

Aneurin Bevan University Health Board

Pharmaceutical Needs Assessment

August 2021

This document is available in Welsh/
Mae'r ddogfen hon ar gael yn Gymraeg



Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Dyfodol  Clinigol
Clinical Futures

Contents

Executive summary	4
1 Introduction	9
2 Overview of Gwent.....	31
3 General health needs of Gwent	69
4 Identified patient groups – particular health issues	82
5 Provision of pharmaceutical services	97
6 Other NHS services	117
7 Health needs that can be met by pharmaceutical services.....	125
8 Blaenau Gwent East locality	132
9 Blaenau Gwent West locality	160
10 Caerphilly East locality	188
11 Caerphilly North locality	217
12 Caerphilly South locality	247
13 Monmouthshire North locality	271
14 Monmouthshire South locality	301
15 Newport East locality	330
16 Newport West locality	358
17 Torfaen North locality	385
18 Torfaen South locality.....	413
19 Conclusions for the purpose of schedule 1 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020	438
Appendix A – policy context and background papers	445
Appendix B – essential services	450
Appendix C – advanced services	454
Appendix D – enhanced services	457
Appendix E – terms of service for dispensing appliance contractors.....	461
Appendix F – PNA steering group membership	465
Appendix G – patient and public engagement survey	466
Appendix H – full results of the patient and public questionnaire	474
Appendix I – pharmacy contractor questionnaire	500

Appendix J – dispensing practice questionnaire	503
Appendix K – consultation report	506
Appendix L – opening hours	549

Executive summary

From 1 October 2021, the Health Board has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment'. This is Aneurin Bevan University Health Board's first pharmaceutical needs assessment and its development has been overseen by a steering group which included representation from the Health Board, Community Pharmacy Wales and Gwent Local Medical Committee.

The pharmaceutical needs assessment:

- Sets out the current health needs of the population and how they will change over the five-year lifetime of the document (1 October 2021 to 30 September 2026),
- Describes the current provision of pharmaceutical services by pharmacies, dispensing appliance contractors and dispensing doctors both within and outside of the Health Board's area,
- Takes into account any 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 or any that will arise during the lifetime of the document.

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

The footprint of Aneurin Bevan University Health Board is coterminous with Greater Gwent, a term used to reflect the five local authority areas of:

- Blaenau Gwent,
- Caerphilly,
- Monmouthshire,
- Newport and
- Torfaen.

The demographics of the Health Board's area are varied and include rural areas such as Monmouthshire, urban centres such as Newport and Chepstow, and the most easterly of the South Wales valleys.

The mid-year 2019 estimates put the Health Board's population at 594,164 and this is due to increase to 601,000 by 2036; however this growth is not evenly spread across the area. Whilst the greatest increases will be seen in Newport, Caerphilly and Torfaen, the populations of Blaenau Gwent and Monmouthshire are predicted to decrease by 6.6% and 1.3% respectively. In line with elsewhere in Wales it is predicted that the population aged 65 and over will increase significantly.

Chapter 1 sets out the regulatory framework for the provision of pharmaceutical services which, for the purpose of this document, include those services provided by pharmacies and dispensing appliance contractors (referred to as essential, advanced and enhanced services) and the dispensing service provided by some GP practices to eligible patients. It also contains the views of 321 residents of the Health Board's area on their use of pharmacies and dispensing doctors which were gained from an online questionnaire and show:

- Pharmacies are mainly used for the dispensing of prescriptions, to buy medicines or to get advice.
- Most people visit a pharmacy on a monthly basis.
- For those who have a preference as to the time at which they visit a pharmacy, 09.00 to 12.00 and 15.00 to 18.00 are the most popular times.
- With regard to the preferred day of the week on which to visit a pharmacy, 42% of responders didn't have a preference, 23% said weekdays in general and 11% said weekends in general.
- The most common influences on the choice of which pharmacy to use are proximity to home address or GP practice, a location that is easy to get to, trust in the staff, and usually having the required items in stock.
- 60% of respondents drive to a pharmacy and 28% walk.
- 89% of respondents can travel to a pharmacy within 20 minutes. 8% chose not to answer the question.

This chapter also contains information provided by contractors which could not be nationally sourced:

- 93% of pharmacies are accessible by wheelchair,
- All of the pharmacies have a consultation area,

- 82% of pharmacies said that they have sufficient capacity within their existing premises and staffing levels to meet an increase in demand,
- 15% said they didn't have sufficient capacity but could make adjustments in order to do so, and
- Only three pharmacies said that they didn't have sufficient capacity and would have difficulty in managing an increase in demand.

Following an overview of the demographic characteristics of the residents of the Health Board's area in chapter 2, chapter 3 focusses on their health needs.

In order to ensure that those sharing a protected characteristic and other patient groups are able to access pharmaceutical services chapter 4 identifies the specific groups that are present in the Health Board's area and their likely health needs.

Chapter 5 focusses on the provision of pharmaceutical services in the Health Board's area and those providers who are located outside of the area but who provide services to those living within the Health Board's area. As of August 2021 there are 131 pharmacies included in the Health Board's pharmaceutical list, operated by 46 different contractors. There are no dispensing appliance contractors in the Health Board's area. Of the 75 GP practices, 13 dispense to their eligible patients from 17 sites, three of which are located in England. The pharmacies are generally located in areas of greater population density and deprivation.

The majority of the population is within a 20-minute drive of a pharmacy. Those areas that aren't, either have no resident population or a very small population spread across isolated houses and farms, and are predominantly in rural North Monmouthshire.

The vast majority (93.4%) of items prescribed by the GP practices in 2019/20 were dispensed by one of the 131 pharmacies, with a further 5.1% dispensed or personally administered by the GP practices. Similar percentages were seen in 2020/21.

Looking at all the items prescribed by the GP practices and other NHS services which generate prescriptions, 5.4% of items in 2019/20 were dispensed outside of the Health Board's area (either elsewhere in Wales or in England) by over 1,400 different contractors. However the majority (80%) were dispensed by just 14 contractors in either Cardiff and Vale University Health Board or Cwm Taf Morgannwg University Health Board. Again, a similar pattern of dispensing was seen in 2020/21.

Services which affect the need for pharmaceutical services either by increasing or reducing demand for a particular service are identified in chapter 6. Such services include the hospitals, personal administration of items by GP practices, the GP out of hours service, Help me Quit, and the drug and alcohol services.

Having considered the general health needs of the population, chapter 7 focusses on those that can be met by pharmacies, dispensing appliance contractors and the dispensing service provided by some GP practices.

The Health Board has divided its area into 11 localities for the purpose of this document, based upon the neighbourhood care networks. The neighbourhood care networks were established to incorporate representation from public health, local authorities, and housing and third sector organisations. As a result they are in an ideal position to act as vehicles for change to ensure delivery of services, which are patient focused and fit for purpose to meet the future needs of the local population they serve.

Each locality has a dedicated chapter which looks at the needs of the population, considers the current provision of pharmaceutical services to residents and identifies whether or not current provision meets the needs of those residents. Each chapter goes on to consider whether there are any gaps in service delivery that may arise during the lifetime of the pharmaceutical needs assessment.

In chapter 19 the Health Board has identified the following services as those that are necessary to meet the need for pharmaceutical services in its area:

- Essential, advanced and enhanced services provided at all premises included in a pharmaceutical list, and
- The dispensing service provided by those GP practices included in a dispensing doctor list.

Access to pharmaceutical services for the residents is good and the main conclusion of this pharmaceutical needs assessment is that there are currently no gaps in the provision of essential services.

Current needs for certain enhanced services have been identified in relation to certain localities, details of which can be found in the relevant locality chapters. In summary these needs relate to the requirement for certain services (smoking cessation level 3, and flu vaccination) to be available at locations that are accessible to residents, taking into account the level of need and the presence of other service providers.

The pharmaceutical needs assessment also looks at changes which are anticipated within the lifetime of the document for example the predicted population growth. Given the current population demographics, housing projections and the distribution of service providers across the Health Board's area, the document concludes that the current provision will be sufficient to meet the future needs of the residents during the five-year lifetime of this pharmaceutical needs assessment other than in the Newport East and Torfaen North localities. The Health Board has identified there is a future need for a pharmacy in:

- the Glan Llyn development in Newport East (see chapter 15), and
- Mamhilad Urban Village in Torfaen North (see chapter 17).

Each of these pharmacies will be required to open for a specified number of core opening hours and to provide a range of pharmaceutical services.

The Health Board has also identified that there may be a future need for the smoking cessation level 3 patient group direction service to be provided at a number of locations within 12 months of Varenicline becoming available again if not all of the pharmacies that provide the smoking cessation level 3 service sign up to provide the patient group direction element of the service. It has also identified the future need for the flu vaccination service in Blaenau Gwent East.

A 60-day consultation has been undertaken on the findings of the consultation version of the pharmaceutical needs assessment, as required by the regulations, and the document has been reviewed in light of the responses received. A report on the consultation has been included as an appendix to this version and details of the changes made to the pharmaceutical needs assessment are set out in that report.

1 Introduction

1.1 Purpose of a pharmaceutical needs assessment

The purpose of the pharmaceutical needs assessment 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 Gwent Social Services and Well-being Act Population Needs Assessment and the five local authorities' wellbeing assessments. Whilst the population needs assessment and wellbeing assessments focus on the general health needs of the population of the Health Board's area, the pharmaceutical needs assessment looks at how those health needs can be met by the 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. In general, their application must offer to meet a need that is set out in that Health Board's pharmaceutical needs assessment. There are however two exceptions to this; change of ownership applications and relocations for business purposes.

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 pharmaceutical needs assessment 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 pharmaceutical needs assessment.

1.2 Health board duties in respect of the pharmaceutical needs assessment

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

- Publish its first pharmaceutical needs assessment by 1 October 2021;

- Publish revised statements (i.e. subsequent pharmaceutical needs assessments), on a five-yearly basis, which comply with the regulatory requirements;
- Publish a subsequent pharmaceutical needs assessment 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 pharmaceutical needs assessment must include are defined within both the National Health Service (Wales) Act 2006 and the NHS (Pharmaceutical Services) (Wales) 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 Aneurin Bevan University Health Board there are 131 pharmacies, and 13 dispensing 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, Aneurin Bevan 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) (Wales) Regulations 2020, the Pharmaceutical Services (Advanced and Enhanced Services) (Wales) Directions 2005, 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
 - Dispensing of repeatable prescriptions
 - Disposal of unwanted drugs
 - Promotion of healthy lifestyles
 - Signposting, and
 - Support for self-care
- Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements and must also be fully compliant with the essential services and clinical governance requirements.
 - Medicines use review and prescription intervention services (more commonly referred to as the medicines use review service)
 - Discharge medicines review service
 - Stoma appliance customisation
 - Appliance use review
- Enhanced services – service specifications for this type of service are developed by the Health Board and then commissioned to meet specific health needs.
 - Anticoagulation monitoring
 - Care home service
 - Disease specific medicines management service
 - Gluten free food supply service
 - Home delivery service
 - Language access service
 - Medication review service
 - Medicines assessment and compliance support service
 - Minor ailment scheme
 - Needle and syringe exchange
 - On demand availability of specialist drugs service
 - Out of hours service
 - Patient group direction service
 - Prescriber support service
 - Schools service
 - Screening service
 - Stop smoking service
 - Supervised administration service
 - Prescribing service

- An anti-viral collection service
- An emergency supply service

Further information on the essential, advanced and enhanced services requirements can be found in appendices B, C and D respectively.

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

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

Pharmacies are required to open for not less than 40 hours per week, and these are referred to as core opening hours, but many choose to open for longer and these additional hours are referred to as supplementary opening hours. Under the NHS (Pharmaceutical Services) (Wales) 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 pharmaceutical needs assessment.

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 pharmaceutical needs assessment 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, Aneurin Bevan 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) (Wales) Regulations 2020 and 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
- Dispensing of repeatable prescriptions
- Home delivery service for some items
- Supply of appropriate supplementary items (e.g. disposable wipes and disposal bags)
- Provision of expert clinical advice regarding the appliances, and
- Signposting

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

- Stoma appliance customisation
- Appliance use reviews

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

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

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

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

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

1.3.3 Pharmaceutical services provided by doctors

The NHS (Pharmaceutical Services) (Wales) Regulations 2020 allow Health Boards to make arrangements with 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 outline 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 Aneurin Bevan University Health Board and its hospitals which affect the need for pharmaceutical services are also included within the pharmaceutical needs assessment.

1.5 How the assessment was undertaken

1.5.1 Pharmaceutical needs assessment steering group

Aneurin Bevan University Health Board has overall responsibility for the publication of the pharmaceutical needs assessment, and the director of public health is accountable for its development. Aneurin Bevan University Health Board established a pharmaceutical needs assessment steering group whose purpose was to ensure that the development of a robust pharmaceutical needs assessment that complies with the NHS

(Pharmaceutical Services) (Wales) 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 Pharmaceutical needs assessment localities

The localities that have been used for the pharmaceutical needs assessment match the boundaries of the Neighbourhood Care Networks, namely:

- Blaenau Gwent East
- Blaenau Gwent West
- Caerphilly East
- Caerphilly North
- Caerphilly South
- Monmouthshire North
- Monmouthshire South
- Newport East
- Newport West
- Torfaen North
- Torfaen South

The Neighbourhood Care Networks were established to incorporate representation from public health, local authorities, and housing and third sector organisations. As a result they are in an ideal position to act as vehicles for change to ensure delivery of service, which are patient focused and fit for purpose to meet the future needs of the local population they serve.

As a result services are planned and delivered on this footprint and it was therefore agreed that they should be used as the basis for the pharmaceutical needs assessment localities.

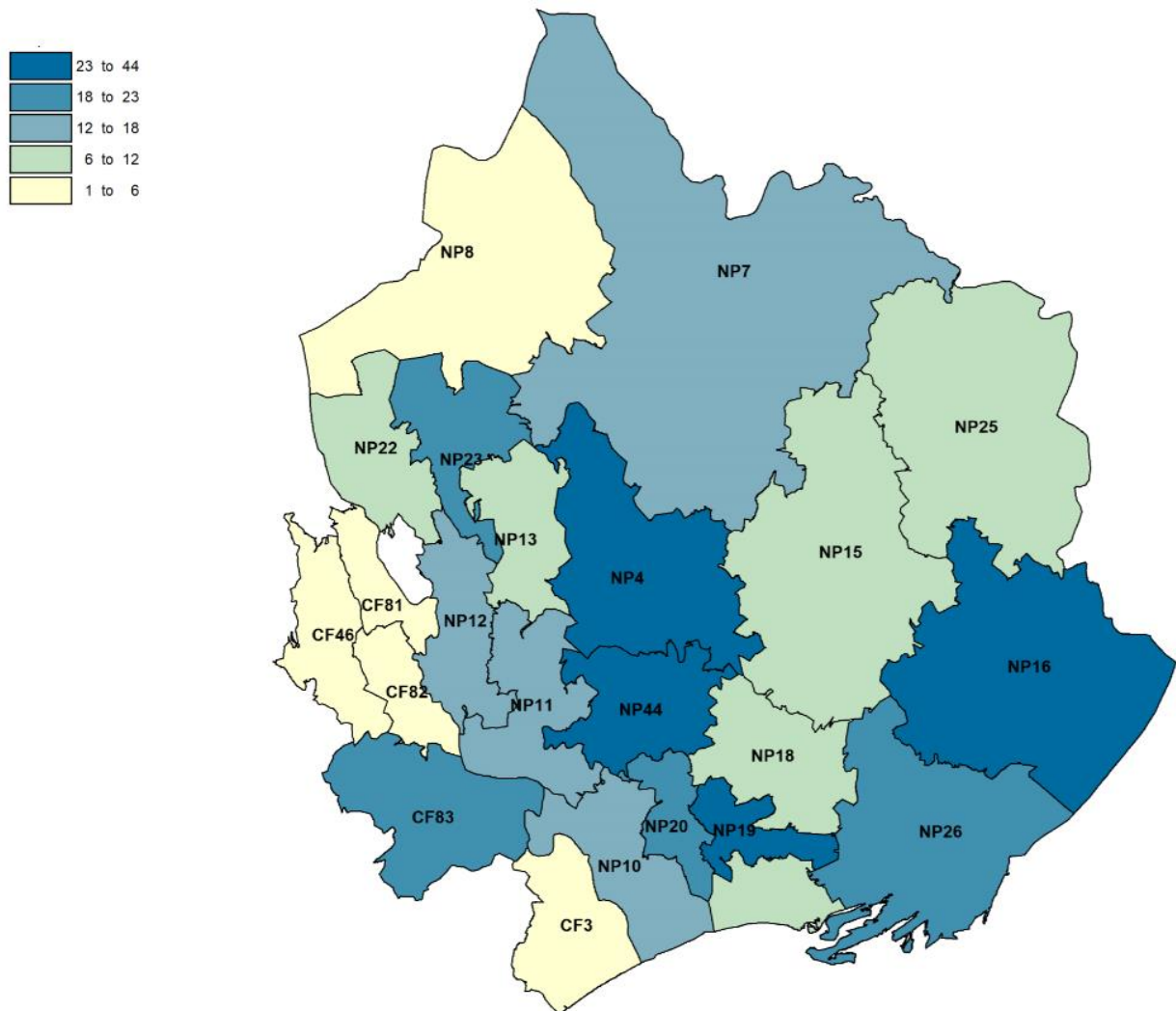
1.5.3 Patient and public engagement

In order to gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and made available online from 19 November to 17 December 2020. It was promoted via the Health Board's website and social media platforms. Due to the ongoing Covid-19 pandemic it was not possible to hold face to face events to promote the questionnaire or to engage with patients and the public, and it is acknowledged that this will have affected the response rate. The questionnaire was made available in both Welsh and English, although no responses were received for the Welsh version.

A copy, which shows the questions asked, can be found in appendix G. The full results can be found in appendix H.

A total of 321 people completed the questionnaire in English (no Welsh responses were received). The heat map below shows the location of those who responded based upon the postcode district that they live in.

Map 1 - map showing the postcode districts of those responding to the patient and public questionnaire



© Copyright Ordnance Survey Licence 100050829

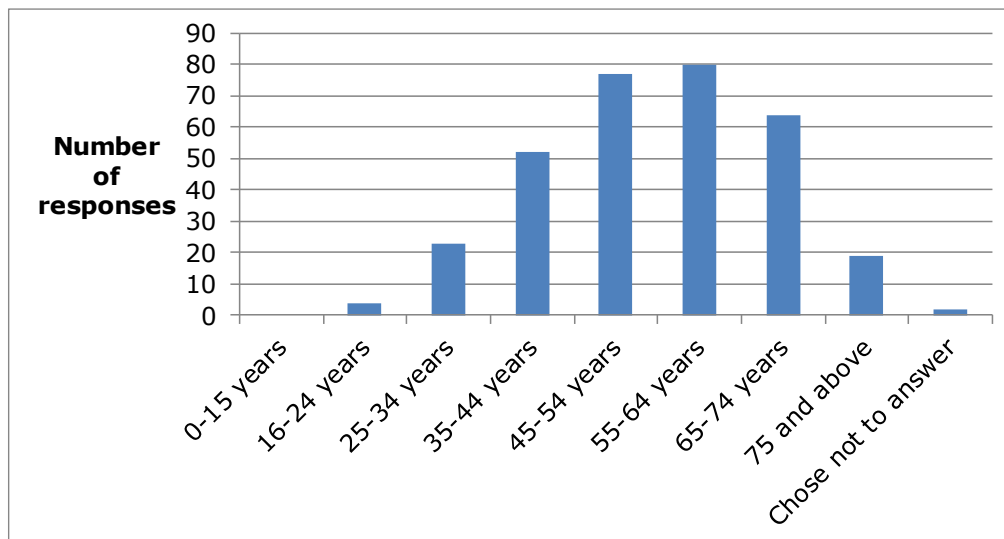
When asked where their prescriptions are dispensed:

- 71% said at a pharmacy,
- 21% by their GP practice,
- 6% chose not to answer the question, and

- 2% didn't know, however their subsequent responses would suggest they are dispensed at a pharmacy.

77% of respondents were female, 19% were male, 2% preferred not to say and 2% chose not to answer this question. The figure below shows the age breakdown of respondents.

Figure 1 – how old are you?



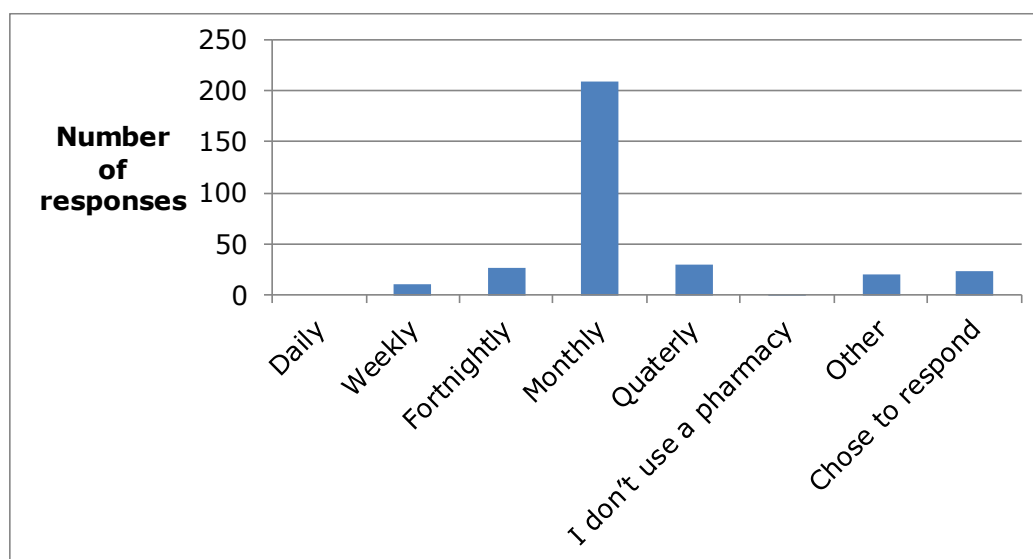
When asked why they usually visit a pharmacy the most common responses were as follows:

- To get a prescription for myself – 267 people
- To get a prescription for someone else – 171 people
- To buy a medicine for myself – 118 people
- To get advice for myself – 98 people
- To get advice for someone else – 41 people

Multiple answers could be given to this question.

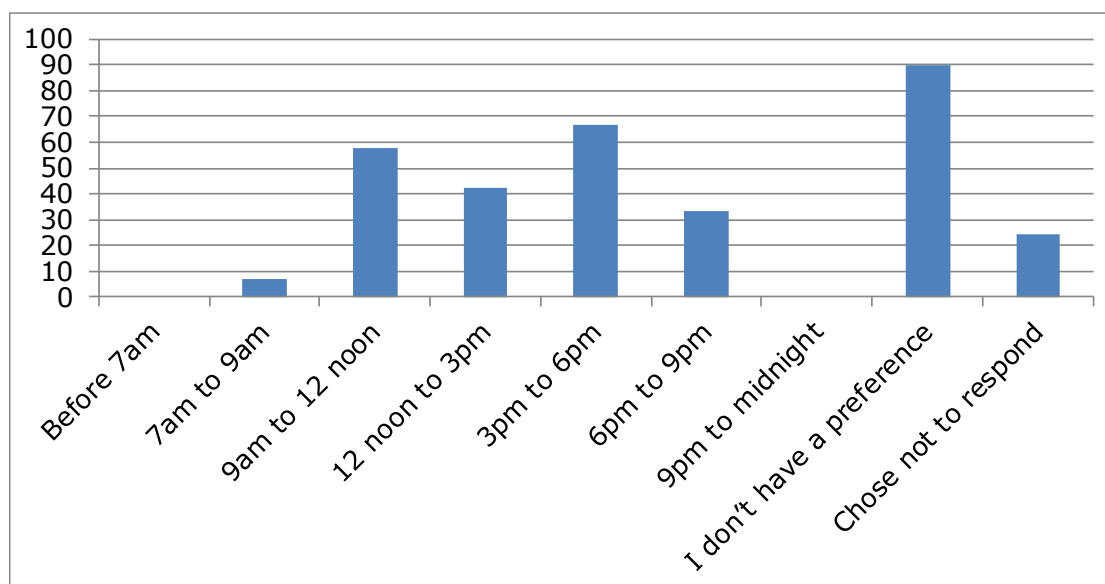
The figure below shows how frequently responders visit a pharmacy. As may be expected most people visit monthly which will reflect prescription length.

Figure 2 – How often do you visit a pharmacy?



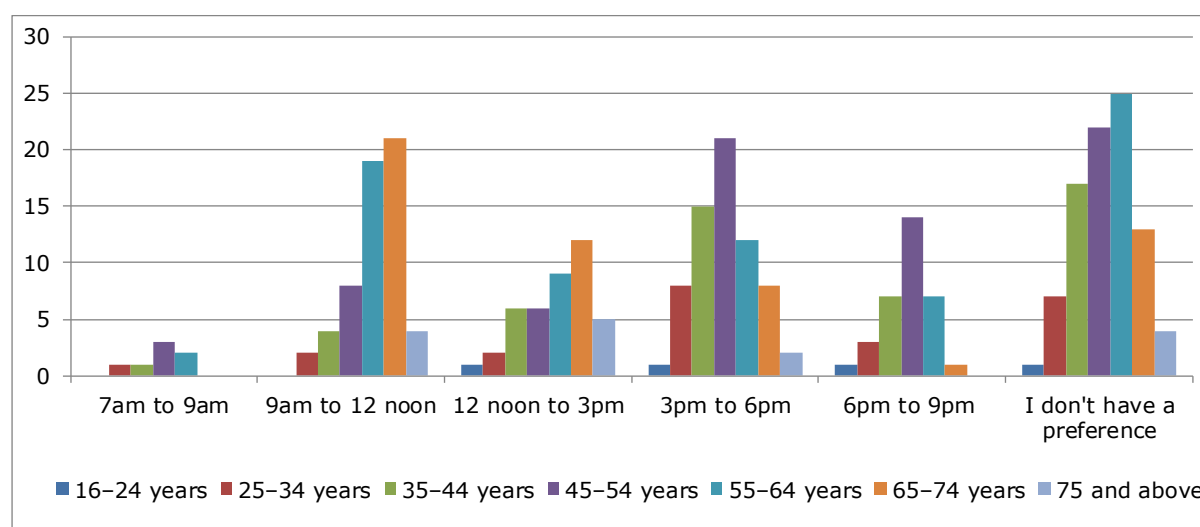
Whilst 28% of respondents didn't have a preference as to the most convenient time, for those that did the most convenient time was 3pm to 6pm (21% of responses), followed by 9am to 12 noon (18% of responses) and then 12 noon to 3pm (13%). 7% chose not to answer the question.

Figure 3 - What time is the most convenient for you to use a pharmacy?



The most convenient time to access a pharmacy was then analysed by age to identify any differences this may have on the times pharmacies are used.

Figure 4 – age and most popular time to visit a pharmacy



In general, where respondents answered both questions, the most popular time to visit a pharmacy for those aged 25 to 54 was 3pm to 6pm, and for those aged 55 and over was 9am to 12 noon.

When asked which is the most convenient day to access a pharmacy of 42% said they didn't have a preference, 23% of responders said weekdays in general, and 11% said weekends in general. 8% chose not to answer the question.

When asked what they had done if there had been a time recently when they weren't able to use their normal pharmacy, the responses were as follows:

- 135 people went to another pharmacy
- 118 people waited until it was open
- 62 people skipped the question
- 15 said it had never happened to them
- 7 went to their GP
- 3 called 111, and
- 1 went to hospital.

Please note that multiple answers could be given to this question.

The questionnaire asked people about their choice of pharmacy. 67% said that they always use the same pharmacy, 23% said they use different pharmacies but prefer to visit one most often, 2% rarely use a pharmacy and 75 chose not to answer the question.

The table below shows what influences the respondents' choice of pharmacy.

Table 1 – what influences your choice of pharmacy?

Reason	Number of respondents
Close to my home	215
Close to my doctor	151
The location of the pharmacy is easy to get to	119
I trust the staff who work there	116
They usually have what I need in stock	102
The customer service	95
The staff know me and look after me	91
I've always used this pharmacy	91
The pharmacy provide good advice & information	90
The service is quick	83
It is easy to park at the pharmacy	79
The pharmacy has good opening hours	75
Close to other shops	55
Close to work	41
The pharmacy collects my prescription and delivers my medicines	21
It is very accessible i.e. wheelchair/baby buggy friendly	13
Close to children's school or nursery	12
Other	12
The staff don't know me	7

When asked if there is a more convenient and/or closer pharmacy that they don't use, 94 (295) said yes and 92 went on to give a reason why (please note that multiple answers could be given to this question).

Table 2 – reasons for not using a more convenient and/or closer pharmacy

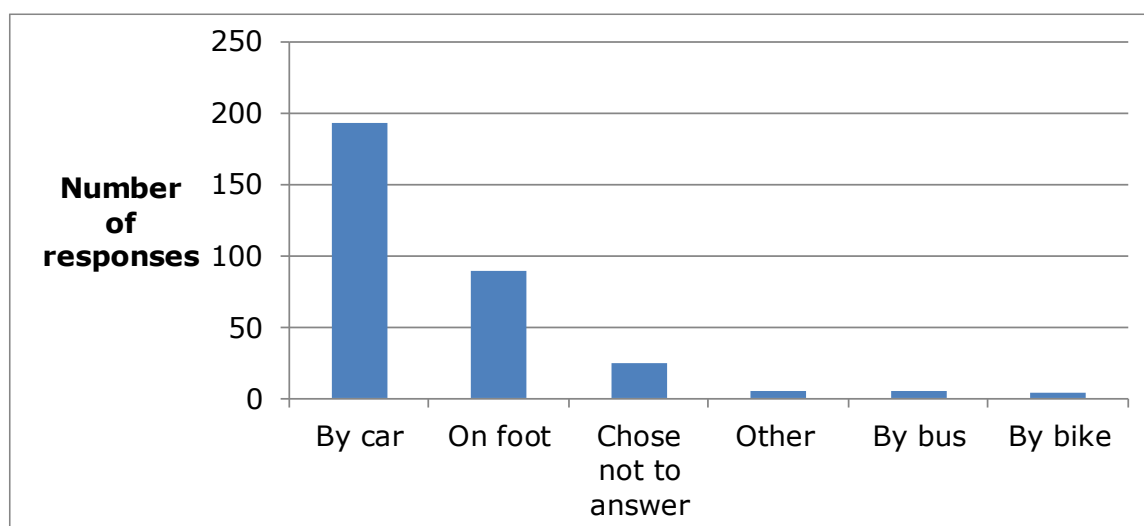
Reason	Number of responses
Other	29
It is not easy to park at the pharmacy	17
The service is too slow	13
I have had a bad experience in the past	10
The staff don't know me	7
They don't have what I need in stock	6
It's not open when I need it	4
There is not enough privacy	3
The pharmacy does not deliver medicines	2
The staff are always changing	1

Where 'other' was given as a response further information was provided and included:

- Loyalty to existing pharmacy or force of habit
- Pharmacy forced the closure of the GP practice's dispensary
- Staff behaviour and attitude at the closer pharmacy
- Change of ownership
- Operational and system issues within a pharmacy or GP surgery
- Chosen pharmacy is co-located with GP practice
- Know the staff at the closer pharmacy and don't want personal information known
- Convenience
- Lack of privacy at the closer pharmacy

The questionnaire then looked at how people travel to pharmacies.

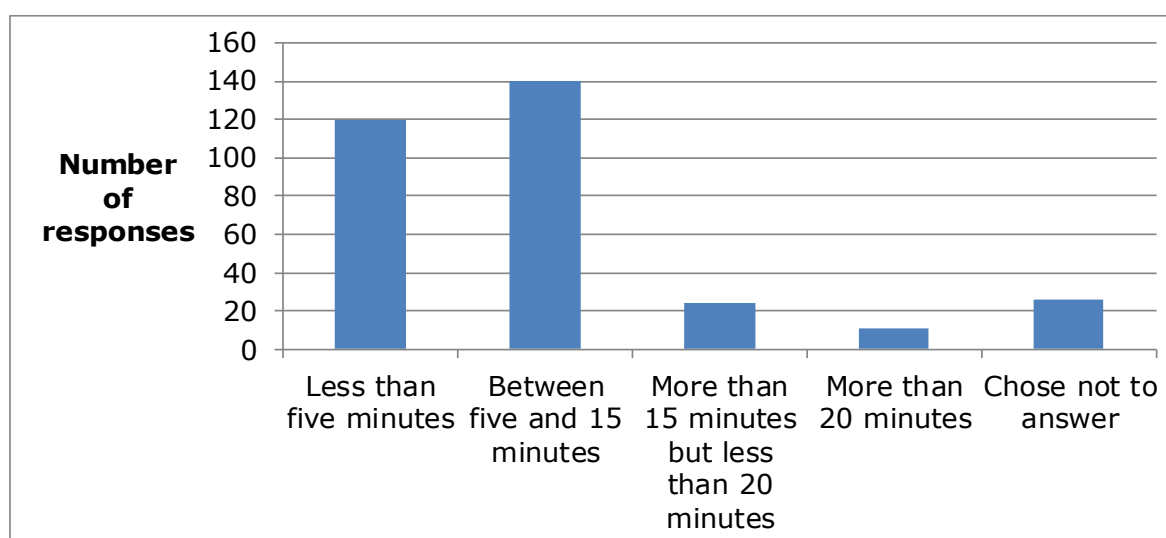
Figure 5 - if you go to the pharmacy how do you usually get there?



For those who chose 'other' most went by car or on foot depending on the weather, whether or not they were going elsewhere or coming back from somewhere else, by mobility scooter, or their medicines are delivered to them.

For the majority of the responders their journey time takes less than 15 minutes (81%), with 88.5% within 20 minutes of a pharmacy. 8% of people chose not to respond to this question.

Figure 6 - how long does it usually take to get to the pharmacy?



For those whose journey takes more than 20 minutes:

- Seven people go by car,
- Three by the bus, and
- One goes on their bicycle.

Searching via the internet was the most popular way of finding information on a pharmacy for example opening hours and services offered (235 respondents) followed by calling the pharmacy (106 respondents), popping in and asking (60 respondents), and looking in the window (46 respondents).

When asked if they feel able to discuss something private with a pharmacist the majority either answered yes (55%) or they had never needed to (25%). 9% of respondents however said no, which is of concern particularly as all pharmacies have an area for confidential consultations.

Whilst most respondents use a pharmacy in order to have a prescription dispensed, pharmacies do provide a range of clinical services. The questionnaire listed a number of services that are provided by all or the majority of pharmacies in the Health Board's area and asked if respondents were aware of them. The table below shows their responses.

Table 3 – are you aware that you may be able to access the following services from pharmacies as part of the NHS?

Service	Number of people aware of the service
Flu vaccinations	257
Common ailments scheme	244
Help to stop smoking	171
Emergency hormonal contraception, also referred to as the 'morning after pill'	164
Emergency medicines supply	128
Discharge medicines review service	104
Medicines use review service	0
Appliance use review service	0

131 people had further comments to make on local pharmacy services. There were 48 positive comment about pharmacies and two about dispensing doctors, 50 negative comments about pharmacies and two about dispensing doctors, nine which were both positive and negative, and 21 observations.

Themes from the positive comments include:

- The standard and quality of the service provided
- Ability to ask the pharmacist about common ailments and medicines
- Repeat prescription service saves time
- Friendly, helpful and approachable staff

Examples of the positive comments include:

- "They are very community minded and know people individually. They are friendly, efficient and knowledgeable."
- "they have knowledge of the doctors, your medication, so if a dr has given you something and pharmacy know it will affect you they will advise you. this is the same to the other pharmacy i would use again the pharmacist in this case my whole family."
- "We are very pleased with our, we know them and they know us. We trust them and have used them for many years"
- "Local pharmacies in rural areas are essential as patients would need to travel to a town to collect their prescription."
- "My pharmacy are so helpful. I would ask their advice before going to my GP."

- "The staff have worked incredibly hard during the pandemic under very difficult conditions and I applaud them."

With regard to the negative comments, the main themes were:

- staff attitude and behaviour
- opening hours (particularly at lunchtime, evenings and weekends),
- changes to ways of working due to the pandemic – for example having to queue outside and the length of time spent waiting
- accessing the common ailments service but then being charged for an item or being told to go and see a GP
- lack of privacy
- length of time for prescriptions to be dispensed, including when a hub is used for the dispensing
- lack of stock leading to repeat visits
- low staffing levels for volume of work

Examples of the negative comments include:

- "I am generally taken aback by the lack of engagement from staff with customers - people may be left waiting for a long time without being acknowledged let alone greeted and served when several members of staff are visible 'at the back'. This does not come across as courteous nor professional."
- "Always understaffed for the services that they are meant to provide"
- "I have had some awful experiences lately with pharmacies losing my prescription and not telling me what has happened until it is too late and I have run out of my medication."
- "not clear if there is any privacy anywhere"
- "I don't like having to wait 10 days for repeat prescriptions to be filled. I don't trust [Pharmacy] to order them for me as they either forgot or missed an item on the list. This happened so often that I've requested them myself for the last two years from the surgery and ask them to give prescriptions to [Pharmacy]."
- "My local pharmacy often don't have the stock I need which means I have to make an additional visit which is not convenient. There is never enough staff and therefore I wait between 30 - 60 minutes for my monthly prescription which should already be made up ready, but often isn't."

Poor communications between GP practices and pharmacies was raised as an issue as it creates additional journeys for people at a time when people are being advised not to go out unnecessarily due to the pandemic, or may feel unsafe in going out more often than is necessary.

Delivery of medicines was noted as a good service however the introduction of a fee for the private service by some contractors was not seen to be a good thing.

1.5.4 Contractor engagement

An online questionnaire for pharmacies was undertaken via the All Wales Pharmacy Database validation exercise, 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 18 November to 20 December 2020 and the results are summarised below. 131 pharmacies in the Health Board's area responded, a response rate of 100%. The Health Board is grateful for the support of Community Pharmacy Wales in agreeing to both incorporating the questions into the All Wales Pharmacy Database validation exercise and bringing the exercise forward.

122 of the pharmacies (93%) confirmed that the premises are accessible by wheelchair. All 131 pharmacies confirmed that they have a consultation area (although at the time of writing one pharmacy is unable to access theirs due to the Covid pandemic) with 111 confirming that it is accessible by wheelchair (85%). Having a consultation area that meets four specific requirements is a pre-requisite for being able to provide the advanced services. All of the consultation areas meet these requirements which are:

- it is a closed room;
- that is a designated area where both the patient and pharmacist can sit down together;
- the patient and pharmacist able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy; and
- is clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

19 pharmacies confirmed that languages other than English are spoken by staff, and the table below shows which languages and at how many pharmacies they are spoken.

Table 4 – languages spoken by pharmacy staff

Language	Number of pharmacies at which it is spoken
Arabic	1
Bengali	1
French	3
Gujarati	3
Hindi	2
Portuguese	1
Punjabi	4
Russian	1
Spanish	1
Urdu	3
Welsh	9

Whilst pharmacies are required to dispense all valid NHS prescriptions for drugs they may choose which appliances they supply “in the normal course of business”. 114 pharmacies (87%) confirmed that they dispense all appliances, 13 (10%) confirm they only dispense dressings, two do not dispense any appliances, one dispenses appliances other than those for stomas, and one doesn’t dispense stoma and incontinence appliances.

130 of the pharmacies collect prescriptions from GP practices as a private, free-of-charge service. 77 pharmacies deliver dispensed items to patients as a private, free-of-charge service and 28 provide it as a private, chargeable service. Of those who provide the service free-of-charge, 39 restrict it to certain categories of patients for example those with a clinical need, those with mobility issues or who are housebound, older patients, disabled patients, vulnerable groups and those who are self-isolating due to the Covid pandemic. Sixteen pharmacies restrict the delivery service to patients in specific geographical areas.

In order to assist in the identification of any gaps in the current provision of enhanced services pharmacies were asked to confirm whether or not there is a requirement for an existing enhanced service which is not currently provided in the area, and to provide the evidence to support this. The majority (114 or 87%) either said:

- no,
- not at the moment,
- not applicable,
- they were willing to provide more services but didn’t say which ones, or
- didn’t respond to the question.

Services which were identified and reasoning for them provided in the response are:

- Return of patients sharps boxes - greatly appreciated by the community and because lots of people enquire and we pass on a phone number to ring but suspect some people don't bother and just throw them away with their rubbish.
- Flu vaccination would broaden base in local area by offering service more flexibly
- There is a need to increase the pharmacy's commissioned independent prescribing time as it is running at capacity but the pharmacy has scope to offer additional appointments.
- Urinary tract infection testing. Multiple requests are received by one pharmacy each week including weekends from a variety of patients the majority of which are referred to the patient's GP for testing and antibiotics. This would be a simple service to provide in pharmacy and reduce GP workload.

When asked if there is a requirement for a new service that is not currently available the most common responses were as per the previous question (119 or 91%).

Services that are required based on patient need were as follows:

- Delivery of prescriptions as highlighted by the Covid pandemic – a vital public service.
- Treatment of minor skin infections such as impetigo especially during the Covid pandemic as several patients have acquired these due to wearing masks.
- GP initiated delivery service in urgent/emergency cases. With video and telephone GP consultations becoming the norm there is an increasing number of requests from GPs for medication to be delivered at short notice. An enhanced service would help manage the demand and meet the increasing delivery costs incurred.
- An independent prescribing service. The current situation has left many GP surgeries seeing less patients than usual meaning pharmacists have had to step up to meet the demands of patients. The independent prescribing service will add several benefits to the community.
- There is a need for a blood pressure check service as it is not readily available at some of the local surgeries.

Recognising that the demand for pharmaceutical services is increasing for a number of reasons including the continued increase in the number of items being prescribed and a growing population, the pharmacies were asking whether they can meet this increase. 108 pharmacies (82%) said

that they have sufficient capacity within their existing premises and staffing levels to meet an increase in demand, and 20 pharmacies (15%) said they didn't but could make adjustments in order to do so.

Only three pharmacies said that they didn't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand.

When asked if they have any plans to develop or expand their premises or service provision, 46 pharmacies (35%) said yes. Plans in relation to premises include:

- Extensions to improve the working environment and meet the increasing demand
- Refits of existing premises (including refits that have happened recently)
- Reducing retail space in order to increase space for the provision of services
- Bringing into use additional space within existing premises
- Incorporating a second consultation room
- Moving into new premises.

In relation to service developments:

- Installation of 24/7 medicines collection point
- Reviewing use of technology/automation to improve the efficiency of the dispensing process
- Pharmacists completing an independent prescribing course (most common response) and utilising those skills
- Expansion of the current independent prescribing course
- Complete accreditation in order to provide the level 3 smoking cessation service (second most common response)
- Start to provide the sore throat test and treat enhanced service
- Start (or undertake revalidation) to provide the emergency hormonal contraception enhanced service
- Willing to provide services that the Health Board or neighbourhood care network wishes to commission
- Provide the flu vaccination service
- Start to provide additional advanced and enhanced services. Those listed include weight management, ear syringing/micro suction alongside the existing independent prescribing service, offering additional services such as podiatry, establish a minor ailments service/clinic in collaboration with the local GP surgery, and a travel clinic
- Expand the provision of existing services such as independent prescribing and supervised consumption

- Introduce chargeable deliveries for patients who are able bodied and ask for a delivery service on the basis of convenience alone
- Offer more collections from other GP surgeries.

An online questionnaire for dispensing practices was also undertaken and as with pharmacies 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 5 November to 4 December 2020 and the results are summarised below. Of the 12 dispensing practices four responded, a response rate of 33%. The Health Board is grateful for the support of Gwent Local Medical Committee in encouraging contractors to complete the questionnaire.

The dispensaries at three of the practices are open all day, opening at either 08.00 or 08.30 and closing at 18.00 or 18.30), whereas in the fourth practice it is open from 8.30 to 14.30. Only one dispensary closes at lunchtime.

One practice dispenses all prescriptions for appliances, two only dispense dressings and the fourth doesn't dispense any dressings.

One practice has been offering a delivery service to all patients since the start of the Covid pandemic. The other three do not offer such a service.

Other than English no other languages were reported as being spoken by dispensary staff.

Two of the practices have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the dispensary service, but two do not and would have difficulty in managing an increase in demand.

In relation to the provision of other dispensing related services:

- Two provide medicines administration record charts, and
- One also provides dosette boxes and medicine charts for patients to use with automatic dispensing.

In relation to changes that have been made to the dispensing service as a result of the Covid pandemic, one practice said that it intends to continue to provide remote medication reviews and a greater use of My Health Online.

1.5.5 Other sources of information

The following documents and websites were used as sources of information on the health needs of the population:

- Population Needs Assessment Gwent Region Report May 2017
- Blaenau Gwent Well-being Assessment April 2017
- Caerphilly County Borough Area Assessment of Local Well-being March 2017
- Monmouthshire Public Service Board Well-being Assessment April 2017
- Newport Community Well-being Profile May 2017
- Torfaen Well-being Assessment March 2017
- Aneurin Bevan University Health Board, Director of Public Health Annual Report 2019
- Nomis website
- StatsWales website
- The GP Contract website QOF database
- Public Health Wales Observatory website
- Welsh Index of Multiple Deprivation 2019 website
- NHS Wales Informatics Service Health Maps Wales website
- The local authorities' Local Development Plans and Annual Monitoring Reports (2019 or 2020)

1.5.6 Consultation

A report of the consultation including any changes to the pharmaceutical needs assessment is included at appendix K.

2 Overview of Gwent

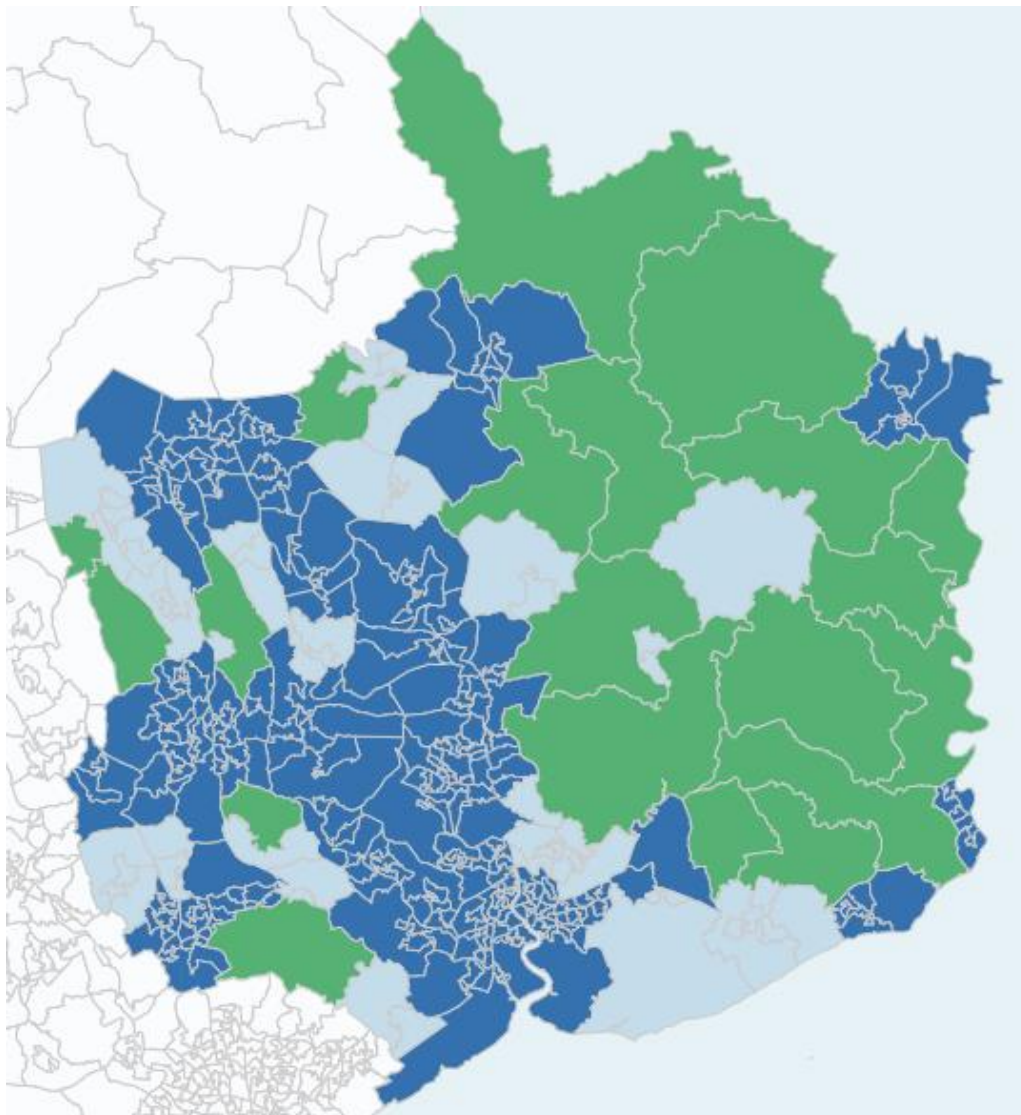
2.1 Introduction

The footprint of Aneurin Bevan University Health Board is coterminous with Greater 'Gwent', a term used to reflect the five local authority areas of:

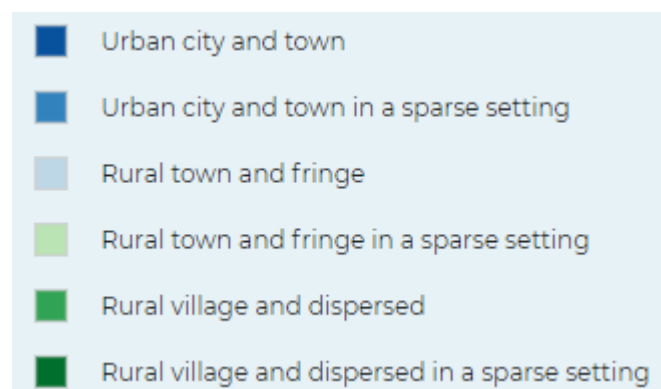
- Blaenau Gwent,
- Caerphilly,
- Monmouthshire,
- Newport and
- Torfaen.

The demographics of the Health Board's area are varied and include rural countryside areas, urban centres and the most easterly of the South Wales valleys. The map below shows the rural urban classification for the Lower Super Output Areas in the area of the Health Board and reflects the generally rural nature of the eastern side of the Health Board's area compared to the more urban western side.

Map 2 – rural urban classification (2011) Aneurin Bevan University Health Board¹



Crown copyright and database rights 2013 Ordnance Survey 100050829



¹ [Health Maps Wales, NHS Wales Informatics Service](#)

Blaenau Gwent is a place of heritage and dramatic change, with a sense of its past but its eyes firmly on the future. The area is relatively small geographically, being at most 15 miles north to south, and 8 miles east to West, covering approximately 10,900 hectares, with a population of 69,862². Blaenau Gwent is defined physically by high hillsides dividing the three main valleys. These valleys are home to towns and villages which whilst seeming to merge together into one proudly maintains their own character and traditions.

Although the towns give the county borough a busy, urban feel, Blaenau Gwent is actually a largely rural area. The area has accessible green spaces and close community working but it is an area with high levels of unemployment and a high percentage of people who are dependent on benefits.

Caerphilly County Borough covers an area stretching from the Brecon Beacons National Park in the north, to Cardiff and Newport in the south. It is bordered to the west by Merthyr Tydfil and Rhondda Cynon Taff, and to the east by Blaenau Gwent and Torfaen local authorities. The area lies at the heart of both the South Wales Valleys and the Cardiff Capital Region. The Caerphilly county borough occupies some 28,000 hectares of the Valleys area of South East Wales, and has a population of 181,075³. It is a little over 30km long and 17.5km wide and is formed by the valleys of three rivers: the Rhymney, Sirhowy and Ebbw. The county borough is a mixture of urban and rural communities. Three quarters of the county borough is used for agriculture and forestry.

The topographical constraints associated with the three valleys presents significant challenges in terms of the relationships and functions of their towns and villages. Few areas within Caerphilly county borough are capable of being economically self- sufficient.

There are five principal centres within Caerphilly county borough:

- Caerphilly,
- Blackwood,
- Risca,
- Bargoed and
- Ystrad Mynach.

These centres' functions are supported by the four local centres of Newbridge, Rhymney, Nelson and Bedwas which function as major

² [StatsWales mid-year 2019 population estimates by local authority](#)

³ [StatsWales mid-year 2019 population estimates by local authority](#)

employers, retail centres, providers of services and centres of population. The remaining settlements in the county borough are mainly residential urban areas, although there are a number of remote rural valleys settlements. Overall the county borough comprises of 50 distinct towns and villages, many of which are typical valley settlements and located on the valley floor, with the main settlements largely reflecting area's rich coal mining heritage. Caerphilly has an expanding economy and benefits through good transport links to Cardiff but there are significant levels of unemployment and poor health.

Located in South East Wales, **Monmouthshire** occupies a strategic position between the major centres in South Wales and the South West of England and the Midlands. The county covers an area of approximately 880 square kilometres with an estimated population of 94,590⁴.

It is a predominantly rural county with 53% of the total population living in wards defined as being in urban areas. The main settlements are:

- Abergavenny,
- Chepstow,
- Monmouth,
- Caldicot,
- Usk and
- Magor/Undy.

The county has a distinctive identity arising from its location in the borderlands between England and the former industrial heartlands of the South Wales valleys. An integral element of Monmouthshire's distinctive settlement pattern arises from its historic market towns and villages and their relationship with the surrounding rural areas.

The county has a rich and diverse landscape stretching from the coastline of the Gwent Levels in the south to the uplands of the Brecon Beacons in the north and the picturesque river corridor of the Wye Valley in the east. A good road network connects Monmouthshire to major population centres such as Cardiff, Newport and Bristol and many of the population take advantage of these links to commute out of the area for employment opportunities.

Monmouthshire has major landscape resources and is home to internationally and nationally designated landscapes ranging from the Wye Valley area of outstanding natural beauty to the east and the Brecon Beacons National Park to the north-west. It contains some good quality agricultural land and has a high proportion of farming land altogether –

⁴ [StatsWales mid-year 2019 population estimates by local authority](#)

more than double the Welsh average with 16.7% of this used for crops and horticulture.

Monmouthshire is generally a prosperous area offering a high quality of life for its residents. However, these headline figures can mask pockets of deprivation that are all the more stark when they are juxtaposed with areas of relative wealth.

Newport is a multi-cultural city with its own unique atmosphere, where traditional industries sit alongside new electronics and financial service sectors. It is the third largest urban centre in Wales with a population of 154,676⁵ and covers an area of 217.7 km² – approximately 1% of the total area of Wales at 21,225 km². The city has the second largest number of people from minority ethnic communities of all the Welsh counties (after Cardiff) and has continued to increase since 2009 when the figure was estimated at 6.6% of the population.

