodies, advised that:

'Public bodies must set their well-being objectives within a statutory period but have the flexibility to review and adjust them according to their own planning cycles.'

'These objectives can be published separately or integrated into broader corporate planning documents. Public bodies must report on their progress annually, ensuring they use both quantitative performance indicators and qualitative insights from public and service user feedback to track their impact.'

2. The Well-being of Future Generations Act

The Well-being of Future Generations (Wales) Act 2015 (WFGA) is about improving the social, economic, environmental and cultural well-being of Wales. The Act provides a legally binding common purpose for public bodies via seven well-being goals which are underpinned by a 'sustainable development principle' which outlines five ways of working.

Seven Well-being Goals and Five Ways of Working

The seven well-being goals provide a shared vision to work towards, and these are detailed below:

A prosperous Wales – An innovative, productive, and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing fair work.

A resilient Wales – A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic, and ecological resilience and the capacity to adapt to change (for example climate change).

A healthier Wales – A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.

A more equal Wales – A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio-economic background and circumstances).

A Wales of cohesive communities – Attractive, viable, safe and well-connected communities.

A Wales of vibrant culture and thriving Welsh language – A society that promotes and protects culture, heritage, and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.

A globally responsible Wales – A nation which, when doing anything to improve the economic, social, environmental, and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.

3. Embedding the principles of the Well-being of Future Generations Act in HDdUHB

The Health Board benefits from the progressive policy framework set out in the WFGA, and it continues to provide the overarching framework for how we plan, design and deliver services for our population. The Act requires organisations to improve the social, economic, environmental and cultural well-being of Wales by taking a long-term, preventative and collaborative approach to decision making.

In the Health Board, the sustainable development principle is central to our governance, strategy and operational delivery. Our Well-being Objectives align with the seven national well-being goals and provide a line of sight from strategic priorities through to directorate plans and delivery.

3.1 Strategic Objectives

Long term strategy

Since its development in 2018, the Health Board's long-term strategy, A *Healthier Mid and West Wales: Our Future Generations Living Well*, has reflected and brought to life the ambitions of the WFGA, shaping and underpinning its strategic direction. During 2025/26, the Health Board refreshed its long-term strategy to represent a continued shift from a reactive, treatment-focused model of care towards one centred on prevention, early intervention and enabling people and communities to thrive. *Healthier Mid and West Wales – Healthier lives, well lived*, provides a 15-year vision aligned to the national well-being goals that prioritises prevention, community based care, staff well-being, high quality services, digital access, and sustainable infrastructure. It is designed to respond to the evolving needs of the population while supporting healthier, independent lives and preparing for future healthcare challenges. It embeds the five ways of working by focusing on prevention, shifting care closer to home, integrating services across partners, and involving communities in design and delivery. As a result, the Strategy prioritises improving population health, reducing inequalities, and creating sustainable health and care services for future generations.

Our 3-year planning process has been aligned to our strategic vision so that our long term aims are supported by key programmes and workstreams, in which the WFGA principles are embedded and reflect a strong focus on prevention and co-production.

HDdUHB Clinical Services Plan (CSP)

The development of the Clinical Services Plan during 2025/26 was a key Health Board transformation programme. The process focused on creating sustainable solutions to workforce and service fragility, considered how services integrate across the wider system, and involved extensive engagement with over 4,000 stakeholders to shape options. Decisions were assessed against sustainability, accessibility and alignment with the Health Board's long-term Strategy, ensuring that service changes deliver benefits for both current and future populations, with some areas requiring further consultation before final decisions.

In relation to stroke services, alternative options and feedback were received which suggested that the original options did not adequately address either the concerns raised throughout the process or the difficulties experienced by communities in accessing services. The Board decided, based on the feedback, to bring elements of options together and test again with our wider community before making a final decision. The consultation on stroke services closed at the end of July 2026, with the expectation that findings will be presented to Board later in the year.

Community by Design Strategic Plan

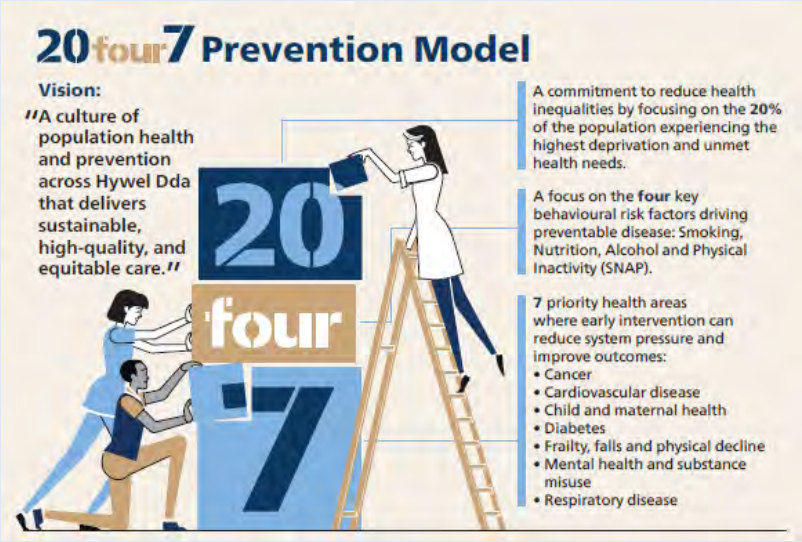
In line with the aspirations of *A Healthier Mid and West Wales*, the *Community by Design* strategic plan promotes a community centred and preventative model of care within primary and community services, and an ambition to shift from a service that simply treats illness to one that keeps people well, prevents ill-health or deterioration, and provides help early, long before conditions become crises. The system approach aims to address rising demand, inequalities, and sustainability challenges, and has identified six priority areas – Prevention, Partnership working, Access, Digital Offer, Estate and Infrastructure; and Workforce and Sustainability.

Recognising that the wider determinants of health lie beyond healthcare alone, it aligns closely with the WFGA, the 20four7 Prevention Model, and the Social Model for Health and Well-being (SMfHW), embedding long-term, preventative, integrated and collaborative approaches into service design and delivery.

20four7 Prevention Model

The Health Board has committed to becoming a population health-focussed organisation, delivered through its 20four7 Population Health Framework. The framework aims to reduce avoidable ill health and improve long-term outcomes and provides a clear direction of travel for the Health Board and partners by outlining the areas of focus for prevention and early intervention, and a plan for tackling inequity. During 2025/26, work has progressed collaboratively with partners across the Health Board to develop approaches for implementing the framework across teams and services.

The 20four7 Prevention Model brings together three interconnected priorities that can make the greatest difference to population health and wellbeing:



The model supports delivery of the A Healthier Mid and West Wales strategy and aligns closely with the Social Model for Health and Well-being and the Value-Based Health Care (VBHC) Strategic Plan. It also reflects national direction set by Public Health Wales's Prevention-Based Health and Care Framework, ensuring local action is aligned with and contributes to wider system change.

Read more about the 20four7 prevention model in the Director of Public Health Annual Report 2024/5 here.

Social Model for Health and Wellbeing

The Social Model for Health and Wellbeing is a HDdUHB priority underpinning the long-term ambition to improve population health by addressing the wider determinants of health. The SMfHW focuses on reducing inequalities and enabling people and communities to take greater control of their health. It emphasises prevention, early identification, and timely intervention, recognising that social, environmental and biological factors together shape the conditions for good health. Case studies demonstrating how the SMfHW has developed during 2025/26 are presented later in the report.

3.2 Our Well-being Objectives

Well-being Objectives Refresh

Our Well-being Objectives help us demonstrate how we are contributing to the seven national well-being goals and applying the 'five ways of working' set out in the WFGA. During 2025/26, the objectives were reviewed and updated to align with the Health Board's long-term Strategy, establishing priorities for 2026/27 to 2029/30, with a further review planned thereafter. In line with

the Social Partnership Duty, this work was carried out in collaboration with Trade Union representatives and through wider engagement with our stakeholders. The updated objectives were shaped by key national and local insights, including the Future Trends Report, our own Self-Evaluation under the WFGA, the Future Generations Commissioner's Report 2025 recommendations, and HDdUHB's organisational pledge.

The updated objectives reflect the Health Board's ambitions, our capacity to deliver meaningful change, and our contribution to wider national well-being goals, including,

- Our commitment to embedding a SMfHW
- Addressing health inequalities and supporting individuals to achieve their best well-being
- Prevention and long-term approaches
- Organisational commitment to innovation and improvement
- Focus on staff well-being and inclusion, and workforce development
- Whole-organisation approach to climate risk and resilience
- Cultural well-being, Welsh language, and the arts as vital preventive assets

These objectives are set against a backdrop of persistent health inequalities and the climate emergency. Improving public health and wellbeing will require collaborative, partnership-based approaches to address the challenges associated with poverty, environmental factors, poor housing, and social isolation.

The updated objectives have been developed in line with the sustainable development principle. By working closely with our stakeholders, we have ensured that they align with and support our long-term strategic aims, as well as the current well-being plans of our Public Service Boards (PSBs). Each objective contributes to more than one of the seven national well-being goals set out in the Act, rather than being linked to a single outcome. They are mapped below:

Updated HDdUHB Well-being Objectives for 2026/27 – 2029/30		7 National Well-being Goals						
		A prosperous Wales	A resilient Wales	A healthier Wales	A more equal Wales	A Wales of cohesive communities	A Wales of vibrant culture and thriving Welsh language	A globally responsible Wales
Early Intervention & Prevention	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	✓		✓	✓	✓		
	Develop initiatives that build social connections and promote culture and the Welsh language as assets to support people's overall well-being	✓		✓	✓	✓	✓	
Environment & Climate Change	Deliver plans that increase our contribution to a sustainable, low carbon future	✓	✓	✓				✓
	Strengthen resilience by planning for and adapting to climate change	✓	✓	✓				✓
Workforce Planning & Development	Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of health and social care, and nurture leadership at every level	✓		✓	✓	✓	✓	
	Create an inclusive culture where every voice matters, individual needs are considered and staff well-being is promoted and supported	✓		✓	✓		✓	
Collaboration, Invol	Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being	✓		✓	✓	✓		✓

	Work with partners and communities to nurture and support everyone to achieve their best well-being	✓		✓	✓	✓	✓	

Although new objectives have been established for 2026/27 and beyond, this report provides a retrospective review of the objectives in place during 2025/26.

3.3 Public Service Board Well-being Plans

The Health Board has a statutory role in the Public Services Boards for Carmarthenshire, Ceredigion and Pembrokeshire, as well as the West Wales Regional Partnership Board (RPB). The PSB partnerships, created through the WFGA, bring public services together to improve the well-being of local communities and are overseen by the Well-being of Future Generations Commissioner, Audit Wales, and Local Authority Committees. By working closely with our three PSBs and the RPB, we help shape a more integrated system of community care across West Wales, supporting people to live healthier, happier lives.

Each PSB Well-being Plan focuses on reducing inequality, inequity and poverty. The RPB, which brings together organisations across the Local Health Board area, leads work to transform and integrate health and social care services, working closely with PSB partners. Our collaboration with the PSBs shows how organisations across West Wales are working together to deliver their well-being objectives and put the five ways of working into practice. By combining our efforts, we are able to deliver ambitious, long-term improvements that would not be possible for any organisation to achieve alone, challenging usual practices and encouraging new, more innovative ways of working.

The current PSB plans for are available here:

- Click here for Carmarthenshire PSB local assessment and well-being plan
- Click here for Ceredigion PSB local assessment and well-being plan
- Click here for Pembrokeshire PSB local assessment and well-being plan

Following a vote, the Ceredigion and Carmarthenshire PSBs will merge during 2026/27 and work is already underway to bring priorities and work programmes into alignment. Pembrokeshire's PSB will continue to operate independently, while maintaining strong strategic links with neighbouring PSBs.

Here's how our Well-being Objectives align with those of the PSBs:

4. Demonstrating our Well-being Objectives 2025/26

Although new objectives have been established for 2026/27 and beyond, this report provides a retrospective review of the objectives in place during 2025/26.

Delivering its well-being objectives has been embedded across the Health Board's work throughout 2025/26. Activity has been aligned to the four themes of early intervention and prevention, environment and climate change, workforce planning and development, and collaboration, involvement and integration. This report has already outlined the strategic decisions underpinning this approach, and during the year these have been translated into coordinated operational delivery across services.

For early intervention and prevention, the 2025/26 Plan demonstrates a continued shift towards improving population health outcomes and reducing demand on acute services. Priority actions include increasing vaccination uptake, expanding access to smoking cessation services, strengthening early access to mental health support, and improving diagnostic capacity to support earlier identification and treatment. These actions are complemented by the ongoing development of community-based models of care and targeted programmes such as women's health hubs and services for children and young people, reflecting a whole system approach to prevention and reducing health inequalities.

The Health Board has also continued to make progress against its environment and climate change objectives, embedding sustainability within core planning and operational delivery. Work during 2025/26 has included progressing decarbonisation actions across estates, procurement and service models, alongside the development and early implementation of a Climate Adaptation Plan to strengthen organisational resilience to climate related risks. These actions support the wider ambition to strengthen organisational resilience and support a low carbon, sustainable health and care system.

Workforce planning and development has been a key priority during 2025/26, with a focus on stabilising and transforming the workforce to meet changing service needs. This includes strengthening retention and wellbeing support and improving workforce planning through integrated planning processes. Alongside this, the Health Board has progressed the development of a Fair Work Charter to support an inclusive and supportive employment offer, and continued engagement

with schools and education partners to promote NHS careers and strengthen future workforce supply.

Collaboration, involvement and integration continue to underpin delivery across all areas. The Health Board has strengthened partnership working with Local Authorities, communities and the third sector, supported by integrated planning arrangements and engagement activity. During 2025/26, this has been evidenced through the strengthening of integrated community networks, and continued co production with communities to support the design and delivery of services that are responsive to local needs.

The following case studies demonstrate how these approaches are being translated into practice and how the Health Board is delivering its well-being objectives during 2025/26.

4.1 Early Intervention and Prevention

StARTing Well: Perinatal Mental Health and Creative Arts Programme

StARTing Well is a collaborative perinatal mental health and creative arts programme developed to support expectant and new parents across West Wales. The initiative brings together Public Health, the Perinatal Mental Health Team, Arts in Health, and community-based artists to deliver a series of structured, creative sessions in community settings.

The programme provides a safe, inclusive space where parents can explore their emotional wellbeing through creative activities such as art-making alongside facilitated discussions on mental health, attachment, and early relationships. Sessions are designed to reduce stigma, encourage self-expression, and promote positive parent–infant bonding.

The project has been delivered in locations including Llwynhendy, Pembroke Dock, Aberystwyth, Haverfordwest, Cardigan with further rollout planned in additional communities. The approach aligns with the broader Starting Well agenda through its long-term focus on early intervention and prevention. It is preventative in seeking to reduce the escalation of mental health needs, integrated across health, arts and community services, collaborative in its multi-agency delivery, and inclusive in placing the voices and experiences of parents at its centre.

The initiative improved parents' emotional wellbeing and confidence in managing perinatal mental health, reduced isolation through peer support, strengthened parent–baby attachment, and increased awareness of support services. It also benefited staff and services by strengthening cross-sector partnerships, promoting creative approaches to mental health, supporting workforce development in trauma-informed practice, and improving engagement with under-represented families.

Lifestyle Medicine - Abi's Story

The Pembrokeshire Lifestyle Health and Wellbeing Programme is a collaborative initiative that brings together clinicians, public health professionals, community connectors, and local partners to promote healthier lifestyles, using the Lifestyle Medicine approach.

The Programme focuses on supporting individuals and communities to make positive, sustainable changes, such as improving nutrition, increasing physical activity, and improving overall wellbeing by connecting them with local services, resources, and peer support. It aims to empower people to take greater control of their health through a preventative, community-based approach.

This short film, "Abi's Story," shares a powerful, real-life example of how a whole systems, prevention focused approach to health and wellbeing can transform lives. It follows Abi's journey of improving her health through lifestyle medicine, health coaching and community-based support, highlighting the positive ripple effects on her family and wider community.

Included in this case study, the video brings to life the principles of the WFGA, particularly prevention, collaboration and long-term thinking. It demonstrates how integrating health coaching with community and clinical support can create sustainable improvements in population health and well-being.

Engaging Migrant Communities to Improve Access to Health Services

The Community Development Outreach Team (CDOT) delivered targeted engagement with migrant workers across Aberystwyth to promote access to NHS services and encourage attendance at a free liver health event. The outreach focused on raising awareness of free interpretation and translation services, NHS 111 Option 2, and preventative health checks including liver screening, Human Immunodeficiency Virus (HIV) and blood-borne virus testing.

During 2025/26, engagement took place in trusted community settings including barbershops, food shops, factories, a car wash and an abattoir. Multilingual resources were distributed, including interpretation cards and health information on prostate cancer, diabetes and breast awareness. Conversations were also used to promote World Mental Health Day and encourage open discussions about mental health.

The initiative improved awareness and accessibility of health services among diverse migrant communities, reducing language and knowledge barriers. Engagement led to increased interest in preventative healthcare, with seven Malayalam speakers and one Polish speaker expressing interest in attending the liver health event. Four patients of Indian origin subsequently attended for screening.

The outreach also contributed to early intervention; one individual followed up on prostate advice from previous engagement and is now receiving cancer treatment. Mental health conversations helped reduce stigma and signposted individuals to appropriate support via NHS 111 Option 2. Staff strengthened relationships with community members and local businesses, building trust and creating opportunities for ongoing engagement.

HARP: Hywel Dda Arts Referral Pathway - Supporting Wellbeing with creativity

The Hywel Dda Arts Referral Pathway (HARP) was developed in response to rising demand on primary care, the need for preventative, person-centred approaches to health and wellbeing and the evidence base of the benefits of the arts for health and wellbeing. The programme supports individuals experiencing chronic conditions, loneliness and anxiety through non-clinical, community-based arts interventions, contributing to a healthier, more equal and more cohesive Wales.

Delivered across the region, HARP provided structured eight-week programmes led by local arts partners. Sessions included creative and social activities alongside opportunities to connect with wider health and wellbeing support. The programme was co-produced with health professionals and community arts partners (Arts Care Gofal Celf, Arts4Wellbeing, People Speak Up, and SPAN Arts), demonstrating strong collaboration and involvement in design and delivery.

Flexible approaches, including transport support, adaptable session formats and inclusive participation options helped reduce barriers to engagement, particularly for those most at risk of isolation. This reflects a long-term and preventative approach, supporting earlier intervention and reducing reliance on clinical services.

HARP delivered clear benefits including improved mental wellbeing, reduced loneliness and stronger social connections. Participants reported increased confidence, renewed motivation and re-engagement in community life.

For some individuals, the intervention was particularly impactful, with one GP noting it “saved her at a point of crisis.” This highlights the value of early intervention and prevention in reducing escalation of need.

The programme also strengthened partnership working between health services and the voluntary and cultural sectors, contributing to a more integrated and sustainable system. Learning from the pilot is informing future roll-out, supporting long-term system change and embedding creative health approaches across HDdUHB.

Health and Wellbeing Month – Collaboration with Pembrokeshire College

In February 2026 a whole month of health and wellbeing events were delivered in collaboration with Pembrokeshire College, focusing on supporting people to live well and the importance of looking after your physical, mental and emotional health and wellbeing to prevent the future development of long-term health conditions.

Events were chosen to coincide with national or global awareness days, covering World Cancer Day, Time to Talk Day, Random Acts of Kindness Day, Children's Mental Health Week, and Student Volunteering Week. Additional areas of focus included Green and Blue Health, Women's Health and Lifestyle and Long-Term Conditions. Organisations and services from across health, local authority and the third sector attended a variety of sessions at the College during the month, including stalls, talks and Question & Answer (Q&A) sessions. Students and staff were targeted with important health messages aimed at supporting them to improve their physical, mental and emotional health for now and the future.

Health services attending during the month included: Diabetes, Respiratory and Heart Failure speciality nursing teams; Cancer Services; Community Development Outreach Team; Lechyd Da; Immunisation and Vaccination Team; Older Adult Mental Health; 111 #2; Future Workforce Team; Smoking Cessation; Be Well Service; Pelvic Health and many more. Over 400 students were targeted directly through talks and Q&A's, with over a thousand additional learners and staff accessing information through the stalls during the month. Feedback from the college highlights examples of huge personal impact for students, including quitting smoking and wishing to pursue a career as a nutritionist.

The events were such a success that discussions are already taking place with the college around repeating next year, however with even more focus on being curriculum based in the future.

4.2 Workforce Planning and Development

Developing our Workforce through Welsh-Medium Apprenticeships

One of our HDdUHB apprentices, Teleri, was recently named runner-up at the B-wbl Apprenticeship Awards for the Inspirational Use of the Welsh Language, recognising a commitment to promoting bilingualism and delivering Welsh-medium care within HDdUHB.

As a Clinical Healthcare Support Apprentice at Glangwili Hospital (GGH), and while studying through the medium of Welsh at Pembrokeshire College, Teleri is an example of how apprenticeship pathways help strengthen workforce sustainability while enhancing patient-centred care. Combining workplace experience with formal education has enabled the development of practical competencies and confidence preparing Teleri to respond effectively to the evolving needs of patients and healthcare services.

A particular strength throughout the apprenticeship has been Teleri's dedication to bilingual healthcare delivery. As a Coleg Cymraeg Cenedlaethol Apprenticeship Ambassador, Teleri actively promoted Welsh-medium learning pathways and supported patients to communicate in their preferred language. This demonstrates a commitment to equitable, inclusive care and the importance of a workforce that can meet the linguistic and cultural needs of communities.

Teleri's journey is an example of how apprenticeship programmes develop a skilled and future-ready workforce, capable of meeting the changing demands of modern healthcare services while promoting the Welsh language and bilingual care across our services.

Developing a Skilled Workforce Through Apprenticeships

Another of our apprentices, Hanna Griffiths, is an example of how apprenticeships are helping to develop a skilled and compassionate workforce. As a Clinical Health Apprentice at Glangwili Hospital, Hanna demonstrated outstanding professionalism and dedication whilst working full-time on a busy dementia ward and studying through Pembrokeshire College.

As a first-language Welsh speaker, Hanna plays a vital role in delivering compassionate Welsh-medium care to patients, particularly those living with dementia. Communicating through Welsh helps improve patient comfort and emotional wellbeing, reinforcing the importance of a bilingual workforce. Hanna actively promotes bilingualism amongst colleagues, encouraging confidence in using Welsh across teams and supporting inclusive, patient-centred care.

Hanna's influence extends beyond her daily role. As a Welsh Language Ambassador, she has continuously promoted Welsh-medium and bilingual apprenticeships and her dedication to professional development has also enabled her to secure a place to progress onto Level 4 Nursing studies, further strengthening the future nursing workforce within HDdUHB.

In recognition of her achievements, Hanna won the B-wbl Apprenticeship Awards in the Welsh Language Award category. This achievement reflects Hanna's exceptional commitment to promoting Welsh language skills within healthcare, alongside her passion for providing high-quality patient care.

Supporting the Armed Forces community – HDdUHB as an employer of choice

As a Gold award holder for the Defence Employer Recognition scheme, the Health Board raises awareness of its status as a Forces friendly employer. Our application form includes the question "Are you a member of the Armed Forces Community?'" During the shortlisting process, applications from members of the Armed Forces community are highlighted and, if individuals meet the minimum essential criteria for the role, they are guaranteed an interview.

In partnership with the VC Gallery, the Health Board held an information session (online and in person) outlining the opportunities available and the application process for vacancies including the Guaranteed Interview Scheme for the veteran and the Armed Forces community.

Between 1 April 2025 and 31 March 2026, a total of 386 applicants declared that they are a "Member of the armed forces community," an increase by 169 or 78% since 31 March 2025. Of these, 138 or 36% were invited to interview; and 37 or 27% of those who were interviewed were offered roles in the Health Board.

4.3 Environment and Climate Change

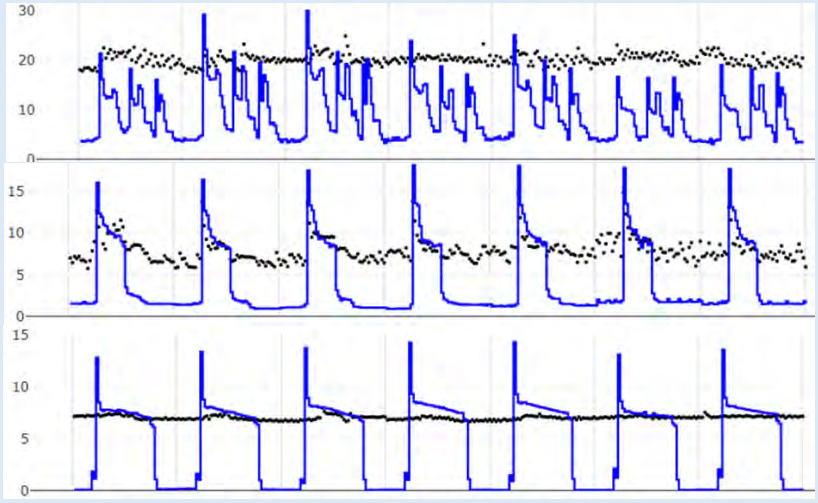
Software to Reduce Waste Gas

In 2025/26 HDdUHB partnered with a software analytics company called kWIQly UK Ltd. kWIQly's software works with HDdUHB's gas supplier, Total Energies Gas & Power, to take in gas consumption data in the form of half-hourly automated meter readings and uses algorithms to display the data in various ways and analyses the buildings' gas consumption to spot any waste.

The software has a large amount of automation, using pattern recognition and machine learning to detect control strategy issues or equipment inefficiencies. For example, significant out-of-hours usage or changes in consumption inconsistent with outside temperature. These anomalies are then flagged automatically, reducing the need for manual analysis, thanks to kWIQly's continuous monitoring of half-hourly meter data.

Since HDdUHB started using the system last year, it alerted both kWIQly and the Health Board to unusually high energy consumption at three small healthcare buildings in Winter 2025/26. It compared the previous years' gas consumption profiles for the buildings and outside temperatures to confirm they were consuming more than they ought to have been.

There had been issues whereby the heating systems had been manually switched on rather than put on timer controls, which can be seen comparing the sites' constant weekly gas kW consumption profiles (in black) against their regular, timed historic weekly kW consumption profiles (blue).



The software detected the issues rapidly and maintenance staff were then able to modify the boilers' controls. Without the software it would have taken much longer to realise the increased consumption and diagnose the issues, by which time more heat, money and carbon dioxide (CO_2e) emissions would have been wasted. This allowed the earlier detection of wasteful gas consumption and heating being left on, which helped keep HDdUHB's buildings at the right temperature providing a better patient and staff environment, for example spotting where heating has been left on overheating the building.

Assuming it would have taken twice as long to fix the issues without the software, it avoided £2,400 in gas bills, freeing up funds for clinical needs which benefit patients. The software also avoided eight tonnes of CO_2e emissions, reducing the Health Board's carbon footprint and contributing towards the Health Board's, NHS Wales', and Welsh Government's decarbonisation targets.

HDdUHB Energy Performance Contract

'Improving our buildings, cutting carbon and saving on energy costs'

HDdUHB has officially moved into the delivery phase of its second major Energy Performance Contract (EPC), following the award of the contract to Vital Energi in April 2025 and receipt of over £7m of Welsh Government funding from the Wales funding programme.

After extensive planning and project scoping across the 2024/25 and 2025/26 financial years, work is now beginning on six sites as part of a long-term programme to improve the energy performance of our hospitals and healthcare buildings. This work is expected to reduce HDdUHB's greenhouse gas emissions by more than 700 tonnes of CO_2e annually and deliver energy consumption savings that will repay the Welsh Government's interest-free loan within the first 10 years.

An Energy Performance Contract is a partnership model used widely across the NHS and public sector to improve how buildings use energy.

Under an EPC:

- Energy efficiency improvements are designed, delivered and performance-guaranteed by a specialist provider
- The Health Board benefits from reduced energy consumption and lower carbon emissions
- Financial savings from reduced energy use help support the investment over time

This EPC supports HDdUHB's commitment to reducing carbon emissions, improving the resilience of our estate, and using public money more efficiently.

The EPC will introduce a range of energy efficiency and decarbonisation measures across selected sites, including more efficient heating, lighting and ventilation systems, improved controls and energy-efficient infrastructure upgrades.

Staff will benefit from more comfortable and reliable working environments, while patients will benefit from better-performing healthcare buildings that need less maintenance and support safe, high-quality care.

The programme has now entered the capital delivery phase. Work will be coordinated carefully across sites to minimise disruption. Work on this phase is expected to finish in 2027, and planning for a second phase to make further improvements will begin in the meantime.

4.4 Collaboration, Involvement, and Integration

Regional Whole Systems Approach to healthy weight

An example of how a new way of working is helping to strengthen alignment between the Health Board's and the PSBs Well-being Plan Objectives is our regional Whole Systems Approach (WSA) to healthy weight. This approach represents an ambitious and long-term commitment to improving the structural and environmental conditions for healthy weight and mitigating against inequalities, built on collaboration and a regional shared vision across Hywel Dda and Swansea Bay University Health Board (SBUHB) areas. Following ongoing active engagement and participatory workshops during Autumn 2024, the five PSBs across the region identified Access to Food as a priority area of focus reflecting the role that the affordability and accessibility of healthy and unhealthy food have in determining the opportunities within our communities for people to achieve good health and wellbeing.

In March 2026, the WSA to healthy weight team brought together members of all three PSBs across HDdUHB to narrow the focus within the broad priority of access to food. Public service food procurement was agreed as the shared area of focus for collaboration across the HDdUHB PSBs, mirroring the decision made by the SBUHB PSBs in October 2025. This demonstrates a shared commitment to delivering our 2050 vision of a sustainable and resilient food system with nutritious food for all.

Carmarthenshire, Ceredigion, Pembrokeshire, Swansea, and Neath Port Talbot demonstrates integration across organisational boundaries and a commitment to delivering meaningful, system-wide change.

This collaborative regional work across Hywel Dda and Swansea Bay University Health Boards areas to support both Directors of Public Health and through them, the five Public Services Boards (PSBs) in

The WSA to healthy weight work comes under the Leadership & Enabling Change theme of the national Healthy Weight, Healthy Wales Strategy (2019). Further information on the Heathy Weight, Healthy Wales strategy can be found here.

From insight to Action: Embedding Nature-based Well-being in Social Prescribing

Canolfan Arloesedd Gymdeithasol
Centre for Social Innovation

Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

The Nature Leadership Programme delivered by James Moore, Centre for Social Innovation, is a two-day development intervention supported by coaching and action learning, designed to build confidence and capability in using nature- based approaches to improving well-being. Following successful delivery for the Carmarthenshire Social Prescribing Team, it combines practical tools, reflective learning, and leadership development to help participants integrate nature into everyday practice.

A mixed-methods evaluation approach is used, including pre and post programme self-assessment across eighteen indicators and qualitative feedback. This enabled insights into both measurable changes in confidence and the lived experience of participants.

The programme led to a 34% measurable increase in confidence and capability, with an average improvement of over 1.7 points on a 5-point scale. The Team reported feeling more confident to lead well-being activities and integrate nature into patient support. One participant reflected: *"I am now inspired and excited to start a new nature-based group with my patients."*

Participants also described immediate changes in practice, including facilitating well-being walks and holding walking appointments: *"I did a walking 1:1 meeting today"* and *"I have facilitated a wellbeing walk and will arrange another soon."*

The programme also strengthened personal well-being and resilience. The team highlighted that nature-based approaches are *"a tool to help people open up but also for calming and resetting for myself"* and recognised *"how easy it is to find and explore wellbeing through nature."*

Importantly, they also identified their role in building community well-being: *"I will be championing this training... and supporting others to build community through nature."*

Overall, the programme has supported a shift towards more preventative, asset-based approaches in social prescribing, benefiting both colleagues and patients through increased confidence, improved wellbeing, and expanded access to nature-based interventions. James continues to deliver this intervention to teams and groups within the Health Board and partner organisations.

Transforming Tyisha

Transforming Tyisha is a multi-agency, place-based initiative addressing deprivation in the Tyisha ward of Carmarthenshire, where challenges include poor health, low income and community safety concerns.

Since 2019, a dedicated team has delivered coordinated action across housing, environment, community safety and health. The project uses an asset-based community development approach, actively involving residents and building local capacity.

A key strength of Transforming Tyisha is strong partnership working across multiple organisations and sectors including Public Health teams. A multi-disciplinary team, including housing, environmental health, community safety and project development roles, works collaboratively to address the wider determinants of health.

Partnership delivery is further strengthened through:

- Joint working with community groups and residents
- Coordinated Local Authority services and shared intelligence
- External funding partnerships (e.g. Community Renewal Fund, Shared Prosperity Fund)
- A shared commitment to improving outcomes through collective action

This collaborative approach has been critical in driving sustainable change and ensuring services are aligned to community needs. Key actions include:

- Improvements to housing, public spaces and community facilities
- Crime prevention and safety initiatives
- Community engagement and volunteering
- Preventative health programmes (e.g. physical activity, healthy eating, outreach, immunisations)

The project has led to measurable improvements in crime levels, community cohesion, environmental quality and resident engagement:

- Community safety: 35% reduction in crime (2023)
- Perception of safety: Increase in residents reporting they feel safe in their community
- Environment: Improved satisfaction with local cleanliness and maintenance
- Community engagement: Increased number of volunteers and community champions
- Housing: Number of quality homes delivered through regeneration activity
- Uptake of local health initiatives and participation in community activities

Transforming Tyisha highlights how integrated, community-led approaches can improve wellbeing and reduce health inequalities in disadvantaged areas.

Pembrokeshire Peninsula

The Pembrokeshire Peninsula work brings together communities, HDdUHB and local partners including Pembrokeshire County Council and Pembrokeshire Association of Voluntary Services to develop a sustainable, place-based approach to health, care and wellbeing across the St Davids Peninsula.

This work has been shaped by the unique challenges of delivering services in a rural and geographically dispersed area, alongside recent pressures affecting local GP provision. Through collaborative working, the programme is supporting the development of integrated, community-focused solutions that aim to improve access, strengthen resilience within primary care, and better meet the needs of the local population.

Looking ahead, this partnership approach provides a strong foundation for continued innovation, with opportunities to further develop multidisciplinary models of care, enhance prevention and wellbeing activity, and build services that are responsive to both current and future population needs.

Social Model for Health and Wellbeing Community of Practice.

The Social Model for Health and Wellbeing Community of Practice (CoP), established in 2025, provides a regional, cross sector platform to support shared learning, good practice and opportunities in relation to preventative, community-focused approaches to health and well-being. Grounded in the SMfHW Charter and aligned to AHMWW, the CoP brings together over 100 members from health, Local Authorities, third sector organisations and community groups.

The CoP promotes and enables strong cross-sector working, knowledge sharing and better awareness of and connection across programmes. It is instrumental in supporting practical implementation of a SMfHW through quarterly meetings, knowledge exchange and showcasing innovation. Presentations on innovative approaches such as community led and owned enterprises, nature-based wellbeing and leadership initiatives, community transformations projects and arts in health can strengthen momentum and confidence in understanding and applying SMfHW principles in practice. Members actively shape the agenda reinforcing the CoP's inclusive and co-productive ethos.

A structured monitoring framework tracks engagement, representation and outcomes, evidencing increased collaboration and shared working across organisational boundaries. A bilingual CoP Handbook further supports consistency, governance and learning. Recent qualitative evaluation reflected that members agreed over the value of the group. It also gave suggestions for improvement through increased reach and impact.

The CoP has strengthened system-wide relationships and showcased more integrated, preventative approaches to health and wellbeing. By promoting and showcasing collaboration and co-production with communities, it will contribute to addressing the wider determinants of health and reducing inequalities. Increased knowledge sharing has supported staff to adopt new approaches and connect with partners, as well as accessing opportunities. Overall, the CoP is contributing to regional efforts to embed a Social Model for Health and Wellbeing for the benefit of individuals and their communities.

5. Next steps

During 2025/26, we continued to embed the principles of the WFGA across strategic planning and service delivery. Through a strong focus on prevention, workforce development, environmental sustainability, and partnership working, the Health Board has demonstrated its commitment to improving health and well-being, reducing inequalities, and creating sustainable services for future generations.

As we move into 2026/27, the Health Board will focus on delivering its refreshed Well-being Objectives, embedding the 20four7 Prevention Model and Social Model for Health and Well-being, and continuing to reduce health inequalities through prevention and early intervention. We will strengthen collaboration with communities and partners, support workforce transformation and wellbeing, and progress our decarbonisation and climate adaptation programmes.

Through continued engagement, learning and evaluation, we will ensure that the principles of the Act remain at the heart of decision-making, helping to improve outcomes for current and future generations.

Acknowledgement

This report was developed through the contributions of colleagues from across HDdUHB and partner organisations. We would like to thank all those who provided information, case studies and examples of good practice which have informed and shaped this report.

References

Hywel Dda University Health Board (2019) A Healthier Mid and West Wales: Our Future Generations Living Well. Available at: hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/healthier-mid-and-west-wales-folder/documents/a-healthier-mid-and-west-wales-strategy/

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2.4 **10:25, 10 Mins**

2.4 - DEFERRED: Climate Mitigation and Adaption

> For assurance

3

10:35, 0 Mins

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3 - Capital and Estates

3.1

10:35, 10 Mins

3.1 - Capital Programme Update

Shaun Ayres (Hywel Dda UHB - Director of Delivery), Eldeg Rosser (Head of Capital Planning)

For approval

Attachments

3.1.1 Capital Programme Update 26-27.pdf

3.1.2 Annex 1 - Sealing schedule SPC Aug 26.pdf

3.1.3 Annex 2 - CSC Update (3As) Report. July 26.pdf

Pwyllgor Strategaeth a Chynllunio/ Strategy and Planning Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	20 AUGUST 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Capital Programme Update for 2026/27 and Capital Governance Update Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Eldeg Rosser, Head of Capital Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/ For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report is presented to the Strategy and Planning Committee (SPC) to:

- Update on the 2026/27 Capital Programme and Capital Resource Limit (CRL) for 2026/27
- Update on the allocation of the Discretionary Capital Programme (DCP) for 2026/27
- Notify the SPC of the contracts that may require sealing.
- Provide a capital schemes governance update.
- Provide an update on the Targeted Estates Fund (TEF) allocation and schemes.
- Provide an update on property leases.
- Provide an update from the Capital Sub-Committee (CSC)

Cefndir / Background

This report provides an update on the 2026/27 DCP. It follows on from the report and discussion at the SPC meeting held on 25 June 2026 and the CSC meeting held on 23 July 2026.

The available capital allocation for 2026/27 will provide Hywel Dda University Health Board (HDdUHB) with a significant challenge and risk in trying to address the historical backlog in:

- Medical and non-medical equipment
- Informatics and Digital infrastructure and equipment
- Estates, statutory and infrastructure

Risk
The corporate risk 1196 states:

There is a risk the Health Board is not able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure appropriate facilities, medical

equipment and digital infrastructure of an appropriate standard. This could lead to an impact/effect on the Health Board's ability to deliver its strategic objectives, service improvement/ development, statutory compliance (i.e., fire, health and safety) and delivery of day-to-day patient care.

Discretionary Allocation Use
The terms of the Discretionary Capital Allocation letter from Welsh Government (WG) state:

Discretionary capital is that allocated directly to NHS organisations for the following priority obligations across all healthcare settings: Meeting statutory obligations, such as health and safety and Firecode; maintaining the fabric of the estate; and the timely replacement of equipment.

The prioritisation process for DCP includes representation from Executive portfolios at the Capital Planning Group (CPG) which reports to the CSC, and the position set out is consistent with that reported to the Finance and Performance Committee (FPC).

Asesiad / Assessment

Capital Resource Limit 2026/27
The CRL for 2026/27 has been issued with the following allocations:

Allocation	£m
All Wales Capital Programme (AWCP)	26.502
Discretionary Programme* (DCP)	8.087
Total	**34.589**

***The Health Board received DCP of £11.228m in 2026/27. A contribution of £2.011m has been made towards the Targeted Estates Fund schemes within All Wales Capital Programme (AWCP) and a contribution of £0.11m towards the refurbishment costs of Picton Terrace. A further £1.02m has been paid back to the AWCP to account for capital scheme slippages in 2025/26.**

There have been no additions or other amendments to the CRL since the last report.

Capital Expenditure Plan
The following table shows the capital expenditure plan for 2026/27 with expenditure incurred to date:

Scheme	Planned Spend 2026/27 £m	Cumulative Spend Apr-Jul £m	Spend July £m	Remaining balance £m
AWCP				
Withybush Hospital (WGH)- Fire Enforcement and Associated Works - Phase 2	4.034	0.878	0.171	3.156
Bronglais Hospital (BGH) - Fire Precaution Upgrade Works - Fees	0.741	0.379	0.191	0.362
Year End Funding – October 2024 – Pentre Awel	0.250	0.011	0.002	0.239

Aseptic Unit, WGH	2.364	0.799	0.222	1.565
TEF - Fire	0.644	0.018	0.003	0.626
TEF - Infrastructure	5.214	0.940	0.343	4.274
TEF - Decarbonisation	1.699	0.026	0.018	1.673
TEF - Mental Health	0.759	0.085	0.148	0.674
TEF - Decontamination	0.157	0.145	0.077	0.012
Decarbonisation Project	5.416	3.339	0.213	2.077
Diagnostics equipment - Dual-energy X-ray absorptiometry (DEXA) scanner	0.628	0.033	0.004	0.595
Major Infrastructure Investment Plan, Phase 1 Business Justification Case (BJC) Fees	0.834	0.109	0.052	0.725
Commercial Research Delivery Equipment Call Funding	0.024	0.018	0.000	0.006
Mental Health Quality and Safety Schemes 2026-27	0.515	0.026	0.002	0.489
Carmarthen Hwb - Equipment and Fit-out costs	1.385	0.117	0.018	1.268
Fishguard Health and Wellbeing Centre	1.513	0.000	-0.011*	1.513
Bandi Children Centre	0.325	0.006	0.005	0.319
Sub-total AWCP	**26.502**	**6.929**	**1.458**	**19.573**
Discretionary				
I.T.	0.800	0.350	0.034	0.450
Equipment	2.638	0.237	0.141	2.401
Statutory Compliance	0.450	0.060	0.031	0.390
Estates	3.332	0.389	0.278	2.943
Other	0.867	0.117	0.045	0.750
Sub-total Discretionary	**8.087**	**1.153**	**0.529**	**6.934**
TOTAL	**34.589**	**8.082**	**1.987**	**26.507**

*negative in month spend due to reclassification of costs

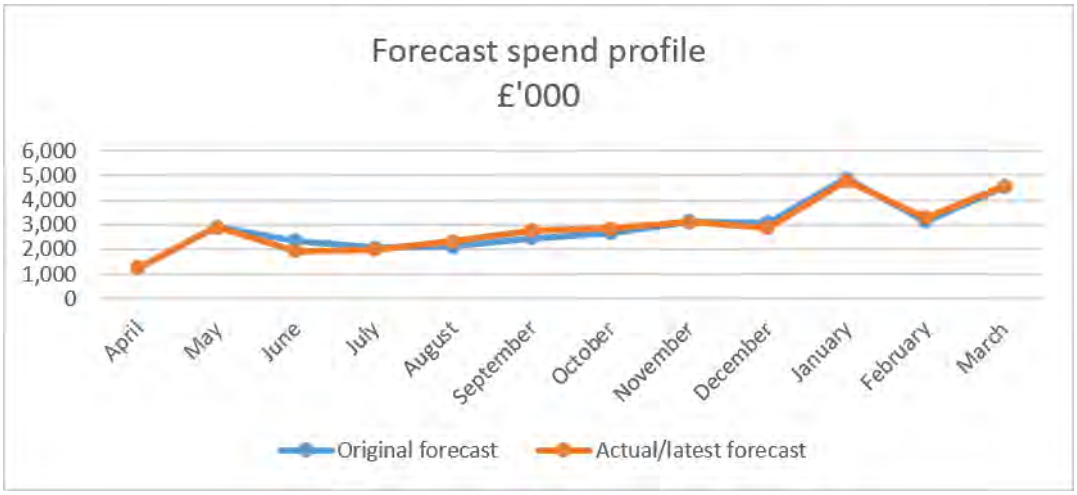
Further details on the revenue consequences of these schemes are noted in Appendix 1.

Risks to delivery of Capital Programme
The TEF Project team have flagged a risk of overspend of £0.245m in relation to the WGH and Prince Philip Hospital (PPH) Generator schemes, part of the TEF Infrastructure heading. To mitigate this, a request to transfer funds from the TEF Decarbonisation has been submitted to WG; the PPH Solar Farm scheme which is part of that stream is now not progressing therefore the transfer is from that scheme.

Expenditure Profile Forecast
The below graph indicates that capital spend is expected to remain consistent until December 2026 with an increase in spend between January and March 2027.

Expenditure to date has broadly followed forecast; June 2026 expenditure was approximately £0.4m below forecast due to several smaller underspends against All Wales Capital Programme schemes.

Progress will be monitored monthly with corrective actions taken where material slippages are identified.



Discretionary Capital Allocation (DCP)
2026/27

HDdUHB's discretionary allocation for 2026/27 was confirmed at £11.228m an increase of £1.128m on the 2025/26 allocation. Whilst this is very good news, it needs to be considered in the context of a combined backlog of c£300m across the estate, medical equipment and IM&T.

Current estimated value of the backlog is:

- £265m Estates backlog
- £26.6m Medical Devices
- £15m-£18m Digital backlog

The Board in their meeting on 26 March 2026 approved the following programme for 2026/27 and the provisional split of the allocation for 2027/28.

	£m
Pre-Commitment	2.110
Business Case Development	0.400
Capital Support	0.200
Contingency Reserve	1.000
Opportunity risks	1.000
Spend to Save	0.300
Refurbishment of clinical areas	1.000
Statutory and estates programme	0.500
Equipment	1.000
Digital	1.000
Allocation via matrix	3.350
Total	**11.860***

* overcommitted as previously highlighted

The current schedule of pre-commitments for 2026/27 is listed in the table below:

	Option £m
TEF 2026/27	2.546
Paediatric Consultation	1.200
Residential Accommodation	0.200
WG payback Picton Terrace	0.110
Dinefwr Ward bathrooms	0.300
Microbiology WGH – H&S notice	0.400
Total	**4.756**

It is currently anticipated that the specific allocation will be utilised as follows:

Equipment:

- £1.000m for the endoscopy gastroscopy replacement plan
- £0.600m for equipment replacement priorities currently being finalised

Statutory and estates:

- £0.020m Firecode and safety compliance
- £0.072m legionella compliance
- £0.045m asbestos compliance
- £0.018m ISO 14001
- £0.040m lift compliance
- £0.040m medical gas compliance
- £0.120m fixed and Portable Appliance Testing (PAT) testing compliance
- £0.065m ductwork cleaning and damper compliance
- £0.020m f-gas compliance
- £0.010m radon compliance

Digital

- £0.100m Close Circuit Television
- £0.100m Close Circuit Television
- £0.350m New and replacement IT equipment
- £0.100m E-Observation devices
- £0.100m Electronic Prescribing and Medicines Administration (EPMA)
- £0.300m Atrium payback for items procured in 2025/26

Other pressures on the programme currently are:

- A potential requirement of £2.8m for security issues
- A requirement of £0.500m to £1.2m for changes to the PPH Minor Injuries Unit (MIU) following the recent consultation.

We are currently developing the scope and exploring funding routes for these projects.

Additional allocations

The Health Board has received the following additional Welsh Government allocations for 2026/27:

Mental Health Estates Targeted Improvements Bids

An allocation of £4m across Wales has been made available to support the transition to new models of care for people in crisis and focuses on quality and safety of service provision. HDdUHB has secured **£0.515m** from this fund for:

- £0.116m – Replacement roof Canolfan Gwili Specialist Child and Adolescent Mental Health Services (SCAMHS) Centre
- £0.399m – Electro-convulsive Therapy (ECT) Suite point of ligature works, and St Caradog adaptation works

Radiology Replacement equipment
Confirmation has been received that funding of **£0.628m** has been made available to replace the DEXA Scanner at BGH.

Estates and Digital Backlog
The Health Board has been asked to submit bids for additional capital to deal with infrastructure and digital backlog issues. Bids totalling £3.435m were submitted on 26 June 2026.

Use of Contingency
At the point of preparing this report the following amounts have already been committed from our original £1.000m contingency:

Discretionary Capital Programme 2026/27	
	£m
Ear, Nose and Throat (ENT) Laser Theatres	0.076
Nuclear Medicine - Uninterruptible Power Supply (UPS) Batteries	0.016
Cardiology Picture Archiving and Communication System (PACS) System	0.150
Replacement emergency call bell system in Outpatients South Pembrokeshire Hospital (SPH)	0.025
Replacement Dishwasher - Gwenllian Ward	0.009
Replacement Air Conditioning (AC) Unit - Audiology, Outpatient Department (OPD) Planned Care	0.008
Boiler House Repairs to Boiler No 2	0.019
PPH Ward 9 Dishwasher	0.007
Chiller Replacement serving the Air Handling Unit (AHU) for Magnetic Resonance Imaging (MRI) Dept	0.034
Cilgerran Ward Dishwasher	0.007
Accident and Emergency (A&E) and Intensive Care Unit (ICU) Chillers	0.036
Environmental Health Notice Amman Valley	0.018
Temporary Cooling PPH	0.070
PPH Ward 9 Dishwasher	0.007
MRI Glangwili Hospital (GGH) replacement part	0.057
Replacement ENT microscope	0.026
Replacement Head and neck Coil MRI WGH	0.046
Replace air conditioning unit Blood Bank GGH	0.007
Total	**0.618**

This leaves a balance against this allocation of £0.332m
Given the pressure on the contingency, work is currently being undertaken to review the uncommitted balances in the programme with a view to top up the balance in the contingency allocation.

Operational Risk/Opportunity
At the point of preparing this report the following amounts have been committed from the opening balance of £0.500m:

Discretionary Capital Programme 2026/27	
	£m
Contribution to Cross hands Full Business Case (FBC) fees	0.250
Works in Amman Valley for community clinics	0.037
Works associates with pathology moves in GGH	0.100
Total	**0.387**

This leaves a balance against this allocation of £0.113m
Given the pressure on the contingency work is currently being undertaken to review the uncommitted balances in the programme with a view to top up the balance in the contingency allocation.

Spend to Save
At the point of preparing this report the following amounts have been committed from the opening balance:

Discretionary Capital Programme 2026/27	
	£m
Conmed equipment	0.017
Balance	**0.264**

A review of the 2026/27 allocations will be carried out in the next few weeks to reflect the pressures on the contingency reserve and any VAT recovery that may be due in year.
2027/28

It is also proposed that the following allocations are made for 2027/28 so that we can start the planning process early:

Pre-Commitments 2027/28	£m
TEF 2027/28	2.000
Welsh Government payback Picton Terrace	0.110
Total	**2.110**

	£m

Pre-Commitment	2.110
Business Case Development	0.400
Capital Support	0.200
Contingency Reserve	1.000
Opportunity risks	1.000
Spend to Save	0.300
Refurbishment of clinical areas	1.000
Statutory and estates programme	0.500
Equipment	1.000
Digital	1.000
Allocation via matrix	3.350
Total	**11.860**

Work on planning the use of these allocations will start in early 2026/27.

Potential contracts for sealing
The Board has approved the distribution of HDdUHB's capital allocation and plan. The delivery of this plan requires the Health Board to enter works and construction contracts which may require sealing. Works and construction contracts executed under seal provide an extended latent defects period cover, an extension from six years to 12 years.

Schemes listed in Annex 1, are the schedule of projects that are currently in our capital plan that may be associated works contracts that require sealing. This schedule is updated for CSC and SPC on an ongoing basis so that it can be submitted to Board with the Committee update.

Capital Governance – Project Updates
At the July 2026 meeting of the CSC, the projects with a current alert status were reported as follows:

Project:	**RAG Indicator:**	**Stage:**	**Matters for Sub Committee attention:**
Fishguard Health and Wellbeing Centre	**ALERT**	Strategic Assessment	Project team working closely with Pembrokeshire County Council (PCC) on land options. Project Group meetings on hold until further clarification on land availability. Joint presentation pack on opportunities for integrated scheme with Local Authority Care Campus and other partners to be developed led by West Wales Regional Partnership Board (WWRPB).
Next Key Milestone:	Further meetings with PCC to look at potential sites suitable for the scheme.		

Projects led by other organisations:
Atriwm (formerly Carmarthen Hwb led by Carmarthenshire County Council (CaCC))

Additional work needed to the outside infrastructure of the building will result in a delay in the opening of this facility. Handover could now be delayed into early 2027 which will further delay the opening. Work continues on the commissioning plan for the development.

Pentre Awel (led by Carmarthenshire County Council)
Services have moved into Block B over a period from the middle of May to early July 2026, with the Clinical Delivery Unit (CDU) scheduled to be completed in late 2026. The following services have moved to their new home:

- Phlebotomy
- COVID-19 and Respiratory Syncytial Virus (RSV) clinics (previously delivered from Dafen)
- Cardiac Rehabilitation Nurse Assessments (previously delivered from PPH
- the Early Intervention in Psychosis Service (in addition to services continuing to be delivered from MIND, Carmarthen)
- A new Intravenous (IV) Clinic, where the patient has a full assessment, key observations are checked and blood tests may be taken
- The Liver Disease Clinic

The following services, previously delivered from Llwynhendy:

- Community Heart Failure Clinic
- Catheter Management and Trial Without Catheter (TWOC)
- District Nursing Continence Service
- Ear Wax Microsuction Service
- Specialist Continence Service, as part of the Bowel and Bladder Advisory Service

Cylch Caron (led by Ceredigion County Council (CeCC))
CeCC and the Health Board presented the case for fees to refresh the Outline Business Case to the WG Integrated Regional Capital Fund (IRCF) Panel on 15 July 2026. The presentation was received favourably, with formal feedback awaited from WG.

Regional Cellular Pathology (led by Swansea Bay University Health Board (SBUHB))
WG has now agreed to the fees required to develop the business case for this project. The Project Manager, Cost Advisor and Supply Chain partner appointments were made during June 2026.

TEF Update
Targeted Estates Funding is a WG capital funding Programme intended to address urgent estate risks and priority infrastructure investment within NHS Wales. The Programme supports schemes that improve patient safety, statutory compliance, resilience, and sustainability of the NHS estate.

The Programme window has schemes delivered across **2025/26 - 2026/27**. The funding model is:

- WG funds 70% of approved scheme costs
- Health Boards are required to fund 30% via Discretionary Capital Programme

The Programme is coordinated nationally by NHS Wales Shared Services Partnership (NWSSP) – Specialist Estates Services (SES) on behalf of Welsh Government.

Bids were invited against six priority areas:

- Fire Safety
- Backlog Maintenance and Estate Infrastructure

- Mental Health / Learning Disability
- Decarbonisation
- Infection Prevention and Control
- Decontamination

The current total allocation for TEF in 2026/27 is £8.473m.

The programme is currently progressing well, the only risk currently highlighted is that PPH Generator costs post tender may exceed the available funding for the project which may require a further review of funding across the approved TEF projects.

Property Lease Arrangement Update

- Previously approved lease arrangements progress, with some completed and others awaiting legal finalisation, signature or further agreement.
- New and revised property arrangements are being progressed to support service continuity, estate rationalisation, workforce accommodation and improved use of clinical and non-clinical space.
- Key proposals include updated Canolfan Rheidol arrangements for Therapies, relocation of Children's Disability and Speech and Language Therapy (SALT) services, a replacement Aberystwyth training facility, renewal of the Carmarthen Sexual Assault Referral Centre (SARC) Spoke lease.
- Most proposals are presented as low risk, although several require further legal, financial, operational and service-level agreement before completion.
- A financial validation exercise is required through the Corporate Landlord programme to confirm costs, budget transfers and any potential savings.

The Committee is asked to receive assurance on progress, endorse continued progression of the property arrangements, and note that the Canolfan Rheidol accommodation arrangement and Carmarthen SARC Spoke leases will require Board approval.

Update from Capital Sub Committee

Attached at Annex 2 is the update from the CSC held on 23 July 2026.

There are:

- Two items to alert the Committee
- Seven items to assure the Committee

Argymhelliad / Recommendation

The Strategy and Planning Committee is asked to:

- **RECEIVE ASSURANCE** from the update on the Capital Programme and CRL for 2026/27
- **NOTE** the Board endorsed allocation of the DCP for 2026/27
- **RECEIVE ASSURANCE AND UPDATE THE BOARD**, that the seal can be applied for all schemes listed in Annex 1
- **RECEIVE ASSURANCE** from the capital schemes governance update
- **NOTE** the update on the property leases in particular that the Canolfan Rheidol Women & Children's arrangement and Carmarthen SARC Spoke lease will require Board approval.
  RECEIVE ASSURANCE from the Capital Sub Committee updates in Annex 2

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1.16 Review capital (excluding digital) business cases, prior to Board approval
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Corporate Risk 1196 - not be able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure we have appropriate facilities, medical equipment and digital infrastructure of an appropriate standard. Score 16 Corporate Risk 1745 - of not being able to deliver safe, effective and timely services across the Health Board estate, including acute, community and mental health facilities. This risk also impacts the Health Board's nonclinical estate, educational facilities and managed practices. Risk Score 15
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems persepctive
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Great care
Nodau Cynllunio 2026/27 Planning Goals 2026/27	8 Estates plans
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	8. Transform our communities through collaboration with people, communities and partners
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*	7. All Apply

change and/or significant service changes)	
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Project Group Formal Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Capital values noted within the report. Included within individual business cases and Capital prioritisation process.
Ansawdd / Gofal Claf: Quality / Patient Care:	Included within individual business cases and capital prioritisation process.
Gweithlu: Workforce:	Included within individual business cases and capital prioritisation process.
Tegwch Iechyd: Health Equity:	Risk assessment process is integral to the capital prioritisation process and the management of capital planning within HDdUHB also included within individual business cases and capital prioritisation process.
Risg: Risk:	Included within individual business cases and capital prioritisation process.
Cyfreithiol: Legal:	Included within individual business cases and capital prioritisation process.
Enw Da: Reputational:	Included within individual business cases and capital prioritisation process.
Gyfrinachedd: Privacy:	Equality assessments are included within individual business cases and capital prioritisation process when required.

Cydraddoldeb: **Equality:**	Capital values noted within the report. Included within individual business cases and Capital prioritisation process.

Annex 1

Potential Contracts requiring the use of the UHB Seal					
Project Name	**Site**	**Funding Source**	**Supplier**	**Contract sealing date**	**Start on Site**
Phase 2 Fire Works	WGH	AWCP	TR Jones	October (end)	December / January
Phase 2 Fire Works	GGH	AWCP	to be added when known	to be added when known	to be added when known
Flouroscopy Room	WGH	AWCP	TR Jones	24/02/2025	15/06/2026
Provision 2nd generator at Glangwili Site	GGH	WG - TEF	TR Jones	24/02/2026	15/07/2026
Provision 2nd generator at Withybush	WGH	WG - TEF	TR Jones	24/02/2026	13/08/2026
Provision 2nd generator at Prince Philip	PPH	WG - TEF	TR Jones	to be added when known	12/02/2027
AHU Refurbishment Works all sites		WG - TEF	TR Jones	to be added when known	to be added when known
Replacement & upgrades to passenger lifts		WG - TEF	Otis	to be added when known	to be added when known
Glangwili Roof related projects	GGH	WG - TEF	TR Jones	23/12/2025	12/01/2026
~~South Pembrokeshire roof related project~~ Combined with scheme above	~~SPH~~	~~WG - TEF~~	~~Edmunds Webster~~	~~to be added when known~~	~~to be added when known~~
PPH IPS UPS Installation (Project Cancelled)	~~PPH~~	~~WG - TEF~~	~~Weavers~~	~~to be added when known~~	to be added when known
Theatre Lights upgrade		WG - TEF	Lewis Construction	to be added when known	to be added when known
Chiller replacement ITU	WGH	WG - TEF	Edmunds Webster	12/11/2025	08/12/2025
LV Electrical Infrastructure		WG - TEF	TR Jones	to be added when known	to be added when known
Chiller refurbishment	PPH	WG - TEF	Weavers	24/02/2026	02/03/2026
Replacement Fire dampers PPH	PPH	WG - TEF	Weavers	to be added when known	Anticipated 12/10/26
Cause and effect upgrade programme		WG - TEF	TR Jones	to be added when known	to be added when known
Replacement programme obsolete fire alarms and detection system		WG - TEF	Lewis Construction	to be added when known	to be added when known
Ty Bryn Scheme	HD	WG - TEF	Lewis Construction	20/05/2026	29/06/2026
S136 Adult and Young Person Stepdown Carmarthen	HD	WG - TEF	Lewis Construction	23/04/2026	01/06/2026
St Non's Point of Ligature		WG - TEF	Lewis Construction	12/01/2026	09/02/2026
Private Wire Solar Farm enabling works	PPH	WG - TEF	to be added when known	to be added when known	to be added when known
Phased replacement of single glazed windows		WG - TEF	to be added when known	to be added when known	to be added when known
Electrical vehicles Charging Points	GGH & PPH	WG - TEF	to be added when known	to be added when known	to be added when known
Replacement Surgical Instrument Washers	GGH	WG - TEF	to be added when known	to be added when known	to be added when known
Replacement endoscope washers and centralisation into HSDU	BGH	WG - TEF	Edmunds Webster	21/01/2026	26/01/2026
Low Voltage Breaker replacements	GGH & PPH	WG - TEF	to be added when known	to be added when known	to be added when known
Picton Terrace	Picton Terrace	AWCP	TR Jones	21/05/2025	27/05/2025
Sensory Garden	PPH	Charitable Funds	TR Jones	05/02/2026	23/02/2026
Aseptic Project	WGH	AWCP	Lewis Construction	04/11/2025	17/11/2025
Fire Doors	AVH/PPH		Lewis Construction	to be added when known	to be added when known
Morlais Ward inc Fire Doors	GGH		Edmunds Webster	to be added when known	to be added when known
Concrete Cladding Remedial Works	WGH		Lewis Construction	24/02/2026	25/08/2025
Cwm Seren Fire Doors	Cwm Seren	WG - TEF	John Weaver	22/01/2025	30/06/2025
Point of Ligature Works MH bedrooms (TEF Cwm Seren)	Multiple Sites	WG - TEF	Lewis Construction	12/11/2025	24/11/2025
Fire Doors	Multiple Sites		to be added when known	to be added when known	to be added when known
St Brynach Day Hospital Roof Replacement	WGH	WG - TEF	to be added when known	to be added when known	to be added when known
Gamma Camera Upgrade patient experience (Nuclear Medicine) - Section 2 National Imaging Programme	WGH	Diagnostic	Lewis Construction	to be added when known	02/03/2025
GGH Front Door	GGH	AWCP	John Weaver	12/11/2025	17/11/2025
MRI Upgrade in Glangwili - Section 1 National Imaging Programme	GGH	Diagnostic	Lewis Construction	to be added when known	to be added when known
Chiller Works	PPH	WG - TEF	Weavers	to be added when known	to be added when known
Works to residences	WGH	DCP	to be added when known	to be added when known	to be added when known
Works to residences	PPH	DCP	to be added when known	to be added when known	to be added when known
Dinefwr Ward Works	GGH	DCP	Lewis Construction	15/01/2026	02/02/2026
Boiler Replacement	SPH	DCP	to be added when known	to be added when known	to be added when known
Mains gas works	WGH	DCP	to be added when known	to be added when known	to be added when known
Chiller Works	BGH	DCP	to be added when known	to be added when known	to be added when known
LTHW Heating Boiler, Prince Philip General Hospital & Low-Pressure Hot Water (LPHW), Glangwili General Hospital	PPH/GGH	TBC	to be added when known	to be added when known	to be added when known
Dexa Scanner BGH	BGH	TBC	to be added when known	to be added when known	to be added when known
Body Storage BGH	BGH	DCP	to be added when known	to be added when known	to be added when known
Nurse Call Derwen	GGH	DCP	to be added when known	to be added when known	to be added when known
Chiller Works	GGH	DCP	to be added when known	to be added when known	to be added when known
Energy Performance Contract	Multiple Sites	programme	Vital Energi	10/12/2025	Mar-26
MIIP Survey Investigations for Workstream 1 Projects	Multiple Sites	WG - MIIP Fees	Lewis Construction	TBC	TBC
Microbiology	WGH	DCP	Lewis Construction	to be added when known	to be added when known
Bandi Project	TBC	IRCF	to be added when known	to be added when known	to be added when known
Cross Hands Health and Wellbeing Centre	Cross Hands	IRCF & AWCP	to be added when known	to be added when known	to be added when known
Fishguard Health and Wellbeing Centre	TBC	IRCF	to be added when known	to be added when known	to be added when known
Fire Precaution - BGH - Contractor	BGH	AWCP	to be added when known	to be added when known	to be added when known
Fire Precaution - BGH - Project Manager	BGH	AWCP	to be added when known	to be added when known	to be added when known
Fire Precaution - BGH - Cost Advisor	BGH	AWCP	to be added when known	to be added when known	to be added when known
MIIP Water Tower - PPH	PPH	AWCP	to be added when known	to be added when known	to be added when known
MIIP PPH HV/LV	PPH	AWCP	to be added when known	to be added when known	to be added when known
MIIP WGH Roof	WGH	AWCP	to be added when known	to be added when known	to be added when known
SDEC - Puffin Ward	WGH	DCP	TR Jones	to be added when known	to be added when known
Paediatric Consultation changes	WGH	DCP	to be added when known	to be added when known	to be added when known
AVH Wellness and Patient Focus Garden	AVH	Charitable Funds	TRJ	to be added when known	to be added when known
MH Funded Projects - Canolfan Gwili, ECT & St Carradogs	GGH/HD/WGH	WG	Lewis Construction	to be added when known	to be added when known
IPC Sluice Rooms at PPH	PPH	DCP	John Weaver	to be added when known	to be added when known
MIU PPH	PPH	TBC	to be added when known	to be added when known	to be added when known

CAPITAL SUB COMMITTEE UPDATE REPORT

Date of last meeting: 23 July 2026

Quoracy: Met

Report by: Clare Emanuel, Senior Capital Planning Programme Manager
Eldeg Rosser, Head of Capital Planning

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert[1] (may require discussion)
The Capital Sub-Committee (CSC) wish to **alert** members of the Strategy and Planning Committee (SPC) that:

1. Fire Safety Schemes Update Report

The Sub Committee noted the Fire Safety Schemes Update Report to CSC members for

- Withybush Hospital (WGH) Fire Enforcement Notice (FEN)
- Glangwili Hospital (GGH) Fire Enforcement Notice
- Bronglais Hospital (BGH) Fire Safety Scheme

The Sub Committee:

- Noted the Welsh Government (WG) scrutiny responses and associated progress
- Noted the agreed two-phase approach for the GGH Fire Enforcement Scheme
- Received assurance regarding ongoing engagement with Mid and West Wales Fire and Rescue Service (MWWFRS) and WG
- Noted that further updates on the fire safety programme will be presented to future meetings of the CSC
- Noted the risk associated with fire training compliance and recognised that maintaining compliance is critical for securing continued support of MWWFRS for the extended enforcement timescales and agreed project scope reduction and requested SPC to monitor the situation.

2. Medical Devices Annual Update

- The Sub Committee noted the need for continued investment planning to address future medical equipment replacement pressures identified within the Medical Devices Annual Report. It was recognised that the scale of the current medical devices backlog, together with the anticipated replacement requirements associated with COVID-era equipment, presents a significant risk to Hywel Dda University Health Board (HDdUHB). Consequently, the Committee agreed that a summary of the key issues, risks and backlog pressures should be escalated through SPC reporting to ensure appropriate visibility and oversight. A copy of the report is available on request.

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[1] *There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.*

Advise[2] (to monitor)
CSC had no items of which to advise the Committee.

Assure
CSC wish to **assure** members of the SPC that:

1. **Capital Resource Limit 2026/27 and Discretionary Capital Programme**
   - The Committee noted that capital expenditure to the end of June 2026 was approximately 17% of the annual programme, which is broadly on target
   - The Committee received assurance on the current position against the 2026/27 Capital Resource Limit (CRL) and the delivery plans for the Capital Programme. The Committee also received assurance that the seal could be applied to contracts listed within Annex 2 of the report.
   - It was noted that DCP expenditure is currently forecast to be heavily weighted towards Quarter 4, which will be monitored as the year progresses
   - Assurance was provided to the CSC that there were no risks to highlight at this stage

2. **Committee Key Actions** have been reviewed and items noted for information. CSC discussed capital reference at:
   - AC(26)79 – Audit and Risk Assurance Committee (ARAC) - Major Infrastructure and Investment Programme / Procurement Governance
   - HSC(26)027 – Health and Safety Committee (HSC) - Security
   - HSC(26)034 - HSC - Fire Risk Assessment Actions

3. **Capital Governance Update -** CSC provided assurance on the:
   - Overall programme delivery, which remains positive, with 14 projects currently rated green and progressing in line with agreed plans
   - Continued Red status of the Fishguard Health and Wellbeing Centre project and advised that the Amber-rated schemes remain subject to appropriate management and monitoring arrangements. The red and amber schemes are:
     - Fishguard Health and Wellbeing Centre
     - WGH and GGH Fire Enforcement
     - BGH Fire Precautions

     Amber / Advise Projects led by other organisations:
     - Cylch Caron
     - Atriwm' (formerly Carmarthen Hwb)

4. **Welsh Government and Integrated Regional Capital Fund (IRCF) Dashboard Reports** 100% were submitted on time in June 2026

5. **Targeted Estates Funding (TEF) Update Report –** CSC received assurance which provided an overview of the confirmed 2025/6 and 2026/27 TEF received from WG:
   - Work has commenced to identify risks and priorities and develop potential "shovel-ready" schemes for inclusion in any future TEF 2 scheme.

[2] *There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern*.

- The June 2026 tracker evidenced that most schemes are Green-rated, except BGH Endoscopy and washer replacement scheme, which is Amber-rated due to installation delays.
- Feedback from the Capital Review Meeting (CRM) stated that WG officers have had positive discussions regarding the extension of TEF, however there was no guarantee.

6. Infection Prevention & Control Update Report

The CSC received proposals for the use of the minor refurbishment allocation to address Infection Prevention & Control (IP&C) issues across HDdUHB sites. The CSC:

- Supported the reprioritisation of IP&C application to progress the Prince Philip Hospital (PPH) sluice room refurbishment.
- Endorsed a phased approach to the remaining IP&C environmental improvement works, including alignment with planned fire safety works where appropriate.
- Noted that further work is required before a business case for negative pressure ventilation facilities can be supported and developed

7. A Healthier Mid and West Wales (AHMWW) Update

The CSC noted the AHMWW update. Key points include:

- An accelerated programme has been developed with WG and NHS Wales Shared Services Partnership (NWSSP), with a combined Strategic Outline Case (SOC)/ Outline Business Case (OBC) approach, followed by Full Business Case (FBC), construction and commissioning phases. The indicative duration is approximately seven years.
- WG officials have submitted a briefing to the Minister during the week commencing 13 July 2026 outlining the current position of the programme and the case for change, to establish whether there is political support for the programme.
- A Session was scheduled with WG planned on 24 July 2026 to discuss resource schedule assumptions.

Reports for information were noted by the CSC as follows:

- Capital Review Meeting Notes – 21 May 2026
- Capital Planning Group Minutes – no meetings since last CSC
- Capital Monitoring Forum Minutes – 12 May 2026, 9 June 2026
- Transformation Programme Office (TRAMS) Service Director's Report 8 July 2026

Review of Risks

- **Medical Devices Annual Update:** the scale of the medical devices backlog, together with the anticipated future replacement pressures associated with COVID-19-era equipment, was a significant risk for HDdUHB.

Sharing of learning/ Rhannu dysgu

Not Applicable

Recommendation

The SPC is asked to:

- **Note** the risks included in this report
- **Respond** to the item that they are being alerted to
- **Receive assurance** on the items that the Sub Committee is providing assurance on

4

10:55, 0 Mins

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4 - Strategy, Planning and Partnerships

4.1

10:55, 10 Mins

4.1 - Annual Plan Progress Report

Shaun Ayres (Hywel Dda UHB - Director of Delivery)

Including Planning Goals

For assurance

Attachments

4.1.1 SPC Annual Plan Update August 2026 - Final.pdf

4.1.2 App 1 Jacqueline Totterdell Letter to Phil Kloer - Hywel Dda Annual Plan Update.pdf

Pwyllgor Strategaeth a Chynllunio/ Strategy and Planning Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	20 AUGUST 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	2026/27 Annual Plan – Quarter 1 Delivery Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Shaun Ayres, Director of Delivery Daniel Warm, Head of Planning Angharad Lloyd-Probert, Senior Project Manager (Planning)

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/ For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Health Board approved the 2026/27 Annual Plan in March 2026, based on requirements specified in the NHS Wales Planning Framework 2026/29 and against the Escalation Framework. The Plan was subsequently submitted to Welsh Government (WG) at the end of March 2026. However, since the original submission significant and continued work has been put in place to provide WG with the assurance they require particularly with regards to financial and performance position.