Standing at the gateway between England and Wales, Newport is a vibrant, forward-thinking city steeped in a rich industrial heritage, dating from the nineteenth century when its important strategic location was first recognised.

The first settlers in the Newport area arrived during the Bronze Age and evidence of this has survived to present day, particularly on the coastal levels. During the Roman occupation, Caerleon became a principal military base and substantial excavated remains can be seen, including the amphitheatre, baths and barracks occupied by the Roman Legion. In the fifth century, the Welsh Saint, Gwynllyw, established a religious site which has adapted over history to become the St Woolos Cathedral that stands today.

By the 15th century, Newport was a notable trading port. Then in the industrial revolution of the late 18th and 19th centuries, the city grew substantially, firstly with the development of the canal network and then with the railways, enabling vast quantities of coal to be exported, along with iron and steel products. Newport became the principal town of Monmouthshire, which at that time extended as far west as the Rhymney valley. Many of the fine Victorian buildings constructed in that period remain to this day, giving Newport a character which many other towns and cities have lost.

In more modern times, steelmaking was a mainstay of the economy through the 20th century, along with its port. However, much of the heavy industry in Newport went into decline. Steelmaking at the Llanwern

⁵ [StatsWales mid-year 2019 population estimates by local authority](#)

steelworks, for example, ceased in 2001 resulting in the loss of 1,300 jobs.

The county borough of **Torfaen** borders the city of Newport to the south, the county of Monmouthshire to the east and the county boroughs of Caerphilly and Blaenau Gwent to the west and north-west. Torfaen has an area of 126km² and is the third smallest borough in Wales; it has a population of around 93,961⁶.

Geographically the area runs from the Heads of the Valleys in the north to the M4 corridor in the south and there are three main settlements along the way - Blaenavon, Pontypool and Cwmbran. Torfaen is the most easterly of the industrial valleys of South Wales with the settlements in the north and middle of the borough originally established to exploit the abundant non-renewable charcoal, coal and iron resources in the area. As those heavy industries declined over the past 100 years, so did the prosperity of those areas.

Today the World Heritage Site town of Blaenavon has a population of around 6,000 and is furthest north in the borough. Blaenavon is famous for the Big Pit coal mining museum and Europe's best preserved 18th century ironworks.

The former industrial town of Pontypool with its traditional indoor and outdoor market is the next largest settlement located in the heart of the borough, and including the various communities that surround it, has a population of around 37,100.

In the south of the borough, Cwmbran is unique in being the only New Town in Wales, being designated in 1949 and was designed as a distinctive, progressive and modern town offering new opportunities for its residents. Much of the southern parts of the county borough are now urbanised around Cwmbran, which has the largest population of each of the three settlement areas with around 48,700. Cwmbran Shopping Centre attracts the largest number of shopping visitors with 17 million customers a year from the wider area of Gwent and the M4 corridor.

2.2 Strategic context

The publication of "A Healthier Wales"⁷ in 2018 saw the beginning of a new phase of planning for future health and social care service provision focussed on the health and wellbeing of citizens and on preventing illness.

⁶ [StatsWales mid-year 2019 population estimates by local authority](#)

⁷ [Welsh Government, A healthier Wales: long term plan for health and social care, 2018](#)

The ambition to create a seamless, integrated system of care designed around communities where people who live in these places are involved in developing long term solutions that help citizens prevent avoidable illness and provide sustainable services for future generations.

This national vision for public services dovetails with the Health Board's long standing Clinical Futures Strategy⁸ which was developed and supported through public consultation in 2007. This set the Health Board on an ambitious journey to delivering a better balance of care where:

- A more equal relationship between local people and healthcare professionals with individuals having more control over their conditions and share in decision making on the care that is right for them;
- Strengthened primary, community and social care services in each neighbourhood care network area, shifting from reactive to proactive care and meeting most care needs outside of traditional hospital settings;
- For the most part, emergency assessment and treatment services will be delivered on the same day without the need for an overnight stay in hospital;
- A supporting network of local hospitals provide routine diagnostic and treatment services, and
- Access to specialist and critical care services for the most critically unwell citizens will be improved by consolidating these services in a new purpose built facility – The Grange University Hospital - which opened in 2021.

The figure below gives an overview of how the healthcare system will look once the Clinical Futures vision is realised.

⁸ [Aneurin Bevan University Health Board, Clinical Futures](#)

Figure 7 – the future healthcare system in Aneurin Bevan University Health Board



The Health Board has seven service change plans:

1. Keep people well,
2. Care close to home,
3. Major health conditions,
4. Mental health and learning disabilities,
5. Urgent and emergency care,
6. Planned care, and
7. Regional planning.

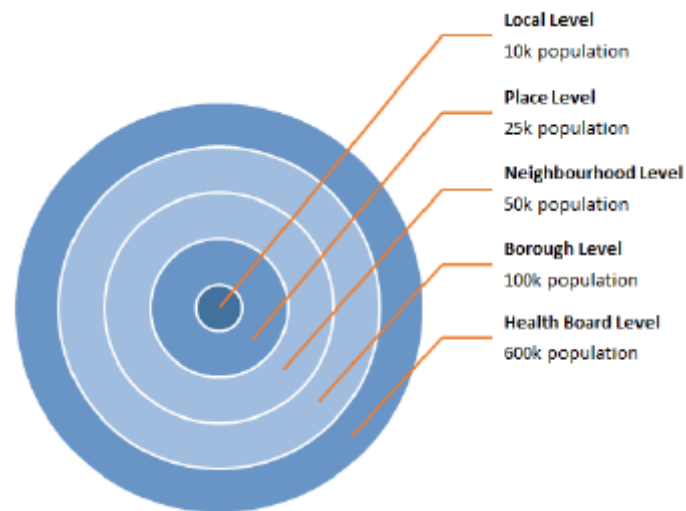
They seek to:

- Reduce health inequalities and improve the health of the population,
- Deliver an integrated system of health, care and wellbeing,
- Improve the performance of the hospital system, and
- Ensure services are sustainable now and in the future.

For out-of-hospital services to be delivered most effectively, Gwent as a region is committed to implementing a model of 'place-based care'. This model consists of a range of services, including health, social care and third sector, being structured co-terminously and working together around a particular geographical area.

'Place-based care' ensures that services are delivered at the most appropriate level to ensure sustainable critical mass, while seeking to foster greater integrated care and reduced complexity for both patients and professional staff. The figure below shows the various levels of place-based care provision within the Health Board's area.

Figure 8 – the levels of place-based care provision



Services are already structured into the five boroughs (local authorities) and 11 neighbourhood care network areas but work must now progress to define the next level of 'places'. These areas will be dictated by geographical boundaries or population limits and will represent a smaller group of services who deliver care to the same population and who may work operationally in partnership. These 'places' will typically consist of between one and three GP practices (dependent on size) and other primary care contactors and will, in future, become the operational boundaries for integrated place-based teams consisting both health and social care staff. These will be natural communities, recognised by the local population as centres to which they travel for shopping/libraries/community activities and reflecting public transport arrangements.

It is the intention that each sub-neighbourhood care network 'place', will seek to develop a hub model. This approach is designed to make the most of existing resources though co-locating services across the spectrum of health, social care and third sector.

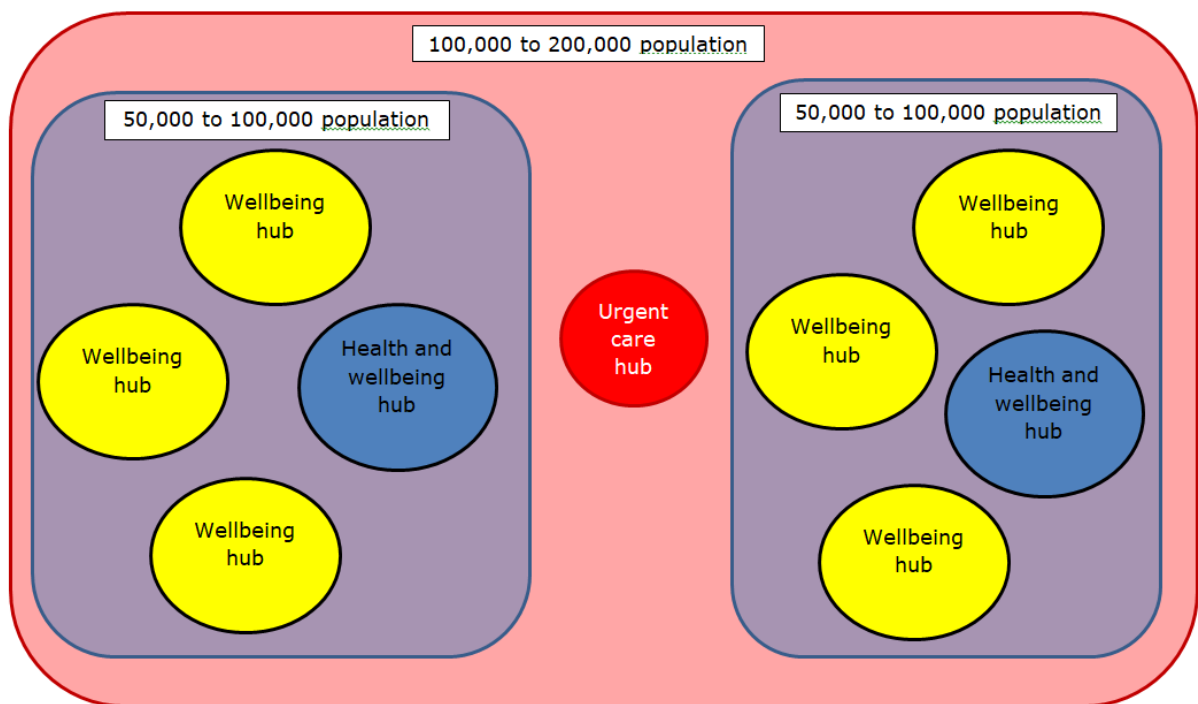
These hubs will wrap around primary care practitioners and, wherever possible, house interdependent services in order to reduce the number of 'front doors' for patients. Hubs will seek to foster the new multidisciplinary and integrated approach to primary care and community-based services, bringing together a range of practitioners with different expertise to provide care for a specific population based on their needs. Hubs will present teams with an opportunity to work more closely together to streamline operational processes, reduce duplication and share resources.

The make-up of hubs will vary from place-to-place, depending on the local circumstances. However, hubs are anticipated to consist of a combination of services delivered at the following levels:

- Wellbeing hubs: All areas should have access to a wellbeing hub, as a minimum. These hubs will be the base for integrated place-based teams and will serve to combine services that are delivered at a local level (sub-neighbourhood care network) of circa 25,000 people.
- Integrated health and wellbeing hubs: At a neighbourhood care network or borough level depending on the geography and assessed need, one hub will be configured as a more enhanced integrated health and wellbeing hub. These hubs will add an extra layer of service provision that is best delivered around a larger population of between 50,000 and 100,000 people.
- Urgent care hubs: These hubs may present primary care practitioners with the potential to combine resources in order to provide greater access for urgent/emergency cases. Urgent care hubs will focus on unplanned care, which may otherwise result in an attendance to the emergency department or emergency assessment units in hospital. Hubs may be based within an acute or community hospital or as part of an integrated health and wellbeing hub and will typically exist for a population of between 100,000 to 200,000 people.
- Virtual hubs: It will neither be possible nor necessary to construct new facilities in all cases to deliver this model. In many instances the hub principles can be adopted in existing buildings using a 'virtual' approach to bring together place-based integrated teams. Local teams will be expected to consider adaptations to existing buildings/service models to assess the opportunities to work on a geographical basis before prioritising new estate developments.

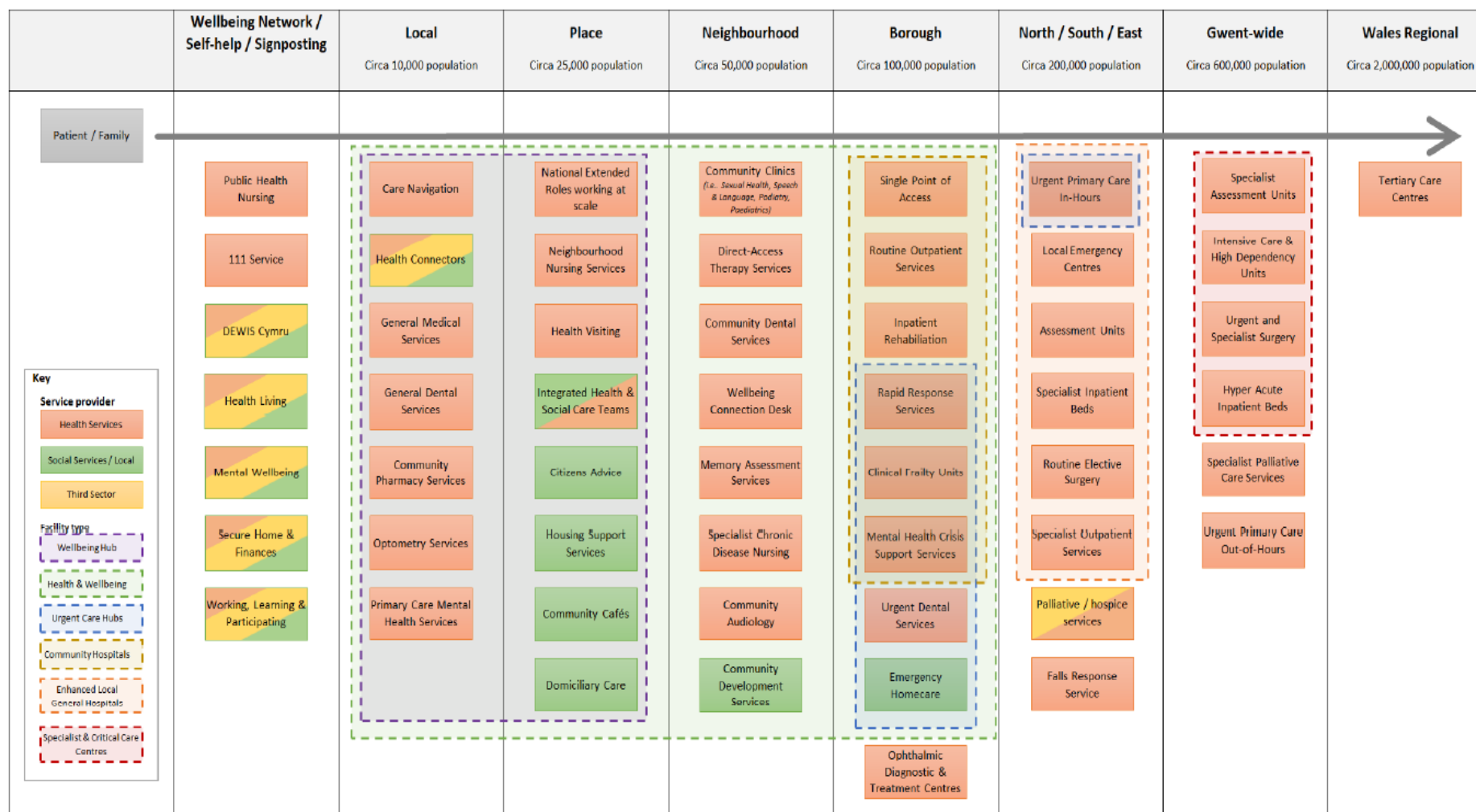
The figure below illustrates how place-based care would be structured via the use of hubs.

Figure 9 – Delivery of place-based care through hubs



The Health Board's has a clear vision for the nature of services to be delivered at each population level. However, the list of services included in the figure below is not exhaustive and each hub will need to be planned separately alongside a combination of partners responsible for delivering care in the hub's location.

Figure 10 – services that are to be delivered at each level



As can be seen, pharmacies are located at the 'local' level serving a population of around 10,000 as part of both wellbeing hubs and health and wellbeing hubs. However pharmacies will also underpin the provision of services provided at other levels, for example the dispensing of prescriptions issued by the urgent primary care out of hours service (Health Board level), and maintaining a stock of palliative care drugs to support end of life care at home.

Pharmacy; Delivering a Healthier Wales⁹ was released in April 2019 and sets out long term goals for service transformation to enable the citizens of Wales to get the most health gain from their medicines. This was received by the Minister for Health and Social services and is being progressed via the establishment of a delivery board. This vision is aligned to 14 principles to transform pharmacy in Wales by 2030 with a focus on the following four themes:

- Enhancing patient experience,
- Developing the workforce,
- Seamless pharmaceutical care, and
- Harnessing innovation and technology.

Medicines are the most common therapeutic intervention used in healthcare:

- It is estimated that between 30% and 50% of medicines prescribed for long-term conditions are not taken as intended. This represents not only an economic cost due to the wasted medicine, but also to the cost arising from increased demands for healthcare due to non-adherence and worsening of the patient's condition.
- The safety of medicines is another important consideration with 6.5% of all admissions being medication-related. Evidence suggests that 72% of these are deemed avoidable. The World Health Organisation issued a medication safety challenge to reduce the level of severe, avoidable harm related to medications by 50% by 2022.
- The financial pressure on prescribing will continue to grow across all sectors due to an aging population and the introduction of new and innovative medicines. It is therefore important that the focus continues to ensure a prudent approach to effective medicines management.

It is therefore vital that the pharmacy service across primary (including community pharmacists) and secondary care are able to maximise their

⁹ [Welsh Pharmaceutical Committee, Pharmacy: Delivering a Healthier Wales, April 2019](#)

professional skills as the experts in medicines, by working at the top of their licence, to deliver safe, accessible and effective services. This will ensure patients are able to access the right professional in the right setting at the right time, in order to get the most benefit from their medicines.

The Health Board wishes to increase the range of services provided by pharmacies and to harness the public health skills and knowledge of pharmacists and their teams. In addition to those services that it already commissions (details of which can be found in chapter 5) the Health Board is looking to commission the following services during the lifetime of this document:

- an inhaler review service,
- the sore throat test and treat service that was delayed by the Covid pandemic,
- vaccination services, building upon the success of flu and Covid vaccinations,
- weight management services,
- alcohol management services,
- blood pressure monitoring, and
- health checks.

Increasing the number of independent prescriber pharmacists will create the foundation for the provision of a wider range of services within pharmacies, thereby reducing demand on other services and ensuring people see the most appropriate healthcare profession.

2.3 Population

Based on StatsWales population estimates for mid-year 2019, the total population of the Health Board's area was 594,164, of which 49% were male and 51% were female¹⁰.

The population is projected to increase by 4.1% from around 577,100 in 2011 to 601,000 in 2036. The greatest increases will be seen in Newport with an estimated 17.3% increase (145,800 to 170,900), Caerphilly 2%, Torfaen 1.1%. Blaenau Gwent will have an estimated population decrease of - 6.6% and Monmouthshire -1.3%. The Blaenau Gwent decrease is the largest estimated decrease across the population in Wales.

There are significant increases projected for the over 65 years of age population when an estimated one in four people (26%) will be aged 65 or older - which is broadly similar to Wales.

¹⁰ [StatsWales mid-year 2019 population estimates by local authority](#)

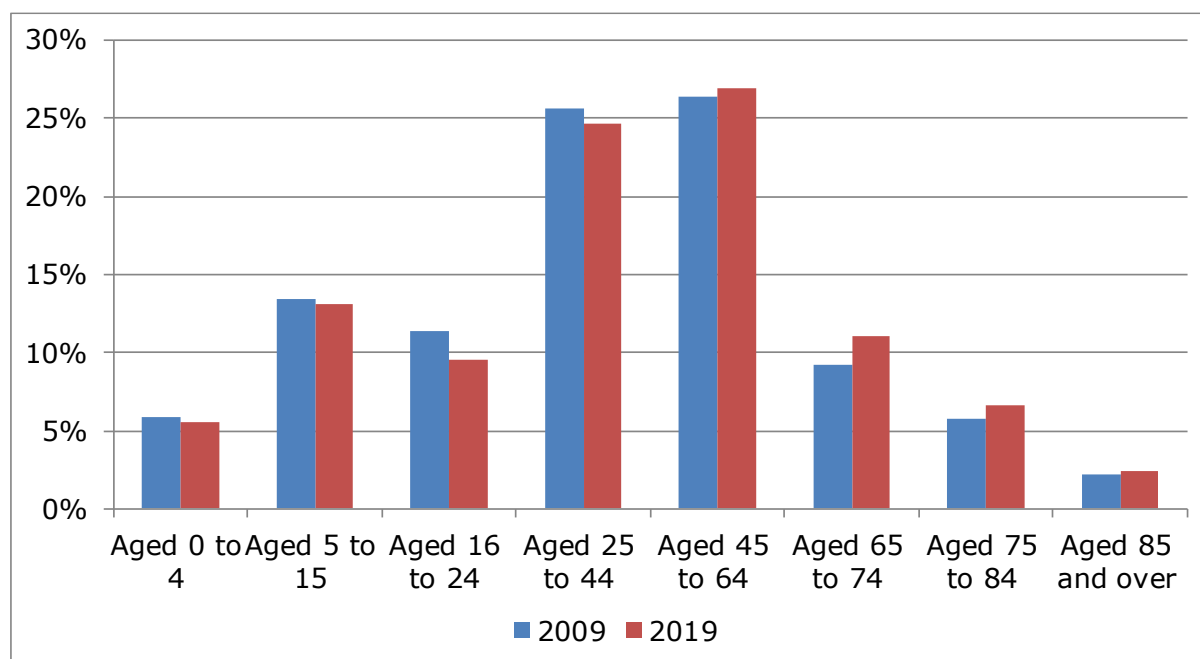
By 2036, it is estimated that the number of people aged 85 and over will increase by 147% (from around 13,000 in 2011 to 32,000 in 2036).

In 2014, around one in five residents were aged over 65 years (19%), six in every ten (62%) were of working age (16 to 64 years) and nearly one in five (19%) were aged under 16.

The population aged under 16 has decreased by 2,700 (1%) between 2005 and 2014, from 114,100 to 108,300.

The figure below shows how the age of the population has changed in the ten years 2009 to 2019, with a reduction in those aged under 44 and an increase in those aged 45 and over.

Figure 11 – change in the age of the population based on mid-year population estimates, 2009 and 2019



There has been a significant decrease in the under 75 mortality rate of 17.1% and 17.4% for males and females respectively (a greater improvement than Wales). This demonstrates the positive impacts and significant improvements that a range of services, activities and targeted programmes have made to reduce mortality rates.

With the exception of Monmouthshire, the area has a greater population density than the average for Wales, with the most densely population area being Newport.

Figure 12 - population density (persons per square kilometre), 2019¹¹

	Mid-year 2019
Wales	152.0
Blaenau Gwent	642.5
Caerphilly	652.8
Monmouthshire	111.4
Newport	812.5
Torfaen	747.5

2.4 Tourists

According to the 2019 Great Britain Tourism Survey, between 2017 and 2019, there were on average 0.54 million trips (including child trips) per annum to Gwent by Great Britain residents. The number of nights (including child nights) spent away from home on these trips was approximately 0.60 million per annum. The value of spending on these trips was £89 million per annum¹².

These figures do not include day visits, which are covered in the GB Day Visits Survey. This survey tells us that in 2019 18 million day trips from home were made to destinations in South East Wales¹³ per annum and the total expenditure about £579 million per annum¹⁴.

Overseas tourists are covered separately in the International Passenger Survey 2019 which reports 100,750 international trips to Gwent in 2019, with a total expenditure of £31.32 million¹⁵.

2.5 Ethnicity

According to Census 2011 data¹⁶, the majority of the Health Board's population (96.1%) fell within the White ethnic group. The remaining 3.9% are residents who describe themselves as:

- Asian/Asian British – 2.0%
- Mixed/multiple ethnic groups – 1.0%

¹¹ [StatsWales population density \(persons per square kilometre\) by local authority and year](#)

¹² [Visit Britain, GB Tourism Survey 2019 annual report](#)

¹³ These figures also include Bridgend, Cardiff, Merthyr Tydfil, Rhondda Cynon Taff and Vale of Glamorgan.

¹⁴ [Visit Britain, The Great Britain Day Visitor 2019 annual report](#)

¹⁵ [Visit Britain, International Passenger Survey 2019](#)

¹⁶ [Nomis KS201EW - Ethnic group](#)

- Black/African/Caribbean/Black British – 0.6%
- Other ethnic group – 0.3%.

As can be seen from the table below, Newport has a more ethnically diverse population than the other local authority areas.

Table 5 – Ethnic groups by percentage by local authority and Wales

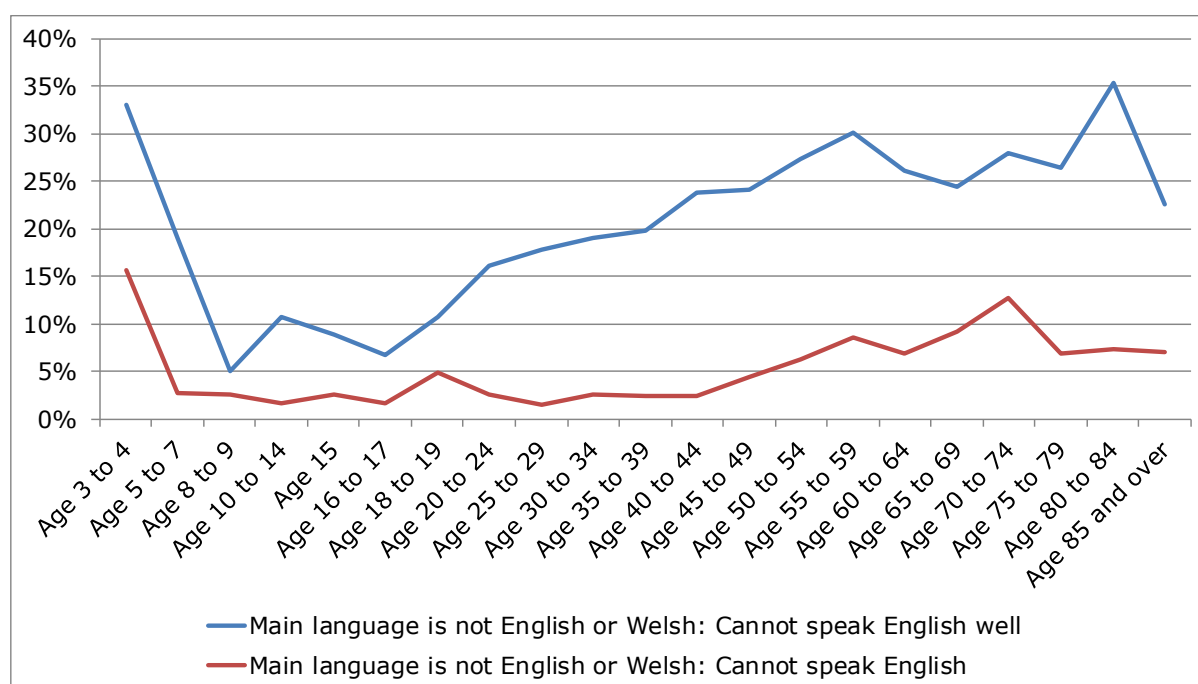
Local authority	White	Mixed/ Multiple ethnic groups	Asian/ Asian British	Black/ African Caribbean /Black British	Other ethnic group
Blaenau Gwent	98.5%	0.6%	0.7%	0.1%	0.1%
Caerphilly	98.3%	0.7%	0.8%	0.1%	0.1%
Monmouthshire	98.0%	0.7%	1.0%	0.2%	0.1%
Newport	89.9%	1.9%	5.5%	1.7%	1.0%
Torfaen	98.0%	0.7%	1.1%	0.2%	0.1%
Wales	95.6%	1.0%	2.3%	0.6%	0.5%

2.6 Household language

The number of residents in the Health Board for whom English or Welsh is not their main language was 11,423 at the 2011 Census, with 2,296 or 20.1% not able to speak English well and 423 or 3.7% not able to speak English at all¹⁷. As can be seen from the figure below the ability to speak English is greatest in children of school age and lower in the older age groups.

¹⁷ [Nomis DC2105EW – proficiency in English by age](#)

Figure 13 – Proficiency in English by age



According to the 2011 Census, English or Welsh was the main language of the Health Board's residents based on the combination of adults and children aged three years of age and older (97.9%)¹⁸. The next seven most commonly spoken languages were:

- Polish – 0.3%
- Bengali (with Sylheti and Chatgaya) – 0.2%
- Nepalese, Panjabi, Slovak, Tagalog/Filipino and Urdu– 0.1% each

There is some variation at local authority level with fewer people who have English as their main language in Newport (95%) compared to the other local authority areas (all at 99%).

2.7 Welsh language skills¹⁹

Welsh language skills are generally better in Caerphilly than in the other local authority areas, however the majority of the residents in the Health Board's area reported no skills in Welsh in the Census 2011 (86%).

Residents in Blaenau Gwent were the least likely to have any Welsh language skills.

¹⁸ [Nomis QS204EW main language](#)

¹⁹ [Nomis KS207WA Welsh language skills](#)

Table 6 – Welsh language skills by local authority

Local authority	No skills in Welsh	Can understand spoken Welsh only	Can speak Welsh	Can speak but cannot read or write Welsh	Can speak and read but cannot write Welsh	Can speak, read and write Welsh	Other combination of skills in Welsh
Blaenau Gwent	88.5%	2.2%	7.8%	1.5%	0.6%	5.5%	1.7%
Caerphilly	83.9%	3.0%	11.2%	1.7%	0.9%	8.4%	2.1%
Monmouthshire	86.0%	2.5%	9.9%	1.8%	0.8%	7.2%	1.9%
Newport	86.9%	2.2%	9.3%	1.7%	0.7%	6.5%	1.8%
Torfaen	86.5%	2.3%	9.8%	1.8%	0.7%	7.1%	1.7%
Health board	86.0%	2.5%	9.9%	1.7%	0.7%	7.2%	1.9%

2.8 Religion

In 2011, 57.1% of the Health Board's population was made up of residents who stated that they followed one of the main six religions and 35.3% stated that they followed no religion.

The table below shows the variation between local authority levels and compares these to the averages for Wales. Whilst Christianity is the most common religion (for those who have a religion), Newport is home to a significant Muslim population, the second highest in Wales after Cardiff.

Table 7 – religion at local authority and Wales level²⁰

Area	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religion	No religion	Religion not stated
Blaenau Gwent	49.9%	0.2%	0.1%	0.0%	0.3%	0.1%	0.4%	41.1%	8.1%
Caerphilly	50.7%	0.2%	0.1%	0.0%	0.2%	0.1%	0.4%	40.9%	7.5%
Monmouthshire	62.5%	0.3%	2.0%	0.1%	0.3%	0.1%	0.4%	28.5%	7.7%
Newport	56.9%	0.2%	0.5%	0.1%	4.7%	0.1%	0.3%	29.7%	7.5%
Torfaen	55.4%	0.2%	0.3%	0.0%	0.3%	0.1%	0.3%	35.8%	7.6%
Wales	57.6%	0.3%	0.3%	0.1%	1.5%	0.1%	0.4%	32.1%	7.6%

2.9 Welsh Index of Multiple Deprivation²¹

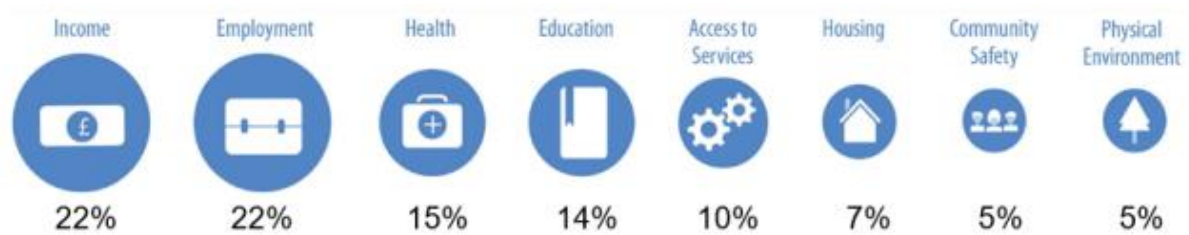
The Welsh Index of Multiple Deprivation 2019 is the official measure for deprivation for small geographical areas called Lower Super Output Areas, from 1 (most deprived) to 1,909 (least deprived).

The index is based on eight domains, based on a range of different indicators, which are weighted and combined into an overall index of multiple deprivation. The weighting is the adjustment of the contribution of the domain indexes make to the overall index when they are combined. The figure below shows each domain and their weighting.

²⁰ [Nomis KS209EW - Religion](#)

²¹ [Welsh Government, Welsh Index of Multiple Deprivation 2019](#)

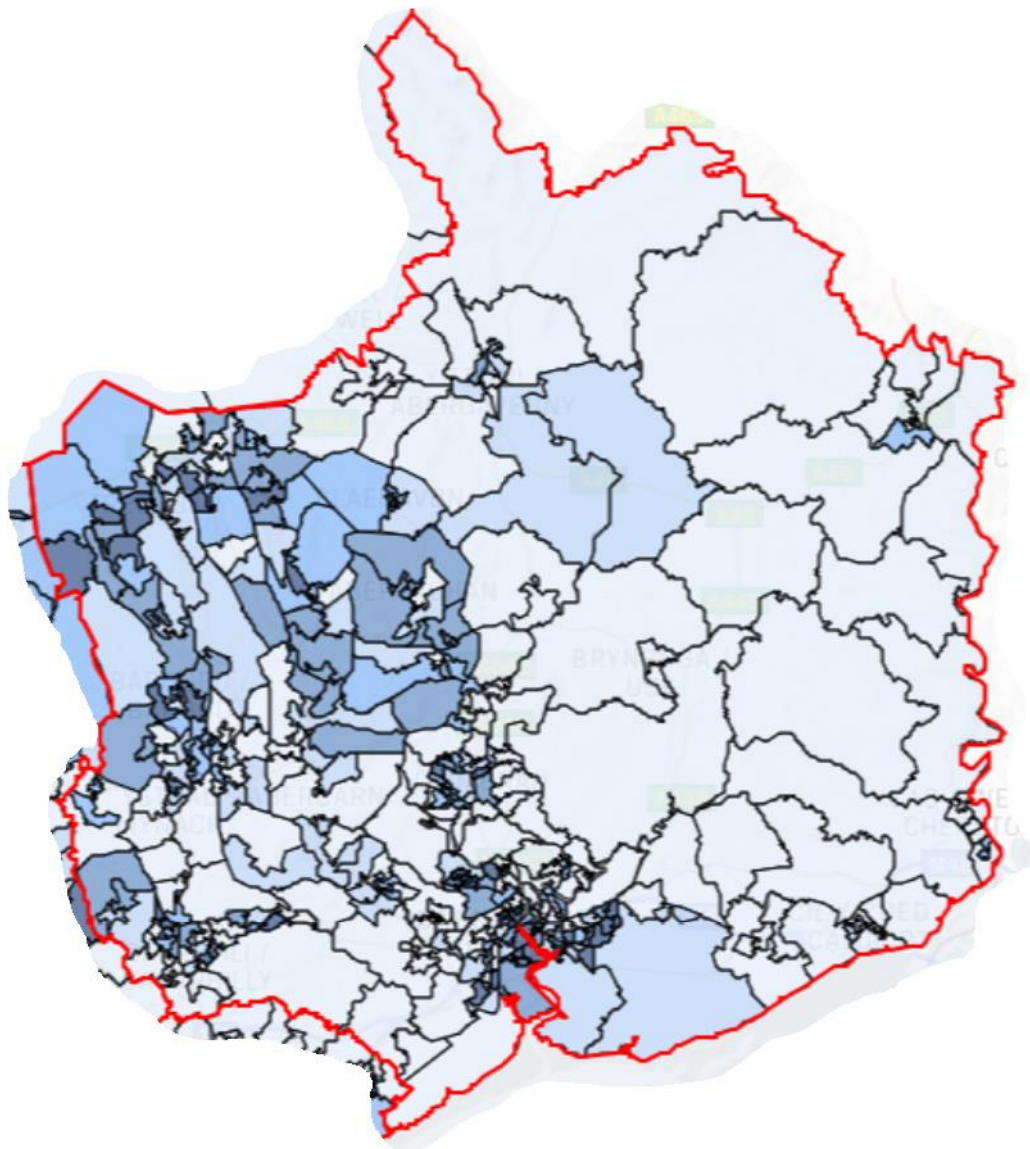
Figure 14 – the eight domains of the Welsh Index of Multiple Deprivation and their respective weighting



It is important to note that low deprivation does not equate to affluence and that not everyone living in a deprived area is deprived and not all deprived people live in deprived areas. An area itself is not deprived it is the circumstances of people who are living there that affect its deprivation ranks.

The map below shows each Lower Super Output Area within the Health Board's area and where it sits in the index.

Map 3 – Map of the Welsh Index of Multiple Deprivation by lower super output area



Crown Copyright and database right 2019. Ordnance Survey 100017916

Rank	Most deprived
1 - 191	10% most deprived
192 - 382	10-20% most deprived
383 - 573	20-30% most deprived
574 - 955	30-50% most deprived
956 - 1909	50% least deprived
	Least deprived

The figure below shows the number of the most deprived lower super output areas by local authority area.

Figure 15 – most deprived lower super output areas by local authority

	Total lower super output areas (LSOAs)	Most deprived 10% LSOAs in Wales (ranks 1 - 191)	Most deprived 20% LSOAs in Wales (ranks 1 - 382)	Most deprived 30% LSOAs in Wales (ranks 1 - 573)	Most deprived 50% LSOAs in Wales (ranks 1 - 955)
Blaenau Gwent	47	6	21	30	40
Caerphilly	110	11	26	42	69
Monmouthshire	56	0	1	3	11
Newport	95	23	33	38	57
Torfaen	60	3	19	25	34

As can be seen, Blaenau Gwent had the highest percentage of areas in the most deprived 50% in Wales (40 or 85.1%). Monmouthshire had no areas in the most deprived 10%, and only 11 in the most deprived 50%. Newport had the highest percentage of lower super output areas in the most deprived 10% (23 or 24.2%).

2.10 General fertility rate²²

Since 1955 (except in 1976) the number of births in the UK has been higher than the number of deaths. This natural change has resulted in the growth of the population. In the UK, the number of live births each year has varied over the last 60 years. Most noteworthy is the 1960s baby boom, the “echo” of baby boomers having children and latterly, births peaking again in the UK in 2012.

The table below shows how the general fertility rate (the number of live births per 1,000 females aged 15-44 years old) at local authority level in 2015, and how it compares to the average for Wales.

As can be seen the rate for the Health Board’s area is above that for Wales. However there are variations at local authority level with Monmouthshire significantly lower than the rate for Wales, and Newport significantly higher.

²² [StatsWales, Total Fertility Rate and General Fertility Rate by area](#)

Table 8 – general fertility rate in the Health Board’s area, 2015

	2011	2012	2013	2014	2015
Wales	61.4	61.2	58.9	59.1	59.1
Aneurin Bevan University Health Board	60.7	61.8	60.8	61.3	61.8
Caerphilly	59.9	60.8	57.7	62.0	60.2
Blaenau Gwent	57.7	57.9	60.4	58.7	58.3
Torfaen	63.3	65.7	60.8	59.8	59.7
Monmouthshire	53.3	56.4	55.2	54.2	55.8
Newport	65.2	65.2	67.6	66.1	69.5

2.11 Life expectancy²³

Life expectancy across the Health Board’s area had reached a plateau between 2012 and 2016 at 78.3 years for males and then fallen to 78.0 years in 2015-2017. A similar pattern is seen for females although life expectancy for them is higher at 82.0 and 81.9 years for the same time periods. Average life expectancy for males and females across Wales is higher (78.3 and 82.3 years respectively as of 2015/2017).

At local authority level, male life expectancy is highest in Monmouthshire (80.3 years) and lowest in Blaenau Gwent (76.2 years) based on 2015-2017 figures. For females, life expectancy is highest in Monmouthshire (84.0 years) and lowest in Blaenau Gwent (80.6 years).

The table below shows how life expectancies have changed for males at local authority level.

Table 9 – male life expectancy for males 2006 to 2017 by local authority

	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Blaenau Gwent	75.2	75.6	75.8	75.9	75.7	75.5	76.2	76.5	76.6	76.2
Caerphilly	75.6	76.2	76.8	77.4	77.5	77.6	77.9	77.8	77.9	77.8
Monmouthshire	78.7	79.5	80.3	80.3	80.0	79.8	80.6	80.7	80.8	80.3
Newport	76.9	76.7	76.8	77.6	77.8	77.9	78.1	78.1	78.2	77.8
Torfaen	76.8	76.5	77.2	77.6	77.5	77.6	77.9	78.2	78.0	77.6

The table below shows how life expectancies have changed for females at local authority level.

²³ [Public Health Wales Observatory, Public Health Outcomes Framework reporting tool](#)

Table 10 – female life expectancy for females 2006 to 2017 by local authority

	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Blaenau Gwent	78.6	78.9	79.5	79.8	79.9	80.1	80.4	80.6	80.6	80.6
Caerphilly	80.7	80.9	81.2	81.5	81.4	81.5	81.4	81.2	81.3	81.2
Monmouthshire	83.2	83.2	83.6	83.6	83.7	84.0	83.9	84.1	83.9	84.0
Newport	80.9	81.3	81.8	82.0	82.0	82.2	82.4	82.3	81.9	81.8
Torfaen	80.7	80.7	81.4	82.2	82.1	81.7	81.6	82.0	82.4	82.2

With regard to healthy life expectancy at birth, i.e. the number of healthy years people can expect to live, Monmouthshire has the highest for both males and females at 65.7 and 64.3 years respectively. Blaenau Gwent has the lowest healthy life expectancy at birth for both males and females (54.1 and 54.5 years respectively) not only in the Health Board's area but in the whole of Wales. The table below shows the variation at local authority level for healthy life expectancy and also how each local authority ranks compared to all the other local authorities in Wales, where one represents the local authority with the greatest number of healthy lives and 22 is the least.

Table 11 – healthy life expectancy for males and females 2015-2017 by local authority

	Years of life		Rank in Wales	
	Males	Females	Males	Females
Blaenau Gwent	54.1	54.5	22	22
Caerphilly	55.2	56.1	21	21
Monmouthshire	65.7	64.3	4	7
Newport	58.4	62.0	18	13
Torfaen	59.6	57.6	17	19

However, these figures mask the variation within local authority levels. In Blaenau Gwent, large differences in life expectancy persist between the least and most deprived areas. In men, there remains a gap in life expectancy of around nine years between the least and most deprived, and an even larger gap in healthy life expectancy of approximately 19 years; the gap is larger for women.

In Caerphilly there is a gap in healthy life expectancy between the most and least deprived areas of the local authority, which in March 2017 was 13 years for males and 14.6 years for females.

Even in Monmouthshire where life expectancy is high, there are notable variations with those living in the least deprived areas of Monmouthshire expected to live longer than those in the most deprived areas, by on average 6.3 years for males and 3.6 years for females. Similarly, those in the least deprived parts of Monmouthshire are likely to live in good health for longer, by an average of 10.1 years for males and 11.1 years for females.

In Newport the gap in years in life expectancy at birth of males between the most and least deprived areas of Newport is still significant but has decreased from 10.6 years in 2005-2009 to 9.9 years in 2010-2014. Conversely, the gap in years in the life expectancy at birth of females between the most and least deprived areas of Newport has increased from 5.7 years in 2005-2009 to 7.2 years in 2010-2014.

In Torfaen, people born in the most deprived fifth of areas can expect to live about 15 years less in good health (14.8 years for males and 16.5 years for females) compared to the least deprived fifth within the local authority's area.

2.12 Deaths

One of the reasons for the increase in the population is that people are living longer with rises in the older population and more people now living into their 90s, this often results in longer and more complex care and support requirements. For example, in the UK in 50 years' time, there is projected to be an additional 8.2 million people aged 65 years and over in the UK – a population roughly the size of present-day London.

The major causes of premature mortality are circulatory disease and cancers. Reducing overall mortality from circulatory disease to levels seen in the least deprived areas of Wales would increase life expectancy in the most deprived areas by 1.5 years in males and 1.3 years in females with greater potential gains in the more deprived areas. Similar gains could be made if cancer mortality rates were reduced to the same level (1.3 years in males, 1.2 in females). A significant proportion of circulatory disease and some types of cancer is attributable to unhealthy health behaviours (diet, physical activity, smoking). For many types of cancer, more positive outcomes are associated with early detection and diagnosis. This depends on health services, but also on patient's awareness of cancer signs and symptoms of cancer and whether they seek treatment promptly²⁴.

Since 2008-2010 there has generally been a reduction in the number of premature deaths from key non communicable diseases across the Health

²⁴ [Blaenau Gwent Well-being Assessment April 2017](#)

Board's area, with the exception of Blaenau Gwent where levels have increased 2014-2016. Monmouthshire levels are consistently lower than all other local authorities in the Health Board's area, and are also lower than the average for Wales²⁵.

The table below shows the number of deaths from key non communicable diseases, 2016 to 2018, per 100,000 persons aged 30 to 70 by local authority. Non communicable diseases are defined as:

- Diseases of the circulatory system,
- Diabetes, and
- Diseases of the respiratory system (except infectious diseases).

It also shows how each local authority ranks in Wales, where a rank of one means the highest rate. As can be seen Blaenau Gwent has the highest rate of all local authorities in Wales.

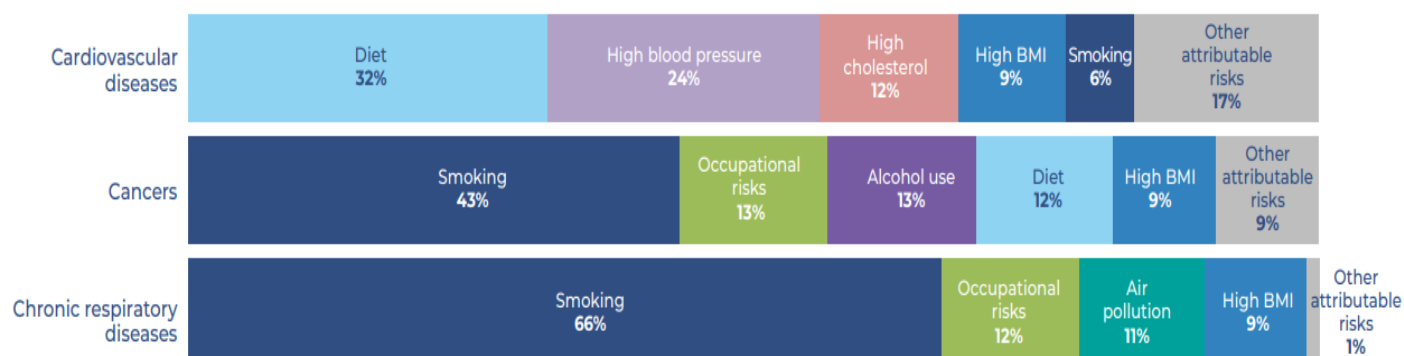
Table 12 – premature deaths from key non communicable diseases, 2016-2018 by local authority

	Rate	Rank
Blaenau Gwent	391.4	1
Caerphilly	344.7	7
Monmouthshire	244.7	22
Newport	347.3	5
Torfaen	342.2	8

The development of a large percentage of cardiovascular diseases, cancers and chronic respiratory diseases can be attributed to preventable risk factors including smoking, unhealthy diets and physical inactivity as can be seen from the figure below.

²⁵ [Public Health Wales Observatory, Public Health Outcomes Framework reporting tool](#)

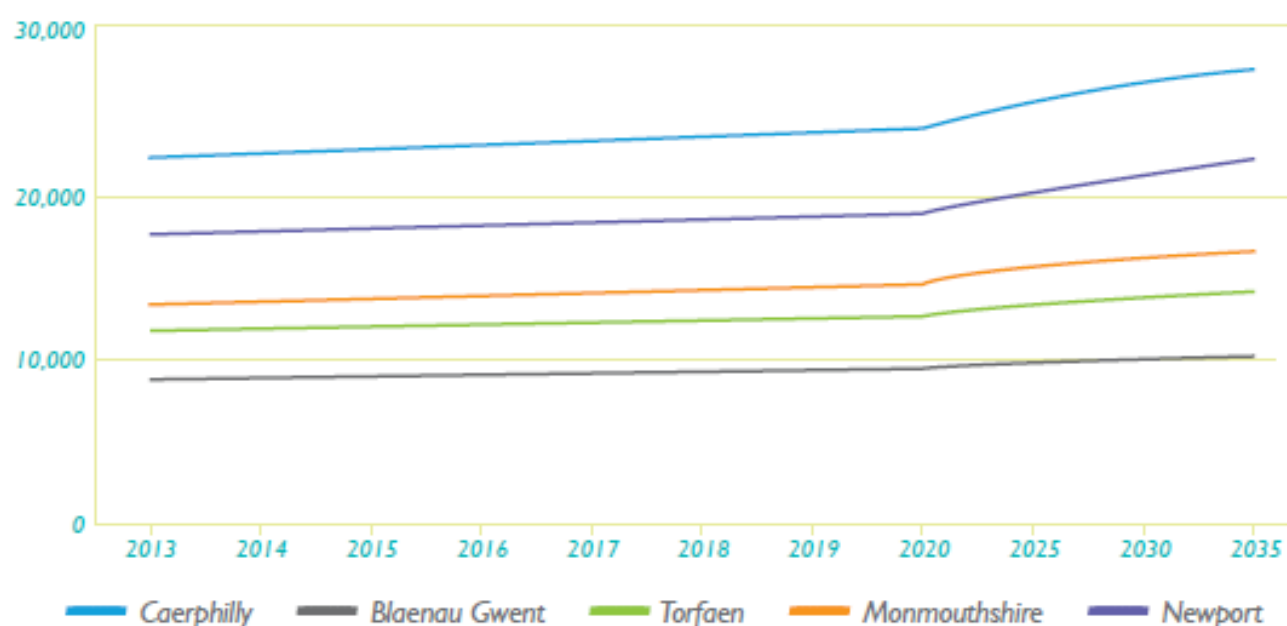
Figure 16 – percentage contribution of risk factors to three major illnesses²⁶



2.13 People with disabilities²⁷

The figure below shows the predicted number of people aged 18 years or older with a limiting long term illness over the period 2013 to 2035. It shows that all local authority areas across the Health Board's area are predicted to see an increase in the number. The predicted increases range from 14.1% in Blaenau Gwent to 25.1% in Newport.

Figure 17 – predicted number of people aged 18+ with a limiting long term illness



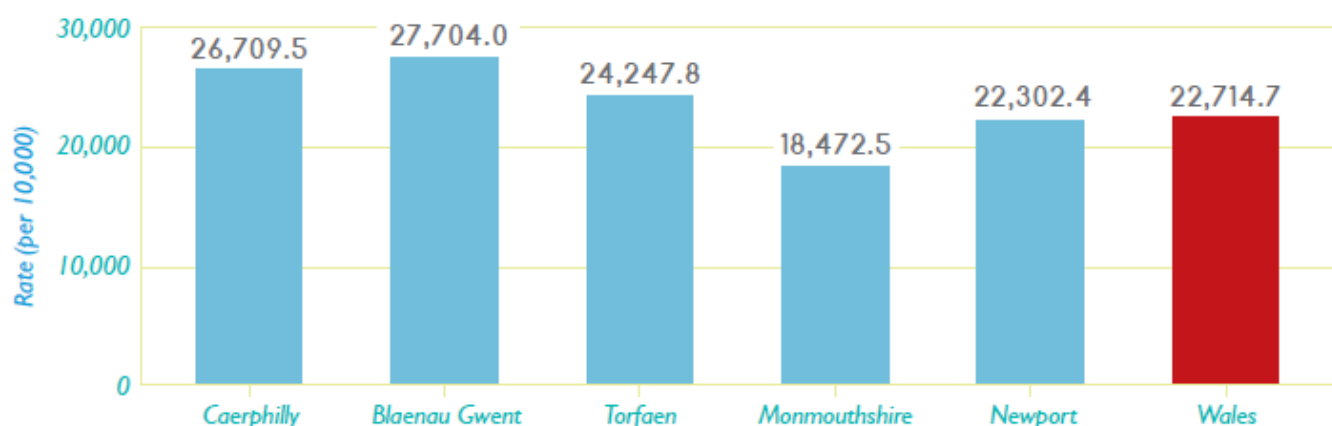
The figure below shows the rate of limiting long-term illness per 10,000 population in 2011. Across the Health Board's area the rate ranged from a

²⁶ [Aneurin Bevan University Health Board, Director of Public Health Annual Report 2019](#)

²⁷ [Population Needs Assessment Gwent Region Report 2016](#)

low in Monmouthshire (also lower than the average for Wales) to a high in Blaenau Gwent.

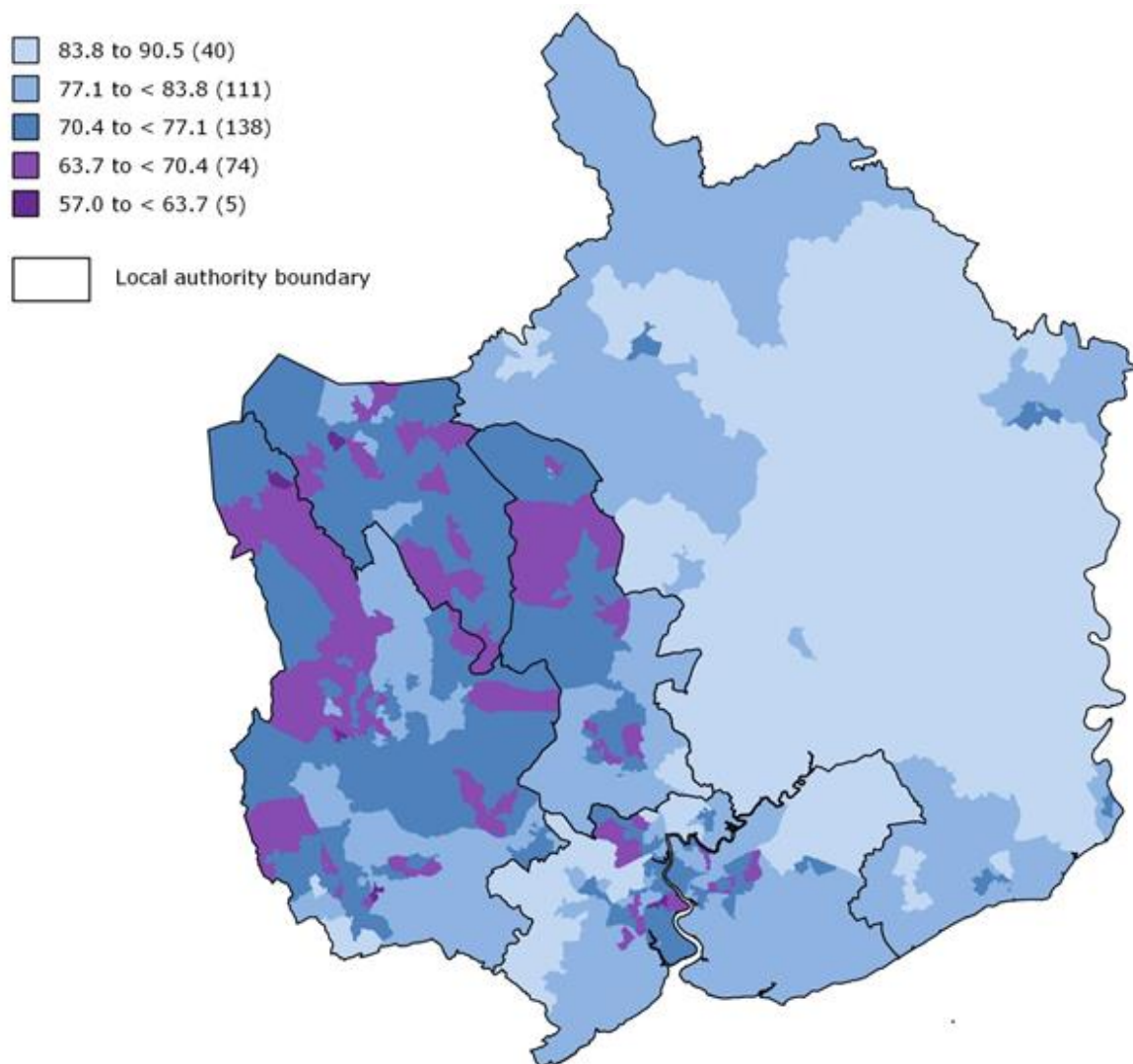
Figure 18 – rate of limiting long-term illness per 10,000 population, 2011



According to the Census 2011, 13% stated that their day-to-day activities are limited a lot (highest in Blaenau Gwent at 16% and lowest in Monmouthshire at 10%). 11% stated that their day-to-day activities were limited a little.