This report provides the Strategy and Planning Committee (SPC) with an update on progress against the Plan, including the Planning Goals and the Enabling Actions within the original submission.

Cefndir / Background

The Board approved the Annual Plan on 26 March 2026. WG confirmed on 23 July 2026 that the Plan remains unsupported. For this Committee, the implication is specific: delivery commitments must be supported by realistic trajectories, defined capacity and funding assumptions, clear dependencies, ownership and milestones.

Since approval, national direction has required a route to zero waits over 104 weeks by March 2027, a maximum eight-week diagnostic wait, and 95% of ambulance handovers within 45 minutes by December 2026. The Clinical Services Plan (CSP) has also moved from high-level intent to seven proposed changes in 2026/27, with workforce, estate, safety and capital dependencies still to be resolved.

5.2 Targeted Intervention Report provides the full escalation assessment. The direct read-across here is limited to delivery of the Annual Plan: where evidence has changed, the Health Board must

use one controlled variation to the Plan rather than maintain competing planning and performance trajectories.

Asesiad / Assessment

Overall delivery judgement

Delivery activity is evident, but full deliverability is not yet evidenced. Lead-assessed Planning Goal status remains positive, while the Enabling Action profile and unresolved baseline changes show that delivery confidence is mixed.

Annual Plan delivery baseline: what has changed

Position at 28 July 2026. This shows changes to the approved planning baseline.

	PLAN BASELINE	UPDATED POSITION	NEXT PLANNING CONTROL
PLANNED CARE	March trajectory: 5,507 waits above 104 weeks	Required: zero waits above 104 weeks by March 2027	Approve specialty trajectories, recurrent capacity, funding and milestones
URGENT AND EMERGENCY CARE	Plan focused on one-hour handovers	Required: 95% within 45 minutes by December 2026	Approve realistic trajectory, scheme phasing, capacity and partner dependencies
DIAGNOSTICS AND RADIOLOGY	March trajectory: 4,407 waits above eight weeks	Eight-week maximum; radiology baseline not yet validated	Agree one baseline and funded, modality-level capacity plans
CLINICAL SERVICES PLAN	High-level service change programme	Seven changes for 2026/27; material dependencies outstanding	Sequence business cases, workforce, estate, safety and capital decisions

Detailed operational performance is reported through the Finance and Performance Committee.

The change is most material in planned care, urgent care and diagnostics. Current submissions remain interim or require reconciliation, while radiology does not yet have one validated demand, capacity and costing baseline. This issue is linked to the Radiology plus system. CSP delivery depends on sequencing decisions that have not all entered formal business-case development.

These are not requests for the Committee to manage day-to-day performance. The Committee's consideration is to test whether the revised position is a credible plan: one trajectory, an explicit capacity and resource requirement, accountable ownership, milestones, dependencies and an approval route.

Overarching delivery of the Annual Plan – WG correspondence

The Health Board has received further correspondence on 23 July 2026 (Annex 1) from Jacqueline Totterdell (Director General Health, Health, Care and Prevention Group / NHS Wales Chief Executive) who notes that continued work is required particularly regarding the financial position and performance in relation to planned care and urgent and emergency care, and concludes by stating:

"In summary, your organisation has failed to meet the statutory planning and financial requirements as set out in the NHS Wales Planning Framework. You have also failed to meet the de-escalation criteria for a credible annual plan. The health board has therefore breached its statutory duty, and as your plan stands you have not provided the assurance or levels of confidence required. As noted, your plan therefore remains unacceptable and unsupportable by Welsh Government. Therefore, the health board does not have an agreed or supported plan.

The immediate priority is to de-risk and improve your performance and financial positions in-year, alongside the requirement to develop a financial recovery plan to balance. Progress against this, as well as the wider delivery commitments made within your plan, will be monitored via the regular Escalation Board meetings".

Further evidence of our overarching Planning position can be cross-referenced with the Targeted Intervention update (escalation criteria five to nine) received by this Committee as per agenda item 5.2. Moreover, the high-level visual (Baseline what has changed) further supports the Committee's understanding.

Notwithstanding the above, it is critical that the Committee receives ongoing/overarching progress (assurance) towards establishing an approvable Plan, this Committee is expected to receive updates on other key aspects of the Plan including Planning Goals and Enabling Actions.

Planning Goals

As a reminder to the Committee a key aspect of the Annual Plan remains our Planning Goals (previously referred to as Planning Objectives). Of the eight Planning Goals, four are aligned to this Committee – these are, along with their primary objective(s):

Planning Goal	Lead-assessed position	Evidence required at the Quarter 2 update
Goal 3 20Four7 Population Health	On track	Confirm the Delivery Group outcome, dated milestones and evidence that there is a deliverable plan to improving population health and reducing inequality.
Goal 4 Community by Design	On track, qualified	Confirm the Board seminar date, the next phase of cluster work and decision dates for Integrated Neighbourhoods.
Goal 7 Future-Orientated	On track	Report benefits and outcome measures from the prevention programmes and the Regional Needs Assessment.
Goal 8 Fit for purpose, modern facilities and services	On track against current planning milestones, qualified	Sequence business-case starts and resolve the workforce, estate, safety and capital dependencies for the seven 2026/27 service changes.

The current underpinning detail of these four Planning Goals along with key outcomes in this reporting period are:

Current Status and Key Outcomes
Planning Goal 3: 20Four7 Population Health - Director of Public Health ***On Track*** - Social Model for Health and Wellbeing (SMfHW) - Social model communications and volunteer plans are progressing, with county-level third sector Connect websites due to launch between late June and September 2026. Procurement of partner training in Asset Based Community Development is underway. - Child health Partnership work with University of Wales Trinity Saint David (UWTSD) is progressing on Early Years workforce development and physical literacy. A rapid review information pack on mental health interventions for young people not in education, employment or training (NEET) has been shared across local, regional and national networks

- Reduced Inequity in Preventive Health Services - Continue engagement with clinical leaders, Clinical Care Group (CCG) senior leaders and professional forums. Complete scoping for the first 20four7 Clinical Audit. Progress the Enabling Quality Improvement in Practice **(**EQliP**)** Community by Design x 20four7 project through Day 4, including initial data collection, segmentation and risk stratification. Confirm the July 2026 date for the first 20four7 Delivery Group meeting.
- Healthy Ageing - Progressing the service specification and tender evaluation for healthy ageing and preventative health engagement activities. Developing the Healthy Ageing Workshop output report and draft action plan to strengthen cross-sector collaboration. Supporting **Point Of Care Testing** (POCT) outreach through a formal **funding request.**
- Substance misuse and smoking cessation services are expanding access and support, with targeted action on emerging harms, workforce development, and strong smoking referral performance.

Planning Goal 4: Community by Design (CbD) - Chief Operating Officer

On Track

- Planning for Board Seminar (October 2026)
- Action Plan on next steps for Cluster work in readiness for sign off of Integrated Neighbourhoods
- Planning for clinical input and links into 20four7
- Establishment of subgroups for the Case-based Discussion (CbD) Transformation Group

Planning Goal 7: Future-Orientated - Director of Public Health

On Track

- SMfHW - The Regional Partnership Board (RPB) Regional Needs Assessment remains on schedule and is being aligned with the Public Service Board (PSB) Wellbeing Plan refresh. The Social Model Delivery Plan 2025/28 partner survey is complete, showing good but variable engagement across workstreams.
- Improved child health and weight outcomes - Carmarthenshire Prevention Group has completed its 2026/27 commissioning programme, funding four local prevention projects. Development continues on Pembrokeshire's universal 'Reception Ready' programme.
- Reduced Inequity in Preventive Health Services - A new 20four7 Delivery Group will now take forward the task and finish group's work, reporting to A Healthier Mid and West Wales (AHMWW) and drawing assurance from seven Prevention-Focused Outcome Improvement Groups, alongside Health Improvement and Equity and Population Health Management groups.
- Substance misuse prevention work has strengthened through expanded naloxone training, harm reduction initiatives, new partnership responses, and improved data and justice.
- Pandemic response arrangements have been reviewed and updated, incorporating learning from recent exercises and progressing through governance for endorsement and ratification.

Planning Goal 8: Fit for purpose, modern facilities and services - Director of Strategy and Planning

On Track

- Discussions with WG officers continue on the endorsement of the AHMWW Programme Business Case (PBC)

- Scrutiny discussions on Phase 2 Fire Precaution Scheme in Glangwili Hospital (GGH) are ongoing with WG
- Ceredigion County Council and Hywel Dda University Health Board (HDdUHB) presented the case to request fees to refresh the Cylch Caron Outline Business Case (OBC) to the WG Integration and Rebalancing Capital Fund (IRCF) Panel on 15 July 2026

Enabling Actions

The July 2026 tracker does not report the 26 Enabling Actions in Annex 2 of the Board-approved Annual Plan on a one-to-one basis. It expands them into 31 reporting lines: Actions 7 and 21 are each broken into three component lines, and acute frailty, which sits within Action 11 in the Annual Plan, is reported separately.

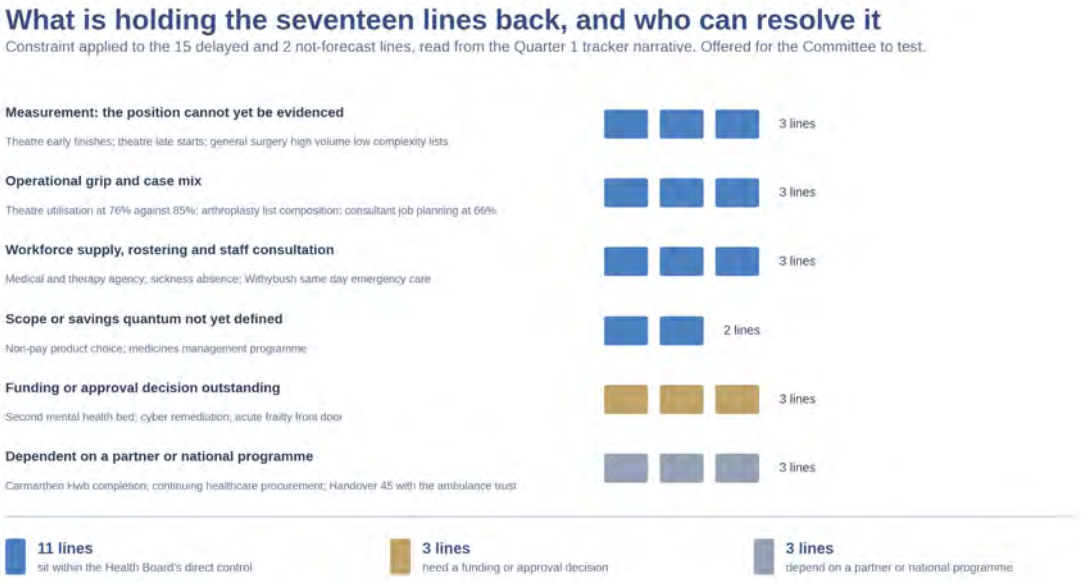
One Digital Health and Care Wales line is treated as not applicable in the Quarter 1 return. The delivery assessment therefore covers 30 reporting lines. Figure 2 first reconciles that scope, then shows the July 2026 delivery status of those 30 lines:

The position is mixed, although more precise than a single aggregate percentage suggests. Thirteen reporting lines are complete or on track. While fifteen are delayed, these are forecast to deliver during 2026/27 and therefore require active recovery against a dated milestone. Two are not expected to deliver in-year and require formal replanning, including a revised route, owner, milestone and clear statement of the consequence for the Annual Plan. The Quarter 2 report should evidence whether the 15 delayed lines are recovering.

The distribution matters more than the total. Nine of the seventeen delayed or undelivered lines sit in only two themes: theatre and high volume low complexity productivity, and the Value and Sustainability programme. Theatre productivity is the Health Board's principal internal lever for delivering the planned care trajectory, making delays in this area the most significant risk. As a result, progress against this theme is likely to determine whether the revised planned care position is deliverable.

What is holding the seventeen lines back

A status count indicates to the Committee the scale of delay; it does not identify the action required to address it. Figure 3 therefore classifies each delayed and not-forecast line by the constraint reported in the tracker narrative, and who is able to resolve it. The classification has been applied by the Planning Team and is provided for the Committee to test rather than to accept.



The conclusion is to draw the Committee's attention to the main challenges. Eleven of the seventeen lines sit within the Health Board's direct control: and require improved measurement, operational grip, workforce action or a defined scope. Their delivery is therefore dependent primarily on organisational focus and execution rather than additional funding or external decision-making. Three require a funding or approval decision, and three depend on a partner or a national programme. The Health Board should therefore ensure the areas that it can fully control have clear, deliverable plans. Where an external dependency is a potential limitation, as it does for continuing healthcare procurement and for Handover 45 with the Welsh Ambulance Services NHS Trust (WAST), that should be stated clearly and unequivocally to WG with the Health Board's own mitigation attached.

Milestones that have moved since the Plan was approved

Controlled variation begins with naming what has changed. The following milestones in the approved Plan have moved. Each requires a Board-approved variation rather than a narrative explanation in the next return.

Commitment in the approved Plan	Position at Quarter 1	Planning consequence
Withybush Hospital (WGH) Same Day Emergency Care (SDEC) live October 2026, fully funded at £1.2m	Estimated go-live 1 December 2026, following organisational change and staff consultation	Two-month slip. Restate the modelled reduction in handovers and twelve-hour waits for the shortened period. Likely to "go-live" in January 27.
Seven-day Clinical Streaming Hub live June 2026	Estimated go-live 3 October 2026; organisational change complete and recruitment underway	Four-month slip on a line still rated on track. Rating and milestone must be reconciled.
Consultant job planning at 82% by Quarter 1, reaching 90% by 30 September 2026	66% at the end of May 2026	Sixteen points below the Quarter 1 trajectory. The September 2026 date requires re-testing.

Sickness absence at 6.3%, below the Health Board target of 6.6%	6.75% on a rolling twelve months at the end of May 2026	The position has moved away from the Plan assumption and the target.
Unsupported digital devices reduced from a baseline of 897	284 unsupported devices remain; classified as not deliverable in-year	Residual scope, funded capacity, risk tolerance and an achievable milestone are required.
A second mental health bed contributing to a material reduction in out-of-area placements	Confirmed as not deliverable in-year	The placement reduction commitment for 2026/27 must be restated.

Actions not forecast for in-year delivery

- **Mental health out-of-area placements -** The two-bed response remains dependent on Public Board consideration of the section 136 proposal, engagement on location, and prioritisation of a Targeted Enhancement Fund (TEF) bid. In-year delivery is therefore not secured. The next update should state the approved route, timescale and effect on the placement-reduction commitment.

- **Cyber resilience -**The programme reports continued progress, with 284 unsupported devices remaining and the tracker classifies the action as not forecast for in-year delivery. The planning requirement is a reconciled position that states the residual scope, funded capacity, risk tolerance and achievable milestone.

Quarter 2 delivery focus

The next report should support a decision-led view of delivery. It should include:

- **Controlled variations -** Board-approved changes to the baseline and one monthly trajectory for planned care, urgent care and diagnostics. This is to understand the totality of the revised trajectories; the trajectories will be scrutinised through Finance and Performance Committee (FPC).

- **Enabling Action recovery -** Movement of delayed and red actions, with mitigation, accountable owner and revised date.

- **Planning Goal evidence.** Progress against the four goals, including the CSP business-case sequence and its material dependencies.

- **Capability and capacity.** An aggregate view of planning and programme capacity, so that the combined portfolio is tested for deliverability rather than assured one programme at a time.

Public, Staff and Stakeholder Accessibility to the Plan

One of the requirements of our Annual Plan as per the 2026/27 Planning Framework from WG is their expectation that in addition to publishing our Board approved plans, each organisation is asked to develop a short video summarising what our plan will deliver, which can be shared with our stakeholders on our websites and social media channels. In collaboration with the Communications Team, such a video along with a synopsis of Health Boards Plan has been produced and is available at: https://hduhb.nhs.wales/about-us/performance-targets/our-performance-areas/publications/our-annual-plan-healthier-lives-well-lived/

Corporate Risk 2212

The overarching Annual Plan is aligned to risk 2212, "*There is a risk that the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028. (Current Risk Score: 12, Target Risk Score: 4)*". The majority of risk actions have recently been updated, however, one remains overdue:

How and when the Gap in control be addressed (Further action necessary to address the controls gaps)	By Who	By When	Progress
Sufficient and assured recurrent savings schemes are planned across Clinical Care Groups	Chief Operating Officer	~~31/03/2026~~ 30/06/2026	Progress update to be provided at next risk review - to be presented to Board in May 2026 before onward submission to WG.

Argymhelliad / Recommendation

The Committee is asked to

- **SCRUTINISE** the mixed Quarter 1 delivery position, including that 17 of the 30 applicable Enabling Action lines are delayed or not forecast for delivery in-year;

- **RECEIVE ASSURANCE** that material changes to planned care, urgent care, diagnostics and the Clinical Services Plan are being managed through one controlled Annual Plan baseline, with realistic trajectories, defined capacity and funding assumptions, dependencies, owners, milestones and an approval route; and

- **REQUEST** that the Quarter 2 update to show movement against the four Planning Goals and Enabling Actions, approved baseline variations, recovery of delayed actions, and the aggregate capability and capacity available to deliver the Plan.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1.1 Receive assurance that the planning cycle is being taken forward and implemented in accordance with Health Board and Welsh Government requirements, guidance and timescales. 3.1.4. Receive assurance on delivery of the Health Board's Annual Plan through the scrutiny of regular monitoring reports.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Risk 2212 - There is a risk that the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028. Current Risk Score: 12, Target Risk Score: 4)
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:	2. Healthier communities 4. Positive futures
Nodau Cynllunio 2026/27 Planning Goals 2026/27	3. 20Four7 Population Health 4. Community by Design 7. Future Orientated 8. Fit for Purpose, Modern Facilities and Services
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply
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 change and/or significant service changes)*	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Annual Plan 2026/27
Rhestr Termau: Glossary of Terms:	Not applicable – within the paper
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Tegwch Iechyd: Health Equity:	Not applicable

Risg: **Risk:**	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: **Legal:**	Any issues are identified in the report
Enw Da: **Reputational:**	Any issues are identified in the report
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal ac Atal / Prif Weithredwr GIG Cymru

Director General Health, Health, Care and Prevention Group / NHS Wales Chief Executive

Llywodraeth Cymru
Welsh Government

Phil Kloer
Chief Executive
Hywel Dda University Health Board

Our Ref: JT/BS/SB

23 July 2026

Dear Phil

Hywel Dda University Health Board Annual Plan 2026/27 - Update

Thank you for your response of 29 May in which you have provided an update on the health board's annual plan for 2026-27, noting that we also discussed the organisation's position at the Escalation Board meeting on 3 June.

Whilst I have also written to you following the Escalation Board, I feel it is important that I write to you separately in relation to your annual plan update. Whilst I appreciate that a great deal of work is ongoing to strengthen your planning, I remain disappointed with the current position, which continues to be unsupportable and unacceptable.

Finance:

- I am concerned there has been no improvement to the forecast deficit position of £41m for 2026/27 but encouraged to hear that since meeting with NHS Wales Performance and Improvement that of the £42.8m savings target, £21m has now been identified as green or amber. However, the significant risk to savings delivery remains. I am also concerned that the health board has not provided assurance it can deliver the planned underlying deficit for March 2027. The health board must:

    - demonstrate delivery in full of the in-year and recurrent planned level of savings that under-pin the current forecast deficit.

- Also, it was agreed at the Escalation Board that you would provide me with clarity and assurance on the delivery of the £41m deficit as a minimum and a clear finance recovery plan to achieving financial balance. This plan should include a fully triangulated workforce plan and impact assessment which is deliverable within resources. I am aware you have met with colleagues to discuss this and want to emphasise the importance of the health board providing a clear, deliverable, recovery plan to financial balance.

Parc Cathays ● Cathays Park
Caerdydd ● Cardiff
CF10 3NQ

Jacqueline.Totterdell@gov.wales

Gwefan ● website: www.gov.wales

- This will be discussed at the next Escalation Board.

Performance:

- Planned Care: I was disappointed with the lack of commitment on 104-week waits and the risks around the health board's ability to maintain and improve on the 104 week, 8-week diagnostics and 14-week therapies. We also discussed my concerns around the cancer backlog.

Urgent & Emergency Care:

- I recognise there was a slight improvement in the number of over 1-hour ambulance handover waits in April and for those waiting under 45 minutes when compared to your original submission. There was also a slight improvement in 12-hour ED waits. However, further improvement is required, and we agreed to review the de-escalation criteria and to focus on the 45-minute ambulance handover and 12-hour waits. I also noted the pathways of care performance had deteriorated.

- It was agreed that you would work closely NHS Performance & Improvement colleagues, and I am expecting to see improved, ambitious trajectories for urgent and emergency care, planned care and cancer. I understand this work is still ongoing, but I would also expect to discuss progress at our next Escalation Board.

In summary, your organisation has failed to meet the statutory planning and financial requirements as set out in the NHS Wales Planning Framework. You have also failed to meet the de-escalation criteria for a credible annual plan. The health board has therefore breached its statutory duty, and as your plan stands you have not provided the assurance or levels of confidence required. As noted, your plan therefore remains unacceptable and unsupportable by Welsh Government. Therefore, the health board does not have an agreed or supported plan.

The immediate priority is to de-risk and improve your performance and financial positions in-year, alongside the requirement to develop a financial recovery plan to balance. Progress against this, as well as the wider delivery commitments made within your plan, will be monitored via the regular Escalation Board meetings.

Yours sincerely

Jacqueline Totterdell

cc: Neil Wooding, Chair, Hywel Dda University Health Board

4.2

11:05, 10 Mins

4.2 - Transport and Accessibility Plan

Shaun Ayres (Hywel Dda UHB - Director of Delivery), Paul Williams (Hywel Dda UHB - Assistant Director Of Strategic Planning), Gareth Skye (Hywel Dda UHB - Business & Governance Manager), Ceri Rees (Hywel Dda UHB - Transport Development Manager)

For assurance

Attachments

4.2.1 2026.08.10 SBAR Transport Accessibility Plan.pdf

4.2.2 2026.08.10 Transport Accessibility Plan.pdf

Pwyllgor Strategaeth a Chynllunio/ Strategy and Planning Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	20 AUGUST 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Transport Accessibility Plan (2026 – 2040)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Ceri Rees, Transport Development Manager Gareth Skye, Business Governance Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/ For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

A Transport and Accessibility Plan has been developed to support Hywel Dda University Health Board's (HDUHB) overarching strategy: A Healthier Mid and West Wales (AHMWW) – Healthier lives, well-lived. The Transport and Accessibility Plan sets out how we, with our partners, will develop transport services for our patients, visitors, staff over the next 15 years. Our aim is to ensure our hospitals, community facilities and Integrated Care Centres (ICCs) are easily accessible for all by ensuring the availability of a wide range of sustainable services transport modes.

The Strategy and Planning Committee (SPC) is asked to consider the Transport and Accessibility Plan and to determine if assurance can be taken from the approach outlined in the plan, setting out how we should work with key partners and stakeholders to improve transport services and accessibility to Health Board sites.

Cefndir / Background

The Transport and Accessibility Plan has been prepared to complement the A Healthier Mid and West Wales (AHMWW) Strategy, Healthier Lives, Well Lived. It provides a steer for planning, service development and partnership working, thereby helping to guide and support future transport developments in the region.

Significantly, many of the project's initiatives required to improve transport access to our Health Board sites are not within the gift of Hywel Dda University Health Board (HDdUHB). The successful delivery of the Plan will not only be dependent on support from internal directorates but will also be reliant on actions being taken by external partners, most notably Welsh Government (WG), Transport for Wales (TfW), Welsh Ambulance Service Trust (WAST), Local Authorities and the community transport sector.

The development of this Plan has been guided by the Transport and Sustainable Travel Group and the AHMWW Infrastructure and Estates Plan Sub-Group. In terms of scope, the plan is not an exhaustive document but sets out the challenges, opportunities and direction we are to take. It considers a wide range of transport modes, services, and initiatives and will guide HDdUHB's approach and engagement with key partners and stakeholders to ensure we achieve our vision and deliver our ambitions.

The long-term vision for transport and accessibility is as follows:

To ensure accessible, convenient and affordable transport solutions for our patients, visitors and staff, promoting and actively supporting sustainable travel to our hospitals and community health care facilities, helping to improve health and well-being; and mitigating against the impact of climate change.

Following on from our long-term vision, stakeholder engagement has guided the development of the following key objectives of the plan:

- Objective 1: To work with our partners and stakeholders to develop a network of transport services that effectively supports our patients in attending healthcare services irrespective of the challenges posed by rurality and transport poverty.
- Objective 2: To work with our partners, stakeholders, and communities to develop sustainable transport options, including community transport initiatives, which are convenient, reliable and cost-effective for our patients, visitors and staff.
- Objective 3: To provide supportive transport infrastructure within our sites to facilitate easy access for all in an efficient, sustainable and safe way.
- Objective 4: To improve the sustainability of transport by improving the range, quality and awareness of transport options including those which improve health and well-being.
- Objective 5: To improve access to healthcare services by embracing new digital technologies, reducing the need for face-to-face appointments where appropriate and allowing patients to schedule appointments convenient to them.
- Objective 6: Minimise HDdUHB's environmental impact, particularly in relation to carbon emissions and the climate emergency, by embracing new technologies and minimising the need to travel.
- Objective 7: To improve integration between transport policies, service provision and modes of transport in South-West and Mid Wales via partnership working, collaboration and the sharing of information.

In terms of national objectives, the plan is underpinned by several transport related policies which will ensure our approach not only meets the transport requirements of our patients, visitors and staff, but is also cognisant of current policy requirements. These policies include the Climate Emergency declared by Welsh Government (WG) in 2019 and WG's transport strategy '*Llwybr Newydd*' which followed in 2021. Crucially, WG is urging us to change the way we travel, with less reliance on the motor car and more use of public transport, walking and cycling.

Achieving the Climate Emergency net zero target will require a significant step-change in decarbonisation activity across all public sector organisations including HDdUHB. Furthermore, with decarbonisation a key objective of the NHS Decarbonisation agenda, this plan seeks to capitalise upon the opportunity to support the HDdUHB's Decarbonisation Delivery Plan by developing and enhancing transport services to support a significant reduction in Carbon Dioxide (CO_2) emissions.

Asesiad / Assessment

Concerns from the public and staff regarding transport and access to services, and to a new Urgent and Planned Care Hospital (UPCH) has been a common theme since the launch of the AHMWW Strategy in 2018 and its refresh in 2026. This has been a key driver for developing a transport plan. Many of these concerns were re-iterated in public and staff consultation events undertaken in 2023 regarding the siting of the new hospital; and more recently in 2026 in the Clinical Services Plan (CSP) engagement events. The areas of concern, including the barriers to travel and accessibility, are captured in HDdUHB's New Hospital Site Consultation Feedback Report (August 2023), the Health Board patient and staff travel surveys undertaken every two years, and in the CSP Equality and Impact Assessments (2026). The concerns relate, broadly, to four key areas:

- Travel times
- Public and community transport availability, responsiveness and cost
- WAST capacity
- Highway, public transport and active travel infrastructure

To ensure the approach for developing the plan was not only cognisant of the transport requirements of our patients, visitors and staff, but also of current policy requirements, the plan consists of the following components:

- Context and scope of the plan
- Policy and strategy considerations
- Ambition and long-term vision
- Objectives
- Transport challenges and opportunities
- Aspirations and goals
- Implementation programme development
- Monitoring and evaluation
- Governance

Importantly, the Transport and Accessibility Plan sets out the transport responsibilities of the Health Board, along with those of WAST, Local Authorities, the regional Corporate Joint Committees, TfW, and WG. What is clear is that Health Board responsibilities are limited to the administration of the Health Care Travel Cost Scheme and the production of sustainable travel plans for Health Board sites. The duty to provide transport services rests with other agencies, partners and sectors.

Furthermore, the report sets out the significant challenges our patients, visitors and staff face in terms of transport and access to our sites due to the rurality of the region and the issues linked to deprivation. For example, over 15% of households in the region do not have access to a motor vehicle. This increases to over 60 per cent in areas of high deprivation (e.g. in parts of Llanelli).

The Plan also takes into consideration the results of recent HDdUHB patient and staff travel surveys. The surveys indicated 88% of patients usually travel to their medical appointments by car (driver or passenger). Only five per cent use public transport. A similar staff travel survey indicated 85% of staff travel to work by car (driver or passenger). Only four per cent use public transport and two per cent cycle to work. Further detail on the specific issues and concerns raised by the public and staff has been included in the 'Transport Challenges' section of the plan.

Whilst the challenges are significant, the plan also highlights the numerous opportunities for improvement, with a focus on how partnership working can help deliver our objectives in

conjunction with the AHMWW strategic approach of providing more services closer to where people live. Other opportunities to reduce the need to travel also feature in the plan, such as advances in telehealth and technologies which support agile working together with advances in vehicle technology.

Building on the opportunities, and with a focus on our objectives, the plan sets out HDdUHB's aspirations and goals for transport and travel over a 15-year period, aligning with the AHMWW Strategy. These aspirations and goals will be reviewed on an annual basis and further developed as various initiatives and opportunities arise.

The successful implementation of this plan and how it will evolve is closely linked to the development of the business case for the overarching AHMWW Strategy. In terms of delivery, the Transport and Accessibility plan will be delivered through a 15-year implementation programme with an initial plan to be developed jointly with partners over the next 12 months. The implementation programme together with associated targets will be reviewed, updated and further developed on an annual basis, ensuring HDdUHB is on track to meet its future transport and access objectives.

As previously stated, many of the initiatives and improvements required to help meet the objectives of this Plan will not be within the gift of HDdUHB. The successful delivery of the Plan will not only be dependent on support from internal directorates, but it will also be reliant upon actions being taken by external partners, most notably WG, TfW, WAST, Local Authorities and the community transport sector. The delivery of transport related projects and services by our partners across the region is critical to enable HDdUHB achieve the ambitions of this plan which in turn supports our overarching strategy of A Healthier Mid and West Wales – Healthier Lives, Well Lived.

Argymhelliad / Recommendation

The Committee is asked to:

- **CONSIDER** the Transport and Accessibility Plan
- **RECEIVE ASSURANCE** from the approach outlined in the plan, setting out how we should work with key partners and stakeholders to improve transport services and accessibility to Health Board sites
- **RECOMMEND** the Transport and Accessibility Plan for Board approval on 24 September 2026.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	2.1.1 Provide evidence based (where possible) timely advice to the Board on the development of the following matters consistent with the Health Board's overall strategic direction: 2.1.1.1 Strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the Board's overall strategic direction; 2.1.2 Provide assurance in respect of the achievement of the Health Board's strategic aims, goals and priorities, on: 2.1.2.1 The robustness of the Health Board's approach, systems and processes for developing strategies and and plans, including those developed in partnership;

Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference Score:	Principal Risk Ref: 1196, Score 20 Modernising Estate and Equipment for Safe Care Operational Risk Ref: 1136, Score 9 Risk of avoidable falls and trips due to surface conditions of paths and roadways Ref: 1029, Score 6 Risk of harm to patients, staff and visitors difficulties in assessing DCU (Amman Valley Hospital) from the car park Ref: 947, Score 8 Risk of harm to patients, staff and visitors due to condition of external roads and walkways (Tenby Cottage Hospital Ref: 480, Score 6 Insufficient car park spaces at the GGH and PPH sites causing blockages and congestion Corporate Risk Ref: 2349, Score 12 Risk of disruption to services and increased financial pressure arising from fuel supply constraints and rising costs.
Parthau Ansawdd: Domains of Quality Quality_Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality_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	9. All HDdUHB Well-being Objectives apply

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 Wellbeing: (*complete for strategic change /or significant service changes)*	7. All Apply
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Feedback from Board Seminar (April 2026) HDUHB Patient travel survey results (2025) HDUHB Staff travel survey results (2024) Feedback from transport workshops with partner organisations New Hospital Site Consultation Feedback Report (August 2023) CSP Equality and Impact Assessments (2026) Feedback from the Transport Sustainable Travel Group Feedback from the AHMWW Estates and Infrastructure Sub-group Census information 2021 Internal Datix reports
Rhestr Termau: Glossary of Terms:	Provided throughout the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Transport and Sustainable Travel Group AHMWW Estates and Infrastructure Sub-group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The Transport and Accessibility Plan seeks to identify improvements that will provide value for money be cognisant of the health board's financial targets. The financial implications of specific improvements will be assessed as when initiatives are developed.
Ansawdd / Gofal Claf: Quality / Patient Care:	Improving transport and access for patients to our health board sites is a key objective of the plan, ensuring any initiatives will be focussed on delivering high quality outcomes for patient care.
Gweithlu: Workforce:	Improving site accessibility for health board staff is also a key objective of the plan, aiming to make it easier for staff to attend their place of work. The implications on the workforce will need to be assessed as and when initiatives are developed.

Tegwch Iechyd: **Health Equity:**	Have the potential impacts on health equity been considered? Yes Has an equity focussed health impact assessment been undertaken: No
Risg: **Risk:**	Future risk and mitigation measures will need to be assessed as when initiatives are developed.
Cyfreithiol: **Legal:**	As part of the plan development process, a review was undertaken of all Welsh Health Circulars and statutory responsibilities relating to transport travel ensuring the plan is cognisant of current policy requirements. Further assessments will be undertaken as and when the plan is updated initiatives developed.
Enw Da: **Reputational:**	Transport and sustainable travel are highly emotive topics attracts public and media attention. However, as this Plan seeks to improve transport and access to health board sites it is anticipated it will have a positive impact on the HDUHB's reputation.
Gyfrinachedd: **Privacy:**	Future privacy implications will be assessed as and when initiatives are developed.
Cydraddoldeb: **Equality:**	Has EqIA screening been undertaken? Yes Has a full EqIA been undertaken? No EqIA screening identified no negative impact on user groups.

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Transport & Accessibility Plan

2026 - 2040

Supporting A Healthier Mid & West Wales Strategy:

Healthier lives, well lived

Executive Sponsor & Function:	Lee Davies, Executive Director of Strategy & Planning
Document Author:	Ceri Rees Transport Development Manager
Approved by:	Gareth Skye Business & Governance Manager
Approval Date:	17/07/26
Date of Equality Impact Assessment Screening:	09/07/26
Equality Impact Assessment Screening Outcome:	Completed
Review Date:	
Version:	
Date of Change:	
Changes Made:	
By Whom:	

Page

Contents

Executive Summary **5**

1. **Context** **8**

1.1 A Healthier Mid & West Wales Strategy 8
1.2 The Climate Emergency & Wales Transport Strategy 10
1.3 Hywel Dda University Health Board Carbon Footprint 10
1.4 Transport Responsibilities of Health Boards & Other Sectors 11
1.5 Purpose of the Transport & Accessibility Plan 13
1.6 Scope of the Transport & Accessibility Plan 13
1.7 Who was involved in the development of the Plan 14

2. Policy & Strategy Considerations **15**

3. Ambition & Long-term Vision **15**

4. Objectives **16**

5. Transport Challenges & Opportunities **17**

6. Aspirations & Goals **31**

6.1 A Healthier Mid & West Wales Strategy 31
6.2 Unscheduled Patient Transport 32
6.3 Patient Transport & Access to Health-care Services 33
6.4 Active Travel 34
6.5 Public and Community Transport 35
6.6 Hywel Dda University Health Board Fleet Vehicles 37
6.7 Staff Travel 39
6.8 Promotion of Sustainable Transport Options to support Behavioural Change 40
6.9 Car Parking 41
6.10 Taxi & Courier Provision 42

7. Transport & Accessibility Plan Goals and Alignment with Objectives **43**

8. Partnership Working to Deliver Our Aspirations & Goals **43**

9. Implementation Programme Development **44**

9.1 Key Themes 45
9.2 Supporting Partner Initiatives 45

10. Monitoring & Evaluation **46**

11. Governance **46**

Appendix 1 Policy & Strategy Review 48

Executive Summary

The Hywel Dda University Health Board (HDUHB) Transport & Accessibility Plan sets out how we and our partners will develop transport services for our patients, visitors, and staff over the next 15 years. Our aim is to ensure our general hospitals, community facilities and integrated care centres are easily accessible for all by ensuring the availability of a wide range of sustainable services and transport modes.

Updated in 2026, 'A Healthier Mid and West Wales Strategy: Healthier lives, well lived' (AHMWW) has outlined a future vision for a hospital and community network in the HDUHB region, proposing a significant transformation of existing services and infrastructure. This refreshed strategy strengthens the focus on prevention, community support and the wider factors that influence health. In addition, the overarching strategy outlines plans for a new Urgent and Planned Care Hospital (UPCH) in the south of the region. A network of community health and care facilities forms a key part of the vison, supporting the provision of more community-based care closer to where people reside.

This Transport & Accessibility Plan has been prepared to complement the AHMWW Strategy, providing a steer for planning, service development and partnership working, thereby helping to guide and support future transport developments in the region.

Concerns from the public and staff regarding access to services and to the new UPCH has been a common theme since the launch of the AHMWW Strategy in 2018 and its refresh in 2026. This has been a key driver for developing a transport plan. Many of these concerns were re-iterated in public and staff consultation events undertaken in 2023 regarding the siting of the new hospital and more recently in the Clinical Services Plan engagement events**.** The concerns relate, broadly, to four key areas:

- Travel times
- Public and community transport availability, responsiveness, and cost
- Welsh Ambulance Services Trust (WAST) capacity
- Highway, public transport, and active travel infrastructure

In addition to these concerns, Welsh Government declared a Climate Emergency in 2019. Welsh Government's new transport strategy Llwybr Newydd followed in 2021, urging us to change the way we travel, with less reliance on the motor car and more use of public transport, walking and cycling.

To lead the way on climate action, Welsh Government has set the ambition for the public sector in Wales to be net zero by 2030. Achieving this target will require a significant step-change in decarbonisation activity across all public sector organisations including HDUHB. This transport plan seeks to support the response to the climate emergency and HDUHB's decarbonisation targets by developing and enhancing transport services to support a significant reduction in CO_2 emissions.

The development of this plan has been guided by the Transport & Sustainable Travel Group and the AHMWW Infrastructure & Estates Plan Sub-Group. In terms of scope, the plan is not an

exhaustive document but sets out the direction we are to take. It considers a wide range of transport modes, services, and initiatives and will guide HDUHB's approach and engagement with key partners and stakeholders to ensure we achieve our vision and deliver our ambitions.

Our long-term vision for transport and accessibility is as follows:

To ensure accessible, convenient, and affordable transport solutions for our patients, visitors, and staff, promoting and actively supporting sustainable travel to our hospitals and community health care facilities, helping to improve health and well-being, and mitigating against the impact of climate change.

Following on from our long-term vision, stakeholder engagement has guided the development of the following key objectives of the plan:

Objective 1	To work with our partners and stakeholders to develop a network of transport services that effectively support our patients in attending healthcare services irrespective of the challenges posed by rurality and transport poverty.
Objective 2	To work with our partners, stakeholders, and communities to develop sustainable transport options, including community transport initiatives, which are convenient, reliable, and cost-effective for our patients, visitors, and staff.
Objective 3	To provide supportive transport infrastructure within our sites to facilitate easy access for all in an efficient, sustainable, and safe way.
Objective 4	To improve the sustainability of transport by improving the range, quality and awareness of transport options including those which improve health and well-being.
Objective 5	To improve access to healthcare services by embracing new digital technologies, reducing the need for face-to-face appointments where appropriate and allowing patients to schedule appointments convenient to them.
Objective 6	Minimise HDUHB's environmental impact, particularly in relation to carbon emissions and the climate emergency, by embracing new technologies and minimising the need to travel.
Objective 7	To improve integration between transport policies, service provision and modes of transport in South-West and Mid Wales via partnership working, collaboration and the sharing of information.

As part of the plan development process a series of transport challenges and opportunities across different transport modes have been identified. This follows a review of current policies and consultation with internal and external stakeholders.

The challenges and opportunities identified have helped steer the formulation of the goals and aspirations outlined in the plan along with proposals for how we aim to improve transport and travel over the next 10-year period. These aspirations and goals will be reviewed on a biennial basis and further developed as opportunities arise and initiatives progress.

How we intend to deliver the improvements required will be set out in an implementation plan, to be jointly developed with partners and key stakeholders over the next 12 months. The implementation plan, also subject to biennial review, is to include specific targets to help track progress on achieving our objectives.

Crucially, the successful delivery of HDUHB's Transport & Accessibility Plan will not only be dependent on support from internal partners, but it will also be reliant upon actions being taken by others, most notably key partners in Welsh Government, Transport for Wales, the Welsh Ambulance Services NHS Trust, local authorities and the community transport sector. The delivery of transport related projects and services by our partners across the region is critical to enable HDUHB achieve the ambitions of this plan which in turn supports our overarching strategy of A Healthier Mid & West Wales – Healthier lives, well lived.

1. Context

1.1 Hywel Dda University Health Board & A Healthier Mid & West Wales Strategy

Hywel Dda University Health Board (HDUHB) is one of seven Welsh health boards, serving the population of mid and West Wales. HDUHB plans, commissions, and delivers healthcare to the counties of Carmarthenshire, Ceredigion, and Pembrokeshire and is the largest health board region in Wales. With general hospital attendance figures of over 400,000 patients per annum and more than 13,500 members of staff, transport and access to our healthcare sites are key considerations for our patients, visitors, and staff.

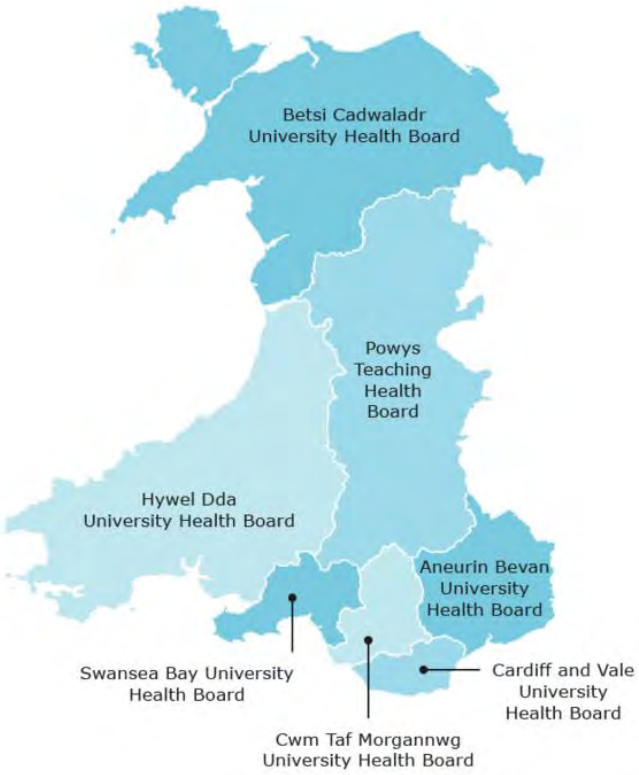


Figure 1 - Organisation Structure of NHS Wales

(Source: NHS Wales Shared Partnership Services 2021)

Updated in 2026, the 'Healthier Mid and West Wales Strategy: Healthier lives, well lived' (AHMWW) has outlined a future vision for a hospital and community network, enabled by significant transformation of existing services and infrastructure. The Programme Business Case Addendum for AHMWW, submitted to Welsh Government in February 2026 outlines plans for a new Urgent and Planned Care Hospital (UPCH) in the south of the Hywel Dda region. In addition, a network of community health and care facilities forms a key part of the vison, supporting the provision of more community-based care.

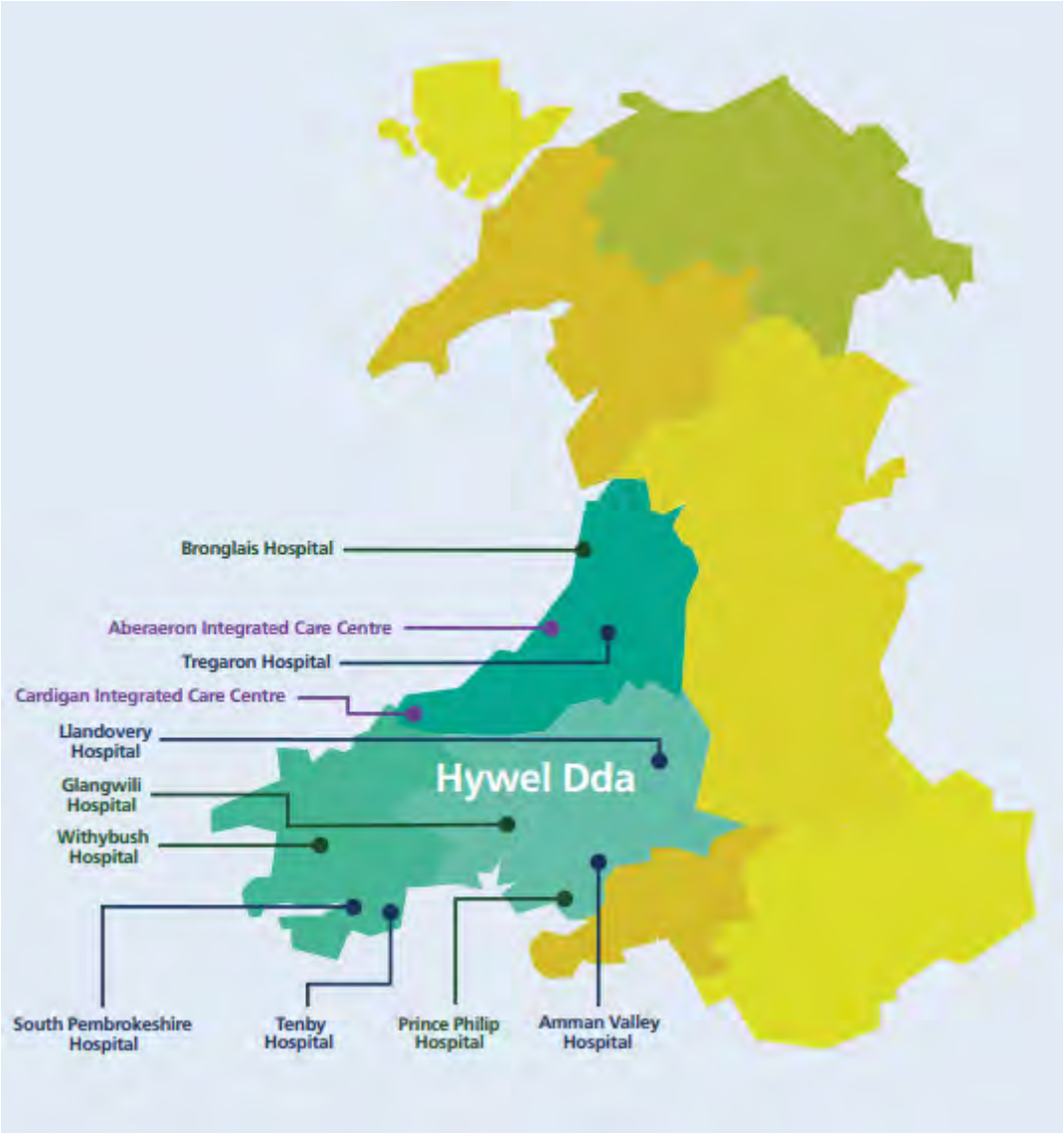


Figure 2 - Our Hospitals & Integrated Care Centres

(Source: A Healthier Mid & West Wales: Healthier lives, well lived, 2026)

Concerns from the public and staff regarding access to services and to the new UPCH has been a common theme since the launch of the AHMWW Strategy in 2018 and its refresh in 2026. This has been a key driver for developing a transport plan. Many of these concerns were re-iterated in public and staff consultation events undertaken in 2023 regarding the siting of the new hospital and more recently in the Clinical Services Plan (CSP) engagement events**.** The areas of concern, including the barriers to travel and accessibility, are captured in HDUHB's New Hospital Site Consultation Feedback Report (August 2023), patient and staff travel surveys undertaken every two years, and in the CSP Equality & Impact Assessments (2026). The concerns relate, broadly, to four key areas:

- Travel times
- Public and community transport availability, responsiveness, and cost
- Welsh Ambulance Services Trust (WAST) capacity
- Highway, public transport, and active travel infrastructure

Further detail on the specific concerns raised by the public and staff has been included under 'Transport Challenges' in this plan.

1.2 The Climate Emergency & Welsh Government's Transport Strategy

Welsh Government declared a Climate Emergency in 2019. Welsh Government's transport strategy for Wales called '*Llwybr Newydd*' followed in 2021, setting out a new way of thinking by placing people and climate change at the front and centre of the transport system utilised by all of us. Welsh Government is urging us to change the way we travel, with less reliance on the motor car and more use of public transport, walking and cycling.

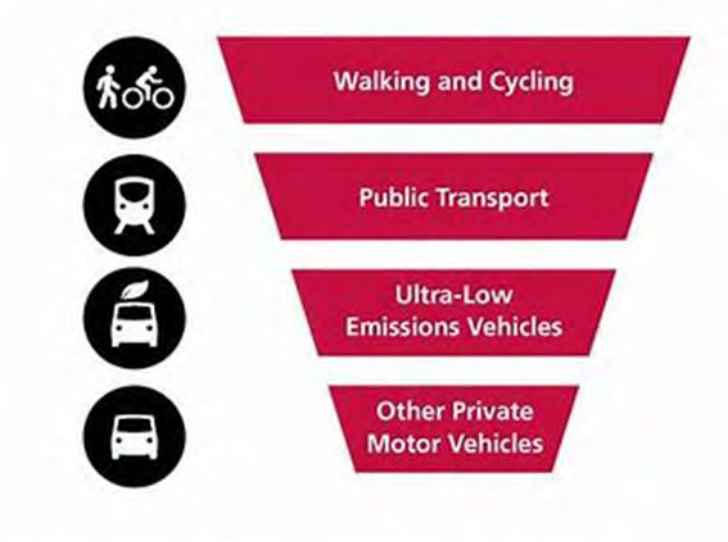


Figure 3- Sustainable Transport Hierarchy

(Source: Llwybr Newydd - Wales Transport Strategy, Welsh Government 2021)

To lead the way on climate action, Welsh Government has set the ambition for the public sector in Wales to be net zero by 2030. Achieving this target will require a significant step-change in decarbonisation activity across all public sector organisations including HDUHB. Furthermore, with decarbonisation a key objective of the NHS Decarbonisation agenda, this plan seeks to capitalise upon the opportunity to support the Welsh Government's response to the climate emergency and HDUHB's Decarbonisation Delivery Plan by developing and enhancing transport services to support a significant reduction in CO_2 emissions.

1.3 Hywel Dda University Health Board Carbon Footprint

In terms of HDUHB's carbon footprint, the greatest emitting sectors are procurement (58%), building use (23%) and transport (19%) as set out in HDUHB's Decarbonisation Delivery Plan (August 2022). Even though transport related emissions form the smallest sectoral proportion of HDUHB's footprint, the dependence of fossil fuels for powering vehicles means transport related emissions are unlikely to decrease unless action is taken. A breakdown of HDUHB's emissions from transport related sources is shown *in* figure 4 below:

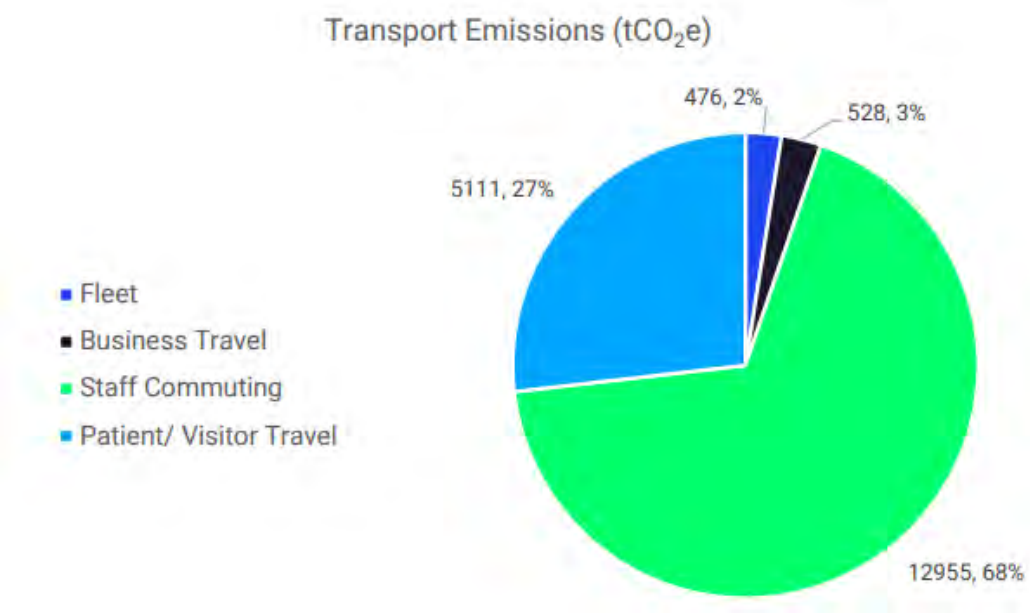


Figure 4 - Breakdown of HDUHB's emissions from transportation related sources

(Source: HDUHB Decarbonisation Delivery Plan 2022)

Most transport related emissions are from indirect sources, predominantly staff commuting and patient/visitor travel – together accounting for 95% of transport emissions. Although difficult to decarbonise due to lack of direct control over these emissions, HDUHB can nonetheless influence and encourage staff, patients, and visitors to travel more sustainably. Emissions from HDUHB's owned fleet and business travel contribute the remaining 5% to the transport footprint.

1.4 Transport Responsibilities of Health Boards & Other Sectors

1.4.1 Health Board Transport Responsibilities

The following Welsh Health Circulars (WHCs) issued by Welsh Government set out the transport responsibilities of health boards in Wales.

'*WHC (2008) 058 Sustainable Travel Plans in NHS Wales*' requires NHS organisations to develop and implement site specific sustainable travel plans. The purpose of the plans is to demonstrate that continuing improvement is being made by adopting a suitable range of sustainable travel measures to improve patient and staff access to NHS sites. The plans must include appropriate annual targets informed by site facility audits and user travel surveys to enable the demonstration of continuous improvement.

Sustainable travel plans have been developed for each of Hywel Dda's acute hospital sites.

*'WHC (2017) 006 The Healthcare Travel Cost Scheme (HTCS)'***.** For some patients, travel to receive healthcare can present difficulties – the journey may be lengthy or complex, costly, or there may be poor access to public transport. In particular, patients on benefits or low incomes can find it difficult to meet the cost of travelling to hospital for treatment or diagnostic tests. This can widen health inequalities and potentially have longer term consequences for the health and well-being of the patient.

HTCS was set up to provide financial assistance to those patients who do not have a medical need for non-emergency patient transport, but who require assistance with their travel costs. Under the Scheme, patients on low incomes or receiving specific qualifying benefits or allowances are reimbursed in full, or in part, for costs incurred in travelling to receive NHS services provided in a hospital.

The HTCS is administered by the general office in each of Hywel Dda's acute hospital sites and overseen by the health board's Finance Department.

1.4.2 Welsh Ambulance Service Non-Emergency Patient Transport (NEPTS)

'WHC (2007) 005 All Wales Protocol for NEPTS'. The budget and responsibility for providing non-emergency patient transport transferred from health boards to the Welsh Ambulance Services NHS Trust (WAST) in 2019.

WAST provides a Non-Emergency Patient Transport Service for patients across Wales who are unable, for medical reasons, to make their own way to and from their hospital appointments. There is an eligibility process that all patients are required to go through to ensure that their needs are appropriate for the service. Priority is given to those patients who are either receiving regular dialysis or cancer treatment, require a stretcher or oxygen for the journey, or need to travel in a wheelchair.

1.4.3 Local Authorities & Corporate Joint Committees

The Local Government & Elections (Wales) Act 2021 requires local authorities, working regionally as Corporate Joint Committees (CJCs), to produce regional transport plans (RTPS) in Wales.

The Act established CJCs to facilitate regional collaboration, ensuring a more strategic approach to transport improvements. The plans are developed collaboratively by local authorities every 5 years and are aligned with the Wales Transport Strategy. Additionally, CJCs give local representatives a greater say in how transport capital funding is spent, helping to ensure the needs of all who live, work or travel in the area are considered.

The Hywel Dda region consists of two RTP areas, South-west Wales (Pembrokeshire, Carmarthenshire, Swansea, & Neath Port Talbot) and the Mid Wales area (Ceredigion, Powys & Gwynedd). The current RTPs expire in 2030.

1.4.4 Welsh Government

The Welsh Government Bus Services (Wales) Act 2026 brings the planning and co-ordination of the local bus services network in Wales back into public control. The Act seeks to increase efficiencies within the planning and delivery of the local bus network, offer better control over public spending, and improve integration with other public transport methods.

The Act requires Welsh Government to identify local bus services that they consider are needed for the purposes of securing safe, integrated, sustainable, efficient and economic transport in

Wales. Under the Act, the Welsh Ministers must secure services either by entering into local bus service contracts with operators; by granting local bus service permits to operators; by providing local bus services directly; by relying on the provision of certain other services, such as community bus services; or by some combination of these things.

A new bus network plan, developed by Transport for Wales on behalf of Welsh Government, is to be introduced in the South-west Wales region in 2027.

1.5 Purpose of the Transport & Accessibility Plan

The purpose of this HDUHB Transport & Accessibility Plan is to set out how we and our partners will develop transport services for our patients, visitors, and staff over the next 15 years. Our aim is to ensure our general hospitals, community facilities and integrated care centres are easily accessible by a wide range of sustainable services and transport modes, thereby minimising our environmental impact. Minimising the need to travel is also a key consideration.

The plan consists of several components and is set out as follows:

- Scope of the plan
- Policy and strategy considerations
- Ambition and Long-term vision
- Objectives
- Transport challenges and opportunities
- Aspirations and goals
- Implementation programme development
- Monitoring and evaluation
- Governance

It is underpinned by several relevant transport related policies including the Wales Transport Strategy and HDUHB's Decarbonisation Delivery Plan to ensure our approach and long-term plan not only meets the transport requirements of our patients, visitors and staff but is also cognisant of current policy requirements.

Crucially, this plan has been prepared to complement and support HDUHB's over-arching 'A Healthier Mid and West Wales Strategy – Healthier lives, well lived', providing a steer for planning, service development and partnership working, thereby helping to guide and support future transport developments in the region.

1.6 Scope of the Transport & Accessibility Plan

Working with key stakeholders and partners, this plan builds on the achievements made to date by HDUHB and aims to develop a range of sustainable transport solutions to complement and support the future model of healthcare as outlined in the AHMWW Strategy.

As well as the services provided by our partners, this plan will ensure that HDUHB internal transport services are delivered to the highest possible standards and reflect those requirements set out within wider All Wales policy frameworks. This will include reflecting the requirement to design transport services in such a way that reflects the HDUHB ambition to deliver services in the right place at the right time to meet patient need.

Consequently, this plan considers a wide range of transport modes, services, and initiatives including:

- Patient Transport (Emergency & Non-Emergency Services)
- Public Transport
- Community / Third Sector Transport
- Active Travel
- Staff Travel
- Taxi / Courier Provision
- Car Parking
- Electric Vehicles & Charging Infrastructure
- Transport Information, Engagement & Promotion

1.7 Who was involved in the development of the Transport & Accessibility Plan?

The development of this plan has been guided by the Transport & Sustainable Travel Group and the AHMWW Infrastructure & Estates Plan Sub-Group. consisting of core members along with a wider stakeholder group. The core group consisted of representatives from:

- HDUHB Central Transport Unit
- HDUHB Capital Planning
- HDUHB Engagement & Transformation
- HDUHB Estates
- HDUHB Communications
- HDUHB Workforce and Organisational Development

The wider stakeholder group included representatives from:

- Welsh Ambulance Service NHS Trust (WAST)
- Transport for Wales
- Local Authority Transport Managers
- Local Bus Operators
- Community Transport Association
- Third Sector Community Transport Providers
- Health Courier Service
- Local Access Groups

HDUHB's New Hospital Site Consultation Feedback Report (August 2023), patient and staff travel surveys undertaken every two years, and the CSP Equality & Impact Assessments (2026) have also been key sources of information helping to guide and inform the development of the plan.

2. Policy & Strategy Considerations

Several national, regional, and local policy documents have informed the development of this Transport & Accessibility Plan. A number of these policies and strategies have been considered in detail, for example:

A Healthier Mid & West Wales – Healthier lives, well lived (2026 - 2040) which is guiding HDUHB's development of health and care services in Mid and West Wales through the next 15 years.

The Wales Transport Strategy - Llwybr Newydd (2021) sets out Welsh Government's new approach to transport policy, supporting developments which prioritise active travel modes and public transport, with the car having the lowest prioritisation.

NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030 sets out an ambition for NHS Wales to be net zero by 2030. As the largest public sector organisation in Wales the NHS has an important role to play in contributing towards this target. The targets are ambitious, and in some areas will require a fundamental shift to our approach to healthcare and transport.

HDUHB Decarbonisation Delivery Plan (August 2022) was developed by the Carbon Trust on behalf of HDUHB. It sets the strategic direction of travel for the next ten years and the action plan summaries the deliverable decarbonisation actions to be implemented from March 2022.

Additionally, several other policies and strategies have been considered and have helped guide the development of this plan, as summarised in the Policy & Strategy Review listed in Appendix 1.

3. Ambition & Long-term Vision

Our long-term vison sets out our transport, travel, and accessibility aspirations for the next 10-year period to support HDUHB's strategic ambitions of providing:

- A network of community health and care facilities supported by more community-based care.
- Three main hospitals:
    - A major new urgent and planned care hospital centrally located somewhere in the south of the Hywel Dda region
    - Bronglais General Hospital, Aberystwyth
    - Prince Philip Hospital, Llanelli
- Potentially two re-purposed hospitals – Glangwili General Hospital, Carmarthen, and Withybush General Hospital, Haverfordwest – which will offer a range of community services.

To support these transformational long-term commitments, this Transport & Accessibility Plan will ensure our hospitals and community health care facilities are easily accessible by a wide range of sustainable transport modes. Our ambition is to support our patients, visitors, and staff to be able to access our sites easily, efficiently, and sustainably whilst supporting the day-to-day operations of one the largest rural Health Board areas in Wales.

Crucially, this plan will guide HDUHB's approach and engagement with key partners and stakeholders including HDUHB's workforce, Welsh Government, Transport for Wales, the Welsh Ambulance Services NHS Trust, Local Authorities, transport operators, community transport organisations, user groups and other key stakeholders to ensure we achieve our vision and deliver our ambitions.

Our long-term vision for transport and accessibility is as follows:

To ensure accessible, convenient, and affordable transport solutions for our patients, visitors, and staff, promoting and actively supporting sustainable travel to our hospitals and community health care facilities, helping to improve health and well-being, and mitigating against the impact of climate change.

4. Objectives

Following on from our long-term vision, the objectives of this Transport & Accessibility Plan as outlined below will guide our programme of work moving forward:

Objective 1	To work with our partners and stakeholders to develop a network of transport services that effectively support our patients in attending healthcare services irrespective of the challenges posed by rurality and transport poverty.
Objective 2	To work with our partners, stakeholders, and communities to develop sustainable transport options, including community transport initiatives, which are convenient, reliable, and cost-effective for our patients, visitors, and staff.
Objective 3	To provide supportive transport infrastructure within our sites to facilitate easy access for all in an efficient, sustainable, and safe way.

Objective 4	To improve the sustainability of transport by improving the range, quality and awareness of transport options including those which improve health and well-being.
Objective 5	To improve access to healthcare services by embracing new digital technologies, reducing the need for face-to-face appointments where appropriate and allowing patients to schedule appointments convenient to them.
Objective 6	Minimise HDUHB's environmental impact, particularly in relation to carbon emissions and the climate emergency, by embracing new technologies and minimising the need to travel.
Objective 7	To improve integration between transport policies, service provision and modes of transport in South-West and Mid Wales via partnership working, collaboration and the sharing of information.

Key to meeting these objectives will be the aspirations and goals we set for transport and travel together with the 15-year implementation plan to be jointly developed with partners over the next 12 months. The implementation plan is to include specific, measurable, achievable, relevant, and time-bound (SMART) targets to help track progress on achieving our objectives. Our aspirations and goals are considered in more detail following the review of Transport Challenges and Opportunities.

5. Transport Challenges & Opportunities

A series of transport challenges (Table 1) and opportunities (Table 2) have been identified following a review of current relevant policies and strategies and in consultation with a wide range of internal and external stakeholders as a part this plan development process.

Table 1 Key Transport Challenges

A Healthier Mid & West Wales Strategy	
Challenges	**Evidence**
Whilst the new clinical model will improve accessibility for those patients attending outpatient appointments in a community setting, there may be some challenges for those patients wishing to access the new integrated health centres and new UPCH site given the rurality of the Hywel Dda region and limited transport options.	Concerns from the public and staff regarding access to services and to the new UPCH has been a common theme since the launch of the AHMWW Strategy in 2018 and its refresh in 2026. Many of these concerns were re-iterated in public and staff consultation events undertaken in 2023 regarding the siting of the new hospital and more recently in the Clinical Services Plan engagement events. The areas of concern are

	captured in HDUHB's New Hospital Site Consultation Feedback Report (August 2023) and in the Clinical Services Plan Equality Impact Assessments.
Assessing the impact of this strategic plan from an equality perspective must be considered across a broad range of characteristics to ensure Hywel Dda embeds equality and human rights in the delivery of its services including transport and access.	The findings from engagement work reported in 2023 and 2026 together with recent travel surveys found that most issues related to travel and transport issues for specific groups such as the frail, the elderly; those with disabilities; expectant parents; families with children and children themselves. An Equality Impact Assessment screening process has been undertaken as part of the development process for this plan.
The proximity of public transport links and the frequency of services are just two of several factors which must be considered when planning the location of a new healthcare facility. The provision of adequate parking is also a key consideration as most patients and staff are reliant on car travel due to the rurality of the region.	Not all of HDUHB's sites and healthcare facilities are easily accessible by public transport and/or active travel. For example, vulnerable groups, especially those without access to a car, face considerable challenges accessing our sites when they are reliant on public transport. Patients and staff who travel by car also face challenges as parking demand often exceeds capacity on many health board sites.
Whilst the new clinical model will improve accessibility for those patients attending outpatient appointments in a community setting, the centralisation of some services at a new hospital or health centre may require some patients and staff to travel further.	Journey travel time analysis to the two shortlisted sites for the new hospital shows journey times by car are, on average, between 7 and 13 minutes longer for example, for those residents who would normally travel to Glangwili Hospital. The cost of travel, the availability of sustainable transport options and longer journey times poses several challenges. For staff who currently walk or cycle to work, moving to a new site in a more rural location may reduce the appeal of public transport and active travel, exacerbating the issue of car parking availability.
Residents living in areas of deprivation are likely to suffer from transport poverty, often experiencing difficulties when accessing healthcare as they are reliant on public and community transport. The demographics of the population show high areas of deprivation to the east and west of the Hywel Dda region with significant numbers of households without access to a motor vehicle.	According to the 2021 Census, the percentage of households who do not have access to a private motor vehicle is as follows: Pembrokeshire 15.2%, Carmarthenshire 15.4%, Ceredigion 15.7%. However, in the more deprived areas of the region there is a significant percentage increase e.g. Station Road area, Llanelli 61.5%.

Welsh Ambulance Services NHS Trust
Unscheduled & Scheduled Ambulance Transport

Challenges	Evidence
The new clinical model to be developed as a part of the new Healthier Mid & West Wales strategy will result in an increased requirement for inter-site hospital transfers resulting from patients needing to 'step up' or 'step down' their level of care.	Current WAST facilities and locations have been developed to support the needs of the current clinical model and facilitate transport to existing A&E and outpatient department locations. Current WAST transport provision does not have the capacity to accommodate this additional level of activity as a part of the existing arrangements. Similar challenges were previously identified with the clinical model adopted by Aneurin Bevan University Health Board at The Grange University Hospital in Cwmbran.
People living in the east of the region (e.g., Llanelli, Ammanford) may choose to travel to Morriston Hospital (Swansea Bay UHB) to access A&E provision as Withybush and Glangwili hospitals will be re-purposed as community hubs and will no longer have A&E departments.	This will place further demands on the unscheduled and scheduled ambulance services and may result in patients not being able to access Non-Emergency Patient Transport Services (NEPTS) to return home after urgent or unscheduled care due to capacity constraints.
Unscheduled ambulance transport (Emergency Medical Service) frequently experiences delays in handing over patients on arrival at existing A&E departments.	In June 2026 there were 291 instances where patient hand-over times were in excess of 45 minutes at HDUHB's acute hospital sites (NHS Wales JCC Weekly Dashboard July 26). This represents the time a crew has been unable to hand over the patient for their treatment, thus affecting the ability of the crew to be utilised for other patients.
Scheduled ambulance transport (Non-Emergency Patient Transport NEPTS) frequently experiences delays in patient hand-over.	Out-patient handover time varies depending on patient mobility with six different categories of patient ranging from patients who can independently walk to those who require a stretcher. For example the average handover times for 'stretcher' patients arriving at outpatients in June 2025 was 91 mins at Withybush Hospital, 75 mins at Glangwili Hospital and 101 mins at Bronglais Hospital. This represents the time a crew has been unable to hand over the patient for their treatment, thus affecting the ability of the crew to be utilised for other patients.
Scheduled ambulance transport (Non-Emergency Patient Transport NEPTS) delays in patient discharge and transfer.	NEPTS allocate 24 minutes to enable a discharge and handover of a patient to take place. In June 2025 only 58% of discharges and transfers took place within the 24-minute timeframe. For example, handover delays

	can exceed 10 hours in a typical week at Bronglais General Hospital which is the time lost before a crew becomes available for other work.
Scheduled Patient Transport (NEPTS) capacity issues	The current transport model occasionally results in patients eligible for NEPTS based on medical need having their transport cancelled, often at very short notice, due to a lack of available capacity from WAST NEPTS. For example, recent data (2026) from NEPTS Capacity Management Plans indicates that up to 700 journeys are cancelled every month in the Hywel Dda region.
WAST NEPT Services are structured to take patients to specified treatment centres. WAST sometimes receive requests to take patients to a treatment centre which is not typically or routinely serviced by their vehicles.	This issue is becoming more common with complex patients. Transport requirements are often an afterthought but should be a key consideration from a HDUHB perspective. Early engagement with WAST should be a priority when developing plans for the new hospital, integrated care centres and the repurposing of existing facilities. Identifying the change in activity because of the new clinical model will ensure gaps in ambulance provision are identified at an early stage of scheme development.

Local Bus & Rail Services

Challenges	Evidence
Given the rural nature of the HDUHB region there are accessibility and transport challenges posed to patients, visitors and staff living in an area with infrequent public transport provision. Many residents do not live near a bus route or rail station. The poor frequency and availability of services combined with lengthy journey times are of concern as are the very limited services operating on Sundays combined with cost and affordability issues.	Concerns raised by the public in recent engagement events relate to poor public transport network coverage, the frequency of services, the cost of fares and journey times across certain parts of the network. The areas of concern are captured in HDUHB's New Hospital Site Consultation Feedback Report (August 2023), patient and staff travel surveys undertaken every two years, and in the CSP Equality & Impact Assessments (2026). The concerns include the inability of older people to drive, long travel times and limited access to public transport or being unable to use it.
Local bus services in rural areas are often reliant on local authority financial support and subsidies to make them	The coronavirus pandemic led to bus passenger numbers falling by approximately 90% with patronage struggling to recover. Bus passenger numbers are

economically viable for bus operators. Local authority budget pressures are likely to lead to further reductions in bus service coverage.	currently 50 – 70% of pre-Covid levels. The subsequent reduction in fare income coupled with local authority budget pressures is likely to lead to further reductions in bus service coverage and frequencies in the short to medium-term.
Local bus services in South-west Wales are infrequent and have long journey-times. Connectivity between bus and rail services are often poor with operating times not suitable for staff working shifts. Transport services have traditionally been provided on east – west route corridors with limited services operating between the north and south of the region.	Whilst a small number of core routes have an hourly service (e.g. TrawsCymru T1 Carmarthen to Aberystwyth) many routes operate on a more infrequent basis. For example, the 322 Carmarthen to Haverfordwest and 430 Cardigan to Narberth services only operate every 3 hours. There are no Sunday bus services in rural areas.
Rail services in South-west Wales are infrequent and are reliant on Welsh Government financial support to make them economically viable for train operating companies.	For example, rail services between Carmarthen and Milford Haven and Carmarthen and Pembroke Dock only operate every 2 hours.
Public transport provision to a new hospital site is likely to be less developed than the existing model of public transport. Moving healthcare to numerous community locations will also present challenges for public transport provision.	The planning of public transport routes in West Wales usually follows a 'hub and spoke' approach with routes converging on a town to allow for service connections and onward travel. The siting of a new urgent and planned care hospital in a rural area and not near a town would not only require the re-design of existing services but also the introduction of new services to serve the new hospital. New feeder services (linking with main bus routes) and interchange facilities will also be required.
The re-opening of St Clears Railway Station is a key factor in terms of providing sustainable transport options for accessing one of the site options being considered for the new Urgent and Planned Care Hospital.	In 2020 the UK Government announced funding of £4.7 million for the re-opening of St Clears rail station with the aspiration to the have the station operational by 2024. However, in July 2023 WG stated the overall cost of the St Clears project had increased significantly, mainly because of higher inflation. WG also highlighted the issue of a financial gap in the scheme without a clear way of addressing it. There have been no further WG announcements about the project.
Behavioural change and the barriers to change will be key factors in determining how patients, visitors and staff will access health service sites in the future.	One of the key challenges when addressing barriers to change is whether the target population understands and accepts the rationale for change. People will need to be clear about the logic of why making a particular change is advantageous to them and to feel that all

	related policies are supporting each other and pointing in the same direction. It is important to understand which benefits people value most. In addition, people will want to see how HDUHB is making comparable changes to staff and business travel.