The figures below show the percentage of males and females who assessed their general health or status as good or very good in the Census 2011. Both show that residents in the western half of the Health Board's area are less likely to assess their general health in this way – in these figures those areas shaded purple and dark blue are less likely to assess their general health as good or very good.

Figure 19 – percentage of males assessing their general health status as good or very good, Census 2011²⁸

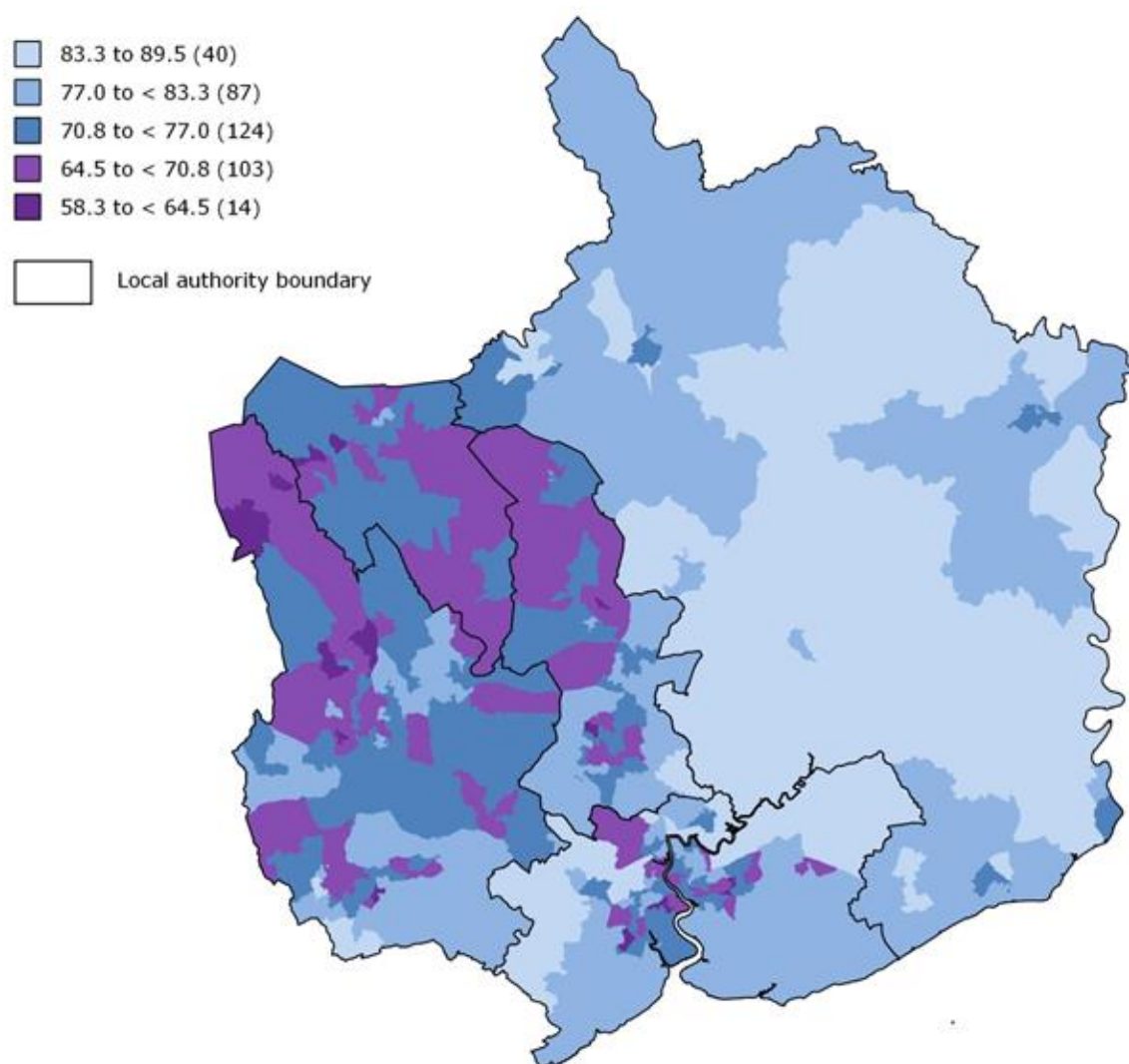


Produced by Public Health Wales Observatory, using Census 2011 data table LC3302EW (ONS)

© Crown Copyright and database right 2016, Ordnance Survey 100044810

²⁸ [Public health Wales Observatory, Measuring inequalities 2016. Trends in mortality and life expectancy in Aneurin Bevan UHB](#)

Figure 20 – percentage of females assessing their general health status as good or very good, Census 2011²⁸



Produced by Public Health Wales Observatory, using Census 2011 data table LC3302EW (ONS)

© Crown Copyright and database right 2016, Ordnance Survey 100044810

2.14 Households²⁹

With regard to the composition of the households in the Health Board's area, as of the Census 2011:

- 12.3% were one person households (of which 46% are persons aged 65 and over),

²⁹ [Nomis DC1109EW - Household composition by age by sex](#)

- 79.2% were single families,
- 8.5% were other household types (includes complex households which didn't contain only one person or a single family. For example, the age difference between the oldest person and the youngest is greater than 50 years. This indicates that there are more than two family generations present).

At local authority level, Blaenau Gwent has the highest percentage of one person households at 13.9% of all households with Caerphilly having the lowest at 11.4%. However Monmouthshire has the highest percentage of one person households occupied by someone aged 65 and over at 45.3% (6.1% of all the households in Monmouthshire).

Monmouthshire also has the highest percentage of one family only households with all members aged 65 and over (12.0% of all one family households or 9.6% of all households).

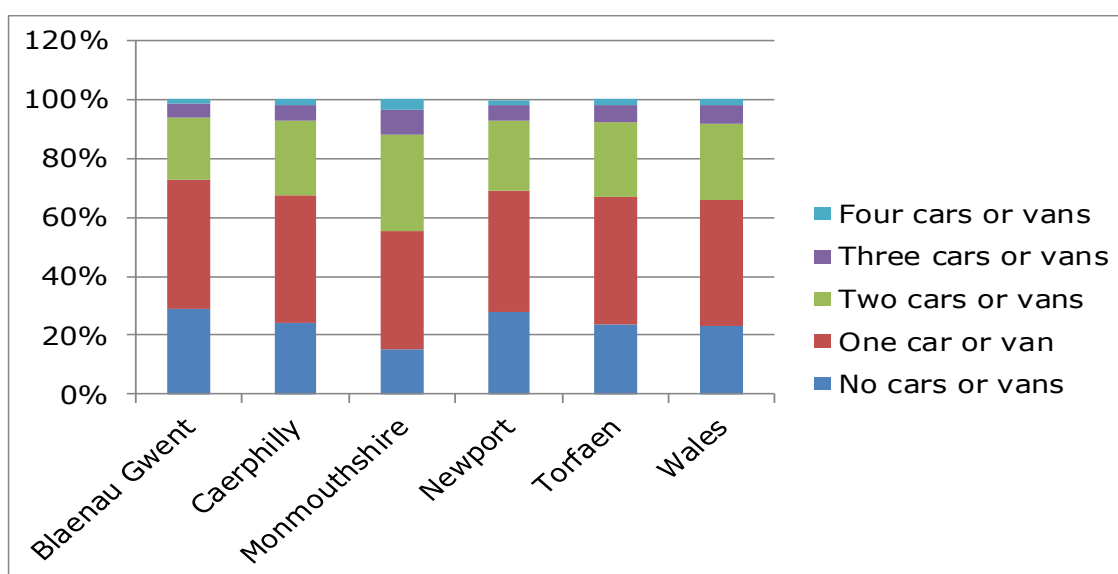
2.15 Car or van ownership

According to the 2011 Census data:

- 24.3% of the households in the Health Board's area did not have a car or van
- 42.4% have one car or van
- 25.3% have two cars or vans
- 6.0% have three cars or vans and
- 2.0% have four or more cars or vans.

The figure below shows the variation at local authority and Wales level. As can be seen, in general car ownership is higher in Monmouthshire than in the other local authority areas, with more households having two or more cars or vans (44.6%) compared to both the rest of the Health Board's area (30.9%) and Wales as a whole (34.1%). More households in Blaenau Gwent have no car or van, or just one (72.8%).

Figure 21 – car ownership at local authority level³⁰



2.16 Economic activity

Based on responses to the Census 2011, 66% of the population was economically active (i.e. employed, self-employed or unemployed but looking for work and able to start within two weeks, a full-time student), with the remainder economically inactive (either retired, a student, looking after home or family, long-term sick or disabled, or unemployed).

In relation to the population as a whole:

- 58.3% were in employment (highest in Monmouthshire at 62.9% and lowest in Blaenau Gwent at 53.1%). Of these:
 - 64.2% work full-time,
 - 23.8% work part-time, and
 - 11.9% are self-employed
- 5.1% were unemployed but looking for work
- 2.6% were students and economically active (highest in Newport at 3.6% and lowest in Blaenau Gwent)
- 16.2% were retired (highest in Monmouthshire at 17.6% and lowest in Newport at 14.6%)
- 4.6% were students but not economically active (highest in Newport at 5.3% and lowest in Torfaen at 4.0%)
- 4.3% were looking after home or family (highest in Blaenau Gwent at 4.5% and lowest in Monmouthshire at 3.75%)
- 6.9% were long-term sick or disabled and economically inactive (highest in Blaenau Gwent at 9.6% and lowest in Monmouthshire at 4.05)

³⁰ [Nomis KS404EW - Car or van availability](#)

2.17 Sexual orientation³¹

“Sexual orientation” is an umbrella term that encompasses sexual identity, attraction and behaviour. It is a subjective view of oneself and may change over time and in different contexts.

In 2018, according to the Annual Population Survey, 2.4% of the Welsh population identified as lesbian, gay or bisexual, higher than in England (2.3%), Scotland (2.0%) and Northern Ireland (1.2%). All countries other than Northern Ireland saw an increase from the figures in 2014.

Across the UK:

- men were more likely to identify as lesbian, gay or bisexual than women
- Younger people (aged 16 to 24 years) were most likely to identify as lesbian, gay or bisexual
- More than two-thirds (68.7%) of people who identified as lesbian, gay or bisexual were single (never married or in a civil partnership).

Based on an estimated population size of 594,164 it is estimated that 15,780 of the Health Board’s population is lesbian, gay or bisexual.

2.18 Carers

The Welsh Government defines a carer as “anyone of any age, who provides unpaid care and support to a relative, friend or neighbour who is disabled, physically or mentally ill, or affected by substance misuse”. Carers can be involved in a whole range of practical, physical, personal and administrative tasks. Examples might include: cooking; housework; lifting, washing and dressing the person cared for; helping with toileting needs; administering medication; and providing emotional support.

In 2018 there were 370,000 carers in Wales, the highest proportionate figure of all UK countries. The number of carers continues to rise and it is estimated that by 2037 there will be over half a million carers in Wales, a 40% rise³².

³¹ [Office for National Statistics, Sexual identity Sexual orientation, UK](#)

³² [The Welsh NHS Confederation, The key priorities for carers in Wales](#)

Based on the Census 2011 there were 71,497 people living in the Health Board's area providing unpaid care (12.4% of the population). Of the total population:

- 7.0% provided unpaid care for one to 19 hours per week,
- 1.9% provided unpaid care for 20 to 49 hours per week, and
- 3.5% provided unpaid care for 50 or more hours per week.

The highest proportion of unpaid carers was in Caerphilly (3.9%) and the lowest in Blaenau Gwent (1.5%).

2.19 Traveller and gypsy communities

The 2011 Census showed the following people identified as Gypsy/Traveller or Irish Traveller (this excludes Roma):

- Blaenau Gwent - 72 (0.10% of the population)
- Caerphilly - 31 (0.02% of the population)
- Monmouthshire - 6 (0.01% of the population)
- Newport - 84 (0.06% of the population)
- Torfaen - 155 (0.17% of the population)

These figures compare to a total of 2,785 across the whole of Wales or 0.1% of the total population.

However, it is likely that many households would not have completed the census – both because they were living on 'unauthorised sites' or encampments and as such did not appear on official records or because of a mistrust of the purpose of the census. Where people did receive forms potential lower than average literacy levels may have meant that some households would not have completed them, and where they were completed some households would have chosen not to identify as Gypsies/Travellers or Irish Travellers.

The largest Gypsy & Traveller population is in Torfaen, however Nantyglo in Blaenau Gwent also has a large population, many now living in 'bricks and mortar' in close proximity to a long established site. Newport also has a significant Gypsy & Traveller population in unofficial sites around the periphery of the city centre and Newport is very often the unofficial unauthorised site for travellers in transit heading east/west from Ireland to England.

According to the Gypsy and Traveller caravan count in January 2020³³ there were 1,092 Gypsy and Traveller caravans and 136 sites in Wales,

³³ [Gypsy and traveller caravan count, January 2020](#)

an increase from the same month in the previous years (4% and 10% respectively).

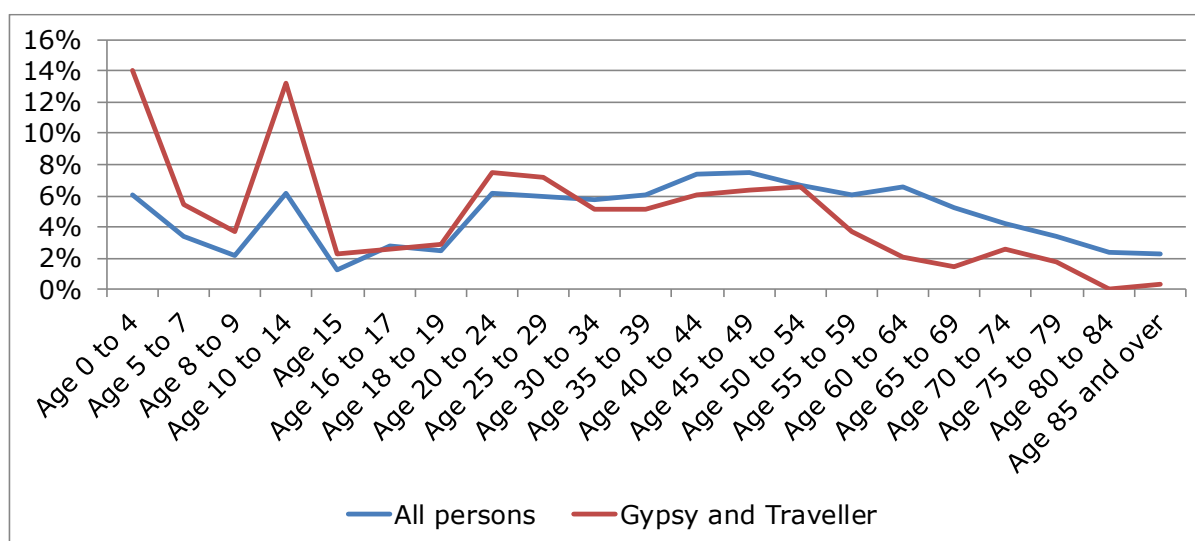
The table below shows the number of caravans and sites across the Health Board's area.

Table 13 - number of caravans by authorisation and local authority

	Number of caravans		
	Authorised sites (with planning permission)	Unauthorised sites (without planning permission)	Total number of caravans
Blaenau Gwent	25	0	25
Caerphilly	0	6	6
Monmouthshire	6	4	10
Newport	22	32	54
Torfaen	65	0	65
Overall total	118	42	160

The age profile of the community in the Health Board's area illustrates the extent of the life expectancy issue for travellers. In comparison to the general profile, the age structure is heavily concentrated at the lower age bands, running consistently above proportional figures for the Health Board's area until the mid-30s, after which it drops below particularly from the age of 55 onwards. Whilst cultural factors play a considerable role in their poor health, part of this issue may also be around engagement with services and the proximity of sites to healthcare services.

Figure 22 - Age profile for the Health Board's population and Gypsy and Traveller community 2011³⁴



2.20 Offenders

The population of those who are designated as offenders covers two specific groups.

The first is the population of HMP Usk and its satellite prison, HMP Prescoed. The former is a Category C men's prison located in Usk, Monmouthshire housing up to 276 men, and the latter is a Category D men's open prison housing up to 260 men and young offender institution located in Coed-y-paen, three miles from Usk.

The second group of offenders are those no longer serving prison terms; this may include those serving suspended sentences, those on probation, and those living in secure accommodation. At the time of writing there are no figures available for this cohort of the population.

2.21 Homeless and rough sleepers

The Gwent Homelessness Reviews 2018 identifies that in the three financial years 2015-16, 2016-2017 and 2017-2018 Newport had the greatest demand on its homeless services (1,707 households), followed by Caerphilly (1,115), Torfaen (861), Blaenau Gwent (588) and Monmouthshire (515). Given that the data shows that this trend has been the case for the last three years, it was not expected to change during the lifetime of the Gwent Homelessness Strategy 2018-2022.

³⁴ [Nomis DC2101EW Ethnic group by sex by age](#)

The key issues behind all households being threatened with and experiencing homelessness (in connection with the proportions of Section 66, 73 and 75 duties owed under the Housing (Wales) Act 2014) are linked to breakdowns in relationships, rent arrears and loss of rented or tied accommodation. Loss of rented or tied accommodation appears to be the main underlying cause of homelessness across the Health Board's area.

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 figure below shows the number of rough sleepers on a one night count in 2019, and an estimate of the number of rough sleepers over a period of time during the count.

Figure 23 – rough sleeper count 2019³⁵

	Total count of rough sleepers	Estimated number of rough sleepers
Blaenau Gwent	1	0
Caerphilly	6	42
Monmouthshire	5	5
Newport	24	42
Torfaen	3	7
Total	39	96

³⁵ [Welsh Government National rough sleeper count: November 2019](#)

3 General health needs of Gwent

3.1 Cancer³⁶

Cancer is a major cause of ill health and according to Cancer Research UK one in two people in the UK will get cancer in their lifetime. It is a group of 200 diseases which together impose a heavy burden of disease.

In the Health Board's area, as in Wales as a whole, prostate, breast, lung and colorectal cancers are the most common types of cancer for all persons (2013-2017). For men the top four cancers are prostate, colorectal, lung and colon, whilst for women it is breast, lung, colorectal and colon.

A range of factors influence a person's risk of developing cancer during their lifetime. Some of these factors cannot be modified as they relate to things like age, sex and genetic make-up. However many can be modified such as:

- Not smoking,
- Maintaining a healthy weight,
- Eating and drinking healthily,
- Cutting down on alcohol,
- Being more active, and
- Enjoying the sun safely.

It has been estimated that approximately 40% of cancers are directly related to these modifiable lifestyle behaviours.

Across the Health Board's area there is inequity in survival rates for certain cancers with those living in greater socioeconomic deprivation more likely to present with new cancers, but less likely to survive than those who are more affluent.

In relation to all malignancies (excluding nonmelanoma skin cancers) for the period 2013 to 2017, Blaenau Gwent had the highest European Age Standardised Rate per 100,000 population for all persons (321.1) with Newport the second highest (313.9). These figures compare to a Welsh average of 288.8. Monmouthshire at 236.1 had the lowest rate in the Health Board's area and is also 18% lower than the Welsh average.

³⁶ [Welsh Cancer Intelligence and Surveillance Unit cancer incidence in Wales, 2001-2017](#)

3.2 Cardiovascular disease

Cardiovascular diseases affect the blood supply to the heart and other vital organs and include:

- Congenital heart disease,
- Coronary heart disease,
- Heart failure,
- Atrial fibrillation,
- Cardiac rehabilitation.
- Stroke, and
- Peripheral vascular disease.

As with cancer taking steps to modify lifestyle behaviours will help reduce the risk of cardiovascular disease. There are nine main risk factors:

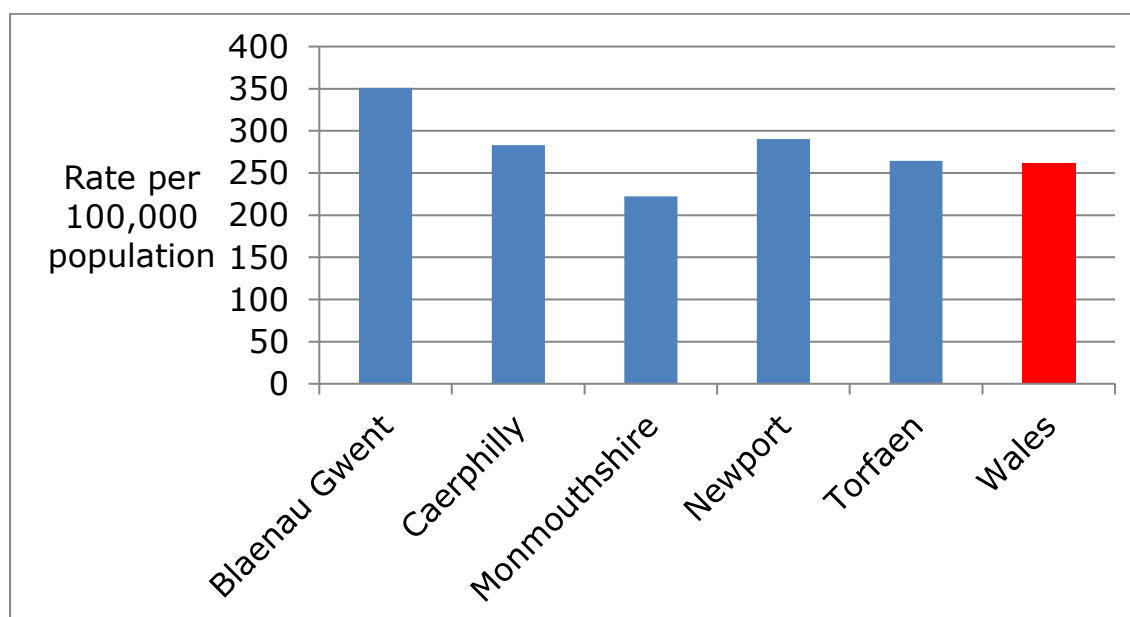
- High blood pressure,
- High cholesterol levels,
- Smoking, and
- Obesity.

Non-modifiable risk factors include age, male gender, ethnicity, and family history of premature cardiovascular disease.

The graph below shows how the rate of deaths due to cardiovascular diseases per 100,000 population varies across the local authority areas and how they compare to the rate for Wales in 2017. As can be seen, Blaenau Gwent has the highest rate, and Monmouthshire the lowest³⁷.

³⁷ [NHS Wales Informatics Service, Health Maps Wales - mortality](#)

Figure 24 – rate of deaths due to cardiovascular diseases per 100,000 population by local authority and Wales, 2017



3.3 Diabetes

There are two main types of diabetes, type 1 and type 2 with the latter being much more common. It can be preceded by a pre-diabetic state in which levels of sugar in the blood are raised, but are not yet high enough to diagnose diabetes. 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. Diabetes is more common in socio-economically deprived communities and in Black and Asian people.

According to Diabetes UK³⁸, Wales has the highest prevalence of diabetes in the UK, with more than 209,000 people, or 8% of the population, living with diabetes. The numbers are rising each year, with an additional 10,695 people diagnosed in 2020. Estimates suggest that there are a further 65,501 people with type 2 who have not yet been diagnosed, and that a further 580,000 people could be at risk of developing type 2 diabetes.

The disease costs the NHS in Wales approximately £500m each year, with around 80% of this spent on managing complications, most of which could be prevented. The two biggest modifiable risk factors are obesity and physical inactivity.

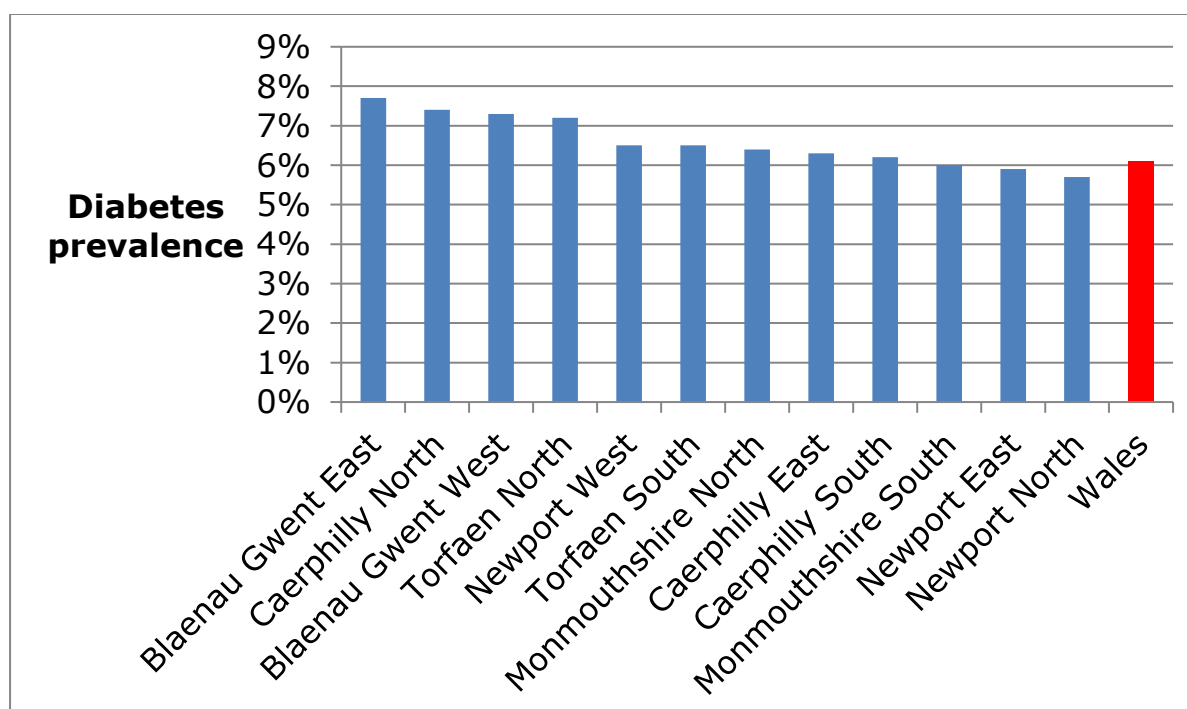
³⁸ [Diabetes UK, Diabetes in Wales](#)

With Powys, the Health Board has the highest death rate (age-standardised) (2015-2017) at 12.3 per 100,000 population, compared to 11.0 per 100,000 population for Wales³⁹.

Under the Quality and Outcomes Framework, GP practices establish and maintain a register of all patients aged 17 or over with diabetes. Figures for 2019 show a diabetes prevalence of 6.5% for the GP registered population in the Health Board's area⁴⁰. The figure below shows the variation in diabetes prevalence at locality level based on the registers maintained by the GP practices in that locality compared to the average for Wales. The data was collected prior to the changes to the neighbourhood care networks in Newport and therefore shows three such networks in Newport rather than the two which have existed since April 2020.

As can be seen the highest prevalence rate is in Blaenau Gwent East locality and the lowest in the, now non-existent, Newport North neighbourhood care network.

Figure 25 – Diabetes prevalence at locality and Wales level based on GP practice registers, 2019.



³⁹ [NHS Wales Informatics Service, Health Maps Wales - endocrine, nutritional and metabolic diseases](#)

⁴⁰ [GP QOF database, Wales 2019 data](#)

3.4 Mental health

Positive mental health is a key factor for good health and relevant to the whole population. In 2007 the World Health Organisation stated that there is no health without mental health, which means that public mental health is integral to all public health work. The Gwent Population Needs Assessment 2017⁴¹ states that:

- One in four people experiences mental health problems or illness at some point during their lifetime.
- One in six people will experience symptoms at any one time.
- Two in 100 people will have a severe mental illness such as schizophrenia or bipolar disorder.
- One in ten children between the ages of five and 16 has a mental health problem and many more have behavioural issues.
- Approximately 50% of people who go on to have serious mental health problems will have symptoms by the time they are 14 and many at a much younger age.
- Between one in ten and one in 15 new mothers experiences post-natal depression.
- One in 14 people over 65 and one in six over the age of 80 will be affected by dementia.
- Nine in ten prisoners have a diagnosable mental health and/or substance misuse problem.

Suicide is a tragedy for all concerned and is a cause of distress for many people - the individual, family, friends, professionals and the community at large. It is estimated that for every person who dies through suicide at least six others are significantly and directly affected. Many others may be indirectly affected. Losing someone through suicide can be particularly traumatic and difficult to cope with; its impacts are psychological, spiritual and economic. There is no single reason why someone may try to take their own life. It is best understood by looking at each person's life and circumstances. However certain factors or problems may make suicide more likely. Previous self-harm is a key risk factor. Mental illness, misusing drugs or alcohol or having a close relative who has died from suicide may increase risk. Life events like losing your home, job or the end of a relationship can also increase the risk of suicide or self-harm.

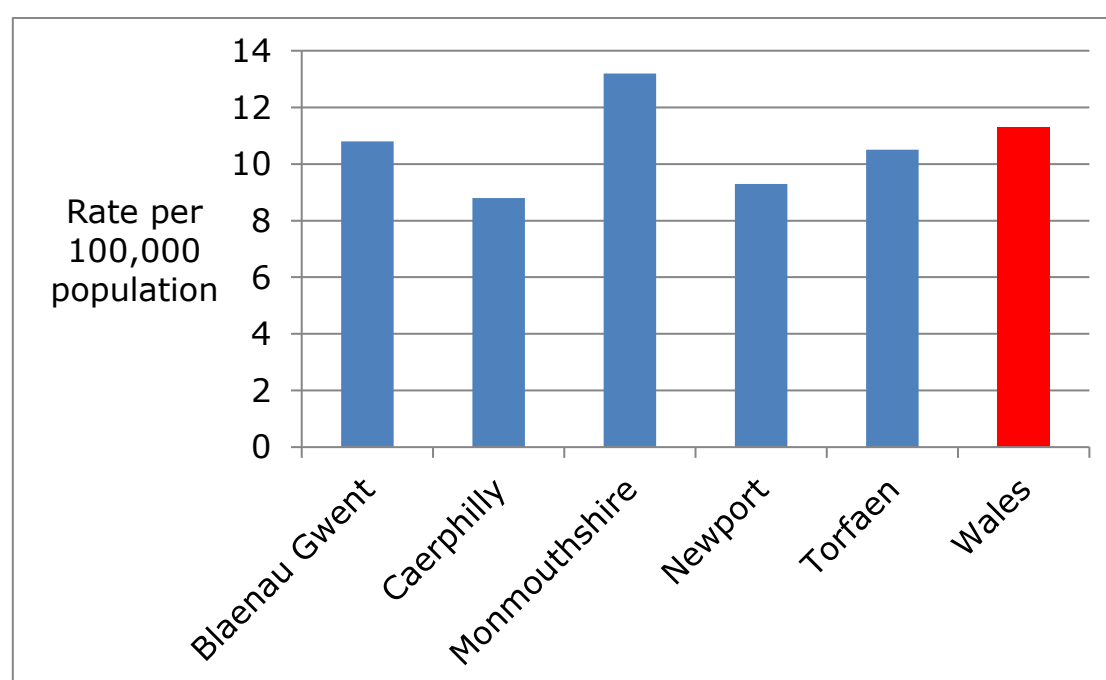
Many people may have thoughts of suicide because of distressing events; about 19 people in every 100 will have these thoughts at some point in their life. Only a very small number of those who harm themselves or who think about suicide will actually die in this way. Suicide is about three

⁴¹ [Gwent Regional Partnership Board, Gwent Population Needs Assessment 2017](#)

times more common in men than women. This may be because men tend to use different methods to those used by women. Women are much more likely than men to be admitted to hospital as a result of self-harm.

The figure below shows the death rate from suicide (age-standardised) per 100,000 population between 2015 and 2017 for each locality and Wales. As can be seen, the rate in Monmouthshire is the highest in the Health Board's area and is also higher than the average for Wales⁴².

Figure 26 – Suicide death rates (age-standardised) per 100,000 population 2015-2017 by locality and Wales



3.5 Dementia

Dementia is an umbrella term used to describe a range of progressive neurological disorders i.e. conditions affecting the brain. There are over 200 subtypes of dementia, but the five most common are:

- Alzheimer's disease,
- vascular dementia,
- dementia with Lewy bodies,
- frontotemporal dementia, and
- mixed dementia.

⁴² [NHS Wales Informatics Service, Health Maps Wales – external causes of morbidity and mortality](#)

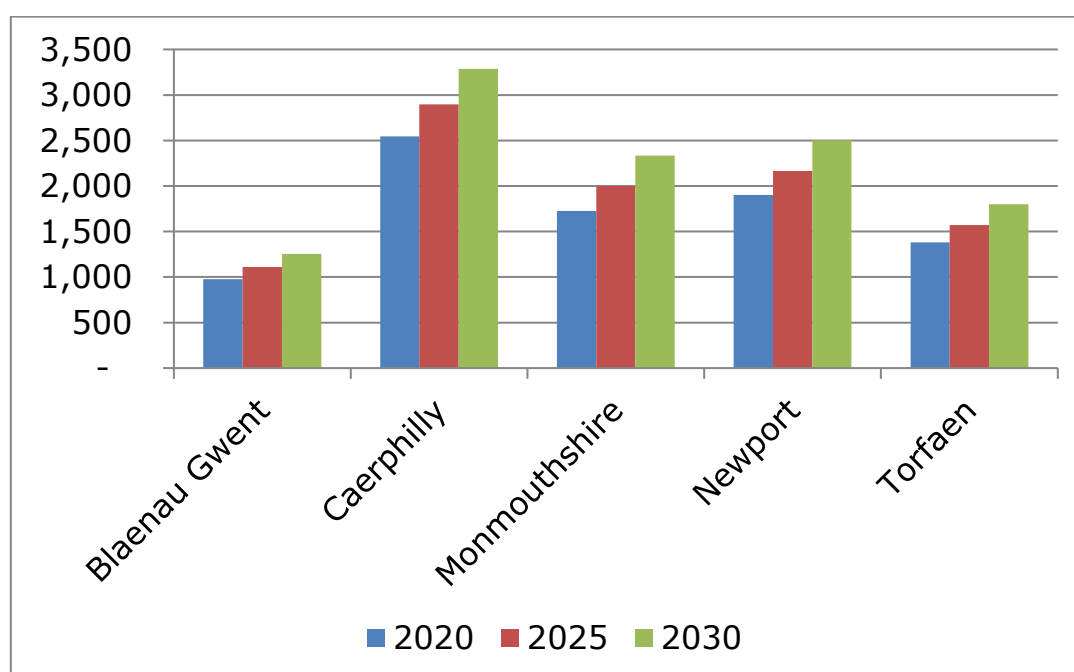
Some people may have a combination of different types of dementia and these are commonly called mixed dementia.

Dementia damages the nerve cells in the brain so messages can't be sent from and to the brain effectively, which prevents the body from functioning normally.

The Alzheimer's Society (2014) reports there are over 850,000 people living with dementia in the UK today. Of these, approximately, 42,000 are people with young onset dementia, which affects people under the age of 65. As a person's age increases, so does the risk of them developing dementia. It is estimated that the number of people living with dementia in the UK by 2025 will rise to over one million. Rates of diagnosis are improving but many people with dementia are thought to still be undiagnosed.

Daffodil Cymru⁴³ predicts that the number of people aged 65 and over with dementia in the Health Board's area will increase by 25% between 2020 and 2030. The figure below shows the increase at local authority level. As can be seen, Caerphilly is predicted to have the highest number of people aged 65 and over with dementia in 2030 (3,287), however Monmouthshire is predicted to have the greatest increase at 35%.

Figure 27 – predicted number of people aged 65 and over with dementia, by local authority, 2020-2030



⁴³ [Social Care Wales Population Projections Platform, Daffodil Cymru](#)

3.6 Respiratory disease⁴⁴

Respiratory diseases are diseases of the airways and other structures of the lung. Among the most common are chronic obstructive pulmonary disease, asthma, occupational lung diseases such as coal miners' pneumoconiosis, pneumonia and pulmonary hypertension.

Tobacco is the biggest cause of lung cancer in the UK, and people who smoke were first shown to be more likely to develop lung cancer relative to non-smokers in the 1950s. It also increases the risk for cancers elsewhere in the body for example the mouth, lips, nose and sinuses, oesophagus, stomach, liver, bladder and colon/rectum.

Although chronic obstructive pulmonary disease can be the result of exposure to occupational hazards and air pollution, it is predominantly caused by active and second-hand tobacco smoke exposure. Other forms of tobacco such as cigars and water pipes also increase the risk of this disease.

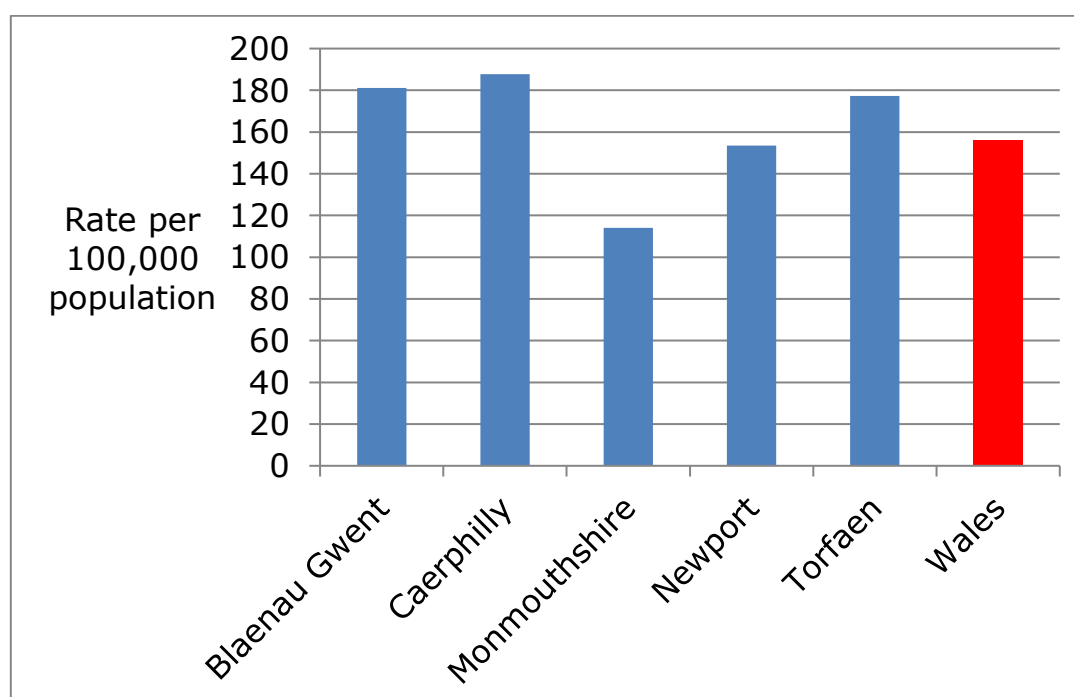
Pneumonia can be acquired in either the community or a hospital/healthcare environment and can affect people of any age. In the UK, pneumonia affects around 0.5 to 1% of adults each year, and is more widespread in autumn and winter. Smoking and exposure to tobacco smoke are risk factors for community acquired pneumonia.

Asthma is the most common chronic disease of childhood and the leading cause of childhood mortality from chronic disease as measured by school absences, emergency department visits and hospitalisation. It affects all ages, races and ethnicities. Exposure to cigarette smoke can trigger the development of the asthma and exacerbate symptoms.

As can be seen from the figure below the age standardised death rate per 100,000 population for all respiratory diseases in 2017 was higher than the average for Wales in Blaenau Gwent, Caerphilly and Torfaen, and just below the average for Wales in Newport. In comparison, Monmouthshire had the lowest rate of all local authorities in Wales.

⁴⁴ [ASH, Smoking and respiratory disease factsheet, September 2020](#)

Figure 28 – all respiratory diseases death rates (age-standardised) per 100,000 population by locality and Wales, 2017



Smoking cessation is one of the most effective ways to both prevent respiratory diseases and treat people with a respiratory disease.

3.7 Sexual health

Sexual health is the capacity and freedom to enjoy and express sexuality without exploitation, oppression or physical or emotional harm. Sexual health problems include:

- Sexually transmitted infections including human immunodeficiency virus infection,
- Unintended pregnancy,
- Abortion,
- Fertility problems, and
- Sexual dysfunction.

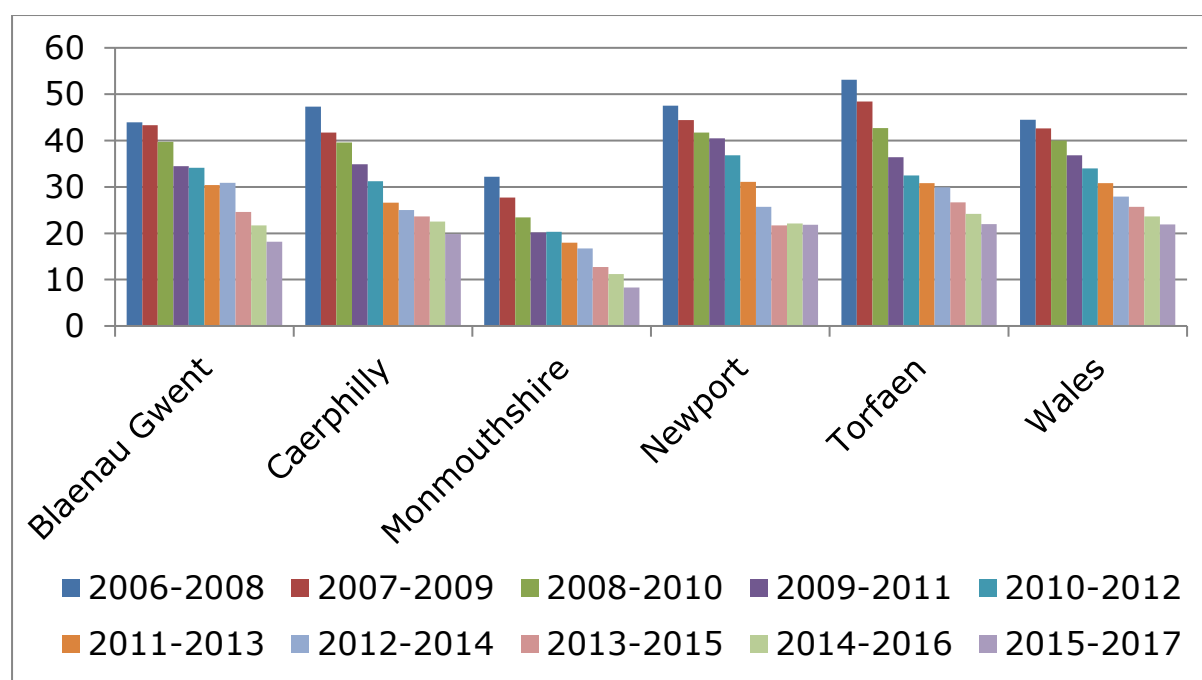
Teenage pregnancy is a possible cause and consequence of child poverty, which can increase the likelihood of health inequalities. Being a teenage mother or a child of a teenage mother increases the risk of health problems and other issues, for both mother and child. Higher teenage conception rates are associated with areas of higher deprivation and areas of higher unemployment.

In 2017, the teenage pregnancy rate per 1,000 females aged under 18 for Wales was 20.2. Monmouthshire had the lowest rate (5.7) of all local

authorities in Wales, with Blaenau Gwent (16.1) and Caerphilly (18.0) also below the average rate for Wales. Torfaen (22.9) and Newport (21.3) were both above the average for Wales⁴⁵.

As can be seen from the figure below, rates of teenage pregnancies across the Health Board's area have fallen since 2006, although have begun to plateau in Newport.

Figure 29 – teenage pregnancy rate per 1,000 females aged under 18, 2006-08 to 2016-17 by local authority and Wales⁴⁶



3.8 Alcohol⁴⁷

Alcohol is a major cause of death and illness in Wales with around 1,500 deaths attributable to alcohol each year (1 in 20 of all deaths). Across Wales consumption of alcohol has slightly decreased and adults under 45 now drink less. Whilst this decrease is good news, it masks persistent or increased drinking in over 45 year olds.

Across the Health Board's area 18.4% of respondents to the National Survey for Wales self-reported as non-drinkers, 63.7% as moderate drinkers, 15.5% as hazardous drinkers and 2.5% as harmful drinkers. However there is variation at local authority level:

⁴⁵ [Public Health Wales Observatory, Public Health Outcomes Framework](#)

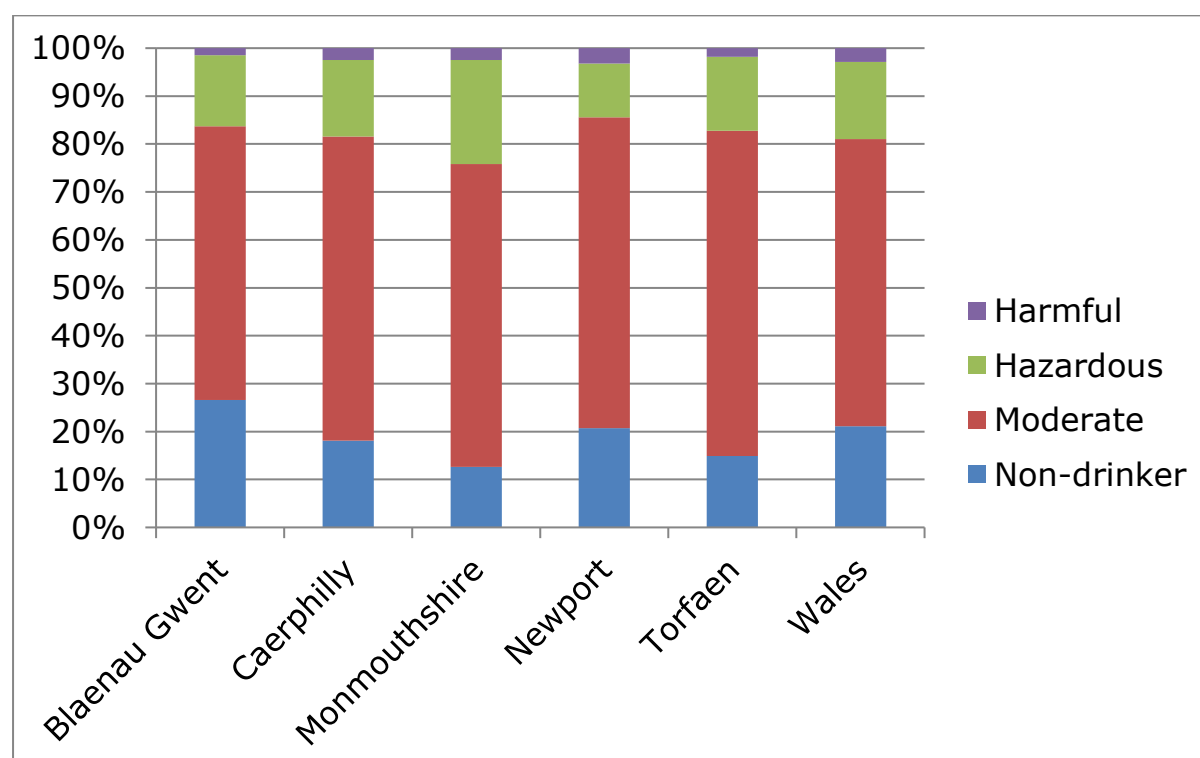
⁴⁶ [Public Health Wales Observatory, Public Health Outcomes Framework](#)

⁴⁷ [Alcohol in Wales 2019](#), Public Health Wales Observatory

- The percentage of non-drinkers was highest in Blaenau Gwent (26.6%) and lowest in Monmouthshire (12.6%),
- The percentage of moderate drinkers (defined as consuming up to and including 14 units per week) was highest in Torfaen at 67.9% and lowest in Blaenau Gwent at 57.1%,
- The percentage of hazardous drinkers (defined as more than 14 and up to 50 units per week for men and more than 14 and up to 35 units per week for females) was highest in Monmouthshire at 21.7% and lowest in Newport at 11.2%, and
- The percentage of harmful drinkers (more than 50 or 35 units per week for men and females respectively) was highest in Newport at 3.2% and lowest in Blaenau Gwent at 1.5%.

The figure below summarises this data.

Figure 30 – Percentage weekly consumption by drinking level 2016/17-2017/18⁴⁸



3.9 Obesity

Having a high body mass index (i.e. being overweight or obese) and physical inactivity are the third and fourth leading causes of ill health in the UK. Taken together they are arguably the most important contributor to poor wellbeing in communities today. Childhood obesity leads to and

⁴⁸ [Public Health Wales Observatory, Alcohol in Wales](#)

exacerbates adult obesity which in turn causes or exacerbates our most prevalent limiting long term ill health conditions. It is well accepted that adult obesity results in less healthy life expectancy and shorter life expectancy.

A healthy, balanced diet is an essential component of healthy living. A balanced diet combined with physical activity helps to regulate body weight and contributes to good health. Maintaining a healthy body weight also reduces the risk of health problems such as diabetes, coronary heart disease, stroke and some cancers. Regular physical activity is an essential part of healthy living. A lack of physical activity is among the leading causes of avoidable illness and premature death.

Government advice is that everyone should have at least five portions of a variety of fruit and vegetables every day. An adult portion of fruit or vegetables is 80g. According to the most recent results for the Health Board's area from the National Survey for Wales (July 2020)⁴⁹:

- 10.2% of responders ate no fruit and vegetables the previous day,
- 69.3% ate some but less than five portions, and
- 20.5% ate at least five portions.

There is variation at local authority whereby residents of Monmouthshire are most likely to have eaten five portions the previous day (32%) and Caerphilly residents the least likely (16.6%), compared to an average for Wales of 24.3%.

Physical activity guidelines for adults aged 19 to 64 include at least 150 minutes of moderate intensity activity a week or 75 minutes of vigorous intensity activity a week. According to the National Survey for Wales, 54.9% of the Health Board's residents are meeting this target compared to 53.2% for Wales. Adults in Blaenau Gwent report the lowest physical activity levels with only 42.5% active for at least 150 minutes in the previous week, compared to a high of 61% in Monmouthshire.

In Wales 59.9% of adults were classified as overweight or obese. For the Health Board the figure is 64.9%. There is significant variation across the Health Board's area with 56% overweight or obese in Monmouthshire and 70% in Blaenau Gwent.

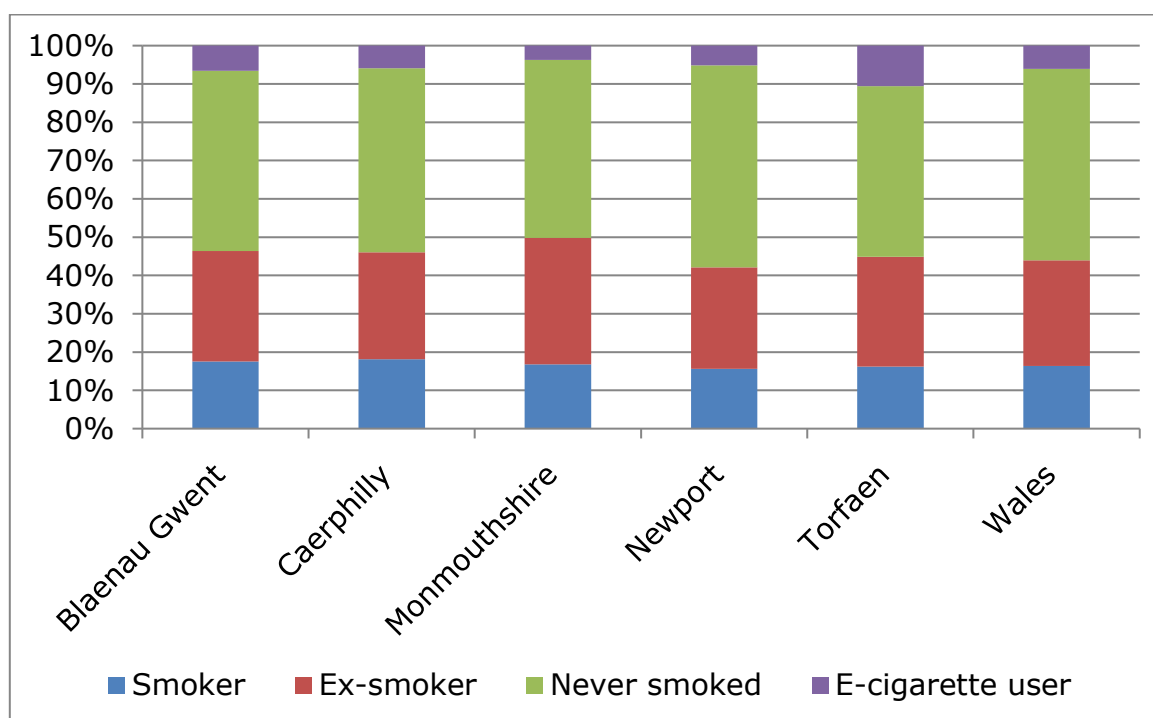
⁴⁹ [StatsWales, Adult lifestyles by local authority and Health Board](#)

3.10 Smoking⁵⁰

Smoking remains a major cause of premature death in Wales. As set out in earlier sections of this chapter smoking and passive smoking have been linked to a range of serious illnesses including cancers and heart disease.

Across Wales, on average 17.4% of persons aged 16 and over self-reported a smoking status of 'daily smoker' or 'occasional smoker' in the most recent data from the National Survey of Wales. The average for the Health Board's area is 18.4% however there is variation at local authority level. As can be seen from the figure below, the percentage of persons aged 16 and above who smoke is lowest in Newport (16.5%) and highest in Caerphilly (19.3%).

Figure 31 – persons aged 16 and over by smoking status (percentage)



⁵⁰ [StatsWales, Adult lifestyles by local authority and Health Board](#)

4 Identified patient groups – particular health issues

The following patient groups have been identified as living within, or visiting, the Health Board's 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 and children and young people in contact with the Youth Justice System
- Homeless and rough sleepers
- Traveller and gypsy communities
- Asylum seekers, refugees and migrants
- Military veterans
- Visitors to sporting and leisure facilities for example Cwmbran Shopping Centre, Chepstow racecourse, the Celtic Manor Resort, the Wye Valley Area of Outstanding Natural Beauty, the Forest of Dean, Tredegar Park, Brecon and Monmouthshire canal, and heritage attractions such as Abergavenny Castle, Blaenavon World Heritage Site, Tintern Abbey and Raglan Castle.

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

4.1 Age

Health issues tend to be greater amongst the very young and the very old. However, whilst it is clear that the number and proportion of people aged 65 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 and over will have one or more health conditions but may not consider that their health condition has, or conditions have, a significant impact on their life.

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

For older people:

- Cigarette smoking is implicated in eight of the top fourteen causes of death for people 65 years of age or older. Smoking causes disabling and fatal disease, including lung and other cancers, heart and circulatory diseases, and respiratory diseases such as emphysema. It also accelerates the rate of decline of bone density during ageing. At age 70, smokers have less dense bones and a higher risk of fractures than non-smokers. Female smokers are at greater risk for post-menopausal osteoporosis. Half of long-term smokers die of tobacco related illnesses, most prematurely, and many suffer from a variety of chronic conditions related to smoking.
- Even modest alcohol use in old age may be potentially harmful as a contributor to falls, compromised memory, medicine mismanagement, inadequate diet and limitations on independent living.
- Falls prevention is a key issue in the improvement of health and wellbeing amongst older people. Falls are a major cause of disability and death in older people in Wales, and result in significant human costs in terms of pain, loss of confidence and independence. It is estimated that between 230,000 and 460,000 people over the age of 60 fall in Wales each year. Between 11,500 and 45,900 of these suffer serious injury: fracture, head injury, or serious laceration.
- Loneliness can have significant and lasting effect on health. It is associated with higher blood pressure and depression and leads to higher rates of mortality, indeed comparable to those associated with smoking and alcohol consumption. It is also linked to a higher incidence of dementia with one study reporting a doubled risk of Alzheimer's disease. Lonely people tend to make more use of health and social care services and are more likely to have early admission to residential or nursing care.
- Depression is the most common mental health need for older people and prevalence rises with age. Women are more often diagnosed with depression than men. At any one time, around 10-15% of the

over 65s population nationally will have depression and 25% will show symptoms of depression. The prevalence of depression among older people in acute hospitals is 29% and among those living in care homes is 40%. More severe depression is less common, affecting 3-5% of older people.

- People with mental health needs can seek advice and support from their GP. However, two-thirds of older people with depression never discuss it with their GP, and of the third that do discuss it, only half are diagnosed and treated. This means of those with depression only 15 per cent, or one in seven, are diagnosed and receiving any kind of treatment. Even when they are diagnosed, older people are less likely to be offered treatment than those aged 16 to 64.
- Dementia is a common condition that affects about 800,000 people in the UK. The risk of developing dementia increases as you get older, and the condition usually occurs in people over the age of 65. Dementia is the second most common mental health problem in older people and 20% of people over 85, and 5% over 65, have dementia. In 2013 there were an estimated 45,529 people living with dementia in Wales, of those people, only 17,661 had received a formal diagnosis. By 2021 it is estimated that over 55,000 people in Wales will have dementia.
- Age is the single biggest factor associated with having a long term condition and 60% of people aged 65 and over are affected, but lifestyle factors such as smoking, excessive alcohol consumption, unhealthy diets and physical inactivity are estimated to cause approximately 50% of long term conditions.

For 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 childhood experiences and health behaviours continue to impact and accumulate throughout childhood and into adulthood.
- There is strong evidence that lifestyle behaviours that impact on longer term health and social care outcomes in adults are closely linked to lifestyle in the teenage years. Influencing positive lifestyle choices in teenagers will impact on health outcomes for young people and on future demand for a wide range of services by adults

- Breast feeding is well evidenced to provide health benefits for both mother and baby and to promote attachment, however young mothers are among the groups least likely to breast feed
- More than eight out of ten adults who have ever smoked regularly started before the age of 19
- Eight out of ten obese teenagers go on to become obese adults
- Untreated sexually transmitted infections can have longer term health impact including fertility. 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

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

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

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

- Approximately 1.5 million people in the UK have a learning disability. Over 1 million adults aged over 20, and over 410,000 children aged up to 19 years old have a learning disability.
- 29,000 adults with a learning disability live with parents aged 70 or over, many of whom are too old or frail to continue in their caring role. In only 25% of these cases have a Local Authority planned alternative housing.
- Less than 20% of people with a learning disability work, but at least 65% of people with a learning disability want to work. Of those

people with a learning disability that do work, most work part time and are low paid.

- People with a learning disability are 58 times more likely to die aged under 50 than other people. And four times as many people with a learning disability die of preventable causes compared to people in the general population.
- People with a learning disability are ten times more likely to have serious sight problems and six out of ten people with a learning disability need to wear glasses.

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

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

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

- Cardiovascular disease, which includes heart attacks and strokes,
- Musculoskeletal disorders i.e. disorders of the muscles, joints or bones,
- Respiratory disease such as asthma,
- Cancers, and
- Mental ill health.

4.3 Pregnancy and maternity

There are many common health problems that are associated with pregnancy. Some of the more common ones are:

- Urinating a lot
- Pelvic pain
- Piles (haemorrhoids)
- Skin and hair changes
- Sleeplessness
- Stretch marks
- Swollen ankles, feet, fingers
- Swollen and sore gums, which may bleed
- Tiredness
- Vaginal discharge
- Vaginal bleeding
- Varicose veins.

4.4 Race

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

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

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

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

4.5 Religion and belief

It should never be assumed that an individual belonging to a specific religious group will necessarily be compliant with or completely observant of all the views and practices of that group. Individual patients' reactions to a particular clinical situation can be influenced by a number of factors, including what branch of a particular religion or belief they belong to, and how strong their religious beliefs are (for example, orthodox or reformed, moderate or fundamentalist). For this reason, each person should be treated as an individual.

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

- There is a possibility of hate crime related to religion and belief.

4.6 Sex

- Average male life expectancy at birth in the Health Board's area ranges from 76.2 to 80.3 years. For females the figures range from 80.6 to 84.0 years.
- Men tend to use health services less than women and present later with diseases than women do. Consumer research by the Department of Health and Social Care⁵¹ into the use of pharmacies in 2009 showed men aged 16 to 55 to be 'avoiders' i.e. they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet
- Men are more likely to die from coronary heart disease prematurely and are also more likely to die during a sudden cardiac event. Women's risk of cardiovascular disease in general increases later in life and women are more likely to die from stroke
- The percentage of adults reporting to be overweight or obese is higher in men than women for each age group
- Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men, as are all forms of substance abuse
- 19% of adults in Wales were drinking above the weekly guidelines in 2016/17-2017/18. Drinking above guidelines was more prevalent in males than females in all 10-year age groups. For some age groups, the difference was as much as double for males compared to females. Males aged 55-74 had the highest levels of drinking in Wales at around a third drinking above 14 units of alcohol in a usual week.
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex-specific. At the same time, cancer morbidity and mortality rates are reducing more quickly for men than women.

4.7 Sexual orientation

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

All of these disproportionately affect Lesbian Gay Bisexual Transgender populations:

⁵¹ [Pharmacy consumer research. Pharmacy usage and communications mapping – Executive summary. June 2009](#)

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

4.8 Gender re-assignment⁵²

- Drugs and alcohol are processed by the liver as are cross-sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage
- Alcohol, drugs and tobacco and the use of hormone therapy can all increase cardiovascular risk. Taken together, they can also increase the risk already posed by hormone therapy
- Smoking can affect oestrogen levels, increasing the risk of osteoporosis and reducing the feminising effects of oestrogen medication
- Transgender people face a number of barriers that can prevent them from engaging in regular exercise. Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity
- Gender dysphoria is the medical term used to describe this discomfort. Transgender people are likely to suffer from mental ill health as a reaction to the discomfort they feel. This is primarily driven by a sense of difference and not being accepted by society. If a transgender person wishes to transition and live in the gender role they identify with, they may also worry about damaging their relationships, losing their job, being a victim of hate crime and being discriminated against. The fear of such prejudice and discrimination, which can be real or imagined, can cause significant psychological distress.

4.9 University students

- Screening for, and treatment of, sexually transmitted diseases
- Smoking cessation
- Meningitis vaccination
- Contraception, including emergency hormonal contraception, provision

⁵² Gender Identity Research and Education Society [Trans Health Factsheets](#)

- Mental health problems are increasing within the student population. 94% of universities in the UK have experienced a sharp increase in the number of people trying to access support services, with some institutions noticing a threefold increase.
- According to Unite Students Insight report 2019⁵³, the percentage of students who consider that they have a mental health condition has risen, and now stands at 17%. This has risen from 12% in 2016 when the question was first asked. As in previous years, anxiety and depression – often both – were the most commonly reported conditions.
- The number of students dropping out of university with mental health problems has more than trebled in recent years.

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

HMP Usk/Prescoed is situated in Monmouthshire and social care staff support inmates in line with the Act. The Health Board also provides primary healthcare services to offenders in the prison, in partnership with the National Offender Management Service. In addition to the prison population it is likely that ex-offenders will require additional care and support to prevent needs arising, particularly those who misuse drugs and/or alcohol or have mental health problems.

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

- Access to healthcare facilities,
- Mental health and healthcare,
- Substance misuse including smoking,
- Oral health,
- Infections disease, 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 in the area 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.

⁵³ [Unite Students Insight Report 2019](#)

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

4.11 Homeless and rough sleepers

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

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

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

- accidents (40%)
- liver disease (9%)
- suicide (9%).

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

According to report by Centrepoin⁵⁴, homeless young people are amongst the most socially disadvantaged in society. Previous research has shown that many have complex problems including substance misuse, mental and physical health problems, and have suffered abuse or experienced traumatic events. 42% of homeless young people have a diagnosed mental health problem or report symptoms of poor mental health, 18% have attempted suicide, 31% have a physical health problem (such as problems with their breathing, joints and muscles, or frequent headaches), 21% have a history of self-harm, 52% report problems with their sleep, 55% smoke, and 50% use illegal substances.

⁵⁴ [Toxic Mix: The health needs of homeless young people, Centrepoin 2014](#)

4.12 Traveller and gypsy communities⁵⁵

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

- Infant mortality rates are up to five times higher among this minority group when 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.
- There is a high accident rate among the Gypsy and Traveller population, which is directly related to the hazardous conditions on many Traveller sites - particularly as sites are often close to motorways or major roads, refuse tips, sewage work, railways or industrialized areas. Health and safety standards are often poor.
- Travellers have lower levels of breastfeeding.
- There is also a higher prevalence of many medical conditions when compared to the general population, including miscarriage rate, respiratory problems, arthritis, cardiovascular disease, depression and maternal death rates.
- Alcohol consumption is often used as a coping strategy, and drug use among Traveller young people is widely reported and feared by Traveller elders.
- Cultural beliefs include considering that health problems (particularly those perceived as shameful, such as poor mental health or substance misuse) should be dealt with by household members or kept within the extended family unit
- 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.

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

⁵⁵ [Gwent Social Services and Well-being Act Population Needs Assessment May 2017](#)

4.13 Asylum seekers, refugees and migrants⁵⁶

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

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

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

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

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

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

⁵⁶ [Gwent Social Services and Well-being Act Population Needs Assessment May 2017](#)

floating 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 veterans⁵⁷

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

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

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

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

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

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

⁵⁷ [Gwent Social Services and Well-being Act Population Needs Assessment May 2017](#)

- depression
- anxiety
- alcohol abuse.

Probable post traumatic stress disorder affects about 4% of veterans. Each year, about 0.1% of all regular service leavers are discharged for mental health reasons. Each Health Board in Wales has appointed an experienced clinician as a veteran therapist with an interest or experience of military (mental) health problems. The veteran therapist will accept referrals from health care staff, GPs, veteran charities and self-referrals from ex-service personnel. The service in Aneurin Bevan University Health Board's area is based in Pontypool. The primary aim of Veterans' NHS Wales is to improve the mental health and well-being of veterans with a service related mental health problem. The secondary aim is to achieve this through the development of sustainable, accessible and effective services that meet the needs of veterans with mental health and well-being difficulties who live in Wales. A 2016 report from 'Forces in Mind' provides the findings from a review of the mental and related health needs of veterans and family members in Wales.

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

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

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

4.15 Visitors to sporting and leisure facilities in the Health Board's area

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, or
- Signposting to other health services such as a GP or dentist.

5 Provision of pharmaceutical services

5.1 Current provision within Aneurin Bevan University Health Board's area

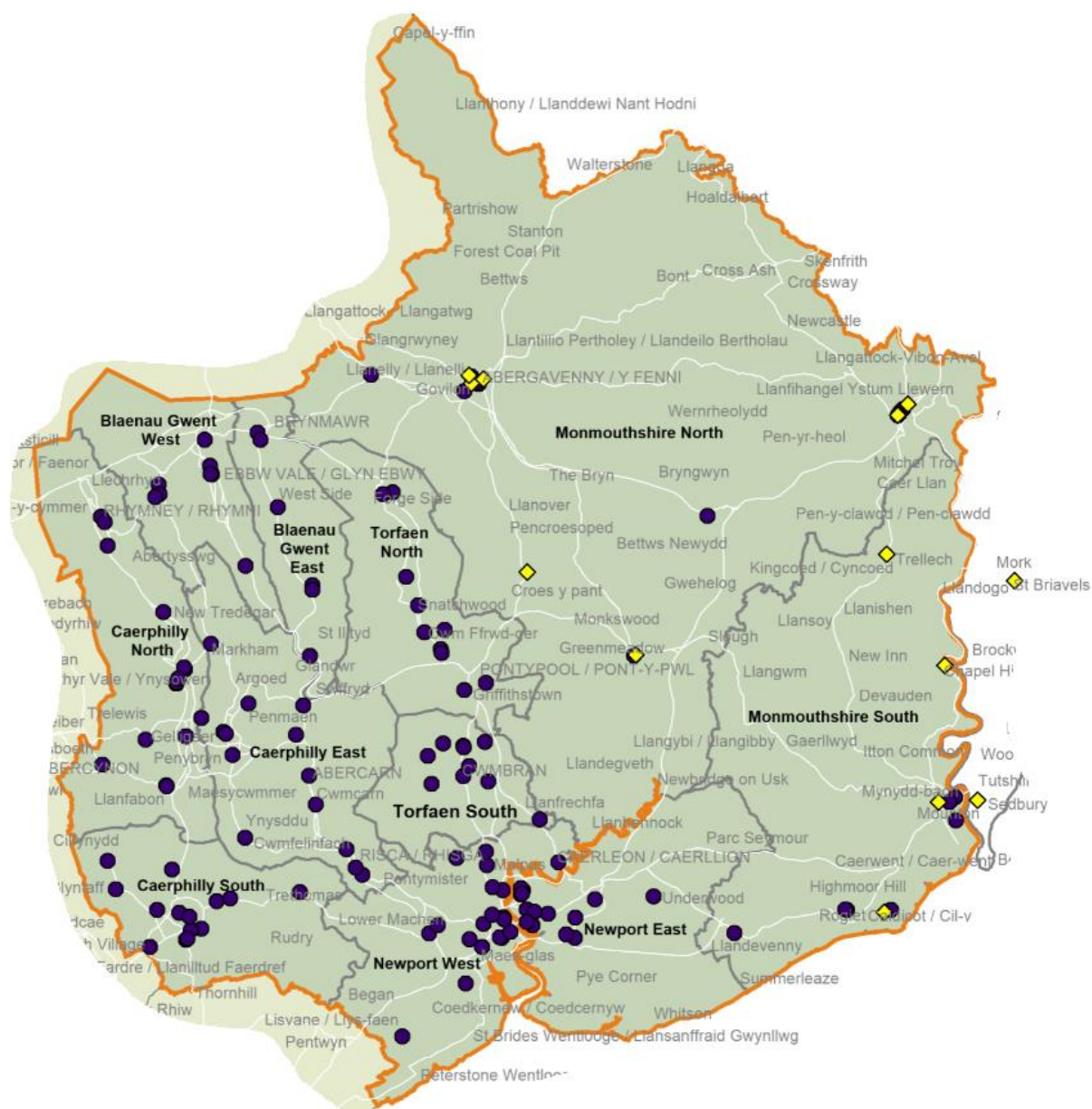
As of August 2021 there are 131 pharmacies included in the pharmaceutical list for the area of the Health Board, operated by 46 different contractors.

Of the 75 GP practices in the Health Board's area, 13 dispense to eligible patients from 17 sites within the Health Board's area. Three of the practices dispense from premises that are outside of the Health Board's area in Gloucestershire:

- The Vauxhall Practice has premises in Tutshill,
- Town Gate Practice has premises in Sedbury, and
- Wye Valley Practice has premises in St Briavels.

The map below shows the location of the pharmacy and dispensing practice premises across the Health Board's area. Pharmacies are represented by purple dots and GP dispensing premises by yellow diamonds.

Map 4 – location of pharmacies and dispensing practice premises



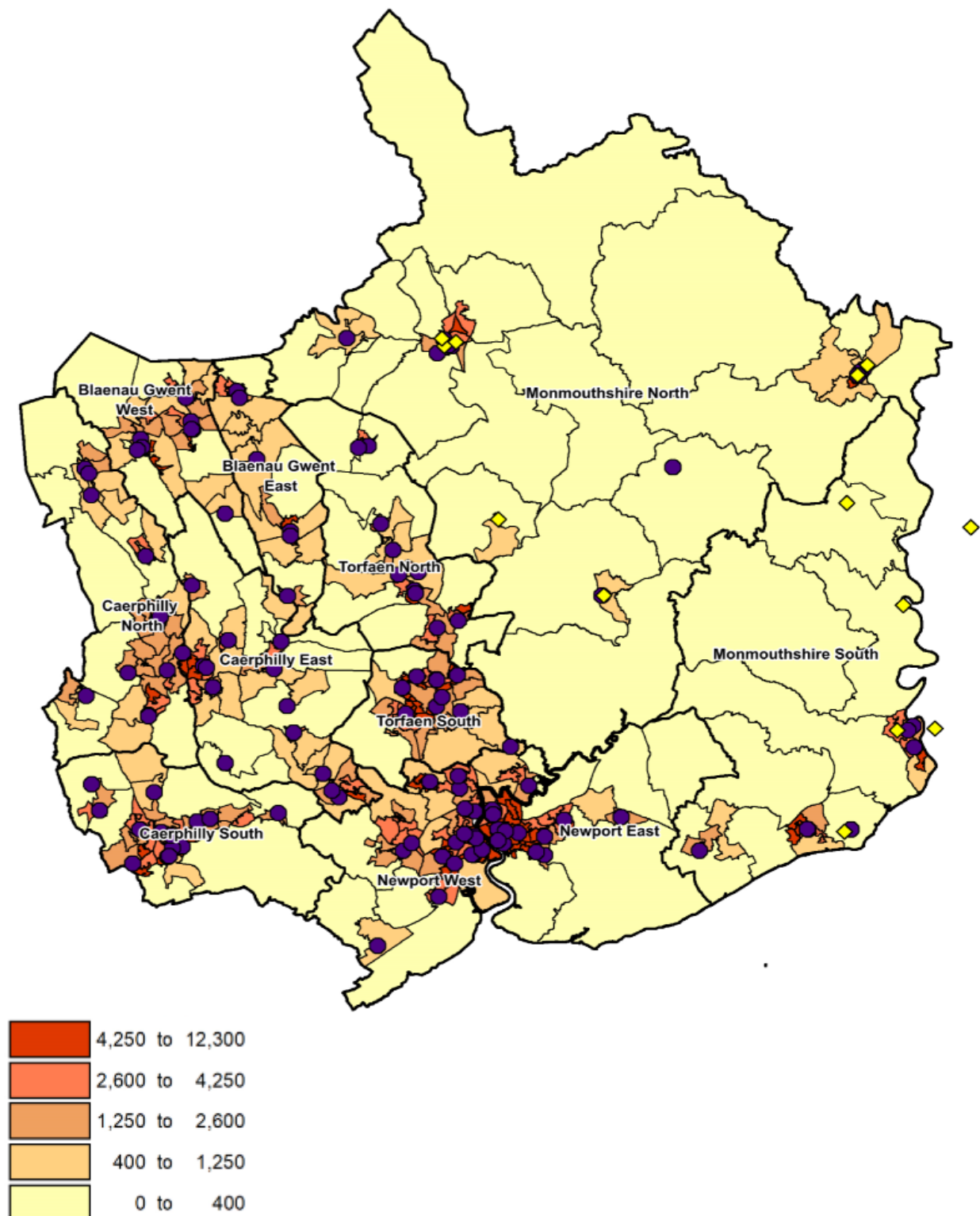
© Copyright Ordnance Survey Licence 100050829

The map below shows the location of the pharmacy and dispensing practice premises within the Health Board's area compared to population density by Lower Super Output Area. Due to the size of the area covered by the Health Board many of the premises are not shown individually, however more detailed maps can be found in the locality chapters.

Pharmacies are represented by purple dots and GP dispensing premises by yellow diamonds.

As can be seen, and as may be expected, the majority of premises are located in areas of greater population density with a few exceptions.

Map 5 – location of pharmacies and dispensing practice premises compared to population density

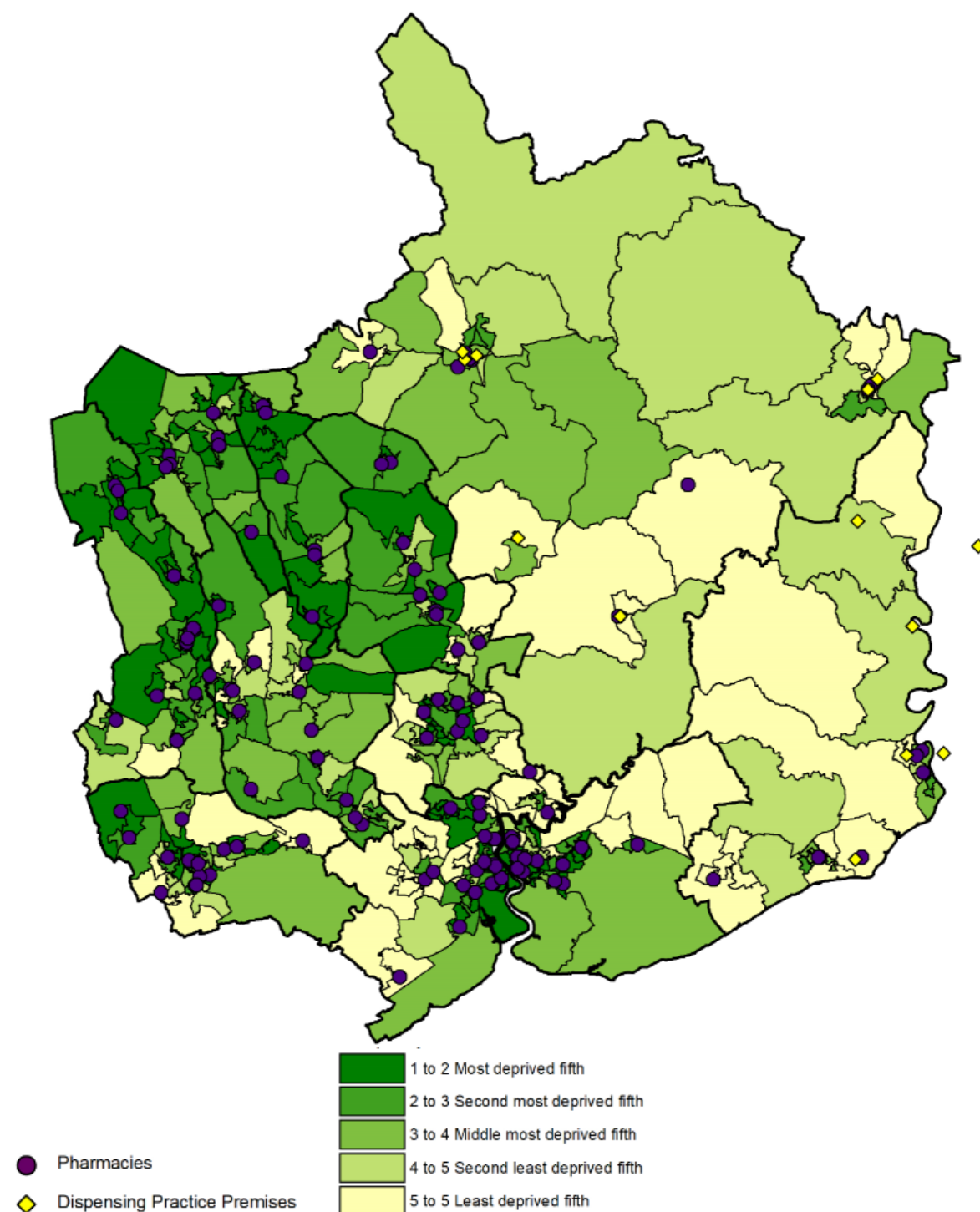


© Copyright Ordnance Survey Licence 100050829

The map below shows the location of the pharmacy and dispensing practice premises within the Health Board's area compared to levels of

deprivation. In general pharmacies are in areas of greater deprivation, and dispensing doctor premises in areas of less deprivation.

Map 6 – location of pharmacies and dispensing practice premises compared to levels of deprivation



© Copyright Ordnance Survey Licence 100050829

In 2019/20, 93.4% of items prescribed by GP practices in the Health Board's area were dispensed by pharmacies within the Health Board's

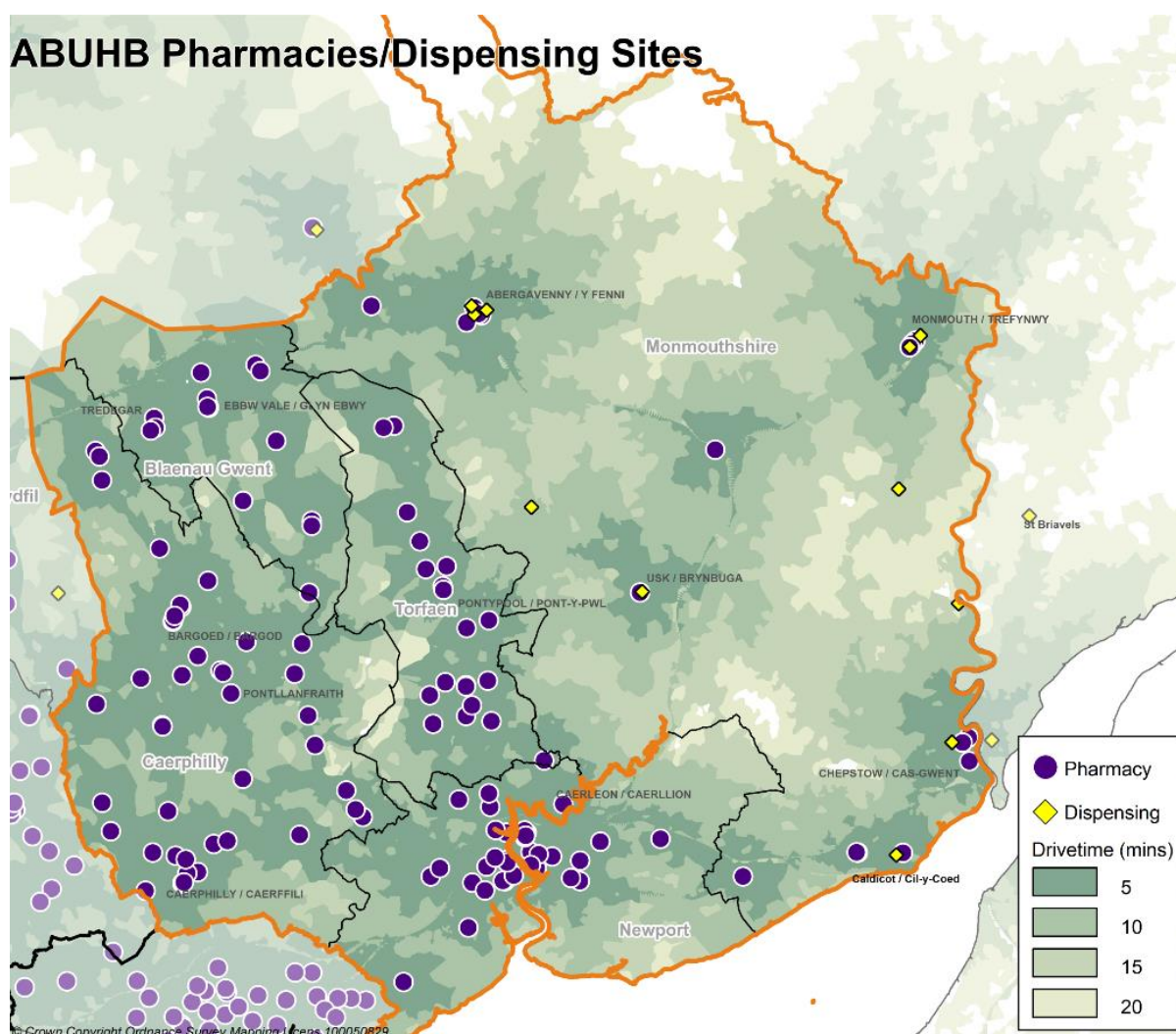
area and 5.1% were dispensed or personally administered by the GP practices. In 2020/21, 93.8% were dispensed by pharmacies and 5% by were dispensed or personally administered by the GP practices.

5.1.1 Access to premises

The Health Board has chosen a travel time of 20 minutes by car as an appropriate access standard. In order to assess whether residents are able to access a pharmacy in line with this standard travel times were analysed by NHS Wales Informatics Service.

As can be seen from the map below, the majority of the Health Board's area is within a 20-minute drive of a pharmacy or dispensing doctor premises. Parts of Monmouthshire are not within 20 minutes and this is looked at in more detail in the relevant locality chapters.

Map 7 – Time taken to access a pharmacy, by car



© Crown Copyright Ordnance Survey Mapping License 100050829

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

- 88.5% of responders said they could access a pharmacy within 20 minutes. 3.5% said that their journey took longer than 20 minutes (8% chose not to answer the question). These responses reflect the findings of the mapping exercise.
- 60% travel to a pharmacy by car, 28% on foot and 8% chose not to answer the question.

5.1.2 Access to essential services

The patient and public engagement questionnaire revealed that 27% of respondents did not have a preferred time to visit a pharmacy, with a further 52% reporting that their preferred time was between 09.00 and 18.00. Therefore, whilst the majority of people will visit a pharmacy during this period, Monday to Friday, 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, 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.

Appendix L provides information on the pharmacies opening hours as at August 2021 and at that point in time there were:

- Ten pharmacies open seven days a week
- 20 pharmacies open Monday to Saturday
- 57 pharmacies open Monday to Friday, and Saturday up to 13.00
- 44 pharmacies that open Monday to Friday.

Rotas operate to ensure access to a pharmacy on weekday evenings, Sundays and public and bank holidays and are published on the Health Board's website. Posters confirming which pharmacies will be open and when are also displayed in the pharmacies.

GP practices are contracted to provide services between 08.00 and 18.30, Monday to Friday, excluding bank and public holidays. 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.

Should GP practice opening hours change, for example a practice opens before 08.00 or stays open after 18.30, then the Health Board has the ability to direct an existing pharmacy or pharmacies to open for longer hours as required. It may also direct an existing pharmacy to open outside of normal opening hours in order to meet the needs of the population, for example on a public or bank holiday.

As of August 2021 the following practice relocations and new builds are planned:

- Dixon Surgery, Monmouth is due to relocate into new premises by 2024.
- A business case scoping document for a health and wellbeing centre serving the population of Ebbw Vale has been developed by the Health Board. It proposes to relocate the GP practices currently situated within Glan Rhyd and Pen Y Cae surgeries to one location, and to also include community dental services, a pharmacy and other clinical services including but not limited to podiatry, sexual health, safeguarding, speech and language therapy, midwifery, health visitors, substance misuse and memory assessment services. Ysbyty Tri Chwm has been identified as a suitable venue. It is anticipated that the centre will open within the lifetime of this pharmaceutical needs assessment.
- Glan Yr Afon Surgery and Tredegar Health Centre will relocate to the new Tredegar Resource Centre once completed.
- A hub is being considered for Aber Valley, although the final configuration of services has yet to be finalised.
- As part of the section 106 agreement for the major regeneration project to transform the 600-acre former Newport Llanwern steelworks space has been identified for health services.
- An outline business case for the Ringland wellbeing centre is in development and it is anticipated that the centre will open within the lifetime of this pharmaceutical needs assessment.

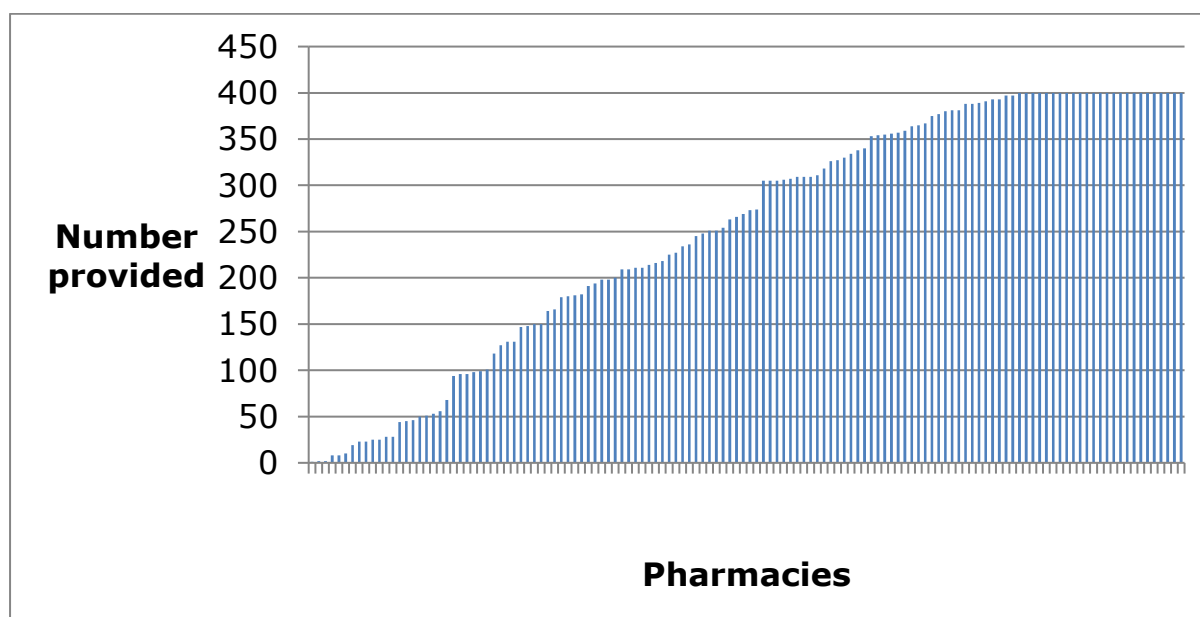
Aber Medical Centre and The Village Surgery relocated to the Llanbradach Centre for Health with effect from 2 August 2021.

5.1.3 Access to medicines use review service

In 2018/19 a total of 37,493 Medicines Use Reviews were provided by 129 of the pharmacies. 55 pharmacies provided the maximum number – 400.

In 2019/20 a total of 32,677 Medicines Use Reviews were provided by 130 of the pharmacies and the graph below shows the pattern of claiming throughout the year for all pharmacies.

Figure 32 - number of Medicines Use Reviews claimed by each pharmacy in 2019/20



Up to 400 Medicines Use Reviews can be provided at each pharmacy per year, giving a potential maximum number of 52,400 per annum based upon the current 131 pharmacies. However with one pharmacy not providing the service in 2019/20 the actual number of Medicines Use Reviews that could have been undertaken is 52,000.

Based upon the level of provision in 2018/19 the Health Board is satisfied that there is sufficient capacity within existing contractors to provide more Medicines Use Reviews when the service recommences:

- 74 pharmacies provided less than the maximum annual number of Medicines Use Reviews, and
- 35 pharmacies provided fewer than 200 Medicines Use Reviews.

From the data available for 2019/20, when 105 pharmacies provided less than 400 and 45 provided fewer than 200, there is no evidence to support a different conclusion. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

As of August 2021, the service remains suspended due to the Covid pandemic, however it is anticipated that once the service is reinstated the pharmacies will resume provision.

5.1.4 Access to the discharge medicines review service

In 2018/19, 96 pharmacies provided this service reducing to 86 in 2019/20. This figure increased to 91 in 2020/21. Over the three years, no pharmacy has claimed the maximum number.

Up to 140 Discharge Medicines Reviews can be provided at each pharmacy per year, giving a potential maximum number of 18,340 per annum based on the current 131 pharmacies. However with 40 pharmacies not providing the service in 2020/21 the actual number of Discharge Medicines Reviews that could be undertaken is 12,740.

Based upon the level of provision in 2018/19 the Health Board is satisfied that there is sufficient capacity within existing contractors to provide more Discharge Medicines Reviews.

From the data available for 2019/20 and 2020/21 there is no evidence to support a different conclusion. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.5 Access to appliance use reviews

No pharmacies provided this service in 2018/19, 2019/20 or 2020/21 despite dispensing prescriptions for appliances.

5.1.6 Access to stoma appliance customisations

No pharmacies provided this service in 2018/19, 2019/20 or 2020/21 despite dispensing prescriptions for appliances.

5.1.7 Access to the emergency hormonal contraception enhanced service

This service allows the supply of emergency hormonal contraception by pharmacists under the NHS, when appropriate, to clients through a patient group direction. The aim of the service is to improve access to emergency contraception and sexual health advice.

111 contractors were commissioned to provide this service in 2020/21. This figure has increased to 121 pharmacies in 2020/21.

As pharmacies are one of a number of providers of this service the Health Board is satisfied that there is sufficient capacity within existing contractors to provide this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.8 Access to the smoking cessation level 2 enhanced service

The smoking cessation level 2 service links pharmacies with the intensive behavioural support service provided by Help Me Quit. Under this arrangement, pharmacy contractors supply nicotine replacement therapy

to smokers who are receiving smoking cessation behavioural support from Help Me Quit, in response to a referral letter or appointment card that indicates the client's dependence on nicotine. The Help Me Quit service provides a six-week programme of support, during which a referral letter will be issued for each pharmacy supply of nicotine replacement therapy. Following successful completion of the programme, Help Me Quit will issue a discharge referral letter to a pharmacy for a further six-week supply of nicotine replacement therapy to be supplied at fortnightly intervals.

125 contractors were commissioned to provide this service in 2020/21 and 125 are commissioned to provide it in 2021/22 as of August 2021.

As pharmacies are one of a number of providers of this service the Health Board is satisfied that there is sufficient capacity within existing contractors to provide this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.9 Access to the smoking cessation level 3 enhanced service

The level 3 smoking cessation service is designed to provide patients with a comprehensive support and treatment service to help them stop smoking over a 12-week programme, involving eight consultations with an accredited pharmacist.

83 contractors were commissioned to provide this service in 2020/21, and 86 are commissioned to provide it in 2021/22 as of August 2021.

As pharmacies are one of a number of providers of this service the Health Board is satisfied that there is sufficient capacity within existing contractors to provide this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.10 Access to the smoking cessation level 3 patient group direction Varenicline enhanced service

The aim of this service is to increase the number of people giving up smoking across the Health Board's area and improve quit rates by including Varenicline as a treatment via a patient group direction. This will improve choice for patients who will be able to receive this treatment without seeing their GP.

40 contractors were commissioned to provide this service in 2020/21 and 40 are commissioned to provide it in 2021/22 as of August 2021.

As pharmacies are one of a number of providers of this service the Health Board is satisfied that there is sufficient capacity within existing

contractors to provide this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.11 Access to the flu vaccination enhanced service

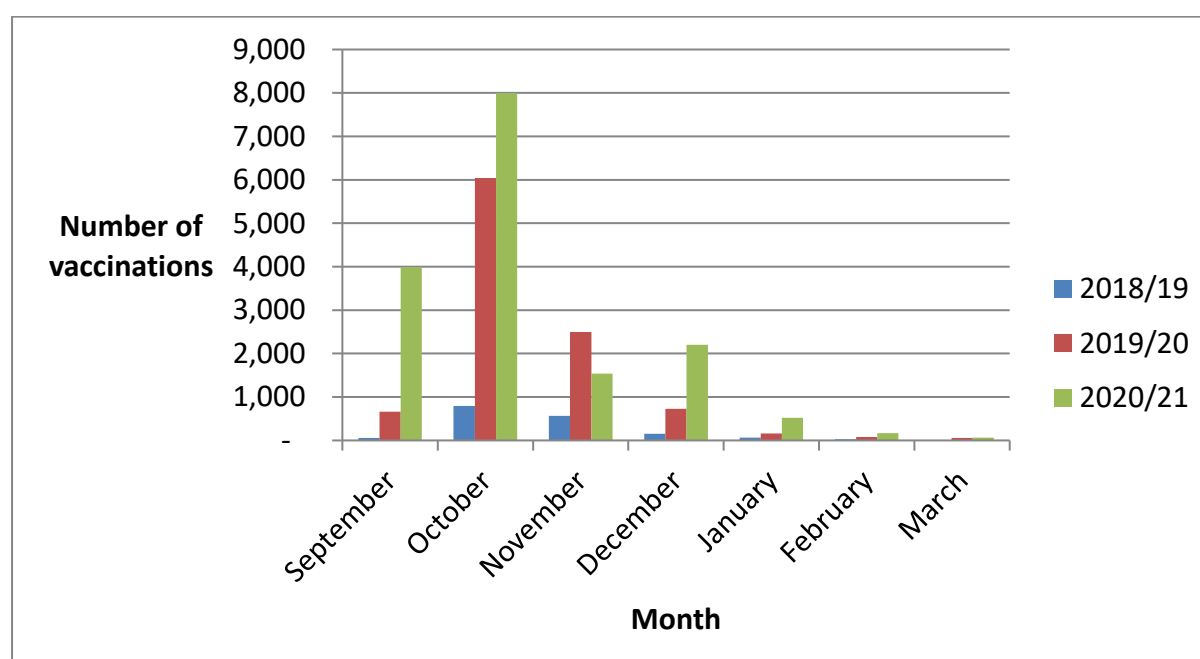
This service allows pharmacies to provide influenza immunisation for those patients in nationally and locally agreed at risk groups. It supports the wider provision of influenza immunisation and aims to increase the proportion of at risk individuals who receive immunisation this helping to reduce morbidity and mortality.

In 2018/19 96 of the pharmacies provided a total of 9,355 vaccinations over the flu season. In 2019/20 101 of the pharmacies provided a total of 10,225 vaccinations during the flu season.

In 2020/21, 113 of the pharmacies provided a total of 16,476 vaccinations.

The figure below compares provision of the service over the last three flu seasons.

Figure 33 - number of flu vaccinations claimed in 2018/19, 2019/20 and 2020/21



As at August 2021, 64 pharmacies have signed up to provide the service in 2021/22. Whilst this figure is lower than in previous years the Health Board anticipates that pharmacies will continue to sign up to provide the service this year.

As pharmacies are one of a number of providers of this service the Health Board is satisfied that there is sufficient capacity within existing contractors to provide this service based upon the activity for 2018/19, 2019/20 and 2020/21. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.12 Access to the common ailment service

The common ailment service provides advice and treatment on a range of specified conditions such as acne, chickenpox, conjunctivitis, head lice, sore throat/tonsillitis and verrucae. Patients register with a pharmacy and receive a consultation with a pharmacist and advice on management and treatment where required, or referral if necessary, and is provided as an alternative to making a GP appointment.

In 2018/19, 128 pharmacies provided a total of 10,329 consultations under this service. In 2019/20 this increased to 129 pharmacies providing 13,546 consultations. In 2020/21 all of the pharmacies were commissioned to provide this service and 130 provided it. In 2021/22 all of the pharmacies are commissioned to provide this service.

As pharmacies are one of a number of providers of this service the Health Board is satisfied that there is sufficient capacity within existing contractors to provide this service. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.13 Access to the emergency medicines supply enhanced service

The emergency medicines supply service is commissioned to enable patients to access emergency supplies of medication via community pharmacies with the cost of the supply being met by the NHS. The purpose of this service is to reduce the burden on out of hours services, emergency care and GP services in relation to managing patient requests for emergency supplies of medication outside of normal GP working hours.

The Human Medicines Act 2012 remains the primary legislation governing the emergency supply of medication at the request of a patient and all supplies of medication made must be made in accordance with these regulations.

In 2018/19, 38 pharmacies provided a total of 680 consultations and supplied 1,094 medicines. In 2019/20 94 pharmacies provided a total of 3,125 consultations and supplied 5,405 medicines.

In 2020/21, 131 pharmacies were commissioned to provide the service. A total of 4,571 supplies were made by 109 of the pharmacies.

In 2021/22, 130 pharmacies are commissioned to provide the service.

Based upon the level of provision in 2018/19 the Health Board is satisfied that there is sufficient capacity within existing contractors to provide this service.

From the data available for 2019/20 and 2020/21 there is no evidence to support a different conclusion. However, this may not be the case at locality level and further analysis is undertaken within the locality chapters.

5.1.14 Care home enhanced service

This service is split into two levels.

Level 1 support is the provision of a systematic review of all medicines management processes in the care home and working with the home on the development of protocols and procedures to facilitate the safe ordering, supply, storage and administration of medicines and appliances and reduce avoidable waste.

Level 2 support highlights and reviews the therapeutic risk areas of prescribing which have regularly shown to occur in care homes. By using the Patient Outcome Medicines Safety Indicators the pharmacist can ensure pharmaceutical scrutiny of prescribing for care home patients and benchmark this against prescribing standards.

In 2021/22, 31 pharmacies are commissioned to provide the level 1 service, an increase of two compared to 2020/21. The level 2 service is currently (August 2021) suspended.

5.1.15 Directly observed therapy

This service enables community pharmacies to help patients comply with their agreed treatment plan by:

- dispensing in specified instalments, and ensuring each supervised dose is correctly consumed by the patient for whom it was intended to ensure that patients are treated and remain healthy.

13 pharmacies are commissioned to provide this service in 2021/22, an increase of two compared to 2020/21.

5.1.16 Low molecular weight heparin (Dalteparin) services

Under this service commissioned pharmacies may make available an agreed range of low molecular weight heparin medication from during their normal opening hours. Pharmacies will stock an agreed range and quantity of low molecular weight heparin medicines listed and will make a commitment to ensure that users of this service have prompt access to these medicines within the opening hours of the pharmacy.

Seven pharmacies are commissioned to provide this service in 2021/22, the same number as in 2020/21.

5.1.17 Independent prescriber services

Two services operate in the Health Board's area, a medication withdrawal service and an acute ailment service.

One pharmacy is commissioned to provide the medication withdrawal service which provides:

- patients with a structured programme of behavioural support and dose reduction therapy to treat prescription drug dependence utilising a pharmacist independent prescriber, and
- a specialist centre and referral point of GPs within a neighbourhood care network to manage prescription drug dependence in a community pharmacy setting.

In 2021/22, eight pharmacies are commissioned to provide an acute conditions service which:

- ensures patients presenting at a pharmacy with a relevant acute condition access to effective advice and treatment, provided by a pharmacist independent prescriber, and
- supports a 'community pharmacy first' model of care, to reduce the number of patients consulting their GP for acute conditions that can be appropriately managed in the community pharmacy setting.

This is an increase of six compared to 2020/21.

5.1.18 Medicines administration service

Under this service where a community resource team or district nursing team or Social Services identifies a patient who may benefit from support with taking their medicines they are referred to a pharmacy who is required to dispense and supply the patient with:

1. a medicines administration record or a monitored dosage system, or
2. an automatic pill dispenser.

The aim is to enable patients, who could potentially be admitted to residential, nursing or hospital care because of problems associated with self-administration of medication, to be cared for in their home environment.

In 2021/22, 105 pharmacies are commissioned to provide the first service (an increase of ten compared to 2020/21), and 18 to provide the second service (a reduction of 11 from 2020/21).

5.1.19 Needle exchange pack service

The primary aim of this service is to help reduce the spread of HIV, Hepatitis C and other blood-borne diseases amongst injecting drug users by providing clients with convenient access to a pack of sterile injecting equipment and a facility for the safe disposal of used equipment, therefore reducing the risk in the community.

In 2020/21, 16 pharmacies are commissioned to provide this service and have provided the service.

5.1.20 In hours palliative care service

This service aims to improve access to specialist palliative care medicines if a patient's usual pharmacy is unable to provide medication in a timely manner. The pharmacy contractor stocks an agreed range of specialist medicines and makes a commitment to ensure that users of this service have prompt access to these medicines within the opening times of the pharmacy.

In 2021/22, nineteen pharmacies are commissioned to provide this service across the Health Board's area.

5.1.22 Palliative care out of hours service

This service is aimed at the supply of specialist palliative care medicines outside of a pharmacy's normal opening hours. The pharmacy contractor stocks an agreed range of specialist medicines and makes a commitment to ensure that users of this service have prompt access to these medicines at all times. The service is designed to provide a delivery service to patients within two hours.

In 2021/22, 11 pharmacies are commissioned to provide this service across the Health Board's area, along with nine pharmacies based in larger retail stores often with longer opening hours.

5.1.23 Supervised administration of medicines

This service enables pharmacies to assist users to remain healthy and harm free. Pharmacies will have an agreement with the client for them to attend the pharmacy for their supply and administration of opiate substitutes. This helps to reduce/avoid availability of these medicines in the community and helps clients with healthcare issues around this area of specialism.

The service covers two specific medicines, namely methadone and Subutex/Suboxone.

In 2021/22, 113 pharmacies are commissioned to provide this service, an increase of two compared to 2020/21.

5.1.24 Waste reduction service

This service aims to reduce prescribing waste and over ordering of repeat medication by utilising pharmacists and their support staff to ascertain directly from patients whether or not each item presented for dispensing is actually required.

119 of the pharmacies are commissioned to provide this service in 2021/22, a reduction of three compared to 2020/21.

5.1.25 Inhaler review service

This service is intended to improve patient outcomes, reduce medicines waste and support prudent prescribing by:

- undertaking an assessment and improving inhaler technique,
- improving patient understanding and adherence with their inhaler therapy, and
- reducing adverse events associated with inhaler treatment and optimising use of inhaler therapy.

The service can be provided at two levels, a “level 1” review consists a technical assessment of the patient’s inhaler technique. A “level 2” review consists an assessment of the patient’s symptom control, inhaler use and adherence to therapy.

The service is due to be reviewed and relaunched after the Covid pandemic.

5.1.26 Sore throat test and treat

The overall aim of this service is to ensure that patients can access appropriate assessment and advice for the management of sore throat,

and, where appropriate, be supplied with antibiotics or other appropriate treatments at NHS expense to treat their condition. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their GP or out of hours provider, walk in centre or A&E. Following a consultation and assessment by the pharmacist, medication may be supplied using the national common ailments formulary. Additionally for those patients where an antibiotic is required, this may be supplied in accordance with the national antibiotic prescribing guideline.

The rollout of this service has been delayed due to the Covid pandemic.

5.1.27 Dispensing service provided by some GP practices

Dispensing GP practices will provide the dispensing service during their core hours which are 08.00 to 18.30 from Monday to Friday excluding public and bank holidays. The service may also be provided during any extended opening hours provided by the practices. Of the 74 GP practices in the Health Board area, 13 dispense to eligible patients from 17 sites within the Health Board's area.

Normally when a patient requires medication their GP will give them a prescription which is then dispensed by a pharmacy or dispensing appliance contractor. However, in certain circumstances practices can instead dispense the medication at the practice premises. The regulations around the provision of this service are complicated but in summary a GP may dispense medication to a patient where:

- the patient lives in an area that has been determined to be a "controlled locality" i.e. an area that is rural in character;
- the patient lives more than 1.6km (measured in a straight line) from a pharmacy;
- the practice has been given consent to dispense to the area in which the patient lives; and
- the practice has "premises approval" for the premises at which the dispensing is undertaken.

As of May 2021 the GP practices dispensed to 26,070 of their registered patients (4.2% of the total list size for all 75 practices). The percentage of dispensing patients at practice level varied between 6.1 to 93.5% of registered patients.

5.1.28 Access to pharmaceutical services on public and bank holidays and Easter Sunday

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.

Where necessary the Health Board operates a rota on these days so that residents can access pharmaceutical services.

5.2 Current provision outside Aneurin Bevan University Health Board's area

5.2.1 Access to essential services and dispensing appliance contractor equivalent 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 2019/20, 1.4% of items were dispensed outside of the Health Board's area (either elsewhere in Wales or in England) by a total of 1,303 different contractors.

Of the 99,452 items dispensed elsewhere in Wales:

- 356 were dispensed by 48 contractors in Betsi Cadwaladr University Health Board's area,
- 39,291 were dispensed by 107 contractors in Cardiff and Vale University Health Board's area,
- 55,157 were dispensed by 100 contractors in Cwm Taf Morgannwg University Health Board's area,
- 2,496 were dispensed by 78 contractors in Hywel Dda University Health Board's area,
- 400 were dispensed 18 contractors in Powys Teaching Health Board's area, and
- 1,752 were dispensed by 64 contractors in Swansea Bay University Health Board's area.

However the majority (80%) were dispensed by just 14 contractors in either Cardiff and Vale University Health Board or Cwm Taf Morgannwg University Health Board.

Of the 131,074 items dispensed in England by 888 contractors:

- 64,516 were dispensed by a pharmacy,
- 58,213 were dispensed by a dispensing appliance contractor,
- 8,341 were dispensed by a distance selling premises (also known as an internet pharmacy), and
- Four were dispensed by a dispensing doctor.

However the majority (88%) were dispensed by just 12 contractors.

In 2020/21, slightly fewer prescriptions were dispensed outside of the Health Board's area (1.3%) by 1,150 contractors. As in 2019/20 of those dispensed elsewhere in Wales the majority were dispensed in either Cardiff and Vale University Health Board or Cwm Taf Morgannwg University Health Board.