Community Transport

Challenges	Evidence
Schemes are often reliant on volunteers to facilitate community transport services and to drive vehicles.	Post Covid the community transport sector is facing several challenges, including an increase in the demand for services as the population ages. Inflationary price rises including exponential rises in fuel is making it a challenge to recruit and retain volunteers.
Community transport groups are often only able to access short-term funding opportunities which limits the development and long-term viability of community transport services.	Funding sources for community transport schemes are often limited to funding periods of 3 years or less making it difficult for schemes to become established and sustainable in the long-term.
Whilst there are a significant number and variety of community transport providers across the HDUHB area, there is often a lack of public awareness of the services available and who is eligible to use them.	Community transport schemes usually operate within specific areas, have varying operating times, utilise different passenger eligibility criteria, and charge different fares. Consequently, it can sometimes be difficult for passengers to identify the most suitable transport solution to meet their needs.

Active Travel

Challenges	Evidence
Active travel links from settlements to Hywel Dda sites are of a varying standard and often do not provide a continuous link to nearby settlements.	Local authorities are usually reliant on WG Active Travel funding to fund the construction of pedestrian and cycle route infrastructure. The lack of available highway space often means active travel links are short in length and do not provide a continuous link to key locations and settlements. Furthermore, whichever site is chosen for the new hospital will require active travel links to be developed to connect to the existing network

	which will be a challenge if located in a semi-rural location.
The walking & cycling environment and infrastructure within HDUHB sites are of a varying standard.	Whilst the four general hospital sites have cycle parking facilities the associated infrastructure, including walking and cycling routes, signage, and staff facilities (e.g. showers & lockers), they are of varying standard and not always fit for purpose.
Despite the talk of a 'cycling revolution', commuter cycling has remained static at 2% across England and Wales over the past decade (The Office for National Statistics 2022). A similar result was obtained in the 2025 Hywel Dda staff travel survey where 2% of staff cycle to work.	The most common reasons given by people when asked what deters them from cycling include bad driving, poor road design, the perception of danger, inclement weather, and a lack of suitable infrastructure and facilities.

Car Parking

Challenges	Evidence
Due to the rurality of the region a high proportion of staff, patients, business representatives and visitors travel to HDUHB sites by motor vehicle. Consequently, it is a challenge to strike a balance between providing sufficient parking capacity and not encouraging car use.	A Hywel Dda patient travel survey undertaken in 2024 indicated that 88% of patients travelled to their medical appointments by car (driver or passenger). Approximately 2% walked, 5% used public transport and 2% used NEPTS transport. A similar staff travel survey undertaken in 2025 indicated that 85% of staff travelled to work by car (driver or passenger). Approximately 7% of staff walked to work, 4% used public transport and only 2% of staff cycled to work.
The Wales Transport Strategy sets out a sustainable transport user hierarchy which places private motor vehicles at the bottom of the hierarchy. This will have implications on future planning policy and the provision of car parking in new developments	Welsh Government's current transport policy - Llwybr Newydd – is urging us to think carefully about our transport options and change the way we travel. The aim is to have fewer cars on our roads, and more people using public transport, walking or cycling. This new approach to policy supports developments which prioritise active travel modes and public transport, with the car having the lowest prioritisation. Furthermore, in February 2023 WG placed an embargo on all major new highway improvement schemes following an all-Wales Roads Review.

There are considerable car parking pressures across all of HBUHB's existing general hospital sites.	Car park occupancy surveys undertaken in June 2026 demonstrated the patient car park at Glangwili General Hospital reached full capacity by 10.00hrs on each weekday. Only limited spaces were available between 12 noon and 14.00hrs during the week. The number of inappropriately parked vehicles on site totalled 168 vehicles during peak times. A similar survey undertaken at Prince Philip Hospital also found the patient car park was at full capacity by 10.00hrs with only limited spaces available from 12 noon onwards. The number of inappropriately parked vehicles on site totalled 107 vehicles during peak times.
Car parking control and enforcement is delivered differently across each acute hospital site.	There are discrepancies between the control and enforcement measures available to each site and the ability to address challenges depending on the type of provision available. For example, there is currently full enforcement and control at the Glangwili, Prince Philip and Withybush Hospital sites, but no enforcement or controls at Bronglais General Hospital.

Staff Travel

Challenges	Evidence
Reducing staff business mileage and the associated CO_2 emissions will be central to delivery of HDUHB's decarbonisation objectives, specifically those set as part of the NHS Wales Decarbonisation Strategy.	In 2019/20 staff travelled approximately 9 million business miles. This resulted in a cost of approximately £4m for the period and over 2,500 tonnes of CO_2 generated. In 2025/26 total business mileage reduced to just over 7.5 million miles, resulting in a cost of £2.4m and over 1,900 tonnes of CO_2 generated. However, to achieve further reductions in business mileage will be a significant challenge.
Behavioural change and the barriers to change will be key factors in determining how staff will access work and health service sites in the future.	One of the key challenges when addressing barriers to change is whether your target population understands and accepts the rationale for change. People will need to be clear about the logic of why making a particular change is advantageous to them and to feel that all related policies are supporting each other and pointing in the same direction. It's important to understand which benefits people value most. In addition, people will want to see how HDUHB is making comparable changes to staff and business travel.

	Results from recent Hywel Dda travel surveys revealed only 5% of patients and 4% of staff travel by local bus. 88% of patients travelled to their medical appointments by car, whilst 85% of staff travel to work by car.

Taxi, Courier & Freight Services

Challenges	Evidence
There are challenges sourcing taxi providers to facilitate transport, especially in terms of providing 24-hour cover, where there aren't dedicated alternatives in place.	Historically, there has been a lack of interest from local taxi providers to bid for HDUHB taxi contracts, especially in Ceredigion and Pembrokeshire. Taxi providers prefer regular contract work (e.g. providing special education needs transport for local authorities) rather than the ad-hoc' irregular transport requests from a health board.
The development of more sample and tissue processing and collection sites will require increased courier transport provision to ensure samples can be efficiently collected and conveyed to their required destination within the required timescales.	It is a requirement that all blood samples collected in the community be transported to a processing laboratory within 4 hours of collection. There are challenges in the delivery of this target, particularly in more rural areas. Furthermore, pathology services may increase from a 5-day to a 7-day service which will place further demands on existing courier services.
Freight deliveries and collections will need to be considered in terms of site design, access, unloading facilities and possible delivery hubs. There is also the challenge of decarbonisation and possible on-site re-fuelling as heavy goods vehicles transition to ultra-low emission type vehicles including battery electric and alternative fuels.	All new heavy goods vehicles in the UK will be zero-emission by 2040. The UK has become the first country in the world to commit to phasing out new, non-zero emission heavy goods vehicles weighing 26 tonnes and under by 2035, with all new HGVs sold in the UK to be zero emission by 2040.
The NHS Wales Health Courier Service (HCS) provides clinical logistical support services for Primary and Unscheduled Care Hospitals, Clinics, Surgeries, GP Practices and Pharmacies across Wales. However, in the Hywel Dda region the number of services provided by HCS is limited.	The HCS operate eight light goods vehicles in the Hywel Dda region, five based at Glangwili Hospital and three vehicles based at Withybush hospital. Each vehicle travels approximately 100 miles a day and are equipped with fridges to allow items to be transported in a temperature-controlled environment. Currently HCS operate five scheduled routes and only go as far north as Cardigan. Bronglais and Prince Philip Hospitals are not currently served by HCS.

Electric Vehicles & Charging Infrastructure

Challenges	Evidence
The United Kingdom will ban the sale of new combustion-engine vehicles by 2035. It will also ban the sale of new hybrid cars by 2035. The UK Government announcement forms part of a new ten-point plan for a 'green industrial revolution' to meet the UK's broader goal of eliminating emissions contributing to climate change by 2050.	The transition from internal combustion engines to electric vehicles is a key element in the UK's path to net zero emissions, accounting for 23 per cent of the total reduction in emissions by 2050. As of March 2025, there are approximately 1.5 million licenced zero emission vehicles (ULEVs) on UK roads, which represent 3.7% of all licenced road-using vehicles (*Vehicle licencing statistics 2025 – GOV.UK*) Battery electric vehicles (BEVs) now account for around one quarter of new car registrations in the UK. A significant increase in the types of vehicles available on the market combined with increased battery ranges has meant EVs are becoming more accessible and affordable.
One of the targets of the NHS Wales Decarbonisation Strategic Delivery Plan is for all new cars and light good vehicles procured after April 2023 to be battery-electric or hybrid wherever practically possible. However, the availability of WG funding for the installation of electric vehicle charging infrastructure on Health Board sites is limited.	There are 154 vehicles currently in the Hywel Dda business fleet (July 2026), 74 of which are self-charging hybrids, 3 plug-in hybrids and 10 electric vehicles. Hywel Dda currently has five electric vehicle charge-points, two at Glangwili, one at Prince Philip, one at Withybush, and one at Bronglais Hospital. The health board secured £526,000 of WG Targeted Estates Funding (TEF) in 2026/27 for the provision of electric vehicle charge-points for fleet vehicles based at the Glangwili and Prince Philip hospital sites. The installation of the charge-points is scheduled for completion in February 2027.

Table 2 Key Transport Opportunities

Opportunities	Description
Working in partnership with other organisations	Working with partners and stakeholders to deliver this Transport & Accessibility Plan and associated Implementation Plan. Many of the initiatives and improvements required to help meet the objectives of the plan will not be within the gift of HDUHB. Therefore partnership working, including information sharing and community engagement, will be a key factor in the development and implementation of the improvements required. Supporting people in different ways through partnership working (e.g. transport provision) can help reduce the pressure on statutory services.
Corporate Joint Committee Regional Transport Plans 2025 – 2030	The Corporate Joint Committees for the South-West and Mid Wales regions published their regional transport plans (RTPs) in the early part of 2025. RTPs set out collaborative policies and interventions the local authorities will deliver with partners in the five-year period 2025-2030 together with medium and long-term aspirations up to 2050. The aim of RTPs is to ensure local authority planning and transport interventions are tailored to the needs of communities. A fundamental part of the RTP development process is stakeholder consultation and engagement. As one of the largest employers and trip generators in the region, HDUHB is in an influential position to guide and influence the development of future RTPs for South-west and Mid Wales, helping to ensure our sites are easily accessible by public transport.
Bus Services (Wales) Bill 2026	Welsh Government is planning to improve the bus network across Wales. The Bus Services (Wales) Bill 2026 was introduced to reform the way bus services operate in Wales, addressing issues of fragmentation and inconsistency in local transport. Its main goal is to establish a coordinated local bus network that is reliable, affordable, and accessible for both urban and rural communities. The Bill allows the Welsh Government and Transport for Wales to collaborate with Local Authorities and Corporate Joint Committees to design services that meet local needs, creating a network plan that specifies routes for operators to bid on. The introduction of this new legislation provides a key opportunity for HDUHB to engage with WG and TfW to help influence the development of future bus networks in the region for the benefit of our patients, visitors and staff.
Swansea Bay & West Wales Metro	Metro is a new integrated transport model being developed across Wales by WG and TfW. The key objective of the Swansea

2021 – 2031	Bay & West Wales Metro is to provide better rail and bus service connectivity and improve service frequencies within South-West Wales. The project is in the early stages of development, and the aim is to work with a wide range of stakeholders including the health boards in the region to change the way transport is provided and to improve access to employment, healthcare, education, and leisure opportunities.
A Healthier Mid & West Wales – Healthier lives, well lived **2026 - 2040**	Master planning of the AHMWW programme will provide opportunities to influence the design and improve the provision of walking routes, cycling facilities, shared spaces, and the way public transport is facilitated and serves Hywel Dda sites. The biophilic approach to the design of the new hospital will also provide opportunities for the provision of walking and cycling routes incorporating green infrastructure. There will be opportunities to develop better co-ordinated internal transport networks (e.g. hub & spoke approach), to co-locate transport services to improve efficiencies, and the development of effective car park designs and zoning for both patient and staff areas, with designated parking for health board fleet and other service providers including pool cars allowing effective monitoring and operation of such vehicles. The siting of the new hospital will strengthen the case for bus, rail and active travel improvements in the area, depending on which site is selected. For example, locating the new hospital at St Clears will strengthen the business case for the new rail station whilst the Ty-Newydd site in Whitland may provide an opportunity to re-locate the existing rail station facility. An additional scenario has been explored in a programme business case addendum (February 26) which will provide different challenges and opportunities for the transport network. Providing more care closer to where people live will also make it easier for staff, patients, and visitors to access HDUHB sites by sustainable transport modes such as active travel. The provision of more community-based healthcare will also help reduce the demand for car parking at hospital sites and the requirement to travel.
Upgrade of existing transport related infrastructure on HDUHB sites as part of AHMWW programme of improvements	The upgrade and re-purposing of existing HDUHB facilities will provide opportunities to improve existing infrastructure to accommodate bus services, join up desire lines and support and encourage access via sustainable transport modes including active travel.
Development of a new clinical model as part of	The new clinical model will result in an increase in the number of patients requiring transfer between community hospitals and the

AHMWW programme of improvements	new urgent and planned care centre due to the stepping up or stepping down of their care. This provides an opportunity to establish dedicated arrivals and discharge facilities together with an enhanced transfer service to accommodate this change in the pattern of activity.
Agile Working	HDUHB's Agile Working Strategic Plan 2025 and the Agile Working Toolkit sets out new ways of working incorporating an agile/hybrid approach. The key message is 'work is an activity, not a place we go'. If the new normal is to reduce the number of days staff are required physically in an office this could result in significant efficiencies including reducing the need to travel and a reduction in transport related carbon emissions.
Technology-enabled changes reducing the need to travel for healthcare.	Telehealth in the UK is rapidly transforming healthcare delivery, offering remote patient care through technology, improving accessibility, and reducing pressure on in-person services. This includes video consultations, remote monitoring, and mobile health applications. Using technology to deliver health care has several advantages, including improved accessibility and reducing the requirement for 'face to face' appointments. Significantly, telehealth provides patients with easier access to healthcare services, particularly in rural or poorly served areas. Patients can consult with healthcare providers from the comfort of their homes, reducing travel time and associated costs.
Technology-enabled changes in public and community transport	Advances in digital technologies are leading to the development of new systems and platforms that can provide easy and convenient access to a range of passenger and transport service information. For example, the use of online journey planners (e.g. Traveline Cymru), journey booking systems, smart payment technologies and 'real-time' bus tracking systems has grown significantly over the last five years. Such technology enables easier identification of sustainable travel opportunities especially in terms of local bus and community transport services in rural areas where options are limited and infrequent.
Ultra-low emission vehicles	As of March 2025, there are approximately 1.5 million licenced zero emission vehicles (ULEVs) on UK roads, which represent 3.7% of all licenced road-using vehicles (*Vehicle licencing statistics 2025 – GOV.UK*) Battery electric vehicles (BEVs) now account for around one quarter of new car registrations in the UK. A significant increase in the types of vehicles available on the market combined with increased battery ranges has meant EVs are becoming more accessible and affordable. Under the government's zero emission vehicle mandate, manufacturers are required to increase the proportion of zero-emission vehicles sold each year from 33% in 2026 to 100% in 2030.

	Transitioning HDUHB's fleet of 150 vehicles to battery electric will not only provide opportunities to significantly decrease carbon emissions but also reduce the cost of transport and its impact on the environment.
E bikes & E Cargo Bikes	Electric bikes are gaining popularity with 9% of households in the UK now owning or having access to an E bike and nearly 40% of people in the UK say they would cycle more if they had an E bike. (*Source: Electric Bike Statistics 2025, How popular are E Bikes? Tredz Bikes*). The typical range of an E bike is more than 40 miles, and they offer several benefits including: maintaining a healthy lifestyle, getting to your destination quicker and with less effort, helping the cyclist to commute further and tackle steep terrain, allowing the user to enjoy all the benefits of cycling with minimal strain. E Cargo bikes offer similar types of benefits and can provide a viable alternative to a motor vehicle for local deliveries, for example within a large hospital site and for transporting items to and from healthcare sites in urban environments.
20mph Speed Limits	In September 2023 Welsh Government introduced a default 20mph speed limit on restricted roads across Wales. The aim is to reduce collisions and severe injuries from them, to encourage more people to walk and cycle in the community and help improve health and well-being making it safer for active travel. Currently only seven per cent of Hywel Dda staff walk and two per cent cycle to their place of work (Staff Travel Survey 2025). Whilst it is identified as an opportunity to encourage the take-up of more sustainable travel options, it is also recognised the lower speed limit may also have an impact on transport service provision with an increase in journey times.
Self-driving Vehicles	The UK's Automated Vehicles Act became law in 2024, creating the legal framework for the deployment of self-driving vehicles. According to the UK Government's 'Connected & Automated Mobility' report issued in 2025 self-driving vehicles are fast approaching commercialisation. By 2035, forty per cent of new cars in the UK could have self-driving capabilities. The transport of goods and passenger services look likely to be operating in self-driving vehicles within a similar timeframe. The potential benefits of connected and self-driving technologies are considerable: from better integrating rural communities to helping to deliver essential goods and improving access to education, work, as well as healthcare.
Drone Delivery Services	Drone delivery services in the UK are currently at the pilot and early-commercial stage, but most forecasts expect very rapid growth through the 2030s. The UK Government's 'Future of Flight' programme 2025 aims to make the UK a global leader in drone operation by 2030. For example, UK is actively trialling drone deliveries for medical supplies, mail delivery and for retail. The

	aim is to significantly improve service levels, delivery times, and to reduce carbon emissions. Current trails have the potential to be rolled out for other types of NHS deliveries and logistics, for example for transporting medical samples, especially in rural areas where challenging geography and weather can cause disruption.

6. Aspirations & Goals

With a focus on our objectives and considering the various challenges and opportunities, the following section outlines HDUHB's aspirations and goals for transport and travel over the next 15-year period. These aspirations and goals will be reviewed on an annual basis and further developed as various initiatives and opportunities arise. The following section also identifies how each goal aligns to and supports the objectives of the Transport and Accessibility Plan.

6.1 A Healthier Mid & West Wales Strategy

Goal:	To support the development and delivery of the Healthier Mid & West Wales Strategy
Business case development	The programme business case addendum for the Healthier Mid & West Wales Strategy was submitted to WG in February 2026. The next stage is intended to be the development of an outline business case for the new Urgent & Planned Care Hospital and the re-purposing of one or both of the existing facilities as Community Hospitals. The development of this Transport & Accessibility Plan will help inform and support the strategic outline case and future stages of business case development. Guided by the Transport & Accessibility Plan, our aim is to ensure our general hospitals, community hospitals and integrated care centres are easily accessible by a wide range of sustainable services and transport modes. Furthermore, this plan will help inform and steer transport planning and service provision as part of future HDUHB infrastructure developments in the region.
Site selection & design	Concerns from the public regarding access to a new UPCH has been a common theme throughout public and staff engagement since the AHMWW Strategy was launched back in 2018. Many of these concerns were re-iterated in public and staff consultation

	exercises undertaken in 2023 and more recently in 2026 as part of the Clinical Service Plan engagement. Support will be provided to help inform and guide the site selection and design process for the new Urgent & Planned Care Hospital, Community Hospitals and Health & Well-Being Centres to ensure sustainable transport and ease of access is a key consideration.
Planning approval process	Assistance and support will be provided during the planning application process to ensure the new Urgent & Planned Care Hospital, Community Hospitals and Health & Well-Being Centres meet all planning guidance requirements from a sustainable transport and access perspective. A key consideration will be to ensure sufficient car parking capacity is made available across all new HDUHB sites to meet anticipated future demands from both patients and staff. HDUHB's approach to planning and parking provision will also need to be cognisant of local authority parking strategy, the regional transport plans and national parking standards.

6.2 Unscheduled Patient Transport

Goal:	To improve Emergency Medical Services
Development of new systems to improve the patient handover process	HDUHB will work with WAST to develop options for improving emergency and non-emergency patient transport handover times at acute hospital sites to reduce WAST vehicle downtime and improve service efficiency. This will require an increase in the level of resource available to support the handover of patients on arrival at A&E, outpatients and at day case treatment clinics at acute hospital sites, as well as improvements to the patient transfer and discharge process.
Co-location of HDUHB / WAST services and facilities	The addition of a new acute hospital site and the transition of more activity into a community setting will shift the flow of patient transport across the HDUHB area. To support this, HDUHB will engage with WAST to consider the most suitable options for co-

	locating services and vehicle bases to deliver the highest level of transport responsiveness.

6.3 Patient Transport & Access to Health-care Services

Goal:	To improve Non-Emergency Patient Transport Services (NEPTS)
Development of a dedicated discharge and transfer service with a supporting transport coordination centre	The nature of the new clinical model will require an increase in the number of patients needing to transfer between community hospitals and the new urgent and planned care centre due to the stepping up or stepping down of their care. HDUHB will work closely with WAST to establish a dedicated and enhanced discharge and transfer service to accommodate this change in the pattern of activity. This will include the commissioning of additional vehicles to accommodate the anticipated levels of future demand as well as the establishment of a dedicated patient flow centre with clinical input to coordinate patient journeys. We will ensure that any work undertaken locally is communicated widely with our partners if an all-Wales Discharge and Transfer model is considered in the future by the National Collaborative Commissioning Unit (NCCU).
Provision of transport capacity to deliver closer to home	To ensure that care can be delivered as close to home as possible based on the needs of individual patients, HDUHB will work with WAST and other transport providers, including TfW, local authorities, the community transport sector, to ensure that capacity is aligned with anticipated future demand levels and patient flows.
Avoidance of unnecessary admissions to hospital	Sufficient communication and engagement will be undertaken to raise public awareness of the available alternatives to A&E attendance e.g. the 111 service. In addition, HDUHB will, in partnership with WAST scope the potential opportunities to implement services and processes to avoid attendance at A&E departments and promote alternative treatment and direct admissions in a community setting.
Refining of NEPTS eligibility criteria	HDUHB will continue to work with WAST and the Emergency Ambulance Services Commissioner (EASC) on refining the NEPTS eligibility criteria and patient needs assessment so that it effectively aligns to the new clinical model.

Goal:	Improve access to health-care services by embracing new digital technology
Technology-enabled changes reducing the need to travel for healthcare	Working with departmental leads and partners, HDUHB will consider further opportunities to utilise digital systems such as 'Telehealth' to provide remote patient care. Such an approach would not only reduce the need for patients to travel, but also reduce the requirement for 'face to face' appointments where appropriate. It is envisaged this type of approach would result in better access to healthcare services, particularly in rural or poorly served areas.
Scheduling of patient appointments	As local bus and rail service provision is often not aligned with the demands of healthcare delivery, HDUHB departmental leads and partners will consider whether there are opportunities for patients to be able to schedule appointments which are convenient for them. Such an approach would benefit patients with limited transport options and help reduce appointment non-attendance.
Greater awareness of public transport, community transport providers and availability	HDUHB will engage with TfW, WAST and local community transport providers to identify ways of improving awareness of public and community transport digital journey planner systems (e.g. Traveline Cymru). This will help support patients with limited transport options, improve healthcare accessibility and reduce the demands on NEPT services.

6.4 Active Travel

Goal:	To increase the number of staff and visitors accessing our sites via walking and cycling
Review and development of active travel options	To maximise the opportunities for active travel to access healthcare services HDUHB will work closely with local authorities and public transport providers to scope the potential to develop additional walking, cycling, and 'last mile solutions' to existing and any newly developed facilities.
The provision of walking and cycling routes within HDUHB sites	HDUHB will where possible, provide segregated, direct, and prioritised pedestrian and cycle routes on our new sites, built to WG active travel standards, connecting seamlessly with the wider active travel network.

Cycle parking, E bike charging and related facilities	Sufficient levels of high-quality secure cycle parking facilities, meeting WG's active travel standards, will be provided on HDUHB sites to accommodate demand and to support sustainable forms of transport. Staff will, wherever possible, have access to facilities such as lockers, showers, and drying facilities. E bike charging facilities will also be considered to encourage the use of E bikes.
Access to cycle training & maintenance sessions	HDUHB will work with partners to ensure staff have access to cycle training opportunities to ensure they have the confidence to choose walking or cycling wherever possible. With a focus on cycling safely on modern roads, the aim will be to help participants feel confident in a range of scenarios ranging from a weekend cycle ride to commuting to work. Promotional events such as cycling roadshows and a bike loan scheme will also be considered to provide staff with an opportunity to 'try before you buy' for E bikes as well as conventional cycles, linking with HDUHB's Cycle to Work scheme.
Raise awareness and improve the communication of active travel options and facilities	HDUHB will engage with local authorities, SUSTRANS and other stakeholders to identify ways of improving the awareness and communication of active travel routes, on-site facilities and the signposting of staff and visitors to appropriate information including on-line active travel route maps.

6.5 Public & Community Transport

Goal:	**To improve the availability and awareness of public and community transport services for accessing HDUHB sites**
Greater use of public transport services to access healthcare settings	HDUHB will work in partnership with local authorities, the Swansea Bay and West Wales Metro programme and Transport for Wales to ensure that local bus and rail service provision is aligned with the demands of healthcare delivery resulting from the new clinical model and the provision of more community-based care. HDUHB will also be cognisant of the importance of 'last-mile' solutions and their impact on influencing modal choice, encouraging our patients, visitors and staff to choose a more sustainable way of travel instead of 'simply taking the car'.

Enhanced local bus and demand responsive services	HDUHB will work in partnership with Transport for Wales, local authorities, bus operators and other providers, sharing information to help identify the gap in service provision along with the barriers to transport. This approach will help inform TfW's future bus network development process, helping to ensure patients, visitors, and staff can access our healthcare sites by public transport. This approach will include assessing demand responsive services such the Fflecsi Bus currently operating in West Wales, the expansion of existing provision together with the potential for developing new local bus and other demand responsive type services.
Consideration of public transport accessibility when designing new sites	HDUHB will encourage greater public transport use by designing our facilities to allow those accessing our sites to do so comfortably and conveniently using public transport. Consideration will be given to the provision of passenger waiting areas, electronic public transport information displays and dedicated bus focal points. We will also follow best practise to increase confidence in using public transport especially amongst the elderly and vulnerable groups.
Greater awareness of public transport, community transport providers and availability	HDUHB will engage with TfW, Traveline Cymru, WAST and local community transport providers to identify ways of improving awareness of public transport and community transport schemes, including the signposting of patients not eligible for Non-Emergency Patient Transport to other transport providers. For example, in July 2026 HDUHB began trialling a new single point of contact for transport information called 'Transport to Health Connect'. Delivered in partnership with Dolen Teifi and the PACTO Pembrokeshire Connectors project, the aim is to better coordinate access to and utilisation of existing public and community transport services within the HDUHB area. This will help support patients with limited transport options, improve healthcare accessibility and reduce the demands on NEPT services.
Development of bespoke community transport provision to support access to and from the new UPCH and Integrated Care Centre sites by elderly and vulnerable patients	HDUHB will work with the Community Transport Association and community transport providers (e.g. Royal Voluntary Services (RVS), Dolen Teifi etc) to ensure that new services are developed to meet the demands of those elderly and vulnerable patients needing to access and return from the new Urgent and Planned Care Hospital and Integrated Care Centre sites. Focus will also be placed on services that can reduce the likelihood of vulnerable patients in the community needing to be brought to an acute hospital site.
Enhanced integration between healthcare and community transport services	To maximise the support that can be offered by community transport groups there may be increased benefits from co-locating community transport providers and vehicles within the HDUHB estate. HDUHB will work with these providers to scope the

	potential benefits that could be offered to patients are a result of such an arrangement and consider the options for co-location.
Increased utilisation of Community Transport Providers to Support NEPTS	Historically there has only been limited involvement by community transport providers in supporting NEPTS services. Typically, these providers have supported the Health Board in conveying patients that are not eligible for NEPTS but still in need of some form of transport support due to vulnerability. HDUHB will work with WAST and the Third Sector to scope potential opportunities for diverting low dependency patients away from the NEPTS services to community transport providers to free up WAST resources for higher dependency patients.
Promotion of Local Bus Services	HDUHB will engage with Transport for Wales, local authorities, bus operators, Traveline Cymru and other stakeholders to improve the awareness of existing services and to promote their use to patients, visitors, and staff. Initiatives will include promotional events and the piloting of discounted fare schemes.

6.6 HDUHB Fleet Vehicles

Goal:	**To improve fleet management and support the transition to ultra-low emission type vehicles**
Transition of HDUHB's fleet of cars and lights goods vehicles to battery-electric	A key target of HDUHB's Decarbonisation Delivery Plan 2022 (i.e. Initiative 19) is for all new cars and light good vehicles procured after April 2023 to be battery-electric or hybrid wherever practically possible. There are 154 vehicles currently in the Hywel Dda business fleet (July 2026), 74 of which are self-charging hybrids, 3 plug-in hybrids and 10 electric vehicles. Hywel Dda currently has five electric vehicle charge-points, two at Glangwili, one at Prince Philip, one at Withybush, and one at Bronglais Hospital. HDUHB secured £526,000 of WG Targeted Estates funding (TEF) in 2026/27 for the provision of electric vehicle charge-points for fleet vehicles based at the Glangwili and Prince Philip hospital sites. This will support the transition of our fleet vehicles to battery-electric over the next three years. The installation of fleet

	EV charge-points on other key sites will be progressed as and when future funding is secured.
Transition of medium and large freight vehicles to meet future standards of ultra-low emission vehicles in their class	Medium and large freight vehicles can be harder to decarbonise than smaller vehicles due to their size and lack of available commercial technology. They are, however, still an important contributor to carbon emissions so it is important HDUHB develops an approach to decarbonise this sector to support the transition to ultra-low emissions for these types of vehicles procured after April 2025 (i.e. Initiative 20, HDUHB's Decarbonisation Delivery Plan).
Development of EV charging infrastructure	The provision of electric vehicle charging infrastructure will be included as a key design requirement in the development of new sites. Sufficient charging provision to support the transition of the HDUHB fleet to battery electric will be a priority. The provision of EV charging infrastructure to support staff and visitors will also be considered. We will also work with our partners to ensure that those services co-located at HDUHB locations have access to necessary EV charging infrastructure as required e.g. WAST vehicles.
A standardised system for fleet vehicle management	Effective fleet management is crucial for efficient fleet operation and to identify emission reduction opportunities in the most cost-effective way. 2% of HDUHB's transport emissions are associated with the Health Board's fleet. A standardised system of vehicle management for HDUHB fleet will be developed to plan, source, and manage vehicle operations and to assess fleet performance (i.e. Initiative 18, HDUHB's Decarbonisation Delivery Plan 2022). To further support HDUHB's drive to reduce CO_2 emissions and improve the efficiency of its fleet we will implement full telematics tracking provision across all fleet vehicles.

6.7 Staff Travel

Goal:	The updating of business travel policies and development of agile working policies to make staff travel more sustainable
Updating of business travel policies to prioritise the use of electric or hybrid pool cars and public transport	Whilst business travel represents a relatively small proportion of HDUHB's overall carbon footprint at 3%, it is still a significant cost in terms of mileage claims and is a sector where emission reductions can be achieved through effective policies and initiatives. Whilst HDUHB has a culture of sustainable business travel, existing processes lack an accompanying official policy that reinforces the decisions that are currently being made. Initiatives like this, along with innovative solutions such as incentives / disincentives could help further reduce the emission attributed with business travel for HDUHB (i.e. Initiative 21, HDUHB's Decarbonisation Delivery Plan 2022)
Increased agile working and supporting technologies	HDUHB will seek to embed many of the benefits that were observed during the COVID pandemic because of increased home working, agile working and the use of technology to avoid a physical attendance at meetings and to reduce the need to travel. This will include supporting HDUHB's Agile Working Strategic Plan 2025 which sets out new ways of working incorporating an agile/hybrid approach. This includes investing in technology which increases the feasibility of remote working.
Flexible staff basing	Where possible, we will enable staff to work around their home locality, which will indirectly support their community. This will also increase the likelihood of staff commuting by active travel and public transport. This will reduce commuting requirements, parking demands and support the HDUHB's Agile Working Strategic Plan 2025.
Increased support for car sharing	To reduce the effects of commuting and staff travel, HDUHB will look at solutions to support and encourage the uptake of car sharing for both business journeys and commuting. This will include consideration of potential incentives, systems and car park infrastructure to help facilitate uptake (e.g. car sharing software, dedicated car-share parking spaces).
Improved pool car availability	To encourage more staff to commute to work by active travel and public transport, HDUHB will look to improve the availability of

	pool cars at key sites, especially those sites with limited parking provision, to support staff undertaking work in the community.

6.8 Promotion of Sustainable Transport Options to support Behavioural Change

Goal:	To develop and utilise a suite of resources to support behavioural change and promote sustainable transport options to staff, patients, and visitors
Regular awareness-raising campaigns to support and encourage behavioural change	HDUHB will work with partners to develop and implement regular awareness-raising campaigns to support and encourage behavioural change to more sustainable modes of transport. Behavioural change has a central role to play, from getting the UK to net zero to supporting the take-up of more sustainable transport options. Staff, patients, and visitors will be encouraged to use sustainable travel modes through regular awareness-raising campaigns, marketing, and communications. Occupational development opportunities for raising staff awareness will also be developed.
Travel Surveys	By undertaking surveys, the journeys made by staff and their consequential impacts will not only inform service and infrastructure development but will also be used to develop key messages to support behavioural change. Patient and visitor travel surveys will also be undertaken on a biennial basis through various methods to ensure a higher participation rate, providing reflective and useful data to help develop new services and identify transport barriers.
Tailored travel information	HDUHB will work in partnership with Traveline Cymru and other partners to develop travel information to support sustainable access to Health Board sites. Staff will be offered the option to sign up to tailored travel information to keep them informed about their travel options.
Way-finding signage	HDUHB will work in partnership with the local authorities to ensure way finding signage is provided to ensure active travel routes linking the wider network to Health Board sites are clearly signed. HDUHB will also ensure suitable signage is provided within our sites to support and promote sustainable access.

Healthy Travel Charter Wales	HDUHB will continue to work with Public Health Wales and other partners to deliver on its commitments as set out in the Healthy Travel Charter. The HDUHB Charter contains a series of commitments the organisation will make over coming years to support their staff and visitors to walk, cycle more, take public transport and switch to electric vehicles.

6.9 Car Parking

Goal:	To improve car park management and parking provision
The provision of sufficient car parking capacity across all sites to address both existing and future demands	As a predominantly rural area the private motor car will remain the primary means of transport for most trips across the HDUHB region including those journeys linked to healthcare. A key design principle will be to ensure sufficient car parking capacity is made available across all existing and new HDUHB sites to meet anticipated future demands for both patients and staff. HDUHB's approach to parking provision will also need to be cognisant of local authority parking strategy, the regional transport plans and national parking standards.
Implementation of a standardised approach for car park management, control, and enforcement	Car parking policy should be seen as an integral part of the plan for transport and access to HDUHB sites. HDUHB will review existing car parking control and enforcement arrangements in place across all sites, assess the most suitable model for future provision and develop a standardised approach. Key aims of the approach will be to strike a balance between supply and demand and to use parking to meet other policy goals such as improved traffic management and enhanced accessibility for patients, visitors, and staff.
The development of effective car park design and designated car parking arrangements	HDUHB will work with internal departments and partner organisations to identify how parking can be most effectively designed and allocated at the new hospital site and at existing sites. This will include effective zoning for both patient and staff areas, scoping the potential options for designated parking for WAST vehicles, community transport providers, electric vehicle charging bays and car sharing spaces. The provision of designated areas for HD fleet vehicles including pool cars will allow effective monitoring, maintenance, and cleaning of these vehicles.

6.10 Taxi & Courier Provision

Goal:	To develop and improve taxi/courier provision
Review of current model of taxi procurement and provision	HDUHB will work with NWSSP and local taxi providers to design a taxi contract that ensures sufficient capacity to meet the Health Board's needs while also being flexible enough to increase interest in the contract. Future model development will also consider greater participation of the community transport sector in the provision of transport services as well as the possibility of developing an internal 'taxi' function as the economies of scale presented by a new and larger hospital site may make this financially viable.
Introduction of robust alternatives to taxi provision	HDUHB will scope options for reducing the reliance on taxi services, particularly for the out of hours period. This will include reviewing existing arrangements across HDUHB sites and assessing the most suitable model for future provision. Options could include internal Health Board transport provision as well as collaborating with community transport providers and WAST to develop bespoke services to support the return of vulnerable patients from a hospital setting.
Development of a fully integrated courier network that meets best practice guidelines	HDUHB will engage with the Health Courier Service and our other providers to design an efficient scheduled courier network that incorporates all planned sites and meets the best practice guidance set out for the transport of controlled drugs and specimens.

7. Transport & Accessibility Plan Goals and Alignment with Objectives

The following table summarises the goals of the Transport and Accessibility Plan and identifies which of the objectives each goal aligns to and supports.

Transport & Accessibility Plan Goals	Objectives						
	1	2	3	4	5	6	7
Support the development and delivery of the Healthier Mid & West Wales Strategy.	●	●	●	●	●	●	●
To improve Emergency Medical Services patient transport.	●	●	●				
To improve Non-Emergency Patient Transport Services (NEPTS).	●	●	●		●	●	
To improve access to health-care services by embracing new digital technology	●	●	●	●	●	●	
Increase the number of staff and visitors accessing our sites via walking and cycling.	●	●	●	●	●	●	●
Improve the availability and awareness of public and community transport services for accessing HDUHB sites.	●	●	●	●	●	●	●
The transition of HDUHB's fleet to ultra-low emission type vehicles and improved fleet management.		●	●	●		●	●
Update business travel policies and development of agile working policies to make staff travel more sustainable.		●	●			●	
The development of a suite of resources to support behavioural change and promote sustainable transport options to staff, patients, and visitors.	●	●	●	●	●	●	●
To improve car park management and parking provision.			●			●	
To develop and improve taxi/courier provision.	●		●			●	

8. Partnership Working to Deliver Our Aspirations & Goals

The successful delivery of HDUHB's Transport & Accessibility Plan will be dependent on support from the Executive Board and from a wide range of internal partners and departments including our workforce, procurement, capital planning and estates. It will in many cases, be dependent upon actions being taken by others, most notably key partners in Welsh Government, Transport

for Wales, the Welsh Ambulance Services NHS Trust, the NHS Wales Shared Services Partnership, Local Authorities, transport operators, community transport organisations and logistics companies. The delivery of transport related projects and schemes by our partners across the region is critical to enable HDUHB to achieve the ambitions of this plan which in turn supports our aspirations for healthcare provision as set out in 'A Healthier Mid & West Wales – healthier lives, well lived' overarching plan.

Consequently, HDUHB will engage with and support external partners by:

- Providing transport representation on internal project boards and external steering groups to ensure effective engagement in the development of services which impact on the transport and accessibility of all HDUHB sites.
- HDUHB will play an active role in the development of projects and schemes being delivered by our partners thereby helping to achieve the objectives of this plan through effective partnership working.

9. Implementation Programme Development

The successful implementation of this plan and how it will evolve is closely linked to the development of the business case and delivery of HDUHB's strategic ambitions for a Healthier Mid & West Wales. The plan will require support from a wide range of partners and depending on the measure to be introduced, will be delivered by the HDUHB, by an appropriate partner organisation or collectively as necessary.

The plan will be delivered through a 15-year implementation programme, thereby aligning with the AHMWW strategy, with an initial plan to be developed jointly with partners over the next 12 months. The implementation plan together with associated targets will be reviewed, updated, and further developed on an annual basis, ensuring HDUHB is on track to meet its future transport and access objectives.

This plan will be reliant on several key initiatives including the development of new transport services linked to the Bus Services (Wales) Bill 2026, led by Welsh Government and Transport for Wales, and on future regional transport plans being developed by the Local Authority Corporate Joint Committees.

Key to the delivery of the implementation programme will be the development of targets linked to the Transport & Accessibility Plan objectives. Where possible SMART targets will be established using the most recent staff, patient, and visitor travel survey data as a baseline. Such surveys will be conducted on a regular basis. An important indicator to the success of this strategic plan will be the level of motor vehicles accessing our hospitals and integrated care centres and the modal shift away from single occupancy car driving given the challenges of living and working in the largest health board region in Wales.

9.1 Key Themes

It is envisaged the key themes of the initial implementation plan will include:

- **Project delivery:** Delivering a range of specific HDUHB projects and associated measures to support the Transport & Accessibility Plan.
- **Working with partners to implement initiatives across the HDUHB region:** To include initiatives such as the Transport to Health Connect project, the Joint Regional Transport Plans and WG's new approach to bus service network planning.
- **Contribution to the development plans and business case for the Healthier Mid & West Wales programme:** To ensure the ethos of the Transport & Accessibility Plan is adequately reflected through land-use planning and to guide a set of transport and access design standards.
- **Policy changes and development:** A review of organisational policies such as agile working, decarbonisation and car parking policies and the development of additional new policies as and when required.
- **Services and incentives:** A review of existing services and incentives on offer for staff, patients, and visitors with the aim of delivering more effective and attractive schemes in the future.
- **Engagement and promotion:** On-going engagement and promotion to influence staff, patients and visitor travel behaviour and encourage modal shift to sustainable travel modes.
- **Data collection, consultation, and research:** Undertaking surveys, consultations and research, as required, to inform implementation and further development of the plan. This is also critical to allow WAST to understand the effect of the new clinical service design on ambulance provision. This will include the use of trials where appropriate to demonstrate impact and to refine proposals accordingly.

In terms of prioritisation, it is anticipated the measures to be set out in the implementation plan will be prioritised based on:

- **Services which improve the quality of patient care and experience:** the delivery of services that improve patient care will be prioritised. This may be through the conveyance of patients or indirectly by ensuring items required to deliver care to patients are transported within acceptable timeframes.
- **The impact on travel behaviours:** schemes which are recognised as having a significant impact on travel behaviour.
- **Ease of delivery:** with quick wins proposed to be implemented earlier in the 15-year period.
- **Feasibility:** where required, trials will be undertaken to determine how effective the scheme is before it is rolled out further.

9.2 Supporting Partner Initiatives

The implementation plan will include partnership initiatives to be supported over the next 15 years. Partner initiatives which support our strategic ambitions and enhance the opportunities for our patients, visitors, and staff to be able to access our sites easily, efficiently, and sustainably include the following:

- NEPTS initiatives, including the development of an all-Wales discharge and transfer service.
- EMS initiatives, including the development of new systems to improve the patient handover process and the co-location of HDUHB / WAST services and facilities.
- Corporate Joint Committee Regional Transport Plan development.
- WG/TfW Bus Network Planning (as part of the Bus Services (Wales) Bill 2026)
- Third Sector Community Transport service development
- Local Authority Active Travel network development

10. Monitoring & Evaluation

Regular monitoring and evaluation will be carried out to demonstrate our progress in delivering the Transport & Accessibility Plan and associated Implementation Plan. The monitoring will be linked to the achievement of the plan's objectives and the agreed targets, with progress to be reported at least on an annual basis to relevant HDUHB and partner groups.

Whilst the targets will be developed as part of the implementation plan, it is envisaged the types of monitoring to be undertaken will include:

- Monitoring of ambulance waiting times
- Traffic / parking surveys
- Staff travel surveys
- Patient and visitor surveys
- Monitoring the use of sustainable transport facilities
- Monitoring of vehicle fleet profiles and CO_2 emissions

11. Governance

The Transport & Sustainable Travel Group, consisting of core partners and a wider stakeholder group will support the delivery of the Transport & Accessibility Plan, the 15-year implementation programme and its on-going development. The Transport & Sustainable Travel Group will act as a forum to support partnership working, developing business cases for funding, enabling cross partner support, discussion, and the sharing of best practice.

On-going development of the Transport & Accessibility Plan will be overseen and co-ordinated by the AHMWW Estates & Infrastructure Sub-group, with work led by HDUHB's Transport Development Manager. The Transport Development Manager will be responsible for:

- On-going development of the Transport & Accessibility Plan to ensure it continues to support the AHMWW programme and is cognisant of future transport initiatives and policies.
- Development of and periodic refreshes of the Implementation Plan
- Co-ordinating the monitoring and evaluation of progress

An annual review of the Transport & Accessibility Plan will be reported to the AHMWW Estates & Infrastructure Sub-group, for onward reporting to the AHMWW Programme Group and to partner organisations as and when required.

APPENDIX 1

Policy & Strategy Review

This Transport & Accessibility Plan has been prepared with consideration given to several transport related policies and strategies at a national, regional, and local level. We need to ensure our long-term plan for transport and access not only supports the strategic approach to 'A Healthier Mid & West Wales' but also meets the requirements of relevant policy frameworks including those setting out current and future transport policy.

The following key strategies have been considered in detail:

A Healthier Mid & West Wales – Healthier lives, well lived (2026 - 2040)

In 2026 Hywel Dda University Health Board approved the Healthier Mid and West Wales (AHMWW) strategy – Healthier lives, well lived - to guide the development of health and care services in Mid and West Wales through the next 15 years.

The Health Board has made a long-term commitment to transform itself to meet the requirements of the social model for health and wellbeing. It requires us to move from a reactive medical model of delivery to one based on community-based, proactive, population focused, preventative, person-centred care and treatment. It will require realigning people, physical assets, and the service offer, from a predominantly secondary care focus to earlier, more localised, and targeted interventions.

The strategy is based on the following vision for HDUHB services and the region's hospital network:

- A network of community health and care facilities supported by more community-based care.
- A major new urgent and planned care hospital centrally located in the region
- Bronglais General Hospital, Aberystwyth
- Prince Philip Hospital, Llanelli
- One or two repurposed hospitals – Glangwili Hospital, Carmarthen, and Withybush Hospital, Haverfordwest – which will offer a range of community services.

To support this vision, Hywel Dda University Health Board (HDUHB) is developing services to be as accessible as possible for patients, visitors and staff. This includes designing services and utilising technology to reduce the requirement for staff and members of the public to travel to our sites.

Further information on A Healthier Mid & West Wales – Healthier lives, well lived (2026) can be found at:

Healthier mid and west Wales - Hywel Dda University Health Board (nhs.wales)

The Wales Transport Strategy - Llwybr Newydd (2021)

Welsh Government has taken a new path - llwybr newydd – urging us to think carefully about our transport options and change the way we travel. The aim is to have fewer cars on our roads, and more people using public transport, walking or cycling.

This new approach to policy supports developments which prioritise active travel modes above public transport, with the car having the lowest prioritisation.

Further information on the Wales Transport Strategy - Llwybr Newydd (2021) can be found at:

Llwybr Newydd: the Wales transport strategy 2021 | GOV.WALES

The following policies and strategies have also informed the development of HDUHB's Strategic Transport & Accessibility Plan:

- **The Well-Being of Future Generations (Wales) Act 2015** places an obligation on public sector bodies to work together to meet a number of well-being goals and strives to improve the social, economic, environmental, and cultural well-being of Wales.

  Well-being of Future Generations (Wales) Act 2015: the essentials [HTML] | GOV.WALES

- **National Transport Delivery Plan (Wales) 2022 to 2027** sets out how Welsh Government (WG) will deliver against the priorities and ambitions set out in Llwybr Newydd – The Wales Transport Strategy 2021. The plan provides an overview of what WG will deliver and its priorities as identified in the Wales Transport Strategy including the provision of accessible, sustainable and efficient transport services and infrastructure.

  National transport delivery plan 2022 to 2027 | GOV.WALES

- **Bws Cymru: Connecting People & Places 2022** sets out a vision on how to encourage people to use buses in their everyday lives, promoting social mobility and economic activity. It sets out the Welsh Government's plan for changes to the bus sector, aiming to deliver significant changes to the way bus services are secured and operated. It also outlines how improvements can be achieved by working with partners in local government, the bus industry and with key stakeholders.

  Bws Cymru: connecting people with places | GOV.WALES

- **Planning Policy Wales Edition 11 (2021)** sets out how development should be shaped to deliver the best possible outcomes thereby helping to achieving several sustainable place-making goals. These goals include the need to ensure developments are not car dependant and are accessible by public transport and active travel.

  Planning policy Wales | GOV.WALES

- **Net Zero Strategic Plan (Wales) (2022)** sets an ambition for the Welsh "public sector to collectively reach net zero by 2030". Transport features heavily in the Net Zero Plan with reducing emissions from transport seen as critical this decade. Welsh Government wants to see a 22% reduction in passenger transport emissions from 2019 levels by 2025, with 48% of new car sales being EVs by the same date.

Welsh Government Net Zero strategic plan | GOV.WALES

- **The Active Travel (Wales) Act (2013)** places a duty on highway authorities to consider the needs of pedestrians and cyclists and make better provision for them. The provision of active travel facilities on Hywel Dda sites is the responsibility of the Local Health Board.

  Active Travel Act guidance | GOV.WALES

- **Swansea Bay & West Wales Metro** is in the early stages of development. Transport for Wales is undertaking studies with Welsh Government and local authorities to develop plans to provide better rail and bus service connectivity and frequencies within South-West Wales. The aim is to work with a wide range of stakeholders including public sector organisations to change the way transport is provided thereby improving access to employment, healthcare, education and leisure opportunities.

  Swansea Bay Metro | TfW

- **Electric Vehicle Charging Strategy for Wales (2021)** aims to increase public confidence in the availability of charging infrastructure thereby facilitating increased ownership. For example, the transition of the Health Board fleet to battery-electric zero emission vehicles will facilitate the decarbonisation of energy and transport for HDUHB.

  Electric vehicle charging strategy for Wales | GOV.WALES

- **NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030** sets out an ambition for the public sector to be net zero by 2030. As the largest public sector organisation in Wales the NHS has an important role to play to contribute towards this target. The targets are ambitious, and in some areas will require a fundamental shift to our approach to healthcare related transport.

  NHS Wales decarbonisation strategic delivery plan | GOV.WALES

- **Hywel Dda University Health Board Decarbonisation Delivery Plan 2022** includes several targets and initiatives which align with the NHS Wales Strategic Plan to address carbon emissions across all greenhouse gas emission categories, including those from transport. The initiatives include targets for fleet management, electric vehicle charging and the transition of fleet vehicles to battery electric wherever practically possible.

  Decarbonisation Delivery Plan (nhs.wales)

- **Hywel Dda University Health Board New Ways of Working Programme 2022** sets out a future vision for the HDUHB in terms of new ways of working incorporating an agile/hybrid approach. There are many wider key drivers to making this change, such as: care closer to home, technology first, town centre regeneration, work-life balance, and decarbonisation, thereby affecting future transport requirements and provision.

  hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-30th-september-2021/agenda-and-papers-30th-september-2021/item-8-1-agile-working-arrangements-policy/

- **Hywel Dda University Health Board New Hospital Site Consultation Report 2023** provides feedback on the 12-week public consultation undertaken in the Spring 2023, during which time members of the public, HDUHB staff members, organisations, and other stakeholders were invited to give feedback on the three site options for the new hospital

and anything else they felt the Health Board should consider in relation to the sites. Opinion Research Services (ORS) was appointed to advise on and independently manage the consultation programme.

Hywel Dda announces next steps for the New Hospital Site Consultation - Hywel Dda University Health Board (nhs.wales)

4.3

11:15, 15 Mins

4.3 - A Healthier Mid and West Wales Strategy Update

Paul Williams (Hywel Dda UHB - Assistant Director Of Strategic Planning), Nathan Davies (Hywel Dda UHB - Senior Project Manager), Alexander Martin (Hywel Dda UHB - Principal Programme Manager)

Healthier Lives, Well lived Engagement Plan

For discussion

Attachments

4.3 SPC SBAR - AHMWW Update - Aug 2026.pdf

Pwyllgor Strategaeth a Chynllunio/ Strategy and Planning Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	20 AUGUST 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	A Healthier Mid and West Wales Strategy Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Paul Williams, Assistant Director of Strategic Planning, Alexander Martin, Principal Programme Manager, Nathan Davies, Senior Project Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/ For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Since the Board approval of the refreshed 'A Healthier Mid and West Wales Strategy' in January 2026, work has been undertaken to bring the Strategy to life, to include aligning what we are currently doing, as well as developing longer term planning to implement the Strategy.

This report builds on the update that was shared as part of the Chief Executive's update report to Board in May 2026, with further planning and actions which have taken place since then.

Cefndir / Background

The Annual Plan for 2026 / 2027, along with the Board Assurance Framework (BAF), has been developed to capture how, what we are doing now, aligns to our four main objectives:

- Thriving teams
- Healthier communities
- Great care
- Positive futures.

It is recognised however that to fully deliver our strategic ambition the activities we undertake now are the starting position for many of these programmes, with further work needed to develop a plan to implement our Strategy between now and 2040.

Following the initial desktop exercise, a process has been developed and shared through the A Healthier Mid and West Wales (AHMWW) Group and Executive Team to explore the steps we believe are required.

Alongside this activity, engagement with our staff and public has continued, with accessible versions being shared with local groups, and summary versions shared with staff, supported by

online sessions. We have also been sharing what we have learned from the engagement process to inform other areas of work, such as the Director of Public Health's Annual Report.

Asesiad / Assessment

A draft timeline and process have been established to look at the development of a series of implementation plans to deliver each of the goals, which as noted earlier has already been shared with the A Healthier Mid and West Wales Group and Executive Team.

The intention is to work with the Executive Team initially to define the 'what' will need to be delivered, within timescales if they have already been committed to, and to support senior leaders in the organisation to undertake this work and unlock resource where required.

We will also use the feedback from ongoing engagement regarding the Strategy to further develop the 'what' so that implementation plans can consider the feedback from stakeholders so that services meet the needs of our wider communities.

When this has been achieved, we intend to work with senior leaders across the organisation to develop 'how' this will be achieved, recognising that this work will need to also consider the organisation's resource constraints while meeting these aims.

This will likely require iteration to finalise, but we expect that the implementation plan for the Strategy will inform our three-year planning cycle, with strategic delivery plans and enabling works appearing within next year's Plan.

Argymhelliad / Recommendation

The Committee are asked to:

- **RECEIVE ASSURANCE** from the report that work is being undertaken to implement our A Healthier Mid and West Wales Strategy.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1.3. That, wherever possible, Health Board plans are aligned with partnership plans developed with Joint Committees, Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH). 3.1.6. Consider the development of strategies and plans developed in partnership with key strategic partners and monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Risk 1196 - Insufficient investment in facilities/ equipment/digital infrastructure (risk score 16) Risk 1197 - Implementing models of care that do not deliver our strategy (risk score 16)

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	9. All HDdUHB Well-being Objectives apply
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 change and/or significant service changes)*	7. All Apply
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report.
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	A Healthier Mid and West Wales group Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	The Programme Business Case (PBC) and PBC addendum sets out both the revenue and capital funding assumptions for the programme.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Implicit within the Strategy and is an integral part of the PBC case for change.
Gweithlu: **Workforce:**	Implicit within the Strategy and is an integral part of the PBC case for change.
Tegwch Iechyd: **Health Equity:**	Implicit within the Strategy and is an integral part of the PBC case for change.
Risg: **Risk:**	Already noted within principal risk 1197.
Cyfreithiol: **Legal:**	No legal impacts or likelihood of legal challenge identified.
Enw Da: **Reputational:**	While the Strategy has been engaged upon, potential for political or media interest or public opposition is likely as part of the development of the PBC or any alternative model if a new hospital is not developed.
Gyfrinachedd: **Privacy:**	No privacy impacts identified.
Cydraddoldeb: **Equality:**	There is an Equality and Health Impact Assessment which will remain 'live' through the duration of the programme.

4.4 **11:30, 10 Mins**

4.4 - Planning Goal 8: Fit for purpose, modern facilities and services

Paul Williams (Hywel Dda UHB - Assistant Director Of Strategic Planning), Helen Morgan-Howard (Hywel Dda UHB - Head of Transformation Programme Office), Alexander Martin (Hywel Dda UHB - Principal Programme Manager), Yvette Pellegrotti (Hywel Dda UHB - Principal Programme Manager), Ben Rogers (Hywel Dda UHB - Principal Programme Manager Transformation)

- Determine and implement sustainable models for services within the Clinical Services Plan programme
- Deliver our Programme Business Case to develop fit for purpose and modern community and hospital facilities

For assurance

Attachments

4.4.1 PG8 Fit for purpose, modern facilities and services.pdf

4.4.2 Planning Objective 8 Highlight Report Aug 26 Draft v0.1.pdf

Pwyllgor Strategaeth a Chynllunio/ Strategy and Planning Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	20 AUGUST 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Planning Goal 8: Fit for purpose, modern facilities and services
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Paul Williams, Assistant Director of Strategic Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/ For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides an update on the key deliverables for Planning Goal 8: Fit for purpose, modern facilities and services (Annex A) which includes:

- Agreeing next steps with Welsh Government to progress the A Healthier Mid and West Wales (AHMWW) Programme with discussion relating to Strategic Outline Case (SOC)/ Outline Business Case (OBC) activities and the public consultation required to support its development
- Progressing our Community Schemes
- Progressing Strategic Estate Plans and Decarbonisation initiatives across the Health Board Estate

The report also provides a brief update on the Clinical Services Plan (CSP) which also forms part of the same planning goal.

Cefndir / Background

The delivery of our AHMWW Strategy requires significant investment in healthcare infrastructure and forms a key component of **Planning Goal 8 (PG8)**, Fit for purpose, modern facilities and services which seek to develop and implement a strategic approach to estate planning.

Over recent years, the Health Board has undertaken a substantial programme of strategic planning to identify how future infrastructure requirements could be met. This work culminated in the submission of a Programme Business Case (PBC) Addendum, which was submitted to Welsh Government in February 2026.

Following consideration of the PBC Addendum, Welsh Government requested further engagement with the Health Board to better understand the potential next steps required to support delivery of the Strategy and to explore options for progressing towards a future Strategic Outline Case/ Outline Business Case (SOC/ OBC). Recent discussions have

focused on the strategic context for investment, the programme governance and resources required to support future business case development; and the practical steps necessary to progress the programme should Ministerial support be received.
Endorsement of the PBC and progressing to a future SOC/ OBC would represent a significant milestone in the development of the programme and would require the Health Board to undertake further detailed option development, technical appraisal, stakeholder engagement and statutory processes. A formal public consultation on the scenarios and options to be considered as part of the SOC/ OBC process would be a key component of this work.
In the interim period between now and the implementation of the PBC, the Clinical Services Plan (CSP) was established to address fragilities within services which would require redesign ahead of new estates being in place.
A decision was made on eight of the nine services in February 2026, and work has been undertaken to develop implementation plans for each of the services, which will require delivering these changes within our existing estates and future estates for some of the longer term ambitions.

Asesiad / Assessment

Agreeing next steps with Welsh Government (WG) for infrastructure associated with delivery of the AHMWW Strategy

A meeting was held on 8 July 2026 to consider the next steps for the AHMWW business case process, attended by the Chief Executive, Executive Director of Strategy and Planning and Deputy Chief Executive of NHS Wales. In the meeting there was discussion regarding a potential (circa) seven-year timeline. Also, that Hywel Dda University Health Board (HDdUHB) should start to work with WG colleagues on a resource schedule identifying the likely costs of progressing the programme.

The Health Board understands that the Minister is being briefed regarding the current strategic context, and programme position. While this represents an important step in maintaining momentum and ensuring Ministerial awareness of the programme, there remains no guarantees regarding approval, funding support or progression to the next phase of development. Consequently, the work currently being undertaken should be regarded as preparatory activity to ensure the organisation is well positioned to respond should Ministerial support be secured.

During discussions with Welsh Government in April 2026, the Health Board was asked to consider whether the overall programme could be accelerated. Subsequent work undertaken with Welsh Government and NHS Wales Shared Services Partnership (NWSSP) advisers has focussed on identifying opportunities to reduce programme timescales while maintaining compliance with statutory requirements, business case assurance processes and public consultation obligations.

Current planning assumptions indicate that, even under an accelerated programme, the earliest realistic delivery timeframe for a new major hospital solution would be approximately seven years from commencement of the next phase of programme development to operational service delivery.
At a high level, this programme would comprise:

- Approximately three years for public consultations, options appraisal, business case production, technical studies, statutory approvals and Welsh Government assurance processes
- Approximately three years for enabling works and construction activities

- A final commissioning, mobilisation and operational readiness phase to support workforce transition, digital implementation, equipment commissioning and safe transfer of services prior to full occupation and operation

While opportunities continue to be explored to streamline certain aspects of the programme, the Health Board's assessment remains that a realistic and deliverable programme is likely to extend over at least a seven-year period.

It is also recognised that progression to a formal SOC/ OBC will require significant organisational commitment and investment in programme resources. Work is therefore continuing to identify the programme management capacity, specialist advisory support, clinical leadership arrangements, stakeholder engagement requirements and governance structures that would be required to support delivery of a programme of this scale and complexity.

Delivering our community schemes (regional capital plans)
Capital investment through the Integration and Rebalancing Capital Fund (IRCF) is supporting the development of integrated health and care facilities, improved access to community-based services and the creation of modern environments that support new models of care. Below is an update on the Community Schemes being progressed that also sit as part of the AHMWW programme.

Cross Hands Health and Wellbeing Centre
The Cross Hands scheme continues to progress through the design development stage, with stakeholder and service design workshops underway. Welsh Government has requested consideration of an accelerated Full Business Case (FBC) timetable and discussions continue regarding the implications of this for programme delivery, resource requirements and programme assurance. The scheme remains one of the Health Board's key community investments and is viewed as an important enabler of the wider strategy to shift care closer to home.

Carmarthen Hwb (Atriwm)
The Carmarthen Hwb has reported a delay to handover due to structural issues and the revised completion date is now Quarter 1 of 2027. During the reporting period, attention has focused on ongoing commissioning activity, workforce planning and coordination with partners to support occupation and service transition arrangements. Close liaison continues with Carmarthenshire County Council to ensure a coordinated approach to communications and stakeholder engagement as the development progresses.

Pentre Awel
Clinical services have now commenced within Block B at Pentre Awel, representing a significant milestone for the programme. The Health Board is capturing lessons learned from the occupation process, including issues relating to wayfinding and operational readiness, to inform future service moves and developments.

North Pembrokeshire Integrated Health and Care Centre (Fishguard)
Discussions continue with Pembrokeshire County Council regarding land availability and site opportunities. While challenges remain in relation to securing a preferred site, discussions continue to be positive, and partners remain committed to identifying a viable solution that supports the strategic objectives of the programme and local service needs.

Aberystwyth Integrated Care Centre

Progress on the Aberystwyth scheme remains dependent upon clarification from Welsh Government regarding future utilisation of public sector buildings and estate assets. The Health Board is awaiting further discussions and feedback from Welsh Government to determine whether opportunities remain available to progress the scheme and what form any future development may take.

Cylch Caron
The Intermediate Care Fund (ICF) Panel on 15 July 2026 considered a joint application between Ceredigion County Council and the Health Board for the fees to refresh the Outline Business Case (OBC). Positive feedback has been received following this.

Community schemes continue to play a critical role in delivering the Health Board's Strategy by supporting the delivery of care closer to home, improving access to services and providing modern healthcare environments for staff and patients.

Progressing strategic estate plans across the Health Board estate, including acquisition, disposal, leasing and development opportunities
Work continues to progress the Health Board's wider strategic estates agenda, supporting the delivery of *A Healthier Mid and West Wales* and ensuring that estate resources are aligned to future service requirements. During the reporting period, significant focus has been placed on estate rationalisation, accommodation utilisation and the development of a more strategic approach to estate management.

Corporate Landlord Programme
Further progress has been made in the development of the Corporate Landlord Programme. Phase 1 has now been completed and work is underway to secure Executive approval for Phase 2. The programme is intended to strengthen estate governance, improve utilisation of accommodation, support more effective use of resources and reduce estate growth through a more coordinated and centrally managed approach to accommodation planning.

Estate Rationalisation and Space Utilisation
A programme of estate disposals and rationalisation is being developed and will be progressed over the coming two years to support improved utilisation and financial sustainability.

Backlog Maintenance and Estate Risk
Work is being considered to undertake a comprehensive estate survey programme to provide greater assurance regarding estate condition, investment requirements and future prioritisation in line with NHS Estatecode.

Major Infrastructure Programme
Progress continues on a number of approved infrastructure investments, with particular focus on addressing the highest-risk elements of the estate and ensuring that investment is targeted towards maintaining service resilience whilst longer-term strategic infrastructure solutions continue to be developed. There is a need to balance investment in existing infrastructure with planning for future hospital and community developments.

Clinical Services Plan
Following from the update presented to Board in July 2026 on the draft implementation plan, work has been ongoing to check and challenge assumptions being made regarding workforce, estates and data modelling, which will also lead to a refinement of the financial assessments for the programme.

This includes a review of the Stage 1 Royal Institute of British Architects (RIBA) reports, re-runs of data sets for planned care specialities and targeted analysis of emergency general surgery activities following check and challenge with the task and finish group.

Work is still progressing with a view to integrating the delivery of the Clinical Services Plan within next year's planning cycle.

For stroke services the responses to the consultation are now being analysed, with a consultation output report due to be presented to Public Board on 26 November 2026 for a final decision, allowing the service to begin implementation planning.

The highlight report also includes additional schemes that are all on target including Aseptics Project, Diagnostic Imaging Projects, delivery of Targeted Estates Fund (TEF) projects and progression of Bandi and Regional Cellular Pathology Business Cases

Decarbonisation Initiatives
The Health Board is currently delivering an energy performance contract to deliver energy efficiency improvements across health care sites: the Welsh SALIX Programme via Welsh Government funding at a value of c.£7m. It is approximately a 50 week site delivery programme between the period March 2026 to January 2027.

Continued implementation of the HDdUHB Decarbonisation Delivery Plan

Estate/Buildings/Land objectives.
Continue to deliver the TEF low carbon capital delivery projects (examples include window replacements and electrical vehicle re charging).
Commenced scoping of Phase 2 Energy Performance Contract.

Argymhelliad / Recommendation

The Committee is asked to **RECEIVE ASSURANCE** from:

- The update for Planning Goal 8 (Annex A)
  The ongoing discussions with Welsh Government regarding the progression of the AHMWW programme and the development of a future Strategic Outline Case (SOC) and Outline Business Case (OBC), noting that public consultation on the proposed scenarios and options, to be undertaken as part of the future SOC/OBC, will be a key precursor to the progression of the business case process.
- The continued development of the preparatory work to support potential progression to the next phase of the AHMWW programme, recognising that while a Ministerial Briefing is being prepared there are currently no assurances regarding approval, funding or progression beyond the current exploratory stage.
- The progress of our strategic estate plans, decarbonisation initiatives and Major Infrastructure Programme.
- The progress of community schemes supported via Regional Capital Plans.
- The progress of the Clinical Services Plan.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1.19.Receive assurance on the delivery of the Health Board's capital programmes and projects included in the planning cycle (in year and longer term).

Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Risk 1196 - Insufficient investment in facilities/equipment/digital infrastructure (risk score 16)
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective 4. Efficient
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	8. Fit for Purpose, Modern Facilities and Services
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply
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 change and/or significant service changes)*	7. All Apply
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained in the body of the report
Rhestr Termau: Glossary of Terms:	Contained in the body of the report

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Executive Team approved the final content of the Strategy Refresh ahead of design work and translation.

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	The PBC and SOC sets out both the revenue and capital funding assumptions for the programme including a detailed Financial Case section in the PBC
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Implicit within the PBC
Gweithlu: **Workforce:**	Implicit within the PBC and SOC. This is an integral part of the PBC case for change and is the subject of Workforce Appendix in support of the PBC.
Tegwch Iechyd: **Health Equity:**	Implicit within the PBC
Risg: **Risk:**	Risk 1196 Insufficient investment in facilities/equipment/digital infrastructure
Cyfreithiol: **Legal:**	Implicit within the PBC
Enw Da: **Reputational:**	Implicit within the PBC
Gyfrinachedd: **Privacy:**	Implicit within the PBC
Cydraddoldeb: **Equality:**	There is an Equality & Health Impact Assessment which will remain 'live' through the duration of the programme.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Submitted By: Eldeg Rosser, Paul Williams

Date Submitted: August 2026

Planning Goal: PG8 Estates Plan	**Executive Lead: Lee Davies**

Reporting Period: Quarter 2 – Jul, Aug, Sept, 2026

Overall status: ~~Complete / Ahead~~ / On-track / ~~Behind~~

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery).

The PG aims to provide a strategic suite of plans to address the risks and inadequacies of all aspects of the current estate. It is anticipated this will be achieved through partnership working, new models of working and significant investment over a period of the next decade. Key deliverables against this PG are:

1. To agree the next steps with Welsh Government (WG) for the infrastructure associated with the delivery of the A Healthier Mid and West Wales (AHMWW) Strategy.
2. To deliver a Regional Capital Plan as delegated to the Regional Partnership Board (RPB).
3. To progress strategic plans for all Health Board estate, both freehold and leased, including purchase of new buildings and new / changes to lease agreements.
4. To progress plans for essential estate infrastructure through the Major Infrastructure Investment Programme (MIIP) business case (top 10 risks)
5. To progress and deliver capital projects to deliver clinical improvements
6. To develop decarbonisation initiatives and net zero approaches

Progress against planned outcomes / trajectories / milestones (please provide the Strategy and Planning Committee (SPC)/data charts and an explanation of any variances):

To agree the next steps with WG for the infrastructure associated with the delivery of AHMWW	Programme Business case (PBC) Addendum discussed at WG Infrastructure Investment Board (IIB) 17 April 2026. An accelerated programme milestone plan has been developed with WG and NHS Wales Shared Services Partnership (NWSSP) support for a combined Strategic Outline Case (SOC)/ Outline Business Case (OBC) followed by Full Business Case (FBC) c.7years. Programme Business Case (PBC) endorsement is still awaited.	31/03/2027	On target
Regional capital plans as delegated to the RPB	Progression of FBC for Cross Hands Agreement of fees to re design	30/06.2026	Complete
	Fishguard Centre • Progression of land selection in partnership with Pembrokeshire County Council (PCC) is impacting on scheme progress. • Appointment of Supply Chain Partners once the scheme programme is more certain.	30/09/2026 31/12/2026	
	Cylch Caron • Agreement of next steps with WG and Ceredigion County Council • Agreement of fees to develop Outline Business Case (OBC)	30/06/2026 30/09/2026	Presentation to WG Integrated Regional Capital Fund (IRCF) panel on 15 July 2026
Strategic plans for all Health Board estate, both freehold and leased, including purchase of new buildings and new / changes to lease agreements	• Completion of staff moves into WG Building, Picton Terrace • Termination of Block 14, St Davids Park lease (Blocks 01, 02, 03 & 08 terminated). • Disposal of Pond Street and Penlan freehold sites and termination of Block 07, Dental unit, St David's Park	30/09/2026 30/09/2026 31/03/2027	Complete On target Will be delayed due to delays on Atriwm
	• Implementation of Property Asset Strategic Plan	31/12/2026	On target
	• Atriwm (Carmarthen Hwb) handover	31/12/2026	Delay to project handover due to

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GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Submitted By: Eldeg Rosser, Paul Williams

Date Submitted: August 2026

Planning Objective: PO8 Estates Plan	**Executive Lead: Lee Davies**		
	Pentre Awel • Review opportunity for occupation Swansea University space • Clinical Delivery Unit (CDU) handover • Review opportunity for additional space in Pentre Awel	 30/06/2026 31/12/2026 31/03/2027	 Complete On target On target
Essential estate infrastructure through the major infrastructure business case	Submission of Business Justification Cases (BJCs) for major infrastructure investment • BJC 1 –Withybush Hospital (WGH) Roof Repairs • BJC 2- Prince Philip Hospital (PPH) High/Low Voltage (HV/LV) • BJC 3 – PPH Water Tower Fire Enforcement Investment Programme • Submission of BJC for Glangwili Hospital (GGH) Phase 2 • Submission of BJC for Bronglais Hospital (BGH)	 29/03/2027 29/03/2027 29/03/2027 30/04/2026 30/11/2026	 On target On target On target Complete On target
Delivery and progression of projects to deliver clinical improvements	Delivery of the following Projects • Aseptic Project • Diagnostic Imaging Projects Delivery of TEF Projects Progression of the following Projects • Completion of Bandi Business Case • Clinical Service Plan (CSP) Projects TBC Progression of Regional Cellular Pathology business case	 31/12/2026 31/03/2027 31/03/2027 31/03/2027 TBC 31/03/2027	 On target On target On target On target TBC On target
Delivery of estate decarbonisation initiatives and net zero approaches	• Continued implementation of the HDd Decarbonisation Delivery Plan Estate/Buildings/Energy/Land Objectives – making good progress on target areas with the limited resource, expertise and funding available. 2030/31 • Continue to deliver and complete the TEF low carbon capital delivery projects • Scope phase 2 of the EPC with approved pipeline of capital delivery projects	31/03/2027 31/03/2027 31/03/2031	Behind target - unable to fully meet WG carbon reduction targets by 2030 On Target On Target

Any other Comments: Matters for information: All other matters reported via SPC SBAR updates and reports to the AHMWW Group.
Risks to delivery: There is a risk to deliverability of the actions on the programme of works. This is due to the availability of WG capital. The impact is risk to programme timelines. The impact could be the highly significant risk to current service provision, location of services, equity of access and the need for unplanned service changes in response to potentially unsustainable service scenarios. There will also be a need for significant interim investment in the current estate

4.5

11:40, 10 Mins

4.5 - Pharmaceutical Needs Assessment

Rhian Bond (Hywel Dda UHB - Assistant Director of Primary Care)

For assurance

Attachments

4.5.1 SPC SBAR PNA Update July2026 FINAL.pdf

4.5.2 HDdUHB - PNA October 2026 Final.pdf

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 3
1. Introduction 6
2. Overview of Hywel Dda University Health Board 19
3. General Health Needs of Hywel Dda University Health Board 51
4. Identified Patient Groups – Particular Health Issues 82
5. Provision of Pharmaceutical Services 98
6. Other NHS services 116
7. Health Needs that can be met by Pharmaceutical Services 122
8. Amman Gwendraeth Cluster 128
9. Llanelli Cluster 139
10. Tywi Taf Cluster 148
11. North Pembrokeshire Cluster 159
12. South Pembrokeshire Cluster 169
13. North Ceredigion Cluster 179
14. South Ceredigion Cluster 189
15. Conclusions for the purpose of schedule 1 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020 198
Appendix A – Policy Context and Background Papers 205
Appendix B – Essential Services 209
Appendix C – clinical services 211
Appendix D – Additional Services 214
Appendix E – terms of service for dispensing appliance contractors 217
Appendix F – PNA Steering Group Membership 220
Appendix G – Patient and Public Engagement Survey 221
Appendix H – Full Results of the Patient and Public Questionnaire 232
Appendix I – contractor questionnaire 269
Appendix J – Dispensing GP Practice Questionnaire 275
Appendix K – Opening Hours 278
Appendix L – Consultation Report 292

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.