Of the 122,878 items dispensed in England by 628 contractors:

- 61,550 were dispensed by a pharmacy,
- 52,979 were dispensed by a dispensing appliance contractor, and
- 8,349 were dispensed by a distance selling premises (also known as an internet pharmacy),

Again, the majority (88%) were dispensed by just 12 contractors of which eight were dispensing appliance contractors, three were pharmacies and the twelfth was a distance selling premises.

An analysis of these contractors shows that there were three main reasons for a prescription to be dispensed outside of the Health Board's area:

- the prescription was dispensed by a dispensing appliance contractor (either in Wales or England), or
- by a pharmacy based just over the border with another Health Board's area or in England, or
- they were dispensed whilst the person was on holiday, at work or shopping.

5.2.2 Access to advanced services

Information on the type of advanced services provided by pharmacies and dispensing appliance contractors outside the Health Board's area to its residents is not available. When claiming for advanced services contractors merely claim for the total number provided for each service. The exception to this is the stoma appliance customisation service where payment is made based on the information contained on the prescription. However even with this service just the total number of relevant appliance items is noted for payment purposes.

It can be assumed however that residents of the Health Board's area will access these services from contractors outside of the area. This assumption is based on the following information.

In 2019/20 approximately 18,860 incontinence and stoma appliances were dispensed by a dispensing appliance contractor located elsewhere in Wales. The stoma appliance customisation advanced service will have

been provided by these contractors to ensure the stoma appliances fitted the patient correctly.

In 2019/20, 60 dispensing appliance contractors in England dispensed 58,213 appliances and will have provided the stoma appliance customisation advanced service where required.

5.2.3 Access to enhanced services

As with advanced services information on the provision of enhanced services by pharmacies outside the Health Board's area to its residents is not available. It can be assumed however that residents of the Health Board's area will access these services from contractors outside of the area.

5.2.4 Dispensing service provided by some GP practices

Some residents of the Health Board's area will choose to register with a GP practice outside of the area and will access the dispensing service offered by their practice. For example, the branch surgery in Gilwern is operated by the Crickhowell Group Practice (Powys Teaching Health Board) which dispenses from its main surgery in Crickhowell to eligible patients.

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 131 pharmacies, operated by 46 different contractors. Outside of the Health Board's area residents chose to access a further 1,303 contractors in 2019/20, although many were not used on a regular basis.

When asked what influences their choice of pharmacy the most common responses in the patient and public questionnaire were:

- It is close to my home,
- It is close to my doctor,
- The location of the pharmacy is easy to get to,
- I trust the staff who work there, and
- They usually have what I need in stock.

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 services – increase the demand for the dispensing essential service as outpatient and A&E prescriptions written in hospitals are dispensed within primary care. They also reduce the demand for the dispensing essential service as inpatient prescriptions are dispensed by the hospital pharmacy department.
- 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 – 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
- Minor injury units – reduce the demand for the dispensing essential service as they administer medication to treat the injury but do also issues prescriptions.
- Prison pharmacy services - reduce the demand for the dispensing essential service as prescriptions written in the prisons are not dispensed under pharmaceutical services.
- The Alternative Primary Care Service – increases the demand for the dispensing essential service as prescriptions written under this service are dispensed under pharmaceutical services.
- Drug and alcohol services – increase the demand for the dispensing essential service as prescriptions written under these services are dispensed under pharmaceutical services.
- The long term conditions practitioner service increases the demand for the dispensing essential service as prescriptions written under this service are dispensed under pharmaceutical services.
- Help Me Quit – the smoking cessation service provided in locations other than pharmacies will reduce the need for the smoking cessation enhanced services.
- Services provided by GPs under their General Medical Services contract – certain services provided by the GP practices will reduce the need for the provision of pharmaceutical services, in particular the enhanced services.
- Sexual health hub clinics – these reduce the need for the emergency hormonal contraception enhanced service.

6.1 Hospital pharmacy departments

The following hospitals within the Health Board's area have a pharmacy department which dispenses in-patient prescriptions:

- The Grange University Hospital
- Royal Gwent Hospital
- Nevill Hall Hospital
- Ysbyty Ystrad Fawr

In 2020/21, 191,078 items were prescribed within the hospital setting and dispensed as part of pharmaceutical services or in England.

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 practices. However as a minimum in 2019/20 1.2% of items were personally administered by practices that do not also dispense (1.1% in 2020/21).

6.3 Gwent out of hours service

The Gwent Out of Hours service provides health care for urgent medical problems outside normal surgery hours (i.e. Between 18.30 and 08.00 Monday to Friday and 18.30 Friday to 08.00 Monday, and on public and

bank holidays). The service operates from bases at Royal Gwent Hospital, Nevill Hall Hospital and Ysbyty Ystrad Fawr.

A total of 22,150 items were prescribed by the service in 2019/20 and dispensed as part of the provision of pharmaceutical services as follows:

- Newport West pharmacies – 30.0%
- Caerphilly South pharmacies – 16.2%
- Monmouthshire North pharmacies – 14.1%
- Caerphilly North pharmacies – 7.7%
- Newport East pharmacies – 7.0%
- Torfaen South pharmacies – 6.0%
- Caerphilly East pharmacies – 5.9%
- Blaenau Gwent West pharmacies – 3.5%
- Torfaen North pharmacies – 3.0%
- Blaenau Gwent East pharmacies – 2.6%
- Monmouthshire South pharmacies – 2.0%
- Pharmacies in another Health Board's area – 1.9%, and
- Contractors in England – 0.2%.

14,055 items were prescribed in 2020/21 with 98.5% dispensed within the Health Board's area, predominantly in Newport West (24.9%), Caerphilly South (16.5%), and Monmouthshire North (19.6%).

6.4 Minor injury units

The minor injury units are run by emergency nurse practitioners with the support of a small team of registered nurses and health care support workers. The units do not provide a minor illness service.

The units have access to X-ray facilities for the assessment of the injuries listed in the inclusion criteria. The nursing team are able to apply emergency plaster casts (back slabs) and are deemed competent in wound closure, including suturing.

The emergency nurse practitioners have access to a selection of medications including simple pain killers and antibiotics utilised in wound management. They are able to refer to other health care teams such as orthopaedics, maxillofacial and burns and plastics (Morrison Hospital).

The units aim to give a complete episode of care and discharge the patient home. On arrival patients will be assessed by a qualified nurse who will decide whether patients can be seen in the unit.

There are four minor injury units within the Health Board's area and they are located at:

- Ysbyty Aneurin Bevan

- Ysbyty Ystrad Fawr
- Royal Gwent Hospital
- Nevill Hall Hospital

6.5 Prison pharmacy services

There are two prisons within the Health Board's area:

- HMP Usk is a Category C men's prison, located in Maryport Street in Usk, and
- HMP Prescoed is an open prison, holding category D convicted adult males, located in the village of Coed-y-Paen

Both prisons are operated by Her Majesty's Prison Service, and jointly managed.

26,483 items were prescribed in 2019/20 and dispensed under a contract with a pharmacy, not as part of pharmaceutical services. This increased to 27,557 items in 2020/21.

6.8 Alternative primary care service

This service provides primary medical services to patients who have been removed from their GP practice. It is provided at St Woolos Hospital and in 2019/20 2,617 items were prescribed and dispensed as part of the provision of pharmaceutical services as follows:

- Caerphilly North pharmacies - 37.7%
- Newport West pharmacies - 23.1%
- Monmouthshire South pharmacies - 12.5%
- Caerphilly South pharmacies - 12.2%
- Newport east pharmacies - 10.1%
- Caerphilly East pharmacies - 2.9%
- Pharmacies in another Health Board's area - 0.6%
- Torfaen South pharmacies - 0.6%
- Blaenau Gwent West pharmacies - 0.2%
- Monmouthshire North pharmacies - 0.1%
- Torfaen North pharmacies - 0.1%

Fewer items were prescribed in 2020/21 (1,154) with 44.5% dispensed by pharmacies in Newport West and 29.8% in Caerphilly North. The remaining 25.7% was dispensed elsewhere within the Health Board's area.

6.9 Drug and alcohol services

There are three tiers of drug and alcohol services within the Health Board's area.

A GP-led service sees the least complex, most stable patients with GPs working in partnership with Gwent Specialist Substance Misuse Service nurses. 2,479 items were prescribed under this service in 2019/20 and dispensed as part of the provision of pharmaceutical services as follows:

- Newport West pharmacies – 75.1%
- Newport East pharmacies – 23.9%
- Torfaen North pharmacies – 0.9%
- Torfaen South pharmacies – 0.1%

The service prescribed 2,604 items in 2020/21 which were predominantly dispensed in Newport West (76.8%) and Newport East (22.4%).

The Gwent Drug and Alcohol service is provided from a wide variety of bases across the Health Board's area, operates within community venues and offers an outreach service. It offers services in relation to:

- Engagement,
- Active treatment,
- Recovery/aftercare,
- Criminal justice, and
- Family and carer support.

The service sees people with moderate complexity and is provided by a consortium of three organisations – Kaleidoscope, G4S and Barod.

The service prescribed 13,154 items in 2019/20 which were dispensed as part of the provision of pharmaceutical services as follows:

- Caerphilly North pharmacies - 20.8%
- Blaenau Gwent West pharmacies - 12.1%
- Caerphilly East pharmacies - 10.9%
- Monmouthshire South pharmacies - 9.3%
- Torfaen South pharmacies - 9.2%
- Blaenau Gwent East pharmacies - 9.2%
- Monmouthshire North pharmacies - 6.6%
- Caerphilly South pharmacies - 6.2%
- Newport West pharmacies - 5.7%
- Torfaen North pharmacies - 4.7%
- Newport East pharmacies - 4.6%
- Contractors in England - 0.6%
- Pharmacies in another Health Board's area - 0.2%

12,126 items were prescribed in 2020/21 with a very similar pattern of where they were dispensed as in 2019/20.

Some on-site dispensing was undertaken at the base in Powells Place, Newport.

The Gwent Specialist Substance Misuse Service is part of the Mental Health and Learning disabilities division of the Health Board and sees the most complex patients. Prescriptions are dispensed as part of pharmaceutical services.

6.10 Long term conditions practitioner service

Under this service practitioners provide support and advice to patients with chronic conditions. In 2019/20 244 items were prescribed and dispensed as part of the provision of pharmaceutical services as follows:

- Caerphilly East pharmacies – 23.8%
- Caerphilly North pharmacies – 23.8%
- Newport West pharmacies – 20.9%
- Caerphilly South pharmacies – 13.9%
- Newport East pharmacies – 7.4%
- Torfaen North pharmacies – 3.7%
- Blaenau Gwent West pharmacies – 2.5%
- Monmouthshire South pharmacies – 2.5%
- Torfaen South pharmacies – 1.2%
- Pharmacies in another Health Board's area - 0.4%

152 items were prescribed in 2020/21 and predominantly dispensed in Caerphilly East (56.3%), Caerphilly South (16.0%) and Caerphilly North (11.8%).

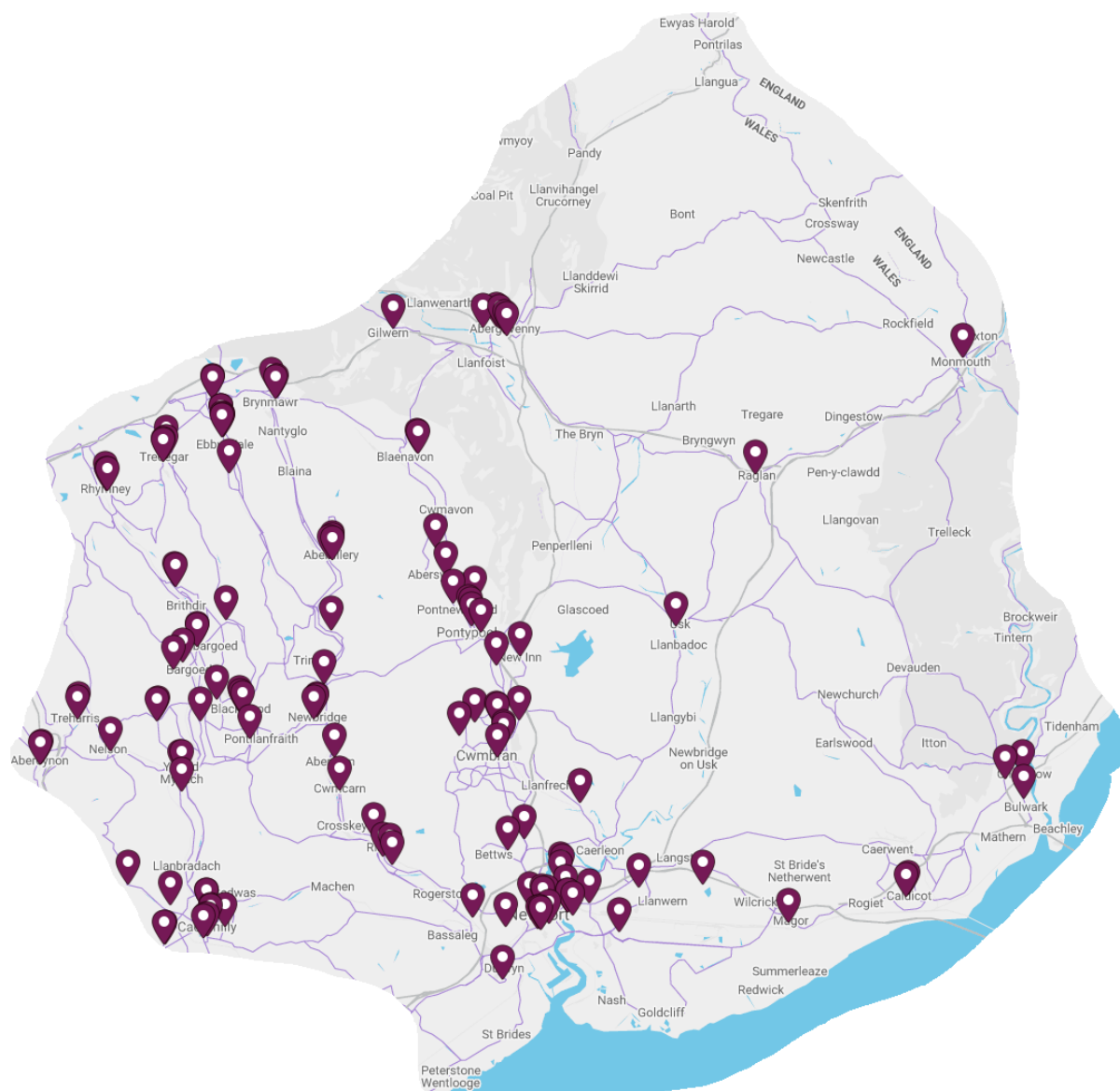
6.11 Help Me Quit

Help Me Quit is the single brand for NHS stop smoking services in Wales. It provides:

- Free confidential and non-judgemental support from a friendly stop smoking expert
- Support that is either face to face or over the phone
- Support that is either one to one or a meeting with other smokers
- Weekly sessions tailored to meet the person's needs
- Monitoring progress
- Access to free stop smoking medication

Services are provided at a number of locations across the Health Board's area, including GP practices, district general hospitals and other community centres, in addition to pharmacies. The map below shows the location of smoking cessation services as of August 2021.

Figure 34 – location of smoking cessation services in 2021⁵⁸



Map data ©2021 Google

6.12 Services provided by GPs under their General Medical Services contract

The GP practices in the Health Board's area provide the following services which reduce the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments.

⁵⁸ [Help Me Quit](#)

6.13 Sexual health hub clinics

There are six sexual health hub clinics in the Health Board's area:

- Cwmbran clinic
- Newport clinic: Cordell Centre, Royal Gwent Hospital
- Bargoed clinic
- Brynmawr clinic
- Ysbyty Aneurin Bevan clinic
- Abergavenny clinic, Nevill Hall Hospital.

They provide the following services:

- All methods of contraception,
- Asymptomatic sexually transmitted infections testing,
- Cervical cytology,
- HSA1 forms, and
- Testing and treatment for all sexually transmitted infections including HIV and syphilis.

The clinics therefore reduce the need for the emergency hormonal contraception service.

7 Health needs that can be met by pharmaceutical services

Each health related visit to a pharmacy provides a valuable opportunity to support behaviour change through making every one of these contacts count. Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight and reducing alcohol consumption could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long-term conditions, reducing premature death and improving mental wellbeing. Pharmacies are ideally placed to encourage and support people to make these healthy choices as part of the provision of pharmaceutical services.

This chapter looks at those services which pharmacies must provide (essential services), may choose to provide (advanced services) or may be commissioned to provide by the Health Board (enhanced services) and how they can meet the health needs of the population.

7.1 Need for drugs and appliances

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 (i.e. an establishment that exists wholly or mainly for the provision of residential accommodation together with board and personal care, but no nursing care) can return unwanted or out of date dispensed drugs for their safe disposal.

A directly observed therapy enhanced service enables pharmacies to help patients comply with their agreed treatment plan by:

- Dispensing medicines in specified instalments, and
- Ensuring each supervised dose is correctly consumed by the patient for whom it is intended to ensure that patients are treated and remain healthy.

A waste reduction enhanced service can help reduce prescribing waste and over-ordering of repeat medication by utilising pharmacists and their

support staff to ascertain directly from patients whether or not each item presented for dispensing is actually required.

Access to specialist palliative care medicines is critical to support end of life care provided in a person's home, however due to the specialist nature of the medicines they may not always be stocked by a pharmacy. An enhanced service can ensure participating pharmacies stock an agreed range of specialist medicines and make a commitment to ensure users have prompt access to those medicines during core and supplementary opening hours.

A medicines administration service can help support patients who have difficulty in self-administering their own medication. Dispensing and supply medication with a medicines administration record or a monitored dosage system or an automatic pill dispenser to patients who meet the eligibility criteria for the service will reduce administration errors, support patients to take their medicines as prescribed, and reduce admissions to residential, nursing or hospital care.

Provision of nicotine replacement therapy to people who are receiving behavioural support through a smoking cessation service will help improve access to this therapy for those who wish to stop smoking, and also contribute to improving success rates.

There may be occasion when someone runs out of their regular medicines at the weekend or on a public or bank holiday when their GP practice is closed and they are unable to access a prescription for a further supply. As an alternative to the person phoning the GP out of hours service, an emergency supply of prescribed medication enhanced service can allow pharmacies to provide an emergency supply of a person's regular prescribed medication under the NHS, rather than on a private basis under the Human Medicines Regulations 2012. Such a service will therefore reduce demand on the GP out of hours service and provide a more efficient service for people.

7.2 Substance misuse

The provision of a supervised administration of medicines 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.

A needle exchange pack enhanced service will assist in the reduction of the sharing of needles (and equipment) which can consequently result in blood-borne viruses and other infections (such as Human Immunodeficiency Virus, hepatitis C) being transmitted by providing clients with convenient access to a pack of sterile injecting equipment and a facility for the safe disposal of used equipment. In turn this could lead to a reduction in the prevalence of blood-borne viruses, therefore also benefiting wider society.

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

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the Health Board and could include drug and alcohol abuse. Public health campaigns could include raising awareness about the risks of alcohol consumption through discussing the risks of alcohol consumption over the recommended amounts, displaying posters and distributing leaflets, scratch cards and other relevant materials
- Where the pharmacy does not provide the enhanced services of needle and syringe exchange and the supervised consumption of substance misuse medicines, 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
- Using the opportunity presented by medicines use reviews, e.g. for anti-hypertensive medicines and medicines for the treatment of diabetes, to discuss the risks of alcohol consumption and in particular, during public health campaigns or in discussion with customers requesting particular over the counter medicines, to raise awareness of the risks of alcohol misuse
- Providing healthy living advice during medicines use review consultations.

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
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the Health Board and could include cancer awareness and/or screening

- 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.
- Signposting people using the pharmacy to other providers of services or support.

Support for people who wish to stop smoking, whether that is under the level 2 or level 3 services, will also help reduce the incidence of some cancers.

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 are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the Health Board and could include long-term conditions.
- Signposting people using the pharmacy to other providers of services or support.
- Providing healthy living advice during medicines use review consultations.

Provision of the medicine use review, appliance use review, stoma appliance customisation and discharge medicines review advanced services, and the flu vaccination enhanced service will also assist people to manage their long-term conditions in order to maximise their quality of life.

Support for people who wish to stop smoking, whether that is under the level 2 or level 3 services, will also help reduce the incidence of circulatory diseases and cardiovascular diseases.

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 are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the Health Board and could include obesity
- Signposting people using the pharmacy to other providers of services or support
- Providing healthy living advice during medicines use review consultations.

7.6 Sexual health

Alongside chlamydia screening and emergency hormonal contraception enhanced services there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the Health Board and could include sexually transmitted infections and HIV
- Signposting people using the pharmacy to providers of sexually transmitted infections screening services
- Providing healthy living advice during medicines use review consultations.

Ensuring the provision of emergency hormonal contraception through pharmacies will improve access to the service, particularly at times when GP practices are closed.

7.7 Teenage pregnancy

An emergency hormonal contraception enhanced service coupled with elements of essential service provision will help address this health need:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the Health Board and could include teenage pregnancy
- Where the pharmacy does not provide an emergency hormonal contraception enhanced service, signposting people using the pharmacy to other providers of the service.

7.8 Smoking

In addition to a smoking cessation enhanced services 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 are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by the Health Board and could include smoking
- Where the pharmacy does not provide the smoking cessation enhanced 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 medicines use review consultations.

Smoking cessation enhanced services can link pharmacies with, and enhance, the intensive behavioural support service provided by Stop Smoking Wales either through the supply of nicotine replacement therapy to smokers who are receiving intensive smoking cessation behavioural support from Stop Smoking Wales or by the provision of treatments such as Varenicline via a patient group direction. This will also improve choice for patients who will be able to receive this treatment without seeing their GP.

7.9 Support for self-care

Support for self-care is an essential service and can help a person manage a medical condition, including in the case of a carer, to help the carer to assist in the management of another person's medical condition. The service requires pharmacies to provide appropriate advice on treatment options and changes to the person's lifestyle.

A common ailments service allows people to speak to a pharmacist, rather than their GP, for a defined list of common ailments. The pharmacist will supply medication from an agreed formulary, give advice or refer the patient to the GP if necessary. Medicines are supplied free of charge thereby removing the payment barrier, which can prevent patients choosing to see a pharmacist instead of their GP.

Alternatively where the pharmacist is an independent prescriber people with a relevant acute condition included in a list of conditions covered by an enhanced service could be seen by the pharmacist can assess, diagnose and prescribe a medicine as appropriate.

Test and treat enhanced services can also help reduce pressure on GP practices and out of hours services, by allowing pharmacists to assess and diagnose and either prescribe a treatment or supply it under a patient group direction.

7.10 Vaccinations

Pharmacies have provided flu vaccinations for a number of years, enhancing the service provided by GP practices by increasing the number of locations at, and the times and days on, which vaccines can be given.

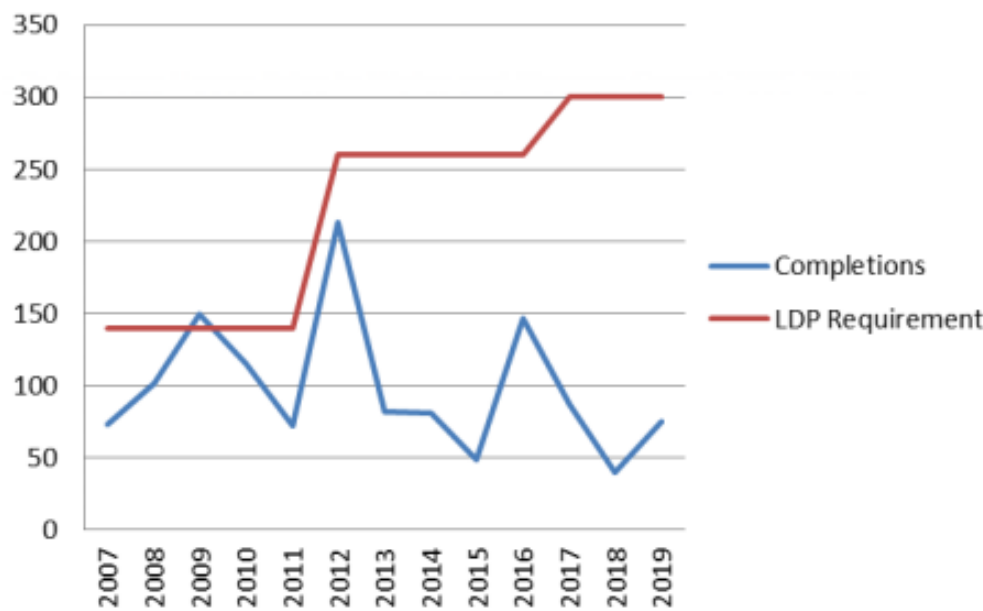
8 Blaenau Gwent East locality

8.1 Key facts for the area of Blaenau Gwent County Borough Council

- In 2019, remained below the Wales average in almost all socio-economic indicators – economic activity, employment and business enterprise
- High levels of unemployment and a high percentage of people who are dependent on benefits
- Estimated population decrease of - 6.6% between 2011 and 2036, the largest estimated decrease in Wales
- Population is the least likely to have any Welsh language skills
- Highest percentage of Lower Super Output Areas in the most deprived 50% in Wales (85.1%)
- Lowest life expectancy for males (76.2 years) and females (80.6 years)
- Lowest healthy life expectancy at birth for both males and females (54.1 and 54.5 years respectively) not only in the Health Board's area but in the whole of Wales.
- The only local authority to see an increase in the number of premature deaths from key non communicable diseases 2014-2016
- Highest rate of premature deaths from key non communicable diseases 2016-2018 (rank 1 in Wales)
- Highest rate of limiting long-term illness per 10,000 population, 2011
- Highest percentage of people stating their day-to-day activities are limited a lot (16%)
- Has the highest percentage of one person households at 13.9% of all households
- More households have no car or van, or just one (72.8%) than elsewhere in the Health Board's area
- Lowest level of employment at 53.1% in 2011
- 9.6% of the population is long-term sick or disabled and economically inactive
- Highest percentage of non-drinkers (26.6%)
- Highest proportion of persons aged 16 and over self-reporting as a daily smoker or occasional smoker (20.8%)
- 22% of the population of Blaenau Gwent smoke
- 33% are obese and 68% are overweight or obese (significantly worse than the average for Wales)
- 82% do not eat five portions of fruit and vegetables a day (significantly worse than the average for Wales)
- 38% are active for less than 30 minutes a week (significantly worse than the average for Wales)
- 16% drink more than guidelines recommend (weekly alcohol consumption above 14 units)

- Housing completions are considerably below the local development plan's target of 140 per annum. This is due to the reluctance of developers to build due to concerns over viability and a lack of confidence in the market, rather than a lack of land.

Figure 35 – housing completions for Blaenau Gwent 2006-2019⁵⁹



- Average housing prices are below the average for Wales.

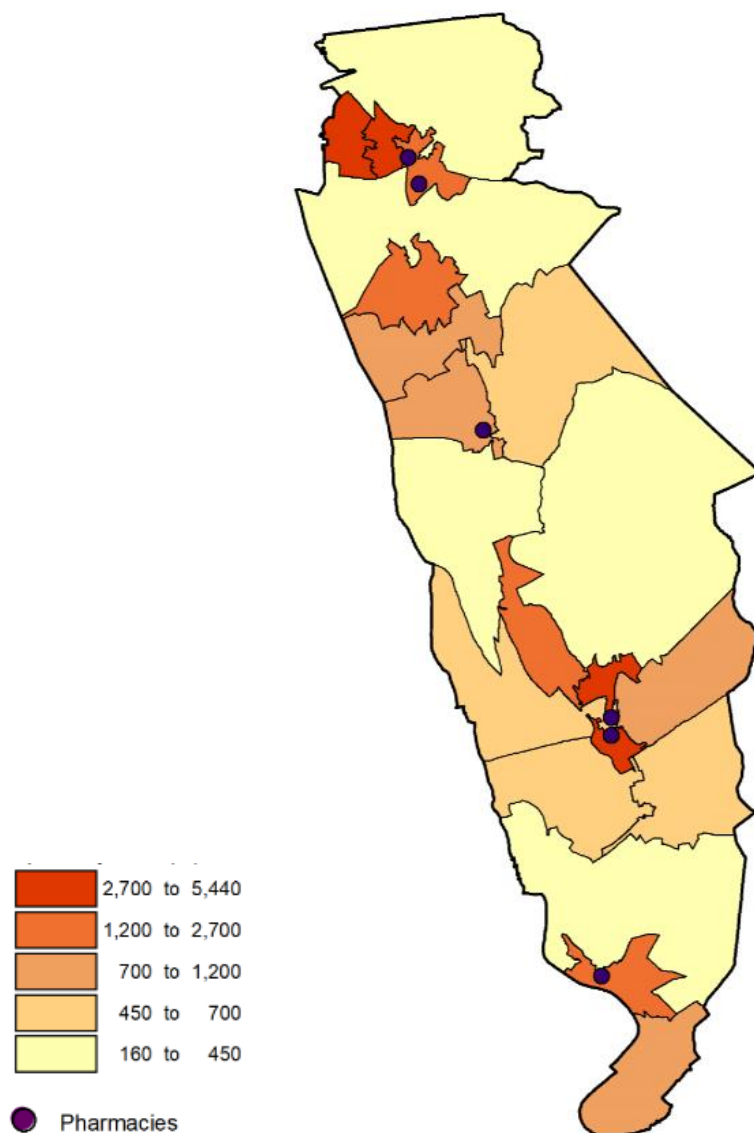
8.2 Current provision of pharmaceutical services within the locality's area

There are seven pharmacies in the locality operated by five different contractors. There are five GP practices in the locality however none of them provide a dispensing service.

As can be seen from the map below the pharmacies are located in areas of greater population density.

⁵⁹ [Blaenau Gwent Local Development Plan: Annual Monitoring Report 2018-19](#)

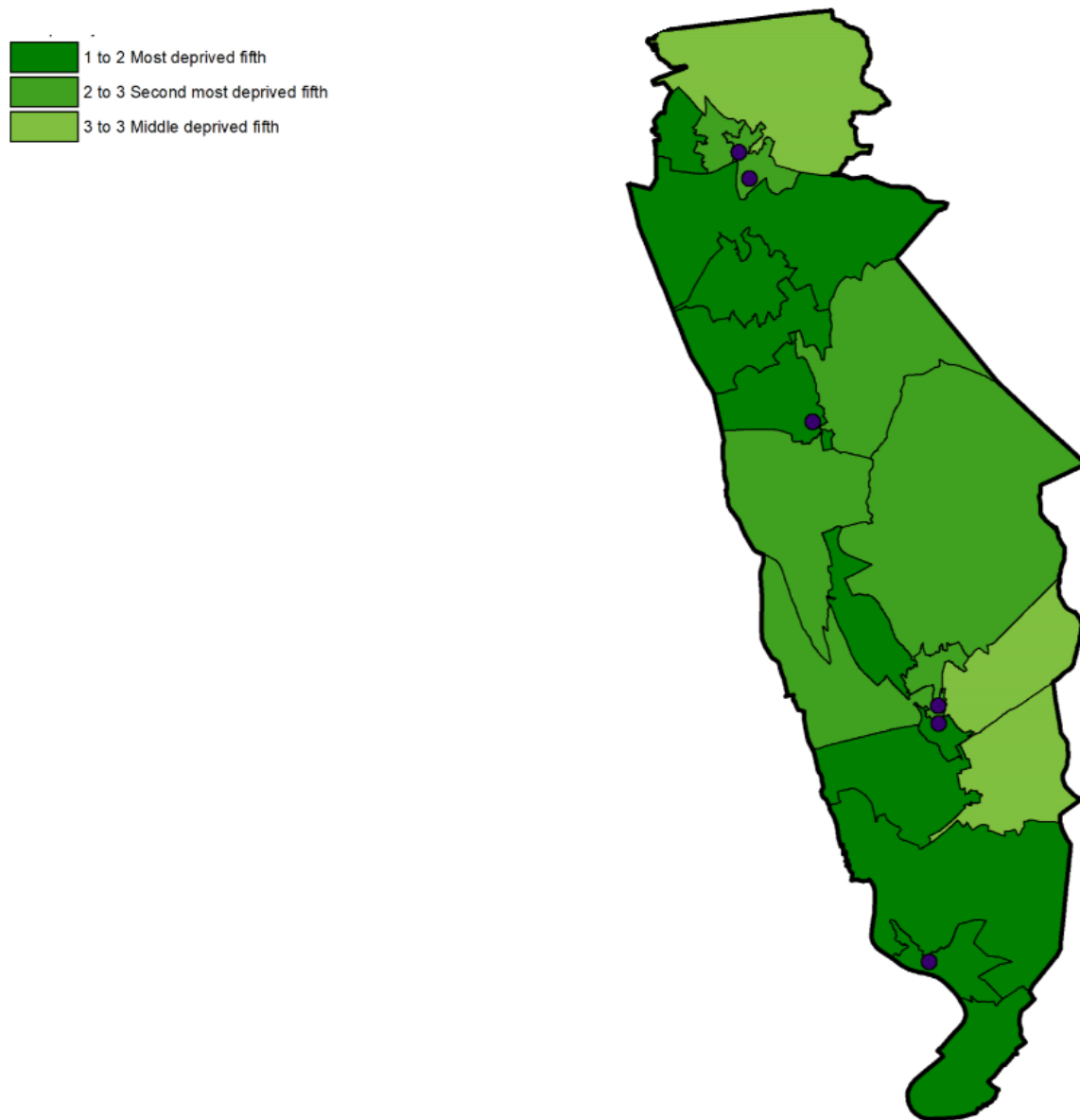
Map 8 – location of pharmacies compared to population density



© Copyright Ordnance Survey Licence 100050829

As can be seen from the map below the pharmacies are also located in areas of greater deprivation.

Map 9 – location of pharmacies compared to the level of deprivation

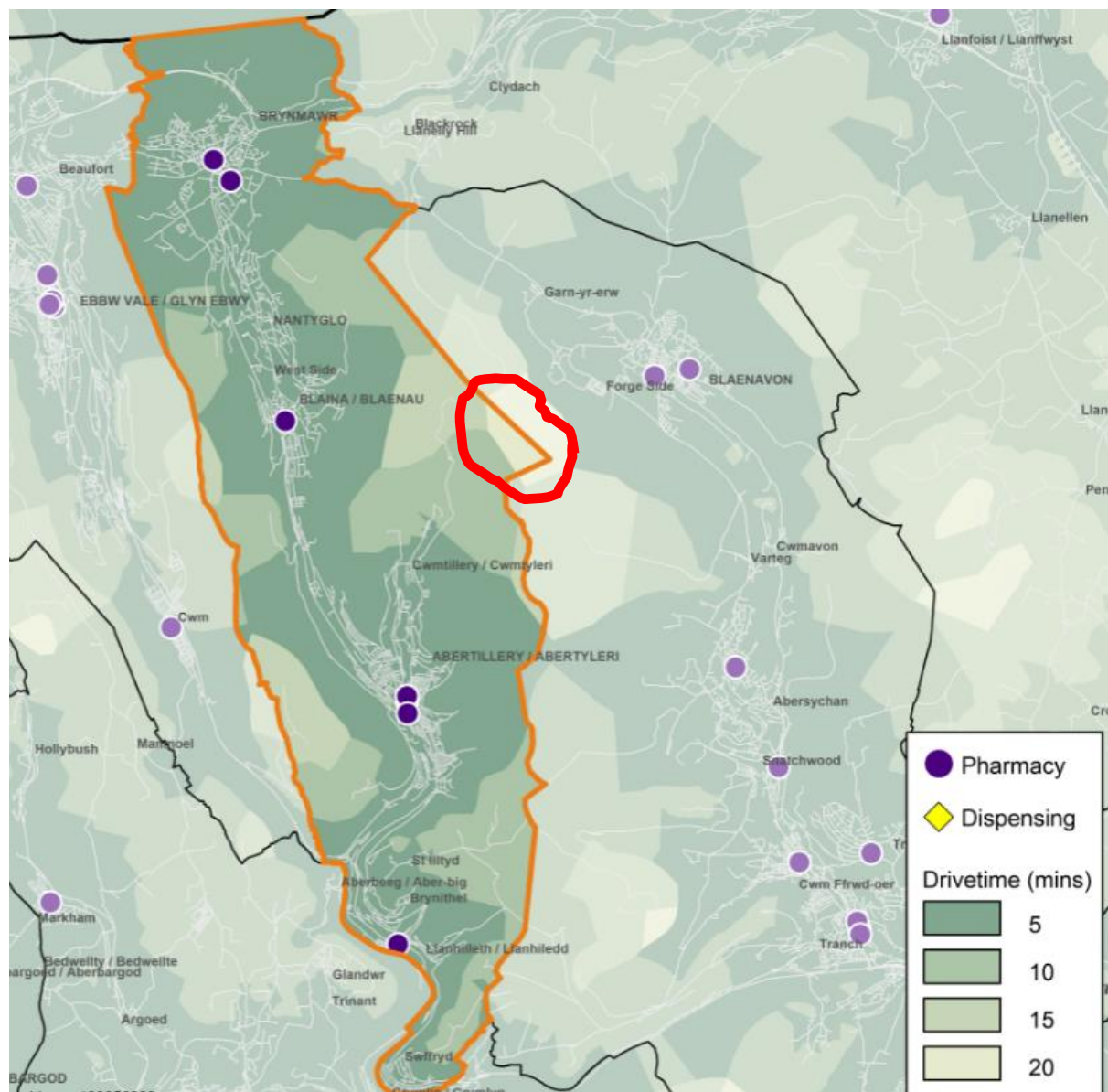


© Copyright Ordnance Survey Licence 100050829

In 2019/20, 88.3% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality. This increased to 90.7% in 2020/21.

The map below shows the drive time to a pharmacy, with the darker the green the shorter the drive. As can be seen, the majority of the locality is within a 20-minute drive of a pharmacy. The one exception is the circled in red on the map, however Google maps reveals that there are no houses or other properties in this location.

Map 10 – access to pharmacies in the locality



© Crown Copyright Ordnance Survey Mapping License 100050829

With regard to when the pharmacies are open:

- Two open Monday to Friday,
- Four open Monday to Friday, and also on Saturdays between 09.00 and 13.00, and
- One opens Monday to Saturday from 09.00 to 17.30 closing at lunchtime.

The Health Board commissions pharmacies across Blaenau Gwent to open on weekday evenings, Sundays and on public and bank holidays.

With regard to the times at which these pharmacies are open between Monday and Friday:

- All open at 09.00,
- Three close at 17.30, three close at 18.00 and one closes at 18.30, although four close at 17.00 on Thursdays.

One pharmacy remains open all day; the others close at lunchtime either between 13.00 and 14.00 or 13.00 to 14.15.

The information in the rest of this section was received via the contractor questionnaire.

Six of the seven pharmacies are accessible by wheelchair, and all have a consultation area with five of them accessible by wheelchair. All the consultations areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

None of the pharmacies provided information on languages spoken other than English. However, 88.5% of residents had no Welsh language skills and 98.7% have English as their main language (local authority level data, Census 2011). This coupled with the availability of Language Line means that the Health Board has not identified any issues for those who wish to access services in a language other than English.

All of the pharmacies dispense prescriptions for all types of appliances.

All seven pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- one provides a free of charge delivery service to all on request,
- one provides a delivery service for a fee, and
- although only two pharmacies stated they provide a delivery service five said they restrict their service to specific patient groups, namely those who are old and infirm (four), over 65s, housebound, disabled patients and those who are self isolating due to Covid.

None of the pharmacies were of the opinion that there is a requirement for an existing enhanced service which is not currently already being provided. In addition none were of the opinion that there is a requirement for a new service that is not currently available.

All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Two pharmacies have plans to develop or expand their service provision:

- One plans to offer the sore throat test and treat and smoking cessation level 3 services, and
- Another pharmacy plans to develop delivery of enhanced and advanced services as the Covid restrictions lift and to also introduce chargeable deliveries to patients who are able bodied and request delivery on the basis of convenience alone.

8.2.1 Medicines use review service

In 2018/19 all of the pharmacies provided this service, with just one providing the maximum number of 400. All seven pharmacies provided the service in 2019/20, with none providing the maximum number. At the time of writing the service has been suspended until April 2022 due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 11 – location of the pharmacies providing the medicines use review service in 2019/20



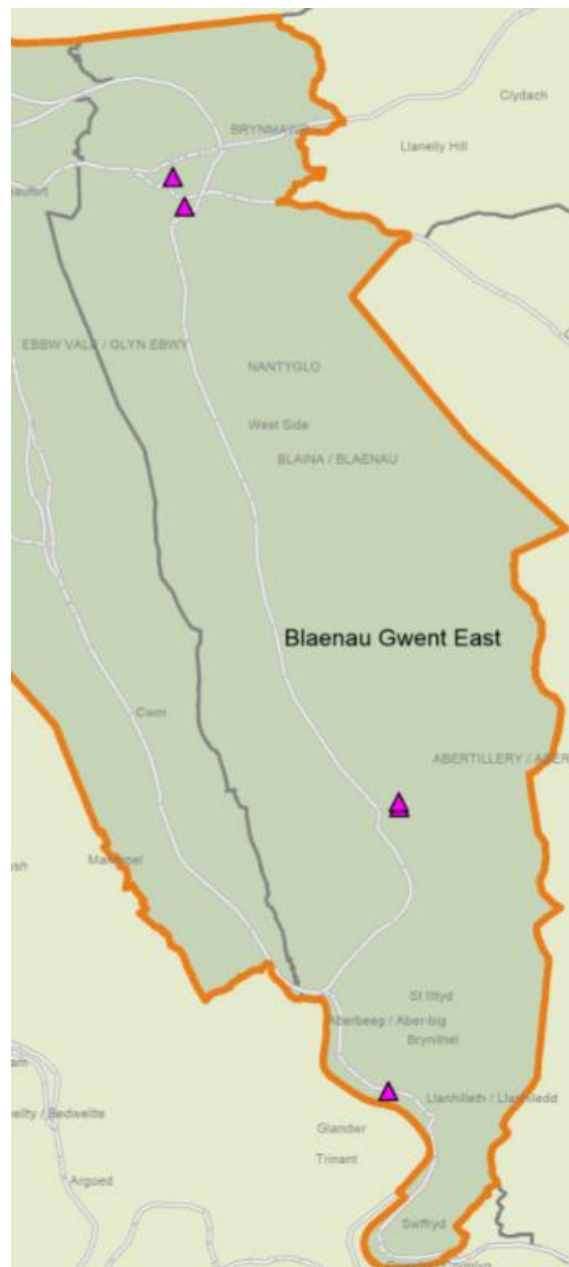
© Crown Copyright Ordnance Survey Mapping License 100050829

8.2.2 Discharge medicines review

In 2018/19, six of the pharmacies provided this service with none providing the maximum number of 140 reviews. Five pharmacies provided

the service in 2019/20, again with none providing the maximum number. In 2020/21, four of the pharmacies provided a total of 103 reviews. The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

Map 12 – location of the pharmacies providing discharge medicines reviews in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

8.2.3 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for all types of appliances.

8.2.4 Stoma appliance customisation

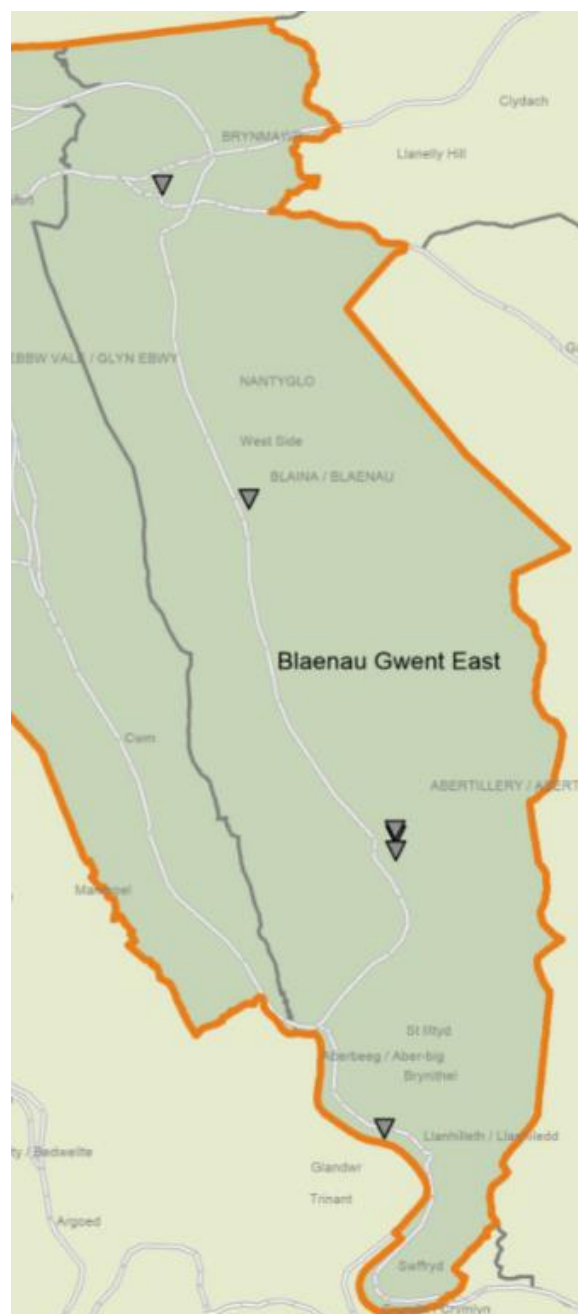
None of the pharmacies in the locality provide this service despite dispensing prescriptions for all types of appliances.

8.2.5 Emergency hormonal contraception

Six of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21 six were commissioned to provide service, increasing to all seven in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green triangles representing them may overlap.

Map 13 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

8.2.6 Smoking cessation service level 2

All of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21 all of the pharmacies were commissioned to provide the service and all seven are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 14 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20

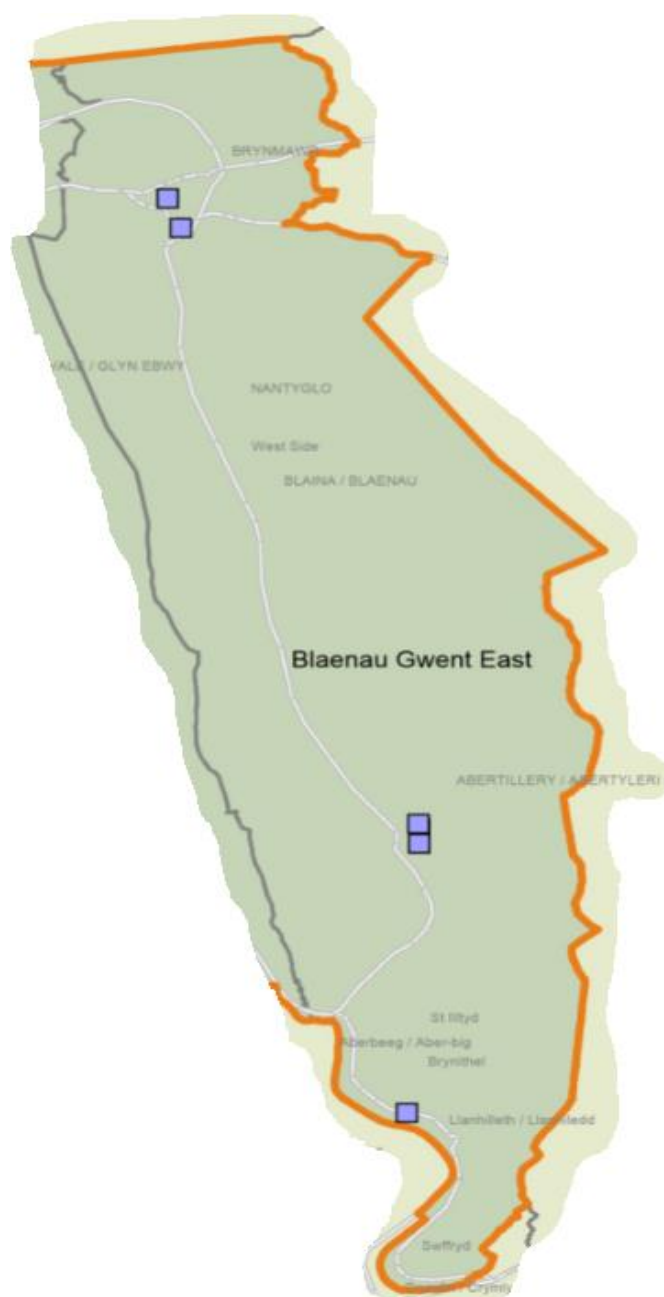


8.2.7 Smoking cessation service level 3

Five of the pharmacies provided this service in 2018/19 increasing to seven in 2019/20. In 2020/21 five pharmacies were commissioned to provide the service increasing to six pharmacies in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 15 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

8.2.8 Smoking cessation level 3 patient group direction Varenicline scheme

One pharmacy provided this service in 2018/19, increasing to two in 2019/20. In 2020/21, three pharmacies were commissioned to provide the service and three are commissioned to provide it in 2021/22.

8.2.9 Flu vaccination

Two of the pharmacies provided this service in 2018/19 increasing to three in 2019/20. In 2020/21 four were commissioned to provide the service and gave a total of 351 vaccinations.

As of August 2021, none of the pharmacies have signed up to provide this service in 2021/22, however it is anticipated that a similar number to last year will do so.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 16 – location of the pharmacies providing flu vaccinations in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

8.2.10 Common ailment service

Six of the pharmacies provided this service in 2018/19 increasing to all seven in 2019/20. In 2020/21 all of the pharmacies were commissioned to provide the service and all seven are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 17 – location of the pharmacies providing the common ailment service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

8.2.11 Emergency medicine supply

Two of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21 all of the pharmacies were commissioned to provide the service and all seven are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

Map 18 – location of the pharmacies providing the emergency medicine supply service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

8.2.12 Care home services

None of the pharmacies are commissioned to provide the level 1 service in 2021/22.

8.2.13 Directly observed therapy service for medicines compliance

None of the pharmacies are commissioned to provide this service in 2021/22.

8.2.14 Low molecular weight heparin (Dalteparin) services

None of the pharmacies are commissioned to provide this service in 2021/22.

8.2.15 Independent prescriber services

None of the pharmacies are commissioned to provide either of these two services in 2021/22.

8.2.16 Medicines administration services

In 2020/21, four pharmacies are commissioned to provide the service that involves the provision of a medicines administration record or a monitored dosage system, increasing to five in 2021/22.

One pharmacy was commissioned to provide automatic pill dispensers in 2020/21 but none are commissioned to provide them in 2021/22.

8.2.17 Needle exchange service

Two of the pharmacies were commissioned to provide this service in 2020/21 and two are commissioned to provide it in 2021/22.

8.2.18 In hours palliative care service

None of the pharmacies are commissioned to provide this service in 2021/22.

8.2.19 Palliative care out of hours service

None of the pharmacies are commissioned to provide this service in 2021/22.

8.2.20 Supervised consumption service

All seven of the pharmacies were commissioned to provide this service in 2020/21 and all seven are commissioned to provide it in 2021/22.

8.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the Health Board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2019/20 were dispensed by the seven pharmacies in the locality, 10.4% were dispensed outside the locality:

- 5.5% by pharmacies in Caerphilly East,
- 2.5% in Blaenau Gwent West
- 1.3% in Newport East,
- 0.8% in Torfaen North,
- 0.3% by contractors in England,
- 0.2% in Monmouthshire North,
- 0.1% in each of Torfaen South and Cwm Taf Morgannwg University Health Board's area.

In 2020/21 slightly fewer prescriptions were dispensed outside the locality (9.5%) with the majority dispensed within Caerphilly East (4.9%) and Blaenau Gwent West (2.5%).

In addition residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the Health Board's area; however it is not possible to quantify this activity from the recorded data.

8.4 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for minor ailments

1.3% of the items prescribed by the GP practices were personally administered by the practices in 2019/20, falling slightly to 1.2% in 2020/21.

Residents will access other NHS services located in this locality or elsewhere in the Health Board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- The Alternative Primary Care Service,
- Drug and alcohol services,
- The long term conditions practitioner service, and
- Help Me Quit.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

8.5 Choice with regard to obtaining pharmaceutical services

As can be seen from the preceding sections, those living within the locality and registered with one of the five GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed. However some choose to look outside the locality, usually to access a neighbouring pharmacy or a dispensing appliance contractor near to where they work, shop, or go for leisure or another reason.

In 2019/20 over 210 contractors dispensed items written by one of the GP practices in this locality, of which:

- Seven were located within the locality,
- 101 were located elsewhere within the Health Board's area,
- 100 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

This fell to 160 in 2020/21:

- Seven were located within the locality,
- 91 were located elsewhere within the Health Board's area,
- 60 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

8.6 Gaps in provision

8.6.1 Essential services

The Health Board has noted the following points:

- The pharmacies are spread across the locality and are located in areas of greater population density and higher deprivation.
- All but one small part of the locality is within a 15-minute drive time of a pharmacy however there is no resident population in that area.
- The population of the Blaenau Gwent County Borough Council is projected to reduce in size.
- There are no known housing developments due within the lifetime of this document.
- All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for essential services within the locality.

8.6.2 Medicines use review service

The Health Board has noted the following points:

- Prior to the suspension of this service it was provided by all of the pharmacies.
- Only one pharmacy provided the maximum number of medicines use reviews in 2018/19. None did in 2019/20.
- All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

8.6.3 Discharge medicines review

The Health Board has noted the following points:

- The fluctuating numbers of pharmacies providing this service over the last three years. Four of the pharmacies provided this service in 2020/21.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- Due to the range of medicines included within the service only a small proportion of patients being discharged will be eligible to receive the service.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

The Health Board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients

presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

8.6.4 Appliance use reviews

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that all the pharmacies confirmed that they dispense prescriptions for all types of appliances and that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

8.6.5 Stoma appliance customisation

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that all the pharmacies confirmed that dispense prescriptions for all types of appliances and that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

8.6.6 Emergency hormonal contraception

The Health Board has noted the following points:

- All of the pharmacies provide this service.
- There is a good spread of pharmacies providing the service across the locality.
- The service will also be provided by GP practices and sexual health clinics.

- There is a growing focus on long-acting reversible contraception for eligible females.
- All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

8.6.7 Smoking cessation level 2

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

8.6.8 Smoking cessation level 3

The Health Board has noted the following points:

- Six of the pharmacies are commissioned to provide this service.
- There are no Help Me Quit providers in the middle of this locality.
- The local authority has the highest percentage of persons aged 16 and over in the Health Board's area who self-report as a daily or occasional smoker.
- All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

8.6.9 Smoking cessation level 3 patient group direction

The Health Board has noted the following points:

- Three pharmacies are commissioned to provide this service as part of the smoking cessation level 3 service.
- GP practices are able to prescribe Varenicline therefore residents of the locality are able to access the service that way as opposed to under this service. However, pharmacies are the only provider of a one to one motivational support and pharmacotherapy service via the level 3 smoking cessation service.