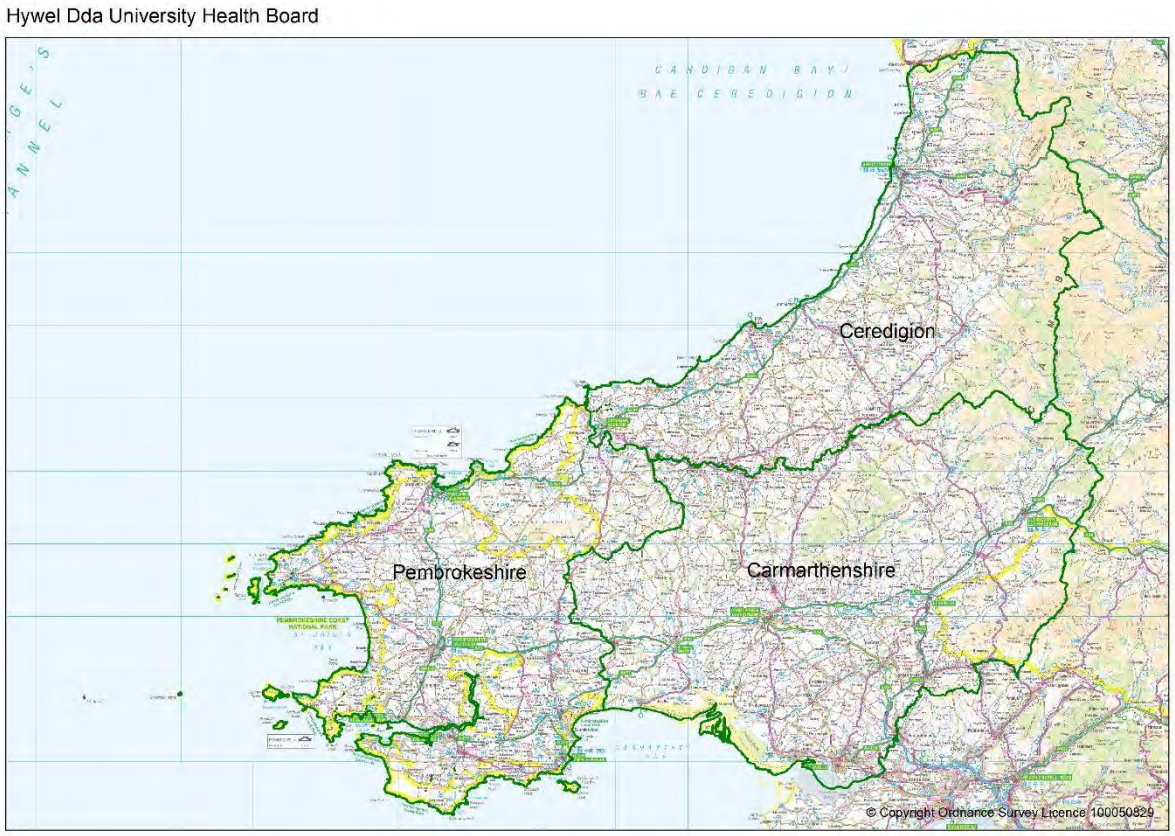
The University towns of Aberystwyth and Lampeter have a considerable impact on the population of 20-24 year olds in the county with 9.1% of the population in this age group compared to approximately 4% in Carmarthenshire and Pembrokeshire.

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:



2.2 Population

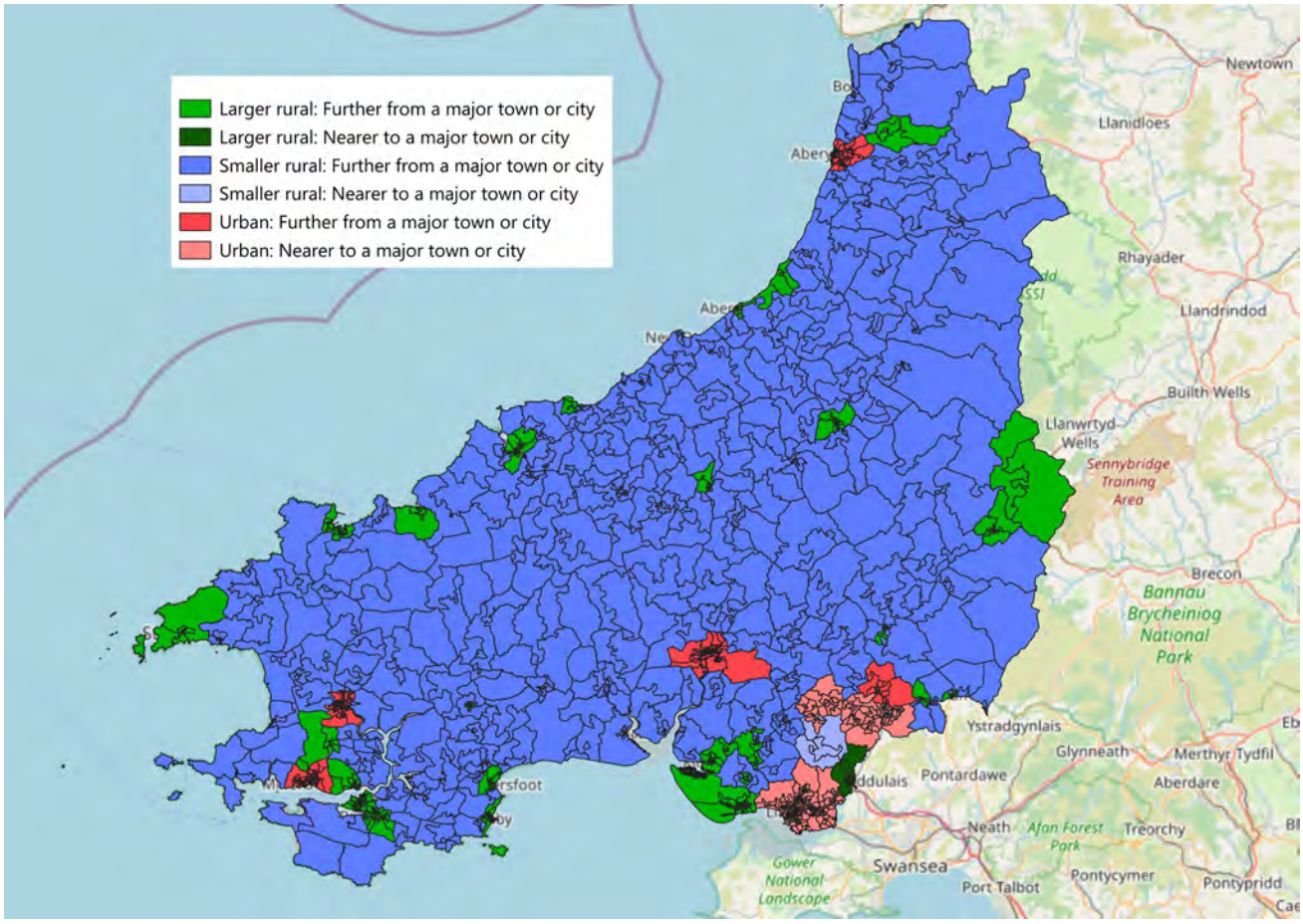
Latest population estimates (mid-2024, Office for National Statistics) for the Hywel Dda UHB area put the total population at 389,160. This represents a small increase (0.3%) over 2023 and a 2% increase in the period 2014-2024. Carmarthenshire has experienced the largest population growth in the period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

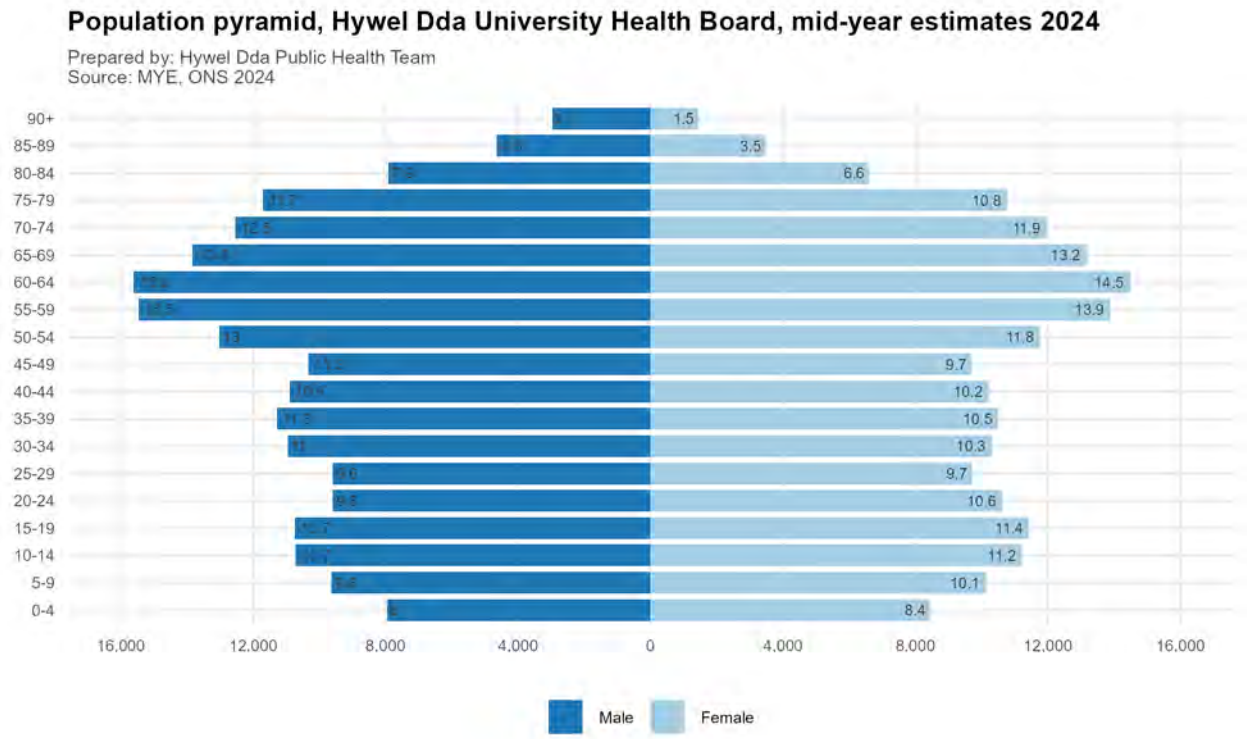


Figure 2.2.3. Population Profile, Carmarthenshire

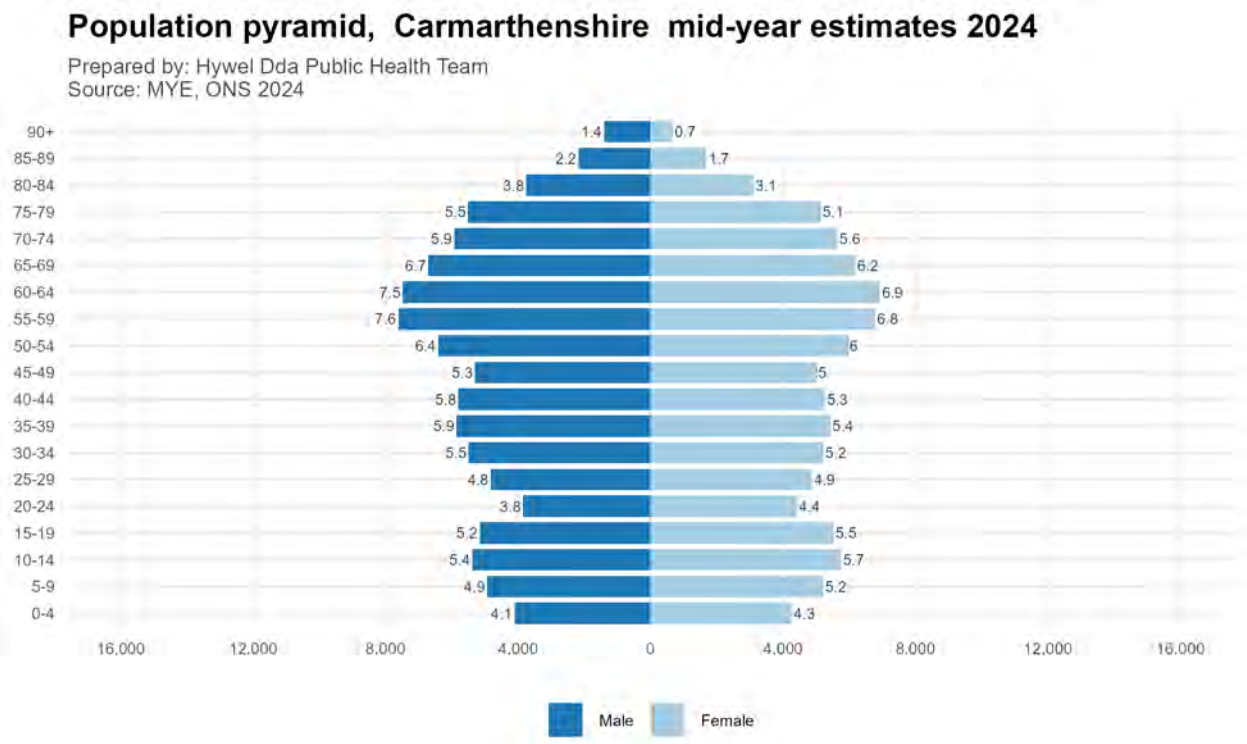


Figure 2.2.4 Population Profile, Ceredigion

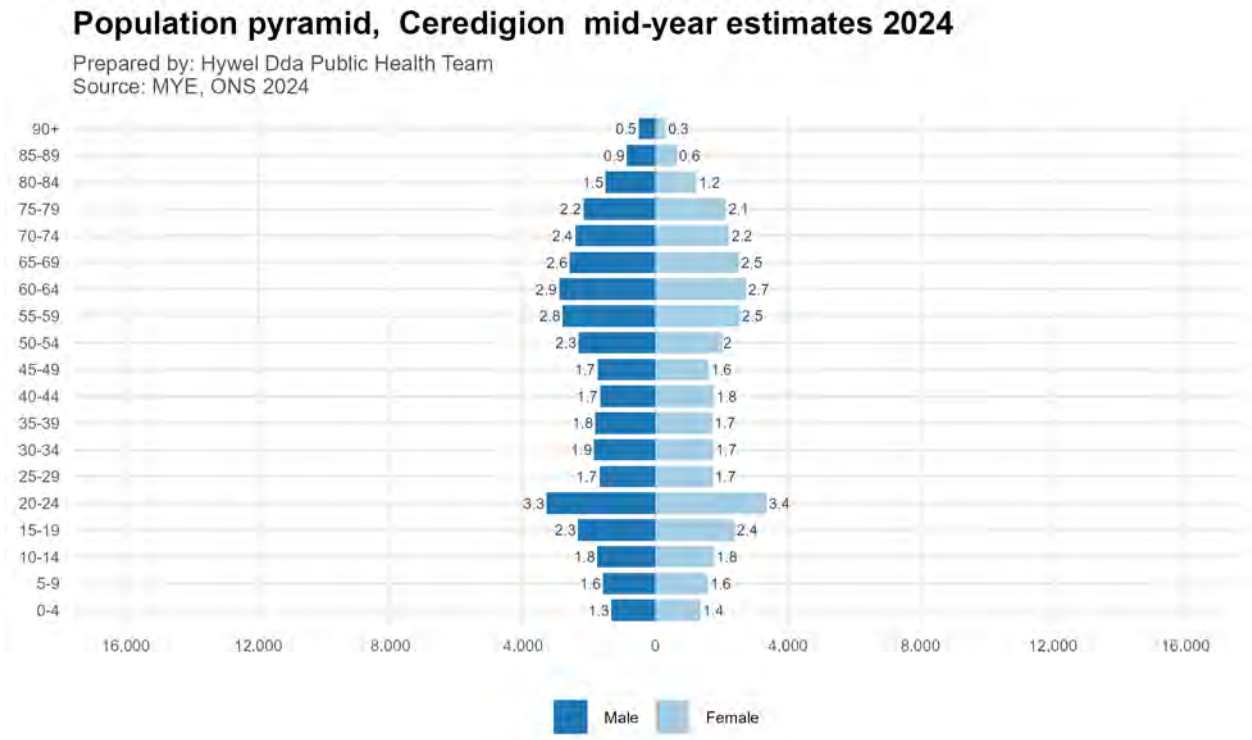
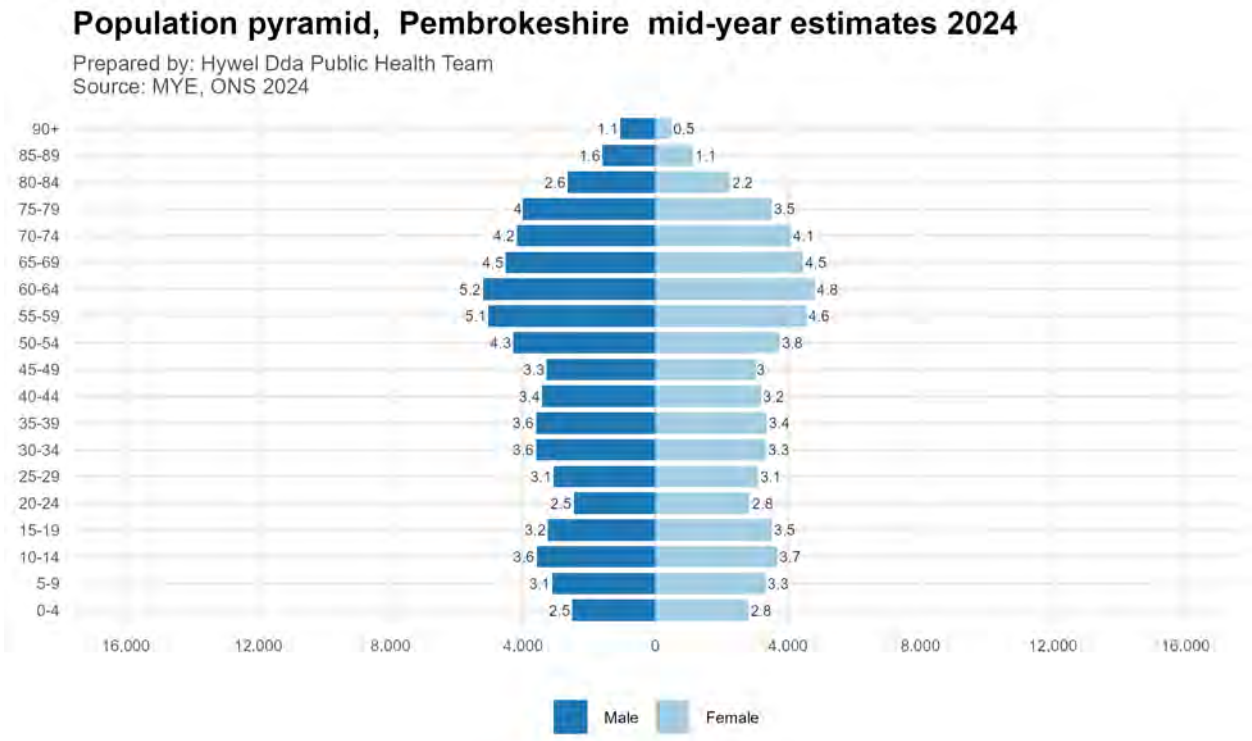


Figure 2.2.5 Population Profile, Pembrokeshire

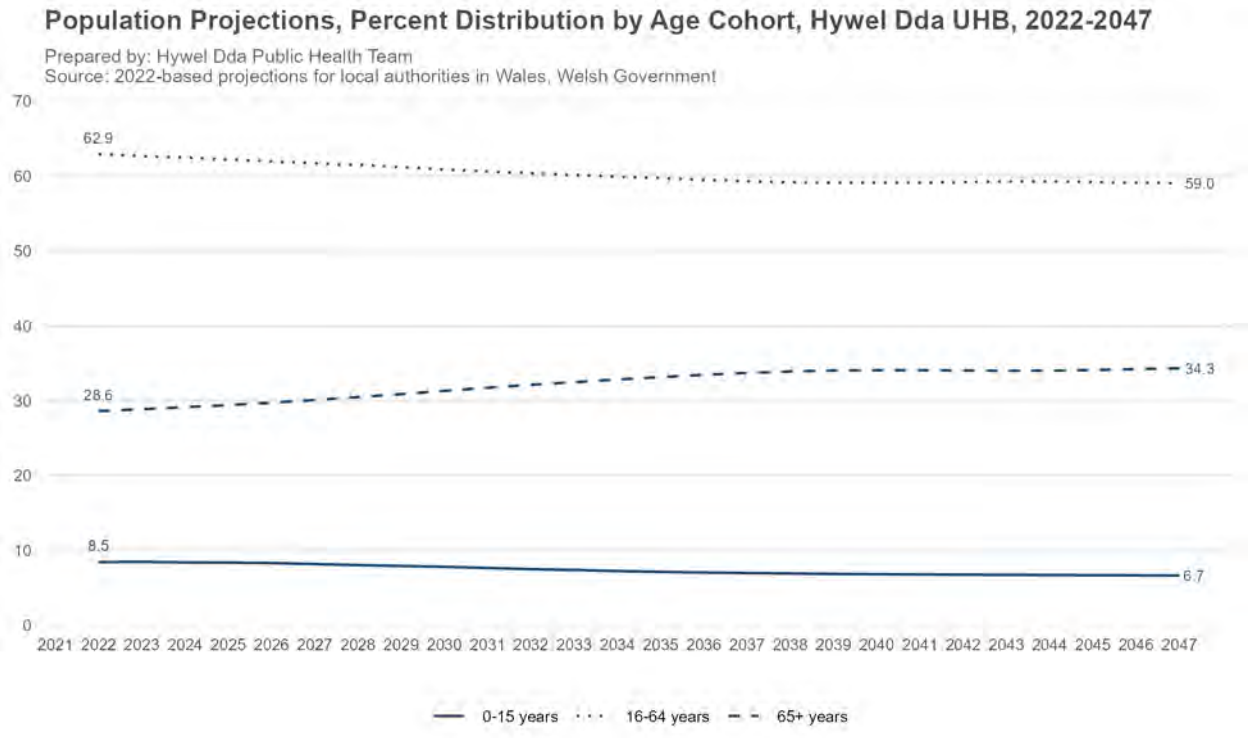


The overall age structure of the population shows no growth in terms of births and deaths. In the year 2024 there were a total of 2,928 births in Hywel Dda UHB and 4,887 deaths, therefore, there was a natural decrease in the population of 1,959. Both Carmarthenshire and Pembrokeshire saw a population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

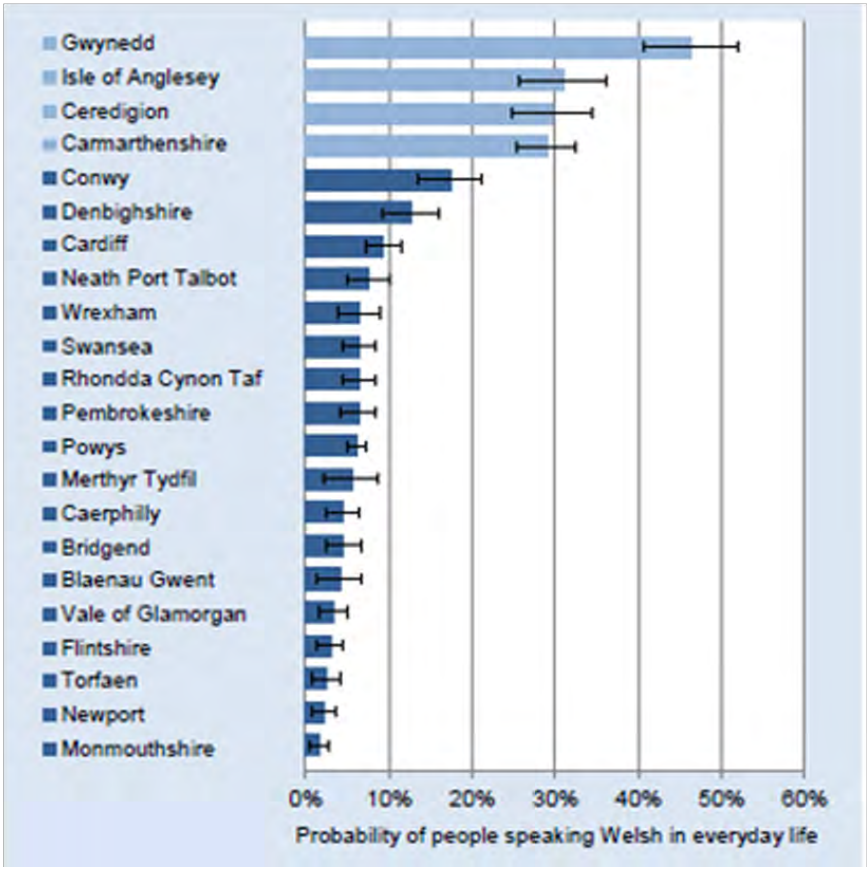
Pembrokeshire:

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.

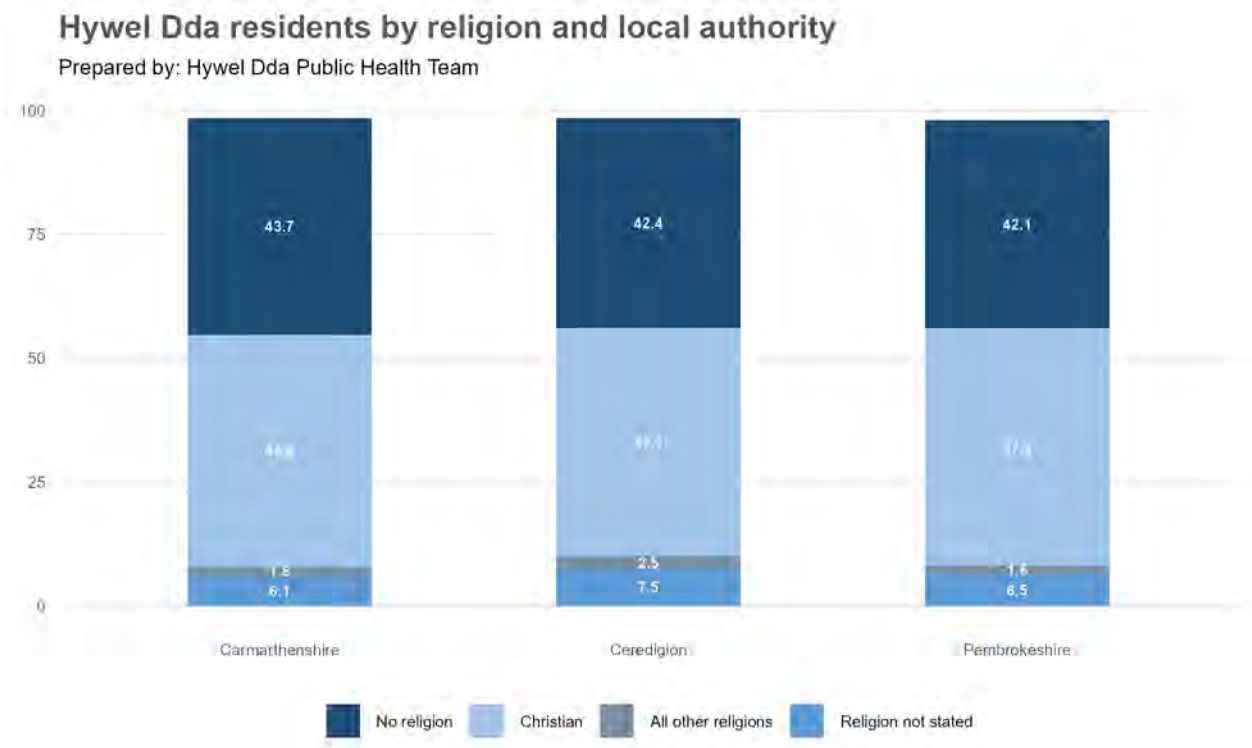
2.5 Religion

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

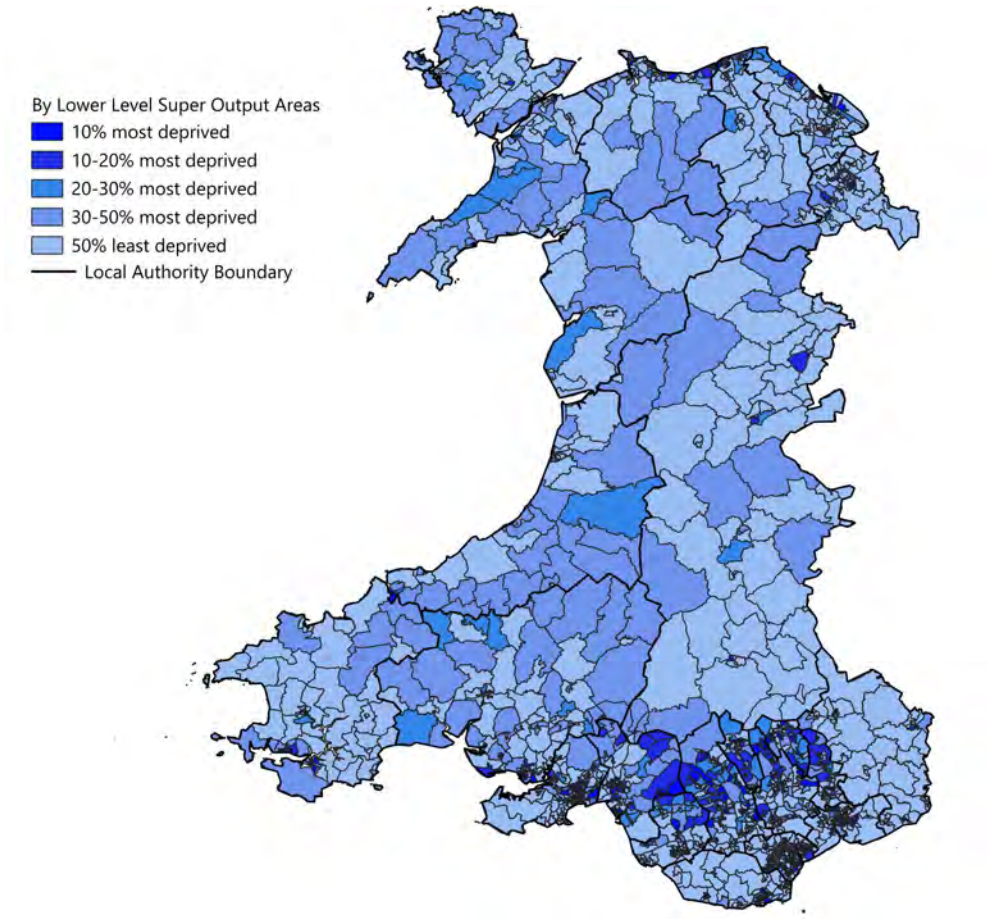
Figure 2.5.1 Hywel Dda UHB residents by religion and local authority



2.6 Welsh Index of Multiple Deprivation

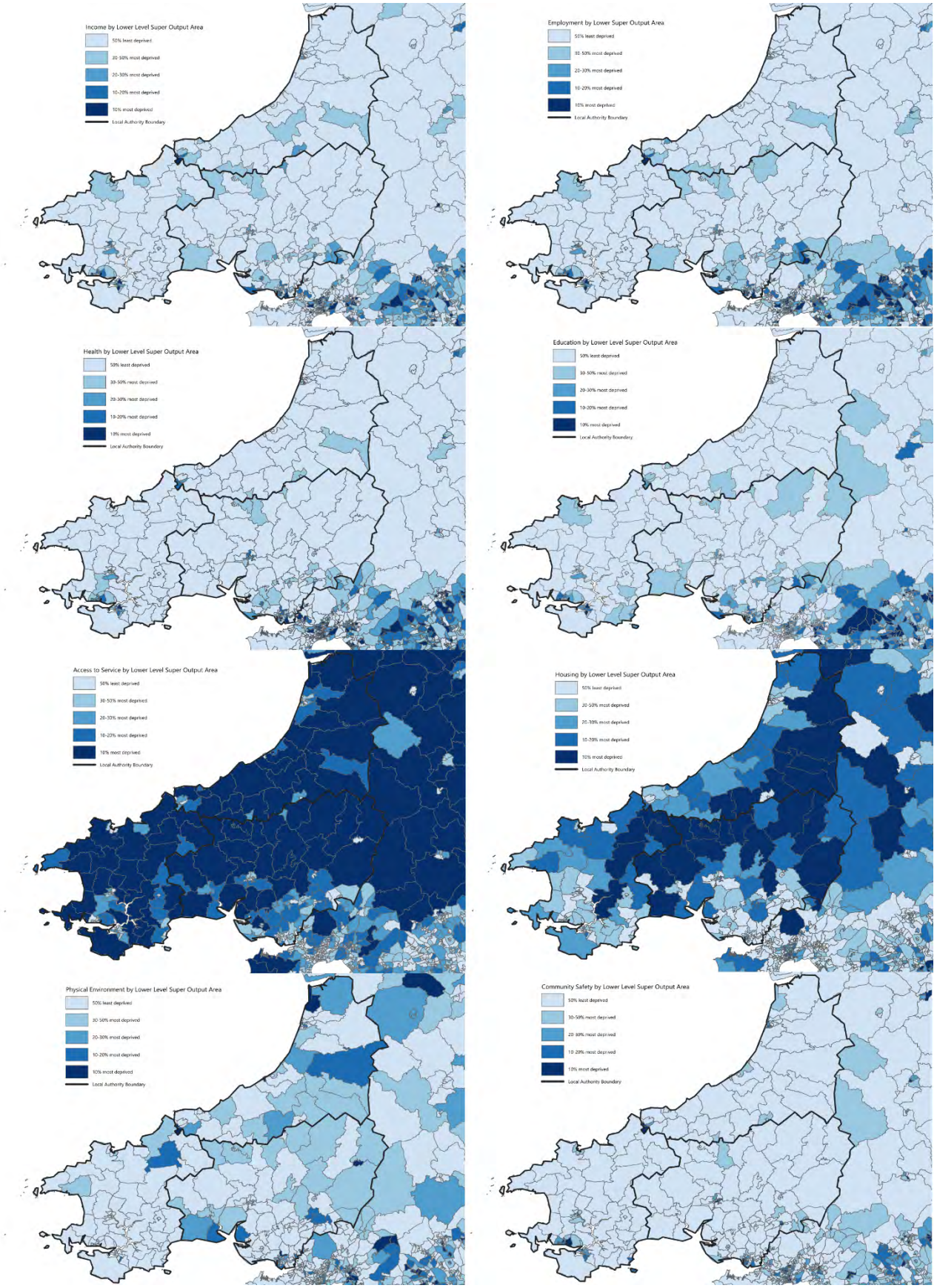
Deprivation is the lack of access to opportunities and resources, which we might expect in our society. This can be in terms of material goods or the ability of an individual to participate in the normal social life of the community. The Welsh Index of Multiple Deprivation (WIMD) is the official measure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

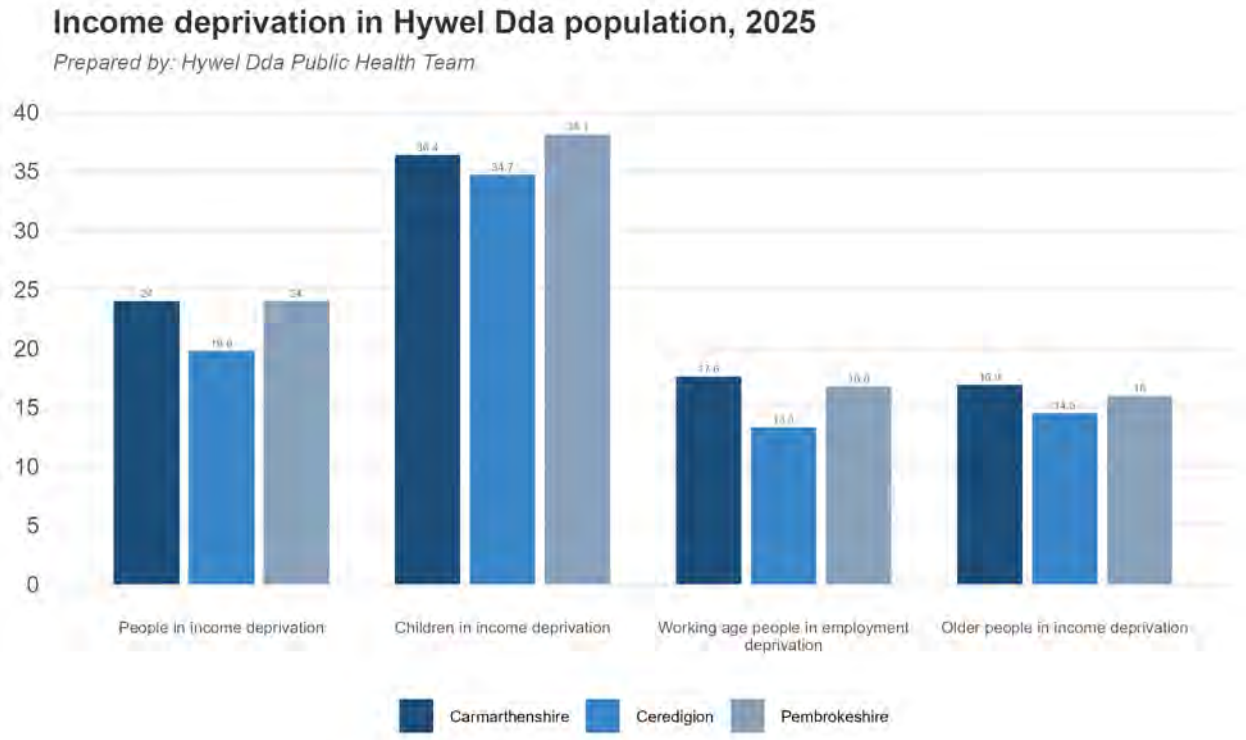
Figure 2.6.2. WIMD Domains for Hywel Dda UHB



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

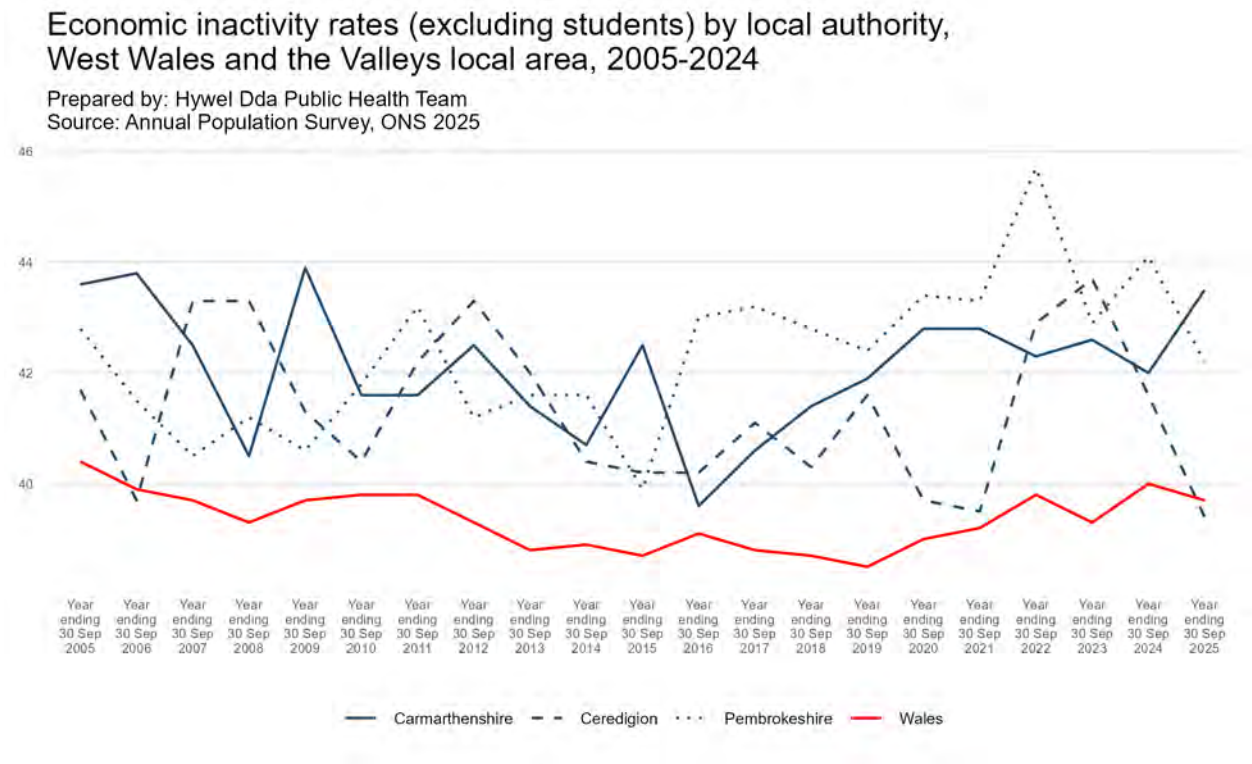


Employment

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.

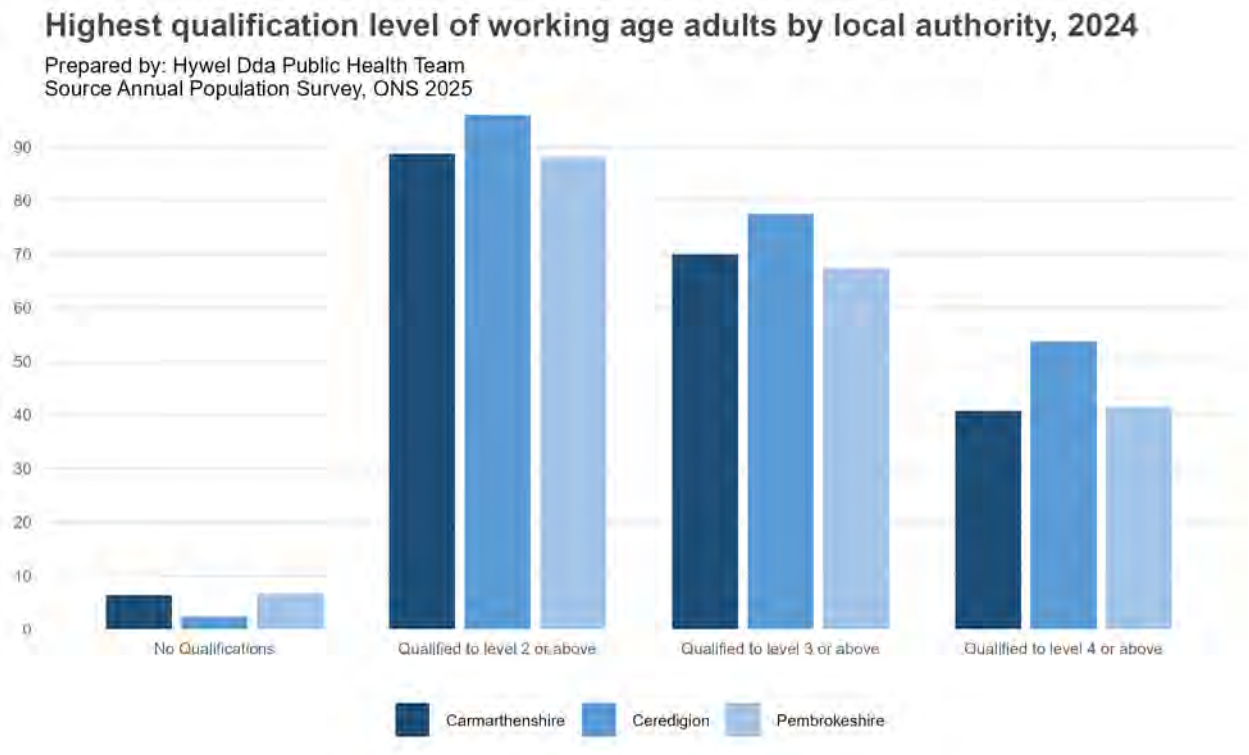
Education

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

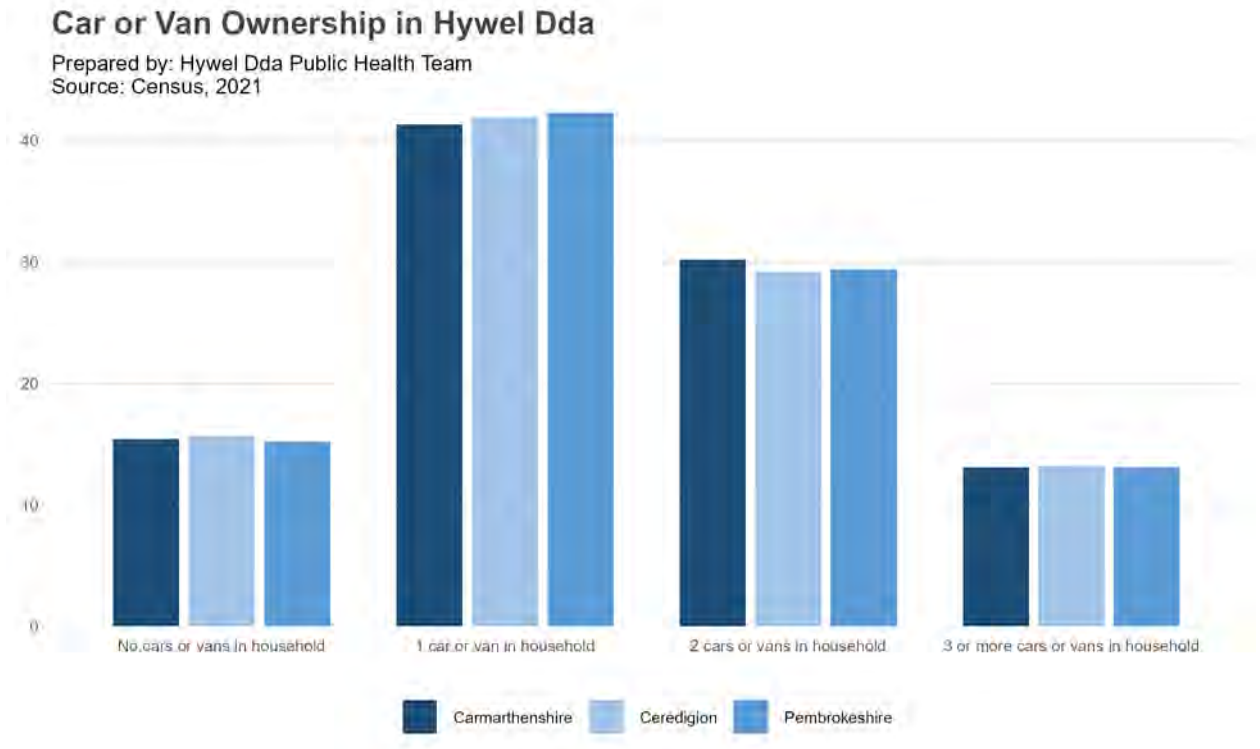
The purpose of the access to services domain is to capture deprivation as a result of a household's inability to access a range of services considered necessary for day-to-day living, both physically and online.

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



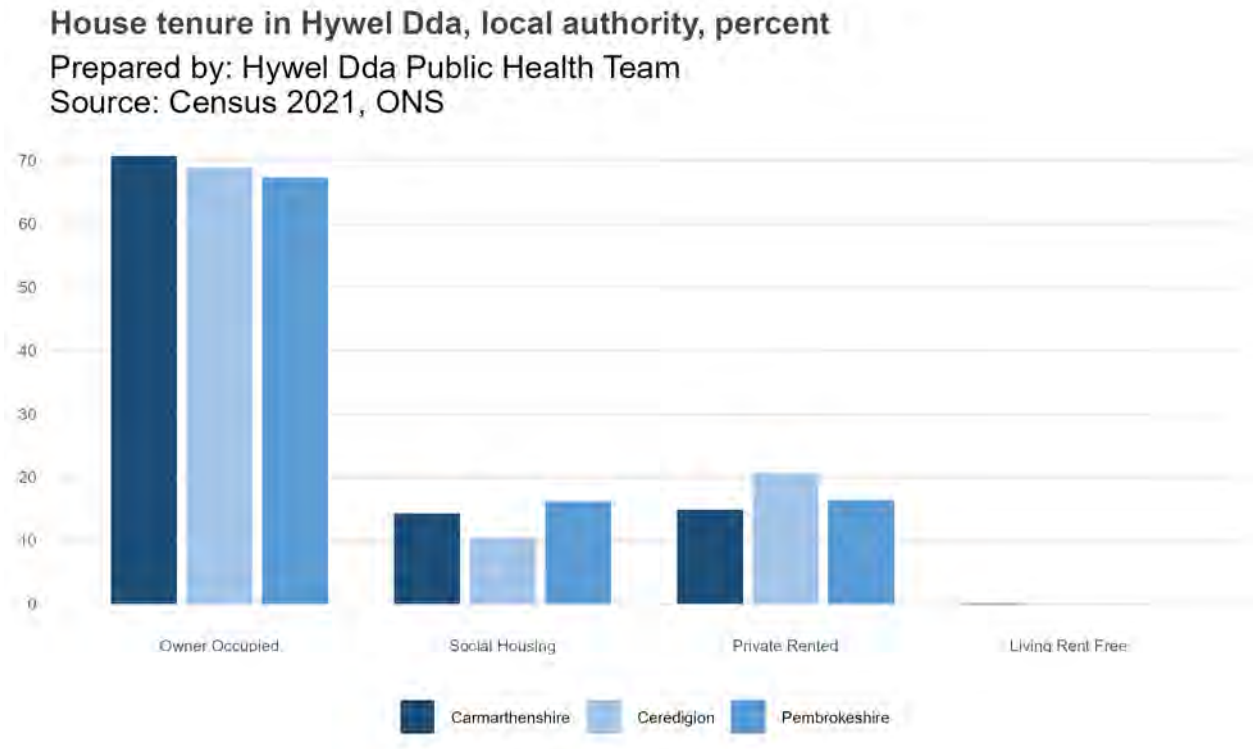
Housing and Households:

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.

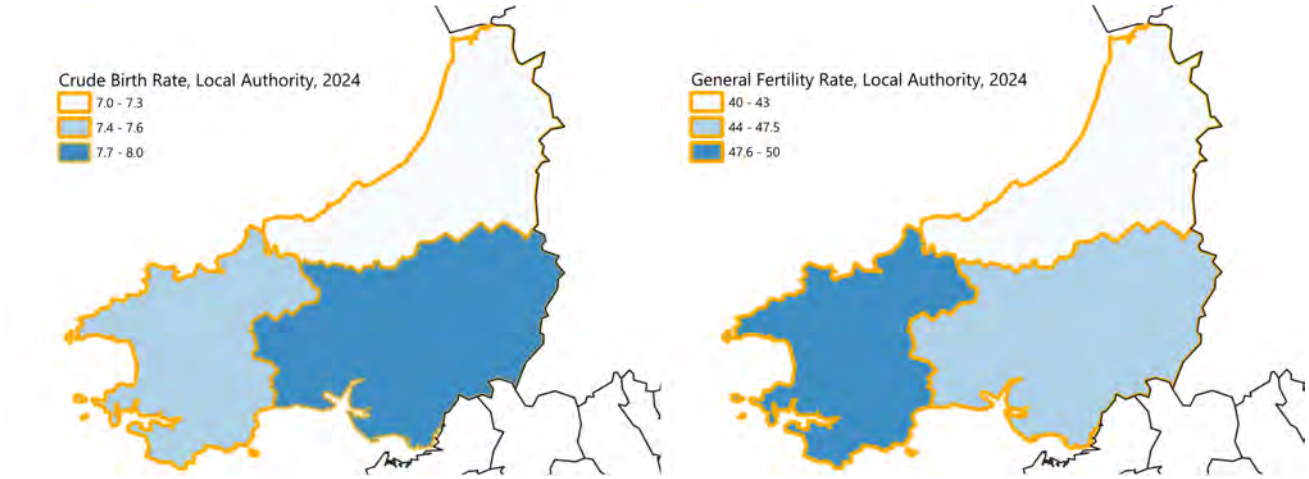
[3] Household estimates: mid-2024 [HTML] | GOV.WALES

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-

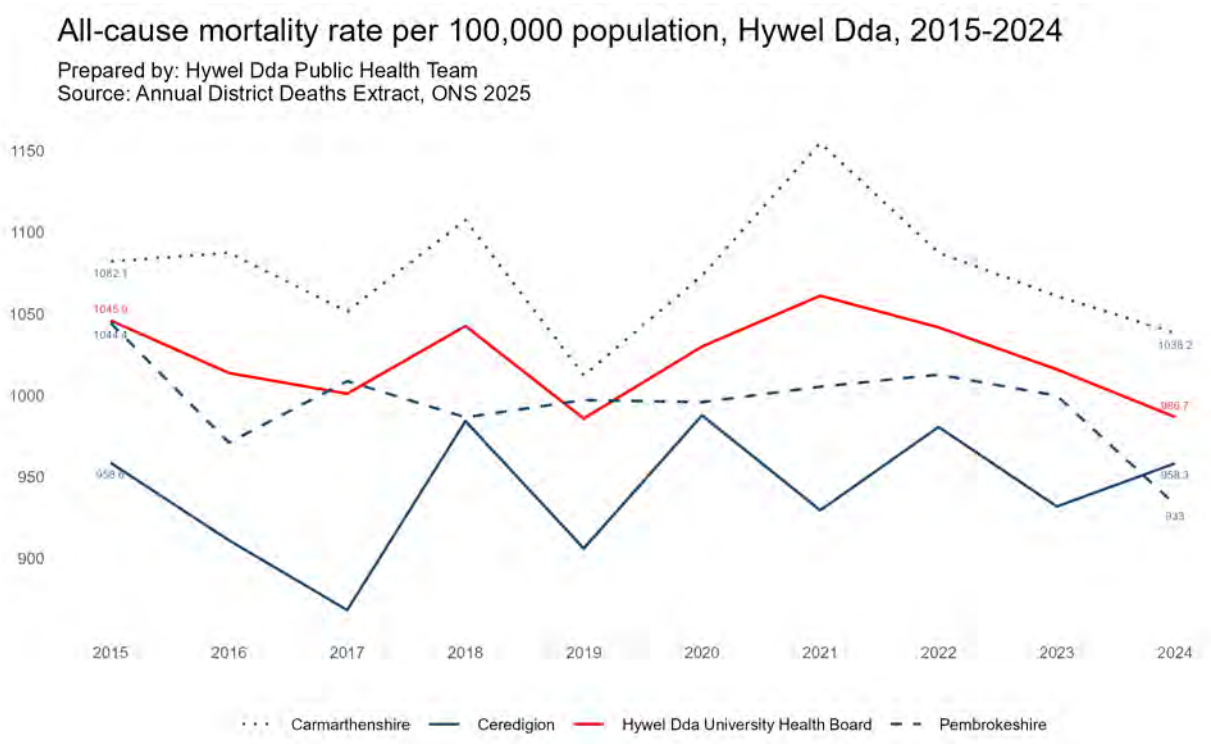
[5] Healthy life expectancy, UK - Office for National Statistics

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.

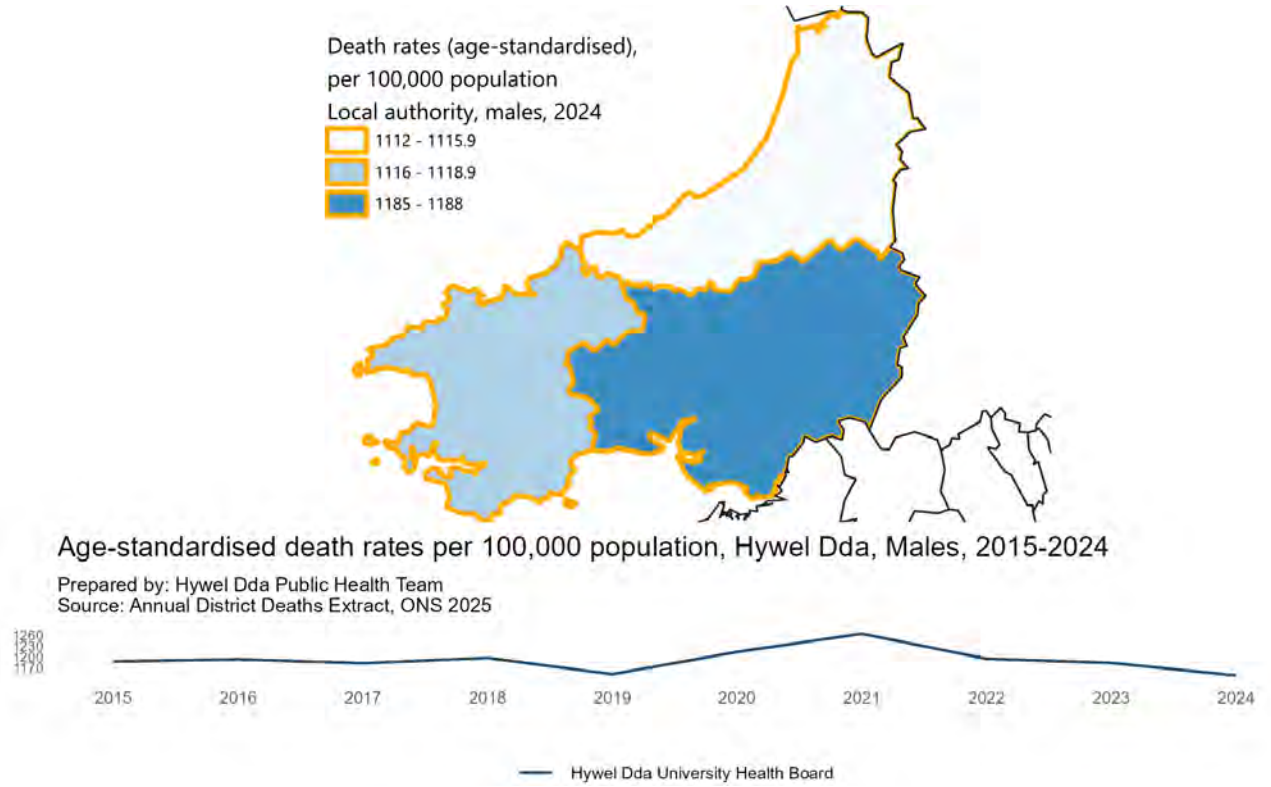
Figure 2.9.1 All-cause mortality rate per 100,000 population



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



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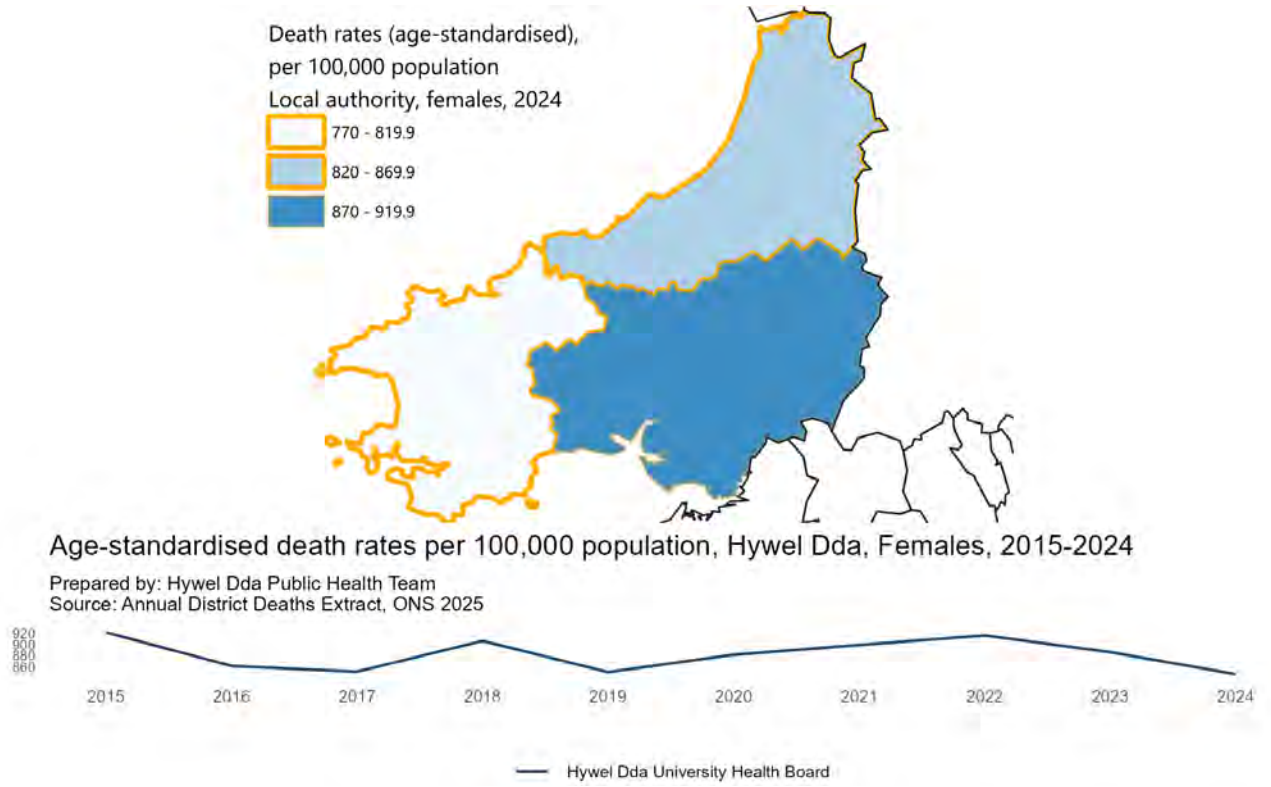


Figure 2.9.4 provides an overview of preventable deaths by cause for the period 2009-11 to 2022-24. During this period, there has been a decline in preventable neoplasm deaths (80 per 100,000 population in 2009-11 to 70 per 100,000 population in 2015-17). Preventable

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

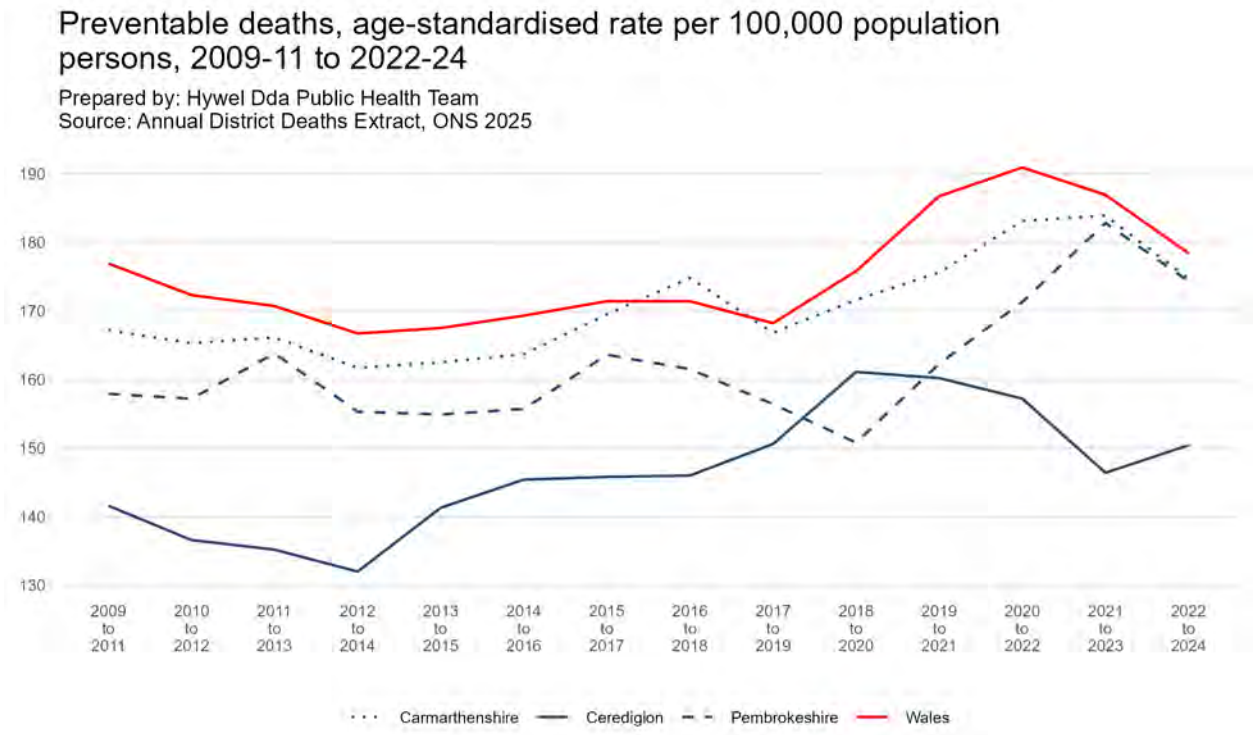
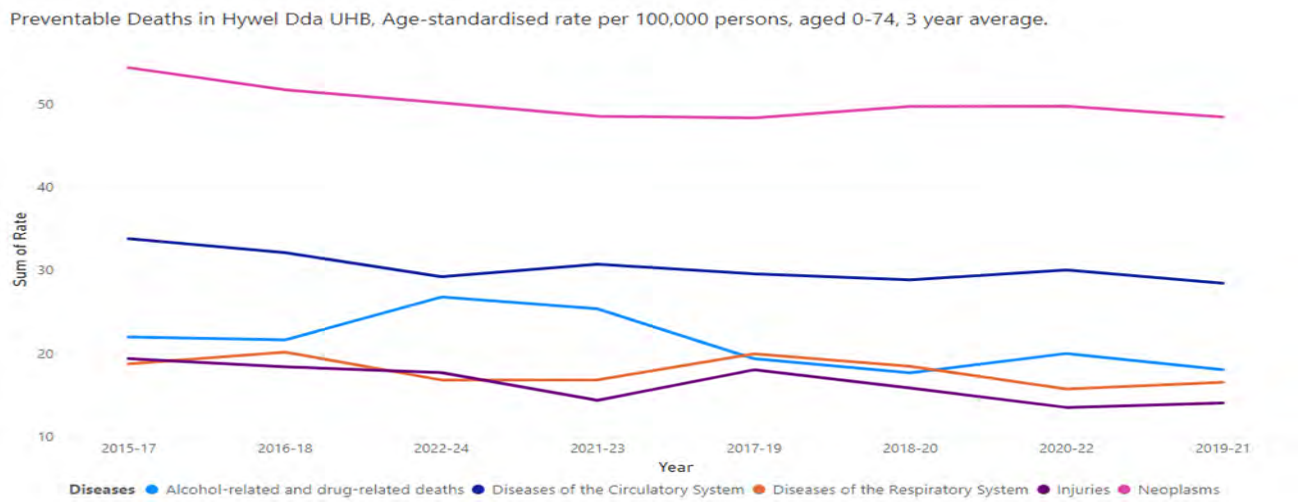


Figure 2.9.4 Preventable death by cause



Source: DHCW using Annual District Deaths Extract: ONS

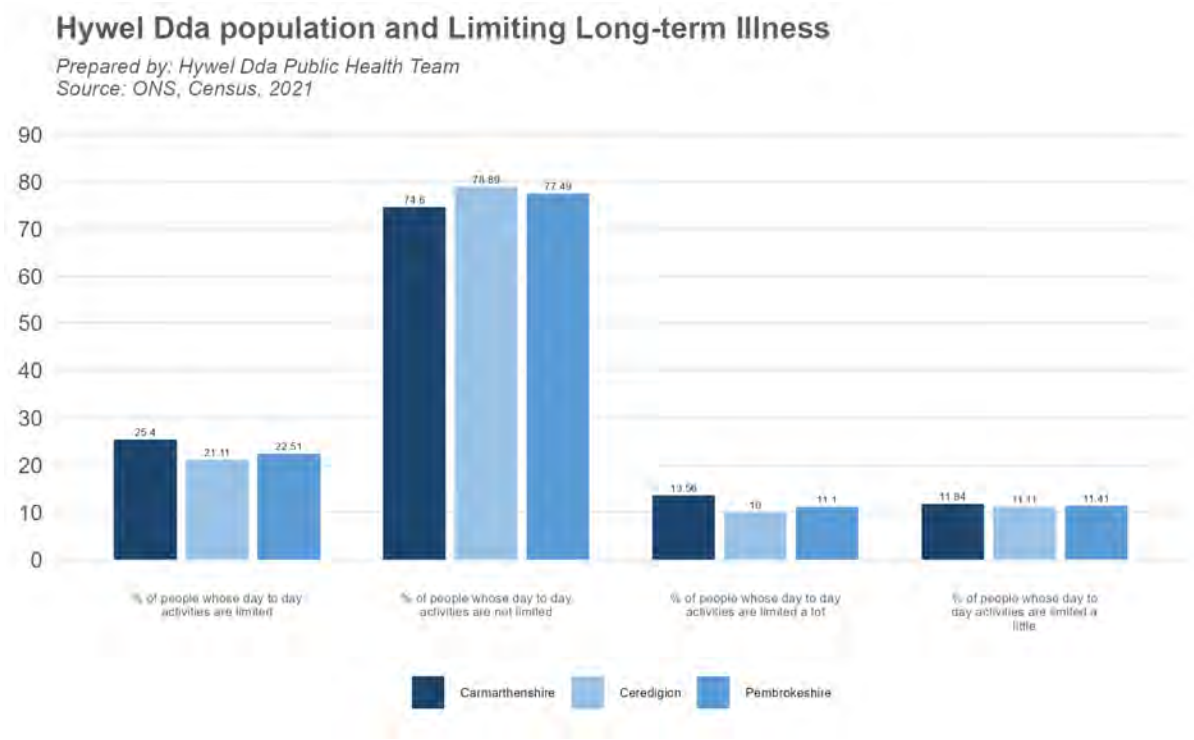
2.10 People with Disabilities

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

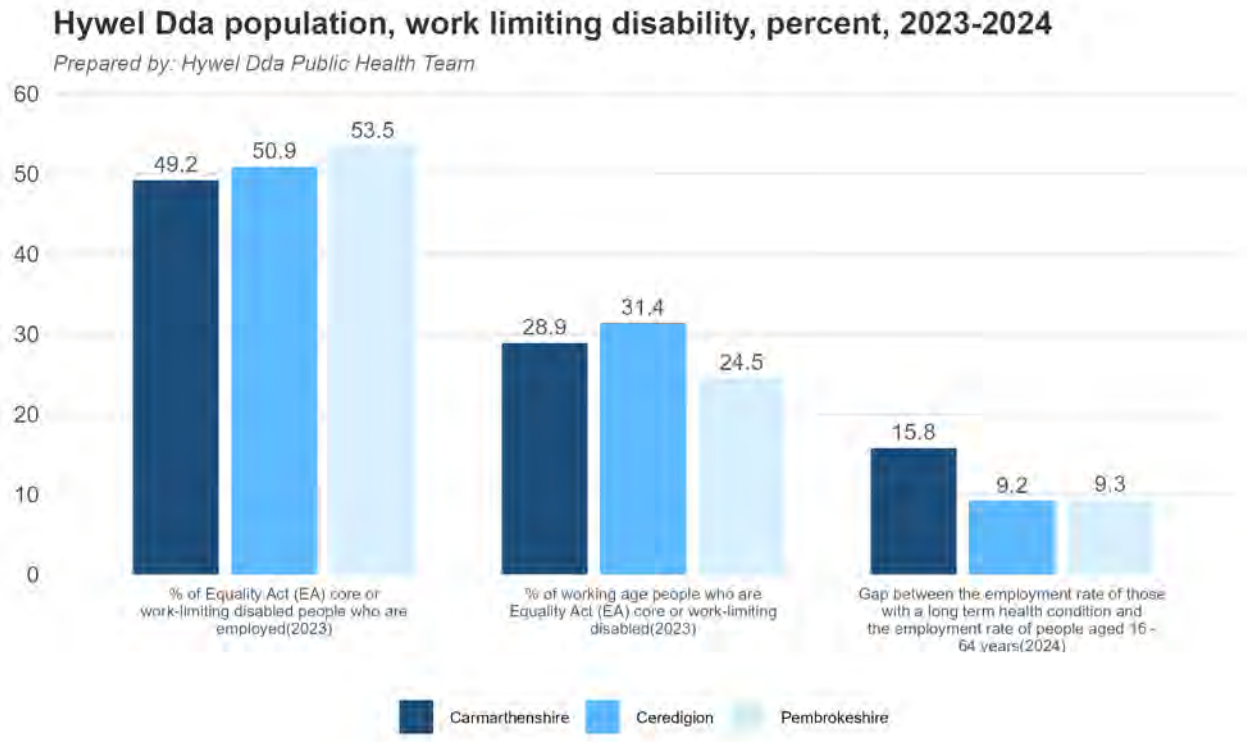
Figure 2.10.1 Limiting Long-term illness



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.