- This is a relatively new service and therefore pharmacies may not yet have come forward to provide it.
- With effect from June 2021, the distribution of Champix® (Varenicline) has been paused by Pfizer, the sole supplier of the product. It is currently unknown when supplies will become available.
- All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has identified a future need for this service to be provided by pharmacies in Abertillery, Blaina, Brynmawr and Llanhilleth with effect from the next flu season. Should that not happen then, from 1 September 2022, there will be a future need for this service to be provided in these four locations.

8.6.10 Flu vaccination

The Health Board has noted the following points:

- Four pharmacies were commissioned to provide this service in 2020/21. As of August 2021, four of the pharmacies have signed up to provide this service in 2021/22, and it is anticipated that the remainder will sign up.
- Across all providers of the service there is a lower uptake of the vaccination by the population in this locality.
- All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has identified a future need for this service to be provided by pharmacies in each of the areas of greater population density within the locality i.e. Abertillery, Blaina, Brynmawr and Llanhilleth with effect from the next flu season. Should that not happen then, from 1 September 2022, there will be a future need for this service to be provided in these four locations.

8.6.11 Common ailment service

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- One of the aims of the service is to reduce demand for GP appointments and it would therefore be beneficial if more people accessed the service.
- All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

8.6.12 Emergency medicine supply

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

8.6.13 Care home services

The Health Board has noted the following points:

- None of the pharmacies are commissioned to provide the level 1 service.
- It is up to the care home to choose which, if any, pharmacy it wishes to work with in relation to medicines.
- Care homes will have chosen to work with out of area providers.
- The service is currently under review due to the low take-up.
- All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

8.6.14 Directly observed therapy service for medicines compliance

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patients being prescribed a medicine that requires observation.
- None of the pharmacies are currently commissioned to provide this service as there is no need to do so.
- When it has needed to be commissioned in the past the Health Board has had no difficulty in finding a pharmacy that is willing to provide the service.
- All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

8.6.15 Low molecular weight heparin (Dalteparin) services

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patient need. It has rarely been needed since its inception.
- None of the pharmacies are currently commissioned to provide this service as there is no need to do so.
- The service is commissioned on a Gwent-wide basis and is provided by seven pharmacies across the Health Board’s area.
- All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

8.6.16 Independent prescriber services

The Health Board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- None of the pharmacies are currently commissioned to provide either of the services.
- All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

In line with Pharmacy: Delivering a Healthier Wales, the Health Board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for this service within the locality.

8.6.17 Medicines administration services

The Health Board has noted the following points:

- Demand for these services is driven by the social care sector.
- Five pharmacies are commissioned to provide medicines administration records or monitored dosage systems and none to provide automatic pill dispensers.
- All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

8.6.18 Needle exchange service

The Health Board has noted the following points:

- Two of the pharmacies are commissioned to provide this service.
- The Gwent Area Planning Board engages with service users to find out where they would like to access this service and then approaches the Health Board to commission the service at the required location or locations.
- It is reported that some service users wish to travel out of their local area to access the service.
- There are other providers of this service.
- All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

8.6.19 In hours palliative care service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- None of the pharmacies are commissioned to provide this service.
- All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

8.6.20 Palliative care out of hours service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- None of the pharmacies are commissioned to provide this service.

- All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

8.6.21 Supervised consumption service

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- All seven pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

9 Blaenau Gwent West locality

9.1 Key facts for the area of Blaenau Gwent County Borough Council

- In 2019, remained below the Wales average in almost all socio-economic indicators – economic activity, employment and business enterprise
- High levels of unemployment and a high percentage of people who are dependent on benefits
- Estimated population decrease of -6.6% between 2011 and 2036, the largest estimated decrease in Wales
- Population is the least likely to have any Welsh language skills
- Highest percentage of Lower Super Output Areas in the most deprived 50% in Wales (85.1%)
- Lowest life expectancy for males (76.2 years) and females (80.6 years)
- Lowest healthy life expectancy at birth for both males and females (54.1 and 54.5 years respectively) not only in the Health Board's area but in the whole of Wales.
- The only local authority to see an increase in the number of premature deaths from key non communicable diseases 2014-2016
- Highest rate of premature deaths from key non communicable diseases 2016-2018 (rank 1 in Wales)
- Highest rate of limiting long-term illness per 10,000 population, 2011
- Highest percentage of people stating their day-to-day activities are limited a lot (16%)
- Has the highest percentage of one person households at 13.9% of all households
- More households in have no car or van, or just one (72.8%) than elsewhere in the Health Board's area
- Lowest level of employment at 53.1% in 2011
- 9.6% of the population is long-term sick or disabled and economically inactive
- Highest percentage of non-drinkers (26.6%)
- Highest proportion of persons aged 16 and over self-reporting as a daily smoker or occasional smoker (20.8%)
- 22% of the population of Blaenau Gwent smoke
- 33% are obese and 68% are overweight or obese (significantly worse than the average for Wales)
- 82% do not eat five portions of fruit and vegetables a day (significantly worse than the average for Wales)
- 38% are active for less than 30 minutes a week (significantly worse than the average for Wales)
- 16% drink more than guidelines recommend (weekly alcohol consumption above 14 units)

- Housing completions are considerably below the local development plan's target of 140 per annum. This is due to the reluctance of developers to build due to concerns over viability and a lack of confidence in the market, rather than a lack of land.

Figure 36 – housing completions for Blaenau Gwent 2006-2019⁶⁰



- Average housing prices are below the average for Wales.
- Outline planning permission for the Circuit of Wales project in Ebbw Vale was given in September 2013. The scheme would see 830 acres of land at Rassau, near Ebbw Vale, transformed into an international standard circuit, capable of hosting top-level motorcycle racing and everything on four wheels all except Formula One. However in June 2017 Welsh Government announced the decision not to support the project. In September 2018 an application was made to extend the lifetime of the permission. The situation remains uncertain.
- Work has commenced on the redevelopment of the Tredegar General Hospital site to build a new health and wellbeing centre which will include a range of service providers.
- Ebbw Vale Northern Corridor is brownfield land, identified in the local development plan as a strategic mixed use site. 805 homes, including 10% affordable housing, on three parcels of land have been identified. As at March 2019, outline planning permission for 250 housing units on the former reservoir site has been granted, full planning permission has been granted for 100 homes and a further planning application has been submitted for 277 units on the former school and college site.

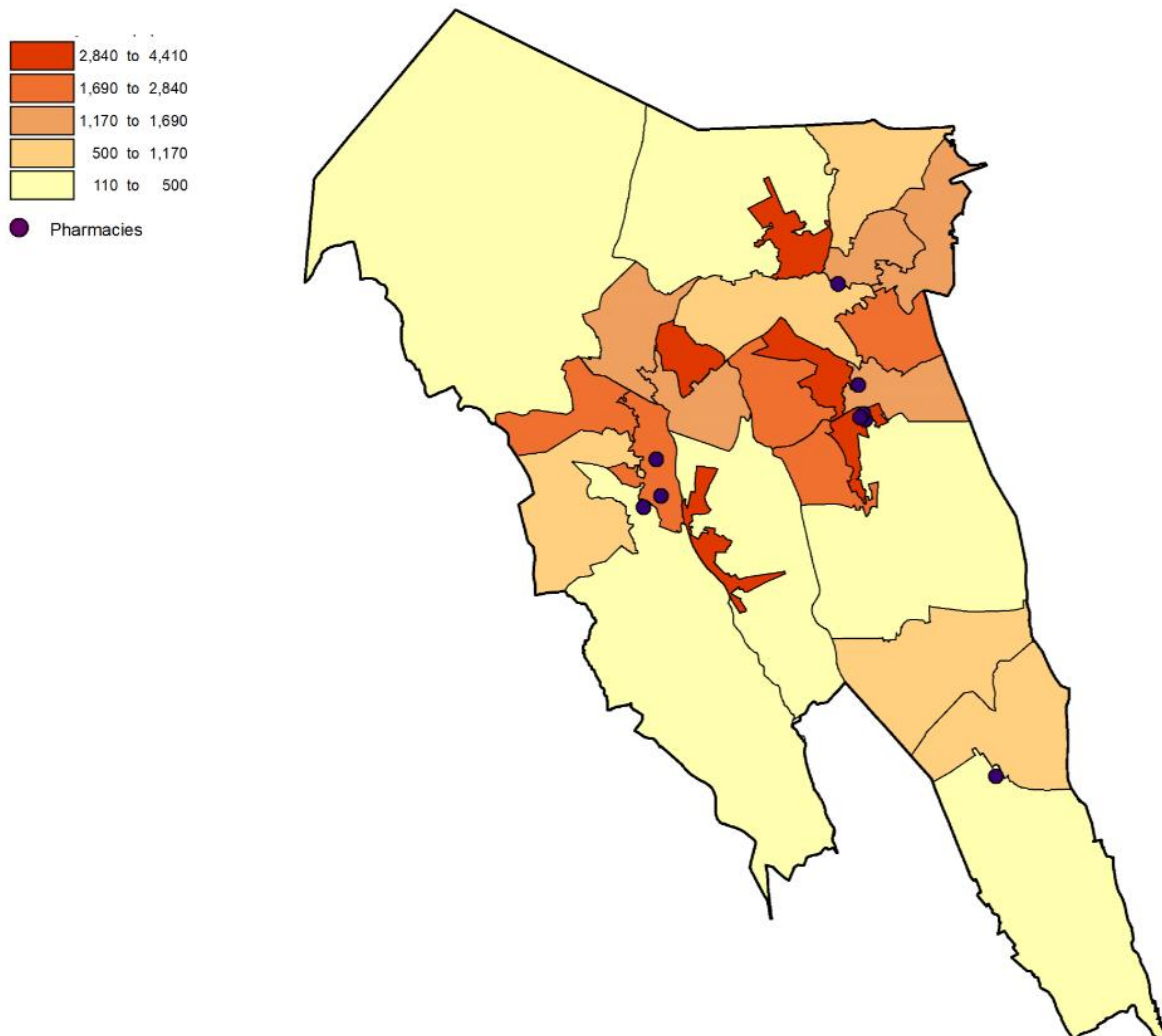
⁶⁰ [Blaenau Gwent Local Development Plan: Annual Monitoring Report 2018-19](#)

- The Works in Ebbw Vale (the site of the former Ebbw Vale Steelworks) has also been identified as a strategic mixed use site and is home to the Aneurin Bevan Hospital which opened in October 2010. Approximately 520 homes at varying densities across the site are to be built, including 20% affordable housing.

9.2 Current provision of pharmaceutical services within the locality's area

There are nine pharmacies in the locality operated by five different contractors. None of the six GP practices dispense. As can be seen from the map below with two exceptions pharmacies are located in areas in greater population density.

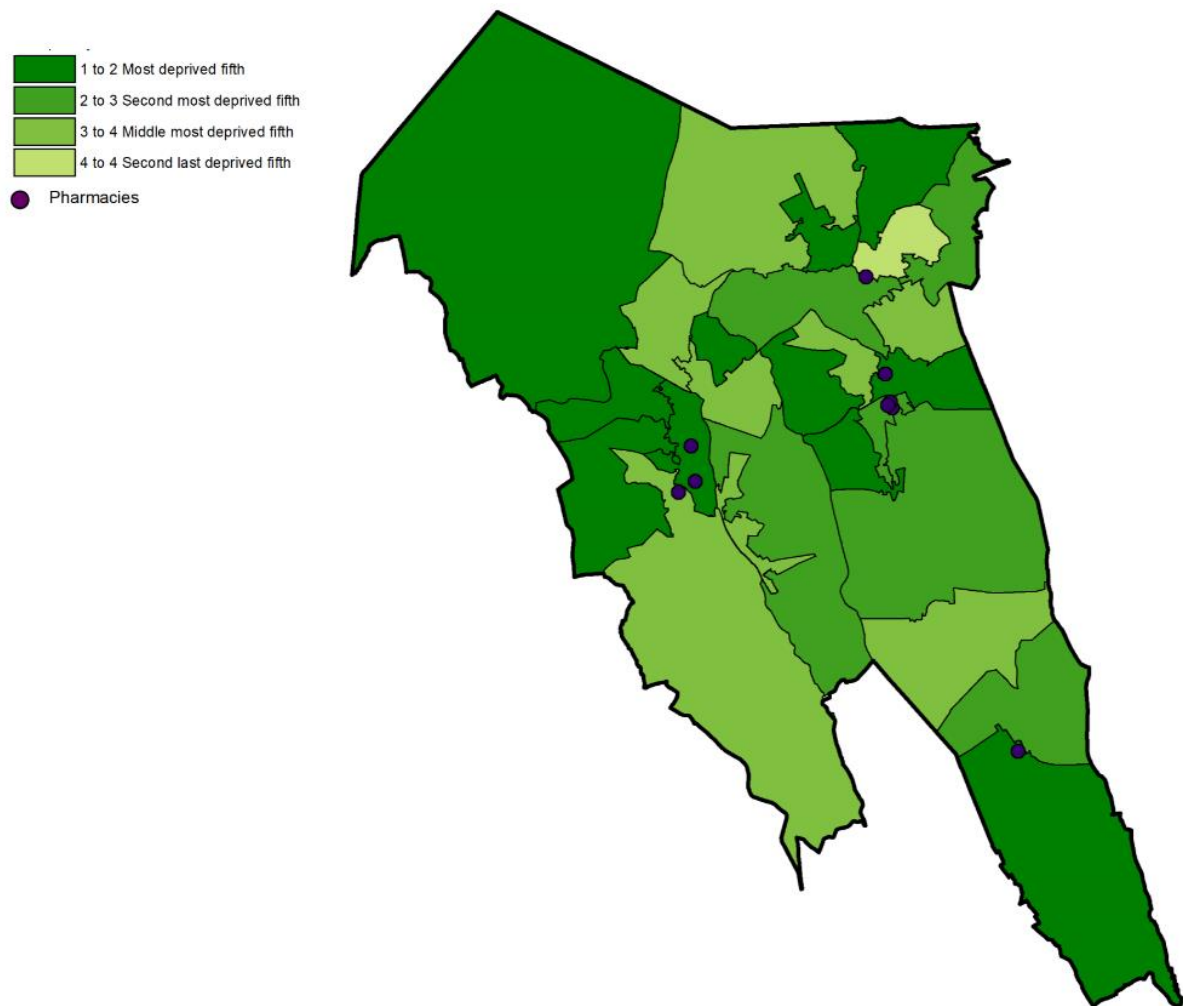
Map 19 – location of pharmacies compared to population density



© Crown Copyright Ordnance Survey Mapping License 100050829

As can be seen from the map below the pharmacies are also located in areas of greater deprivation.

Map 20 – location of pharmacies compared to the level of deprivation

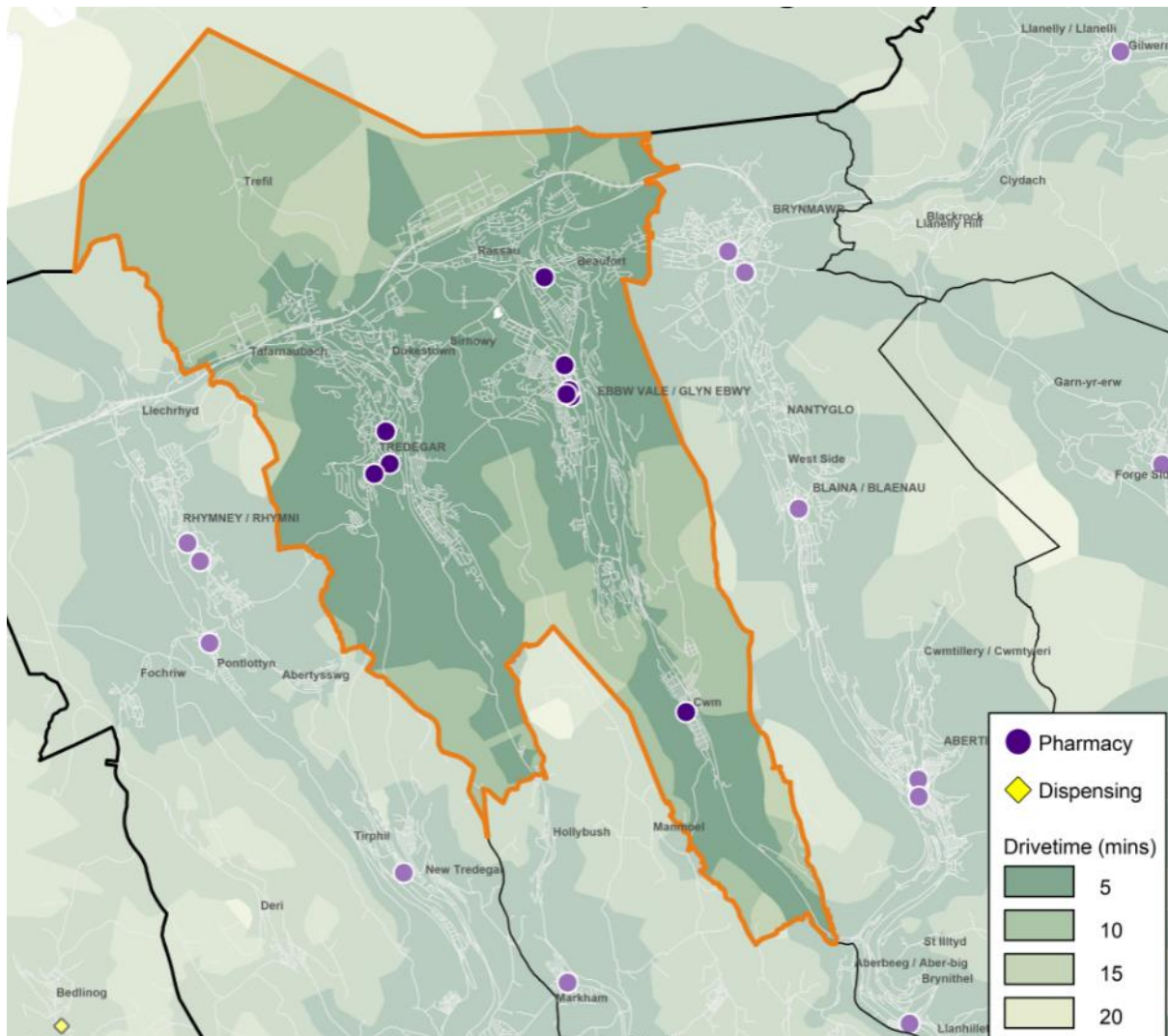


© Copyright Ordnance Survey Licence 100050829

In 2019/20, 95.6% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality. This increased to 97.8% in 2020/21.

The map below shows the drive time to a pharmacy, with the darker the green the shorter the drive. As can be seen, the entire locality is within a 20-minute drive of a pharmacy.

Map 21 – access to pharmacies in the locality



© Crown Copyright Ordnance Survey Mapping License 100050829

With regard to when the pharmacies are open:

- Three open Monday to Friday,
- Two open Monday to Friday, and part of Saturday, and
- Four open Monday to Saturday.

With regard to the times at which these pharmacies are open between Monday and Friday:

- All open at 09.00,
- Two close at 17.30, six close at 18.00 (although two close at 17.30 on Thursdays) and one closes at 18.30 (other than on Thursdays when it closes at 13.00).

Three pharmacies remain open all day. Those that close at lunchtime do so at varying times between 13.00 and 14.30.

On Saturday, the six pharmacies that are open do so at 09.00. Two of the four that are open all day close for lunch at varying times between 13.00 and 14.30.

The information in the rest of this section was received via the contractor questionnaire.

All of the pharmacies are accessible by wheelchair, and all have a consultation area that is accessible by wheelchair. All the consultations areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

None of the pharmacies provided information on languages spoken other than English. However, 88.5% of residents had no Welsh language skills and 98.7% have English as their main language (local authority level data, Census 2011). This coupled with the availability of Language Line means that the Health Board has not identified any issues for those who wish to access services in a language other than English.

All of the pharmacies dispense prescriptions for all types of appliances.

All nine pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- five provide a free of charge delivery service on request,
- four provide a delivery service for a fee,
- three only provide a delivery service to those with a clinical need or mobility issues, and
- one only provides a delivery service to Ebbw Vale.

None of the pharmacies were of the opinion that there is a requirement for an existing enhanced service which is not currently already being provided. In addition none were of the opinion that there is a requirement for a new service that is not currently available.

Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, however one said that it did not.

Two pharmacies have plans to develop or expand their service provision:

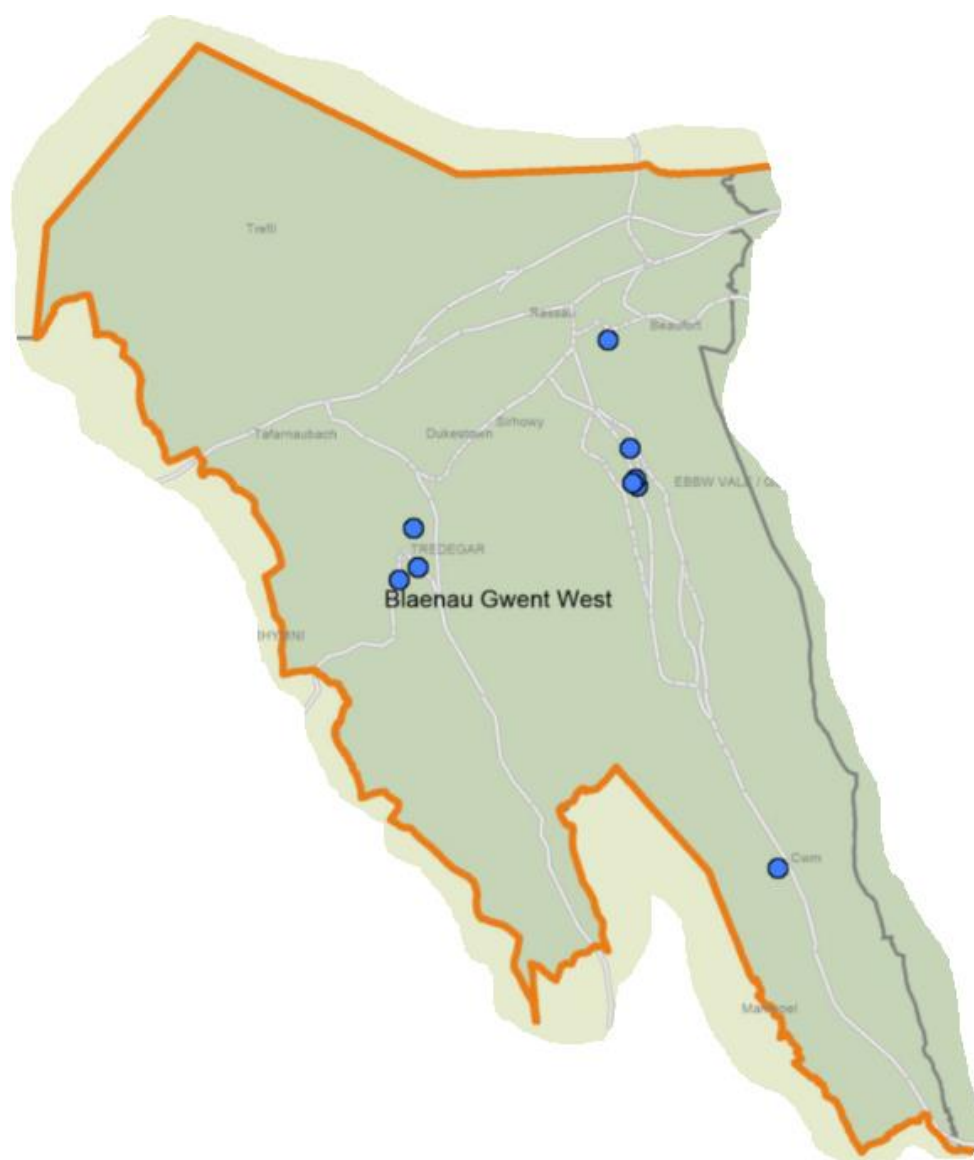
- One has an independent prescriber in training, and
- One plans to move into the new health and wellbeing centre that is under construction in Tredegar in 2022 and will increase their provision accordingly.

9.2.1 Medicines use review service

In 2018/19 all of the pharmacies provided this service, with three providing the maximum number of 400. All nine pharmacies provided the service in 2019/20, with none providing the maximum number. At the time of writing the service has been suspended until April 2022 due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 22 – location of the pharmacies providing the medicines use review service in 2019/20



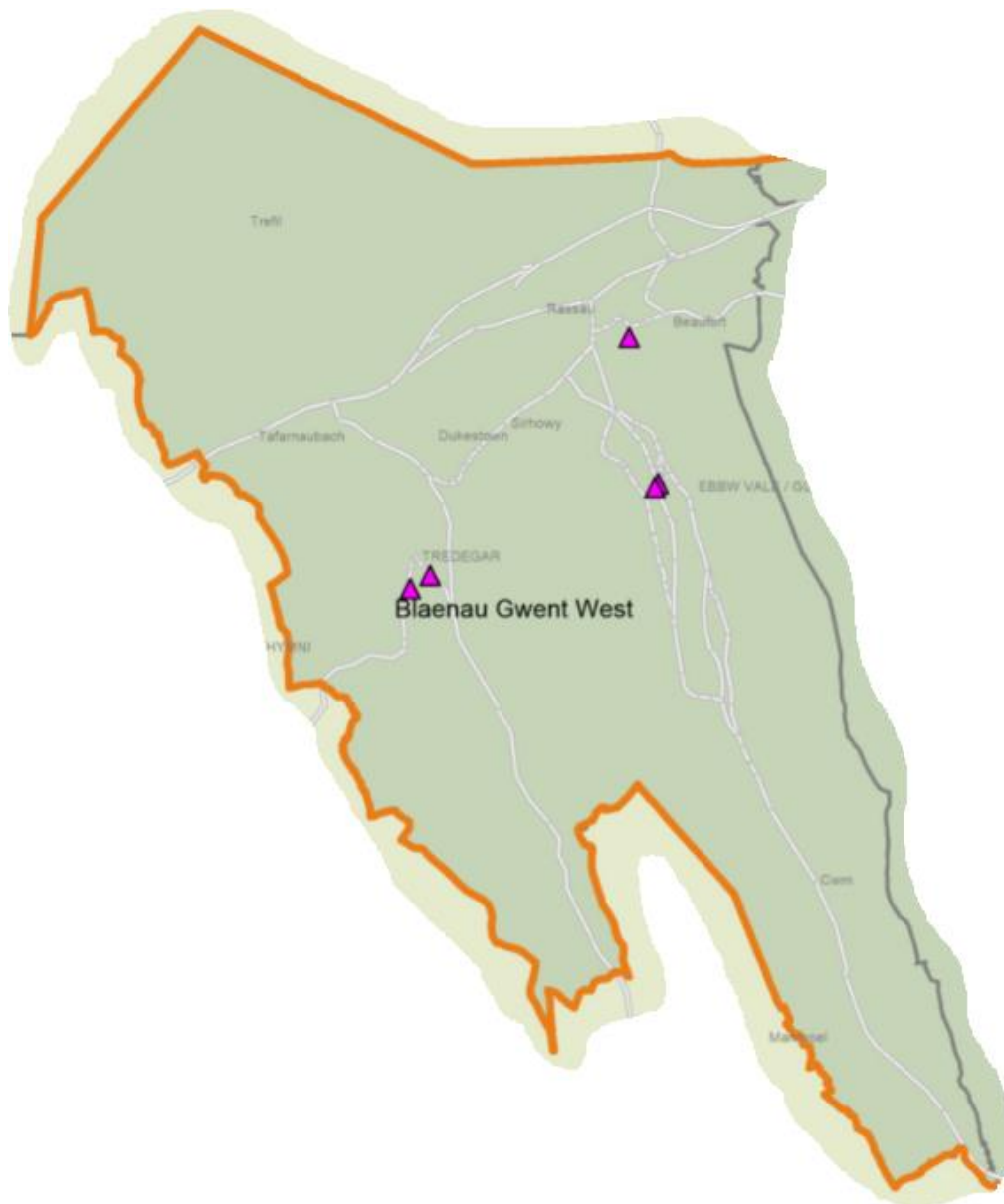
© Crown Copyright Ordnance Survey Mapping License 100050829

9.2.2 Discharge medicines review

In 2018/19, six of the pharmacies provided this service with none providing the maximum number of 140 reviews. Five pharmacies provided the service in 2019/20, again with none providing the maximum number. In 2020/21, seven of the pharmacies provided a total of 71 reviews.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

Map 23 – location of the pharmacies providing discharge medicines reviews in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

9.2.3 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for all types of appliances.

9.2.4 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite dispensing prescriptions for all types of appliances.

9.2.5 Emergency hormonal contraception

Eight of the pharmacies provided this service in 2018/19 and seven in 2019/20. In 2020/21 eight pharmacies were commissioned to provide the service falling to seven in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

Map 24 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20

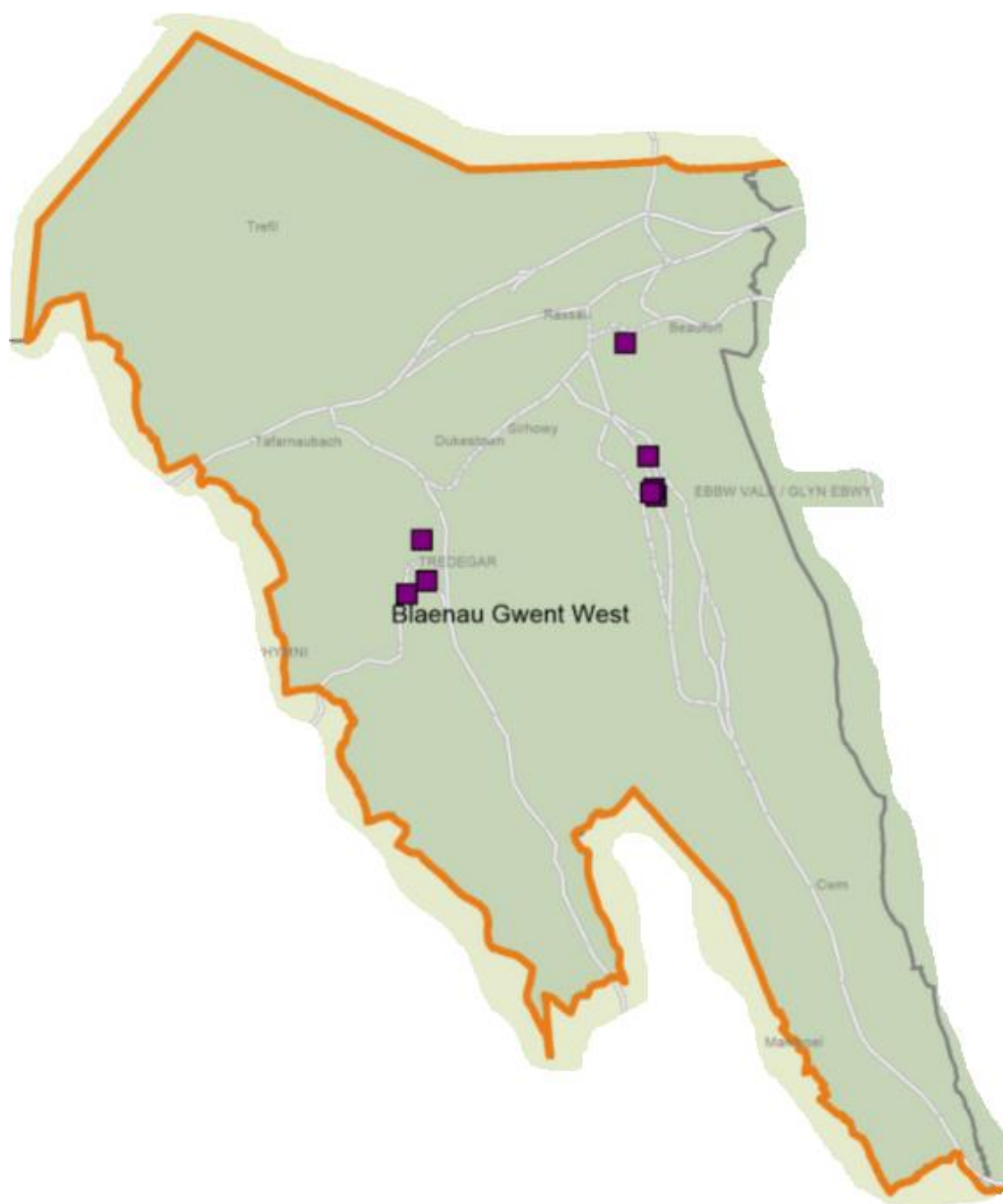


9.2.6 Smoking cessation service level 2

Seven of the pharmacies provided this service in 2018/19 and eight in 2019/20. In 2020/21 all nine pharmacies were commissioned to provide the service, increasing to all eight in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 25 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20

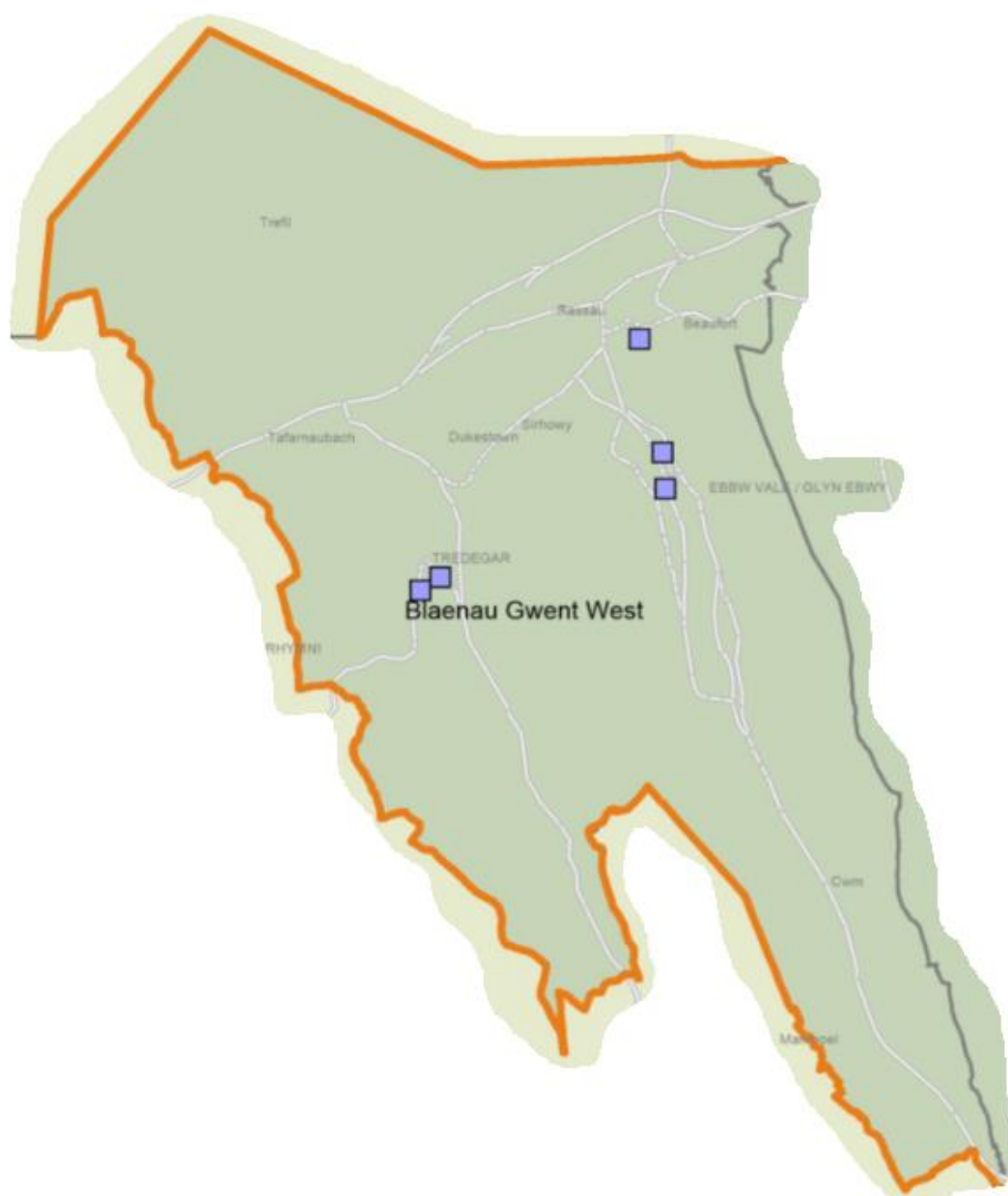


9.2.7 Smoking cessation service level 3

Six of the pharmacies provided this service in 2018/19 and five in 2019/20. In 2020/21 seven pharmacies were to provide the service, falling to four pharmacies in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 26 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



9.2.8 Smoking cessation level 3 patient group direction Varenicline scheme

One pharmacy provided this service in 2018/19, increasing to two in 2019/20. In 2020/21, one pharmacy was commissioned to provide the service and increasing to two in 2021/22.

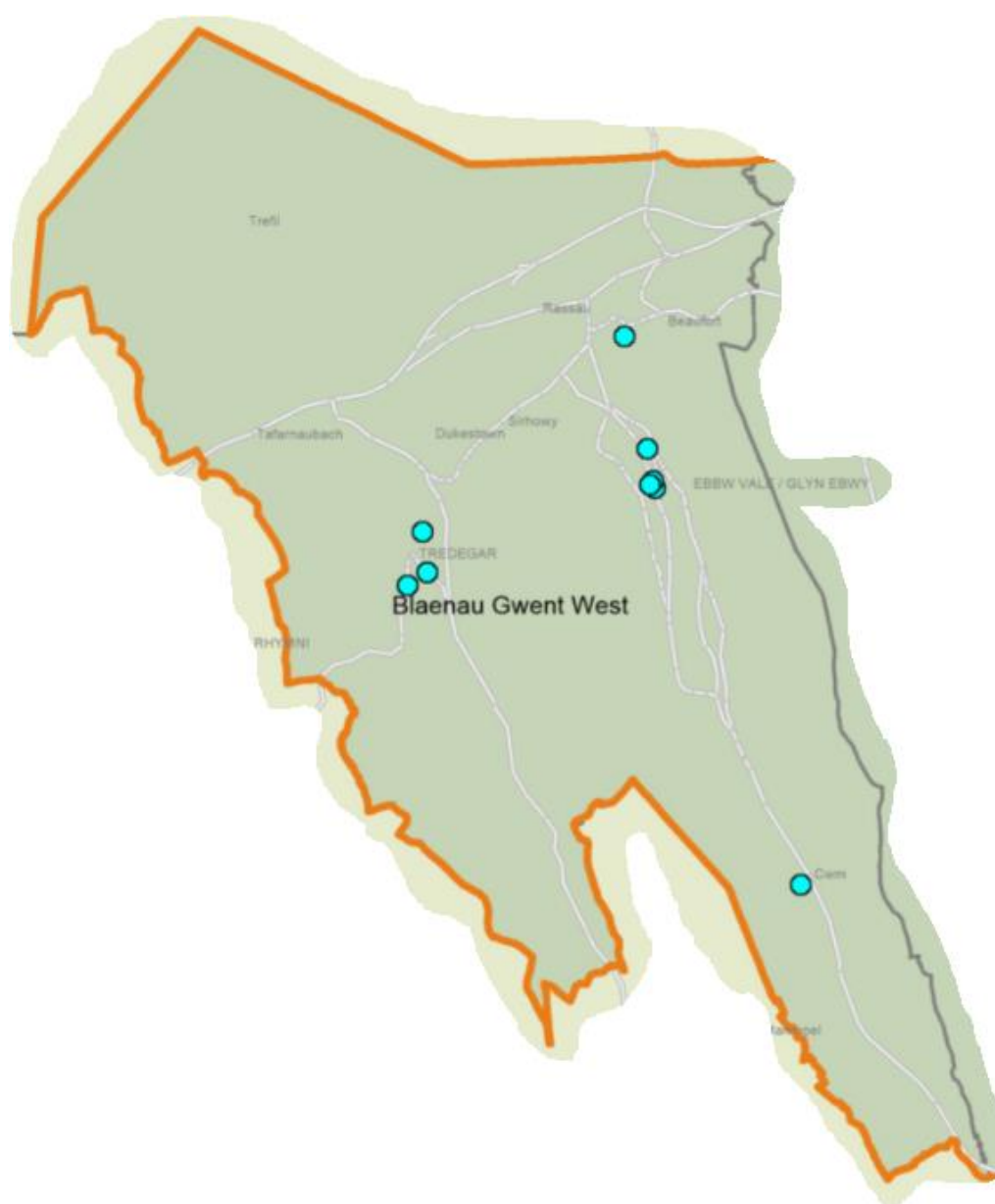
9.2.9 Flu vaccination

All of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21 all of the pharmacies were commissioned to provide the service and gave a total of 705 vaccinations.

As of August 2021, four of the pharmacies have signed up to provide this service in 2021/22, and it is anticipated that the remainder will sign up.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 27 – location of the pharmacies providing flu vaccinations in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

9.2.10 Common ailment service

Seven of the pharmacies provided this service in 2018/19 increasing to all nine in 2019/20. In 2020/21 all of the pharmacies were commissioned to provide the service and all are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

9.2.11 Emergency medicine supply

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

9.2.14 Low molecular weight heparin (Dalteparin) services

One pharmacy was commissioned to provide this service in 2020/21 and one is commissioned in 2021/22.

9.2.15 Independent prescriber services

One pharmacy is commissioned to provide the acute conditions service in 2021/22.

9.2.16 Medicines administration services

In 2020/21, six pharmacies are commissioned to provide the service that involves the provision of a medicines administration record or a monitored dosage system, increasing to eight in 2021/22.

Four pharmacies were commissioned to provide automatic pill dispensers in 2020/21 falling to two in 2021/22.

9.2.17 Needle exchange service

Two of the pharmacies were commissioned to provide this service in 2020/21 and two are commissioned to provide it in 2021/22.

9.2.18 In hours palliative care hours service

In 2021/22, one pharmacy is commissioned to provide this service.

9.2.19 Palliative care out of hours service

In 2021/22, one pharmacy is commissioned to provide this service.

9.2.20 Supervised consumption service

All of the pharmacies were commissioned to provide this service in 2020/21 and are also commissioned to provide it in 2021/22.

9.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the Health Board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2019/20 were dispensed by the nine pharmacies in the locality, 3.1% were dispensed outside the locality:

- 0.8% were dispensed by pharmacies in Torfaen North,
- 0.5% in each of Blaenau Gwent East and Newport East,
- 0.4% in Caerphilly North,
- 0.4% by contractors in England,
- 0.3% by pharmacies in Caerphilly East,
- 0.1% was dispensed by pharmacies in each of Monmouthshire North and Cwm Taf Morgannwg University Health Board's area,
- 0.1% was dispensed elsewhere in Wales.

This fell to 2.7% in 2020/21, with the majority of these dispensed within Torfaen North (0.8%), Newport East (0.5%), Blaenau Gwent East (0.4%) and 0.3% in each of Caerphilly North and England.

In addition residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the Health Board's area; however it is not possible to quantify this activity from the recorded data.

9.4 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments

1.3% of items prescribed by the GP practices were personally administered by the practices in 2019/20 and 202/21 respectively.

Glan Yr Afon Surgery and Tredegar Health Centre are due to relocate into the new Tredegar Resource Centre in 2021.

A business case scoping document for a health and wellbeing centre serving the population of Ebbw Vale has been developed by the Health Board. It proposes to relocate the GP practices currently situated within Glan Rhyd and Pen Y Cae surgeries to one location, and to also include community dental services, a pharmacy and other clinical services including but not limited to podiatry, sexual health, safeguarding, speech and language therapy, midwifery, health visitors, substance misuse and memory assessment services. Ysbyty Tri Chwm has been identified as a suitable venue. It is anticipated that the centre will open within the lifetime of this document.

Residents will access other NHS services located in this locality or elsewhere in the Health Board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- The Alternative Primary Care Service,
- Drug and alcohol services,
- The long term conditions practitioner service, and
- Help Me Quit.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

9.5 Choice with regard to obtaining pharmaceutical services

As can be seen from the preceding sections, those living within the locality and registered with one of the six GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed. However some choose to look outside the locality, usually to access a neighbouring pharmacy or a dispensing appliance contractor near to where they work, shop, or go for leisure or another reason.

In 2019/20 over 210 contractors dispensed items written by one of the GP practices in this locality, of which:

- Nine were located within the locality,
- 79 were located elsewhere within the Health Board's area,
- 113 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

This fell to 173 in 2021/22:

- Nine were located within the locality,
- 79 were located elsewhere within the Health Board's area,
- 83 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

9.6 Gaps in provision

9.6.1 Essential services

The Health Board has noted the following points:

- The pharmacies are spread across the locality and are generally located in areas of greater population density and higher deprivation.
- The entire locality is within a 20-minute drive time of a pharmacy.
- The population of the Blaenau Gwent County Borough Council is projected to reduce in size.
- There is one known housing development in Ebbw Vale which will lead to 805 new houses.
- The new health and wellbeing centre in Tredegar will not change the demand for pharmaceutical services.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

Based on the above, the Health Board has not identified any current or future needs for essential services within the locality.

9.6.2 Medicines use review service

The Health Board has noted the following points:

- Prior to the suspension of this service it was provided by all of the pharmacies.
- Three pharmacies provided the maximum number of medicines use reviews in 2018/19. None did in 2019/20.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

9.6.3 Discharge medicines review

The Health Board has noted the following points:

- The fluctuating numbers of pharmacies providing this service over the last three years. Seven of the pharmacies provided this service in 2020/21.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies.

Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.

- Due to the range of medicines included within the service only a small proportion of patients being discharged will be eligible to receive the service.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

The Health Board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

9.6.4 Appliance use reviews

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that all of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

9.6.5 Stoma appliance customisation

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that all of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

9.6.6 Emergency hormonal contraception

The Health Board has noted the following points:

- All but one of the pharmacies is commissioned to provide this service.
- There is a good spread of pharmacies providing the service across the locality other than in the south.
- The service will also be provided by GP practices and sexual health clinics.
- There is a growing focus on long-acting reversible contraception for eligible females.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

9.6.7 Smoking cessation level 2

The Health Board has noted the following points:

- The local authority has the highest percentage of persons aged 16 and over in the Health Board's area who self-report as a daily or occasional smoker.
- All of the pharmacies are commissioned to provide this service.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

9.6.8 Smoking cessation level 3

The Health Board has noted the following points:

- The local authority has the highest percentage of persons aged 16 and over in the Health Board's area who self-report as a daily or occasional smoker.
- There is a good spread of pharmacies providing the service across the locality other than in the south.
- There are no Help Me Quit providers in the south of the locality.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

Based on the above, the Health Board has identified that there is a current need for this service in the south of the locality in Cwm. The Health Board has not identified any future needs for this service.

9.6.9 Smoking cessation level 3 patient group direction

The Health Board has noted the following points:

- Two pharmacies are commissioned to provide this service as part of the smoking cessation level 3 service.
- GP practices are able to prescribe Varenicline therefore residents of the locality are able to access the service that way as opposed to under this service. However, pharmacies are the only provider of a one to one motivational support and pharmacotherapy service via the level 3 smoking cessation service.
- This is a relatively new service and therefore pharmacies may not yet have come forward to provide it.
- With effect from June 2021, the distribution of Champix® (Varenicline) has been paused by Pfizer, the sole supplier of the product. It is currently unknown when supplies will become available.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

As Varenicline is currently unavailable the Health Board will work with those pharmacies that have not signed up to provide the service to understand why they haven't.

Based on the above the Health Board has identified that there is a need for those pharmacies that provide the level 3 service to also provide this service no later than 12 months after the product becomes available. There is also a need for the service to be provided in the south of the locality in Cwm no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes available, there will be a future need for this service to be provided at six locations spread evenly throughout the locality, in areas of greater population density.

9.6.10 Flu vaccination

The Health Board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21. As of August 2021, four of the pharmacies have signed up to provide this service in 2021/22, and it is anticipated that the remainder will sign up.
- Across all providers of the service there is a lower uptake of the vaccination by the population in this locality.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

9.6.11 Common ailment service

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- One of the aims of the service is to reduce demand for GP appointments and it would therefore be beneficial if more people accessed the service.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

9.6.12 Emergency medicine supply

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

9.6.13 Care home services

The Health Board has noted the following points:

- Three pharmacies are commissioned to provide the level 1 service.
- It is up to the care home to choose which, if any, pharmacy it wishes to work with in relation to medicines.
- Care homes will have chosen to work with out of area providers.
- The service is currently under review due to the low take-up.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

9.6.14 Directly observed therapy service for medicines compliance

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patients being prescribed a medicine that requires observation.
- Two pharmacies are currently commissioned to provide it to meet a current need for the service.
- When it has needed to be commissioned in the past the Health Board has had no difficulty in finding a pharmacy that is willing to provide the service.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

9.6.15 Low molecular weight heparin (Dalteparin) services

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patient need. It has rarely been needed since its inception.
- Two pharmacies are currently commissioned to provide the service to meet a current need.
- The service is commissioned on a Gwent-wide basis and is provided by seven pharmacies across the Health Board’s area.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

9.6.16 Independent prescriber services

The Health Board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- One of the pharmacies is currently commissioned to provide the acute conditions service.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

In line with Pharmacy: Delivering a Healthier Wales, the Health Board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for this service within the locality.

9.6.17 Medicines administration services

The Health Board has noted the following points:

- Demand for these services is driven by the social care sector.

- Eight pharmacies are commissioned to provide medicines administration records or monitored dosage systems and two to provide automatic pill dispensers.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

9.6.18 Needle exchange service

The Health Board has noted the following points:

- Two of the pharmacies are commissioned to provide this service.
- The Gwent Area Planning Board engages with service users to find out where they would like to access this service and then approaches the Health Board to commission the service at the required location or locations.
- It is reported that some service users wish to travel out of their local area to access the service.
- There are other providers of this service.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

9.6.19 In hours palliative care service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- One of the pharmacies is commissioned to provide this service.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

9.6.20 Palliative care out of hours service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- One of the pharmacies is commissioned to provide this service.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

9.6.21 Supervised consumption service

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not, however it is within close proximity of three other pharmacies.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

10 Caerphilly East locality

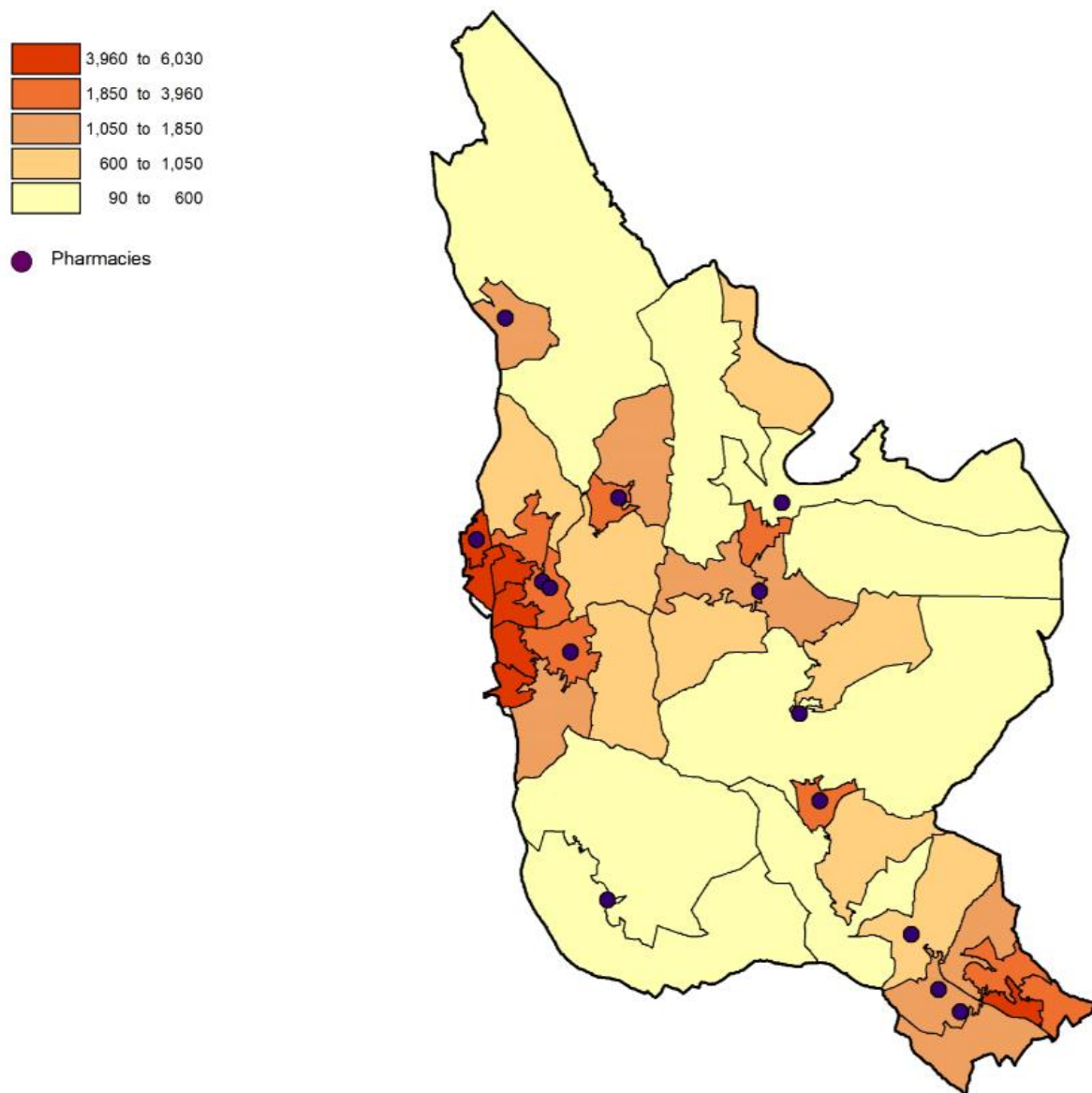
10.1 Key facts for the area of Caerphilly County Borough Council

- Few areas within Caerphilly county borough are capable of being economically self-sufficient
- 2% population increase between 2011 and 2036
- Welsh language skills are generally better in Caerphilly (11.2% can speak Welsh, 8.4% can speak, read and write in Welsh)
- Gap in healthy life expectancy between the most and least deprived areas was 13 years for males and 14.6 years for females (2017)
- Lowest percentage of one person households
- Highest proportion of unpaid carers
- Second greatest demand on the council's homeless service after Newport
- Second highest proportion of moderate drinkers after Newport, and second highest proportion of hazardous drinkers after Monmouthshire
- 21% of the population of Caerphilly smoke
- 28% are obese and 70% are overweight or obese (significantly worse than the average for Wales)
- 80% do not eat five portions of fruit and vegetables a day (significantly worse than the average for Wales)
- 33% are active for less than 30 minutes a week
- 19% drink more than guidelines recommend (weekly alcohol consumption above 14 units)
- The annual house building rate fell from 284 to 190 units per annum (2019). There are three developments in the locality:
 - Hawtin Meadows, Pontllanfraith – 263 houses. 100 plots were available as part of Phase 1 of the development and have sold. Phase 2 has now started.
 - Former Pontllanfraith House council offices site, Pontllanfraith – planning permission for up to 125 houses granted July 2020.
 - Cwrt Sirhowy, Cwm Gelli, Blackwood – planning permission for 164 houses approved in March 2021.
- 24.4% of households in the local authority's area do not have a car or van.