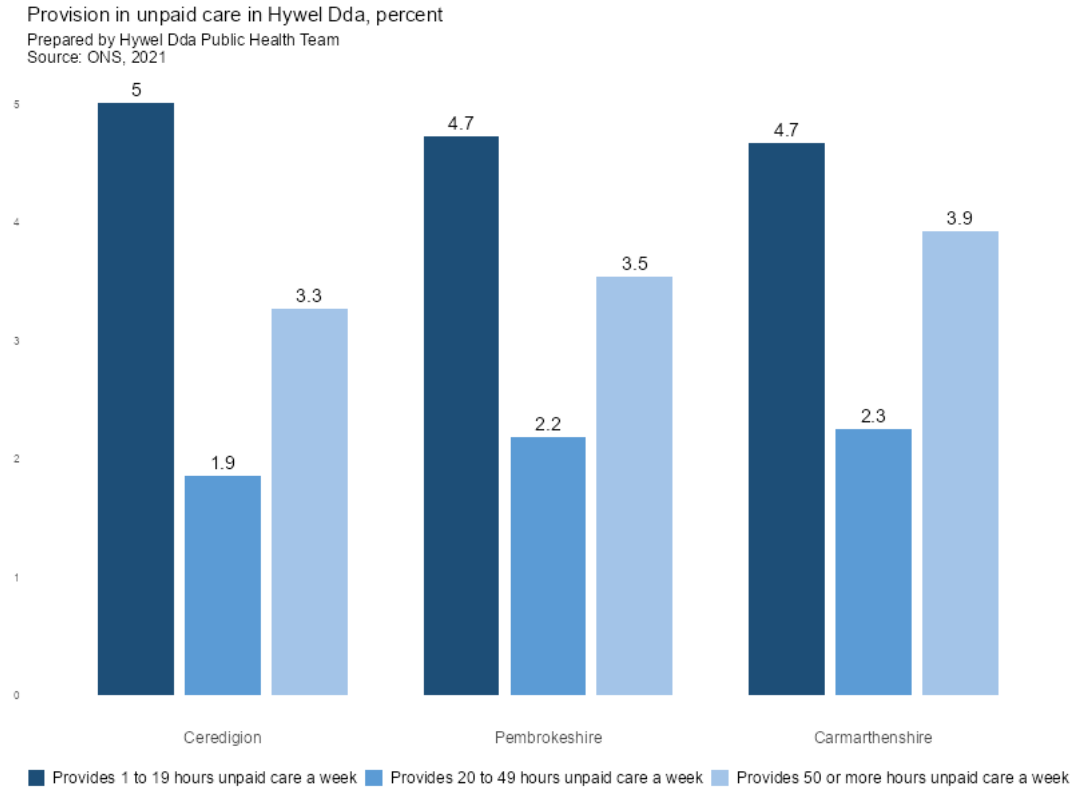
Research by the University of Sheffield has estimated that the financial value of care in Wales amounts to around £10.6 billion per year – a value that exceeds direct health services funding in Wales by more than 25%. [9]

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

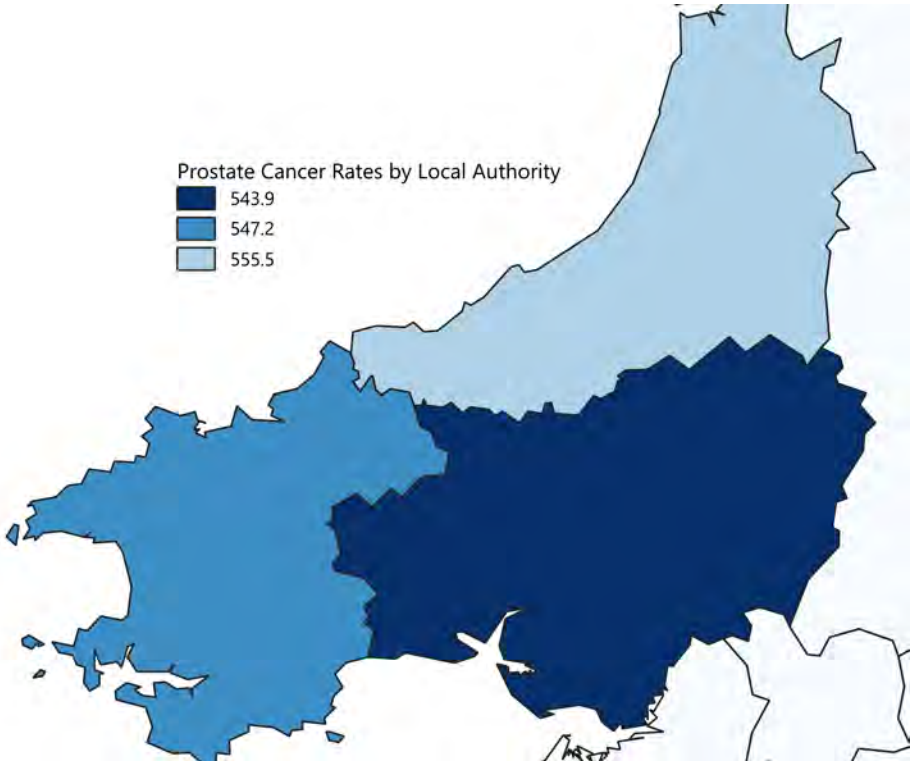
3. General Health Needs of Hywel Dda University Health Board

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

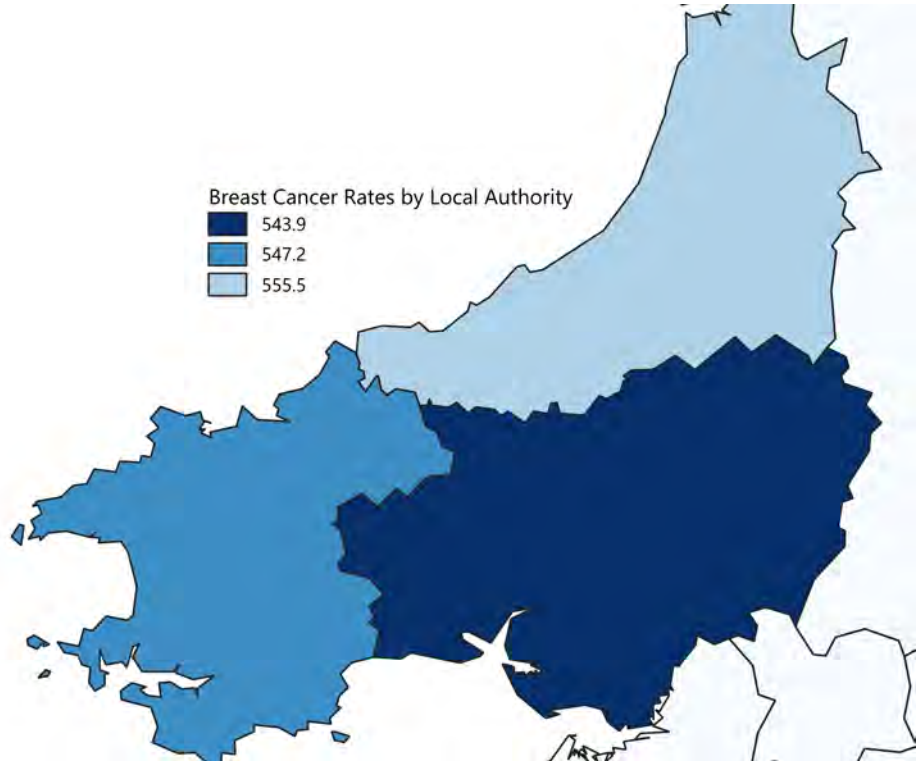
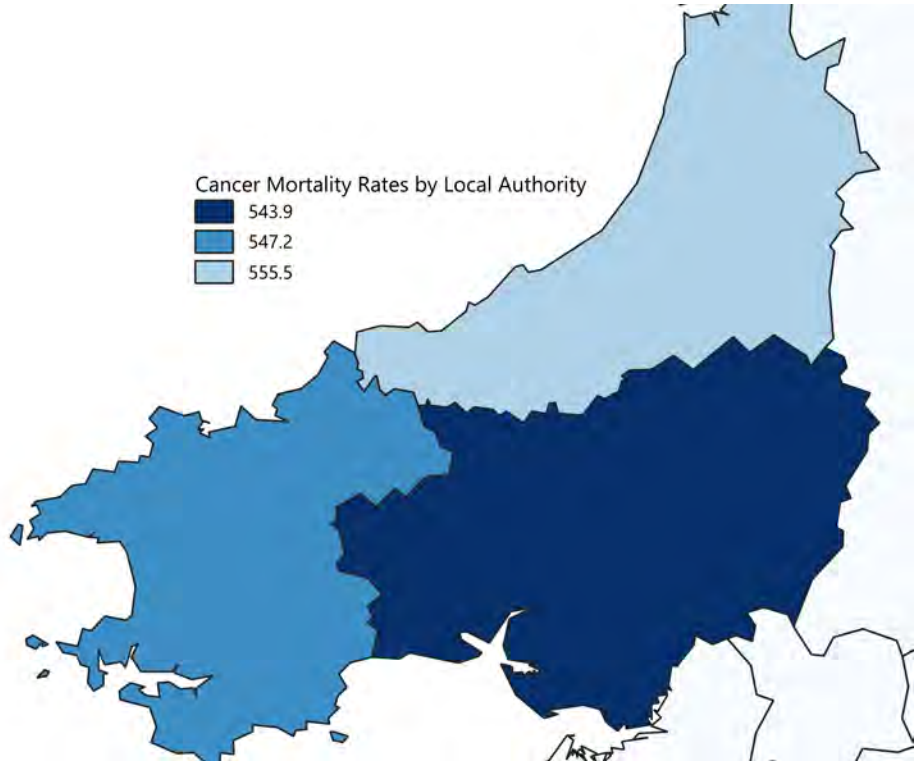


Figure 3.1.2 All cancers: Age standardised death rates



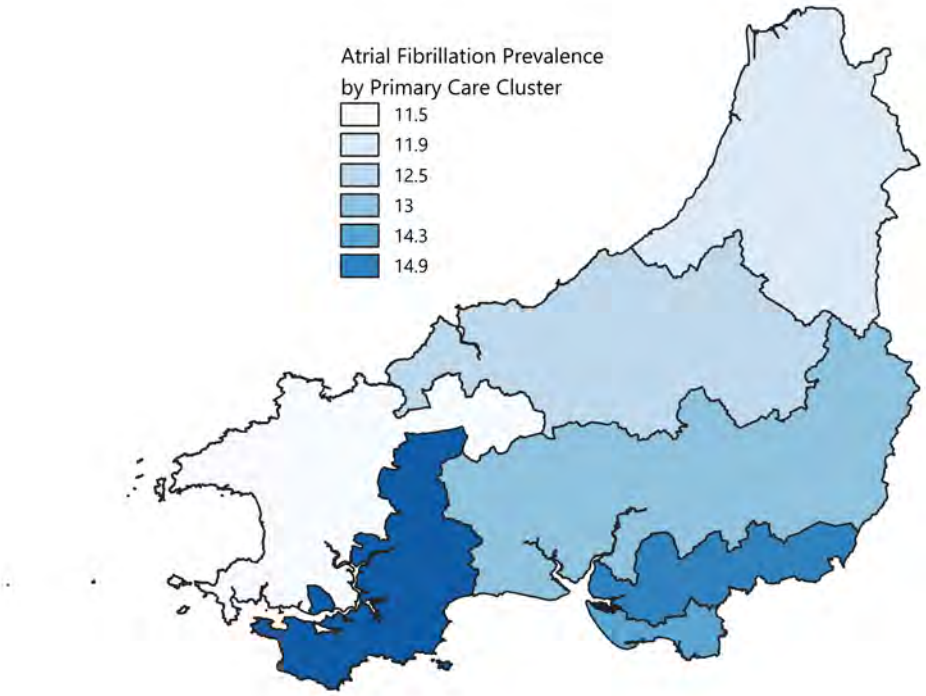
In Hywel Dda UHB the lowest age standardised mortality rates per 100,000 population for cancer was in Carmarthenshire at 541.9, with Ceredigion being the highest at 555.5. Hywel Dda UHB's mortality rate for men with prostate cancer is 48.5 in 2024 which is slightly above the Wales average of 42.6. Female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

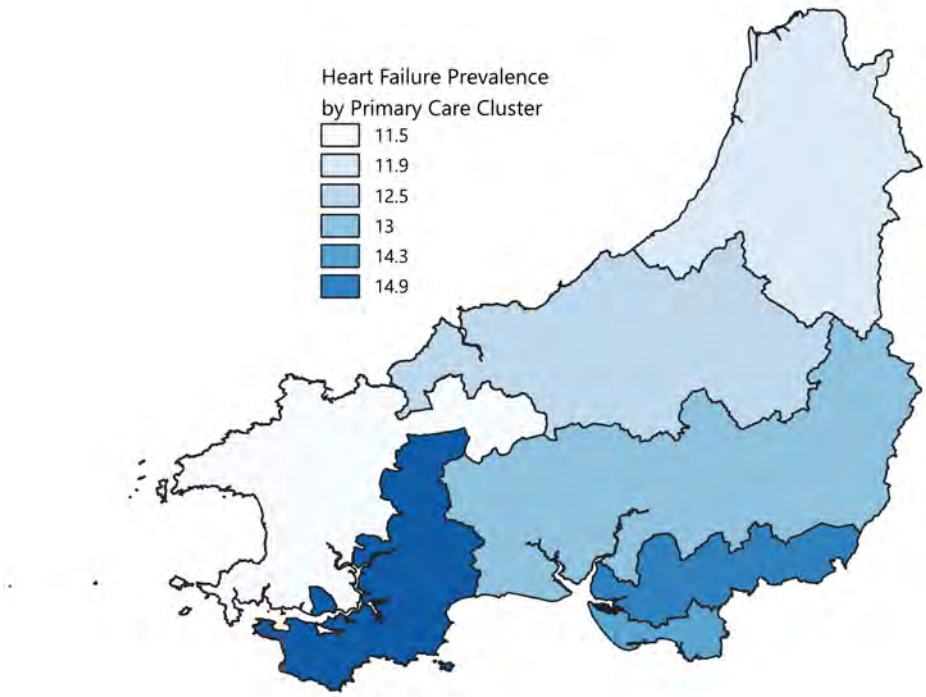
cancer rates in Hywel Dda UHB are slightly below the Wales average at 29.5 (Wales average – 32.1).

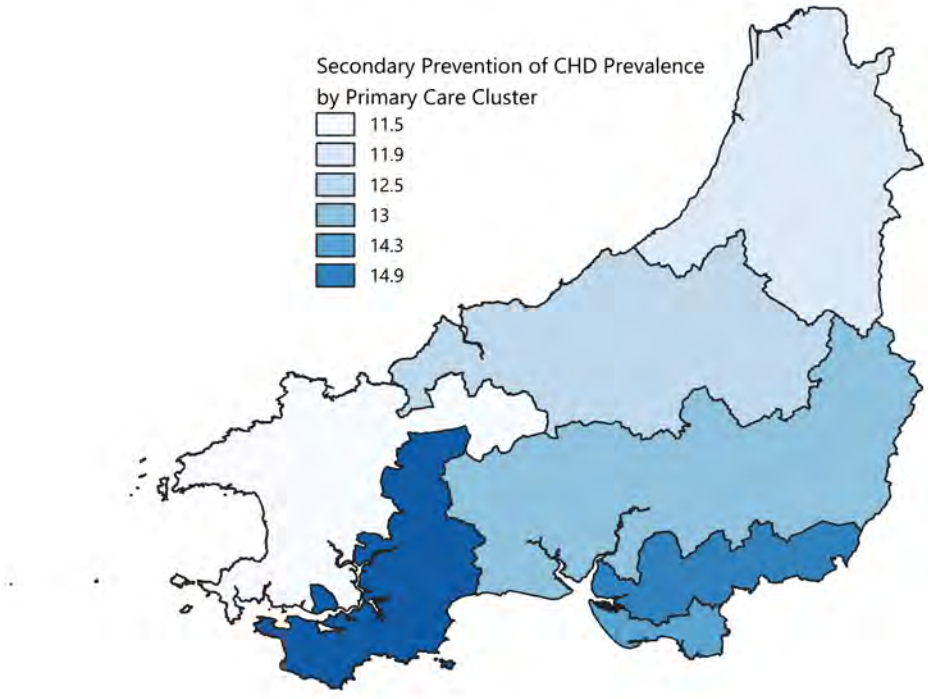
3.2 Cardiovascular Disease

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

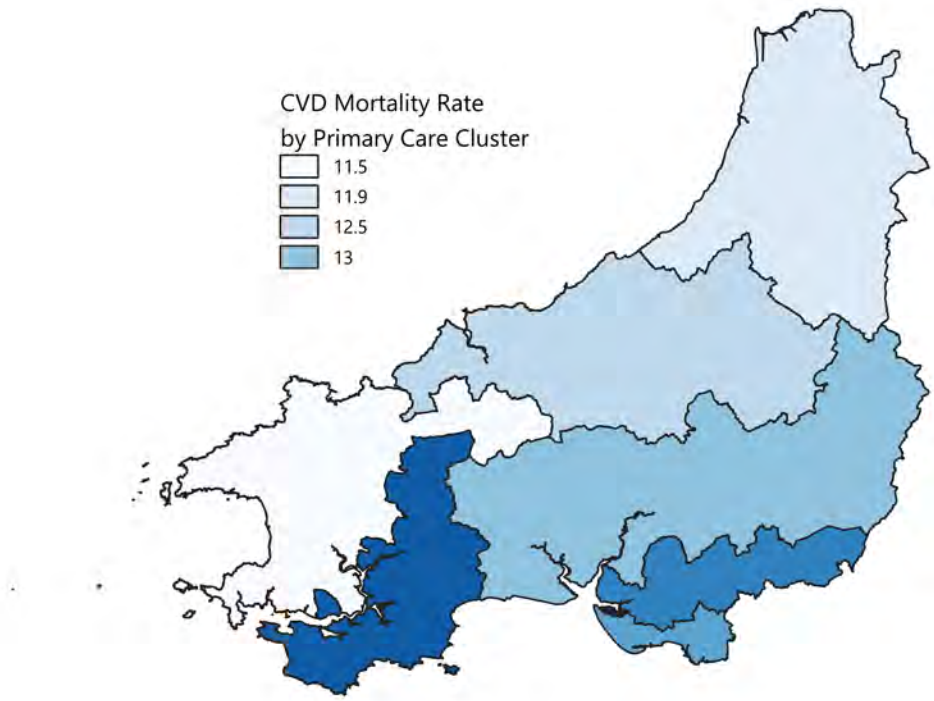
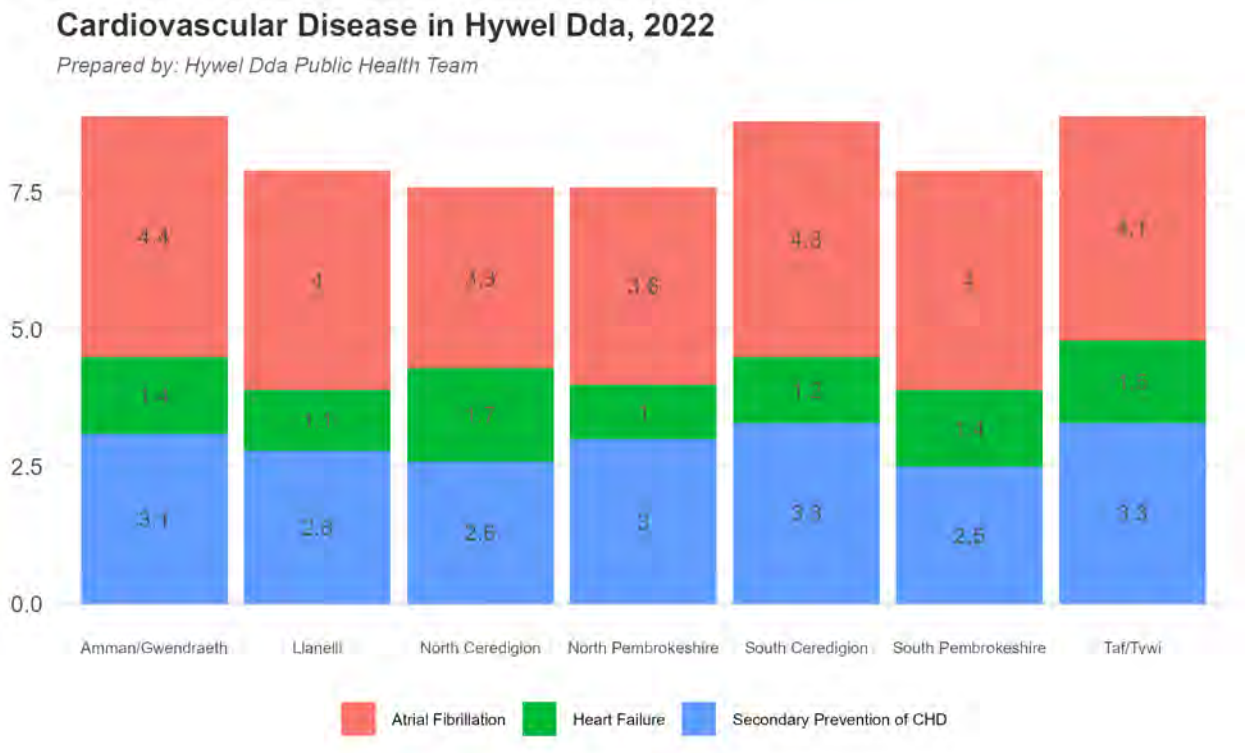


Figure 3.2.2 below provides an overview of CVD prevalence by primary care locality in Hywel Dda UHB. The highest CVD related condition in Hywel Dda UHB is Atrial Fibrillation which is around 4% across all the clusters.[19]

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

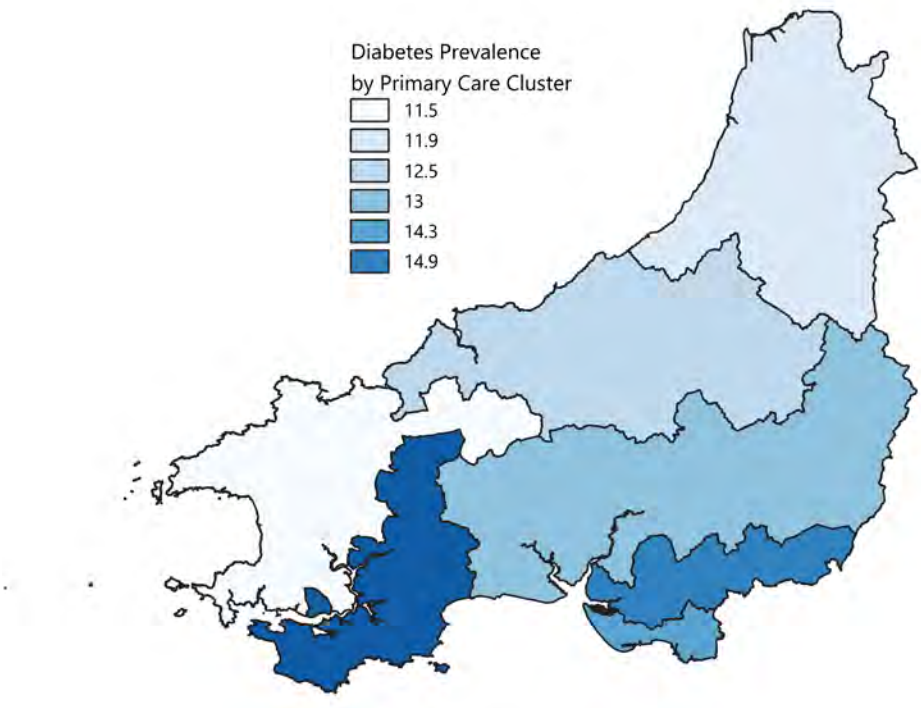
There are two main types of diabetes, type 1 and type 2 with the latter being much more common. Type 1 diabetes is an autoimmune disorder that usual manifests in childhood and requires lifelong management to avoid poor health outcomes.

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

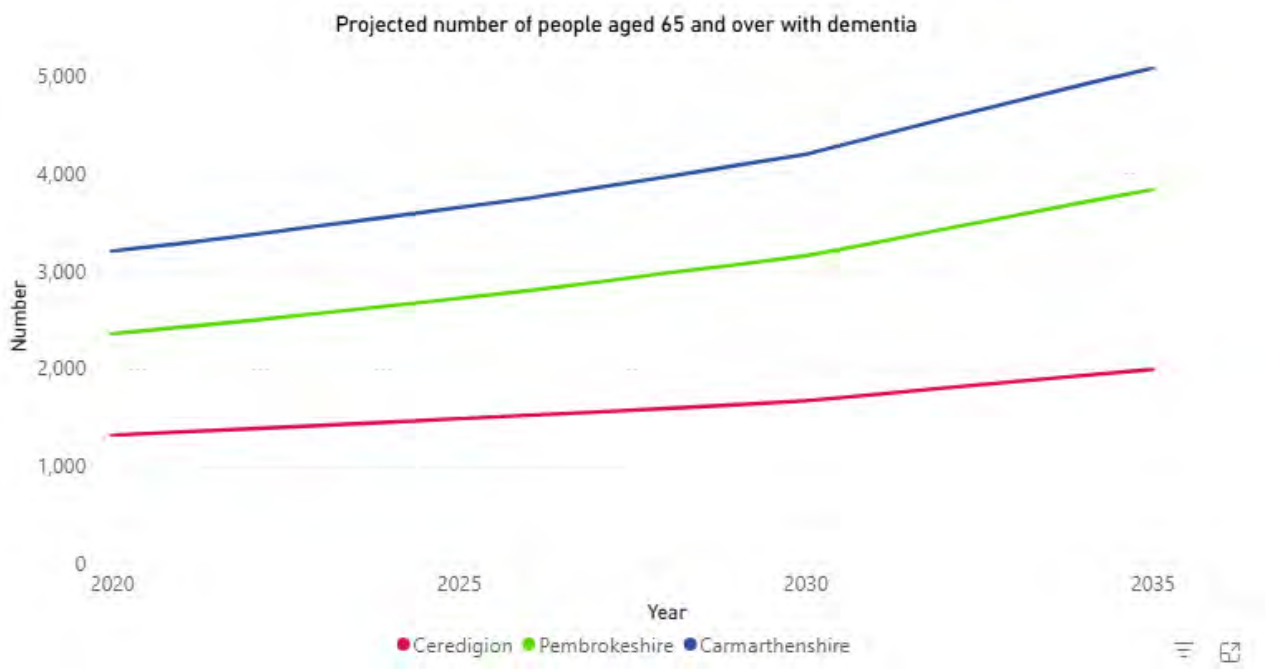
Dementia is a major public health problem in Wales with an estimated 42,426 cases. In Hywel Dda UHB 3,210 individuals are registered with dementia which is likely to be an underestimate due to symptoms not being recognised and delays in diagnosis. The predicted number of people aged 65+ with dementia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

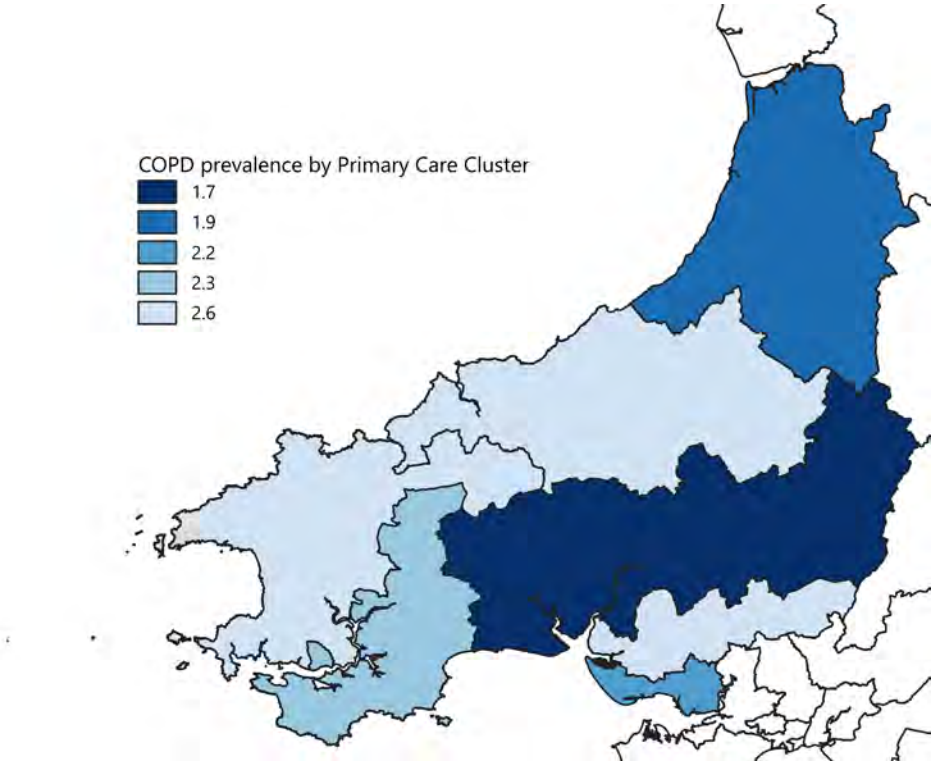
[24] Van de Flier and Scheltens (2005)
[25] WHO (2012). Dementia: a public health priority

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

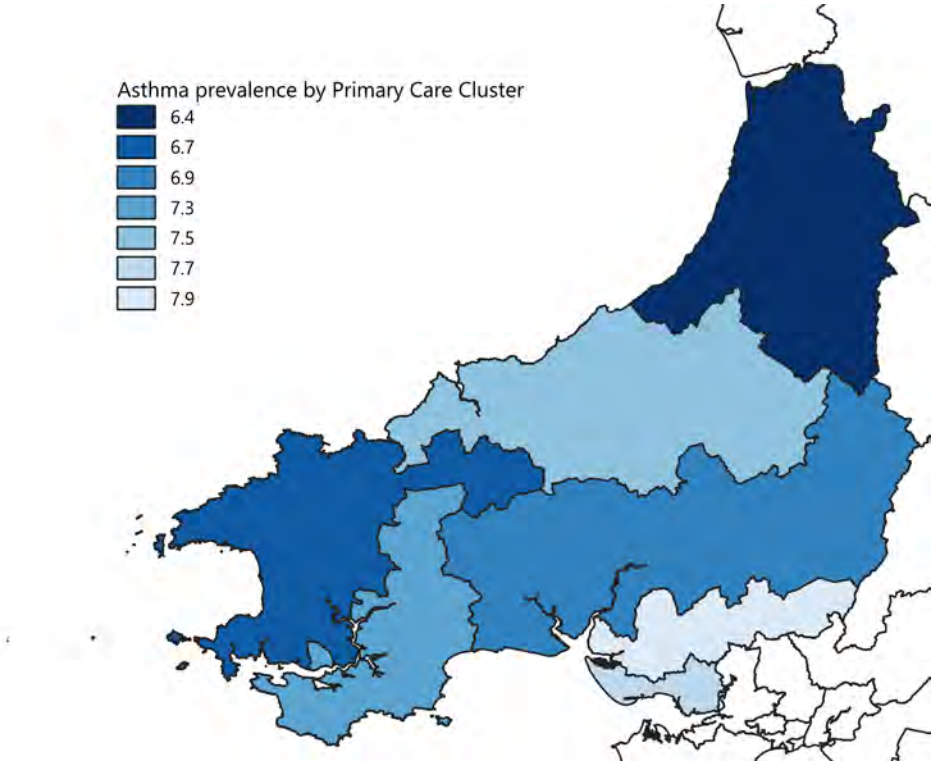
3.5 Respiratory Disease

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

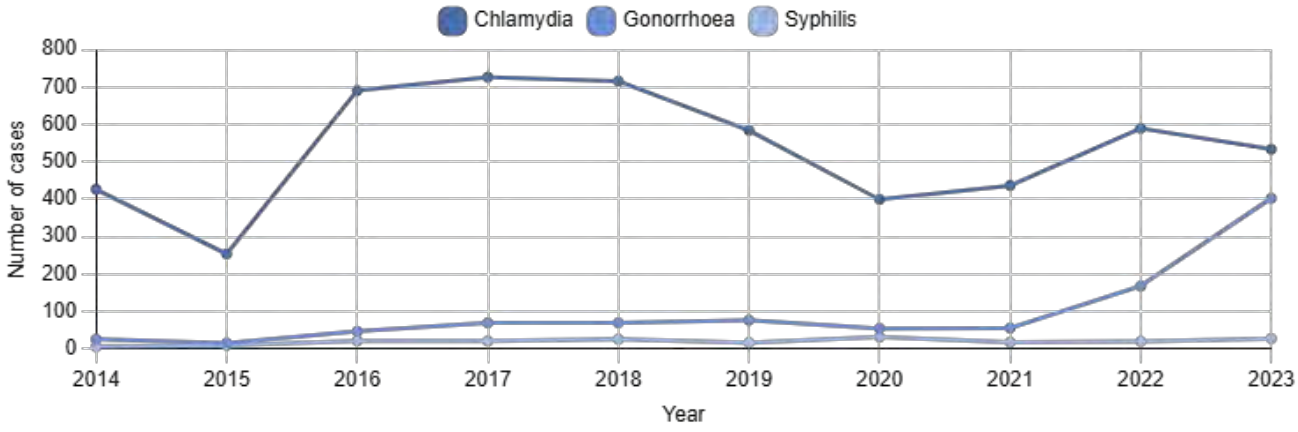
[27] Sexual health

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).

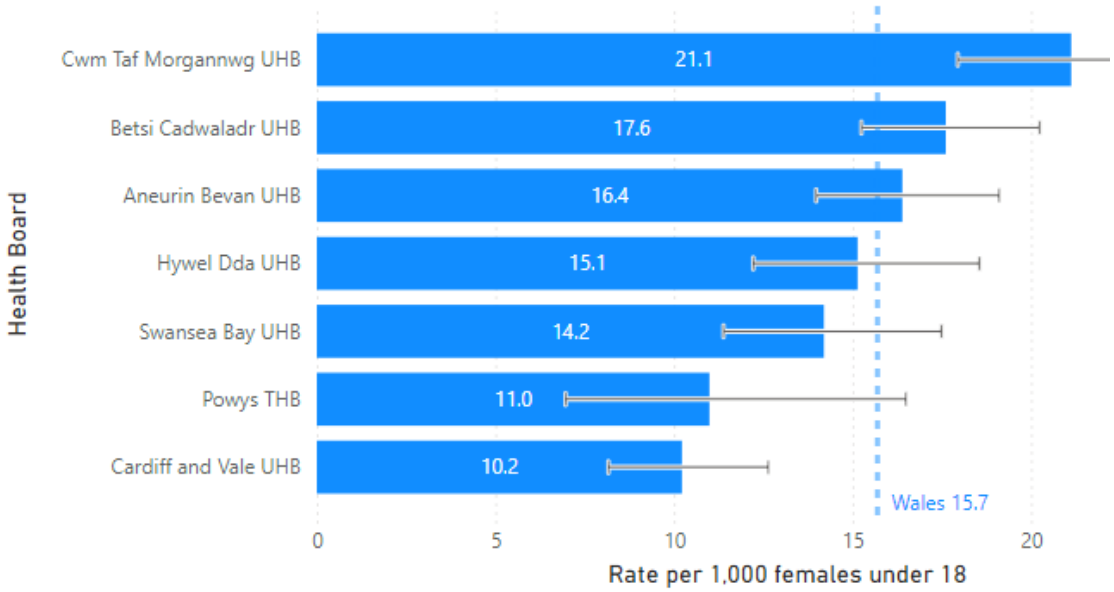
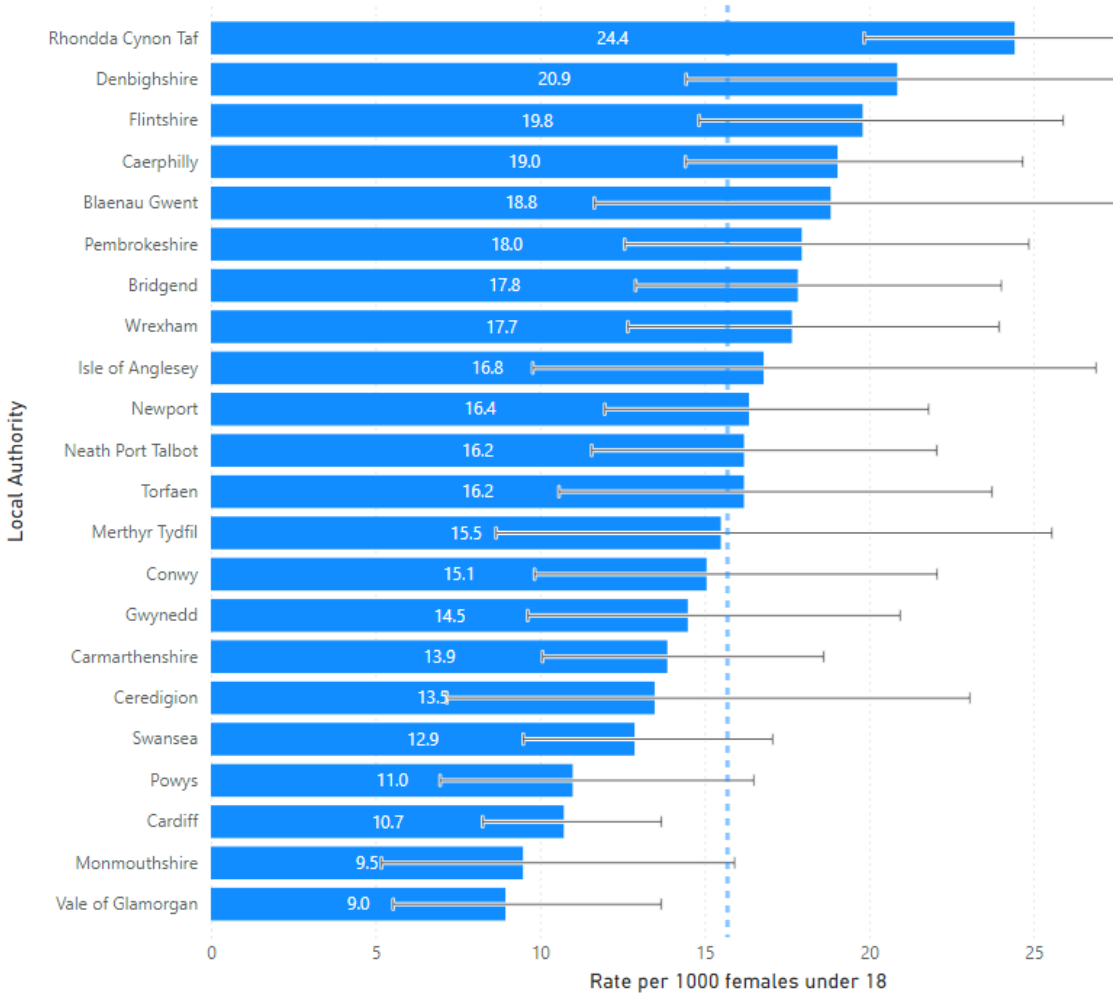


Figure 3.6.2 Teenage Conceptions 2022 by Local Authority

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

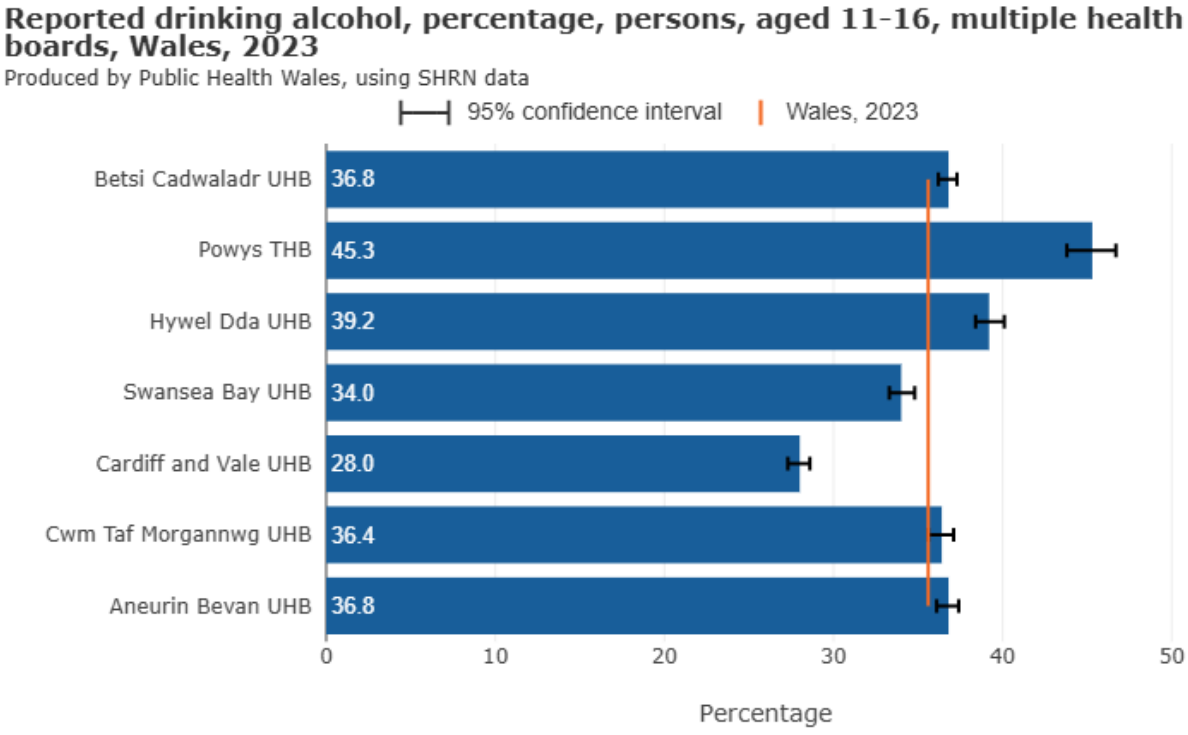
Alcohol consumption is deeply engrained within the culture of Wales and Hywel Dda UHB. Many people enjoy alcoholic drinks in moderation, but alcohol is also a dependency inducing drug, and alcohol misuse can lead to significant harm to individuals, families and communities.

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



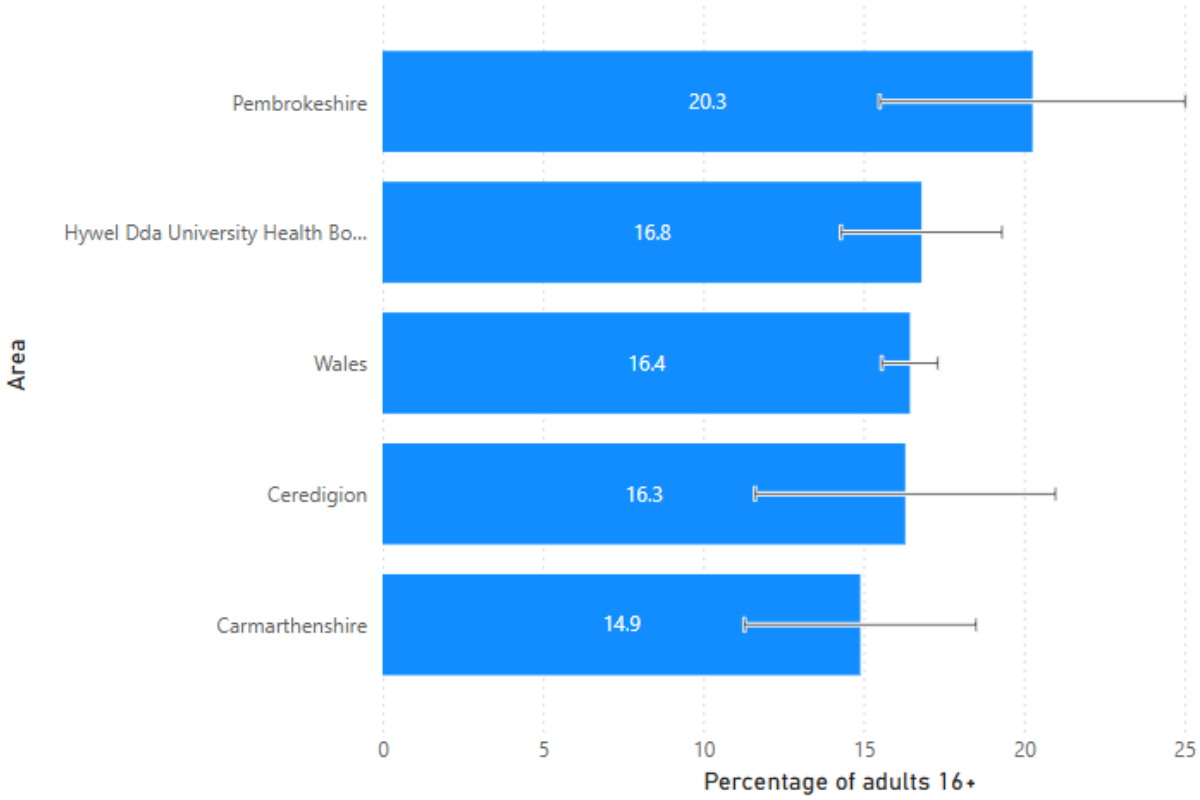
In terms of the local authority area, all three areas have a higher percentage of young people reporting alcohol consumption than the Wales average.

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).

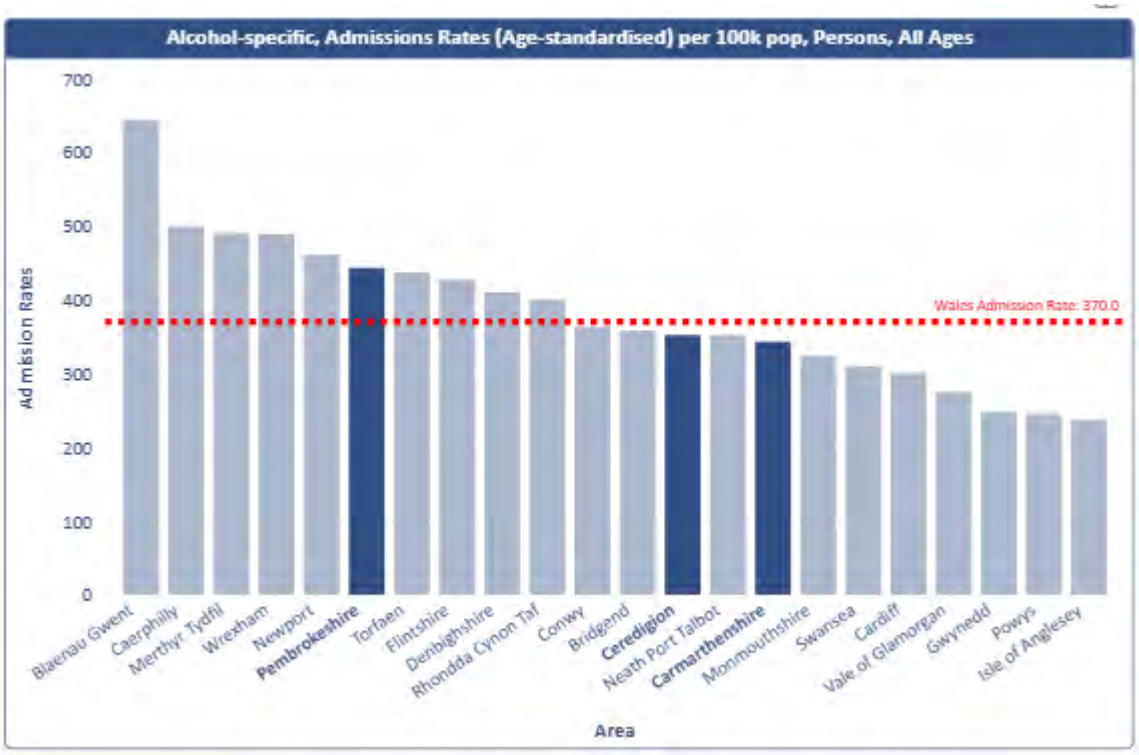
Hospital Admissions involving use of Alcohol

'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]

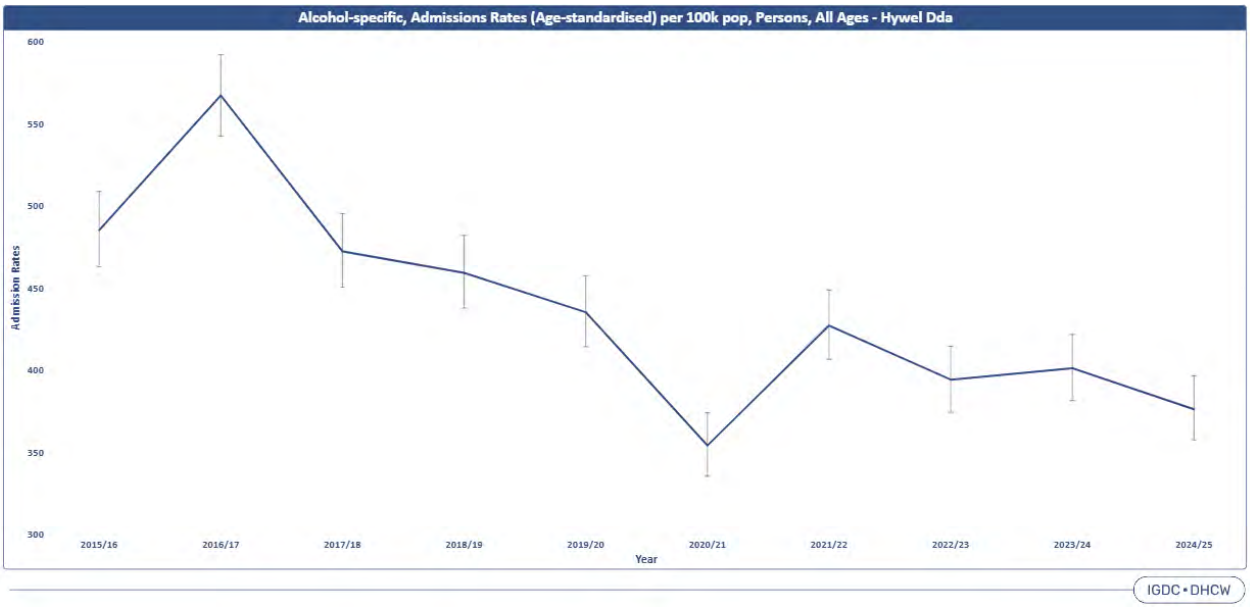
[32] Microsoft Power BI Health Maps Wales 2024/2025

Figure 3.7.3



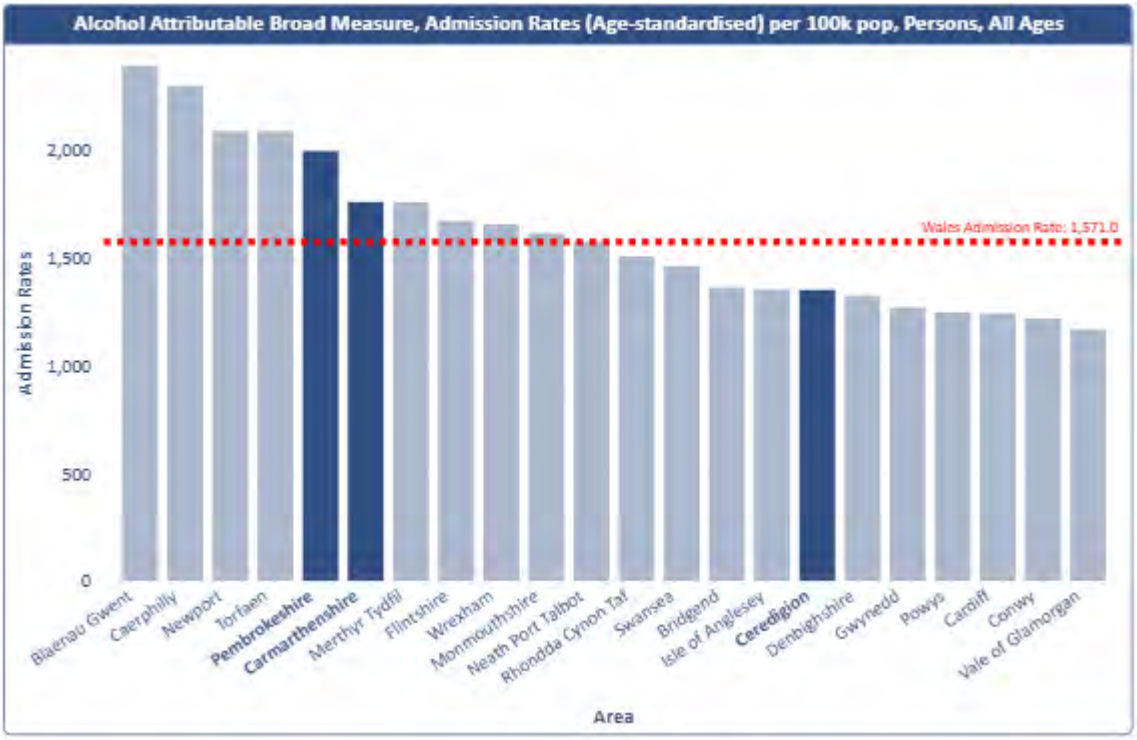
The rate for Hywel Dda UHB is 376 per 100,000, rates have decreased since 2021/ 2022.

Figure 3.7.4



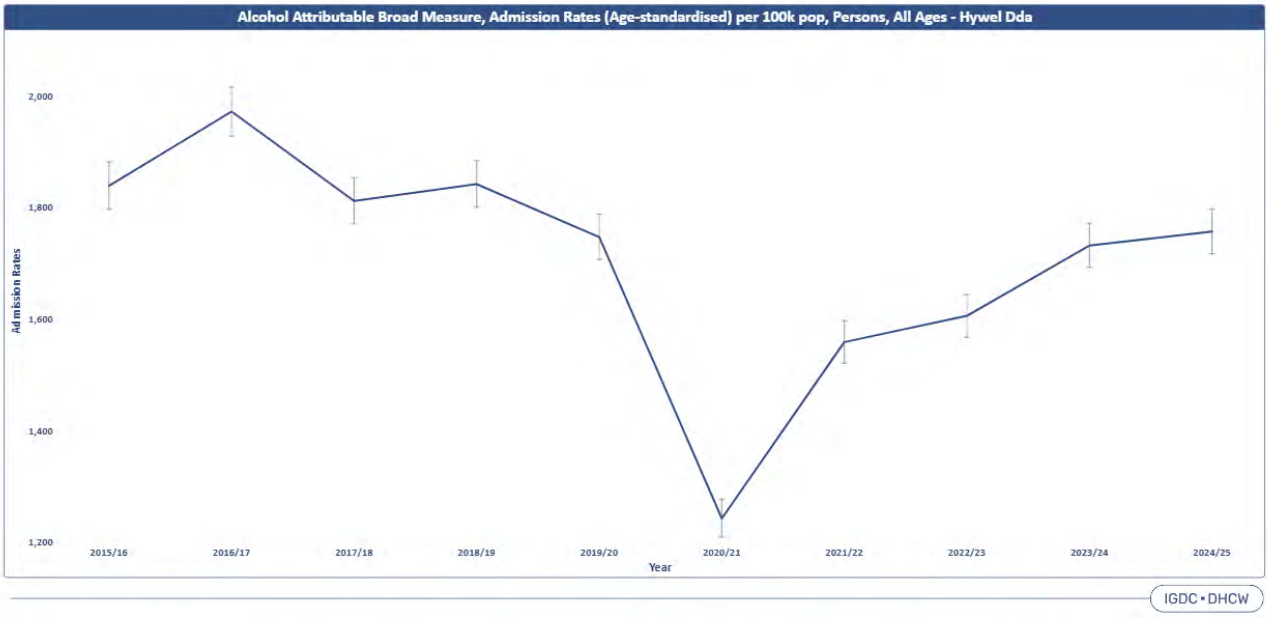
In relation to alcohol attributable admissions Hywel Dda UHB is above the Wales average, at 1,756 per 100,000 compared to 1,571 per 100,000. Pembrokeshire (1,992/100,000) and Carmarthenshire (1756/100,000) have a higher rate than Wales whereas Ceredigion has a lower rate per 100,000 population (1348/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

Figure 3.7.5



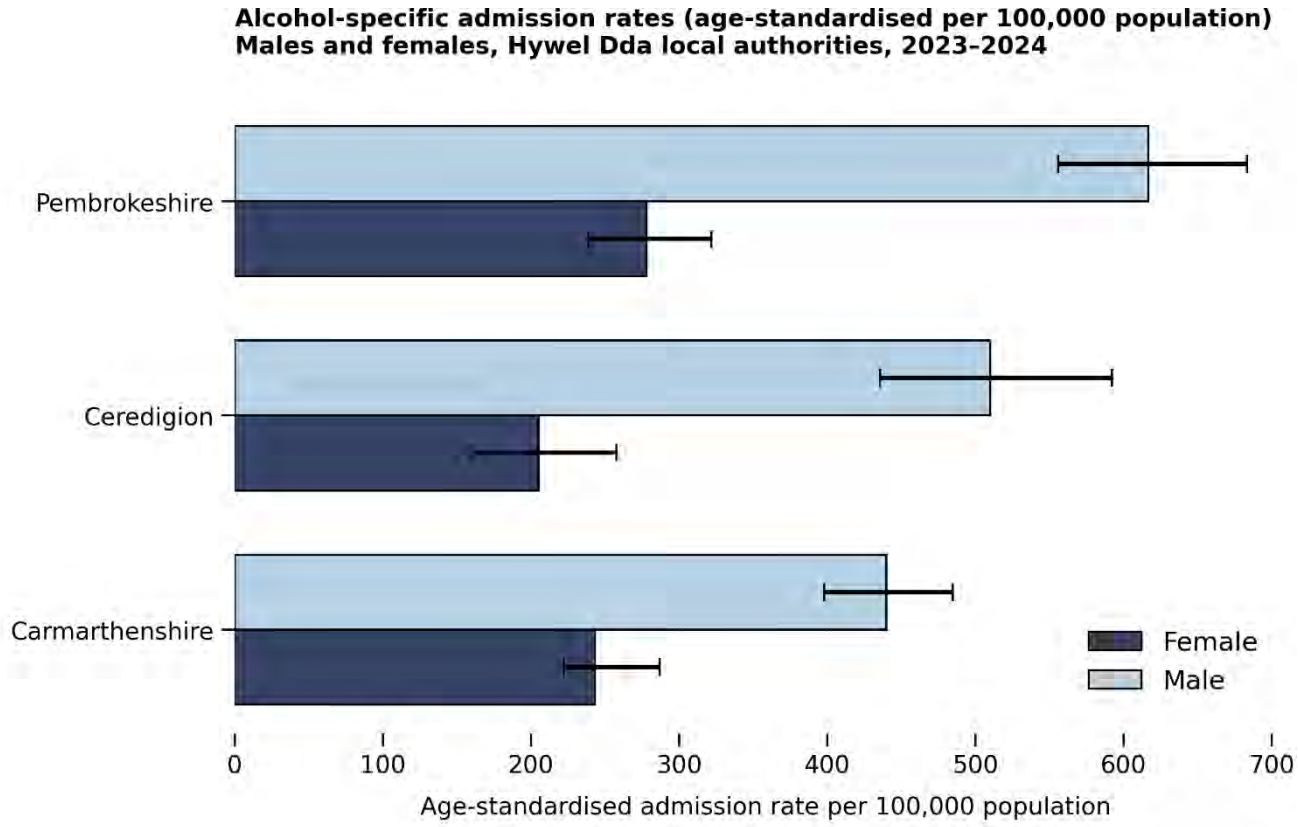
The rates for alcohol attributed admissions have been increasing since year on year since 2020/ 2021.

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.

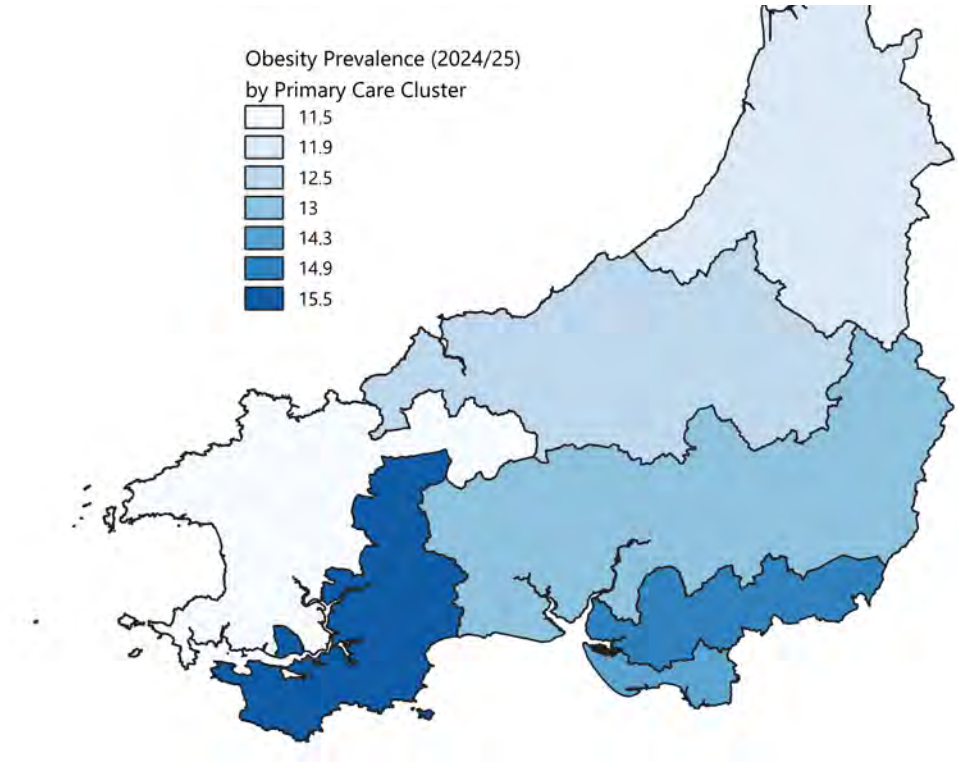
3.8 Obesity[33]

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

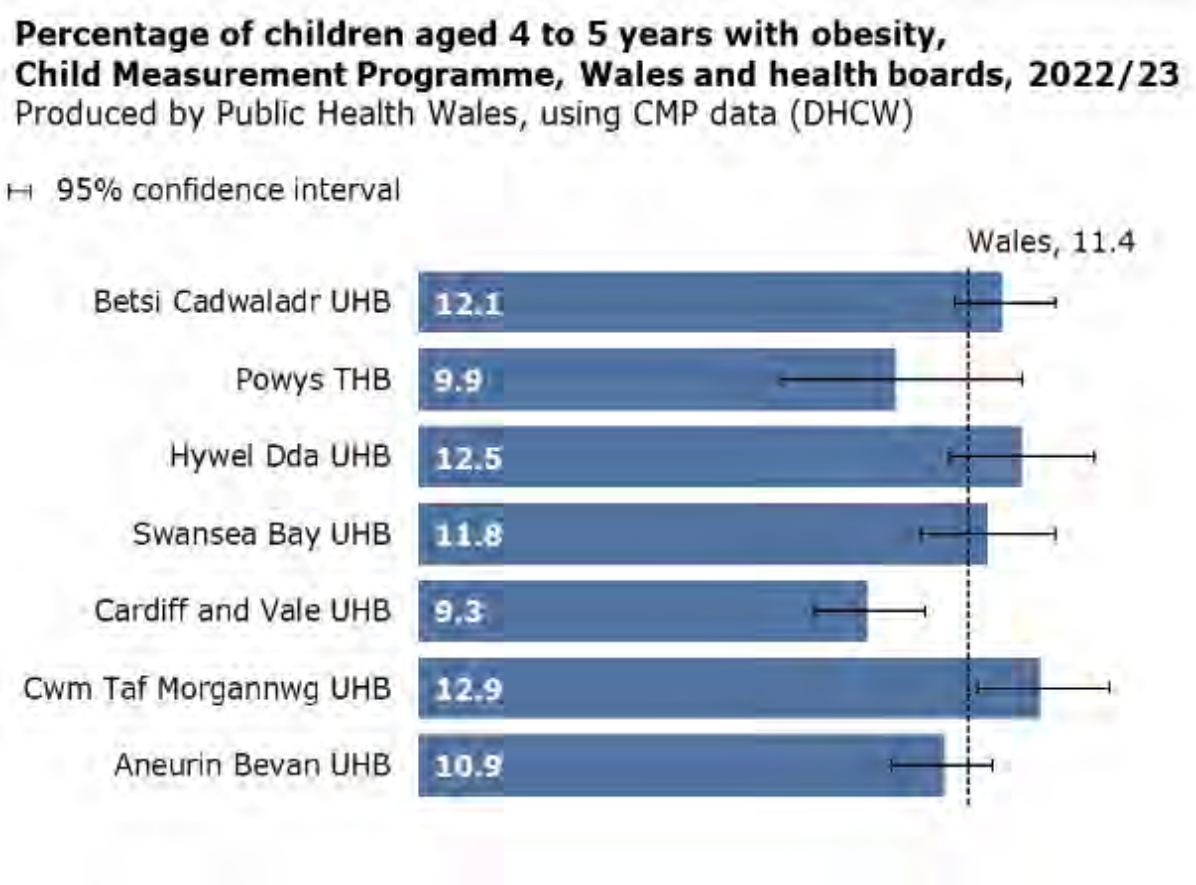
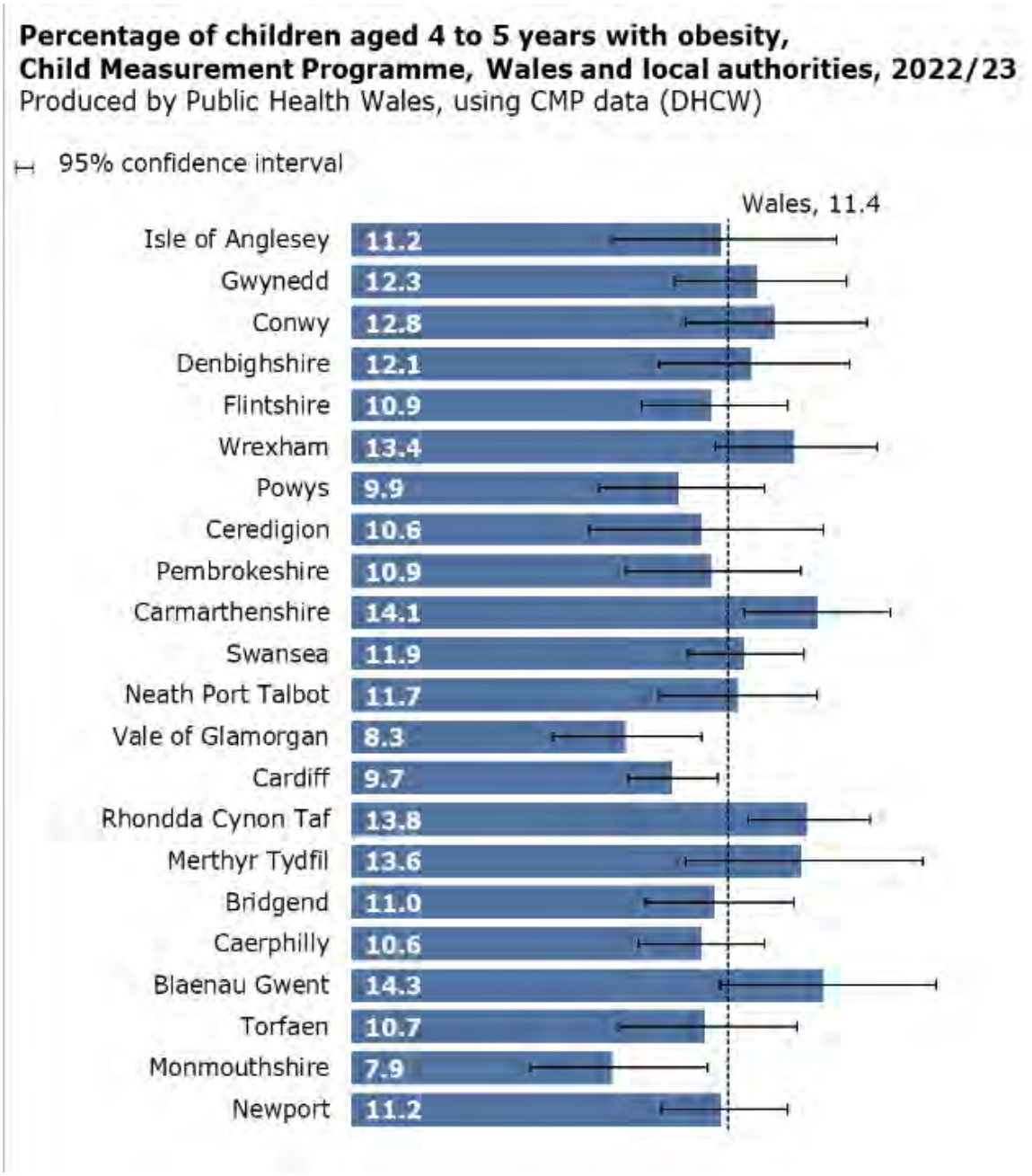


Figure 3.8.3



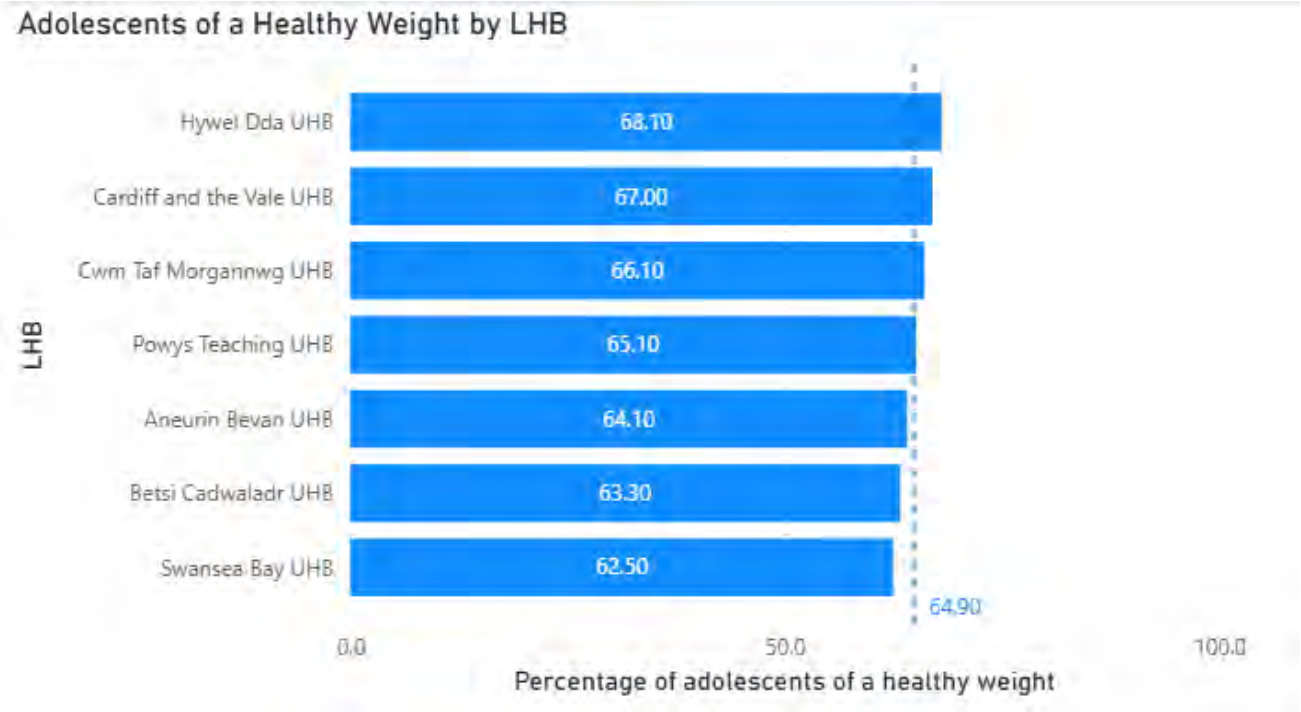
In terms of those who are classed as obese, Hywel Dda UHB has 12.5% of children aged 4-5 years; this is above the Wales average of 11.4%. Carmarthenshire (14.1%) has the highest prevalence of the 3 Hywel Dda UHB counties. Ceredigion (10.6%) and Pembrokeshire (10.9%) both have noticeably lower levels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



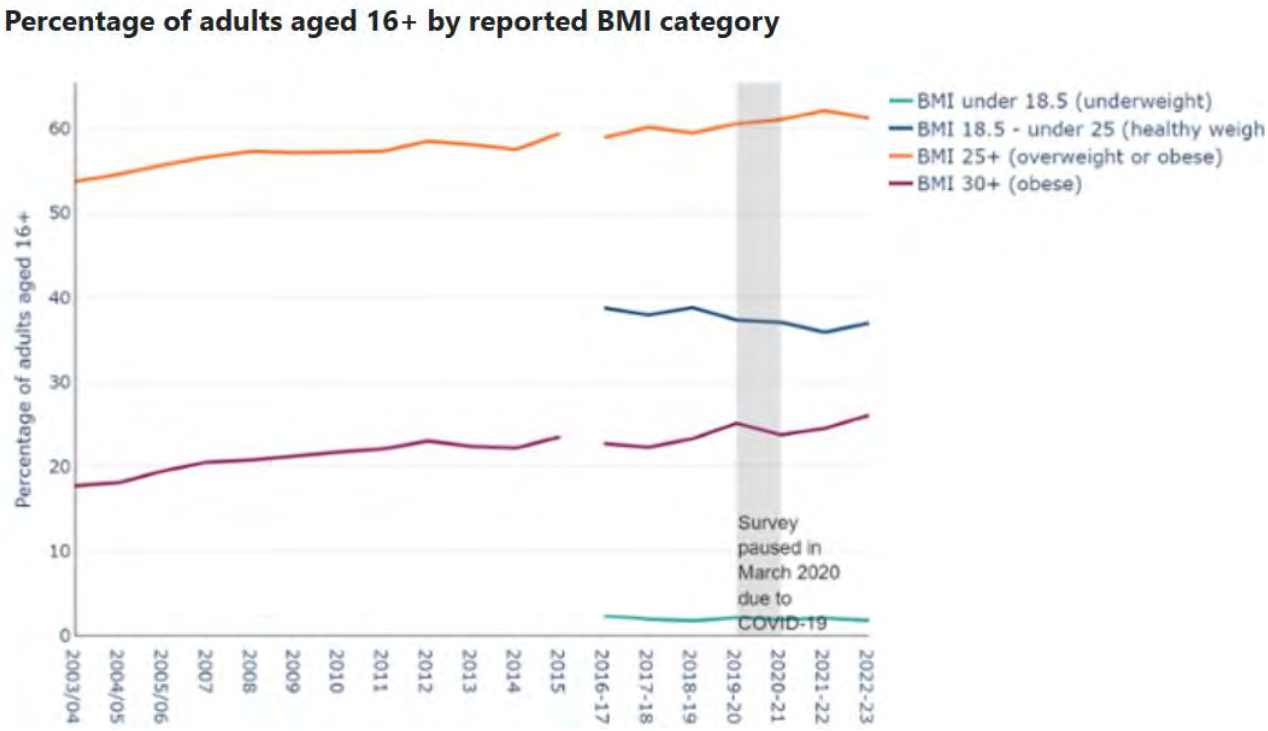
Source PHOF 2021, Public Health Wales

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

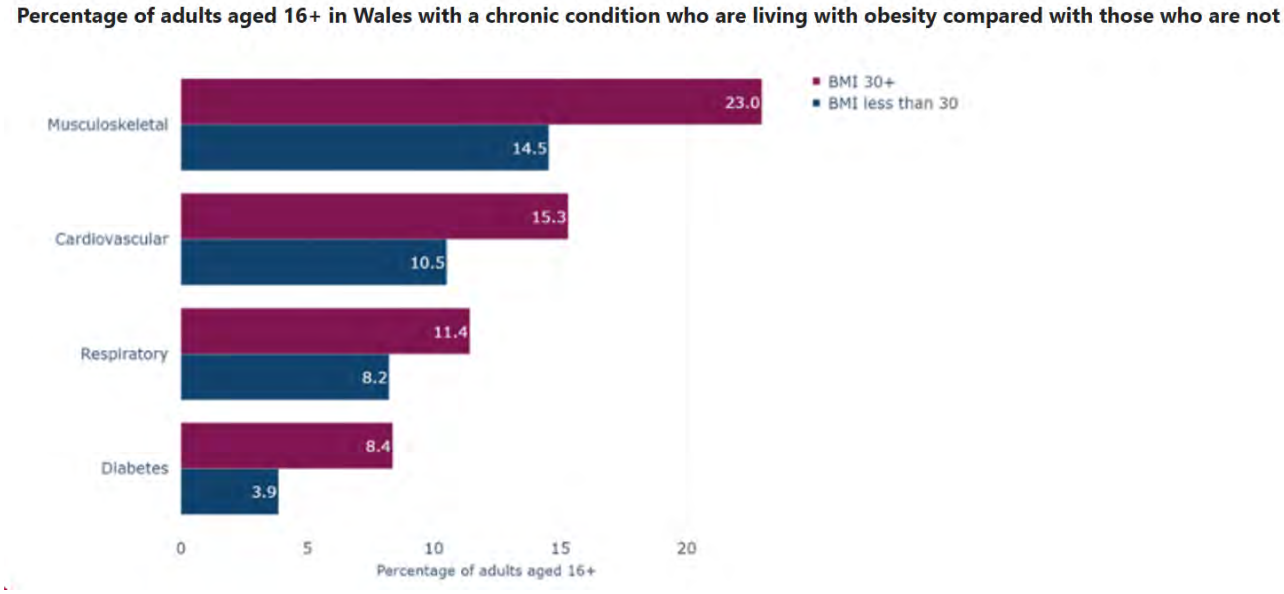
The Impact on Population Health and Well-being

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.

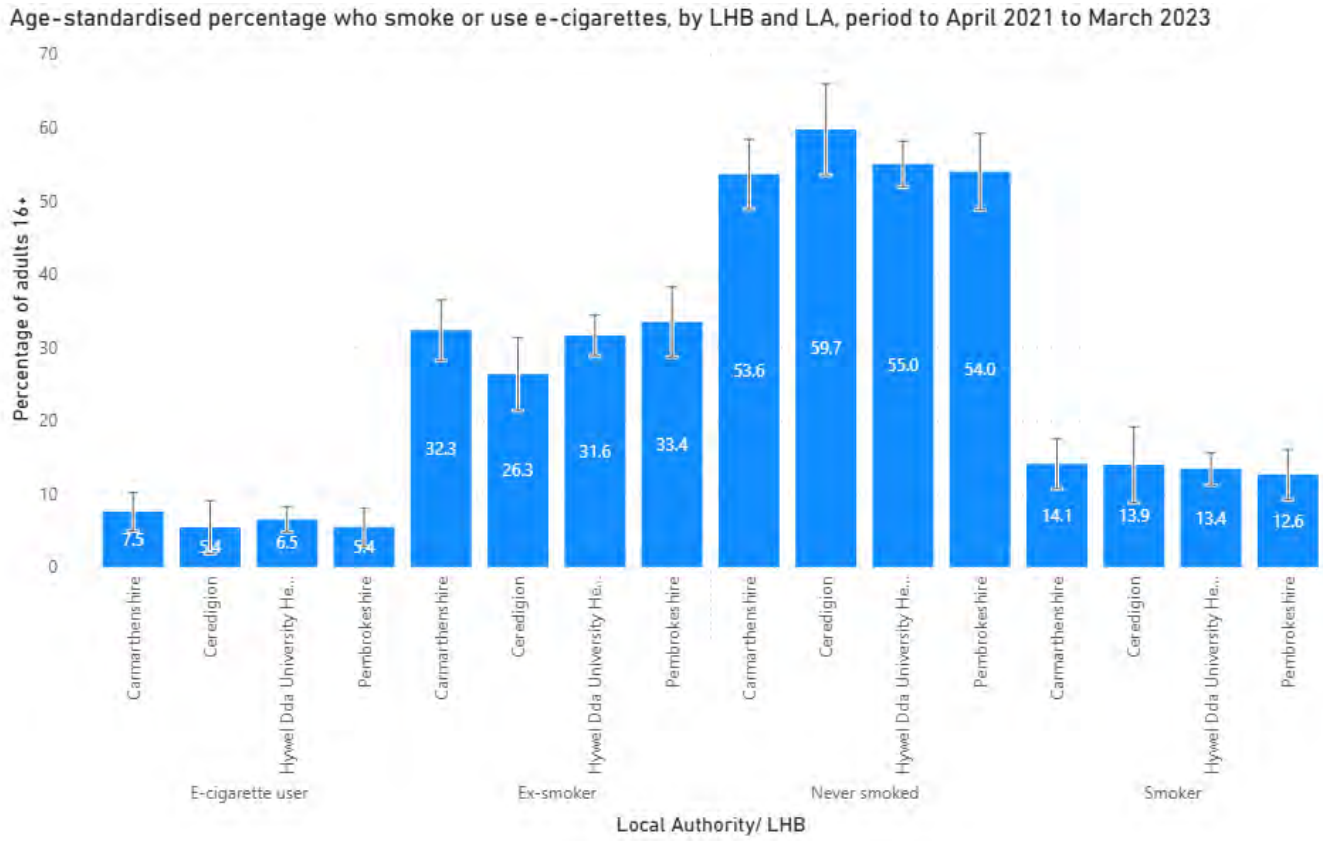
Adult Smoking Prevalence

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

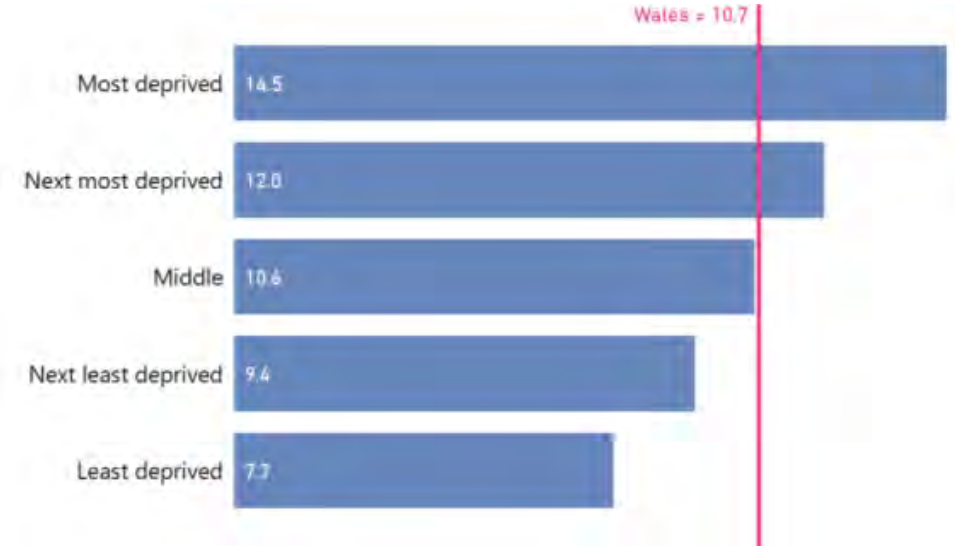
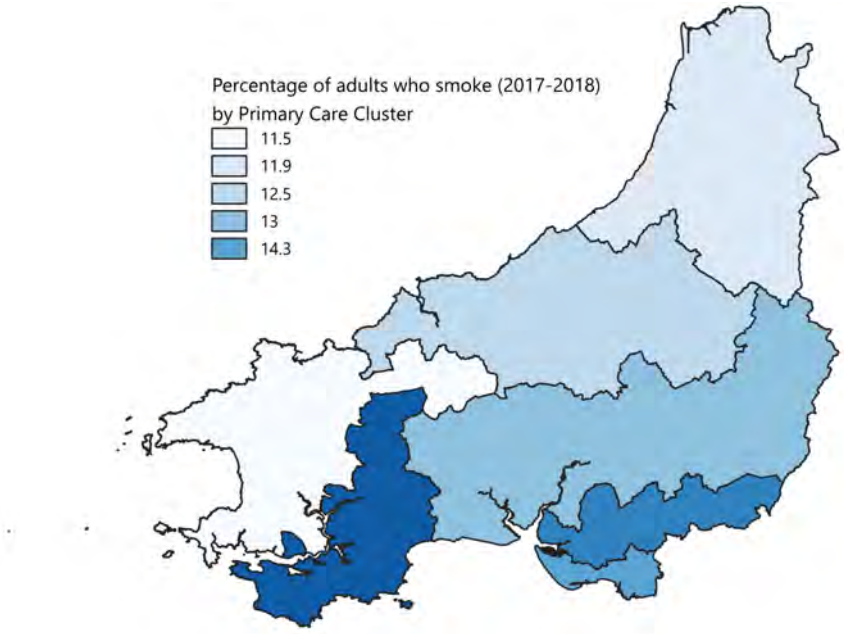


Figure 3.9.3 Smoking prevalence by Primary Care Cluster



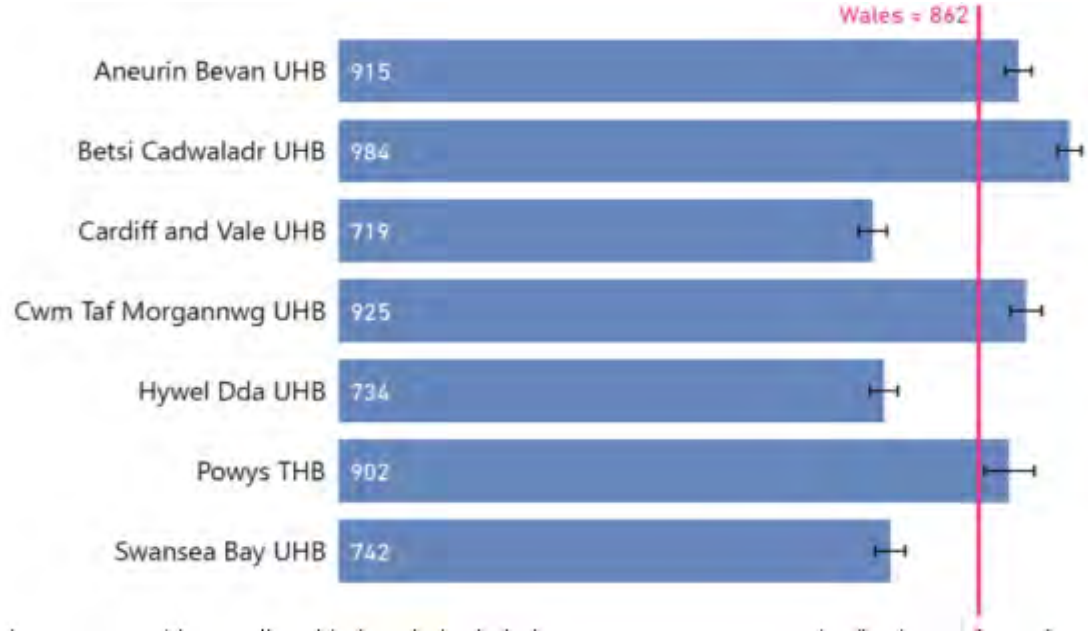
While smoking prevalence in Hywel Dda UHB has continued to decline the drop has been less marked in specific population groups such as those with mental ill health, Gypsy and traveller groups, the homeless, and in geographical areas of deprivation across the 3 counties. Such smokers tend to be more heavily 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.

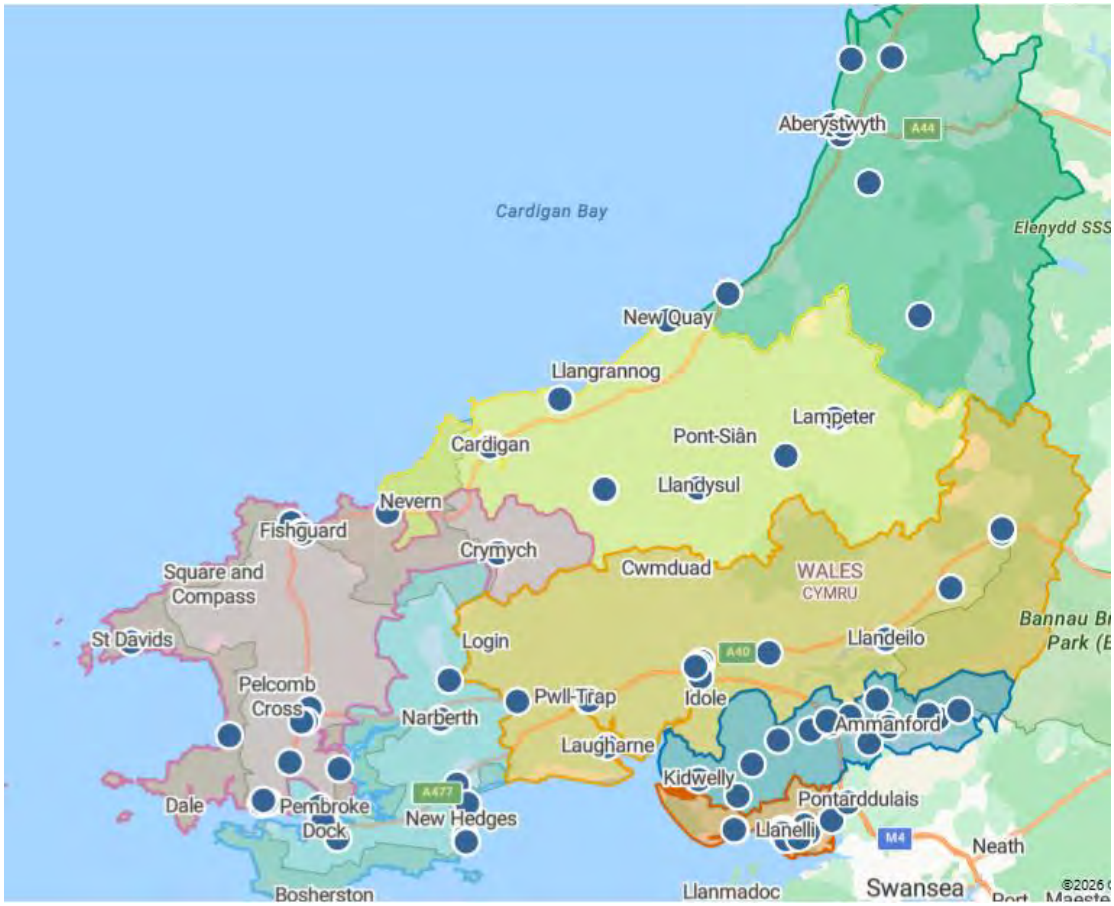
Of the 47 GP practices in the Health Board area, four dispense to eligible patients from five sites within the Health Board's area. As of 1 March 2026, the GP practices dispensed to 10,479 of their registered patients (40% of the total list size for all four practices). The percentage of dispensing patients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

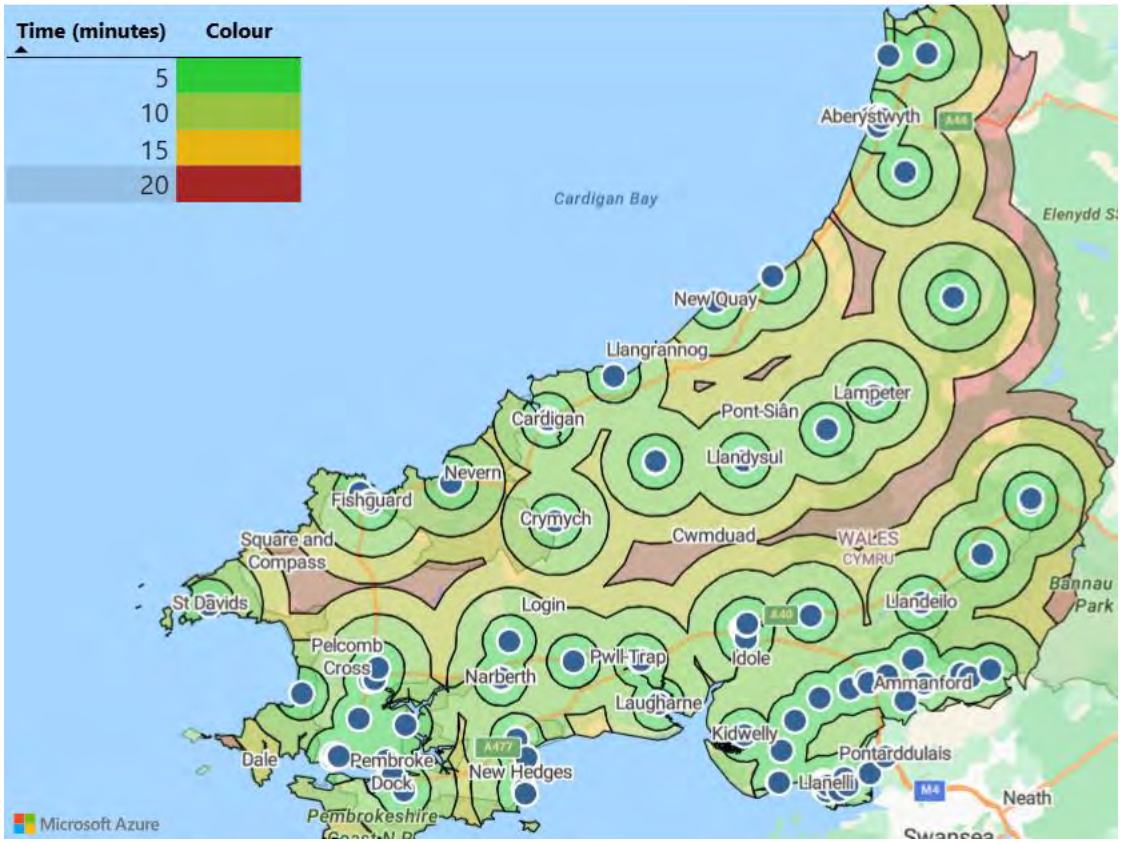
Map 5.1.4 - Location of Community Pharmacies and Dispensing GP practices – Pembrokeshire

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.

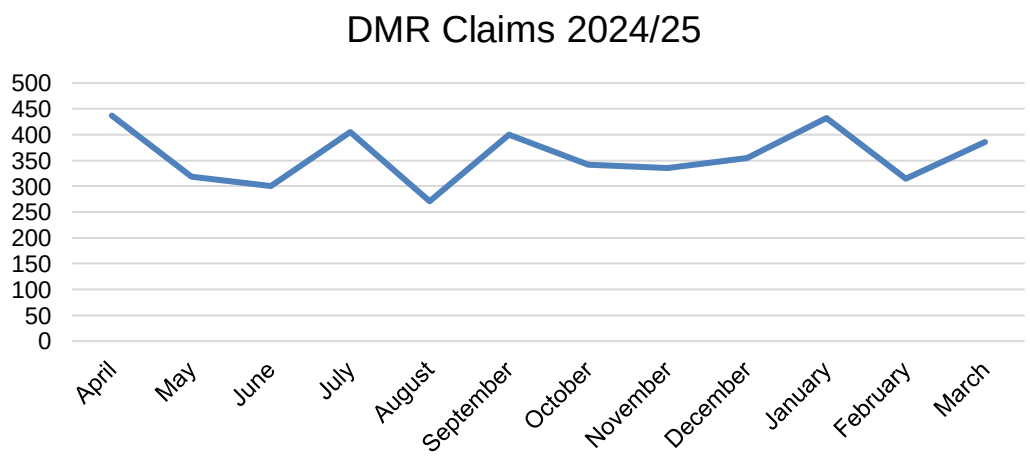
There are no plans for any GP practice mergers or relocations during the lifetime of the PNA which may affect access to pharmaceutical services.

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.

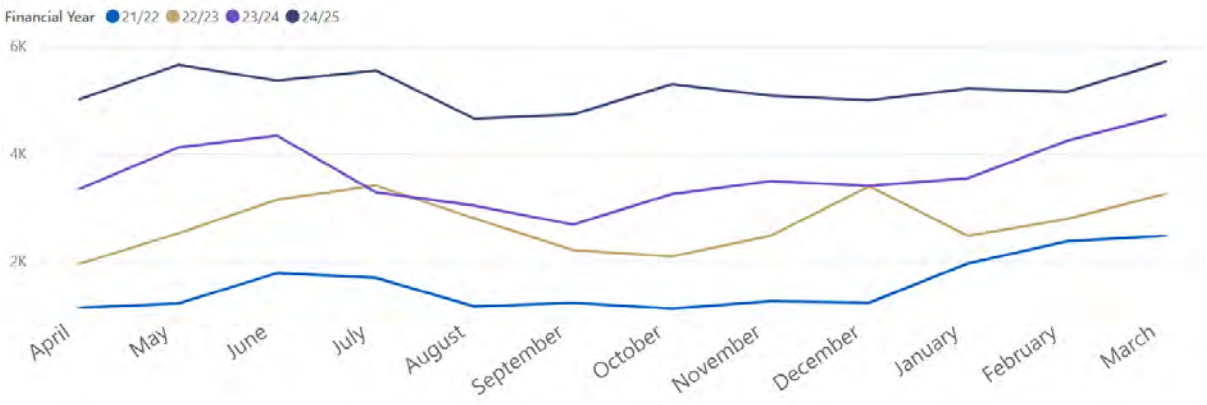
All 96 pharmacies in Hywel Dda offer CCPS in 2025/26.

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.

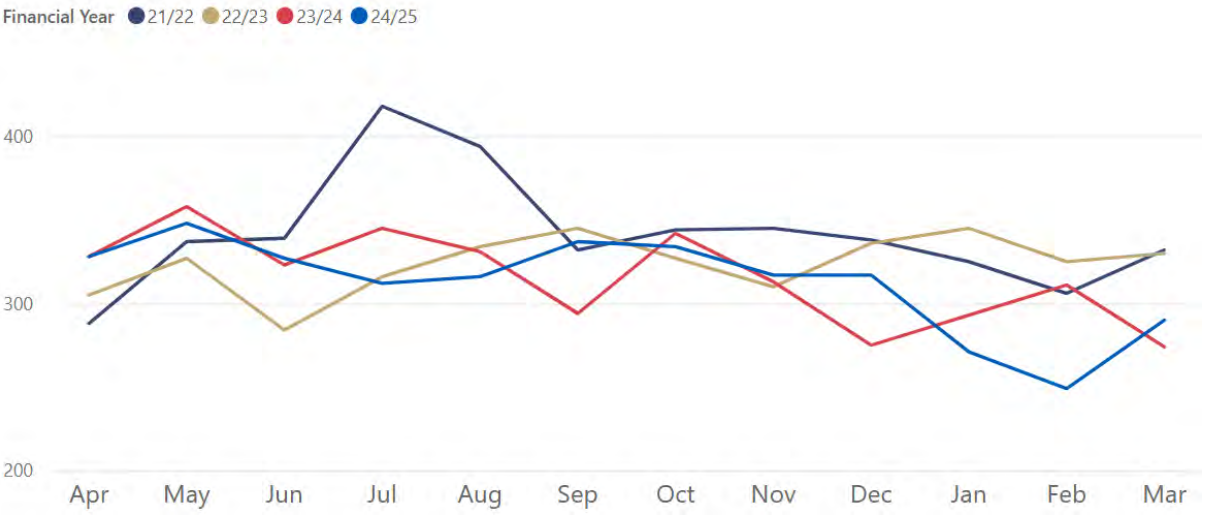
The EMS service is key in reducing demand on the NHS Wales 111 service, particularly on weekends by diverting patients who don’t have access to their medication to a community pharmacy. This also has a positive impact on hospital and/or GP services in dealing with potential consequences of patients not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

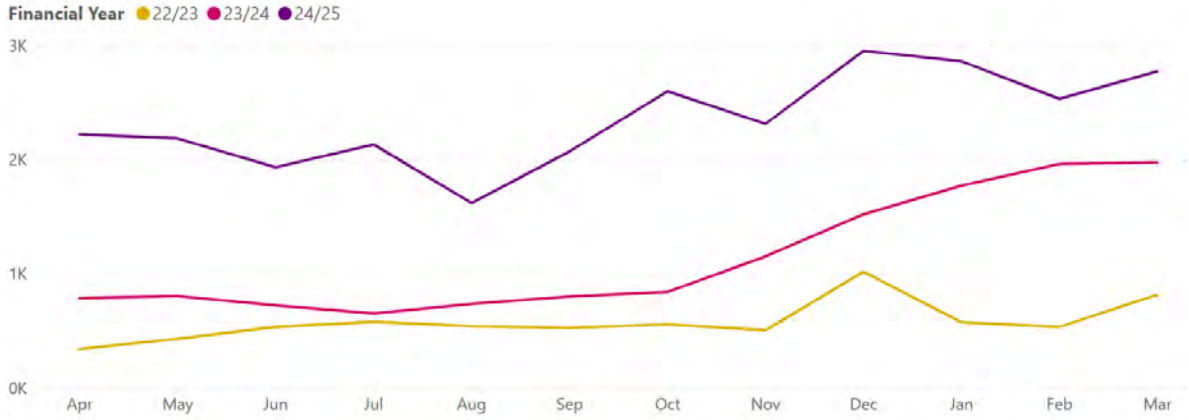
Figure 5d



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,

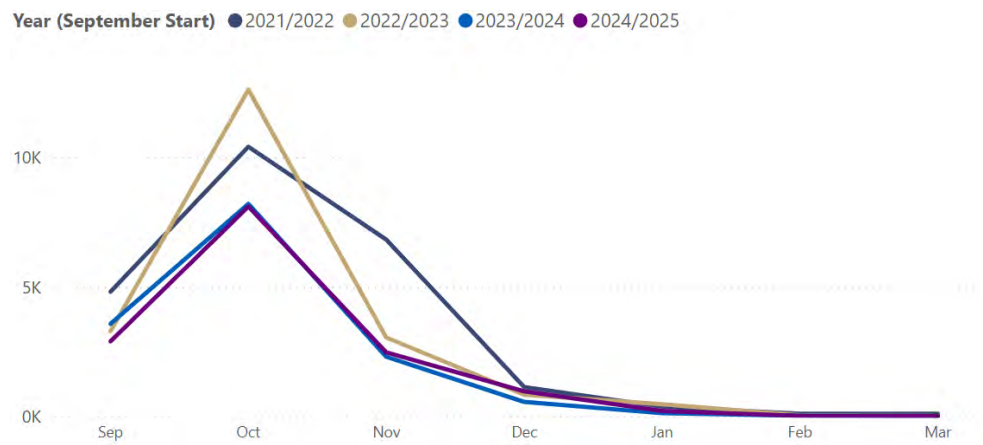
all newly qualified pharmacists will graduate as Independent Prescribers therefore we expect the service to continue to grow significantly over the next five years.

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.

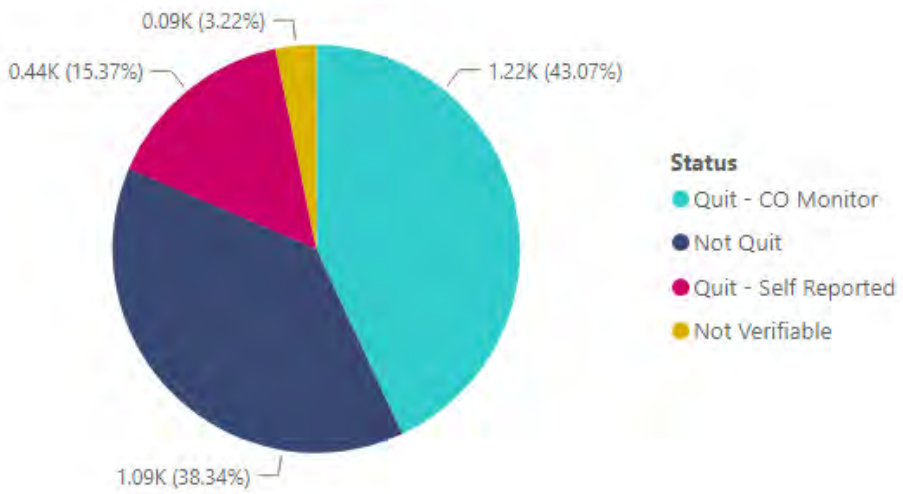
Figure 5f



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.

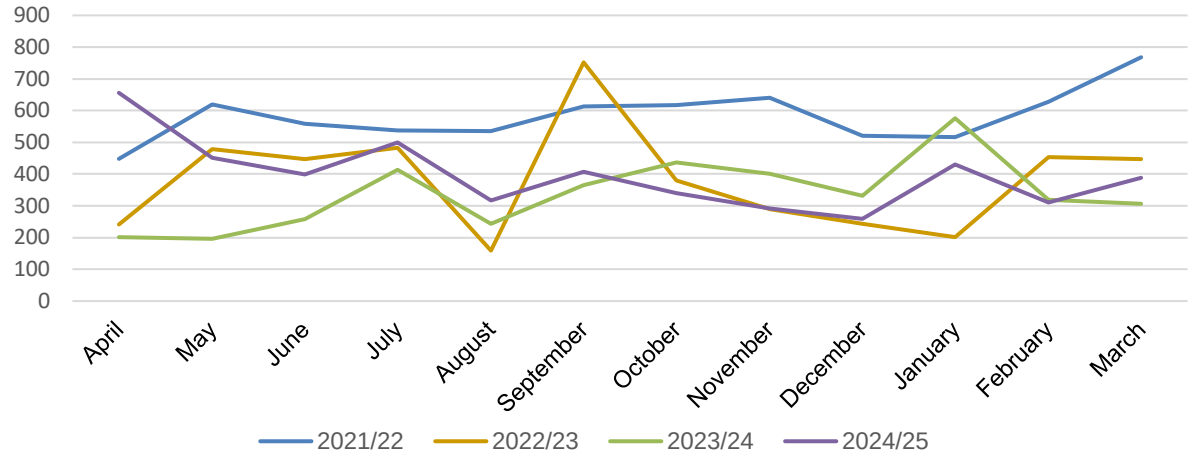
5.1.5.4 Supervised Administration Service

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

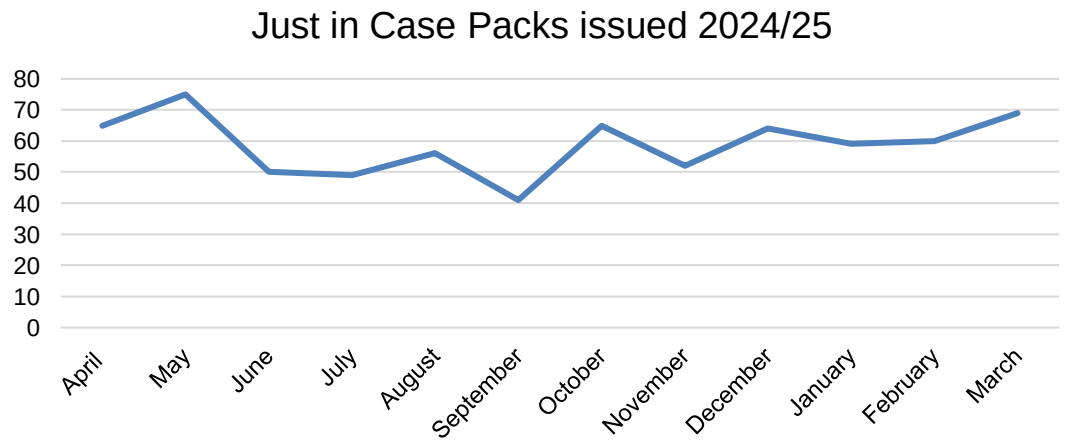


5.1.5.6 Just in Case Service

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

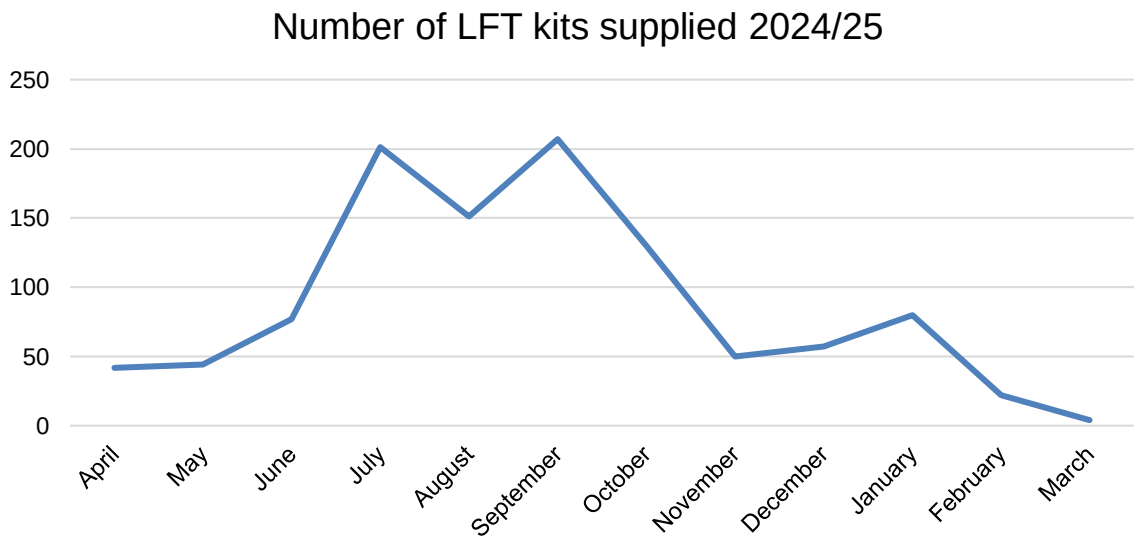
The service aims to use the expertise and accessibility of community pharmacies to support safe and effective medicines use for people receiving domiciliary care. This includes providing clear MAR charts for care workers, establishing strong links with care providers, ensuring robust systems for prescription 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

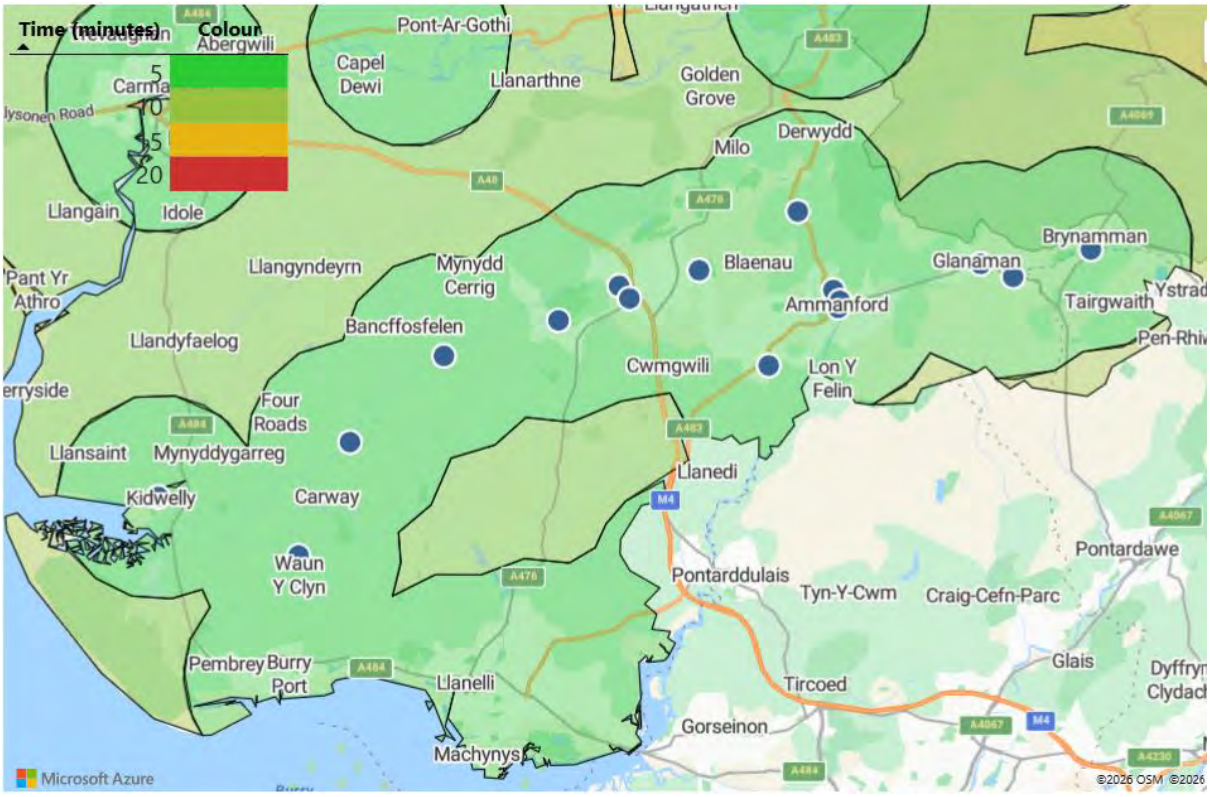
Harlow & Knowles, Pontyates	Monday, Tuesday, Thursday & Friday, 17:30-18:00
Nigel Williams, Tumble	Monday, Tuesday, Thursday & Friday, 17:30-18:00
Aman Pharmacy	Rota Service provided on alternative weeks Monday, Tuesday, Wednesday & Friday 17:30-18:00
Garnant Pharmacy	

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.

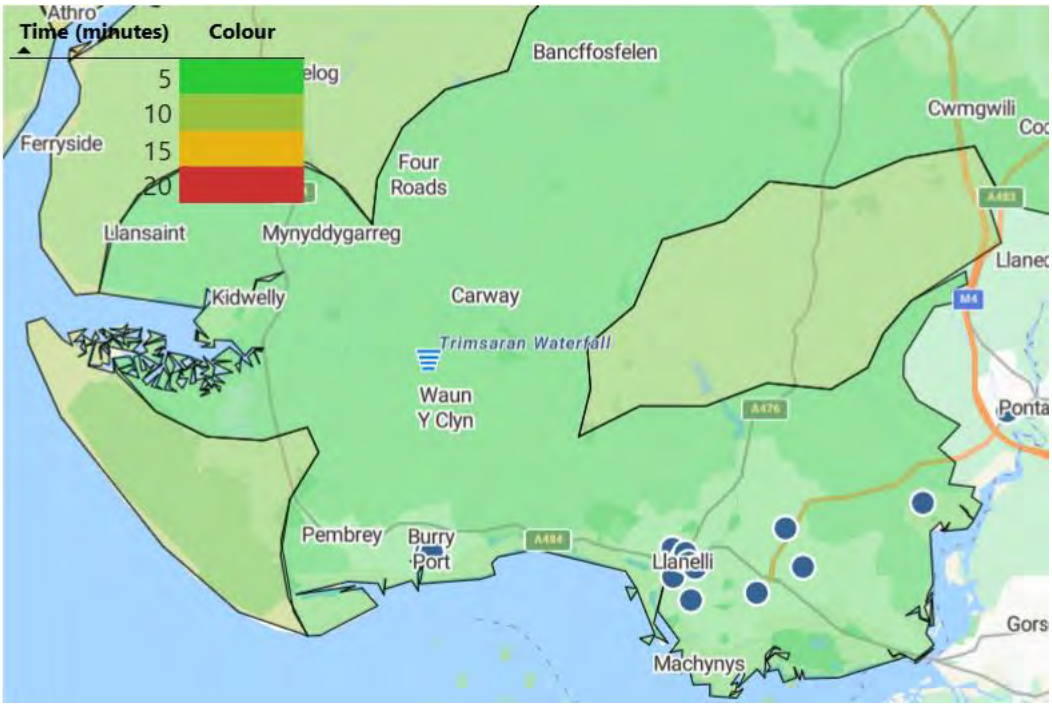
This has reduced from 809 total hours in 2021 and 130.44 pharmacy hours for every 10,000 population.

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.

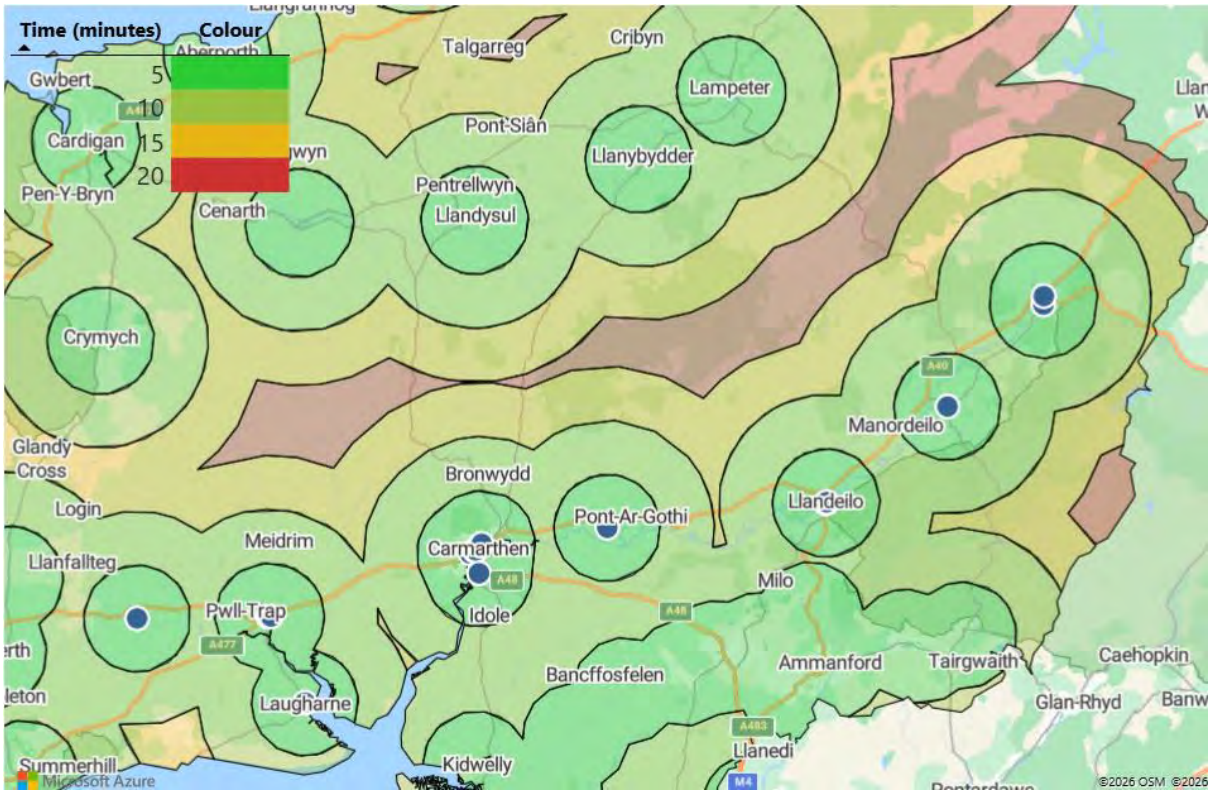
The dispensing GP practices offer the following opening hours for the dispensing services they provide:

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.

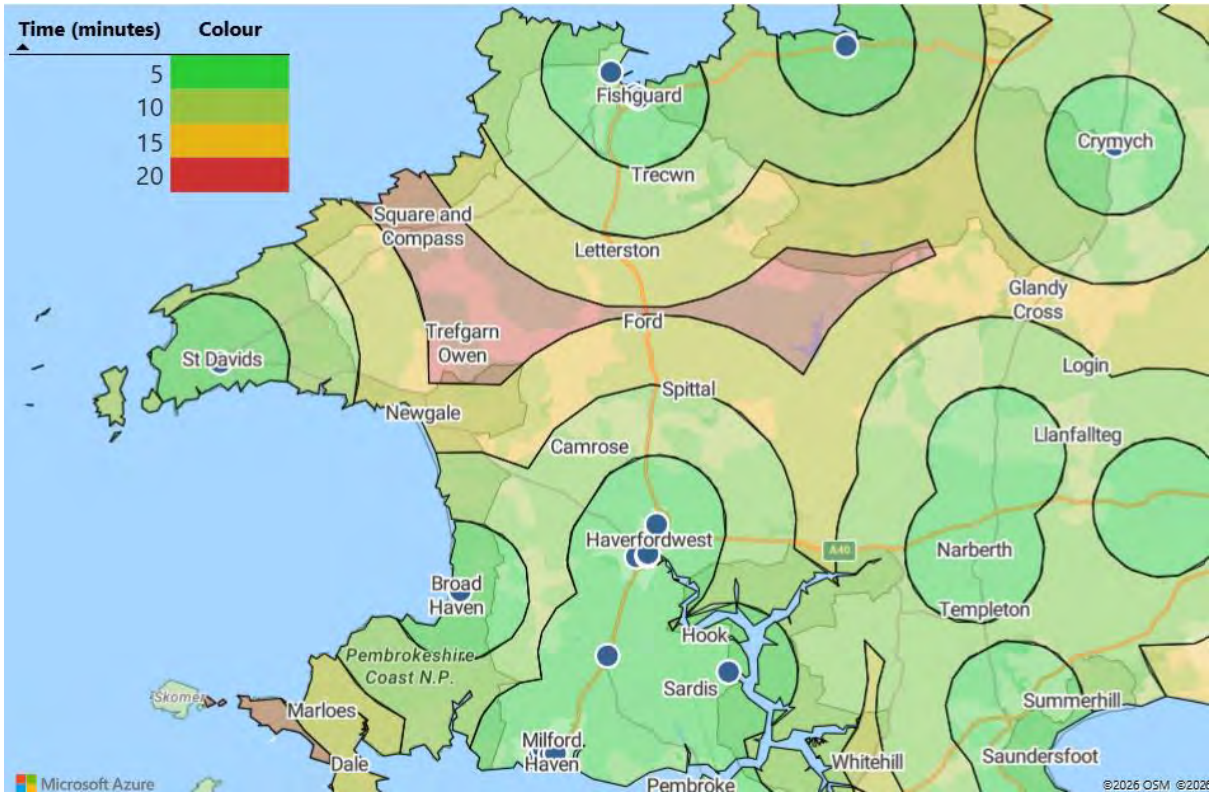
The dispensing GP practice offers the following opening hours for the dispensing services they provide:

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.

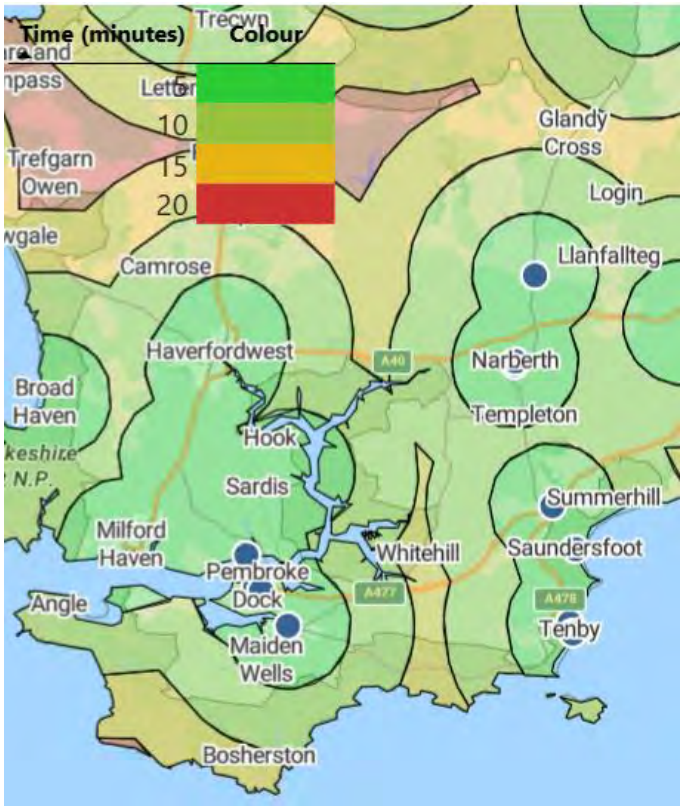
The Health Board asks the pharmacies whether they will be open on public and bank holidays and Easter Sunday. The responses are collated and the Health Board establishes whether or not there are any geographic gaps in provision. Where a gap exists, a pharmacy can be commissioned or directed to open.

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;

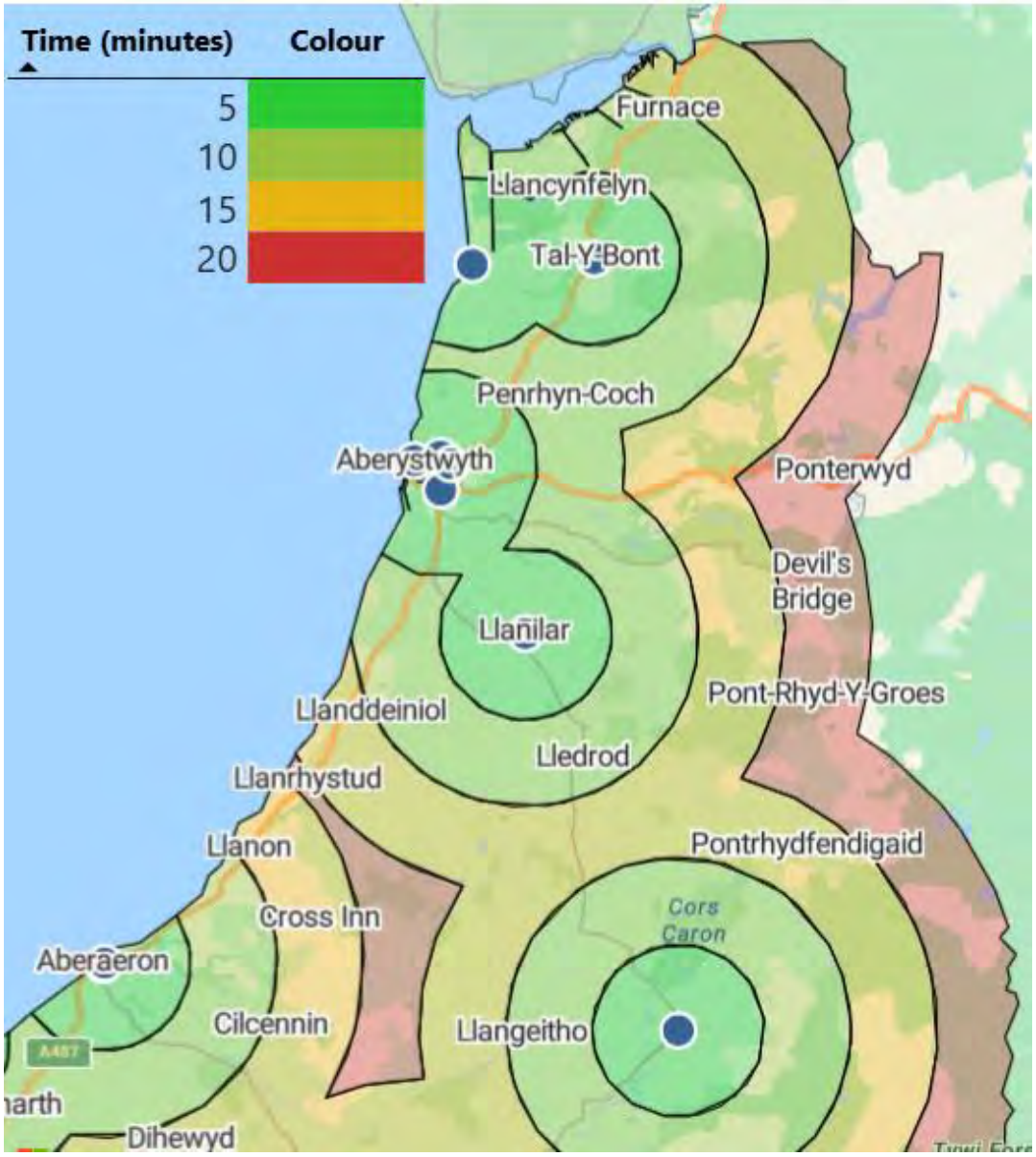
Llanilar Health Centre - MAR Charts, JIC Packs, patient sharps, and Dossett boxes.

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:

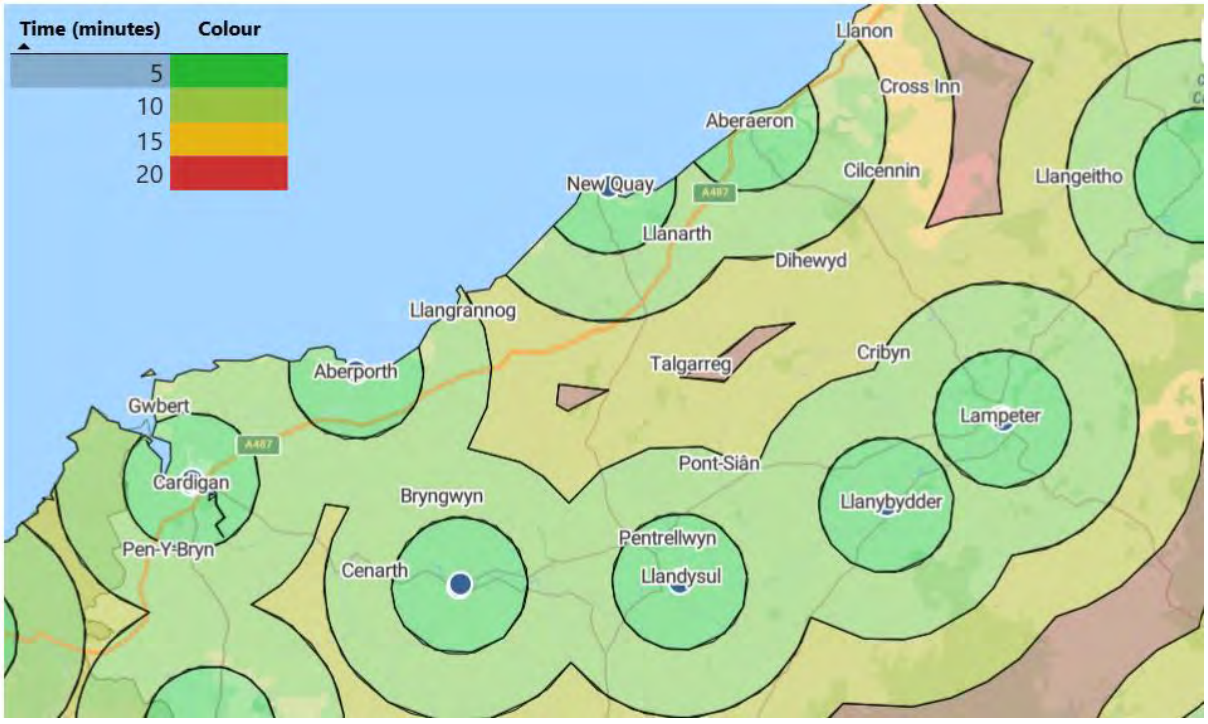
Pharmacy	Rota Duty Times
Allied, Llandysul	Sundays only 16:00-17:00
Well, Newcastle Emlyn	Monday & Wednesday 17:30-18:00

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 *

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

Pharmacy Name - Amman Gwendraeth

- o 603405D Allied, Ammanford
- o 603362B Aman Pharmacy
- o 603810M Boots, Ammanford
- o 603052A Cross Hands Pharmacy
- o 603452A EM Morris Pharmacy
- o 603195A Garnant Pharmacy
- o 603200A Harlow & Knowles, Penygroes
- o 603200B Harlow & Knowles, Pontyates
- o 603677E Kidwelly Pharmacy
- o 603091A Margaret Street Pharmacy
- o 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: *

- o Available (including wheelchair access), or
- o Available (without wheelchair access), or

- o Other

14. Is the Consultation area: *

- o In a closed room
- o A designated area where both the patient and pharmacist can sit down together?
- o Where the patient and pharmacist are able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy?
- o Clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy?

Services

16. Does the pharmacy dispense appliances? *

- o Yes, all types
- o Yes, excluding stoma appliances
- o Yes, excluding incontinence appliances
- o Yes, just dressings
- o No
- o Other

17. Does the Pharmacy collect prescriptions from GP practices? *

- ○ Yes
- ○ No

18. Does the pharmacy provide any of the following? *

- o Delivery of dispensed medicines – Free of charge on request
- o Delivery of dispensed medicines – Selected patient groups (list criteria below please)
- o Delivery of dispensed medicines – Selected areas (list areas)
- o Delivery of dispensed medicines - Chargeable
- o 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: *

- o Have sufficient capacity within your existing premises and staffing levels to manage the increase in demand in your area?
- o Don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in your area?
- o 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? *
    - o Yes
    - o 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?

- o Yes - All types, or
- o Yes, excluding stoma appliances, or
- o Yes, excluding incontinence appliances, or
- o Yes, excluding stoma and incontinence appliances, or
- o Yes, just dressings, or
- o None

11. Do you offer a delivery service for dispensed items?

- o Yes
- o No

12. Is the service available to all patients?

- o Yes
- o 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'.*

4.6

11:50, 10 Mins

4.6 - Strategic Commissioning Report: Bi-annual update

Shaun Ayres (Hywel Dda UHB - Director of Delivery), Anne Simpson (Hywel Dda UHB - Head of Strategic Commissioning)

For assurance

Attachments

4.6 SPC - Aug 2026 Commissioning Update.pdf

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Strategy & Planning Committee
Commissioning Update

20 August 2026

Commissioning Update - August 2026

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Purpose

The purpose of this report is to provide the Strategy and Planning Committee (SPC) with assurance regarding key commissioning matters, including commissioned service performance, quality and safety monitoring, waiting times, contractual developments with Swansea Bay University Health Board (SBUHB) and Cardiff & Vale University Health Board (CAVUHB), and the actions being undertaken to manage identified risks and support service recovery.

Scope of this update

1. **Dual Energy X-Ray Absorptiometry (DXA) Diagnostic Service Level Agreement (SLA) – SBUHB**
   Scans and reporting: workforce shortages, waiting list and turnaround pressures.

2. **Quality & Safety**
   SBUHB 2025/26 and NWJCC Month 2 incident and complaint themes.

3. **Waiting Times**
   Top-five specialty position across Swansea Bay and Cardiff & Vale UHB.

4. **Long Term Agreements – SBUHB**
   2026/27 work plan: areas agreed and items requiring resolution.

5. **LTA Contract Rebasing – CAVUHB**
   CAVUHB rebasing activity and financial baseline exercise.

6. **Recommendations**
   Committee decision points: note, support and endorse.

SLA: DXA Scans and Reports provided by SBUHB

Provider: SBUHB (Mobile Unit to Hywel Dda University Health Board (HDdUHB) Sites)

Waiting List as at June 2026

DXA Hywel Dda (Mobile Scanner)	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
No. of patients waiting longer than 8 weeks (without appointments)	180	69	59	15	0	23	130	286	337	143	269	360	401
No. of patients waiting 8 weeks or less	289	416	288	222	316	499	497	341	382	244	212	336	431
No. of patients waiting with appointments	238	193	215	162	205	174	131	130	129	181	31	95	186
No. of patients deferred (future date)	298	284	309	367	380	380	430	505	495	413	402	446	471
Total No. of Patients on the waiting list (HDd)	1005	962	871	766	901	1076	1188	1262	1343	981	914	1237	1489
Longest Wait (in weeks)	25.7	17.4	13.0	10.3	7.6	9.6	12.85	17.3	21.3	36	34.6	39	30.1

Key Issues

Significant workforce shortages are impacting the Dual-energy X-ray absorptiometry (DXA) service across the entire patient pathway, including administration, scanning and reporting. Six vacant DXA posts remain outstanding, alongside wider staffing pressures affecting operational capacity. Further monitoring and provider assurance will be sought regarding recovery plans and implications for HDdUHB patients.

Performance Impact

- *Waiting List*: Increased to 1,489 patients, with evidence of a worsening trajectory since May 2026.
- *Did Not Attend* (*DNA) Rate:* Increased to nine per cent against a target of less than five per cent reducing efficient use of available capacity.
- *Reporting Delays:* Turnaround times have increased from two to three weeks to five to six weeks, with a historic reporting backlog still being addressed.

Risks

- Reduced patient access and increasing waiting times.
- Delays in diagnostic reporting and treatment decision-making.
- Potential further deterioration in performance if vacancies remain unfilled.

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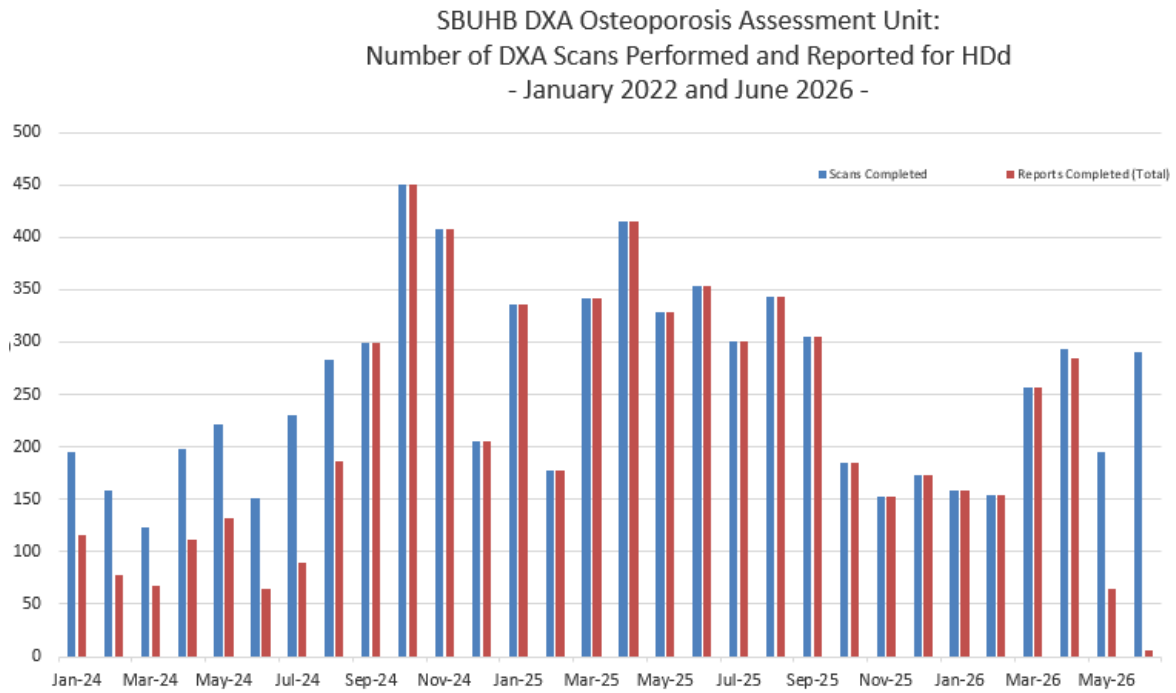
Commissioner Actions

- Seeking assurance on recruitment timescales and ability to successfully fill vacant posts.
- Requested information on mitigating actions and management of any clinical risks arising from reporting delays.
- Requested an updated recovery trajectory and ongoing performance updates.

SLA: DXA Scans provided by SBUHB

Reports



Reporting performance: turnaround times are now circa five to six weeks, compared with two to three weeks previously.

Capacity constraint: two reporting vacancies — maternity leave and a long-term career break — remain unfilled and are slowing recovery.

Backlog position: reports from January to August 2024 remain in progress and still need to be worked through.

Commissioner Actions

Actions remain as set out on the previous slide, with continued focus on recruitment assurance, clinical risk mitigation and updated recovery trajectories.

Quality and Safety 2025/26 – SBUHB

Includes NHS Wales Joint Commissioning Committee (JCC) commissioning responsibility

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

SBUHB Quality and Safety Report for HDdUHB Residents 2025/26

Purpose: monitor quality and safety through Long Term Agreement (LTA) meetings and the Commissioning & Contracting Oversight Group.

Headline signals

1,047	**incidents** 1,041 patient/service user	**162**	**complaints** Quarter (Q) 1–Q4: 47 / 42 / 35 / 38	**23**	**claims / inquests** 15 claims, eight inquests

What the data shows

Incident themes: pressure/moisture damage; assessment/ diagnosis; treatment/ procedure; information issues; accident/ injury.

Recurring areas: cardiology and orthopaedics remain prominent specialty areas.

Key pattern: system-wide delays and communication, rather than a single isolated service.

Assurance: serious incidents and complaints continue through national reporting routes; Duty of Candour applies to all provider Health Boards.

Next step: continue to monitor and where appropriate undertake a thematic review of the top five incident categories and report through the Oversight Group.

Data context: analysis is predominantly based on SBUHB data; a whole-system commissioning dataset is being developed, with Cardiff engagement underway.

The analysis was also reviewed by the Quality, Safety & Experience Committee (QSEC) on 11 June 2026.

Quality & Safety – NWJCC

Month 2 26/27 commissioning quality position

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NHS Wales Joint Commissioning Committee (NWJCC) Quality & Safety Outcome Committee (QSOC)

Month 2 2026/27: 14 incidents and five complaints received, tracked by origin, Health Board and Commissioning Team.

Headline signals

14	**incidents** received by Month 2	**5**	**complaints** received by Month 2	**3**	**NWJCC portfolios** reporting into QSOC

Figure 1 — Incidents reported to NWJCC by severity / Health Board / team

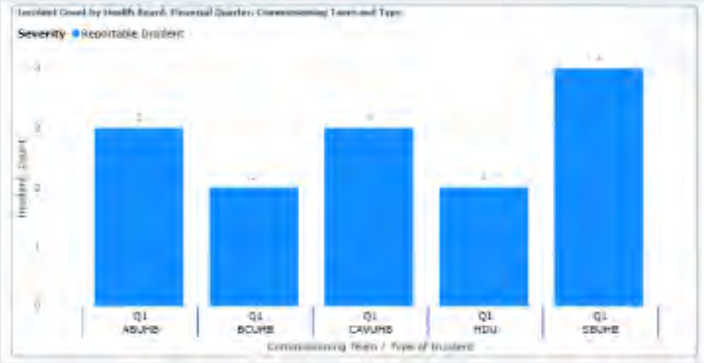
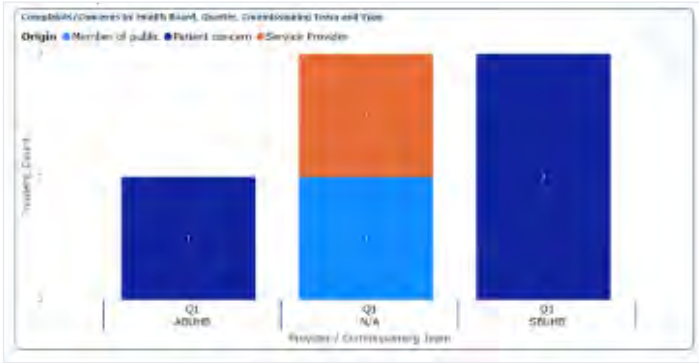


Figure 2 — Complaints reported to NWJCC by severity / Health Board / team



Portfolios: Specialist Services; Ambulance Services and 111; Mental Health and Learning Disabilities (MHLD) and Vulnerable Groups.