10.2 Current provision of pharmaceutical services within the locality's area

There are 14 pharmacies in the locality operated by nine different contractors. None of the seven GP practices dispense. As can be seen from the map below pharmacies are generally located in areas of greater population density.

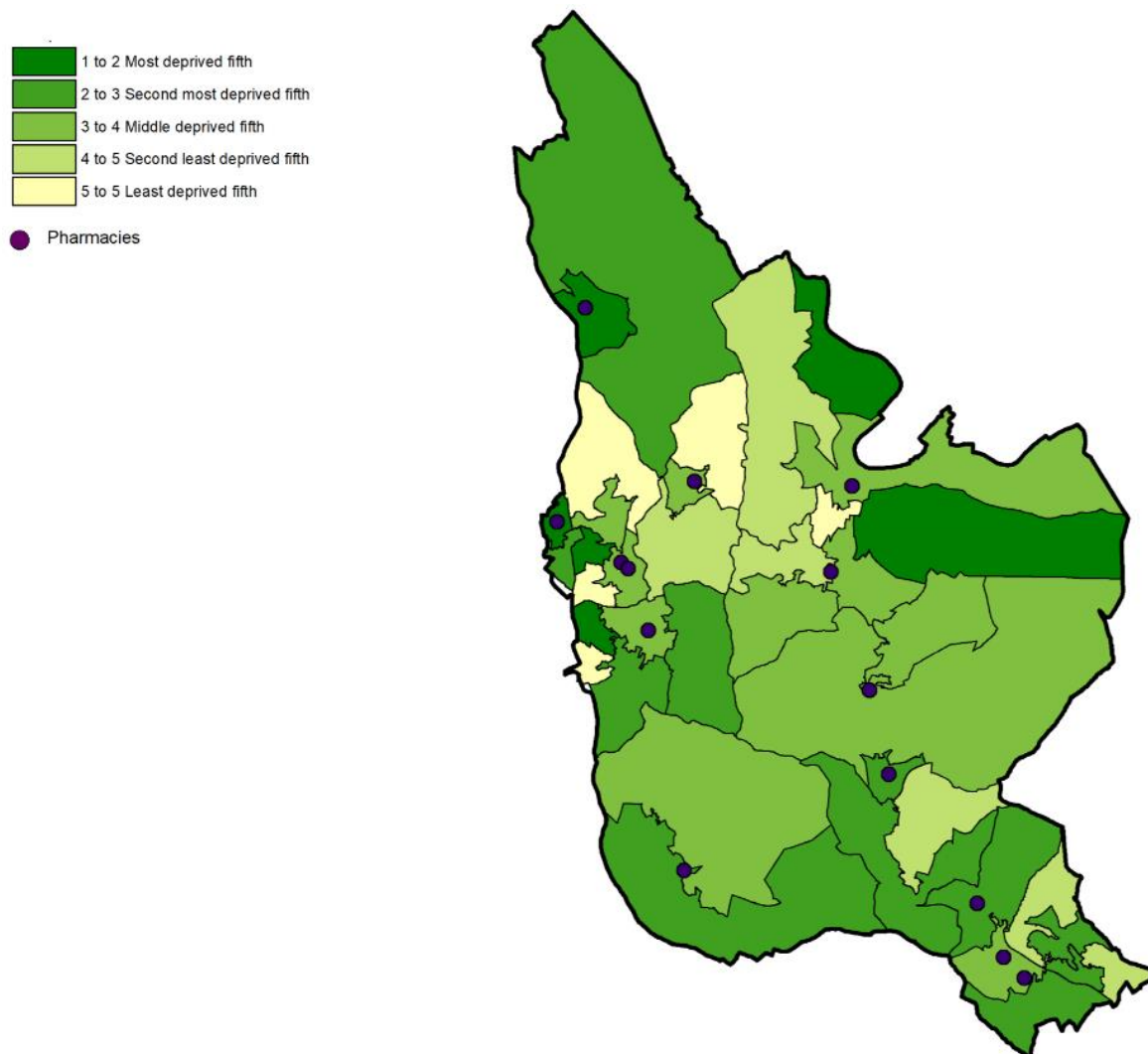
Map 30 – location of pharmacies compared to population density



© Crown Copyright Ordnance Survey Mapping License 100050829

As can be seen from the map below the pharmacies are generally located in areas of greater deprivation.

Map 31 – location of pharmacies compared to the level of deprivation

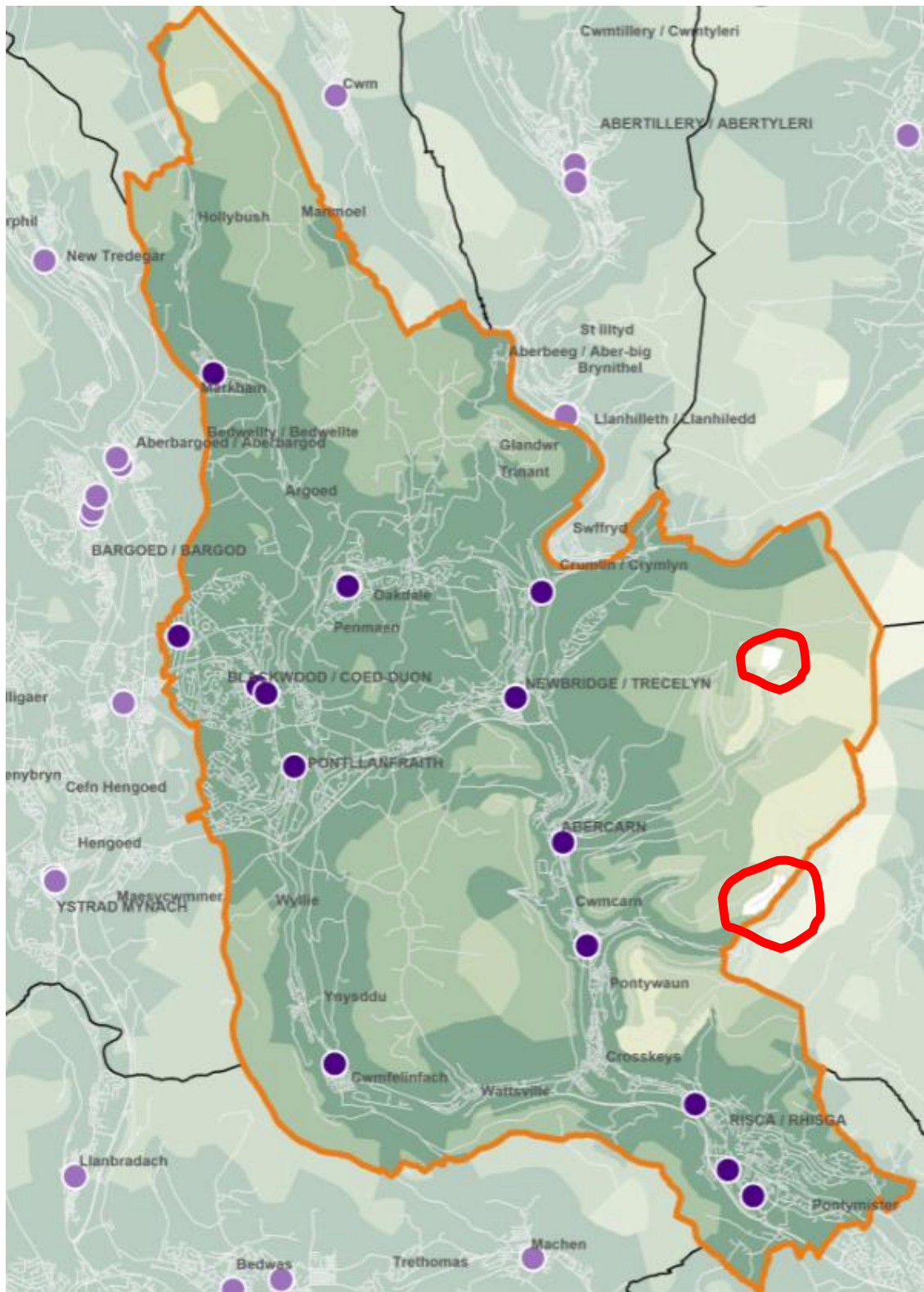


© Copyright Ordnance Survey Licence 100050829

In 2019/20, 91.7% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality. This increased to 94.1% in 2020/21.

The map below shows the drive time to a pharmacy, with the darker the green the shorter the drive.

Map 32 – access to pharmacies in the locality

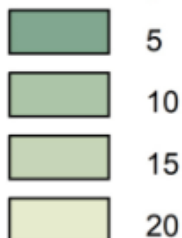


© Crown Copyright Ordnance Survey Mapping License 100050829

● Pharmacy

◆ Dispensing

Drivetime (mins)



As can be seen, there are two areas (circled in red) that are not within a 20-minute drive of a pharmacy. However Google Maps reveals that there are no houses in either of these two areas.

With regard to when the pharmacies are open:

- Five open Monday to Friday,
- Six open Monday to Friday, and part of Saturday, and
- Three open Monday to Saturday.

A Sunday rota operates so that one pharmacy in Caerphilly opens between 18.00 and 20.00, but not necessarily within this locality.

With regard to the times at which these pharmacies are open between Monday and Friday:

- All of the pharmacies open at 09.00,
- Six close at 17.30 (although one closes at 14.00 on Thursdays), seven close at 18.00 (although one closes at 13.00 on Thursdays and another at 17.30), and one closes at 18.30.

Seven pharmacies remain open all day with the others closing at lunchtime generally between 13.00 and 14.15.

On Saturday, eight pharmacies open at 09.00 and one opens at 09.30. Two of the three that are open all day close for lunch between 13.00 and 14.00, and close between 16.00 and 17.30.

The information in the rest of this section was received via the contractor questionnaire.

13 of the pharmacies are accessible by wheelchair. Currently 13 of the pharmacies have access to a consultation area, the fourteenth having lost access to a shared consultation area in March 2020 and at the time of

drafting is negotiating with the landlord for alternative space. Ten of the consultation areas are accessible by wheelchair.

The 13 consultations areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Two of the pharmacies confirmed that staff can speak Welsh, but for one pharmacy not throughout all of its opening hours. However, as 83.9% of residents had no Welsh language skills and 98.8% have English as their main language (local authority level data, Census 2011). This coupled with the availability of Language Line means that the Health Board has not identified any issues for those who wish to access services in a language other than English.

11 of the pharmacies dispense prescriptions for all types of appliances, and three just dispense prescriptions for dressings.

All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- 11 provide a free of charge delivery service on request,
- two provide a delivery service for a fee,
- two restrict the service to either those with a clinical need or mobility issues, or to the over 75s, housebound and groups with immune deficiency, and
- one only provides a delivery service to Trinant, Swfrydd, Crumlin, Newbridge, Oakdale and Abercarn.

When asked if, in their opinion, there is a requirement for an existing enhanced service which is not currently provided in the area one pharmacy stated that there is a need for a weight management service. Another stated that there is no provider of the smoking cessation level 3 service locally and that provision of flu vaccination would broaden the base in the local area.

When asked if there is a need for a service that is not currently available the following were suggested:

- weight management,
- Dossette boxes, and
- blood pressure monitoring.

Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and five said that they do not but could make adjustments. One pharmacy said that it does not and would have difficulty managing an increase in demand.

Four pharmacies have plans to develop or expand their service provision:

- One pharmacy mentioned weight management,
- One plans to undertake revalidation for the emergency hormonal contraception and smoking cessation level 3 services,
- One pharmacist is studying to be an independent prescriber and hopes to utilise that skill within their role, and
- One commented that the smoking cessation level 3 service isn't available locally and mentioned flu vaccination.

10.2.1 Medicines use review service

In 2018/19 all of the pharmacies provided this service, with nine providing the maximum number of 400. All provided the service in 2019/20, however only one provided the maximum number. At the time of writing the service has been suspended until April 2022 due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 33 – location of the pharmacies providing the medicines use review service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

10.2.2 Discharge medicines review

In 2018/19, nine of the pharmacies provided this service with none providing the maximum number of 140 reviews. Seven pharmacies provided the service in 2019/20, again with none providing the maximum number. In 2020/21, six of the pharmacies provided a total of 45 reviews.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

Map 34 – location of the pharmacies providing discharge medicines reviews in 2019/20



10.2.3 Appliance use reviews

None of the pharmacies in the locality provide this service despite ten dispensing prescriptions for all types of appliances.

10.2.4 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite ten dispensing prescriptions for all types of appliances.

10.2.5 Emergency hormonal contraception

Nine of the pharmacies provided this service in 2018/19 in 2019/20. In 2020/21 11 were commissioned to provide the service and 11 are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

Map 35 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20



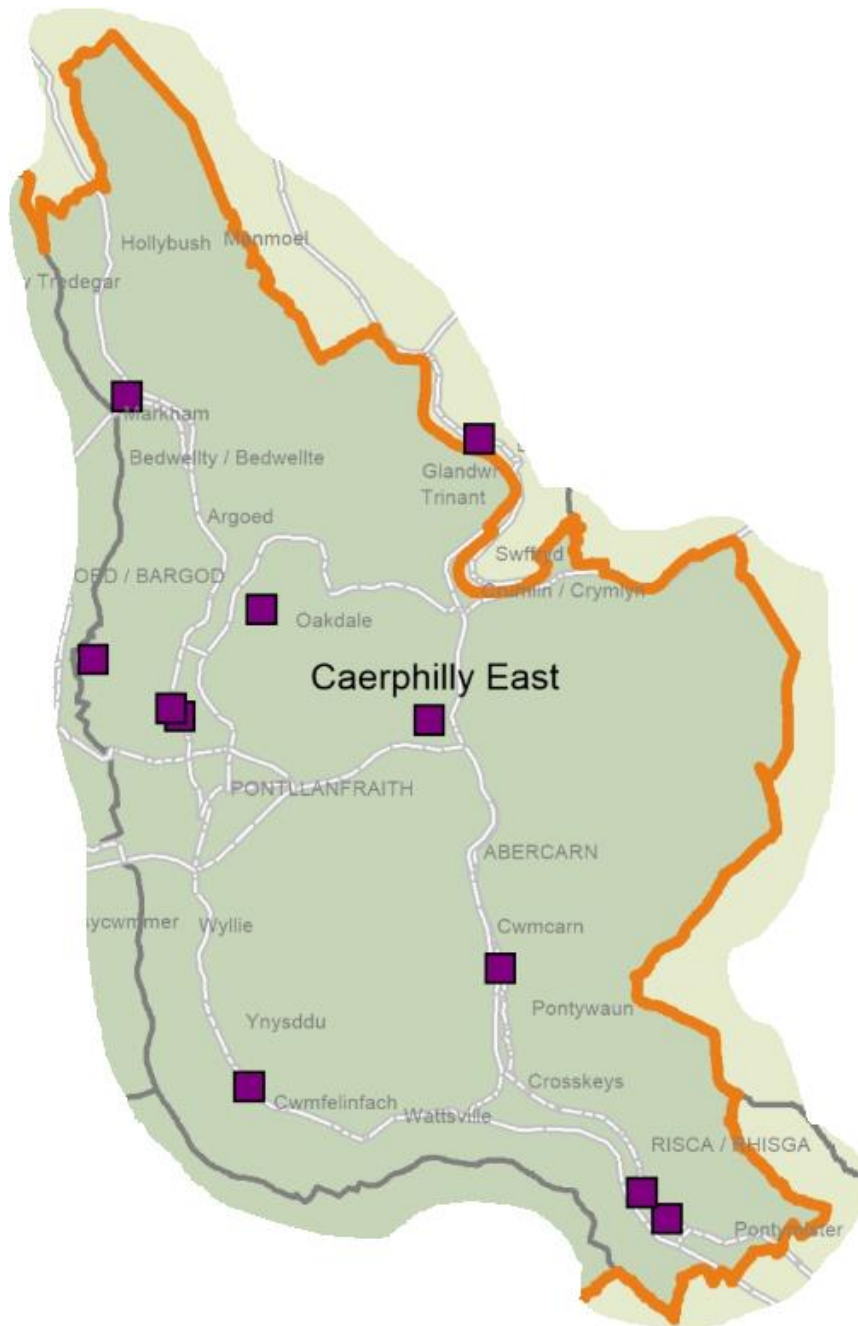
© Crown Copyright Ordnance Survey Mapping License 100050829

10.2.6 Smoking cessation service level 2

Eight of the pharmacies provided this service in 2018/19 and nine in 2019/20. In 2020/21 13 pharmacies were commissioned to provide the service and 13 are commissioned in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 36 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

10.2.7 Smoking cessation service level 3

Eight of the pharmacies provided this service in 2018/19 and nine in 2019/20. In 2020/21 eight pharmacies were commissioned to provide the service and eight are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 37 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

10.2.8 Smoking cessation level 3 patient group direction Varenicline scheme

Two pharmacies provided this service in 2018/19, increasing to three in 2019/20. In 2020/21, four pharmacies were commissioned to provide the service and four are commissioned to provide it in 2021/22.

10.2.9 Flu vaccination

12 of the pharmacies provided this service in 2018/19 and 13 in 2019/20. In 2020/21 13 pharmacies were commissioned to provide the service and gave a total of 1,264 vaccinations.

As of August 2021, eight of the pharmacies have signed up to provide this service in 2021/22, and it is anticipated that the majority of the remainder will sign up.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 38 – location of the pharmacies providing flu vaccinations in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

10.2.10 Common ailment service

Eight of the pharmacies provided this service in 2018/19 increasing to all 14 in 2019/20. In 2020/21 all of the pharmacies were commissioned to provide this service and all are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 39 – location of the pharmacies providing the common ailment service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

10.2.11 Emergency medicine supply

Four of the pharmacies provided this service in 2018/19 increasing to 11 in 2019/20. In 2020/21 all of the pharmacies were commissioned to provide the service all 14 are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

Map 40 – location of the pharmacies providing the emergency medicine supply service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

10.2.12 Care home services

Three pharmacies are commissioned to provide the level 1 service in 2021/22.

10.2.13 Directly observed therapy service for medicines compliance

One pharmacy was commissioned to provide this service in 2020/21 and one in 2021/22.

10.2.14 Low molecular weight heparin (Dalteparin) services

None of the pharmacies are commissioned to provide this service in 2021/22.

10.2.15 Independent prescriber services

One pharmacy is commissioned to provide the acute conditions service in 2021/22.

10.2.16 Medicines administration service

In 2020/21, ten pharmacies were commissioned to provide the service that involves the provision of a medicines administration record or a monitored dosage system, and four have provided it. This has increased to 12 in 2021/22.

Two pharmacies were commissioned to provide automatic pill dispensers in 2020/21 however this has fallen to one pharmacy in 2021/22.

10.2.17 Needle exchange service

One of the pharmacies was commissioned to provide this service in 2020/21 and one is commissioned to provide it in 2021/22.

10.2.18 In hours palliative care service

No pharmacy is commissioned to provide this service in 2021/22.

10.2.19 Palliative care out of hours service

One pharmacy is commissioned to provide this service in 2021/22.

10.2.20 Supervised consumption service

Nine pharmacies were commissioned to provide this service in 2020/21 increasing to ten pharmacies in 2021/22.

10.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the Health Board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2019/20 were dispensed by the thirteen pharmacies in the locality, 6.6% were dispensed outside the locality:

- 3.7% by pharmacies in Caerphilly North,
- 1.2% in Newport West
- 0.9% in Torfaen North,
- 0.2% by contractors in England and also pharmacies in Blaenau Gwent East,
- 0.1% in each of Caerphilly South, Newport East and Torfaen South, and
- 0.2% elsewhere in Wales.

In 2021/22 slightly fewer prescriptions were dispensed outside of the locality (6.1%) with the majority dispensed in Caerphilly North (3.4%), Newport West (1.1%) and Torfaen North (1.0%).

In addition residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the Health Board's area; however it is not possible to quantify this activity from the recorded data.

10.4 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments

1.7% of items prescribed by the GP practices were personally administered by the practices in 2019/20, falling slightly to 1.5% in 2020/21.

There are no known GP practice mergers or relocations planned during the lifetime of this document.

Residents will access other NHS services located in this locality or elsewhere in the Health Board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- The Alternative Primary Care Service,
- Drug and alcohol services,
- The long term conditions practitioner service, and

- Help Me Quit.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

10.5 Choice with regard to obtaining pharmaceutical services

As can be seen from the preceding sections, those living within the locality and registered with one of the seven GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed. However some choose to look outside the locality, usually to access a neighbouring pharmacy or a dispensing appliance contractor near to where they work, shop, or go for leisure or another reason.

In 2019/20 over 320 contractors dispensed items written by one of the GP practices in this locality, of which:

- 14 were located within the locality,
- 115 were located elsewhere within the Health Board's area,
- 191 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

This fell to 248 in 2020/21:

- 14 were located within the locality,
- 103 were located elsewhere within the Health Board's area,
- 129 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

10.6 Gaps in provision

10.6.1 Essential services

The Health Board has noted the following points:

- The pharmacies are spread across the locality and are generally located in areas of greater population density and higher deprivation.
- The entire locality is within a 20 minute drive time of a pharmacy with the exception of two areas, however there is no resident population in either of them.
- The population of Caerphilly County Borough Council is projected to increase by 2% between 2011 and 2036.

- There are three housing developments in the locality which will create a total of 552 houses in Blackwood and Pontllanfraith, some of which are already built.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five minute drive.

Based on the above, the Health Board has not identified any current or future needs for essential services within the locality.

10.6.2 Medicines use review service

The Health Board has noted the following points:

- Prior to the suspension of this service it was provided by all of the pharmacies.
- Nine pharmacies provided the maximum number of medicines use reviews in 2018/19. One did in 2019/20.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five minute drive.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

10.6.3 Discharge medicines review

The Health Board has noted the following points:

- The fluctuating numbers of pharmacies providing this service over the last three years. Six of the pharmacies provided this service in 2020/21.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.

- Due to the range of medicines included within the service only a small proportion of patients being discharged will be eligible to receive the service.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five-minute drive.

The Health Board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

10.6.4 Appliance use reviews

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that 11 pharmacies confirmed that they dispense prescriptions for all types of appliances. Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five-minute drive.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

10.6.5 Stoma appliance customisation

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that 11 pharmacies confirmed that they dispense prescriptions for all types of appliances. Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five-minute drive.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

10.6.6 Emergency hormonal contraception

The Health Board has noted the following points:

- 11 of the 14 pharmacies are commissioned to provide this service.
- There is a good spread of pharmacies providing the service across the locality other than in the south west corner.
- The service will also be provided by GP practices and sexual health clinics.
- There is a growing focus on long-acting reversible contraception for eligible females.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five-minute drive.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

10.6.7 Smoking cessation level 2

The Health Board has noted the following points:

- 13 of the 14 pharmacies are commissioned to provide this service providing a good spread of locations across the locality
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five-minute drive.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

10.6.8 Smoking cessation level 3

The Health Board has noted the following points:

- Eight of the 14 pharmacies are commissioned to provide this service but they are not spread evenly throughout the locality and there is a gap in the south west corner.
- There are no Help Me Quit providers in the south west corner of this locality.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five-minute drive.

Based on the above the Health Board has identified that there is a current need for a provider of this service in Cwmfelinfach.

10.6.9 Smoking cessation level 3 patient group direction

The Health Board has noted the following points:

- Four pharmacies are commissioned to provide this service as part of the smoking cessation level 3 service.
- GP practices are able to prescribe Varenicline therefore residents of the locality are able to access the service that way as opposed to under this service. However, pharmacies are the only provider of a one to one motivational support and pharmacotherapy service via the level 3 smoking cessation service.
- This is a relatively new service and therefore pharmacies may not yet have come forward to provide it.
- With effect from June 2021, the distribution of Champix® (Varenicline) has been paused by Pfizer, the sole supplier of the product. It is currently unknown when supplies will become available.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five-minute drive.

As Varenicline is currently unavailable the Health Board will work with those pharmacies that have not signed up to provide the service to understand why they haven't.

Based on the above the Health Board has identified that there is a need for those pharmacies that provide the level 3 service to also provide this service no later than 12 months after the product becomes available. There is also a need for the service to be provided in Cwmfelinfach no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes available, there will be a future need for this service to be provided at nine locations spread evenly throughout the locality, in areas of greater population density.

10.6.10 Flu vaccination

The Health Board has noted the following points:

- 13 of the 14 pharmacies were commissioned to provide this service in 2020/21. As of August 2021, eight of the pharmacies have signed up to provide this service in 2021/22, and it is anticipated that the majority of the remainder will sign up. There are a number of other providers of the service within close proximity of the one pharmacy that did not provide the service in 2020/21.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five-minute drive.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

10.6.11 Common ailment service

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- One of the aims of the service is to reduce demand for GP appointments and it would therefore be beneficial if more people accessed the service.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five-minute drive.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

10.6.12 Emergency medicine supply

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five-minute drive.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

10.6.13 Care home services

The Health Board has noted the following points:

- Three of the pharmacies are commissioned to provide the level 1 service.
- It is up to the care home to choose which, if any, pharmacy it wishes to work with in relation to medicines.
- Care homes will have chosen to work with out of area providers.
- The service is currently under review due to the low take-up.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five-minute drive.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

10.6.14 Directly observed therapy service for medicines compliance

The Health Board has noted the following points:

- This service is commissioned on an "as required" basis based on patients being prescribed a medicine that requires observation.
- One pharmacy is currently commissioned to provide this service.
- When it has needed to be commissioned in the past the Health Board has had no difficulty in finding a pharmacy that is willing to provide the service.

- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five-minute drive.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

10.6.15 Low molecular weight heparin (Dalteparin) services

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patient need. It has rarely been needed since its inception.
- None of the pharmacies are currently commissioned to provide this service as there is no need to do so.
- The service is commissioned on a Gwent-wide basis and is provided by seven pharmacies across the Health Board’s area.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five-minute drive.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

10.6.16 Independent prescriber services

The Health Board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- One of the pharmacies is currently commissioned to provide the acute conditions service, although two pharmacists are undertaking the training.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five-minute drive.

In line with Pharmacy: Delivering a Healthier Wales, the Health Board would like to see all of the current pharmacies with an independent

prescriber. However it has not identified any current or future needs for this service within the locality.

10.6.17 Medicines administration services

The Health Board has noted the following points:

- Demand for these services is driven by the social care sector.
- 12 pharmacies are commissioned to provide medicines administration records or monitored dosage systems and one to provide automatic pill dispensers.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five-minute drive.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

10.6.18 Needle exchange service

The Health Board has noted the following points:

- One of the pharmacies is commissioned to provide this service.
- The Gwent Area Planning Board engages with service users to find out where they would like to access this service and then approaches the Health Board to commission the service at the required location or locations.
- It is reported that some service users wish to travel out of their local area to access the service.
- There are other providers of this service.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five-minute drive.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

10.6.19 In hours palliative care service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- None of the pharmacies are commissioned to provide this service.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five-minute drive.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

10.6.20 Palliative care out of hours service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- One of the pharmacies is commissioned to provide this service.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five-minute drive.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

10.6.21 Supervised consumption service

The Health Board has noted the following points:

- Ten of the pharmacies are commissioned to provide this service providing a good spread of locations across the locality.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, five said they did not but could make adjustments, and one pharmacy said it would have difficulty managing an increase in demand. In relation to the latter there are two other pharmacies within a five-minute drive.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

11 Caerphilly North locality

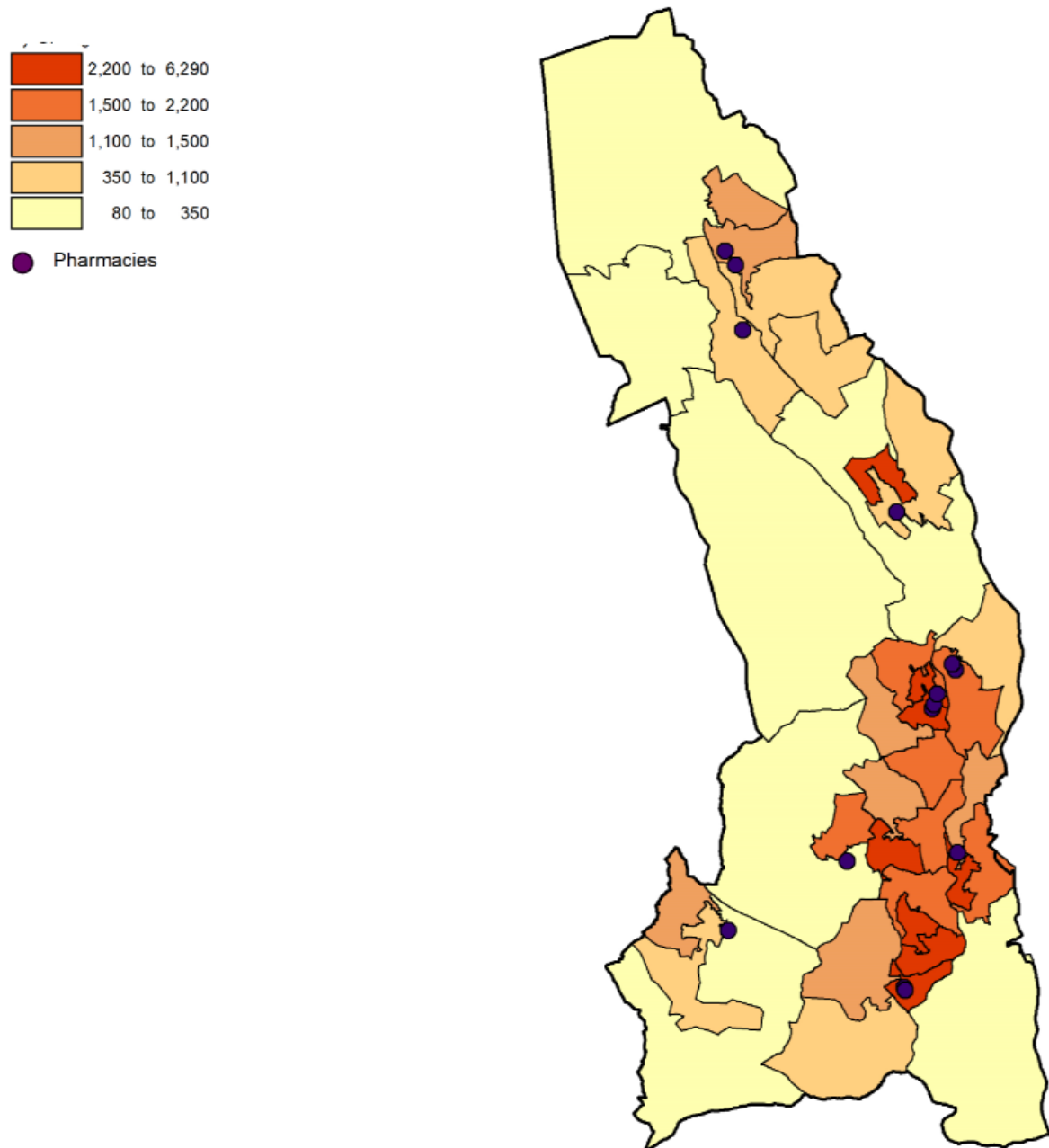
11.1 Key facts for the area of Caerphilly County Borough Council

- Few areas within Caerphilly County Borough are capable of being economically self-sufficient
- 2% population increase between 2011 and 2036
- Welsh language skills are generally better in Caerphilly (11.2% can speak Welsh, 8.4% can speak, read and write in Welsh)
- Gap in healthy life expectancy between the most and least deprived areas was 13 years for males and 14.6 years for females (2017)
- Lowest percentage of one person households
- Highest proportion of unpaid carers
- Second greatest demand on the council's homeless service after Newport
- Second highest proportion of moderate drinkers after Newport, and second highest proportion of hazardous drinkers after Monmouthshire
- 21% of the population of Caerphilly smoke
- 28% are obese and 70% are overweight or obese (significantly worse than the average for Wales)
- 80% do not eat five portions of fruit and vegetables a day (significantly worse than the average for Wales)
- 33% are active for less than 30 minutes a week
- 19% drink more than guidelines recommend (weekly alcohol consumption above 14 units)
- The annual house building rate fell from 284 to 190 units per annum (2019)
- 24.4% of households in the local authority's area do not have a car or van.

11.2 Current provision of pharmaceutical services within the locality's area

There are 15 pharmacies in the locality (one having recently closed) operated by ten different contractors. None of the eight GP practices dispense. As can be seen from the map below the pharmacies are generally located in areas of greater population density.

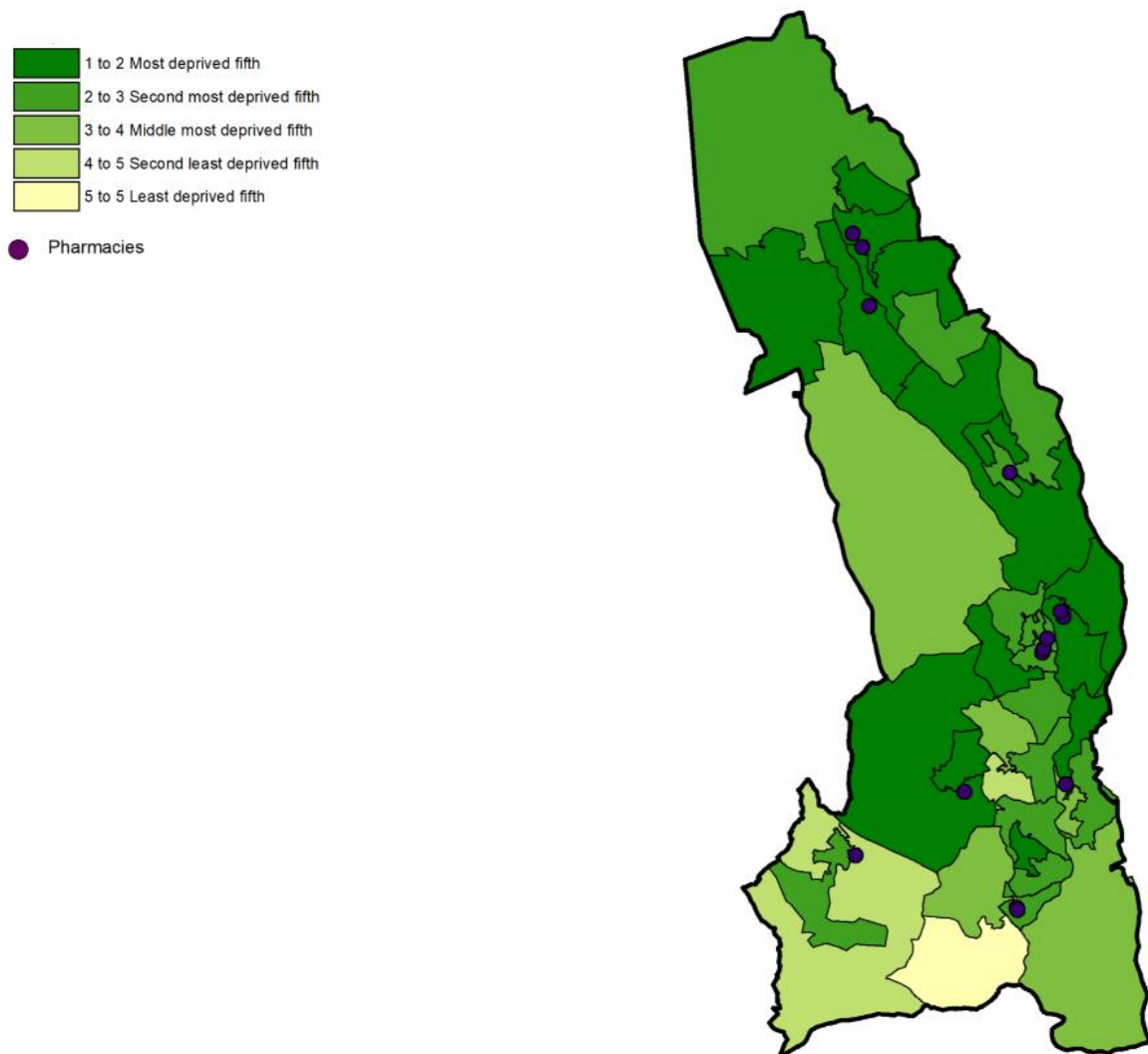
Map 41 – location of pharmacies compared to population density



© Crown Copyright Ordnance Survey Mapping License 100050829

As can be seen from the map below the pharmacies are located in areas of greater deprivation.

Map 42 – location of pharmacies compared to the level of deprivation

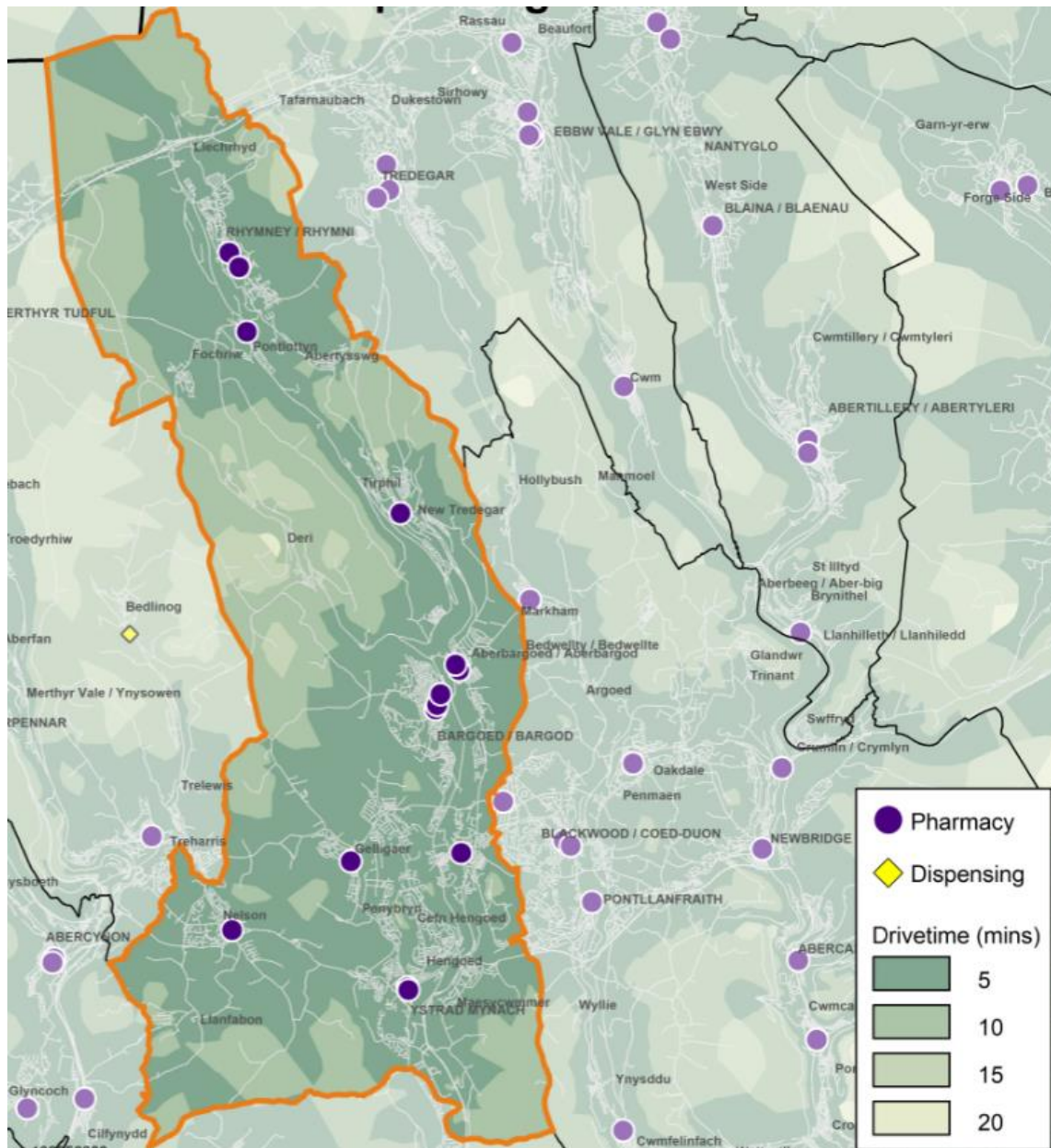


© Copyright Ordnance Survey Licence 100050829

In 2019/20, 90.8% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality. This increased to 94.3% in 2020/21.

The map below shows the drive time to a pharmacy, with the darker the green the shorter the drive. As can be seen, the entire locality is within a 20-minute drive of a pharmacy.

Map 43 – access to pharmacies in the locality



© Crown Copyright Ordnance Survey Mapping License 100050829

With regard to when the pharmacies are open:

- Three open Monday to Friday, and
- 11 open Monday to Friday, and part of Saturday, and
- One opens Monday to Saturday.

A Sunday rota operates so that one pharmacy in Caerphilly opens between 18.00 and 20.00, but not necessarily within this locality.

With regard to the times at which these pharmacies are open between Monday and Friday:

- One opens at 08.45 with the remainder opening at 09.00,
- Six close at 17.30, seven close at 18.00 (although two of these close at 17.00 on Tuesdays and Thursdays) and two close at 18.30.

Seven pharmacies remain open all day, the others close at lunchtime generally between 13.00 and 14.00.

On Saturday, 11 of the pharmacies that are open do so at 09.00 with one opening at 09.30. None close for lunch. The pharmacy that is open all day closes at 17.30.

The information in the rest of this section was received via the contractor questionnaire.

13 of the pharmacies are accessible by wheelchair and 11 have a consultation area that is accessible by wheelchair. All the consultations areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Two of the pharmacies confirmed that they have staff who speak Welsh, and one who can speak Gujarati. However, as 83.9% of residents have no Welsh language skills and 98.8% have English as their main language (local authority level data, Census 2011). This coupled with the availability of Language Line means that the Health Board has not identified any issues for those who wish to access services in a language other than English.

12 of the pharmacies dispense prescriptions for all types of appliances, and one dispenses all appliances other than stoma appliances.

All the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- 12 provide a free of charge delivery service on request,
- one provides a delivery service for a fee, and
- three deliver to patients who are enabled/disabled, and one delivers to those who have a clinical need or mobility issues.

Two of the pharmacies were of the opinion that there is a requirement for an enhanced service which is not currently already being provided. These are:

- a remunerated delivery service, and
- a return of patient sharps boxes.

One pharmacy suggested that a syringe and needle exchange service would be appreciated.

13 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and one doesn't at the moment but could make adjustments to manage an increase in demand. One pharmacy said that it doesn't have sufficient capacity and would have difficulty managing an increase in demand.

Six pharmacies have plans to develop or expand their service provision:

- an independent prescriber in training,
- shop and dispensary refit currently in planning phase and is hoping this will happen early 2021. It is also aiming to be accredited for and providing being smoking cessation level 3 early in 2021,
- completed a refit in October 2020, increasing the size of the dispensary to help with capacity and social distancing. They have applied for a grant to help fund the installation of a 24/7 medicines collection point,
- looking to add an independent prescriber qualification to the pharmacy in 2021,
- independent service to be commissioned once training is completed, and
- plans for a new building in 2021

11.2.1 Medicines use review service

In 2018/19, 14 of the pharmacies provided this service, with eight providing the maximum number of 400. 16 pharmacies provided the service in 2019/20, with three providing the maximum number. At the time of writing the service has been suspended until April 2022 due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 44 – location of the pharmacies providing the medicines use review service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

11.2.2 Discharge medicines review

In 2018/19, ten of the pharmacies provided this service with none providing the maximum number of 140 reviews. Ten pharmacies provided the service in 2019/20, again with none providing the maximum number. In 2020/21, 12 of the pharmacies provided a total of 308 reviews.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

Map 45 – location of the pharmacies providing discharge medicines reviews in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

11.2.3 Appliance use reviews

None of the pharmacies in the locality provide this service despite 12 dispensing prescriptions for all types of appliances.

11.2.4 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite 12 dispensing prescriptions for all types of appliances.

11.2.5 Emergency hormonal contraception

13 of the pharmacies provided this service in 2018/19 and 12 in 2019/20. In 2020/21, 12 were commissioned to provide the service, increasing to all 15 in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

Map 46 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20



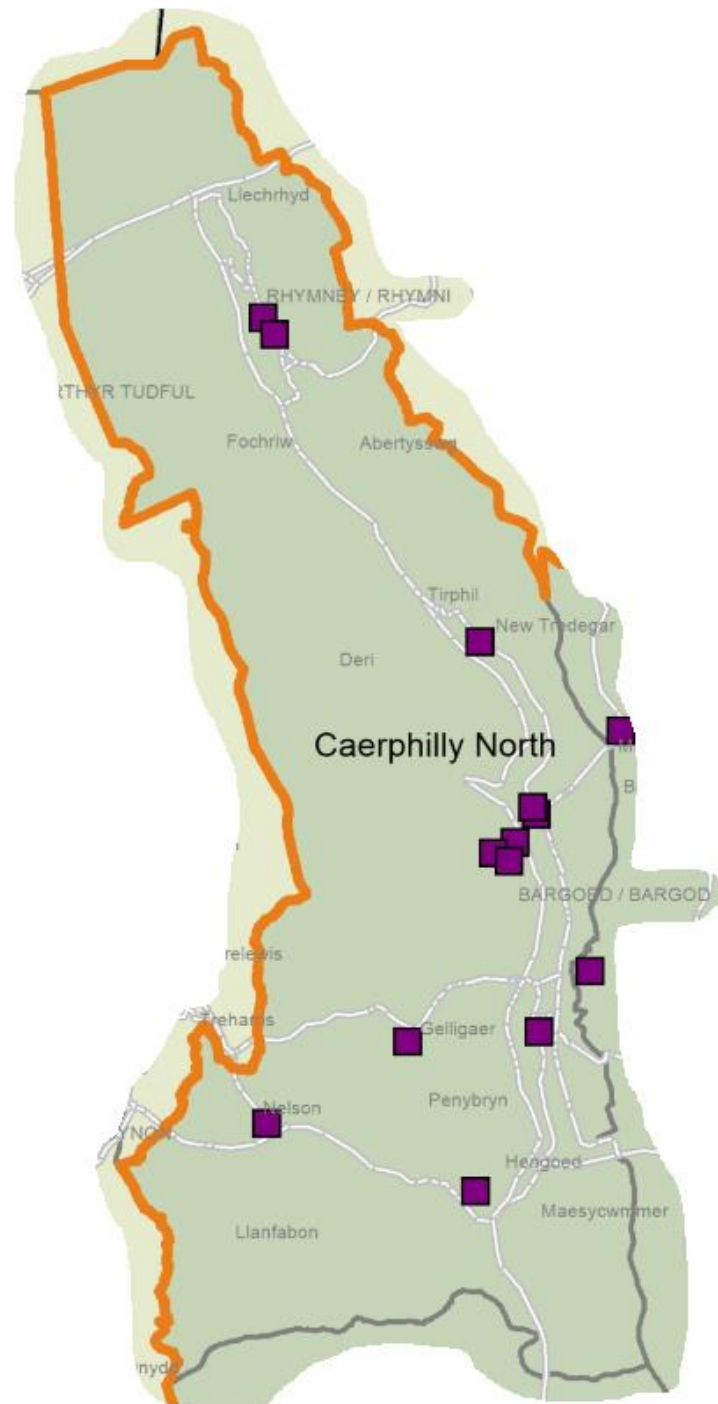
© Crown Copyright Ordnance Survey Mapping License 100050829

11.2.6 Smoking cessation service level 2

11 of the pharmacies provided this service in 2018/19 and 13 in 2019/20. In 2020/21, 15 pharmacies were commissioned to provide the service and all 15 are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 47 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

11.2.7 Smoking cessation service level 3

Nine of the pharmacies provided this service in 2018/19 and 11 in 2019/20. In 2020/21, 12 pharmacies were commissioned to provide the service and 12 are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 48 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

11.2.8 Smoking cessation level 3 patient group direction Varenicline scheme

Two pharmacies provided this service in 2018/19, increasing to three in 2019/20. In 2020/21, six pharmacies were commissioned to provide the service and six are commissioned to provide it in 2021/22.

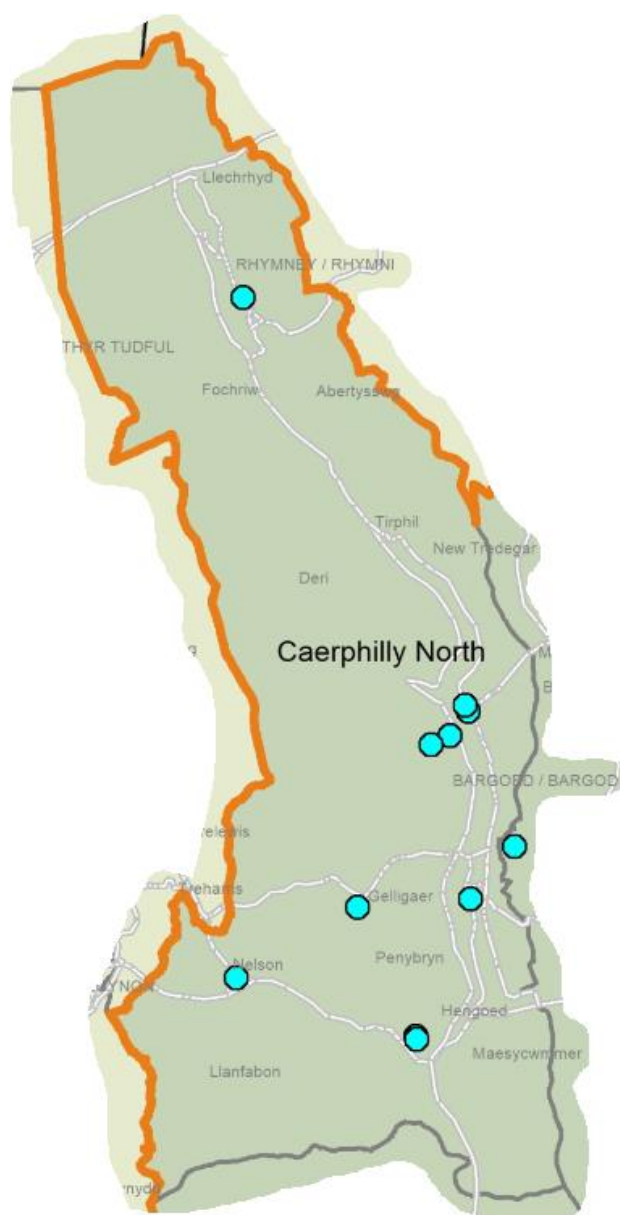
11.2.9 Flu vaccination

Nine pharmacies provided this service in 2018/19 and ten in 2019/20. In 2020/21, 13 pharmacies were commissioned to provide the service and gave a total of 2,213 vaccinations.

As of August 2021, ten of the pharmacies have signed up to provide this service in 2021/22, and it is anticipated that the majority of the remainder will sign up.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 49 – location of the pharmacies providing flu vaccinations in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

11.2.10 Common ailment service

11 of the pharmacies provided this service in 2018/19 increasing to 15 in 2019/20. In 2020/21, all of the pharmacies were commissioned to provide the service and all 15 are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 50 – location of the pharmacies providing the common ailment service in 2019/20



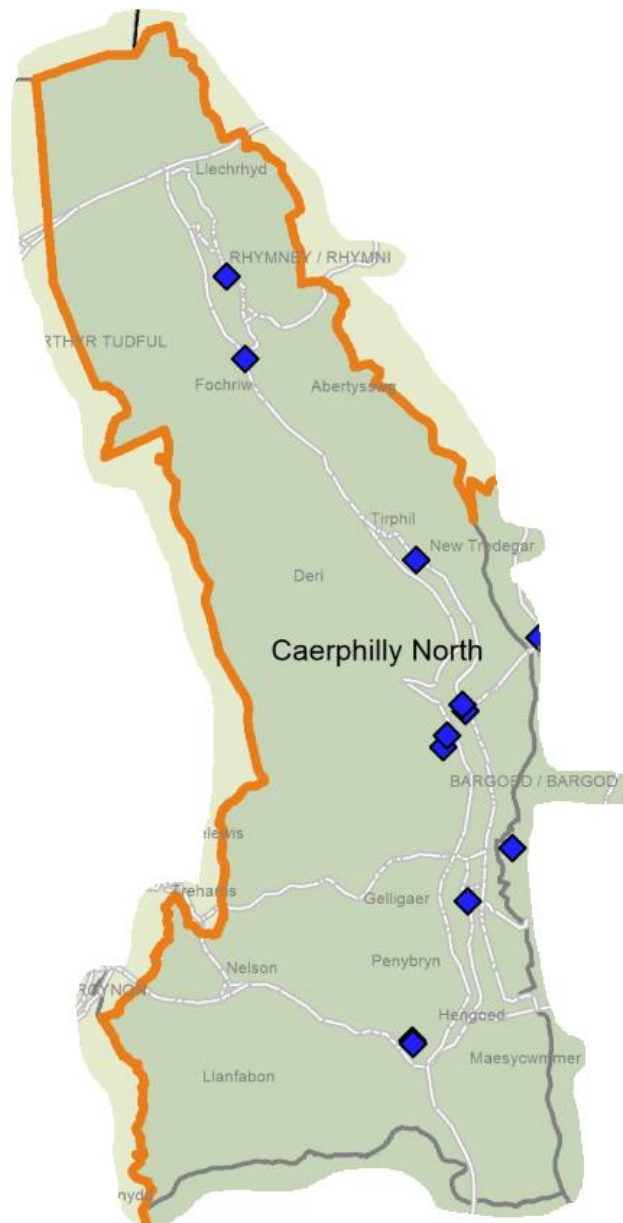
© Crown Copyright Ordnance Survey Mapping License 100050829

11.2.11 Emergency medicine supply

One pharmacy provided this service in 2018/19 increasing to 11 in 2019/20. In 2020/21, all of the pharmacies were commissioned to provide the service and all are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

Map 51 – location of the pharmacies providing the emergency medicine supply service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

11.2.12 Care home services

Four pharmacies are commissioned to provide the level 1 service in 2021/22.

11.2.13 Directly observed therapy service for medicines compliance

In 2020/21, one pharmacy was commissioned to provide this service, and one is commissioned to provide it in 2021/22.

11.2.14 Low molecular weight heparin (Dalteparin) services

None of the pharmacies are commissioned to provide this service in 2021/22.

11.2.15 Independent prescriber services

Three pharmacies are commissioned to provide the acute conditions service in 2021/22.