QSOC route: HDdUHB CEO is a Sub-Committee Member; routine assurance includes JCC highlights, quality visits/SLA meetings and quality-lead engagement.

Waiting Times – SBUHB

Month 3 2026/27 position

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Waiting times position at end of June 2026

Latest position for patients waiting across the top five specialties within SBUHB.

Headline signals

5,287 **top-five waits**
across listed specialties

2,355 **largest specialty**
oral/maxillo facial surgery

3 **New Outpatients >52-week waits**
spinal new outpatients

Top specialties by total waits (outpatients, daycase and inpatient)

Specialty	Total
Oral/Maxillo Facial Surgery	2,355
Plastic Surgery	1,178
Spinal	780
Cardiology	494
Trauma & Orthopaedic	480

Commissioning focus

Recovery plans: seek clear trajectories for OMFS, plastics (NWJCC) and spinal waits.

Long waits: monitor >52-week waits through commissioning oversight.

Oversight route: use LTA and routine meetings to review progress.

Actions by Q3: secure updated recovery plans and trajectories; maintain oversight of >52-week waits and regional programme actions.

Waiting Times – CAVUHB

Month 3 2026/27 position

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Waiting times position at end June 2026

Latest position for patients waiting across the top five specialties within CAVUHB.

Headline signals

712	**top-five waits** across listed specialties	**225**	**largest specialty** trauma and orthopaedics	**36**	**>52-week waits** 26 ortho; 10 immunology

Top specialties by total waits

Specialty	Total
Trauma and Orthopaedics	225
Neurosurgery	149
Paediatrics	144
General Surgery	114
Clinical Immunology and Allergy	80

Risk and action focus

Recovery plans: seek updated plans for orthopaedics and immunology and allergy.

Regional alignment: align actions with regional programmes where appropriate.

NWJCC link: neurosurgery remains a commissioned specialty to monitor.

Risk note: prolonged waits may contribute to delayed diagnosis, deterioration and poorer patient experience; continue oversight through commissioning and LTA routes.

Long Term Agreement – SBUHB

2026/27 LTA work plan: areas agreed / progressing

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The 2026/27 LTA joint work plan is in place and agreed adjustments will be backdated to 1 April 2026.

Constructive progress with financial and activity detail to finalise

Headline signals

4	**progress areas** agreed / in principle	**£170k**	**ToP* costing** subject to HDdUHB review	**£952→£386**	**Resource Distribution Allocation (RDA) tariff** day case to RDA

Key areas of agreement / progress

Area	Position
ToP funding	LTA activity to be removed in principle; latest Swansea costing approx. £170k.
Neurology Regular Day Attender (RDA)	Repeat admissions accepted as RDA after first day-case attendance.
Neurology SLA / LTA	Locally provided services to be removed from LTA to an updated SLA.

Next focus

Costing: finalise costing and activity assumptions.

Financial impact: quantify contract-line adjustments and backdating impacts.

Governance: maintain momentum through the LTA work plan.

Committee note: progress is being made; right-sizing lines and final values remain subject to quantified activity, cost and service-line review.

*Target Operating Plan

Long Term Agreements – SBUHB continued

2026/27 LTA work plan: items requiring resolution

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Priority items remain under resolution

Contractual, pathway and coding items require further evidence, agreement or escalation via Directors of Finance.

Headline signals

3 **resolution items**
regional / Same Day Emergency Care (SDEC) and emergency short stay tariff / coding

0-day **Length of Stay (LoS) / SDEC**
short-stay tariff review

1 **coding breach**
uncoded activity

Areas requiring resolution

Area	Resolution focus
Regional orthopaedics	Regional vs LTA monies; joint waiting list and open-book accounting.
Emergency admissions / SDEC	Review 0-day LoS, Six Goals / SDEC funding and short-stay tariff.
Uncoded activity	Contract breach: address coding completeness.

Active workstreams

Prince Philip Hospital (PPH) Minor Injuries Unit (MIU) / Accident and Emergency (A&E): changed access potentially affecting A&E attendances at SBUHB.

Pathways: vascular, OrthoPlastics, paediatrics, glaucoma and obstetric diabetes.

Other: proctograms / Hickman-Portocath, NICE drugs, pay awards and GP medical.

Escalation route: continue resolution through the 2026/27 LTA work plan and escalate via Directors of Finance where agreement remains outstanding.

LTA Contract Rebasing – CAVUHB

All-Wales activity and financial baseline alignment exercise

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Modernising the contract baseline for future commissioning arrangements

CAVUHB is reviewing activity, income and costs across commissioner contracts to establish updated baselines and support modernised contract frameworks.

Headline signals

£7.093m	**LTA outturn income** 2023/24 outturn	**£9.062m**	**costing value** costing dataset	**£1.969m**	**cost/income variance** adverse gap to income

What this means for HDdUHB

Theme	Implication
Key messages	Share specialty data; review assumptions and flows; agree base year, activity and financial values.
Issues	Re-run 2024/25 data; CAVUHB expects a material cost–income misalignment to remain.
Next steps	Convene further reviews; progress all-Wales task-and-finish work and the LTA modernisation plan.

HDdUHB focus

Review: share specialty data; test assumptions and flows.

Re-run: update the analysis for 2024/25 and refine activity assumptions.

Agree: base year, activity and financial values

CAVUHB-wide context: the estimated gap is £30m in 2024/25, potentially £40m by 2026/27—not HDdUHB-specific.

Contracting & Commissioning – Recommendations

Committee decision points

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The Committee is asked to:

NOTE:

Area	Recommendation
Service updates	key service and commissioning updates, including DXA workforce and reporting pressures.
SBUHB LTA	progress on the LTA work plan, including areas agreed in principle and items requiring resolution.
CAVUHB rebasing	the All-Wales rebasing exercise and HDdUHB review of activity, cost and baseline assumptions for 2027/28 planning.

SUPPORT AND ENDORSE:

Continued joint working through LTA and commissioning oversight routes to agree contractual and financial adjustments, monitor quality and safety themes, and escalate unresolved matters where required.

Decision focus: endorsement supports continued oversight, contractual resolution and escalation of unresolved commissioning risks.

5

12:00, 0 Mins

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5 - Risk & Assurance

5.1

12:00, 10 Mins

5.1 - Assurance and Risk Report

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Huw Thomas (Hywel Dda UHB - Director of Finance), Shaun Ayres (Hywel Dda UHB - Director of Delivery)

Including:
Corporate Risks; Operational Risks; Audits and Inspections; Welsh Health Circulars; Ministerial Directions

For assurance

Attachments

5.1.1 SPC CRR Assurance and Risk Report August 2026 FINAL.pdf

5.1.2 Appendix 1 - Strategy Planning Corporate Risk Register.pdf

5.1.3 Appendix 2 - Overdue Audit Inspection Recommendations aligned to SPC.pdf

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Assurance and Risk Report

Strategy and Planning Committee – 20 August 2026

Situation

This report provides the Strategy and Planning Committee (SPC) with the status of the corporate risks, audit and inspections recommendations and Ministerial Directions (MDs).

The Committee is asked to seek assurance from the Lead Executive Directors that risks are being managed effectively, that recommendations from audit and inspections, and MDs, are being implemented by the Health Board.

Principal risks, operational risks, and Welsh Health Circulars are reported at alternate meetings, and due to be presented to SPC at its next meeting in November 2026.

Corporate Risks:	Audits & Inspection Reports	Ministerial Directions
2	9	0

Risk Management - Overview

Effective risk management requires a ‘monitoring and review’ structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.

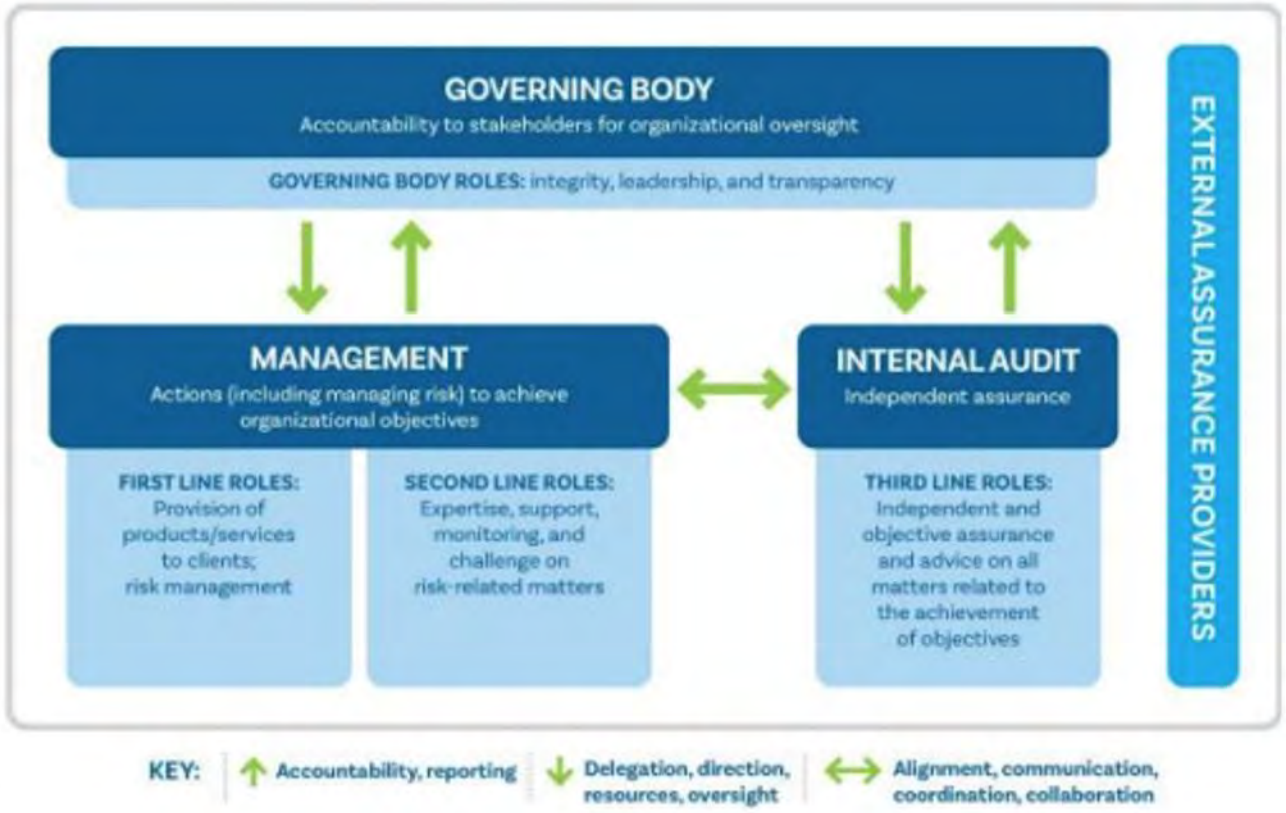
The Health Board’s risk management process is recorded via the Datix Risk Register module, and enables risks to be recorded at either Principal, Corporate or Operational level. An escalation process is in place to ensure that risks which require escalation or de-escalation are done via appropriate approval processes and governance arrangements.

The Health Board operates within the widely accepted “Three Lines of Defence” model to ensure the appropriate responsibility is allocated for the management, reporting and escalation of risk.

Risks are aligned to an appropriate Clinical Care Group (CCG) or Executive Function (hereto referred to as “Functions”), and each has a designated risk lead responsible for reviewing in a timely and comprehensive manner.

The Board’s Committees are responsible for the monitoring and scrutiny of corporate and operational risks within their remit and providing assurance to the Board that risks are being managed effectively; and reporting areas of significant concern (eg where the risk appetite is exceeded, or there is a lack of action).

Committees are also responsible for reviewing risks over tolerance and where appropriate, recommend the ‘acceptance’ of risks that cannot be brought within risk appetite.



Corporate risks assigned to SPC

Hywel Dda Risk Heat Map					
	LIKELIHOOD →				
IMPACT ↓	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5					
Major 4				2212, 2379	
Moderate 3					
Minor 2					
Negligible 1					

Each risk on the Corporate Risk Register (CRR) has been mapped to a Board level Committee to ensure that risks on the CRR are being managed appropriately, taking into account gaps in controls, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

These risks have been identified by individual Directors via a top down and bottom-up approach and are either:

- Associated with the delivery of the Health Board objectives; or
- Significant escalated operational risks that are of significant concern and require corporate oversight and management.

There are two corporate risks currently aligned to SPC (out of the 26 that are currently on the CRR at 13 July 2026).

The following slide provides a summary of the reportable corporate risks aligned to SPC. The Corporate Risk Register attached at **Appendix 1**, provides full detail of the risks, including control measures in place, a risk action plan to further manage and mitigate the risks, and sources of assurance.

Corporate Risks aligned to SPC

The risks aligned to the Committee highlight that the Health Board faces challenges in:

- Meeting statutory and regulatory requirements;
- Delivering long-term strategic objectives due to resource constraints, financial pressures, and reliance on significant organisational change;
- Building sufficient organisational resilience to respond to external system pressures and internal operational pressures;
- Faces financial constraints and funding dependencies; and
- Demonstrating an achievable route to sustainability and improvement.

The potential impact of the risks includes:

- Continued regulatory intervention;
- Financial instability;
- Reduced organisational resilience;
- Risks to service quality and patient safety; and
- Reduced confidence in the ability to deliver the Health Board's strategic objectives

Common actions noted across the risks demonstrate the need to:

- Strengthen leadership and governance arrangements;
- Improve planning capacity;
- Enhance organisational capability and accountability;
- Increase assurance and performance monitoring; and
- Improve organisational resilience.

Corporate Risks assigned to SPC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference and Title	Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS	Included in Annual Plan 2026/27?
2212 - There is a risk that the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028.	**Director of Strategy and Planning**	**Director of Strategy and Planning**	**16**	**16** (Reviewed 16/07/2026)	**4**	31/03/2028	N/A

Rationale for Current Risk Score

The 2026/27 Annual Plan sits within a three-year planning horizon (2026–29), but it has not been possible to submit an approvable IMTP. The statutory breach under Section 175(2A) of the NHS (Wales) Act 2006 continues and the Health Board remains in Targeted Intervention (TI) for Planning and Finance, Urgent and Emergency Care (UEC) and Hospital Acquired Infections.

Following the Accountability Framework meeting in June 2026, the Managing Director of NHS Performance & Improvement issued a letter identifying three priorities: significant progress in UEC; action on fragile clinical services; and a credible trajectory to financial balance. It described the planned £41m deficit as neither agreed nor acceptable to Welsh Government, and required stronger savings delivery, clearer workforce and financial triangulation, and more ambitious but deliverable trajectories for planned care, diagnostics, cancer and UEC.

Following the Level 4 Escalation Board on 3 June, the Chief Executive of NHS Wales concluded that the Health Board did not have sufficient grip on its most significant financial and performance challenges. Ahead of the next escalation meeting, it required a clear financial roadmap to the required position and balance, a 50% reduction in Nationally Reportable Incident (NRI) investigations, and clear and ambitious trajectories for planned care, cancer and UEC. It also sought sustained improvement in infection prevention and control, complaints handling and learning from never events.

Rationale for Target Risk Score (TRS)

The target risk score of 4 and expected achievement date of 31 March 2028 were agreed by the Formal Executive Team in November 2025. Achievement of a financially balanced and approvable plan remains a key driver for de-escalation from Targeted Intervention.

The current gap between current and target risk score requires explicit Executive Team and Board consideration of whether the March 2028 target date remains realistic, given that the three-year financial trajectory does not achieve breakeven.

Corporate Risks assigned to SPC

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Risk Reference & Title	Clinical Care Group / Executive Function	Lead Director	Previous Risk Score	Current Risk Score	Target Risk Score (TRS)	Expected Date to Achieve TRS	Included in Annual Plan 2026/27?
2379 - Risk to effective climate adaptation and compliance due to insufficient resourcing, leadership and system-wide coordination	**Director of Public Health**	**Director of Public Health**	N/A	**16 (NEW) (Reviewed 19/06/2026)**	**9**	31/03/2030	**N/A new risk in FY26/27**

Rationale for Current Risk Score

While key strategic plans and national policy alignment are in place, there are significant gaps in leadership, co-ordination, resourcing and governance. These gaps reduce the effectiveness of existing controls and increase the likelihood of the risk materialising. Given the scale of climate-related risks to service delivery, patient safety and infrastructure, the consequence remains high (impact score 4). However, existing plans, partnerships and baseline activity provide some mitigation, reducing likelihood from very high (5) to high (4).

Rationale for TRS

Following establishment of clear leadership, strengthened governance, dedicated resourcing, and full integration of climate adaptation into planning cycles, risk registers, and operational planning, the likelihood of the risk materialising will reduce to moderate. Impact will also be reduced through improved preparedness, resilience measures, and proactive service adaptation. Residual risk will remain due to external climate pressures and system constraints.

Audits and Inspections - Overview

The Health Board remains in Level 4 status with Welsh Government (WG) as a result of challenges relating to financial sustainability, strategy and planning, service delivery and organisational performance. Whilst the Health Board has been de-escalated for 'Leadership and Governance' from Level 3 to Level 1, the Health Board must meet the revised criteria:

- Evidence that all recommendations from the Royal Colleges / Health Inspectorate Wales (HIW) and other reviews specific to Hywel Dda University Health Board (HDdUHB) are discharged and either verified or delivered or scheduled for delivery within the Health Board's longer-term improvement plan;
- Support the implementation and realisation of Getting It Right First Time (GIRFT) and the national programme reviews opportunities;
- Support the implementation and realisation of the three Ps policy, GIRFT, theatre optimisation, Clinical Implementation Network (CIN) optimisation programmes and related national improvement recommendations; and
- Develop a prompt response to any HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

All reports from audits, inspections and reviews undertaken across the Health Board are logged and tracked on AMaT (Audit Management and Tracking), with progress updated by relevant service leads against each recommendation, and evidence required to be uploaded to demonstrate progress and implementation; and any barriers to completion clearly noted.

AMaT enables services to directly update progress against all recommendations via one central system, promoting a consistent approach with regards to processes and reporting, improvement in transparency and accountability, supporting services with their governance arrangements, and improvement in information flow. Progress is monitored via the utilisation of a traffic light system based on performance against original completion dates.

Status Category	Definition
Overdue	The recommendation is behind schedule to the timescale provided by the lead officer.
Unable to Complete	The recommendation cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.
Pending Decision	The recommendation is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the recommendation is overdue or not whilst decision pending.
In Progress	The recommendation is currently in progress, and within the agreed original timeframe for implementation.
Reliant on External Factors	The recommendation is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.
Complete Pending Formal Approval	The Service / Function have completed the recommendation and currently awaiting formal approval to close.
Complete	The recommendation has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.

Audit & Inspections – Summary
(1 of 2)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

There are nine open reports aligned to SPC to enable them to undertake the following responsibility set out in their Terms of Reference:

3.1.22. Seek assurance on the delivery of the requirements arising from Health Board's regulators, Welsh Government and professional bodies.

Full detail of recommendations that are overdue are included in Appendix 2.

Report issued by	Report Title	Clinical Care Group / Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Total number of recs	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Unable to Complete	Any Barriers to Completion Noted?
Welsh Government	Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales **(issued Sep 23)**	Primary Care, Community Strategy & Long-Term Care	Chief Operating Officer	Apr-31	Apr-31	16	1	8	0	2	4	1	Lack of space within Health Board to support medicine hub.
Audit Wales	Primary Care Follow-up Review **(issued Nov 23)**	Primary Care, Community Strategy & Long-Term Care	Chief Operating Officer	Mar-25	~~Oct-25~~ N/K	2	0	0	0	0	0	2	Success will be achieved when CIVICA is available for use across Primary Care contractors
Internal Audit	Energy Management Final Internal Audit Report 2024/25 **(issued Nov 24)**	Estates & Facilities	Director of Allied Health Professions and Health Sciences	Mar-26	~~Jun-26~~ N/K	8	1	0	7	0	0	0	None noted.
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – **(issued May 25)**	Community & Integrated Medicine	Chief Operating Officer	Dec-25	Sep-26	14	4	0	8	2	0	0	None noted.

Audit & Inspections – Summary
(2 of 2)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Report issued by	Report Title	Clinical Care Group / Executive Function	Lead Director	Original Completion Date	Revised Completion Date	Total number of recs	Overdue	In Progress	Complete	Complete Pending Formal Approval	Reliant on External Factors	Unable to Complete	Any Barriers to Completion Noted?
Internal Audit	Commissioning – Long Term Agreements Final Internal Audit Report 2025/26 **(issued Sep 25)**	Director of Strategy and Planning	Director of Strategy and Planning	Apr-26	Sep-26	1	1	0	0	0	0	0	The Health Board is working with other NHS Wales organisations to address the findings..
Internal Audit	Vaccination & Immunisation Final Internal Audit Report 2025/26 **(issued Feb 26)**	Director of Public Health	Director of Public Health	Jun-26	~~Jun-26~~ Dec-26	9	5	0	0	4	0	0	None noted.
Internal Audit	Major Infrastructure Investment Programme Final Internal Audit Report 2025/26 **(issued Apr 26)**	Director of Strategy and Planning	Director of Strategy and Planning	Jan-27	Jan-27	10	0	4	4	2	0	0	None noted – all recommendations currently in progress and not overdue
Internal Audit	Withybush General Hospital (WGH) – Fire Precautions Works Phase 2. Final Internal Audit Report 2025/26 **(issued Apr 26)**	Director of Strategy and Planning	Director of Strategy and Planning	Jul-26	Jul-26	8	0	2	6	0	0	0	None noted – all recommendations currently in progress and not overdue
Internal Audit	Commissioning – Third Sector Final Internal Audit Report 2025/26 **(issued Jun 26)**	Director of Strategy and Planning	Director of Strategy and Planning	Mar-27	Mar-27	4	0	4	0	0	0	0	None noted – all recommendations currently in progress and not overdue

Audits and Inspection Reports closed since previous report

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Since the previous report presented to SPC, the following reports have been formally approved as closed:

Report issued by	Report Title	Clinical Care Group/ Executive Function	Lead Director	Original Completion Date	Implementation Date	Number of recommendations in report	Report status
Audit Wales	Structured Assessment 2024 (issued Nov 24)	Director of Public Health	Director of Public Health	Mar-26	Mar-26	3	Complete

Implementation of Ministerial Directions

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Ministerial Directives are legislative in character as they alter legal rights and duties. MDs are issued by Welsh Ministers and include codes of practice and guidance. In complying with the requirements of various governance codes and the Annual Governance Statement requirements, the Health Board has a duty to provide assurance of compliance with MDs.

There are currently no open MDs assigned to SPC.

Status Category	Definition	Number of MDs
Overdue	The MD is behind schedule to the timescale provided by the lead officer.	0
Unable to Complete	The MD cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.	0
Pending Decision	The MD is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the recommendation is overdue or not whilst decision pending.	0
In Progress	The MD is currently in progress, and within the agreed original timeframe for implementation.	0
Reliant on External Factors	The MD is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.	0
Complete Pending Formal Approval	CCG / Function have confirmed compliance with the statutory requirements of the MD, and evidence send to relevant Lead Executive for confirmation.	0
Complete	CCG / Function have confirmed compliance with the statutory requirements of the MD, and receipt of approval to close obtained from Lead Executive.	0

MDs included within this report are based on the following criteria:

3.1.19 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies

Progress updates relating to the implementation of MDs are extracted from the AM[illegible] system.

Recommendations

The Committee is requested, in relation to the areas presented in this paper, to:

Risk Management

- **RECEIVE ASSURANCE** that there are processes in place to oversee operational risks to ensure these are being managed effectively.

Audits, Inspections and Regulatory Reports

- **RECEIVE ASSURANCE** from the lead Executive Director or Supporting Officer on the management of recommendations raised in audit, inspection and regulatory reports within their area of responsibility, particularly in respect of confirming the full implementation of recommendations, any barriers to delivery and subsequent impacts of non/late delivery, and assurance that the risks associated with these are being managed effectively.

Ministerial Directions

- **RECEIVE ASSURANCE** that the Health Board is compliant with the MDs issued by Welsh Government.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Risk Ref	Risk (for more detail see individual risk entries)	Executive Director	Domain	Previous Risk Score	Risk Score Jun-26	Trend	Target Risk Score (tolerable score)	Expected Date of achieving Target Risk Score	Risk on page no...
2379	Risk to effective climate adaptation and compliance due to insufficient resourcing, leadership and system-wide coordination	Gjini, Ardiana	Statutory duty/inspections	NA	**4×4=16**	New risk	**3×3=9**	3/31/2030	6

RISK SCORING MATRIX

Likelihood x Impact = Risk Score					
		Corporate Risk Description:			
Likelihood	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
Frequency - How often might it/does it happen? (how many times will the adverse consequence being assessed actually be realised?)	**This will probably never happen/recur (except in very exceptional circumstances).**	**Do not expect it to happen/recur but it is possible that it may do so.**	**It might happen or recur occasionally.**	**It might happen or recur occasionally.**	**It will undoubtedly happen/recur, possibly frequently.**
	Not expected to occur for years.*	Expected to occur at least annually.*	Expected to occur at least monthly.*	Expected to occur at least weekly.*	Expected to occur at least daily.*
	* time-framed descriptors of frequency				
Probability - Will it happen or not? (what is the chance the adverse consequence will occur in a given reference period?)	**(0-5%*)**	**(5-25%*)**	**(25-75%*)**	**(75-95%*)**	**(>95%*)**
	*used to assign a probability score for risks related to time-limited or one off projects or business objectives.				
Risk Impact Domains	**Negligible - 1**	**Minor - 2**	**Moderate - 3**	**Major - 4**	**Catastrophic - 5**
Safety of Patients, Staff or Public	**Minimal injury requiring no/minimal intervention or treatment.**	**Minor injury or illness, requiring minor intervention.**	**Moderate injury requiring professional intervention.**	**Major injury leading to long-term incapacity/disability.**	**Incident leading to death.**
	No time off work.	**Requiring time off work for >3 days**	**Requiring time off work for 4-14 days.**	**Requiring time off work for >14 days.**	**Multiple permanent injuries or irreversible health effects.**
		Increase in length of hospital stay by 1-3 days.	**Increase in length of hospital stay by 4-15 days.**	**Increase in length of hospital stay by >15 days.**	**An event which impacts on a large number of patients.**
			Agency reportable incident.	**Mismanagement of patient care with long-term effects.**	
			An event which impacts on a small number of patients.		
Quality, Complaints or Audit	**Peripheral element of treatment or service suboptimal.**	**Overall treatment or service suboptimal.**	**Treatment or service has significantly reduced effectiveness.**	**Non-compliance with national standards with significant risk to patients if unresolved.**	**Totally unacceptable level or quality of treatment/service.**
	Informal complaint/inquiry.	**Formal complaint.**	**Formal complaint -**	**Multiple complaints/ independent review.**	**Gross failure of patient safety if findings not acted on.**
		Local resolution.	**Escalation.**	**Low achievement of performance/delivery requirements.**	**Inquest/ombudsman inquiry.**
		Single failure to meet internal standards.	**Repeated failure to meet internal standards.**	**Critical report.**	**Gross failure to meet national standards/performance requirements.**
		Minor implications for patient safety if unresolved.	**Major patient safety implications if findings are not acted on.**		
		Reduced performance if unresolved.			

Workforce & OD	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff.	Uncertain delivery of key objective/service due to lack of staff.	Non-delivery of key objective/service due to lack of staff.
			Unsafe staffing level or competence (>1 day).	Unsafe staffing level or competence (>5 days).	Ongoing unsafe staffing levels or competence.
			Low staff morale.	Loss of key staff.	Loss of several key staff.
			Poor staff attendance for mandatory/key training.	Very low staff morale. No staff attending mandatory/ key training.	No staff attending mandatory training /key training on an ongoing basis.
Statutory Duty or Inspections	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation.	Single breach in statutory duty.	Enforcement action	Multiple breaches in statutory duty.
		Reduced performance levels if unresolved.	Challenging external recommendations/ improvement notice.	Multiple breaches in statutory duty.	Prosecution.
				Improvement notices.	Complete systems change required.
				Low achievement of performance/delivery requirements.	Low achievement of performance/delivery requirements.
				Critical report.	Severely critical report.
Adverse Publicity or Reputation	Rumours.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. AMs concerned (questions in the Assembly).
	Potential for public concern.				Total loss of public confidence.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
Finance including Claims	Small loss.	Loss of 0.1–0.25 per cent of budget.	Loss of 0.25–0.5 per cent of budget.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget.	Non-delivery of key objective/ Loss of >1 per cent of budget.
	Risk of claim remote.	Claim less than £10,000.	Claim(s) between £10,000 and £100,000.	Claim(s) between £100,000 and £1 million.	Failure to meet specification/ slippage
					Claim(s) >£1 million.
Service or Business interruption or disruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours.	Loss/interruption of >1 day.	Loss/interruption of >1 week.	Permanent loss of service or facility.
		Some disruption manageable by altered operational routine.	Disruption to a number of operational areas within a location and possible flow onto other locations.	All operational areas of a location compromised. Other locations may be affected.	Total shutdown of operations.
Environmental	Minimal or no impact on the environment.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic/critical impact on environment.
Health Equity	Minimal or no impact on our attempts to improve health equity	Minor impact on our attempts to improve health equity or low level of certainty on the impact we are having on health equity	Moderate impact on our attempts to improve health equity or a lack of sufficient information that would demonstrate this. Indications that we are not having a positive impact on health improvement or health equity	Major impact on our attempts to improve health equity. Validated data suggesting that we are not improving the health of the most disadvantaged in our population whilst clearly supporting the least disadvantaged. Validated data suggesting we are having no impact on health improvement or health equity.	Validated data clearly demonstrating a disproportionate widening of health inequalities or a negative impact on health improvement and/or health equity.

RISK MATRIX

IMPACT ↓	LIKELIHOOD →				
	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN
	1	2	3	4	5
CATASTROPHIC 5	5	10	15	20	25
MAJOR 4	4	8	12	16	20
MODERATE 3	3	6	9	12	15
MINOR 2	2	4	6	8	10
NEGLIGIBLE 1	1	2	3	4	5

RISK ASSESSMENT - FREQUENCY OF REVIEW

RISK SCORED	DEFINITION	ACTION REQUIRED (GUIDE ONLY)	MINIMUM REVIEW FREQUENCY
15-25	Extreme	Unacceptable. Immediate action must be taken to manage the risk. Control measures should be put into place which will have an effect of reducing the impact of an event or the likelihood of an event occurring. A number of control measures may be required.	This type of risk is considered extreme and should be reviewed and progress on actions updated, at least monthly.
8-12	High	Very unlikely to be acceptable. Significant resources may have to be allocated to reduce the risk. Urgent action should be taken. A number of control measures may be required.	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	Not normally acceptable. Efforts should be made to reduce risk, providing this is not disproportionate. Establish more precisely the likelihood & harm as a basis for determining the need for improved measures.	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	Risks at this level may be acceptable. If not acceptable, existing controls should be monitored & reviewed. No further action or additional controls are required.	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

Key - Assurance Required	
	Detailed review of relevant information
	Medium level review
	Cursory or narrow scope of review

NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you

Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective and in proportion to the risk
INSUFFICIENT	Insufficient information at present to judge the adequacy/effectiveness of the controls

Date Risk Identified:	Jun-26
Strategic Objective:	2. Healthier Communities

Executive Director Owner:	Gjini, Ardiana	**Date of Review:**	Jun-26
Lead Committee:	Strategy and Planning Committee	**Date of Next Review:**	Jul-26

Risk ID:	**2379**	**Corporate Risk Description:**	There is a risk that Hywel Dda UHB is unable to effectively implement its Climate Adaptation Plan and meet Welsh Government Climate Change requirements. This is caused by a lack of resources and investment to deliver climate adaptation and sustainability requirements. This could lead to an impact/affect on compliance with Welsh Government climate adaptation requirements and failure to meet statutory Climate Change reporting obligations, and a failure to manage climate-related risks to patients, staff, services and infrastructure.
Does this risk link to any Directorate (operational) risks?	1544		

Risk Rating:(Likelihood x Impact)	**No trend information available.**
Domain:	Statutory duty/inspections
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	3×3=9
Expected Date To Achieve TRS:	3/31/2030
Trend:	*New risk*

Rationale for CURRENT Risk Score:

While key strategic plans and national policy alignment are in place, there are significant gaps in leadership, coordination, resourcing and governance. These gaps reduce the effectiveness of existing controls and increase the likelihood of the risk materialising. Given the scale of climate-related risks to service delivery, patient safety and infrastructure, the consequence remains high (impact score 4). However, existing plans, partnerships and baseline activity provide some mitigation, reducing likelihood from very high (5) to high (4).

Rationale for TARGET Risk Score:

Following establishment of clear leadership, strengthened governance, dedicated resourcing, and full integration of climate adaptation into planning cycles, risk registers, and operational planning, the likelihood of the risk materialising will reduce to moderate. Impact will also be reduced through improved preparedness, resilience measures, and proactive service adaptation. Residual risk will remain due to external climate pressures and system constraints.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
Board-approved Climate Adaptation Plan (March 2026) providing strategic direction and governance framework Establishment of Climate Adaptation Steering Group to provide oversight and coordination Alignment with Welsh Government Climate Adaptation Strategy and WHC/2025/005 requirements Existing Decarbonisation Programme (46 initiatives) embedded within business-as-usual delivery Participation in national climate change networks and Community of	Lack of resource with specific knowledge and expertise to provide leadership and coordination across the Health Board. Insufficient specialist knowledge and skills to inform climate adaptation actions across clinical and corporate services. Climate adaptation not consistently embedded within planning cycles and service planning.	Dedicate resources to coordinate and assess the sustainability agenda and identify requirements for the ongoing future management of the portfolio across the Health Board.	Hussell, Sam	31/03/2027	Band 7 post temporarily aligned to agenda to commence coordination and assessment process.
		Scope and align with national training and upskilling opportunities for delivery across the Health Board.	Hussell, Sam	31/12/2026	Progress update to be provided at next risk review
		Develop and implement Climate Adaptation workplan aligned to priority risks.	Hussell, Sam	31/10/2026	Progress update to be provided at next risk review

Experts groups Multi-agency severe weather and resilience plans via Dyfed-Powys LRF Existing business continuity, emergency preparedness and severe weather arrangements Estates and infrastructure risk management processes (backlog maintenance, capital programmes) Initial organisation-wide Climate Change Risk Assessment informing priority risks and actions	Adaptation measures not fully integrated into business continuity and critical infrastructure resilience planning. Limited capital and revenue allocation to support adaptation priorities and mitigate identified risks. Absence of defined metrics, thresholds and monitoring mechanisms for climate risk and adaptation effectiveness.	Develop a process through the Climate Adaptation Steering Group for embedding climate risk into planning cycles, planning, service plans and risk registers across the Health Board.	Hussell, Sam	31/12/2026	Progress update to be provided at next risk review
		Further integrate climate adaptation into BCP by adding specific climate adaptation references to HB BCP templates.	Hussell, Sam	30/09/2026	Progress update to be provided at next risk review
		Within a complete BC cycle, ensure all plans have considered and referenced specific climate adaptation mitigations and contingencies linked to their critical functions.	Conroy, Claire	31/03/2029	Progress update to be provided at next risk review
		Explore and scope anticipated financial support required to delivery climate adaptation through the Climate Adaptation Steering Group workplan.	Hussell, Sam	31/12/2028	Progress update to be provided at next risk review
		Explore development of metrics, thresholds and monitoring mechanisms for climate risk and adaptation effectiveness.	Hussell, Sam	31/03/2027	Progress update to be provided at next risk review

ASSURANCE MAP

Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level	Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)
	Programme and delivery reports	1st			Climate Adaption paper to FET Feb 2026 Climate Adaption Plan paper to SPC Feb 2026 Climate Adaptation Plan paper to Board March 2026 Sustainability Report section of Annual Report to SPC June 2026
	Sustainability Report section of the Annual Report	1st			

Gaps in ASSURANCES

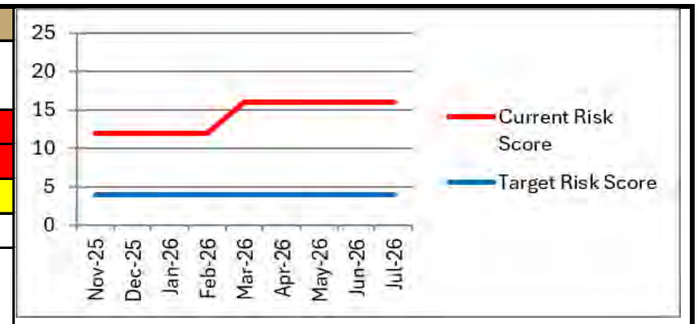
Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps	By Who	By When	Progress

Date Risk Identified:	Sep-25
Strategic Objective:	3. Great Care

Executive Director Owner:	Davies, Lee	**Date of Review:**	Jul-26
Lead Committee:	Strategy and Planning Committee	**Date of Next Review:**	Aug-26

Risk ID:	**2212**	**Corporate Risk Description:**	There is a risk that the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028. This is caused by the continued statutory planning breach, the 2026/27 Annual Plan not meeting approvable IMTP requirements, and the three-year financial trajectory not achieving breakeven. This could lead to an impact/affect on continued Targeted Intervention, failure to de-escalate, reduced confidence, and adverse impacts on service quality, patient safety and financial sustainability.
Does this risk link to any Directorate (operational) risks?			

Risk Rating:(Likelihood x Impact)	
Domain:	Statutory duty/inspections
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	1×4=4
Expected Date To Achieve TRS:	3/31/2028
Trend:	⟷



Rationale for CURRENT Risk Score:

The 26/27 Annual Plan sits within a three-year planning horizon (2026-29), but it has not been possible to submit an approvable IMTP. The statutory breach under Section 175(2A) of the NHS (Wales) Act 2006 continues and the Health Board remains in TI for Planning and Finance, Urgent and Emergency Care (UEC), and Hospital Acquired Infections.

Following the Accountability Framework meeting in June 2026, the MD of NHS P&I issued a letter identifying three priorities: significant progress in UEC; action on fragile clinical services; and a credible trajectory to financial balance. It described the planned £41m deficit as neither agreed nor acceptable to Welsh Government, and required stronger savings delivery, clearer workforce and financial triangulation, and more ambitious but deliverable trajectories for planned care, diagnostics, cancer and UEC.

Following the Level 4 Escalation Board on 3 June, the Chief Executive of NHS Wales concluded that the Health Board did not have sufficient grip on its most significant financial and performance challenges. Ahead of the next escalation meeting, it required a clear financial roadmap to the required position and balance, a 50% reduction in Nationally Reportable Incident (NRI) investigations, and clear and ambitious trajectories for planned care, cancer and urgent and emergency care. It also sought sustained improvement in infection prevention and control,

Rationale for TARGET Risk Score:

The target risk score of 4 and expected achievement date of 31 March 2028 were agreed by the Formal Executive Team in November 2025. Achievement of a financially balanced and approvable plan remains a key driver for de-escalation from Targeted Intervention.

The current gap between current and target risk score requires explicit Executive Team and Board consideration of whether the March 2028 target date remains realistic, given that the three-year financial trajectory does not achieve breakeven.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
1. A Healthier Mid and West Wales Strategy agreed by Board in 2018 continues to provide the strategic framework. 2. The 2026/27 Annual Plan has been produced within a three-year planning horizon, using risk-led prioritisation, Priority Bundles and demand and capacity modelling. 3. Strategy refresh and Clinical Services Plan decisions provide the basis for medium-term service planning, subject to delivery, capital and implementation constraints. 4. Financial roadmap, savings programme and recovery plan assumptions are subject to Executive and Finance and Performance Committee oversight. 5. Planning Co-ordination Group, Business Executive Team, Formal Executive Team, Strategy and Planning Committee and Board oversight arrangements are in place. 6. Welsh Government dialogue continues through JET, Targeted Intervention, IQPD and planning touchpoint meetings. 7. Operational management and assurance structures are in place through Clinical Care Groups, IQPFDG, Value and Sustainability Group and Board Committees. 8. The Annual Plan triangulates operational, corporate, quality and safety, workforce, estates and digital risks to inform priorities and Board understanding.	1. The Health Board does not yet have an approvable IMTP and the statutory breach continues. 2. The 2026/27 financial trajectory does not achieve breakeven within the three-year horizon; the £41.0m deficit including WRP is a deterioration against prior positions. 3. Recurrent savings delivery, WRP assumptions and recovery actions are not yet fully assured. 4. TI criteria cannot currently be met in full within available resources whilst maintaining safe services. 5. Operational, quality and safety, workforce, estates and digital risk exposure creates compound delivery risk. 6. External dependencies remain material, including Welsh Government recovery funding, capital, diagnostics, national priorities and post-election changes. 7. Annual Plan delivery requires clearer milestones, trajectories, benefits and accountable recovery actions. 8. The March 2028 target date requires	The Annual Plan 2026/27 will be written in the context of a 3 year plan cycle, the implications of the strategy refresh and CSP will be factored into year 2 (2027/28).	Davies, Lee	~~31/03/2026~~ ~~30/06/2026~~ 31/08/2026	The planning cycle will be continually reviewed throughout 2026/27 in the wider context of the delivery of an approvable IMTP. Operational risk registers have been fundamental in the approach to developing the annual plan for 2026/27. of Year 1 will focus on addressing the implications of the strategy refresh and CSP, which are due to be presented to Board in Q4 of 2025/26. Revised financial and performance outturns for 2026/27 were presented to Board in May 2026 and submitted to WG. This has resulted in further ongoing negotiation.
		Sufficient and assured recurrent savings schemes are planned across Clinical Care Groups	Carruthers, Andrew	~~31/03/2026~~ 30/06/2026	Progress update to be provided at next risk review - to be presented to Board in May 2026 before onward submission to WG.
		Share WG feedback of last year's Annual Plan at the scheduled Planning Workshops throughout Autumn 2025 (Oct, Nov and Dec) with clear expectations of input and output, with support from the Planning Team.	Davies, Lee	Completed	Series of workshops held during Autumn 2025, with feedback from Welsh Government to date shared. The Health Board are still awaiting the Planning Framework to be published by Welsh Government, expected by the end of first week of December 2025 in order to fully address this action, which will also define the regional approach.

			Refresh the 2026/27 Annual Plan delivery architecture so Priority Bundle milestones, benefits, risk treatment plans and escalation triggers are explicitly mapped to the route to an approvable IMTP and March 2028 target.	Davies, Lee	Completed	Planning Goals assurance reports are provided to the relevant Committees which feed into BAF. A single report that encompasses the Annual Plan, Performance and Finance are presented at each meeting, rather than separate papers to provide one overview, starting from July 2026.
			Strengthen financial recovery and savings assurance, including recurrent savings conversion, WRP assumptions, Q2 financial review and corrective actions if deficit or savings delivery moves off trajectory.	Carruthers, Andrew	30/09/2026	Financial roadmap and savings programme to be reviewed through Finance and Performance Committee and Executive oversight. Recurrent savings pipeline and WRP assumptions require further assurance.
			Review current score, target risk score and target date after Welsh Government formal assessment, Senedd election outcome, recovery funding decision and Q2 financial review.	Davies, Lee	~~31/07/2026~~ 31/08/2026	Current score increased to 16. Target date remains under review and should be considered explicitly by Formal Executive Team and Board.

ASSURANCE MAP						Gaps in ASSURANCES				
Performance Indicators	**Sources of ASSURANCE**	**Type of Assurance (1st, 2nd, 3rd)**	**Required Assurance / Current Level**	**Control RAG Rating (what the assurance is telling you about your controls**	**Latest Papers (Committee & date)**	**Identified Gaps in Assurance:**	**How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps**	**By Who**	**By When**	**Progress**
1. Current risk score: 16 (4Ã—4); target score: 4. 2. 2026/27 Annual Plan submitted; approvable IMTP not yet achieved. 3. Section 175(2A) statutory planning breach continues. 4. Financial trajectory: £41.0m	Planning Co-ordination Group oversight of the 2026/27 Annual Plan, planning cycle and IMTP route map.	1st			2026/27 Annual Plan Board report; SPC Annual Plan/IMTP updates; Clinical Services Plan and strategy refresh reports; FPC finance, savings and WRP updates; Welsh Government	1. Welsh Government's formal assessment of the 2026/27 Annual Plan is awaited. 2. Limited assurance that the three-year financial trajectory will reach breakeven by 31/03/2028.	Present Welsh Government formal assessment and management response to Strategy and Planning Committee and Board; update risk 2212 and the IMTP trajectory once feedback is confirmed.	Davies, Lee	~~31/07/2026~~ 31/08/2026	Awaiting formal Welsh Government response. Risk score remains 16 pending review.
	Business Executive Team and Formal Executive Team oversight of Annual Plan delivery, Priority Bundles, risk score and target date.	1st					Provide Q1/Q2 Annual Plan delivery reports showing Priority Bundle milestones, savings delivery, risk movement, benefits and corrective actions.	Davies, Lee	30/09/2026	Delivery reports to be reviewed through Planning Co-ordination Group, Executive governance, SPC and Board.

deficit including WRP; breakeven not achieved within three-year horizon. 5. Savings delivery: £42.8m programme and recurrent conversion requiring assurance. 6. Targeted Intervention: Planning and Finance, UEC and HCAI. 7. Risk profile: 656 risks; 391 score 12+; 63 score 20+; 9 extreme. 8. Quality, workforce, estates and digital exposure: 226 patient safety risks, surge/boarding harm, workforce fragility, e-prescribing discontinuation and 100+ estates risks.	Strategy and Planning Committee and Board assurance on the Annual Plan, strategy refresh and Clinical Services Plan implementation.	2nd			Planning Framework and formal assessment; Planning Maturity Matrix; IA Annual Planning - May 2025 (Reasonable); operational and corporate risk register reports.	3. Recurrent savings, WRP assumptions and recovery actions are not yet fully assured. 4. Further triangulation is required between quality and safety, workforce, estates, digital, finance and performance risks and the IMTP route map. 5. FET and Board have not yet reviewed whether the target risk score and March 2028 date remain realistic following the increase to 16. 6. External funding, capital, diagnostic and policy dependencies remain uncertain.	Deep-dive financial recovery, WRP and recurrent savings assurance through Finance and Performance Committee, with clear triggers for corrective action if off trajectory.	Carruthers, Andrew	30/09/2026	Q2 financial review required to test trajectory and savings deliverability.
	Finance and Performance Committee review of financial roadmap, savings delivery, WRP assumptions and Q2 financial review.	2nd					Triangulate quality and safety, workforce, estates and digital risks into the IMTP route map and committee assurance cycle.	Davies, Lee	31/10/2026	Risk profile identified in Annual Plan; thematic assurance to be scheduled.
	PODCC, FPC and IQPFDG assurance on people, workforce, finance, quality and performance elements of the Annual Plan.	2nd					Formal Executive Team and Board to review whether the target risk score and March 2028 target date remain realistic.	Davies, Lee	~~31/07/2026~~ 31/08/2026	Target date under review following current risk score increase to 16.
	Planning Maturity Matrix and annual planning self-assessment presented to Board and Welsh Government.	2nd					Update Planning Maturity Matrix and route map to reflect Welsh Government feedback, 2026/27 delivery learning and residual control gaps.	Warm, Daniel	31/12/2026	To inform the 2027/28 planning cycle and future IMTP development.
	Welsh Government oversight through JET, Targeted Intervention, IQPD and planning touchpoint meetings, including formal plan assessment.	3rd					Confirm external dependencies and funding, capital and digital assumptions after Welsh Government decisions and any post-election changes.	Davies, Lee	31/10/2026	Dependencies to be monitored through the planning cycle and risk review.
	Internal Audit Annual Planning - May 2025 (Reasonable) and subsequent internal/external assurance outputs.	3rd					Consider internal audit or independent assurance on 2026/27 planning delivery, benefits realisation and route to IMTP.	Davies, Lee	31/03/2027	To be considered through internal audit and assurance planning.
	Operational and corporate risk registers, risk deep dives and thematic triangulation through Annual Plan and committee reporting.	2nd								

Quarterly operational and corporate risk register refresh process used to triangulate movement in the Annual Plan risk profile, control effectiveness and assurance gaps, drawing on Planning Co-ordination Group, IQPFDG (or as amended) and relevant committee reporting. This will inform any required change to risk score, target date, controls or further mitigating action.	1st							

Report Issued By	Report Title	Priority Level	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	Status Category
Welsh Government	Independent Review of Clinical Pharmacy Services at NHS Hospitals in Wales (issued Sep 23)	N/A	R2.1 Improving pharmacy workforce planning b) Health boards and Velindre University NHS Trust chief pharmacists should ensure the organisation has a pharmacy workforce plan to support and expand advanced and consultant pharmacist practice and to identify more clinical roles for pharmacy technicians	MD22/1 Work currently ongoing to develop workforce plan. Beginning planning for development and training of consultant and advanced practice pharmacists. Expand the role of pharmacy technicians using enhanced training courses.	Elizabeth Williams	Apr-25	~~Apr-25~~ N/K	Overdue
Internal Audit	Energy Management Final Internal Audit Report 2024/25 (Nov 24)	Medium	R6. Display Energy Certification action follow-up Display Energy Certifications had recently provided recommendations for improvement in energy performance alongside their assessments, including those with 1 – 3 year payback (which would apply at all sites) e.g. at Glangwili these included: • time controls on heating cylinders; • local targets and user control (e.g. Energy Champions); • IT switch off; • air conditioning performance enhancements • loft insulation; and • review simultaneous heating and cooling. An Energy Conservation Re-fit Assessment commissioned from consultants in September 2024 commented on: • circuit controls, thermostat controls and loops; and • “obsolete controls not compatible with new connections” and the need to upgrade the Building Management Systems to better interface with modern equipment e.g. at Prince Philip Hospital.Potentially such matters could form a focus of EFAB (Estates Funding Advisory Board) investment	Recommendations from display energy certificates to be added to existing DEC information log.Develop validation checks in new Energy Manager software for automation assisting review of arrears. Explore with Finance colleagues the potential of automated checks for timely payment.	Owen Harris, Energy & Environment Officer	Sep-25	~~Sep-25~~ ~~Jun-26~~ N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	N/A	R3. To help address the high demand for urgent care due to dental problems the health board should ensure dental practices provide clear, accessible information about urgent and emergency care services on their websites and conduct a future audit to ensure compliance.	A dental nurse triage review of calls received from 111 for patients requiring urgent access to NHS Dental Services indicated that out of 800 calls, 300 patients did not require an urgent dental appointment. Without clinical triage at source this is skewing the data on the actual demand for urgent dental care.	Marie Mickiewicz	Aug-25	~~Aug-25~~ Aug-26	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	N/A	R3. To help address the high demand for urgent care due to dental problems the health board should ensure dental practices provide clear, accessible information about urgent and emergency care services on their websites and conduct a future audit to ensure compliance.	The demand for urgent dental care currently outstrips the level of service that Practices are willing to provide. Consideration to pilot putting Dental Nurse triage in at the end of the week and over the weekend has recently been discussed and a plan will be developed.	Marie Mickiewicz	Jun-25	~~Jun-25~~ Aug-26	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	N/A	R3. To help address the high demand for urgent care due to dental problems the health board should ensure dental practices provide clear, accessible information about urgent and emergency care services on their websites and conduct a future audit to ensure compliance.	An agreed format of words will be developed and shared with all Dental Practices for consistent use; a review of this will be included as part of the Practice visiting programme Link to “My Health, My Choice” videos to be recirculated	Marie Mickiewicz	Jun-25	~~Jun-25~~ Jul-26	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	N/A	R5. To ensure alignment between the information held by the Health Board and by WAST on available pathways and referral mechanisms, the Health Board should work with WAST to set out clearly how its clinical streaming hubs and the WAST directory of service work together effectively	The purposing behind co-locating MDT staff in the hubs is to create a living DoS options to deploy, so when the PTAS/ WAST stack attack is active the direction of enquiry is usually to the CSH MDT of what alternative options can be deployed locally in a reasonable timeframe, this will be further reinforced when 7 Day functionality is deployed.	Gareth Cottrell	Nov-25	~~Nov-25~~ Sep-26	Overdue

Report Issued By	Report Title	Priority Level	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	Status Category
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	N/A	R6. Data reviewed as part of this work identified that demand in the region relating to urgent dental services is significantly higher than the all-Wales average, despite performance against contracts being poor. To ensure it is maximising efficiency and mitigating this pressure, the Health Board should undertake a deep dive into its urgent care demand for dental services	A review of the current demand for urgent dental care will be undertaken in line with the report. As the demand for urgent dental access peaks over the summer period the timescale for review needs to include “normal” periods of demand for comparison. The number of NHS dental contract resignations with Practices opting to provide private dental care, coupled with the rural geography has proven to be a challenge. The Health Board has an agreed dental commissioning plan which is in progress to procure additional routine NHS dental access. Given the level of calls that have been redirected on clinical triage there appears to be a cultural approach to access “urgent" dental care when the requirement is routine	Marie Mickiewicz	Dec-25	~~Dec-25~~ N/K	Overdue
Audit Wales	Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board	N/A	R9. The Health Board should review the feasibility of enabling the Same Day Urgent Care Centre access to GP records to improve efficiency of the service	The access to GP records and also the feedback into GP Records is a central part of the access work stream, developments in Digital solutions to include Electronic Observation and Patient Flow and a standardised GP system across the HDUHB area will support this development	Peter Skitt	Nov-25	~~Nov-25~~ N/K	Overdue
Internal Audit	Commissioning – Long Term Agreements Final Internal Audit Report 2025/26	High	R1. Quality and Safety Reports Hywel Dda do not receive regular quality and safety reports from any LTA provider organisations with the exception of one provider. Whilst the report provides high-level summary of incidents, complaints, claims and inquests for the period noted, no detailed narrative is given nor of the actions taken. In addition, there is no reporting of patient experience.	Commissioning with the support of quality colleagues to work with providers to develop a quality and safety report which meets the requirement of the reporting criteria within the LTA. To be part of the commissioning and contracting intentions. To submit a development request to the OfWCMS1 for LHB of residence to be extractable from the OfWCMS.	Shaun Ayres	Apr-26	~~Apr-26~~ Sep-26	Overdue
Internal Audit	Vaccination & Immunisation Final Internal Audit Report 2025/26	High	R3. Immunisation & Vaccination Workplan – Monitoring & Delivery There is no evidence of progress in implementing the actions within the plan, and implementation of the plan has not been monitored since inception in July 2024. We are advised that this is due to lack of Consultant capacity – this is reflected on the risk register (1844). The VESG was established in July 2025 and minutes of the September 2025 meeting indicate that the workplan was discussed, but it is not clear whether the plan itself was presented. There are 31 actions in the most recent version (easy view) of the implementation plan, with three red actions, 26 amber and two with no rating. Deadlines for nearly 60% of the actions have passed (Q2 24/25 – Q2 25/26).	A public health Consultant has now been appointed, responsibility includes leading on implementation of the IESP workplan. Action deadlines will be revised and the workplan will be routinely monitored at the VESG, which reports to the Immunisation Oversight Group.	Jo McCarthey	Apr-26	~~Apr-26~~ N/K	Overdue
Internal Audit	Vaccination & Immunisation Final Internal Audit Report 2025/26	High	R4. Vaccine Delivery Plans The Health Board has an annual delivery plan for influenza and COVID-19, but there are no delivery programmes in place for other routine vaccination programmes. Whilst recognising the availability of national guidance (such as Patient Group Directions) and frameworks (such as the Healthy Child Wales Programme and School Nursing Framework) which guide delivery of immunisation programmes, terms of reference for the planning & delivery groups (see objective 2) identify these groups as responsible for providing delivery plans for their respective vaccination areas. See also Finding 5.	Vaccine specific delivery plans will be developed and monitored by the respective governance groups	Glenna Jones, Head of Health Protection Service; Dr Jo McCarthy, Consultant in Public Health	Apr-26	~~Apr-26~~ N/K	Overdue

Report Issued By	Report Title	Priority Level	Recommendation	Management Response	Recommendation Owner	Original Completion Date	Revised Completion Date	Status Category
Internal Audit	Vaccination & Immunisation Final Internal Audit Report 2025/26	High	R5. Immunisation Planning & Delivery Groups / Vaccine Equity Steering Group • The Occupational IPDG has not been established. • The Adult IPDG has only met to discuss terms of reference, and has not met since May 2025. • The Infant & Pregnancy IPDG and Vaccine Equity Steering Group were established during audit fieldwork. • The School Age IPDG has not met since May 2025. Based on the meeting minutes provided to us, none of the IPDGs are discharging their responsibilities as set out within their respective terms of reference. Meeting minutes demonstrate notable challenges with engagement and meeting attendance across all IPDGs, particularly with Primary Care representatives who cite capacity as an issue.	The existing governance structure, terms of reference and membership will be reviewed and streamlined, in consultation with Primary Care colleagues, to achieve a more efficient structure that better supports operational needs. Guidance will be sought from the Corporate Governance Team where needed.	Glenna Jones	Mar-26	~~Mar-26~~ N/K	Overdue
Internal Audit	Vaccination & Immunisation Final Internal Audit Report 2025/26	Medium	R7. Engagement with Primary Care The circumstances or triggers for instigating intervention and the form that this will take are not defined and anecdotal comments shared during the audit suggest that this is a source of dissatisfaction among GP contractors. Informal observations during the audit indicate that there is scope to improve engagement between Public Health and Primary Care. Furthermore, minutes of the Respiratory IPDG in September 2025 note: • “lack of clarity over who is delivering what” in relation to the influenza and COVID-19 programmes “making it difficult to plan clinics”. • “there has been a lot of friction and upset over the approach [for 2- & 3-year-old flu] between primary care	Roles and responsibilities for monitoring and driving vaccination uptake, including triggers for instigating intervention and the form that this will take, will be agreed between the Immunisation Team and Primary Care and formally defined.	Dr Jo McCarthy, Consultant in Public Health; Rhian Bond, Assistant Director of Primary Care; Sion James, Deputy Medical Director Primary Care & Community Services	May-26	~~May-26~~ N/K	Overdue
Internal Audit	Vaccination & Immunisation Final Internal Audit Report 2025/26	Medium	R9. Evaluating the Impact of Interventions Whilst there is anecdotal evidence of proactive approaches to improve vaccine uptake and equity, there is limited evidence to demonstrate outcomes monitoring to evaluate the impact of engagement on immunisation uptake, to inform future engagement activity	Develop and implement tools to capture service user experienced (e.g. surveys, focus groups, interviews). Design and carry out regular monitoring to assess how targeted interventions affect vaccine uptake rates and equity outcomes across different population groups. Embed evaluation activities and feedback loops into both the strategic and implementation plans	Marie Evans, Health Protection Manager	Jun-26	~~Jun-26~~ N/K	Overdue

5.2

12:10, 10 Mins

5.2 - Targeted Intervention Update

Shaun Ayres (Hywel Dda UHB - Director of Delivery)

For assurance

Attachments

5.2 SPC Targeted Intervention Update.pdf

Escalation update

August 2026

Criteria 5 to 9: Strategy and Planning

Committee meeting: Thursday 20 August 2026

Lead executive: Mr Lee Davies, Executive Director of Strategy and Planning

Report author: Mr Shaun Ayres, Director of Delivery

Executive summary: no criterion supports de-escalation; Criterion 8 moves to Alert

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Since June 2026 the position has hardened. Welsh Government (WG) has confirmed the 2026/27 Annual Plan is not accepted, and the planning maturity review has fallen behind the timetable we set for it.

- The escalation framework is how WG assures itself that a Health Board is planning properly: Criteria 5 to 9 test the quality of our planning rather than the safety of the care we deliver day to day. Alert means the evidence does not yet meet the standard required to step down a level.

WHAT HAS CHANGED SINCE JUNE 2026

- WG wrote on 23 July 2026 that the Plan remains unacceptable and unsupportable, that the statutory planning and financial requirements have not been met, and that we do not have an agreed or supported plan. The de-escalation criterion for a credible plan is not met.
- The de-risking work reported in June 2026 has produced outputs: a financial roadmap prepared and discussed with WG, strengthened savings identification, and a planned care plan scheduled for Board approval by 31 July 2026. Outputs have not yet changed the assessed position.
- The Clinical Services Plan (CSP) completed its phased implementation assessment. The stroke consultation completes its eight week period on 26 July 2026; the route to a November 2026 decision holds.
- The planning maturity return drew ten responses from the Planning Steering Group, materially below the level anticipated. Executive and Independent Member scoring has not started, and Board sign off will not be achieved by 31 July 2026 as planned.

RECOMMENDED POSITIONS

Criterion 5 Alert, no change. Criterion 6 Advise, no change. Criterion 7 Assure with a watch on pace, no change. Criterion 8 Alert, moved from Advise. Criterion 9 Alert, no change. **No criterion meets the evidential threshold for de-escalation this cycle.**

Welsh Government's assessment is explicit: the plan is not agreed and confidence is not secured

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The 12 June 2026 letter set three actions; the 23 July 2026 letter confirms the plan remains unacceptable while that work is delivered:

- **12 June 2026, after Escalation Board on 3 June 2026:** the Health Board did not demonstrate sufficient grip on its financial and performance challenges. Three actions were set: a financial roadmap and route to balance; a 50% reduction in nationally reportable incident investigations; and ambitious trajectories for planned care, cancer and urgent and emergency care (UEC). Our consolidated return was prepared for the 24 July 2026 deadline, ahead of the Escalation Board on 4 August 2026.
- **23 July 2026, on the Annual Plan:** the Plan 'continues to be unsupportable and unacceptable'. The Health Board has 'failed to meet the statutory planning and financial requirements,' has not met 'the de-escalation criteria for a credible annual plan,' and 'does not have an agreed or supported plan.' The immediate priority set for us is to de-risk and improve the in-year performance and financial positions, alongside a Financial Recovery Plan to balance.
- **April 2026, Chairs' objectives from the Cabinet Secretary:** deliver the Planning Framework expectations; implement the CSP once agreed and resolve temporary service changes; and agree four key deliverables with Swansea Bay University Health Board (SBUHB) through the Joint Regional Committee (JRC) that demonstrate improved patient outcomes.
- **30 June and 1 July 2026, national planned care letters:** waits over 104 weeks to be eliminated and diagnostic waits capped at eight weeks, with funding conditional on evidenced delivery. Delivery detail sits with the Finance and Performance Committee (FPC); the planning consequence is that our submitted trajectories sit below the strengthened national requirements.

What this means: this correspondence is the standard against which Criteria 5 and 8 are assessed. Acceptance is withheld and confidence is not secured; our response must evidence delivery rather than restate process.

Criteria 5 to 9 at a glance: three Alert, one Advise, one Assure

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The ratings apply the WG de-escalation criteria and weigh evidence in the order process, output, outcome, impact. Positions are stated as at 24 July 2026.

Criterion	June position	Position at 24 July 2026	Direction of travel	Recommended status
5. Submission of an acceptable annual plan	Alert	Plan formally not accepted; statutory breach stated on 23 July 2026; de-risking outputs delivered but the £41.0m forecast is unchanged	No improvement	**Alert (maintain)**
6. Integrated planning supporting a coherent, deliverable plan	Advise	Integration more visible in the Plan, the joint Board report and escalation evidence; delivery not yet consistent at Month 3	Improving slowly	**Advise (maintain)**
7. Clear roadmap and implementation of the Clinical Services Plan	Assure	Phased assessment complete; analyse stage active; no business case started; stroke consultation on track for a November 2026 decision	On roadmap; pace is the risk	**Assure (maintain, watch pace)**
8. Welsh Government confidence in delivery (planning maturity matrix)	Advise (could be Alert)	Maturity review behind its timetable; ten responses, none with evidence attached; executive scoring not started; 23 July 2026 letter states confidence is not secured	Deteriorated	**Alert (move from Advise)**
9. Progress with regional planning (orthopaedics, ophthalmology, stroke, urology, upper GI)	Alert	Four regional deliverables now set as the test by the Cabinet Secretary; orthopaedic long term agreements still unresolved; delivery still not evidenced	No evidenced change	**Alert (maintain)**

Criterion 5: Welsh Government has not accepted the Annual Plan

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Required outcome: submission of an acceptable Annual Plan in line with the planning framework.

Reported in June 2026: Alert. The plan was submitted with a £41.0m planned deficit against a £22.1m control total and was acceptable to neither the Board nor WG. We committed to use Quarter 1 de-risking to validate commitments and to evidence a credible route towards the control total.

WHAT THE EVIDENCE NOW SHOWS

- WG confirmed on 23 July 2026 that the Plan remains unacceptable and unsupportable, that the statutory planning and financial requirements have not been met, and that we do not have an agreed or supported plan. This formalises the position; it does not change it.
- De-risking has produced outputs: a financial roadmap prepared and discussed with WG, with presentation the refreshed route map scheduled for the Board meeting on 24 September 2026; savings identification management reported at £21.0m of the £42.8m requirement at 23 July 2026, with further opportunity, subject to Executive sign off; and a planned care plan scheduled for Committee approval by 31 July 2026. Financial delivery is owned/overseen by the FPC.
- The forecast deficit is unchanged at £41.0m, and WG notes no assurance yet on delivery of the planned underlying deficit position for March 2027.

What this means: the criterion tests acceptance, and acceptance has been explicitly withheld. The evidence has strengthened at output level only; the outcome has not changed.

Assessment: Alert, no change. Direction of travel: no improvement; the risk position is now formally stated.

Criterion 6: integrated planning is better evidenced, but delivery is not yet consistent

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Required outcome: evidence of integrated planning across the organisation supporting a coherent and deliverable Annual Plan.

Reported in June 2026: Advise. The integrated model was established on paper; the gap was consistent deliverability. We committed to strengthen the link between planning assumptions and delivery confidence and to recruit dedicated planning capacity into the Clinical Care Groups (CCGs).

WHAT THE EVIDENCE NOW SHOWS

- The Board meeting on 30 July 2026 was asked to approve three Band 8C heads of planning and improvement, embedded in the CCGs at a recurrent cost of £310,971, half funded centrally through an explicit non-pay to pay conversion. This converts the June 2026 commitment into permanent planning capacity. This has now been approved and final undertaking from the CCGs for their 50% is the only remaining action.
- Planning, finance and performance evidence is now assembled as one read-across. The joint Annual Plan report for the 30 July 2026 Board meting ties the Month 3 position, the financial forecast, Integrated Performance Report and escalation status into a single assessment, and the Escalation Board evidence pack is built on the same baseline.
- Delivery remains uneven. Month 3 shows the Plan is not yet delivering the required improvement consistently, and savings delivery in parts of the organisation is subject to internal escalation. The performance detail is owned by the FPC; the planning implication is that assumptions and delivery have not yet converged.

What this means: integration is increasingly visible in how we plan within some elements of the Health Board as evidenced in the above report. The evidence remains process and output; however, there is still a gap around plans that drive consistent delivery and is the outstanding test, and it is the test WG has set.

Assessment: **Advise, no change.** Direction of travel: capability improving (subject to ratification of the planning roles); delivery not yet consistent.

Criterion 7: the CSP roadmap holds; the test has moved to implementation

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

8 of 9
services with decisions confirmed at the February 2026 Extraordinary Board

7
service changes in delivery during 2026/27, led by workforce rather than capital

7
components needing capital, through WG business planning

0
business cases started; the design stage opens when current assessments conclude

Define
Complete: February 2026 decisions

Measure
Complete: phased assessment

Analyse
Active: detailed assessments

Design
Not started: business cases

Verify and deliver
Not started: approvals

Service	Change in delivery during 2026/27	Key dependency and response	W	E	S
Critical care	Enhanced care unit at Prince Philip Hospital (PPH)	Interim standard operating procedure not yet agreed; task and finish group defining workforce requirements	A	G	R
Endoscopy	Additional capacity at Glangwili Hospital (GGH)	Nurse and endoscopist recruitment per the Annual Plan; space depends on urology vacating	A	A	A
Emergency general surgery	Progress towards a single emergency rota at GGH	Recruitment under way; rota changes consulted early with medical teams; supports a one in 12 end state	A	G	A
Orthopaedics	Theatre and procedure basket optimisation at Withybush Hospital (WGH)	Anaesthetic, theatre and day surgery capacity needed to support increased activity	A	G	G
Radiology	Withdrawal of the x-ray service at Llandovery	Contractual changes to be considered; patients travel to alternative sites	A	G	G
Radiology	Withdrawal of the x-ray service at South Pembrokeshire	Minimal workforce impact expected; patients travel to alternative sites	G	G	G
Urology	Phased migration of outpatient activity to PPH	Workforce subject to funding confirmation; constrained until suitable space is available	A	A	G

Ratings are the programme's phased assessment of workforce (W), estates (E) and safety (S): green deliverable; amber deliverable with unknowns; red dependencies and risk not yet mitigated. Capital components (dermatology unit, urological investigations unit, endoscopy accreditation and capacity, surgical same day emergency care at Bronglais, orthopaedic space at Bronglais, ophthalmology co-location at Glangwili, regional diagnostic radiology hub) have no implementation dates until Welsh Government business planning concludes.

Assessment: **Assure on the roadmap, no change, with pace now the material risk: no business case has started and the June commitment to a strategic response on wider service fragility remains outstanding.**

Criterion 7: the stroke consultation is in its final days; the November 2026 decision route holds

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The proposal under consultation: a 24 hour acute stroke unit at GGH, with acute stroke rehabilitation at Bronglais Hospital (BGH).
A merged option combining elements of two alternatives generated by our communities, because none of the four original options fully addressed what people told us.

Solid markers are complete; open markers are scheduled. Position as at 24 July 2026.

Assurance step	What it told us	How we are responding
Pre consultation quality assurance, Stages 1 to 4 complete before launch	The consultation follows best practice, can be understood, contains the information people need and seeks views without bias	Independent advice continues through the consultation quality assurance framework; assurance letters appended to the Board report
Mid point review, 29 June 2026, with Llais	Independent Member and clinical attendance are positive; concerns centre on travel and transport, care closer to home and the treat and transfer model; Llais heard the same themes	Template responses reported in full, not only coded; Welsh Ambulance Services University NHS Trust (WAST) views incorporated in the closing report; continued work with community groups to correct misconceptions

Decision route. The 30 July 2026 Board meeting was asked to note consultation activity, take assurance on the quality assurance process, and decide whether to confirm reporting to the November 2026 Board. Findings go to a Board Seminar in October 2026, with the decision at the Board meeting on 26 November 2026 . This was accepted by the Board;.

Assessment: this evidence supports the criterion 7 Assure rating.

Criterion 8: Maturity Matrix WG confidence is not secured; we recommend Alert

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Required outcome: WG confidence in delivery, assessed against the planning Maturity Matrix, with a minimum expectation of Level 3 in each of the six domains.

Reported in June 2026: Advise, could be Alert, constrained by Criterion 5. We committed to a strengthened, evidence led review on a stated timetable: return issued in June 2026, calibration and Executive review in July, Board sign off by 31 July 2026, submission to WG in early August 2026.

WHAT THE EVIDENCE NOW SHOWS

- The return was issued in June 2026 as planned. The response was materially below the level anticipated: ten responses between 12 June and 16 July 2026, none attaching supporting evidence, and Executive and Independent Member scoring has not begun (due to awaiting more responses). Board sign off by 31 July 2026 will not be achieved and the submission date must be reset.
- WG's 23 July 2026 letter states we have 'not provided the assurance or levels of confidence required.' Confidence in delivery is precisely what this criterion measures, and the letter is the most recent statement of it.
- The criterion is integrative and cannot be rated above its weakest critical dependency; Criterion 5 remains at Alert. In June that constraint was the main argument. The criterion's own evidence has now weakened: the exercise designed to demonstrate maturity is running late, on a thin and unevidenced response base.

What this means: a rating held at Advise would now rest on intent rather than evidence.

Assessment: **Alert, moved from Advise.** Direction of travel: deteriorated since June 2026.
The Committee is asked to **endorse the revised rating and the reset timetable on the next slide.**

Criterion 8: the maturity return is incomplete, and the submission timetable has been reset

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

What the return shows at 24 July 2026. Ten responses were received between 12 June and 16 July 2026, against a considerably larger Planning Steering Group membership, and none attached supporting evidence. The response base is therefore too small, and too unevenly spread across corporate and clinical areas, to support a validated organisational score.

PROVISIONAL OBSERVATIONS, NOT FINDINGS

- On mean scores, no theme reaches the Level 3 minimum. The weakest themes are the technical planning disciplines: Integrated Medium Term Plan (IMTP) development (scored at Level 1 by every respondent), alignment between the clinical services strategic plan and the Plan (1.3), and demand and capacity modelling (1.4). Demand and capacity modelling and benchmarking are the most frequently cited improvement priorities in the returns.
- Relational and governance themes score relatively stronger: strategy and planning (2.9), governance (2.8), engagement in development (2.8) and clinical leadership (2.7). If the pattern holds, it repeats WG's January 2026 feedback: stronger on process and relationships than on the technical disciplines that make plans deliverable.
- No respondent attached supporting evidence, which is the specific weakness the redesigned method was built to address. Attached evidence would represent a gold standard return; in its absence, several respondents set out clear reasons alongside their scores, and that narrative has been retained. These remain early observations from a small and unvalidated return. Executive and Independent Member scoring, calibration and evidence testing have not taken place, and the observations must not be read as organisational findings.
- The Maturity Matrix feedback will shape the 2027/28 planning round and is the main input into how that process is developed. Understanding the views of the wider organisation allows us to build on strengths and address weaknesses in the same exercise.

ACTIONS AND RESET TIMETABLE

Direct follow up has been undertaken and the response window extended. Calibration and Executive and Independent Member scoring move to August 2026, and Board sign off moves beyond 31 July 2026. The 2025 national cycle required Board approved returns by 28 November; the 2026 deadline should be confirmed with WG so that the reset lands inside it.

The implication: the level of engagement with this exercise is itself a measure of planning maturity and visibility, and WG reads it that way.

Criterion 9: regional planning is active, but we still cannot evidence delivery

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Required outcome: progress with regional planning across orthopaedics, ophthalmology, stroke, urology and upper gastrointestinal services.

Reported in June 2026: Alert, moved from Advise, because expectations and delivery were not hanging together. The Committee required a specialty by specialty recovery position, including resolution of the orthopaedic financial and contractual framework.

WHAT THE EVIDENCE NOW SHOWS

- The Cabinet Secretary's objectives letter makes the regional test explicit for 2026/27: agree four key deliverables with SBUHB through the JRC that demonstrate improved patient outcomes. That is now the standard this criterion will be assessed against, and the deliverables have not yet been agreed.
- The long term agreements for elective orthopaedics remain unresolved, and delivery to date remains proof of concept. The specialty by specialty recovery position required in June 2026 has not yet been evidenced to this Committee.
- There is regional content in year: the planned care plan includes purchased regional orthopaedic capacity, stroke is our most advanced regional programme with a November 2026 decision route, and the national planned care letters make regional collaboration a condition of additional funding. Activity is not the gap; evidenced delivery is.
- Joint working has improved around the planned care returns and the regional gap in several specialties. This is early alignment rather than evidenced delivery , but it is a positive change since June 2026.

What this means: until the financial and contractual framework is agreed and the four deliverables are set with owners and dates, we cannot evidence progress at the standard the criterion requires.

Assessment: **Alert, no change.** Direction of travel: no evidenced change since June.

Cross-cutting: ownership, evidence depth and milestone discipline recur across the criteria

Three patterns appear across more than one criterion. Each is a planning maturity signal, and together they explain why the ratings sit where they do.

- **Ownership and engagement.** The maturity return drew ten responses, and savings delivery in parts of the organisation is subject to internal escalation. The heads of planning and improvement investment is the structural response, and it now needs to be seen to change engagement. The wider Planning Steering Group remains central, because its members will co-ordinate and drive the 2027/28 annual planning process.
- **Evidence stops at output.** Across all five criteria we can evidence process and product: a submitted Plan, a completed phased assessment, a launched consultation, an issued return. Outcome and impact evidence remains thin, and that distinction is now the explicit language of WG's assessment of us.

What this means: the criteria will move when we present evidence of delivery rather than description of intent. That is the standard this report has applied to its own assessment.

Recommendation to the Committee

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The Committee is asked to:

- **RECEIVE ASSURANCE** from the assessment and supporting evidence that Criteria 5 and 9 remain at Alert, Criterion 6 at Advise, Criterion 7 at Assure with a watch on pace, and Criterion 8 moves from Advise to Alert. No criterion meets the evidential threshold for de-escalation this cycle.
- **SCRUTINISE** the maturity reset and confirm the revised timetable for calibration, Executive and Independent Member scoring, Board sign off and submission to WG, and the actions to lift the response base, so the reset is a Committee decision rather than a slipped deadline.

6

12:20, 0 Mins

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6 - For Information

6.1

12:20, 0 Mins

6.1 - Joint Commissioning Committee Planning, Performance and Finance Sub-Committee Reports

Winston Weir (Hywel Dda UHB - Independent Board Member)

For information

Attachments

6.1 2.2.2 PPF Highlight Report 02 July 2026 vFinal.pdf

Joint Commissioning Committee

Highlight Report from the Planning, Performance and Finance Sub-Committee

Dyddiad y Cyfarfod / Date of Meeting	21/07/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Assurance & Risk Officer, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, PPF Chair and Lay Member, NWJCC
Noddwr yr Adroddiad / Report Sponsor	George Galletly, Director of Corporate Planning and Strategy, NWJCC Stacey Taylor, Director of Finance and Value, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Assurance

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	Various	Noted

1. SITUATION/BACKGROUND

This report has been prepared to provide NWJCC Joint Committee Members with a summary of the key issues considered by the NHS Wales Planning, Performance and Finance (PPF) Sub-Committee at its public meeting on 2 July 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

Links to reports highlighted - July 2026 - Planning, Performance and Finance Sub-Committee

Status	Update
Alert / Escalate	• The Committee received the PPF Sub-Committee's assigned risks from the NWJCC Operational Risk Register as of 31 May 2026. After PPF scrutiny and review, the NWJCC will receive the May 2026 risk register at its July 2026 meeting. Particular focus was given on the re-description of the new Emergency Ambulance Service risk. The shift towards a more commissioner-focused articulation was acknowledged, however concerns were raised that the proposed wording placed insufficient emphasis on patient outcomes and potential patient harm. Whilst financial, reputational, legal and regulatory consequences were relevant to the NWJCC as a commissioner, the primary narrative should also reflect commissioning for better patient outcomes. The Sub-Committee agreed that the wording of the ambulance risk would be refined before submission to the Joint Committee, ensuring that it reflected the NWJCC's levers as a commissioner whilst maintaining a clear patient-outcome focus.
Advise	• The Sub-Committee received the NWJCC Finance Report – Month 2 2026/27. The reported year-to-date position was an underspend of £361k, with a forecast year-end benefit of just under £0.5m. The report noted delivery against plan at Month 2, while recognising the limited robustness of early-year data and forecasting. It was agreed that the most recent available data should be used for future Sub-Committee and Joint Committee reporting. The outcome of the arbitration process with Cardiff and Vale University Health Board (CVUHB) was advised, noting that Welsh Government (WG) had confirmed that the Joint Committee decision should be upheld in relation to the 2% savings requirement, while also making clear that arbitration between NHS Wales organisations should be avoided in future. The need for earlier collaborative planning and stronger relationships to prevent recurrence will be a priority for 2026/27. • The NWJCC Combined Operational Performance Report – Month 2 2026/27 was received. The following was highlighted:

Status	Update
	o The Sub-Committee requested that future reports should include the most up-to-date information available, recognising that different data sets may be available at different points in the reporting cycle. o It was noted that neonatal services had been de-escalated to Level 0 following the May quality assurance meeting and cardiac surgery at CVUHB UHB had been escalated to Level 2 due to an increasing waiting list and delays in receiving an action plan. o The Sub-Committee were advised that there are currently no 104-week waits across commissioned specialties, however forward projections to identify any future risks were requested. o Concerns about ambulance performance reporting under the new clinical model was raised. It was agreed that additional statistical process control (SPC) charts and more meaningful input, output and outcome measures would be developed, and the colour coding of Non-Emergency Patient Transport Services (NEPTS) metrics would also be reviewed to ensure red and green indicators reflected whether movements were positive or negative. o It was advised that a stipulation of the WG Planned Care Funding will require Health Boards (HBs) to improve theatre efficiencies before the additional funding could be accessed. • The Sub-Committee received an update on the development of the NWJCC Integrated Medium-Term Plan (IMTP) 2027-30. Members were advised that work had begun on commissioning intentions and a revised clinical prioritisation approach, and that early engagement with HBs had commenced. It was noted that the national clinical strategy would be an important dependency, although timescales suggested it may not be available in time to fully inform the IMTP.
Assure	• NWJCC Risk Management and Assurance Framework – The Sub-Committee endorsed the Risk Management Procedure, Joint Committee Assurance Framework (JAF), Risk Appetite Statement and strategic risk reporting arrangements for onward consideration by the Joint Committee. Members welcomed the strengthened approach to strategic risk management and assurance and were pleased with the progress made to strengthen Risk Management. It was acknowledged that the risk appetite would require ongoing

Status	Update
	collective discussion with Chief Executives, lay members and executive colleagues, and may evolve over time. • The Financial Sustainability Review was received, outlining the current status of savings initiatives. This was the first in a series of updates to provide transparency on allocations, opportunities and slippage. The importance of pace and rigour, particularly given the challenging national financial context and the expectations of HB partners was highlighted. It was noted that the current pipeline is not yet where it needs to be, with too many schemes rated red or amber and insufficient schemes rated green. This will be a priority for the NWJCC Senior Leadership Team to urgently review the pipeline, convert green schemes into cash-releasing benefits, identify further opportunities and strengthen grip on expenditure controls. • The NWJCC Annual Plan 2026-27 delivery update was received focussing on the strategic priority areas, service reviews, deep dives and enabling projects. Members noted that some delivery confidence ratings were medium, largely due to data availability, analytical capability and capacity. It was recognised that the NWJCC was developing a new way of working and that HB engagement would be essential, both to secure analytical support where possible, and to ensure collective ownership of difficult prioritisation decisions, noting the need to balance patient outcomes with affordability in the current financial climate, acknowledging that some planned initiatives may need to be paused or reconsidered. • The Sub-Committee received a verbal update on the grip and control work requested by NHS Performance and Improvement and WG Directors of Finance. A self-assessment had been completed against the relevant elements of the best practice framework, and further work would be undertaken to define good grip and control for the NWJCC as a maturing commissioning organisation. It was agreed that future updates will be reported through the Sub-Committee, with internal audit reporting providing assurance to the host body audit committee.
Inform	• The Sub-Committee received a verbal update on the NWJCC Strategy Development, noting that it would be informed by the NWJCC strategic reviews, deep dives, the three-year IMTP and alignment where possible with the emerging national clinical strategy. The importance of the NWJCC's role in a

Status	Update
	once-for-Wales collaborative commissioning space was reiterated. • The Sub-Committee received a verbal update on the annual review of committee effectiveness. Feedback had been shared with the chairs of the committees, and proposed actions would be developed for inclusion in an action plan for approval by the Joint Committee. • Forward Plan of Business – The Sub-Committee reviewed and noted the 2026–27 Forward Plan.
Appendices	None.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* Equality *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): ~~POSITIVE/~~NEUTRAL~~/NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE/~~NEUTRAL~~/NEGATIVE~~	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

4. RECOMMENDATIONS

The members of the Joint Commissioning Committee are asked to:

- Receive the report as assurance.

6.2

12:20, 0 Mins

6.2 - Mid Wales Joint Committee Update

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Keith Jones (Hywel Dda UHB - Director of Operational Planning & Performance), Nia Williams (Hywel Dda Health Board - Programme Manager)

For information

Attachments

6.2.1 SPC SBAR MWJC Priorities and Delivery Plan 202627 July 26 draft v2 30~.pdf

6.2.2 SPC Appdx A MWJC Priorities and Delivery Plan 2026-27 July 26 v3 3007~.pdf

Pwyllgor Strategaeth a Chynllunio/ Strategy and Planning Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	20 AUGUST 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Mid Wales Joint Committee Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer, Hywel Dda University Health Board
SWYDDOG ADRODD: **REPORTING OFFICER:**	Keith Jones, Director of Operational Planning & Performance, Hywel Dda University Health Board, and Programme Director, Mid Wales Joint Committee

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/ For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides an update on progress against the Mid Wales Joint Committee MWJC) Priorities and Delivery Plan 2026/27 up to 31 July 2026. It highlights the achievements made against the Joint Committee's agreed priorities, as well as additional areas of work identified during the year that may benefit the population of Mid Wales.

The report also includes an update on the strategic review of the Mid Wales Joint Committee.

Cefndir / Background

In 2014, the Welsh Government (WG) commissioned a study to review healthcare provision in Mid Wales, recognising the challenges of delivering sustainable, high-quality services in a rural and cross-boundary context. The resulting Mid Wales Healthcare Study made twelve recommendations, including the creation of a joint governance mechanism to support collaborative planning and delivery across the region, with recognition of the integral role of social care.

This led to the establishment of the Mid Wales Healthcare Collaborative in 2015, involving the three Health Boards serving Mid Wales, the Welsh Ambulance Services NHS Trust (WAST), and the three Local Authorities. In 2018, the Collaborative transitioned into the Mid Wales Joint Committee for Health and Social Care (MWJC), with strengthened governance and leadership arrangements to embed collaborative working.

The MWJC operates around a Strategic Intent comprising five overarching aims:

- Improving health and wellbeing;
- Delivering care closer to home;

- Developing a sustainable rural health and care workforce;
- Ensuring accessible hospital-based care; and
- Strengthening communication, involvement and engagement.

These aims are delivered through annually agreed Mid Wales priority workstreams aligned to partner organisations' planning cycles.

Oversight and delivery are supported by the Mid Wales Planning and Delivery Executive Group (MWPDEG), Mid Wales Clinical Advisory Group (MWCAG), Mid Wales Social Care Group, Mid Wales Strategic Commissioning Group and priority specific task and finish groups. Collectively, these arrangements support coordinated regional planning, service development, and implementation to address the current and future health and social care needs of the Mid Wales population.

Asesiad / Assessment

Mid Wales Priorities and Delivery Plan 2026/27

For 2026/27, the priority areas for joint working across Mid Wales will continue to align with WG expectations, as set out in the NHS Wales Planning Framework 2026/27. This framework emphasises the importance of collaboration across health and social care organisations to plan, commission, and deliver regional solutions that operate across organisational boundaries. As in previous years, the focus will remain on a whole-pathway approach, strengthening links between primary, secondary, community, and social care, and ensuring alignment with wider regional and national pathway developments.

A strategic review of the MWJC is currently underway; further details of which are provided later in this report. Given the evolving national context and the ongoing review, a flexible approach to setting priorities for 2026/27 is required. The Mid Wales priorities for 2026/27, along with those priorities and workstreams still in progress from 2025/26, will continue into the new planning cycle. Further new areas of work may be introduced once the Joint Committee review has concluded and organisational health and care annual plans have been approved. As such, the Mid Wales priorities for 2026/27 will remain under continuous review throughout the year.

For 2026/27 the Mid Wales priorities are as follows:

Mid Wales Priorities 2026/27	
Priority	**Workstream**
Ophthalmology	Powys Teaching Health Board (PTHB) nurse led wet age-related macular degeneration (AMD) service.
	Networking opportunities and joint pathway development
	Mid Wales Clinical Leadership
	Primary care eye care services for the South Gwynedd area
Cancer	Radiotherapy pathway
	Chemotherapy pathway
Dental	Endodontic services
	Paediatric General Anaesthesia (GA) service
Strategic Service Change programmes	Strategic Service Change programmes
Colorectal	Colorectal service development and expansion
Dermatology	Dermatology

Rural Health and Care workforce	Support Worker Development Programme (SWDP)
	Cross-Sector Population Health, Wellbeing and Prevention Capability Development
	Workforce Health, Wellbeing and Psychological Support
	National Management & Leadership Competency Framework

The Strategy and Planning Committee are asked to note the following for the Mid Wales Priorities and Delivery Plan for 2026/27:

a) **Mid Wales Priorities and Delivery Plan – up to 31 July 2026**
Appendix A details the progress to date against the Mid Wales Priorities and Delivery Plan covering the period up until 31 July 2026.

b) **Mid Wales Priorities 2026/27 – Progress / Status Overview**
Please see below a summary overview of the progress and current status of the MWJC priorities for 2026/27.

MWJC Priorities 2026/27– Progress / Status Overview						
Priority	**Workstreams**	**Blue (Complete)**	**Green (On Track)**	**Amber (Mainly on Track)**	**Red (Not on Track)**	**White (Not Started)**
Ophthalmology	4		2	2		
Cancer	2		2			
Community Dental Services	2	1	1			
Strategic Service Change Programmes	1		1			
Colorectal	1		1			
Dermatology	1		1			
Rural Health and Care Workforce	4		4			

c) **Mid Wales Priorities 2026/27 – Blue workstream**
The Endodontics workstream has been successfully completed, with the new pathway going live on 20 July 2026.

d) **Mid Wales Priorities 2026/27 – Amber workstreams**
For those workstreams whose status is currently Amber (Off Track) please see overleaf the summary exception report highlighting the issues which have impacted on progress and the current actions being progressed, details of which are reflected in the progress update report appended to this paper.

MWJC Priorities 2026/27 – Issues and Actions for Amber workstreams			
Priority	**Workstream**	**Issue**	**Action**
Ophthalmology (Amber)	PTHB nurse led wet AMD service.	The target date of 30/06/26 has not been achieved due to a delay in visits to North Road clinic. This is due to a number of factors including delays in completion of honorary contracts process, sickness absence of key members of staff and differing views over whether the visits should be delayed pending review of Intravitreal Therapy (IVT) treatment protocols due to change in drugs used.	MWJC team to arrange meeting of relevant PTHB and Hywel Dda University Health Board (HDdUHB) leads to set and agree timetable for visits to North Road clinic. Target date for completion of workstream now proposed as 30/11/26.
Ophthalmology (Amber)	Networking opportunities and joint pathway development	The target date of 30/06/26 has not been achieved due to a delay in visits to North Road clinic. This is due to a number of factors including delays in completion of honorary contracts process, sickness absence of key members of staff and differing views over whether the visits should be delayed pending review of IVT protocols due to change in drugs used.	MWJC team to arrange meeting of relevant PTHB and HDdUHB leads to set and agree timetable for visits to North Road clinic. Target date for completion of workstream now proposed as 30/11/26.

e) **Ophthalmology Priority – Clinical Leadership Workstream**

At its meeting on 11 May 2026, the MWPDEG agreed that the Mid Wales Ophthalmology Group should revisit the options available for the Mid Wales Ophthalmology Clinical Lead workstream, including consideration of non-medical leadership models, such as an optometrist-led approach.

The Mid Wales Ophthalmology Group met on 5 June 2026 to consider the feedback received from MWPDEG. During discussions, the Group expressed concerns that an optometry-led model would not be appropriate for providing leadership across secondary care ophthalmology pathways. Following consideration of the available options, the Group reached a consensus that:

- The original Mid Wales Clinical Lead workstream is no longer required in its current form.
- The objectives of the workstream have been overtaken by national, regional and local developments, including the Clinical Implementation Network, regional ophthalmology hubs and wider eye care strategies.
- Effective operational collaboration between ophthalmology teams across the Mid Wales Health Boards is now well established.

Consequently, the Mid Wales Ophthalmology Group concluded that the Clinical Lead workstream is no longer relevant and recommended that MWPDEG formally close the workstream.

A proposal report supporting closure of the workstream was developed and reviewed by both the Mid Wales Ophthalmology Group and the MWCAG before being submitted to MWPDEG for consideration on 20 July 2026 who agreed:

- The formal closure of the Mid Wales Ophthalmology Clinical Lead workstream in its current form.
- That a designated Senior Responsible Officer (SRO) should be identified to provide strategic oversight and ownership of the Ophthalmology priority.

Mid Wales Joint Committee Strategic Review and Emerging Preferred Direction

Twelve years after the publication of the Mid Wales Healthcare Study and eight years after the establishment of the MWJC, it has been recognised that a review of the Committee's role, purpose and contribution is required. While many of the original challenges identified within the Mid Wales Healthcare Study remain relevant, the structures, relationships and mechanisms through which organisations collaborate have changed significantly.

The strategic review was commissioned by the Chief Executives of HDdUHB, PTHB and Betsi Cadwaladr University Health Board (BCUHB) in order to:

- Assess the continuing relevance of the Mid Wales Healthcare Study
- Evaluate the contribution of the MWJC
- Identify areas where collaboration continues to add value
- Inform future partnership and governance arrangements

A strategic review workshop was held on 20 April 2026, involving senior leaders from the Health Boards and Local Authorities serving Mid Wales. The workshop considered achievements, ongoing challenges, lessons learned and future opportunities for collaboration. Participants recognised that significant progress has been made since the publication of the Mid Wales Healthcare Study; however, they also concluded that substantial challenges remain, particularly in relation to workforce sustainability, rural health inequalities and partnership complexity.

A consistent theme emerging from the review is a lack of clarity regarding the current purpose of the MWJC. The review found that there is limited support for maintaining the existing arrangements unchanged and equally there is little support for discontinuing Mid Wales collaboration altogether. Six potential options have therefore been identified and considered, with the strongest support being for a model that combines the strengths of a Refocused Strategic Partnership and a Rural Health and Wellbeing Partnership. The review has identified an opportunity to transition from a broad regional planning mechanism to a more focused strategic partnership model centred on leadership, influence and improving outcomes for rural communities.

The findings of the strategic review, together with the proposed preferred option and a proposed high-level operating model, will be presented to the meeting of the MWJC on 1 September 2026 for endorsement prior to engagement with the Welsh Government.

Argymhelliad / Recommendation

The Strategy and Planning Committee is asked to:

- **NOTE** the update report on the Mid Wales Priorities and Delivery Plan 2026/27 up to July 2026 and the update on the ongoing review of the Mid Wales Joint Committee.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1.3 That, wherever possible, Health Board plans are aligned with partnership plans developed with Joint Committees, Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH). 3.1.8 Seek assurance on delivery of plans in relation to the National Networks and Joint Committees. 3.1.23 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board. 3.1.24 Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).
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	10. Not Applicable
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 change and/or significant service changes)*	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Agendas and minutes of meetings of the Mid Wales Joint Committee, Mid Wales Planning and Delivery Executive Group and its sub-groups for 2026-27.
Rhestr Termau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Director of Operational Planning and Performance, HDdUHB

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

Mid Wales Priorities and Delivery Plan 2026/27 – Summary update 31 July 2026

PRIORITY	Ophthalmology (Carried forward from 2025/26)	**STRATEGIC OBJECTIVE**	Increase capacity and access to ophthalmology services through the development of a regional and whole system pathway approach supported by the establishment of links between Health Boards.	
REPORTING PERIOD	1 April to 31 July 2026			
SCOPE	Ophthalmology services provided to North Ceredigion, North and Mid Powys and South Gwynedd residents.			
GOVERNANCE	**Responsible Officers**	**Priority oversight through**	**Governance through**	**Delivery through**
	Executive Lead: MWJC Programme Director *Delivery Lead:* Head of Planned Care PTHB, Service Delivery Manager Ophthalmology HDdUHB, Eye Care Network Manager BCUHB	Mid Wales Planning and Delivery Executive Group (MWPDEG)	Betsi Cadwaladr University Health Board (BCUHB), Hywel Dda University Health Board (HDdUHB), Powys Teaching Health Board (PTHB) via the Mid Wales Joint Committee (MWJC)	Mid Wales Ophthalmology Group
WORKSTREAM	**AIM**	**EXPECTED OUTCOMES**	**PROGRESS**	
a) PTHB nurse led wet age-related macular degeneration (AMD) service.	Progress the proposal for a PTHB nurse led wet AMD service in North Powys with HDdUHB medical oversight / District General Hospital pathway. **Target date – 30/06/26**	• Increased capacity within national eye care pathways. • Improved Referral to Treatment (RTT) performance. • Increase in number of patients accessing outreach clinics. • Reduction in out of area referrals. • Reduced travel for Mid Wales residents.	• As part of its Eye Care Transformation Programme, PTHB is establishing a nurse led wet AMD service in the north of the county (Llanidloes and Welshpool), with consultant oversight from HDdUHB. This is an extension of the current service in South Powys. • SBAR agreed by PTHB Planned Care Programme Board. • Service will be for PTHB residents who currently travel to the HDdUHB North Road clinic, Aberystwyth, for wet AMD treatment. Service represents repatriation to Powys, not new commissioning. • Implementation plan for establishment of service in place with Standard Operating Procedure (SOP) under development. • Programme of estates work nearing completion. This builds on some recent investment around eye care diagnostics. • Service to be run as a pilot which has been agreed via commissioning/contracting teams. • Target date for completion of workstream and expected service start date now proposed as 30/11/26 due to a delay in visits to North Road clinic (please see networking opportunities and joint pathway development workstream update).	
b) Networking opportunities and joint pathway development.	Develop opportunities for PTHB staff to work at the North Road clinic in order to inform PTHB pathway development and	• Strengthened cross organisational networking. • Improved pathway design and local delivery options	• To support workstream a) PTHB staff will work at North Road clinic, Aberystwyth, as part of an honorary contract arrangement, to help them better understand the pathways and ways of working.	

	repatriation opportunities with eyecare Multidisciplinary Team (MDT) in Powys. **Target date – 30/06/26**		• Two members of PTHB staff have been cleared to work at North Road clinic, Aberystwyth following completion of the honorary contract process, including Occupational Health (OH) checks. • The target date of 30/06/26 has not been achieved due to a delay in visits to North Road clinic. This is due to a number of factors including delays in completion of honorary contracts process, sickness absence of key members of staff and differing views over whether the visits should be delayed pending review of Intravitreal Therapy (IVT) treatment protocols due to change in drugs used. • Target date for completion of workstream now proposed as 30/11/26.
c) Mid Wales Clinical Leadership	Develop a proposal for clinical leadership for Mid Wales ophthalmology services. **Target date – 30/09/26**	• Agreed leadership approach to support Mid Wales eye care services.	• MWPDEG has previously agreed a proposal for a joint Clinical Lead for Eye Care services but recruitment was unsuccessful. • PTHB does not have a clinical leadership structure and as such has established a Special Lead Consultant Ophthalmology post for one session a week to provide medical leadership for eyecare services and the transformation of Ophthalmology services pan Powys. • Opportunity has been shared with Health Boards via commissioning meetings and Clinical Implementation Network for Ophthalmology. One Health Board has shown an interest in working with PTHB. • Mid Wales Ophthalmology Group has proposed that the leadership roles currently in place / being developed by Health Boards could form a joint Mid Wales leadership arrangement. Some links are already in place through the National Eye Care Network. • MWPDEG agreed at its meeting on 11/05/26 to continue exploring all options and revisit opportunities with the Mid Wales Ophthalmology Group, including broadening the leadership approach and considering non-medical leadership options. • Mid Wales Ophthalmology Group met on 05/06/26, considered feedback from MWPDEG and agreed that the Mid Wales Clinical Leadership Workstream is no longer required. The Group recommended the formal closure of the workstream. • Closure proposal report developed, considered by the Mid Wales Ophthalmology Group and MWCAG. Proposal agreed by MWPDEG on 20/07/26 and that there should be a designated Senior Resoonsible Officer (SRO) for the Ophthalmology priority.

d) Primary care eye care services for the South Gwynedd area	Explore options to strengthen primary care eye care provision in the South Gwynedd area. **Target date – 31/03/27**	• Increase in access to primary care eye services closer to home. • Reduced travel for South Gwynedd residents.	• Terms of reference for 'Primary care eye care services for the South Gwynedd area' workstream developed and agreed by Mid Wales Ophthalmology Group.

ACTIONS PLANNED FOR NEXT PERIOD (AUGUST TO SEPTEMBER 2026)

a) PTHB nurse led wet AMD service and
b) Networking opportunities and joint pathway development

- MWJC team to arrange meeting of relevant PTHB and HDdUHB leads to set and agree timetable for visits to North Road clinic.

c) Primary care eye care services for the South Gwynedd area

- Needs Assessment and Service Mapping commenced.

ANY OTHER COMMENTS

WGOS4

WGOS4 cross-border and funding issues raised at the Mid Wales Ophthalmology Group meeting on 05/06/26:

- The Opera platform has been implemented within HDdUHB as a referral pathway; however, not all referrals have yet transitioned to the system.
- Patients on the secondary care waiting list who are suitable for WGOS 4 services (Glaucoma and IVT) and no longer require secondary care follow-up have been discharged to primary care. However, HDdUHB is unclear how to manage BCUHB and PTHB patients. WGOS 4 is not currently available in North Powys, primary care capacity is limited, and the funding model is based on Health Board population. There is currently no clear mechanism for cross-border funding recovery.
- HDdUHB is further advanced in implementing the pathway and is therefore experiencing these challenges earlier than other Health Boards.
- Some BCUHB and PTHB patients could potentially be managed within primary care services in North Ceredigion; however, capacity is limited.
- HDdUHB will retain these patients on the secondary care waiting list and share more detailed information on affected BCUHB and PTHB patients with relevant Health Board colleagues for internal consideration and response.
- Referrals submitted via the Opera system are based on GP registration rather than patient residence, creating cross-border referral and pathway management issues.
- These challenges are recognised as a national issue and will require an All-Wales solution.
- Issue requires further discussion with commissioning colleagues and will therefore be referred to the Mid Wales Strategic Commissioning Group.

PRIORITY	Cancer (Carried forward from 2025/26)	**STRATEGIC OBJECTIVE**	Identify opportunities for increasing provision and improving access to cancer services across Mid Wales.	
REPORTING PERIOD	1 April to 31 July 2026			
SCOPE	Radiotherapy and oncology services provided to North Ceredigion, North and Mid Powys and South Gwynedd residents.			
GOVERNANCE	**Responsible Officers**	**Priority oversight through**	**Governance through**	**Delivery through**
	Executive Lead: MWJC Programme Director *Delivery Lead:* General Manager Planned Care and Cancer Clinical Services Group HDdUHB	Mid Wales Planning and Delivery Executive Group (MWPDEG)	Betsi Cadwaladr University Health Board (BCUHB), Hywel Dda University Health Board (HDdUHB) and Powys Teaching Health Board (PTHB) via the Mid Wales Joint Committee (MWJC)	To be confirmed
WORKSTREAM	**AIM**	**EXPECTED OUTCOMES**	**PROGRESS**	
a) Radiotherapy pathway	Identify opportunities to improve access to radiotherapy services across Mid Wales by minimising unnecessary travel for patients and ensuring that suitable transport and accommodation options are available when treatment closer to home is not possible. **Target date – Long term**	• Reduction in unnecessary travel for Mid Wales residents. • Improved access to transport. • Improved access to accommodation.	• MWJC is represented on the South West Wales Cancer (SWWC) Radiotherapy Modernisation Working Group to ensure that the challenges faced by the Mid Wales population in accessing cancer services are appropriately considered. • Links between the SWWC group and PTHB, BCUHB, and WAST, are through sharing updates and papers from the two Groups with nominated organisational representatives. • Forecast increased demand for radiotherapy services has shown there is a need for additional radiotherapy machines (5th, 6th and 7th) to serve the wider Mid and South West Wales population. o Work is nearing completion on the agreement of the Business Case for 5th radiotherapy machine to be located on the Singleton Hospital site. o Given planning, capital, and estates timelines, Singleton Hospital has been identified as the only feasible location for the 6th and 7th radiotherapy machines. o The establishment of a satellite radiotherapy centre at a location within HDdUHB is being explored. This work is at a very early stage, is considered a long-term programme, and will be aligned with the radiotherapy machine replacement programme for Singleton Hospital. • The MWJC team has requested that available options be explored to ensure appropriate transport and accommodation arrangements are in place for the forecast increase in patient activity from the Mid Wales area.	

b) Chemotherapy pathway	Identify opportunities to improve access to, and increase provision of, chemotherapy services across Mid Wales. **Target date – Long term**	• Reduction in referrals to out of area services. • Reduced travel for Mid Wales residents. • Increase in number of patients treated through the Bronglais General Hospital (BGH) service.	• MWJC is represented on the SWWC Oncology Outpatients Modernisation Working Group to ensure that the challenges faced by the Mid Wales population in accessing cancer services are appropriately considered. • Links between the SWWC group and PTHB, BCUHB, and WAST, are through sharing updates and papers from the two Groups with nominated organisational representatives. • Representatives of the SWWC Oncology Outpatients Working Group provided a presentation to the Mid Wales Strategic Commissioning Group (HDdUHB, PTHB, BCUHB) on 17/11/25 on the proposed BGH oncology outpatients long term plan. • Representatives from PTHB and BCUHB asked to take the proposals back internally within their organisations. **BCUHB** - Feedback received and shared with SWWC team and Mid Wales Strategic Commissioning Group on 26 May 2026. - SWWC team has proposed a clinically focused meeting to discuss further. **PTHB** - To be taken to Executive Team. - To be taken to Cancer Group. • MWJC Programme Director and Chair of Mid Wales Strategic Commissioning Group provided feedback to SBUHB / HDdUHB Regional Clinical Services Planning Sub-Group meeting in March 2026 on the need for a formal engagement and consultation process for the proposed BGH oncology outpatients long term plan. • Short-term workforce challenges impacting BGH oncology outpatient services are currently being actively managed by the HDdUHB Cancer Services team. • MWPDEG has identified cancer services as a potential area of focus, particularly in relation to the emerging proposals on for BGH Oncology services from the South West Wales Cancer Centre (SWWC) and possible implications for pathways, access, and patient travel. • MWJC Programme Director and MWJC Executive Clinical Lead/Chair of MWCAG met on 22/06/2026. Agreed that the MWJC Executive Clinical Lead would discuss the matter internally within PTHB. Also agreed that data would be obtained on the number of PTHB patients treated by HDdUHB.

ACTIONS PLANNED FOR NEXT PERIOD (AUGUST TO SEPTEMBER 2026)

a) Radiotherapy pathway

- MWJC to continue monitoring the programme through representation on the SWWC Radiotherapy Modernisation Working Group and ongoing reporting to the Mid Wales Clinical Advisory Group and Mid Wales Strategic Commissioning Group.

b) Chemotherapy pathway

- MWJC Executive Clinical Lead to progress internal discussions within PTHB.
- Obtain and analyse activity data on the number of PTHB patients receiving treatment through HDdUHB oncology services.
- Arrange clinically focused meeting between SWWC, BCUHB and PTHB.
- Mid Wales Clinical Advisory Group to review organisational feedback, activity data and clinical discussions to determine implications for Mid Wales populations.
- SWWC to confirm arrangements and timelines for formal stakeholder engagement and consultation regarding the BGH oncology outpatients long-term plan.
- MWJC to continue monitoring the programme through representation on the SWWC Oncology Outpatients Modernisation Working Group and ongoing reporting to the Mid Wales Clinical Advisory Group and Mid Wales Strategic Commissioning Group.

PRIORITY	Community Dental Services (Carried forward from 2025/26)	**STRATEGIC OBJECTIVE**	Identify what improvements can be made to general NHS dental services provision across Mid Wales.	
REPORTING PERIOD	1 April to 31 July 2026			
SCOPE	Dental services provided to North Ceredigion, North and Mid Powys and South Gwynedd residents.			
GOVERNANCE	**Responsible Officers**	**Priority oversight through**	**Governance through**	**Delivery through**
	Executive Lead: Director of Primary, Community Care and Mental Health PTHB *Delivery Lead:* Head of Dental Services HDdUHB, Dental Director PTHB, Assistant Clinical Director BCUHB, Assistant Director Primary Care, BCUHB	Mid Wales Planning and Delivery Executive Group (MWPDEG)	Betsi Cadwaladr University Health Board (BCUHB), Hywel Dda University Health Board (HDdUHB) and Powys Teaching Health Board (PTHB) via the Mid Wales Joint Committee (MWJC)	Mid Wales Dental Group
WORKSTREAM	**AIM**	**EXPECTED OUTCOMES**	**PROGRESS**	
a) Endodontic services	Develop a pathway enabling HDdUHB Ceredigion patients residing in the Mid Wales catchment area to access endodontic treatment delivered by PTHB at Llandrindod Wells Hospital. **Target Date – 30/06/26**	• Reduced travel for Mid Wales residents.	• Proposal is for HDdUHB patients from the 'SY' postcode area to access endodontic treatment at Llandrindod Wells Hospital, provided by PTHB. Up to a maximum cap of 15 patients per annum. • Situation, Background, Assessment, Recommendation (SBAR) presented to HDdUHB Dental Senior Management Team 10/03/26 and Dental Quality, Health and Safety Group (QHS) on 13/04/26 as part of the Health Boards's governance process. • Confirmation received that the electronic Referral Management System (eRMS) will allow referrals direct from HDdUHB General Dental Practitioners to PTHB (Llandrindod Wells Hospital). eRMS system update with relevant referral information and instructions. • Arrangements for PTHB recharging of HDdUHB confirmed. • Summary service specification for Endodontics service developed into a Service Level Agreement (SLA). • Additional queries received regarding SLA and SLA updated accordingly. SLA signed by both Health Boards. • HDdUHB has notified eRMS that the pathway is live. • HDdUHB has notified PTHB of the pathway go-live date. • Dental practitioners advised of service available for patients from SY postcode area. • Pathway live as at 20/07/26.	

b) Paediatric General Anaesthesia (GA) service	Explore the feasibility of establishing an integrated Paediatric GA service for Mid Wales. **Target Date – Long Term**	• Reduction in out of area referrals. • Improved Referral to Treatment (RTT) performance. • Reduced travel for Mid Wales residents.	• HDdUHB Paediatric General Anaesthesia service is currently provided by a private provider, Parkway Clinic at Swansea. • HDdUHB Paediatric Dental pathway task and finish group, to review the Health Board's Paediatric Dental pathway and opportunities to develop NHS based capacity, has been established. • Programme of meetings for HDdUHB Paediatric Dental pathway task and finish group for 2026/27 scheduled. • Programme of work for HDdUHB Paediatric Dental pathway task and finish group includes a workstream to explore the opportunity for a Mid Wales Paediatric GA service. • HDdUHB Paediatric Dental Pathway Task and Finish Group met on 24/06/26 to review and progress the development of the Mid Wales Paediatric Dental General Anaesthetic (GA) service. Meeting included representatives from the Mid Wales Dental Group and relevant stakeholders from HDdUHB, including Bronglais General Hospital (BGH). • Discussion focused on identifying practical solutions to improve access to paediatric dental GA services for children across Mid Wales and reducing current waiting times and travel burdens for families. • Agreed that initial service development should prioritise ASA 2 and ASA 3 patients. • Group also explored the feasibility of establishing ad-hoc paediatric dental GA sessions at Glangwili General Hospital (GGH). • Subject to operational, workforce and theatre capacity considerations, a proposed implementation date of September 2026 was identified for the commencement of pilot/ad-hoc sessions.

ACTIONS PLANNED FOR NEXT PERIOD (AUGUST TO SEPTEMBER 2026)

b) Paediatric GA service

- Undertake a feasibility assessment for proposed ad-hoc paediatric dental GA sessions at GGH.
- Provide a progress update to the Mid Wales Dental Group on 09/09/26 on feasibility outcomes and next steps.

ANY OTHER COMMENTS

c) Paediatric Consultant in Dental Services

- HDdUHB Head of Dental and Optometry services attended the MWPDEG meeting on 16/05/25 to provide a more detailed update on the work of the Mid Wales Dental Group. MWPDEG noted that the three Mid Wales Health Boards were planning to recruit their own individual Paediatric Consultant in Dental Services in the near future and asked the Mid Wales Dental Group to look at whether a shared arrangement would be appropriate.

- Mid Wales Dental Group meeting on 19/06/25 noted that the recruitment process was already in progress for two of the three Health Boards. As such the group agreed that a shared arrangement was not possible at that time but if all Mid Wales Health Boards were successful in recruiting to their respective posts then these postholders could provide peer support to each other.
- Update on recruitment as follows:
  - PTHB has successfully recruited to a part-time post; the postholder has now commenced.
  - BCUHB has successfully recruited to two posts (one full-time and one part-time); both postholders have commenced.
  - HDdUHB has successfully recruited to a part-time post; the postholder has now commenced.
- Mid Wales Dental Group will explore arrangements for peer-to-peer support.

PRIORITY	Strategic service change programmes (carried forward from 2025/26)	**STRATEGIC OBJECTIVE**	Identify the impact of pathway changes proposed in organisational strategic service change programmes for the Mid Wales population.	
REPORTING PERIOD	1 April to 31 July 2026			
SCOPE	Strategic service change programmes for services provided to North Ceredigion, North and Mid Powys and South Gwynedd residents.			
GOVERNANCE	**Responsible Officers**	**Priority oversight through**	**Governance through**	**Delivery through**
	Executive Lead: MWJC Programme Director *Delivery Lead:* Dependent on outcome of MWPDEG discussions	Mid Wales Planning and Delivery Executive Group (MWPDEG)	Betsi Cadwaladr University Health Board (BCUHB), Hywel Dda University Health Board (HDdUHB) and Powys Teaching Health Board (PTHB) via the Mid Wales Joint Committee (MWJC)	Mid Wales Planning and Delivery Executive Group (MWPDEG) and Mid Wales Clinical Advisory Group (MWCAG)
WORKSTREAM	**AIM**	**EXPECTED OUTCOMES**	**PROGRESS**	
a) Strategic service change programmes	Review pathways impacted by organisational Strategic Service Change programmes and support the development of regional and cross-border solutions. **Target: On-going**	• Improved understanding of impacts of strategic service changes on the Mid Wales population. • Identification of viable regional and cross border solutions.	**a) Stroke services** • In 2025/26, MWPDEG agreed that the MWCAG-established principle of a stroke group should continue, with: o A review of nominated attendees; and o Members asked to step up engagement as specific questions or issues arise, rather than relying solely on standing meetings. • HDdUHB Phase 2 Consultation for Stroke Services to run for eight weeks, from 28/05/26 to 26/07/27. • Request received from HDdUHB Transformation Team to engage with MWPDEG and MWCAG on HDdUHB Phase 2 Consultation for stroke services. • Chair of MWCAG, advised that it would be appropriate for the HDdUHB Transformation Team to engage directly with the Mid Wales Stroke Service Change Group. • Mid Wales Stroke Service Change Group met on 10/07/26 to receive a presentation on the HDdUHB Phase 2 consultation for stroke services. This was followed by a group discussion and feedback session, the outcomes of which have been collated to inform a collective response. The group's response has been approved by the Chair of the Mid Wales Clinical Advisory Group, on behalf of the Group, and subsequently been submitted to HDdUHB. • MWPDEG meeting on 20/07/26 received a presentation on the proposed options for Phase 2 consultation, followed by a group discussion and feedback session. The outcomes of the group discussion and feedback session has been collated into a collective response and subsequently submitted to HDdUHB.	

			b) Bronglais General Hospital (BGH) Oncology services (Links to Cancer priority – Chemotherapy workstream) • MWPDEG has identified cancer services as a potential area of focus, particularly in relation to the emerging proposals on for BGH Oncology services from the South West Wales Cancer Centre (SWWC) and possible implications for pathways, access, and patient travel. • MWJC Programme Director and MWJC Executive Clinical Lead/Chair of MWCAG met on 22/06/2026. Agreed that the MWJC Executive Clinical Lead would discuss the matter internally within PTHB. Also agreed that data would be obtained on the number of PTHB patients treated by HDdUHB.
ACTIONS PLANNED FOR NEXT PERIOD (AUGUST TO SEPTEMBER 2026)			
b) BGH Oncology services • Please refer to actions detailed within the Cancer workstream plan on a page.			

PRIORITY	Colorectal (Carried forward from 2025/26)	**STRATEGIC OBJECTIVE**	Establish a sustainable Colorectal services pathway for Mid Wales, which ensures a Mid Wales focus on service delivery and creates opportunities for the provision of outreach services across the Care Hubs in Mid Wales.	
REPORTING PERIOD	1 April to 31 July 2026			
SCOPE	Colorectal services provided to North Ceredigion, North and Mid Powys and South Gwynedd residents			
GOVERNANCE	**Responsible Officers**	**Priority oversight through**	**Governance through**	**Delivery through**
	Executive Lead: MWJC Programme Director *Delivery Lead:* Consultant Surgeon HDdUHB, Service Delivery Manager - General Surgery HDdUHB, Head of Planned Care PTHB	Mid Wales Planning and Delivery Executive Group (MWPDEG)	Betsi Cadwaladr University Health Board (BCUHB), Hywel Dda University Health Board (HDdUHB) and Powys Teaching Health Board (PTHB) via the Mid Wales Joint Committee (MWJC)	Mid Wales Colorectal Services Task & Finish Group
WORKSTREAM	**AIM**	**EXPECTED OUTCOMES**	**PROGRESS**	
a) Colorectal service development and expansion	Explore the opportunities for expanding the HDdUHB colorectal service to include patients from other areas of PTHB and BCUHB. **Target date – Long term**	• Reduction in out of area secondary care referrals. • Improved Referral to Treatment (RTT) performance. • Reduced travel for Mid Wales residents. • Increased utilisation of Bronglais General Hospital (BGH) services. • Increase in the number of outreach services across the Care Hubs in Mid Wales. • Increase in the commissioning numbers for BGH Colorectal services from neighbouring Health Boards (HB).	• Newtown Colorectal clinics evaluation report included high level demand and capacity modelling work outlining the potential opportunities for expanding the HDdUHB service to include patients from other areas of PTHB and BCUHB. • Following a request from MWPDEG, MWJC Programme Director met with Mid Wales HB planning and operational leads on 21/10/25 to seek their feedback on whether Mid Wales HBs continue to be signed up to the direction of travel being proposed. Agreed that: o HBs continue to be signed up to the direction of travel proposed and further work be undertaken to explore the potential opportunities for expansion of colorectal services across Mid Wales. o Work should be led by the Mid Wales Colorectal task and finish group, with a revised membership. • MWPDEG agreed the proposed approach on 24/11/25. • Terms of reference and membership for the refreshed Mid Wales Colorectal Task and Finish Group have been developed with appropriate representation from all Health Boards confirmed. • Demand for monthly Newtown Colorectal clinics has reduced with April, May and June 2026 clinics not held. Feedback from HDdUHB Scheduled Care team is that the numbers have not consistently been sufficient, but previous clinics have been maintained due to the backlog, which has now reduced. Another potential contributory factor may potentially be the change in pathway introduced at the	

			end of November 2025, including i) FIT testing; and ii) Straight to Test pathway. • Issue of reduced demand for Newtown colorectal clinics considered by Mid Wales Strategic Commissioning Group on 26 May 2026. Members agreed there is a need to better understand what issues are contributing to the reduced demand and that the PTHB Assistant Director of Community Services should lead on this work. • Data obtained from the Hywel Dda UHB Informatics Team on Powys residents who have accessed HDdUHB colorectal services. Data shared with the PTHB Assistant Director of Community Services. • Meeting of Mid Wales Colorectal Task and Finish Group arranged for 11/09/26.
ACTIONS PLANNED FOR NEXT PERIOD (AUGUST TO SEPTEMBER 2026)			
a) Colorectal service development and expansion • Analysis undertaken of patient demand and referral patterns, and Powys patient flows to BGH compared to outreach clinics, to help inform consideration of future service model arrangements. • Mid Wales Colorectal Task and Finish Group meeting held on 11/09/26 to commence work on exploring the opportunities for expanding the HDdUHB colorectal service to include patients from other areas of PTHB and BCUHB.			

PRIORITY	Dermatology (carried forward from 2025/26)	**STRATEGIC OBJECTIVE**	Identify opportunities for increasing provision and improving access to Dermatology services across Mid Wales.	
REPORTING PERIOD	1 April to 31 July 2026			
SCOPE	Dermatology services provided to North Ceredigion, North and Mid Powys and South Gwynedd residents			
GOVERNANCE	**Responsible Officers**	**Priority oversight through**	**Governance through**	**Delivery through**
	Executive Lead: MWJC Programme Director *Delivery Lead:* Service Delivery Manager Dermatology HDdUHB, Service Manager Dermatology HDdUHB, Head of Planned Care PTHB, Directorate Deputy General Manager Medicine BCUHB (for central), Directorate General Manager – Community (for East) Community Services Operations Manager (for West)	Mid Wales Planning and Delivery Executive Group (MWPDEG)	Betsi Cadwaladr University Health Board (BCUHB), Hywel Dda University Health Board (HDdUHB) and Powys Teaching Health Board (PTHB) via the Mid Wales Joint Committee (MWJC)	Mid Wales Dermatology task and finish group
WORKSTREAM	**AIM**	**EXPECTED OUTCOMES**	**PROGRESS**	
a) Dermatology	Review the current Dermatology service provision across Mid Wales and identify opportunities to increase capacity and improve access. **Target Date – 31/03/27**	• Improved Referral to Treatment (RTT) performance. • Reduced travel for Mid Wales residents. • Increased provision of primary care led Dermatology services.	• Mid Wales Dermatology Group established with representatives from BCUHB, HDdUHB and PTHB. First meeting held on 03/09/25. Initial work undertaken on reviewing current provision for Dermatology services across Mid Wales and identifying opportunities for joint working to increase provision and improve access. • Mid Wales Strategic Commissioning Group noted the update from the first meeting and requested that the MWJC Programme Director meet with the Mid Wales Dermatology Group to provide guidance on what is expected and what is required. • Mid Wales Dermatology Group met on 10/07/26 to discuss required workstream actions.	
ACTIONS PLANNED FOR NEXT PERIOD (AUGUST TO SEPTEMBER 2026)				
• Dermatology position paper revised to reflect current service arrangements, challenges, and opportunities including summary of i) Referral pathways, ii) Primary care service delivery models, iii) Tele dermatology, remote triage and clinical photography, iv) Quality and oversight arrangements and v) Current governance arrangements for primary care dermatology services. • Mid Wales Dermatology Group meeting held on 29/09/26 to consider the revised Dermatology position paper and identify opportunities for regional collaboration and service development.				

PRIORITY	Rural Health and Care Workforce	**STRATEGIC OBJECTIVE**	Develop solutions to strengthen cross-border workforce arrangements across health and social care in Mid Wales.	
REPORTING PERIOD	1 April to 31 July 2026			
SCOPE	Health and social care workforce for North Ceredigion, North and Mid Powys and South Gwynedd.			
OUTCOMES	• Increase in number of substantive appointments across Mid Wales. • Increase in number of new roles created. • Integrated approach to workforce provision across Mid Wales. • Workforce job satisfaction. • Increased public satisfaction with the services provided across Mid Wales.			
GOVERNANCE	**Responsible Officers**	**Priority oversight through**	**Governance through**	**Delivery through**
	Executive Lead: Director of Workforce & Organisational Development (OD) HDdUHB *Delivery Lead:* People Priorities Strategic Lead Mid Wales Partnership, PTHB, AD People, Culture, OD & Wellbeing PTHB	Mid Wales Planning and Delivery Executive Group (MWPDEG)	Betsi Cadwaladr University Health Board (BCUHB), Hywel Dda University Health Board (HDdUHB) and Powys Teaching Health Board (PTHB) via the Mid Wales Joint Committee (MWJC)	Mid Wales Workforce Group
WORKSTREAM	**AIM**	**EXPECTED OUTCOMES**	**PROGRESS**	
a) Regional Integration & Cross-Sector Expansion of the Support Worker Development Programme (SWDP)	Expand the Mid Wales SWDP beyond the initial Health Board (HB) partnership, enabling full regional integration and cross-sector participation. To include establishing shared development pathways and coordinated access to training for Local Authorities, social care providers, emergency services, third-sector organisations, volunteers and unpaid carers. **Target date – 31/03/27**	• Regionally integrated SWDP. • Broader cross sector participation. • Consistent development pathways and coordinated access to education and training opportunities. • Strengthened collective workforce capability. • Improved alignment and collaboration across agencies. • Stronger partnerships with education and skills providers. • Improved workforce sustainability.	• Health Boards have identified some capacity to support this workstream. • Stakeholder analysis is underway and contact made with some Local Authorities and third sector organisations. • Training opportunities are shared across Mid Wales Health Boards through a unified booking system, enabling streamlined access and improved ease of use and timetables being planned and Brochure and timetables being finalise for Quarter 2 • A structured stakeholder analysis is underway to identify key organisations, partners and system influencers who can support the development and expansion of the SWDP. This includes early identification and engagement with Ceredigion County Council and some third sector colleagues. • The SWDP action plan is being strengthened to better reflect and align with wider capacity across partner organisations.	

b) Cross-Sector Population Health, Wellbeing and Prevention Capability Development	Establish a baseline position across Mid Wales of workforce capabilities in prevention, population health and community-based wellbeing support, to identify opportunities for collaboration. **Target date – 31/03/27**	• Clear baseline understanding of prevention and population health workforce capability. • Stronger cross-sector collaboration and partnership working. • More consistent, community-centred approach to prevention and wellbeing • Improved workforce capability to support early intervention, prevention and the reduction of health inequalities. • Improved alignment with Welsh Government prevention and population health frameworks • Foundations established for coordinated workforce planning and targeted investment in prevention and wellbeing.	• Work has commenced on identifying key organisational stakeholders across Health Boards, Local Authorities, Public Health Wales, Primary Care, education providers and third sector partners. • A meeting with Public Health (Powys) has supported the identification of stakeholders and initiate discussions on population health training.
c) Developing a Regional Approach to Workforce Health, Wellbeing and Psychological Support	Establish a regional baseline position of workforce health, wellbeing and psychological support needs across Mid Wales Health Boards (HB), enabling improved access, reduced duplication and strengthened resilience for staff. **Target date – 31/03/27**	• Shared regional baseline understanding of workforce health, wellbeing, and psychological support needs. • Improved visibility of existing provision. • Improved opportunities to coordinate and streamline wellbeing and psychological support. • More consistent access to wellbeing and psychological support • Sustainable regional approach to workforce wellbeing • Improved workforce resilience and staff experience	• Early scoping work has begun to identify key stakeholders and develop an engagement approach, with further detail to be progressed.

		• Stronger collaboration and shared leadership across organisations • Foundations established for ongoing regional planning, monitoring, and improvement of workforce wellbeing support.	
d) Mid Wales Contribution to the National Management & Leadership Competency Framework	Support early development activity related to the national Management & Leadership Competency Framework in partnership with Health Education and Improvement Wales (HEIW), ensuring that emerging proposals are aligned across Mid Wales and duplication is avoided between the three Mid Wales HBs. **Target date – 31/03/27**	• Early Mid Wales input into the development of the national Management & Leadership Competency Framework. • Alignment of emerging leadership and management proposals. • Reduced duplication of leadership development activity. • Coherent and consistent regional approach to management and leadership development. • Improved clarity and shared understanding of management and leadership competency expectations. • Stronger collaboration with national partners. • Sustainable and coordinated leadership pipeline. • Increased consistency and equity in leadership development opportunities. • Shared regional ownership of leadership development.	• Mid Wales is an early adopter for the HEIW leadership management framework. • Health Boards have been sent the HEIW mapping work and are working with HEIW on mapping the current leadership and management provision. • Mid Wales is also going to be the early adopter for some of the tools being piloted by HEIW including self-assessment, which has now commenced. • Meetings have been undertaken with CMI, HEIW and all Mid Wales Health Boards, and the mapping of existing programmes against the management and leadership framework has commenced. This is enabling constructive dialogue, identification of improvement opportunities, and initial testing of the framework.

ACTIONS PLANNED FOR NEXT PERIOD (AUGUST TO SEPTEMBER 2026)

a) Regional Integration & Cross-Sector Expansion of the SWDP

- Undertake a structured stakeholder analysis to identify key organisations, partners and system influencers who can support the development and expansion of the SWDP across Mid Wales. To include identifying partners across Health Boards, Local Authorities, Public Health, Primary Care, education providers and third sector organisations
- Develop a stakeholder engagement plan to support cross-sector participation in the SWDP and the development of a Joint Rural Workforce Model for Health and Care.

b) Cross-Sector Population Health, Wellbeing and Prevention Capability Development

- Commence work on identifying key organisational stakeholders across Health Boards, Local Authorities, Public Health Wales, Primary Care, education providers and third sector partners. To be completed end of quarter 2.

c) Developing a Regional Approach to Workforce Health, Wellbeing and Psychological Support

- Identify key stakeholders.
- Establish an engagement approach that supports the development of a shared understanding of regional workforce wellbeing needs and existing support mechanisms.

d) Mid Wales Contribution to the National Management & Leadership Competency Framework

- Undertake a joint mapping exercise of existing leadership pathways, development offers and gaps across Mid Wales to inform regional alignment and identify opportunities for streamlining and shared provision. To be completed end of quarter 2.

BRAG (Blue, Red, Amber & Green) status definition

BRAG Status definition			
Status		**Definition 2026/27**	**Definition 2025/26**
	White	Not started	**New definition for 2026/27*
	Red	Not on track with major issues	Late
	Amber	Mainly on track with some minor issues	Off track
	Green	On track	On track
	Blue	Complete	Completed

6.3

12:20, 0 Mins

6.3 - Strategy & Planning Committee Workplan 2026-27

Winston Weir (Hywel Dda UHB - Independent Board Member)

For information

Attachments

6.3 SPC Work Programme 2026-27 v0.1.pdf

STRATEGY AND PLANNING COMMITTEE WORK PLAN APRIL 2026 – MARCH 2027

Currently, Strategy and Planning Committee (SPC) meets bi-monthly. Based on this, the following table represents a proposal to incorporate the duties as outlined in the Committee's Terms of Reference into a basic work plan April 2026 – March 2027, including standing agenda items (denoted by *).

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	28 Apr 2026	25 Jun 2026	20 Aug 2026	2 Nov 2026	22 Dec 2026	2 Mar 2027	Apr 2027
PAPER DEADLINE				**7 Apr 2026**	**4 June 2026**	**23 Jul 2026**	**12 Oct 2026**	**1 Dec 2026**	**9 Feb 2027**	
INTRODUCTIONS										
Welcome and Apologies*	Chair	All	**N/A**	✓	✓	✓	✓	✓	✓	✓
Declarations of Interests*	Chair	CSO	**N/A**	✓	✓	✓	✓	✓	✓	✓
GOVERNANCE										
Minutes from previous meeting*	Chair	CSO	**Approval**	✓	✓	✓	✓	✓	✓	✓
Matters Arising & Table of Actions (ToAs) *	Chair	All	**Information**	✓	✓	✓	✓	✓	✓	✓
Matters Arising (not on agenda) *	Chair	CSO	**N/A**			✓	✓	✓	✓	✓
Annual Review of SPC Terms of Reference (TORs) (12.1)	Chair	JW	**Approval**						✓	
SPC Annual Report 2025/26 on Committee's activity for onward submission to the Board (10.4)	Chair	CSO/LD	**Endorsement**	✓						✓

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PAPER DEADLINE				**7 Apr 2026**	**4 June 2026**	**23 Jul 2026**	**12 Oct 2026**	**1 Dec 2026**	**9 Feb 2027**	
Committee Self-Assessment 6 Month Update	Chair	JW	**Assurance**			✓				
Self-Assessment of Committee Effectiveness: Outcome Report (10.5)	Chair	JW	**Assurance**						✓	
Assurance and Risk Report Assurance (3.1.23) ***Corporate*** *risks, Audits and Inspections, Ministerial Directions*	Relevant EDs	JW	**Assurance**	✓		✓		✓		✓
Assurance and Risk Report Assurance (3.1.23) ***Principal*** *Risks, Operational Risks, Welsh Health Circulars;*	Relevant EDs	JW	**Assurance**		✓		✓		✓	
Targeted Intervention Update (3.1.20)	LD	SA	**Assurance**	✓	✓	✓	✓	✓	✓	
STRATEGY, PLANNING AND PARTNERSHIPS										
Annual Plan Progress (3.1.1,2&4) • Planning Goals (PG) Update (3.1.21) • Maturity Matrix Timeline • Maturity Matrix	LD	SA	**Assurance**	✓	✓ ✓ ✓	✓	✓ ✓	✓	✓ ✓	

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	28 Apr 2026	25 Jun 2026	20 Aug 2026	2 Nov 2026	22 Dec 2026	2 Mar 2027	Apr 2027
PAPER DEADLINE				**7 Apr 2026**	**4 June 2026**	**23 Jul 2026**	**12 Oct 2026**	**1 Dec 2026**	**9 Feb 2027**	
A Healthier Mid and West Wales Strategy (updates) (2.1.1.1 & 2)	LD	PW	**Assurance**	✓		✓		✓		
Planning Goal 8: Fit for purpose, modern facilities and services • Determine and implement sustainable models for services within the Clinical Services Plan programme • Deliver our Programme Business Case to develop fit for purpose and modern community and hospital facilities	LD	HMH	**Assurance**	✓		✓		✓		✓
Pharmaceutical Needs Assessment Annual Review	MH	OW	**Assurance**		**D**	✓				
Partnership Assurance Report (3.1.6&7) *Incl risks/ opportunities*	AG	BB	**Assurance**		✓		✓		✓	
Mid Wales Joint Committee Report (3.1.8)	AC	NW	**information**			✓			✓	
Value Based Healthcare Update (3.1.9)	MH	LP/SM	**Assurance**		✓		✓		✓	

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	28 Apr 2026	25 Jun 2026	20 Aug 2026	2 Nov 2026	22 Dec 2026	2 Mar 2027	Apr 2027
PAPER DEADLINE				**7 Apr 2026**	**4 June 2026**	**23 Jul 2026**	**12 Oct 2026**	**1 Dec 2026**	**9 Feb 2027**	
Strategic Commissioning Report (3.1.5) (bi-annual update)	LD	SA	**Information**			✓			✓	
Climate Migration and Adaption Plan (3.1.10)	AG	BB/SH	**Assurance**			**D**	✓		✓	
Prince Philip Hospital Urgent Care Centre Implementation Plan Update (action form February SPC)	AC	PS/AT	**Assurance**				✓			
Pharmaceutical Needs Assessment 6 Month Review of Services	MH	OW	**Recommend,** for onward ratification by Board					✓		
Transport and Accessibility Plan	LD	GS	**Recommend,** for onward ratification by Board			✓				
Perinatal Strategic Plan Xferred to AHMWW > SPC	AC	DS/SaD	**Recommend,** for onward ratification by Board				✓			
Macmillan Funding Proposal Xferred to FPC	AG	BB	**Recommend,** for onward ratification by Board							
SWW Cellular Pathology Programme	AC	DJ	**Recommend,** for onward					✓		

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PAPER DEADLINE				**7 Apr 2026**	**4 June 2026**	**23 Jul 2026**	**12 Oct 2026**	**1 Dec 2026**	**9 Feb 2027**	
Re KR email 15 07 2026			ratification by Board							
POPULATION HEALTH, PRIMARY AND COMMUNITY										
Planning Goal 3: '20Four7' population health: • To reflect population health priorities that build in equality of opportunity and human rights, together with plans to reduce health inequalities	AG	BB	**Assurance**	✓		✓		✓		✓
Annual Managed Practices Assurance Report	AC	RB	**Assurance**		✓					
Healthy Weight Implementation Plan	AG		**Information**		✓					
Planning Goal 4: Community by design: • To ensure that HDd has a clear vision and strategic direction that secures the long-term sustainability of the organisation, both at local community and wider system levels	LD	RB/JC	**Assurance**		✓		✓		✓	

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PAPER DEADLINE				**7 Apr 2026**	**4 June 2026**	**23 Jul 2026**	**12 Oct 2026**	**1 Dec 2026**	**9 Feb 2027**	
Vaccination Programme for Prevention and Response Plan - Progress Update, Key Priorities and Delivery Plan (3.1.13)	AG	BB	**Recommend,** for onward ratification by Board			✓				
Planning Goal 7: Future Orientated: • Connected and resilient communities • Establish how we will strengthen how we listen and incorporate the voice of our future generations	AG	BB	**Assurance**			✓		✓		✓
PSBs Well-being of Future Generations (Wales) Act 2015 (WBFGA) (3.1.6 & 3.1.7)	AG	BB	**Assurance**				✓			
Review of Clinical Pharmacy Services at NHS Hospitals in Wales	MH	OW	**Assurance**				✓			
Deep Dive: Healthy Domain Metrics	AG	BL/MT	**Information**		✓					
Management of Outpatients *ARAC Action – CM email 12 06 26*	AC	PG	**Assurance**				✓			

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PAPER DEADLINE				**7 Apr 2026**	**4 June 2026**	**23 Jul 2026**	**12 Oct 2026**	**1 Dec 2026**	**9 Feb 2027**	
Public Health and Demographic Data (to include analysis of economic and health inequalities to better inform strategic decision-making and support the shift towards community health and wellbeing) *CE email 30 06 26 refers*	AG	BL					✓			
Wellbeing of Future Generations Annual Report 2025-2026	AG	BB/ SR	**Recommend,** for onward ratification by Board			✓				
CAPITAL AND ESTATES										
Capital Programme for 2026/27 and Capital Governance (including the CSC 3A's update (3.1.24) & Discretionary Capital Programme (DCP) and Capital Resource Limit & other CSC items below) (3.1.18&19) * Also Capital Planning Equipment Replacement Programme.	LD	PW/ER	**Assurance/ Update the Board**	✓	✓	✓	✓	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	28 Apr 2026	25 Jun 2026	20 Aug 2026	2 Nov 2026	22 Dec 2026	2 Mar 2027	Apr 2027
PAPER DEADLINE				**7 Apr 2026**	**4 June 2026**	**23 Jul 2026**	**12 Oct 2026**	**1 Dec 2026**	**9 Feb 2027**	
Capital Business Cases (as and when required for scrutiny before onward ratification at Board) (3.1.16)	LD	ER	**Recommend,** for onward ratification by Board	✓	✓	✓	✓	✓	✓	✓
CSC Annual Report 2025/26 (10.4)	LD	ER	**Approve**	✓						✓
Annual Review CSC TORs (10.3)	LD	ER	**Approve**					✓		
HDdUHB Resilience Review: Management Response	LD	SH	**Assurance**		✓					
Sustainability Report (for HDdUHB Annual Report) (see SH email of 21 01 2026)	AG	SH	**Assurance**		✓					✓
Estate Condition & Performance Update	LD	PW	**Assurance**				✓			
CSC Workplan 2026/27 (3.1.26)	LD	ER	**Information**						✓	
Planning in Partnership: Regional Integration Fund Update (3.1.3 & 3.1.16)	AC	LJ	**Information**					✓		
5th LINAC Business case	LD	SA/AS	**Recommend,** for onward ratification by Board		✓					
FOR APPROVAL										

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	28 Apr 2026	25 Jun 2026	20 Aug 2026	2 Nov 2026	22 Dec 2026	2 Mar 2027	Apr 2027
PAPER DEADLINE				**7 Apr 2026**	**4 June 2026**	**23 Jul 2026**	**12 Oct 2026**	**1 Dec 2026**	**9 Feb 2027**	
Policies (as required) (3.1.25) *	All	All	**Approval**	✓	✓	✓	✓	✓	✓	
FOR INFORMATION										
JCC Planning, Performance and Finance Sub-Committee Reports*	ME	N/A	**Information**	✓	✓	✓	✓	✓	✓	✓
SPC Workplan 2026/27*	LD	CSO	**Information**	✓	✓	✓	✓	✓	✓	✓
In Committee Session agenda items (as required)	CSO	N/A	N/A	✓	✓	✓	✓	✓	✓	✓
Issues for Board/Committees	Chair			✓	✓	✓	✓	✓	✓	✓
MEETING GOVERNANCE										
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	CSO	N/A	N/A	✓	✓	✓	✓	✓	✓	✓
Draft agenda to go to Executive Team	CSO	N/A	N/A	✓	✓	✓	✓	✓	✓	✓
Call for papers (at least 6 weeks before the meeting to receive papers at least 14 days before the meeting	CSO	N/A	N/A	✓	✓	✓	✓	✓	✓	✓
Disseminate agenda/papers 7 days prior to meeting	CSO	N/A	N/A	✓	✓	✓	✓	✓	✓	✓
Add actions to the Action Tracker within two days of	CSO	N/A	N/A	✓	✓	✓	✓	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	Responsible Officer	PURPOSE	28 Apr 2026	25 Jun 2026	20 Aug 2026	2 Nov 2026	22 Dec 2026	2 Mar 2027	Apr 2027
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the meeting and send notification to action owners										
Circulated minutes to Lead Director within 7 days of the meeting	CSO	N/A	N/A	✓	✓	✓	✓	✓	✓	✓
Issue minutes and TOA to Members (including the Committee Chair) following Lead Director review	CSO	N/A	N/A	✓	✓	✓	✓	✓	✓	✓
Produce 3A's Report for Board	CSO	N/A	N/A	✓	✓	✓	✓	✓	✓	✓

Chair: Winston Weir **Vice Chair:** Maynard Davies **Lead Executive:** Lee Davies

AC	Andrew Carruthers	**JC**	Julia Chambers	**OW**	Owain Williams
AG	Dr Ardiana Gjini	**JW**	Joanne Wilson	**PS**	Peter Skitt
AT	Anna Thomas	**LD**	Lee Davies	**PW**	Paul Williams
BB	Dr Bruce Bolam	**LJ**	Linda Jones	**RB**	Rhian Bond
CE	Clare Emmanuel	**LP**	Leighton Phillips	**SA**	Shaun Ayres
CSO	Committee Services Officer	**ME**	Matthew Edwards	**SH**	Sam Hussell
ER	Eldeg Rosser	**MH**	Mark Henwood	**SM**	Sophie Marr
HMH	Helen Morgan-Howard	**NW**	Nia Williams	**SD**	Simon Day
GS	Gareth Skye	**DS**	Dana Scott	**SaD**	Sara Davies
MT	Michael Thomas	**DJ**	Dylan Jones	**SR**	Sara Rees

D Deferred

SO	Planning Goals	What we want to achieve (tangible outcomes – how do these align /fit with our current principal risks?	How we expect to deliver this (actions)	Committee Alignment
Thriving Teams	Goal 1 – Healthy, thriving teams *Lead – Lisa*	• Sustainable workforce in hospitals and communities • Shape organisational culture • To celebrate success and promote innovation	• Creating a positive workforce culture • Delivery of workforce stabilisation programme, in particular applying the approach to medical staff • Implementing the Research and Innovation Strategic Plan (2025 – 2030)	PODCC
	Goal 2 – Customer Service Excellence *Lead – Sharon*	• To promote a culture of speaking up safely • Promote equality, diversity and inclusion • Provide excellent bilingual services	• Compassionate experiences • Customer service excellence • Community connectedness	QSEC
Healthier Communities	Goal 3 - '20Four7' population health Lead – Ardiana	• To reflect population health priorities that build in equality of opportunity and human rights, together with plans to reduce health inequalities	• Strengthen prevention services • Advance population health programmes • Monitor performance	SPC
	Goal 4 - Community by design	• To ensure that Hywel Dda has a clear vision and strategic direction that secures the long-term sustainability of the	• Develop and deliver a primary care and community services strategic plan	SPC

	Lead – Andrew	organisation, both at local community and wider system levels		
Great Care	Goal 5 – People First, Digital Always *Lead – Huw*	• To bring the benefits of digitisation and technological advances into healthcare • Create digital pathways between hospital, community and home • Support our staff with digital tools to deliver safe, effective, quality care	• Delivery of Digital Strategic Plan • Progress digital, technology and AI adoption	DDIC
	Goal 6 – Safe, timely, high quality care *Lead – Andrew*	• Ensure patient safety is a priority • Safe and sustainable planned care and community services • Promote high ethical standards • To act as a catalyst for change, providing independent and objective perspectives. This includes having the courage to speak up about any concerns • Improved experiences and outcomes for those using our urgent and emergency care services • Implementation of national Mental Health and Women's Health strategies in Hywel Dda that meet local needs	• Improve patient pathways, embed safety dashboard & remove clinical variation • Promote a way of working that is open, transparent and accountable • Deliver the programme commitments made as part of the Clinical Services Plan and Community by Design strategic delivery plan • Improve efficiency and productivity and reduce waste, harm and variation • Develop and deliver an Urgent and Emergency Care strategic delivery plan to improve standards, in line with the existing strategy, ahead of the new hospital network • Develop and deliver a flexible, open access mental health model in Hywel Dda	FPC

			• Develop and deliver the Women's Health Plan for Wales in Hywel Dda • Implement Hywel Dda's learning disability transformation programme	
Positive Futures	Goal 7 - Future Orientated *Lead – Ardiana*	• Connected and resilient communities • Establish how we will strengthen how we listen and incorporate the voice of our future generations	• Embed the Principles of Social Model for Health & Wellbeing • Delivering our Decarbonisation Delivery Plan • Encourage collaboration with others	SPC
	Goal 8 - Fit for purpose, modern facilities and services *Lead – Lee*	• Determine and implement sustainable models for services within the Clinical Services Plan programme • Deliver our Programme Business Case to develop fit for purpose and modern community and hospital facilities	• Provide an addendum to our Programme Business Case to allow us to proceed with the development of community and hospital schemes • Develop the Clinical Services Plan to make changes to services, and consider other services that may need support, to allow us to provide safe and sustainable services for the future	SPC

7

12:20, 5 Mins

7 - Issues for Board/Committees

Winston Weir (Hywel Dda UHB - Independent Board Member)

For information

8

12:25, 5 Mins

8 - Any Other Business

Winston Weir (Hywel Dda UHB - Independent Board Member)

9

12:30, 0 Mins

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9 - Date and Time of Next Meeting

9.1 **12:30, 0 Mins**

9.1 - Monday 2 November 2026, 2026, 09:30 - 12:30, HDD Picton - Dolau Cothi & MS Teams

22 December 2026, 09:30 - 12:30, Hybrid
2 March 2027, 10:00 - 12:30, Hybrid