11.2.16 Medicines administration service

In 2020/21, 14 pharmacies were commissioned to provide the service that involves the provision of a medicines administration record or a monitored dosage system, increasing to all 15 in 2021/22.

Three pharmacies were commissioned to provide automatic pill dispensers in 2020/21 increasing to four in 2021/22.

11.2.17 Needle exchange service

In 2020/21, four of the pharmacies were commissioned to provide this service and four are commissioned to provide it in 2021/22.

11.2.18 In hours palliative care hours service

None of the pharmacies are commissioned to provide this service in 2021/22.

11.2.19 Palliative care out of hours service

None of the pharmacies are commissioned to provide this service in 2021/22.

11.2.20 Supervised consumption service

Thirteen pharmacies were commissioned to provide this service in 2020/21 and 13 are commissioned to provide it in 2021/22.

11.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the Health Board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2019/20 were dispensed by the pharmacies in the locality, 8.2% were dispensed outside the locality:

- 3.9% dispensed in Caerphilly East
- 2.2% in Cwm Taf Morgannwg University Health Board's area,
- 0.8% in Torfaen North,
- 0.5% in Caerphilly South,
- 0.3% by contractors in England,
- 0.2% by pharmacies in Blaenau Gwent West,
- 0.1% in Cardiff and Vale University Health Board's area, and
- 0.2% was dispensed elsewhere in Wales.

In 2020/21 this fell slightly to 7.8%, of which the majority were dispensed in Caerphilly East (4.1%) and Cwm Taf Morgannwg University Health Board's area (1.9%).

In addition residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the Health Board's area; however it is not possible to quantify this activity from the recorded data.

11.4 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments

1.0% of items prescribed by the GP practices was personally administered by the practices in 2019/20, increasing slightly to 1.1% in 2020/21.

Residents will access other NHS services located in this locality or elsewhere in the Health Board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- The Alternative Primary Care Service,
- Drug and alcohol services,
- The long term conditions practitioner service, and
- Help Me Quit.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

11.5 Choice with regard to obtaining pharmaceutical services

As can be seen from the preceding sections, those living within the locality and registered with one of the eight GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed. However some choose to look outside the locality, usually to access a neighbouring pharmacy or a dispensing appliance contractor near to where they work, shop, or go for leisure or another reason.

In 2019/20 over 320 contractors dispensed items written by one of the GP practices in this locality, of which:

- 15 were located within the locality,
- 100 were located elsewhere within the Health Board's area,
- 208 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

This fell to 251 in 2020/21:

- 15 were located within the locality,
- 84 were located elsewhere within the Health Board's area,
- 151 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

11.6 Gaps in provision

11.6.1 Essential services

The Health Board has noted the following points:

- The pharmacies are spread across the locality and are generally located in areas of greater population density and higher deprivation.
- The entire locality is within a 20-minute drive time of a pharmacy.
- The population of Caerphilly County Borough Council is projected to increase by 2% between 2011 and 2036.
- There are no known housing developments.
- 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand, however

it is within close proximity to another pharmacy that does have sufficient capacity.

Based on the above, the Health Board has not identified any current or future needs for essential services within the locality.

11.6.2 Medicines use review service

The Health Board has noted the following points:

- Prior to the suspension of this service it was provided by all of the pharmacies.
- Eight pharmacies provided the maximum number of medicines use reviews in 2018/19. Three did in 2019/20.
- 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that does not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand, however it is within close proximity to another pharmacy that does have sufficient capacity.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

11.6.3 Discharge medicines review

The Health Board has noted the following points:

- 12 of the 15 pharmacies provided this service in 2020/21.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- Due to the range of medicines included within the service only a small proportion of patients being discharged will be eligible to receive the service.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an

increase in demand for the services they provide. One said that does not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand, however it is within close proximity to another pharmacy that does have sufficient capacity.

The Health Board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

11.6.4 Appliance use reviews

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that 12 of the pharmacies confirmed that they dispense prescriptions for all types of appliances and one dispenses all appliances other than stoma appliances. 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that does not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand, however it is within close proximity to another pharmacy that does have sufficient capacity.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

11.6.5 Stoma appliance customisation

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that 12 of the pharmacies confirmed that they dispense prescriptions for all types of appliances. 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that does not but could make

adjustments and one said it does not and would have difficulty in managing an increase in demand, however it is within close proximity to another pharmacy that does have sufficient capacity.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

11.6.6 Emergency hormonal contraception

The Health Board has noted the following points:

- All the 15 pharmacies are commissioned to provide this service.
- There is a good spread of pharmacies providing the service across the locality.
- The service will also be provided by GP practices and sexual health clinics.
- There is a growing focus on long-acting reversible contraception for eligible females.
- 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that does not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand, however it is within close proximity to another pharmacy that does have sufficient capacity.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

11.6.7 Smoking cessation level 2

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that does not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand, however it is within close proximity to another pharmacy that does have sufficient capacity.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

11.6.8 Smoking cessation level 3

The Health Board has noted the following points:

- 12 of the 15 pharmacies are commissioned to provide this service in 2020/21.
- There is a good spread of pharmacies providing the service across the locality.
- 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that does not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand, however it is within close proximity to another pharmacy that does have sufficient capacity.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

11.6.9 Smoking cessation level 3 patient group direction

The Health Board has noted the following points:

- Six pharmacies are commissioned to provide this service as part of the smoking cessation level 3 service.
- GP practices are able to prescribe Varenicline therefore residents of the locality are able to access the service that way as opposed to under this service. However, pharmacies are the only provider of a one to one motivational support and pharmacotherapy service via the level 3 smoking cessation service.
- This is a relatively new service and therefore pharmacies may not yet have come forward to provide it.
- With effect from June 2021, the distribution of Champix® (Varenicline) has been paused by Pfizer, the sole supplier of the product. It is currently unknown when supplies will become available.
- 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that does not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand, however it is within close proximity to another pharmacy that does have sufficient capacity.

As Varenicline is currently unavailable the Health Board will work with those pharmacies that have not signed up to provide the service to understand why they haven't.

Based on the above the Health Board has identified that there is a need for those pharmacies that provide the level 3 service to also provide this service no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes

available, there will be a future need for this service to be provided at 12 locations spread evenly throughout the locality, in areas of greater population density.

11.6.10 Flu vaccination

The Health Board has noted the following points:

- 13 of the 15 pharmacies were commissioned to provide this service in 2020/21. As of August 2021, ten of the pharmacies have signed up to provide this service in 2021/22, and it is anticipated that the majority of the remainder will sign up. There are other providers of the service within close proximity to the two pharmacies that did not provide the service in 2020/21.
- 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that does not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand, however it is within close proximity to another pharmacy that does have sufficient capacity.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

11.6.11 Common ailment service

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- One of the aims of the service is to reduce demand for GP appointments and it would therefore be beneficial if more people accessed the service.
- 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that does not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand, however it is within close proximity to another pharmacy that does have sufficient capacity.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

11.6.12 Emergency medicine supply

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that does not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand, however it is within close proximity to another pharmacy that does have sufficient capacity.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

11.6.13 Care home services

The Health Board has noted the following points:

- Four pharmacies are commissioned to provide the level 1 service.
- It is up to the care home to choose which, if any, pharmacy it wishes to work with in relation to medicines.
- Care homes will have chosen to work with out of area providers.
- The service is currently under review due to the low take-up.
- 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that does not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand, however it is within close proximity to another pharmacy that does have sufficient capacity.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

11.6.14 Directly observed therapy service for medicines compliance

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patients being prescribed a medicine that requires observation.
- One pharmacy is currently commissioned to provide it to meet a current need for the service.
- When it has needed to be commissioned in the past the Health Board has had no difficulty in finding a pharmacy that is willing to provide the service.
- 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that does not but could make adjustments and one said it does not and

would have difficulty in managing an increase in demand, however it is within close proximity to another pharmacy that does have sufficient capacity.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

11.6.15 Low molecular weight heparin (Dalteparin) services

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patient need. It has rarely been needed since its inception.
- None of the pharmacies are currently commissioned to provide the service.
- The service is commissioned on a Gwent-wide basis and is provided by seven pharmacies across the Health Board’s area.
- 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that does not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand, however it is within close proximity to another pharmacy that does have sufficient capacity.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

11.6.16 Independent prescriber services

The Health Board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- Three of the pharmacies are currently commissioned to provide the acute conditions service, and more pharmacists are undertaking the training.
- 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that does not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand, however it is within close proximity to another pharmacy that does have sufficient capacity.

In line with Pharmacy: Delivering a Healthier Wales, the Health Board would like to see all of the current pharmacies with an independent

prescriber. However it has not identified any current or future needs for this service within the locality.

11.6.17 Medicines administration services

The Health Board has noted the following points:

- Demand for these services is driven by the social care sector.
- All of the pharmacies are commissioned to provide medicines administration records or monitored dosage systems and four to provide automatic pill dispensers.
- 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that does not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand, however it is within close proximity to another pharmacy that does have sufficient capacity.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

11.6.18 Needle exchange service

The Health Board has noted the following points:

- Four of the pharmacies are commissioned to provide this service.
- The Gwent Area Planning Board engages with service users to find out where they would like to access this service and then approaches the Health Board to commission the service at the required location or locations.
- It is reported that some service users wish to travel out of their local area to access the service.
- There are other providers of this service.
- 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that does not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand, however it is within close proximity to another pharmacy that does have sufficient capacity.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

11.6.19 In hours palliative care service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- None of the pharmacies are commissioned to provide this service.
- 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that does not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand, however it is within close proximity to another pharmacy that does have sufficient capacity.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

11.6.20 Palliative care out of hours service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- None of the pharmacies are commissioned to provide this service.
- 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that does not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand, however it is within close proximity to another pharmacy that does have sufficient capacity.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

11.6.21 Supervised consumption service

The Health Board has noted the following points:

- 13 of the 15 pharmacies are commissioned to provide this service and there are pharmacies providing the service within close proximity to the two that do not provide the service.
- 13 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that does not but could make adjustments and one said it does not and would have difficulty in managing an increase in demand, however

it is within close proximity to another pharmacy that does have sufficient capacity.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

12 Caerphilly South locality

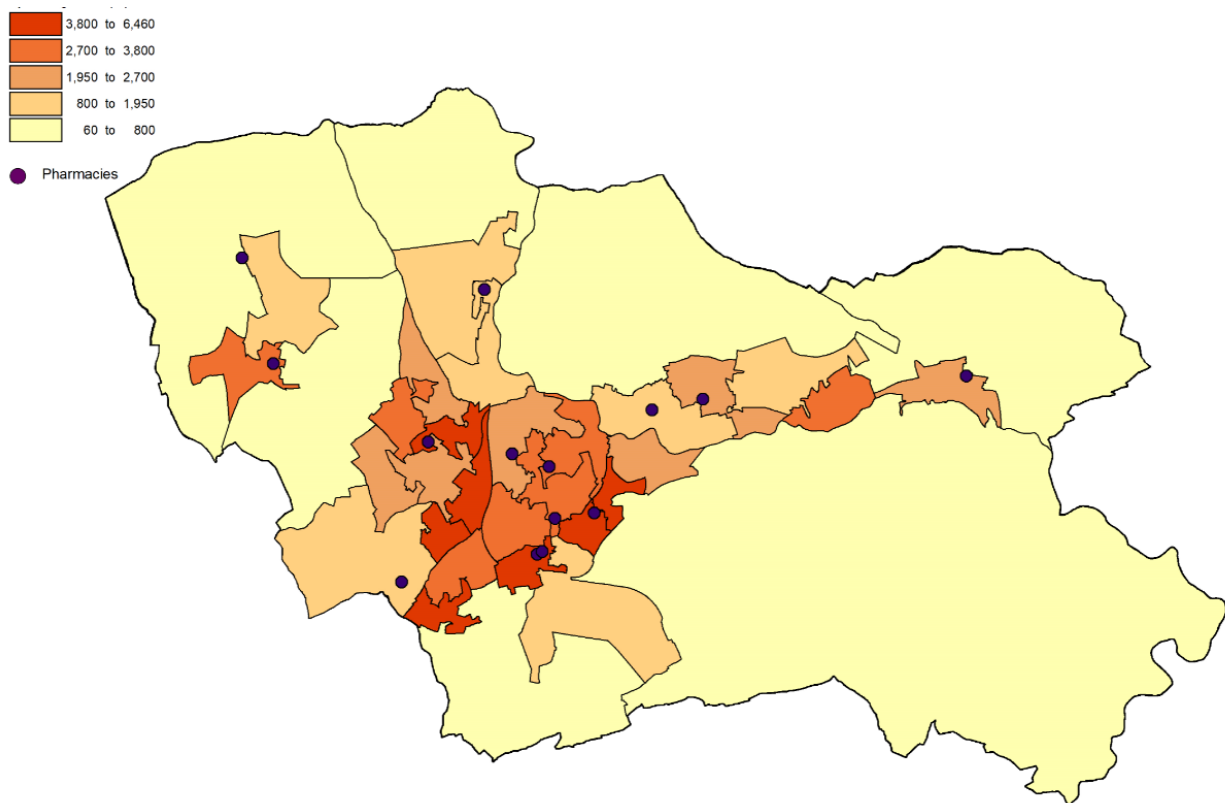
12.1 Key facts for the area of Caerphilly County Borough Council

- Few areas within Caerphilly County Borough are capable of being economically self-sufficient
- 2% population increase between 2011 and 2036
- Welsh language skills are generally better in Caerphilly (11.2% can speak Welsh, 8.4% can speak, read and write in Welsh)
- Gap in healthy life expectancy between the most and least deprived areas was 13 years for males and 14.6 years for females (2017)
- Lowest percentage of one person households
- Highest proportion of unpaid carers
- Second greatest demand on the council's homeless service after Newport
- Second highest proportion of moderate drinkers after Newport, and second highest proportion of hazardous drinkers after Monmouthshire
- 19% drink more than guidelines recommend (weekly alcohol consumption above 14 units)
- 21% of the population of Caerphilly smoke
- 28% are obese and 70% are overweight or obese (significantly worse than the average for Wales)
- 80% do not eat five portions of fruit and vegetables a day (significantly worse than the average for Wales)
- 33% are active for less than 30 minutes a week
- The annual house building rate fell from 284 to 190 units per annum (2019)
- 24.4% of households in the local authority's area do not have a car or van.

12.2 Current provision of pharmaceutical services within the locality's area

There are 14 pharmacies in the locality operated by 11 different contractors. None of the six GP practices dispense. As can be seen from the map below the pharmacies are generally located in areas of greater population density.

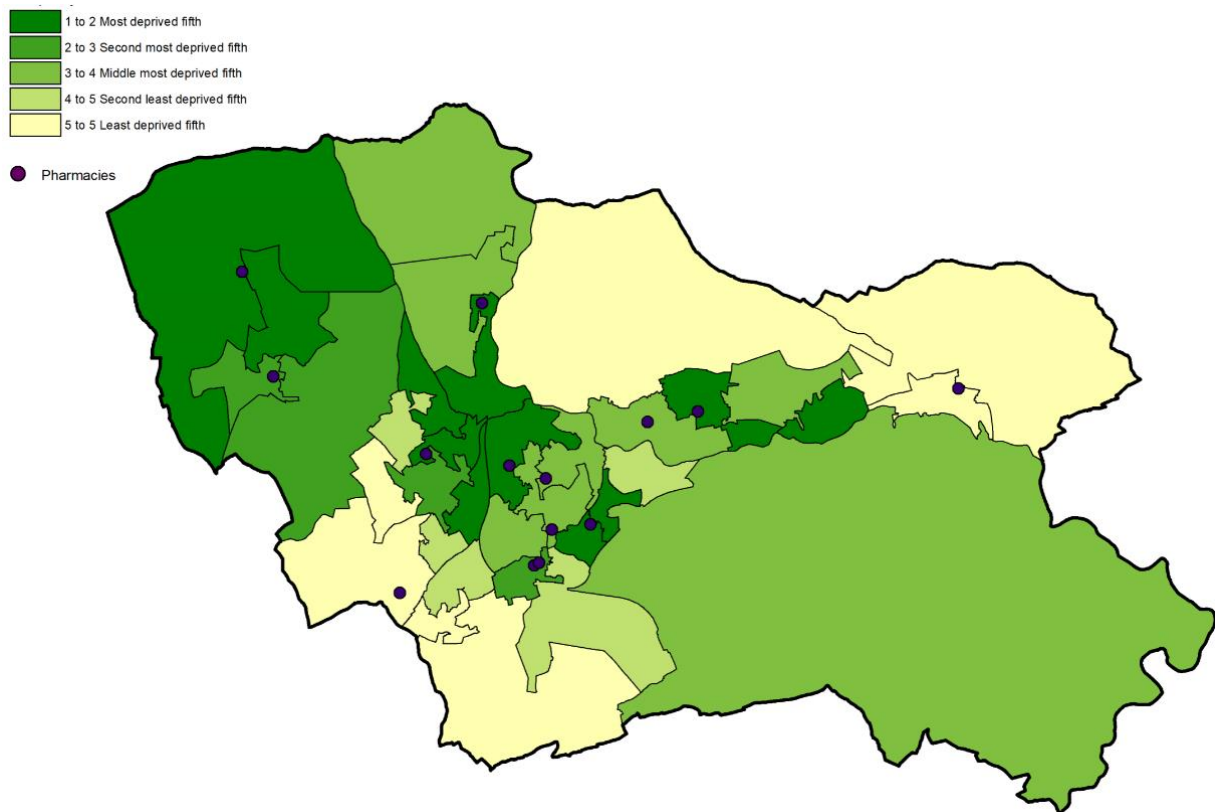
Map 52 – location of pharmacies compared to population density



© Crown Copyright Ordnance Survey Mapping License 100050829

As can be seen from the map below the pharmacies are generally located in areas of greater deprivation.

Map 53 – location of pharmacies compared to the level of deprivation

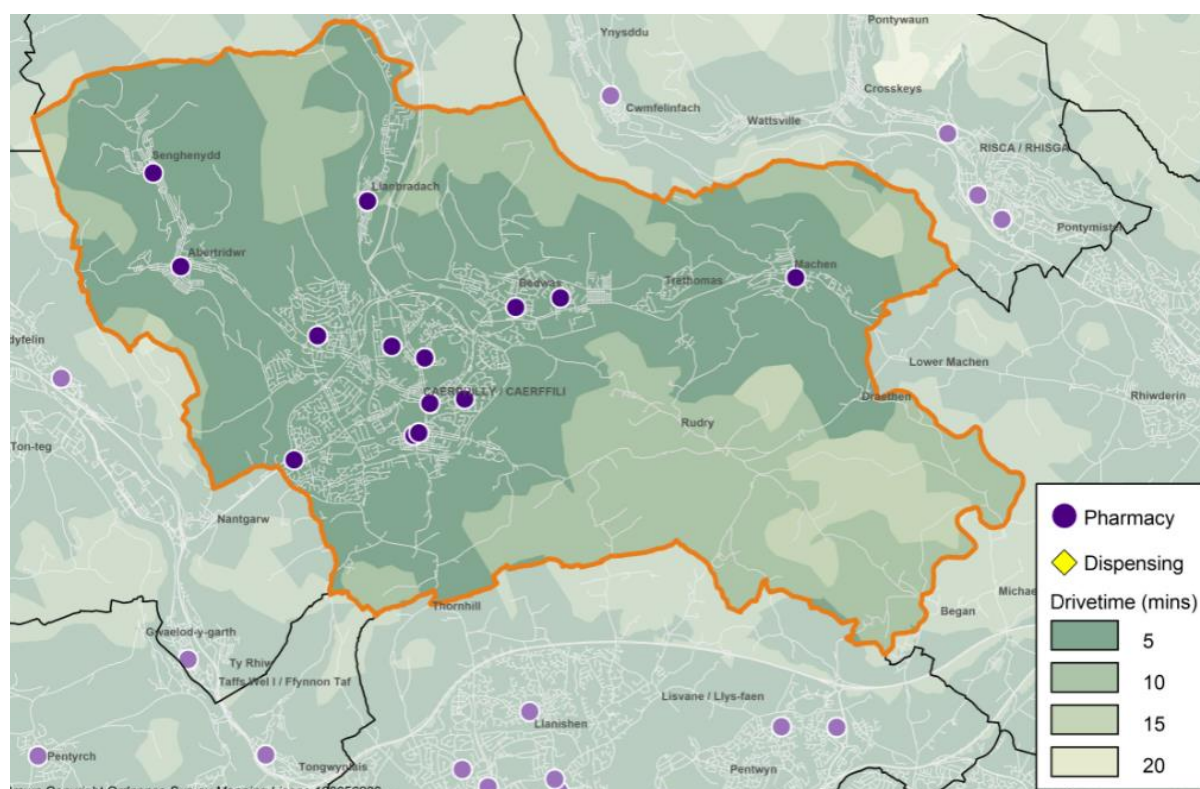


© Copyright Ordnance Survey Licence 100050829

In 2019/20, 93.8% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality. This increased slightly to 94.4% in 2020/21.

The map below shows the drive time to a pharmacy, with the darker the green the shorter the drive. As can be seen, the entire locality is within a 15-minute drive of a pharmacy.

Map 54 – access to pharmacies in the locality



© Crown Copyright Ordnance Survey Mapping License 100050829

With regard to when the pharmacies are open:

- Five open Monday to Friday,
- Six open Monday to Friday, and part of Saturday,
- Two open Monday to Saturday, and
- One opens Monday to Sunday.

A Sunday rota operates so that a second pharmacy in Caerphilly is open between 18.00 and 20.00, but not necessarily within this locality.

With regard to the times at which these pharmacies are open between Monday and Friday:

- One opens at 08.00, two open at 08.30, and the remainder open at 09.00,
- Four close at 17.30 (although one closes at 17.00 on Thursdays), seven close at 18.00, and two close at 13.00 on Thursday), two close at 18.30 and one closes at 22.00.

Ten pharmacies remain open all day, the others close at lunchtime generally between 12.30 and 14.15.

On Saturdays, one pharmacy opens at 08.00 and eight open at 09.00. One of the three that are open all day closes for lunch (12.30 to 13.00), and two close at 17.30 with the third closing at 20.00

The pharmacy that is open on Sundays does so between 10.00 and 16.00.

The information in the rest of this section was received via the contractor questionnaire.

12 of the pharmacies are accessible by wheelchair, and all have a consultation area that is accessible by wheelchair. All the consultations areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

One pharmacy has staff that can speak Welsh, and another has staff that can speak Gujarati and Hindi. However, as 83.9% of residents have no Welsh language skills and 98.8% have English as their main language (local authority level data, Census 2011). This coupled with the availability of Language Line means that the Health Board has not identified any issues for those who wish to access services in a language other than English.

12 of the pharmacies dispense prescriptions for all types of appliances, one dispenses all but stoma appliances, and one doesn't any dispense appliances.

All 14 pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- eight provide a free of charge delivery service on request,
- one provides a delivery service for a fee,
- seven only provide a delivery service to certain patient groups (enabled/disabled; old age pensioners and other housebound; housebound; housebound patients and patients with disabilities; and three only deliver to those with a clinical need or with mobility issues), and
- two restrict their delivery service to certain areas (Aber Valley, Caerphilly town and Llanbradach; and Caerphilly).

One pharmacy identified the need for a needle exchange service. There were no suggestions that there is a requirement for a new service that is not currently available.

11 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, however three said that they do not but could make adjustments to manage an increase in demand.

Two pharmacies have plans to develop or expand their service provision:

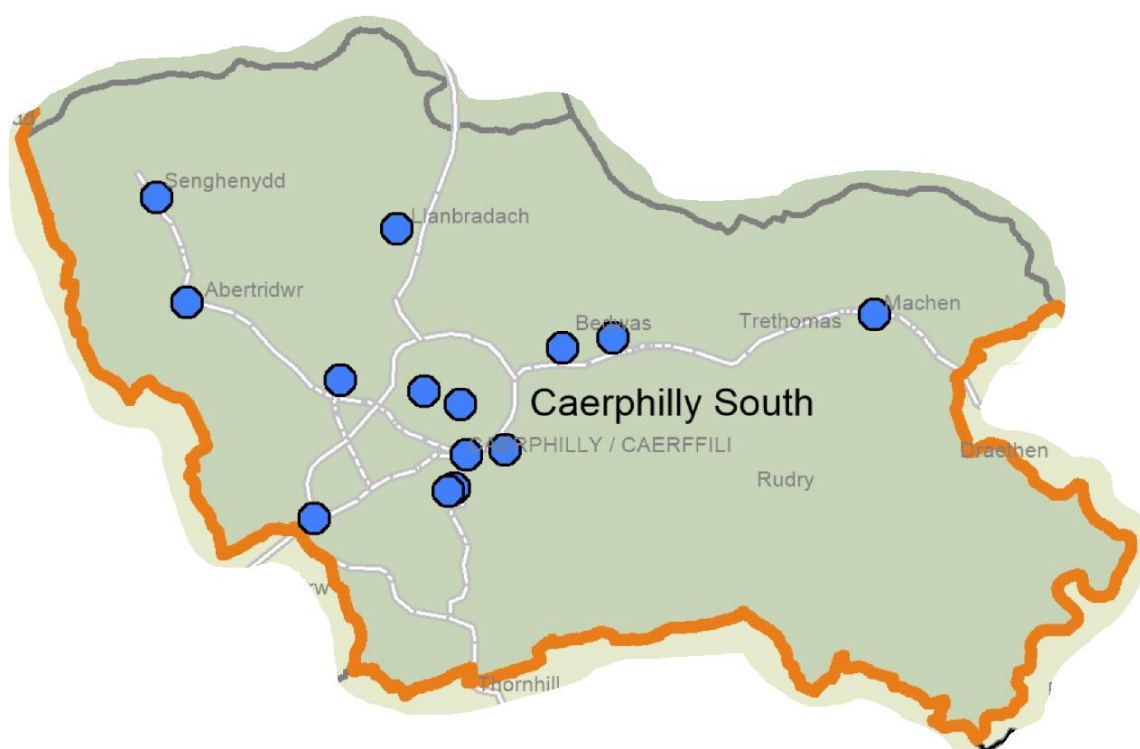
- One has an independent prescriber in training for contraception, minor ailments and urinary tract infections, and
- One plans to provide an independent prescriber service in the near future, subject to being commissioned to do so.

12.2.1 Medicines use review service

In 2018/19 all of the pharmacies provided this service, with seven providing the maximum number of 400. All 14 provided the service in 2019/20, with only two providing the maximum number. At the time of writing the service has been suspended until April 2022 due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 55 – location of the pharmacies providing the medicines use review service in 2019/20

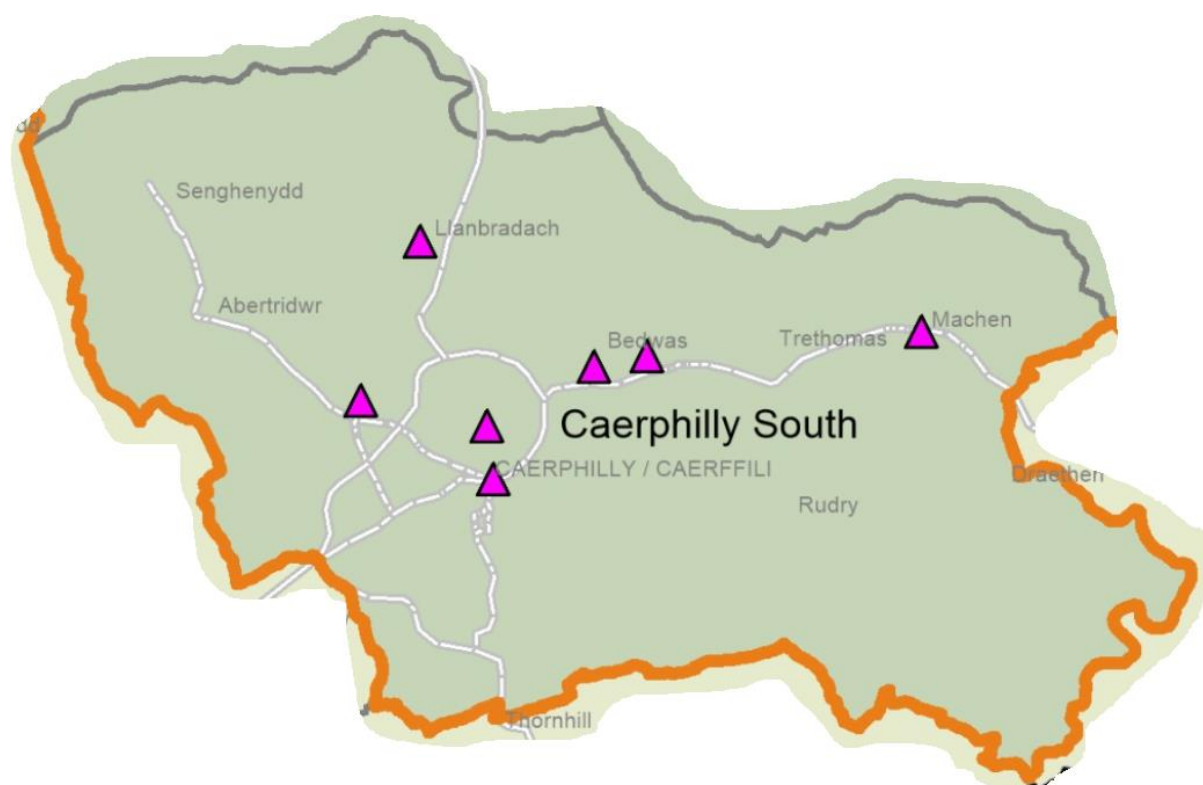


12.2.2 Discharge medicines review

In 2018/19, nine of the pharmacies provided this service with none providing the maximum number of 140 reviews. Eight pharmacies provided the service in 2019/20, again with none providing the maximum number. In 2020/21, ten of the pharmacies provided a total of 137 reviews.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

Map 56 – location of the pharmacies providing discharge medicines reviews in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

12.2.3 Appliance use reviews

None of the pharmacies in the locality provide this service despite 12 dispensing prescriptions for all types of appliances.

12.2.4 Stoma appliance customisation

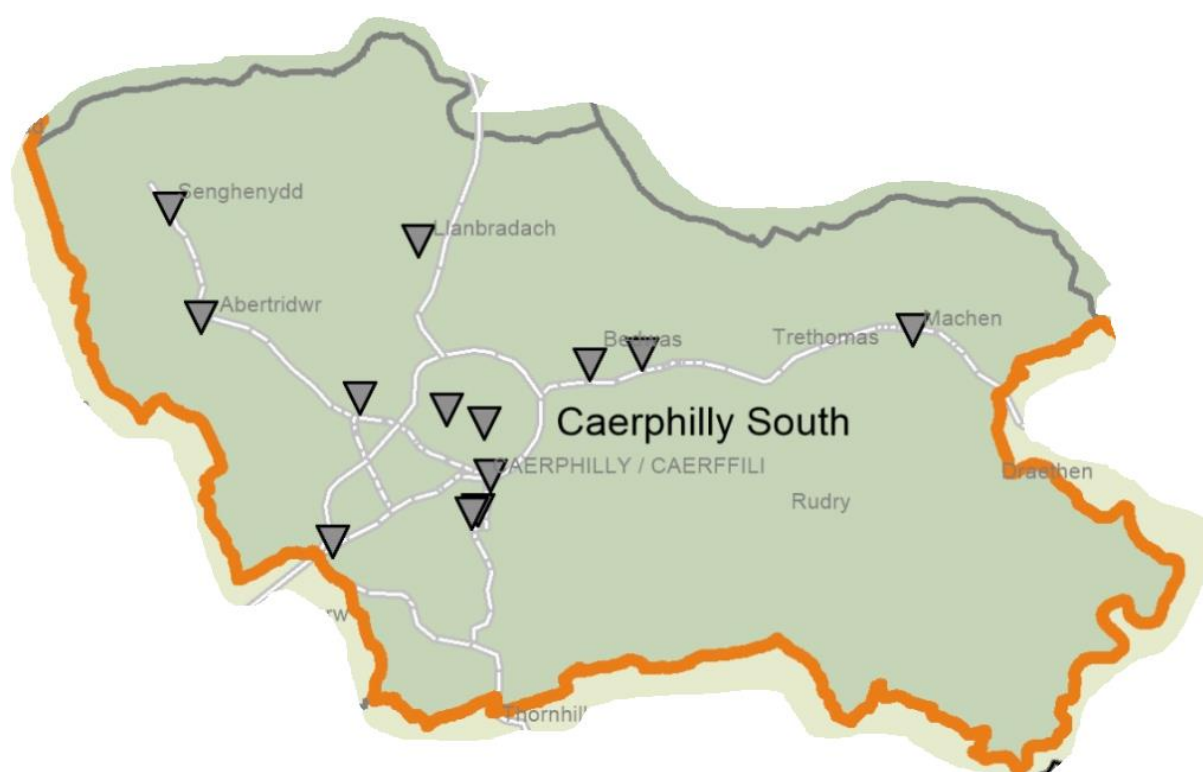
None of the pharmacies in the locality provide this service despite 12 dispensing prescriptions for all types of appliances.

12.2.5 Emergency hormonal contraception

13 of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21, 13 pharmacies were commissioned to provide this service and in 2021/22 all are commissioned to provide it.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

Map 57 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20



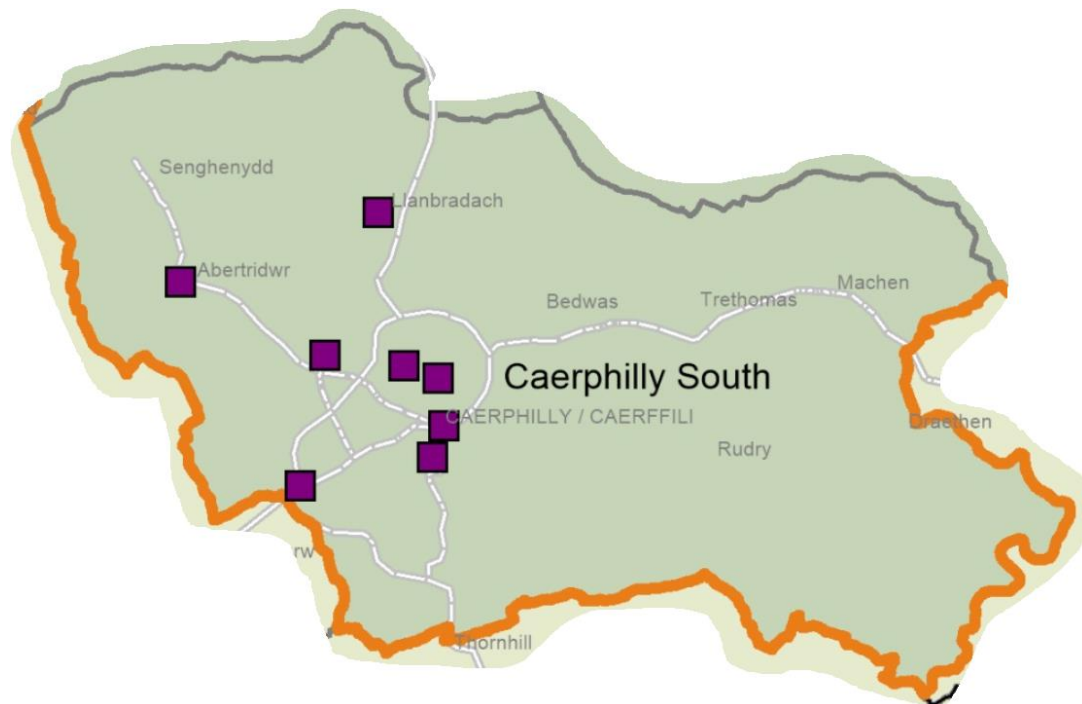
© Crown Copyright Ordnance Survey Mapping License 100050829

12.2.6 Smoking cessation service level 2

Seven of the pharmacies provided this service in 2018/19 and eight provided it in 2019/20. In 2020/21, 13 pharmacies were commissioned to provide the service increasing to all 14 in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 58 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



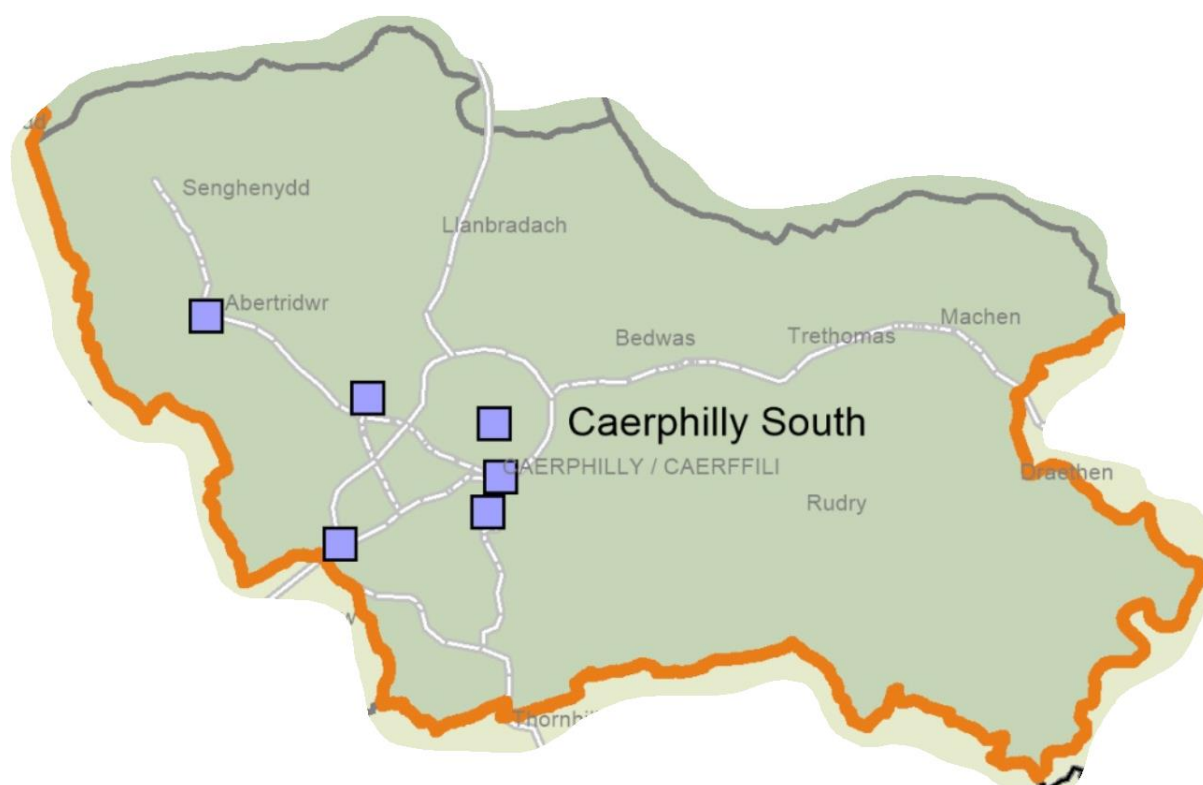
© Crown Copyright Ordnance Survey Mapping License 100050829

12.2.7 Smoking cessation service level 3

Six of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21, eight pharmacies were commissioned to provide the service and eight are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 59 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

12.2.8 Smoking cessation level 3 patient group direction Varenicline scheme

One pharmacy provided this service in 2018/19 and 2019/20. In 2020/21, two pharmacies were commissioned to provide the service and two are commissioned in 2021/22.

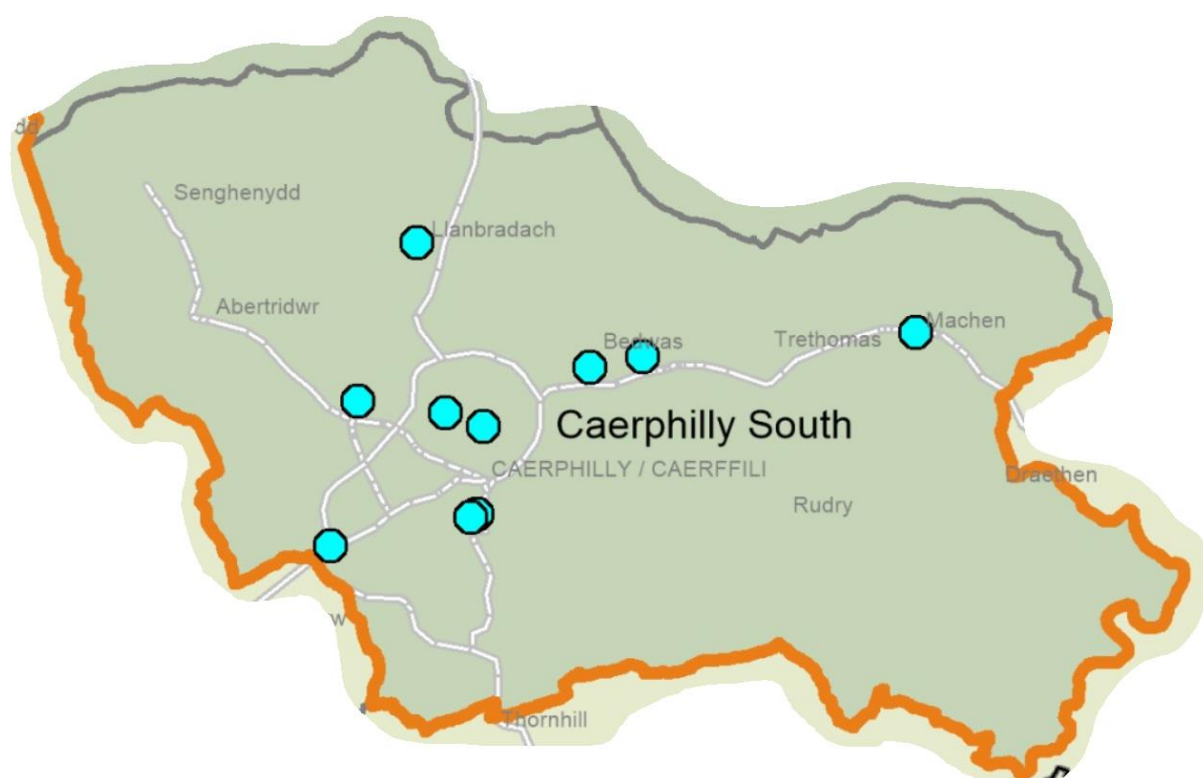
12.2.9 Flu vaccination

Ten pharmacies provided this service in 2018/19 and 2019/20. In 2020/21, 12 pharmacies were commissioned to provide the service and gave a total of 1,573 vaccinations.

As of August 2021, four of the pharmacies have signed up to provide this service in 2021/22, and it is anticipated that the majority of the remainder will sign up.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 60 – location of the pharmacies providing flu vaccinations in 2019/20



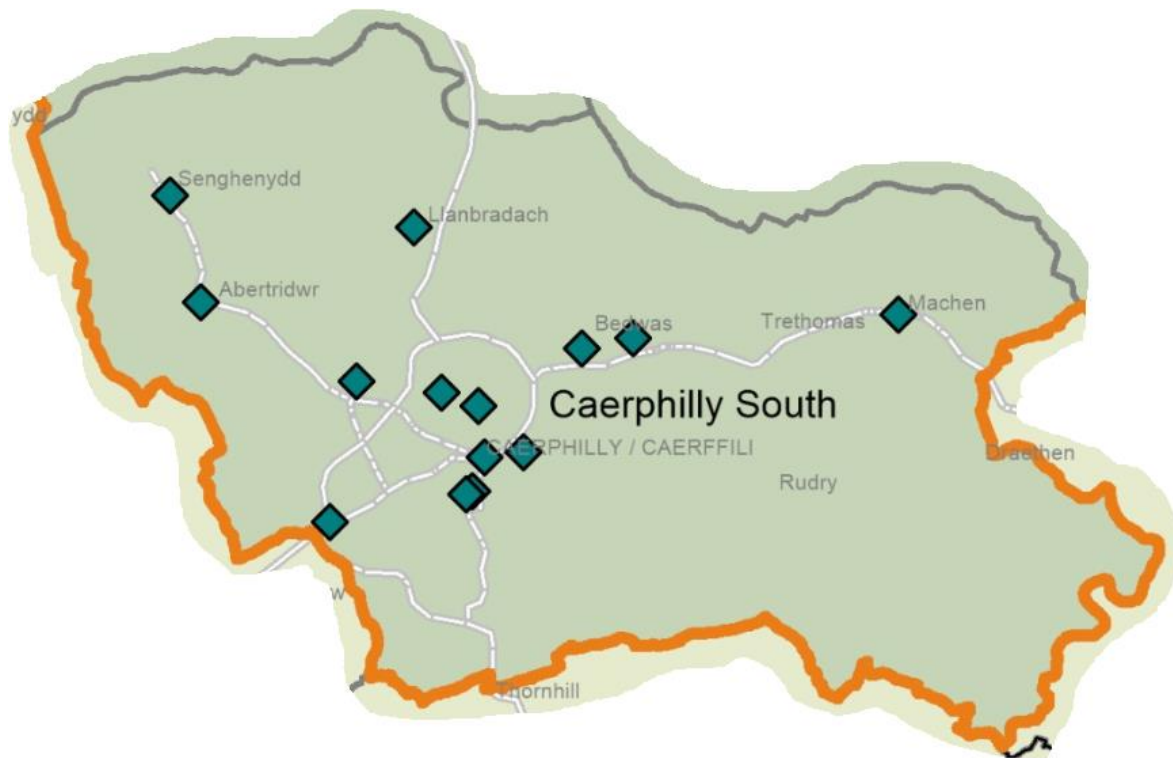
© Crown Copyright Ordnance Survey Mapping License 100050829

12.2.10 Common ailment service

711 of the pharmacies provided this service in 2018/19 increasing to all 14 in 2019/20. In 2020/21, all of the pharmacies were commissioned to provide this service and all are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 61 – location of the pharmacies providing the common ailment service in 2019/20



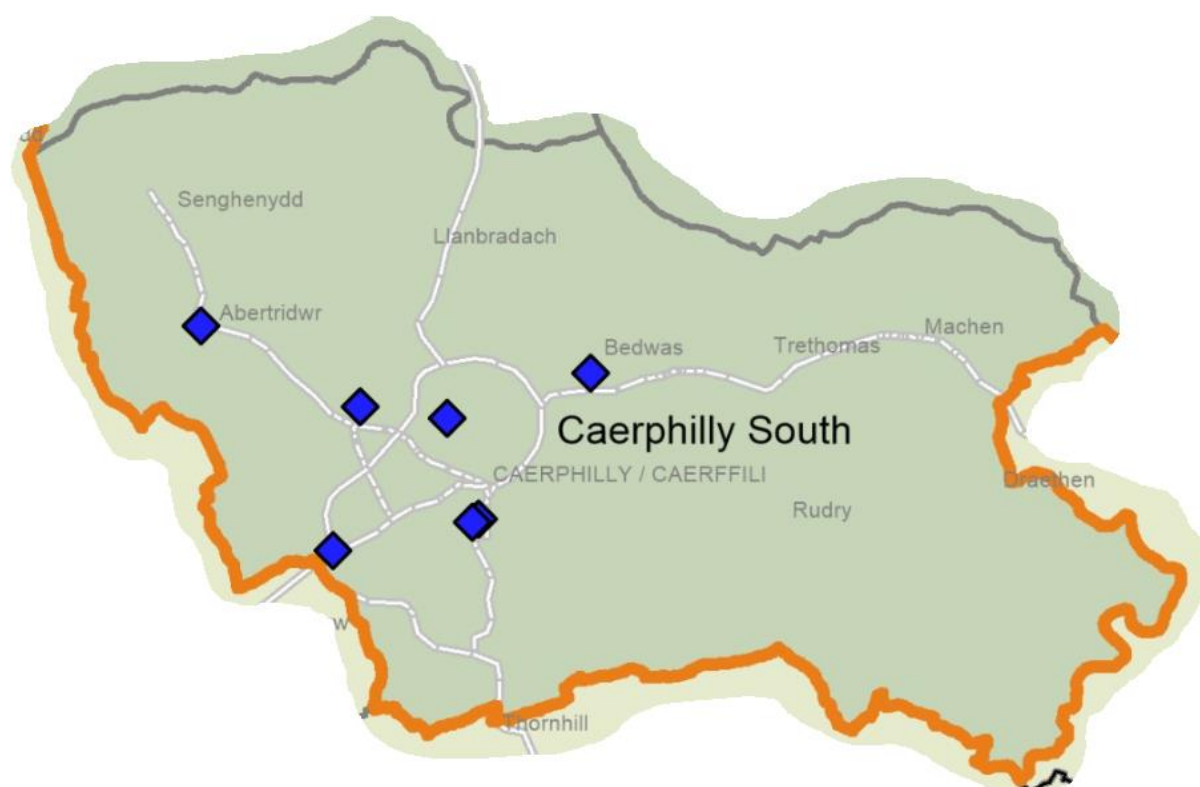
© Crown Copyright Ordnance Survey Mapping License 100050829

12.2.11 Emergency medicine supply

Three of the pharmacies provided this service in 2018/19 increasing to seven in 2019/20. In 2020/21, all of the pharmacies were commissioned to provide this service and all are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

Map 62 – location of the pharmacies providing the emergency medicine supply service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

12.2.12 Care home services

Three pharmacies are commissioned to provide the level 1 service in 2021/22.

12.2.13 Directly observed therapy service for medicines compliance

Two pharmacies were commissioned to provide this service in 2020/21 and two are commissioned to provide it in 2021/22.

12.2.14 Low molecular weight heparin (Dalteparin) services

One pharmacy was commissioned to provide this service in 2020/21 and one is commissioned to provide it in 2021/22.

12.2.15 Independent prescriber services

None of the pharmacies are commissioned to provide either of these services in 2021/22; however one pharmacy has confirmed that it is willing to provide an independent prescriber service.

12.2.16 Medicines administration service

In 2020/21, ten pharmacies are commissioned to provide the service that involves the provision of a medicines administration record or a monitored dosage system. This has increased to 12 in 2021/22.

Four pharmacies are commissioned to provide automatic pill dispensers in 2020/21 reducing to one in 2021/22.

12.2.17 Needle exchange service

None of the pharmacies are commissioned to provide this service in 2021/22.

12.2.18 In hours palliative care service

In 2021/22, one pharmacy is commissioned to provide this service.

12.2.19 Palliative care out of hours service

Three pharmacies in the locality provided the service in 2018/19 and 2019/20. In 2020/21, four pharmacies were commissioned to provide this service and three are commissioned in 2021/22.

12.2.20 Supervised consumption service

Eight pharmacies were commissioned to provide this service in 2020/21 and eight are commissioned in 2021/22.

12.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the Health Board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2019/20 were dispensed by the 14 pharmacies in the locality, 4.3% were dispensed outside the locality:

- 1.5% by pharmacies in Caerphilly East,
- 1.0% in Cardiff and Vale University Health Board's area
- 0.8% in each of Caerphilly North and Cwm Taf Morgannwg University Health Board's area,
- 0.3% by contractors in England,

- 0.1% in Swansea Bay University Health Board's area, and
- 0.1% elsewhere in Wales.

In 2020/21 approximately the same percentage of prescriptions were dispensed outside of the locality (4.1%), with the majority dispensed in Caerphilly East (1.2%), Cwm Taf Morgannwg University Health Board's area (1.0%) and Cardiff and Vale University Health Board's area (0.8%).

In addition residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the Health Board's area; however it is not possible to quantify this activity from the recorded data.

12.4 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments

1.6% of items prescribed by the GP practices were personally administered by the practices.

Aber Medical Centre and The Village Surgery relocated to the Llanbradach Centre for Health with effect from 2 August 2021.

A hub is being considered for Aber Valley, although the final configuration of services has yet to be finalised.

Residents will access other NHS services located in this locality or elsewhere in the Health Board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- The Alternative Primary Care Service,
- Drug and alcohol services,
- The long term conditions practitioner service, and
- Help Me Quit.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

12.5 Choice with regard to obtaining pharmaceutical services

As can be seen from the preceding sections, those living within the locality and registered with one of the six GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed. However some choose to look outside the locality, usually to access a neighbouring pharmacy or a dispensing appliance contractor near to where they work, shop, or go for leisure or another reason.

In 2019/20 over 310 contractors dispensed items written by one of the GP practices in this locality, of which:

- 14 were located within the locality,
- 82 were located elsewhere within the Health Board's area,
- 214 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

This fell to 282 in 2020/21:

- 14 were located within the locality,
- 75 were located elsewhere within the Health Board's area,
- 191 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

12.6 Gaps in provision

12.6.1 Essential services

The Health Board has noted the following points:

- The pharmacies are spread across the locality and are generally located in areas of greater population density and higher deprivation.
- The entire locality is within a 20-minute drive time of a pharmacy.
- The population of Caerphilly County Borough Council is projected to increase by 2% between 2011 and 2036.
- Aber Medical Centre and The Village Surgery relocated to the Llanbradach Centre for Health with effect from 2 August 2021. It is not anticipated that this will affect the demand for pharmaceutical services.
- A hub is being considered for Aber Valley. Although the final configuration of services has yet to be finalised it is not anticipated that there will be a need for a pharmacy within it.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for essential services within the locality.

12.6.2 Medicines use review service

The Health Board has noted the following points:

- Prior to the suspension of this service it was provided by all of the pharmacies.
- Seven pharmacies provided the maximum number of medicines use reviews in 2018/19. Two did in 2019/20.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

12.6.3 Discharge medicines review

The Health Board has noted the following points:

- The fluctuating numbers of pharmacies providing this service over the last three years. Ten of the pharmacies provided this service in 2020/21.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- Due to the range of medicines included within the service only a small proportion of patients being discharged will be eligible to receive the service.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said they did not but could make adjustments.

The Health Board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

12.6.4 Appliance use reviews

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that 12 of the pharmacies confirmed that they dispense prescriptions for all types of appliances and that they either have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, or could make adjustments to do so.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

12.6.5 Stoma appliance customisation

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that 12 of the pharmacies confirmed that they dispense prescriptions for all types of appliances and that they either have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, or could make adjustments to do so.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

12.6.6 Emergency hormonal contraception

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.

- There is a good spread of pharmacies providing the service across the locality.
- The service will also be provided by GP practices and sexual health clinics.
- There is a growing focus on long-acting reversible contraception for eligible females.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

12.6.7 Smoking cessation level 2

The Health Board has noted the following points:

- All but one of the pharmacies are commissioned to provide this service ensuring a good spread of locations across the locality.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

12.6.8 Smoking cessation level 3

The Health Board has noted the following points:

- There is a good spread of pharmacies providing the service across the locality other than in the north of the locality.
- There are no Help Me Quit providers in the north of the locality.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said they did not but could make adjustments.

Based on the above, the Health Board has identified that there is a current need for this service in the north of the locality in Llanbradach. The Health Board has not identified any future needs for this service.

12.6.9 Smoking cessation level 3 patient group direction

The Health Board has noted the following points:

- Two pharmacies are commissioned to provide this service as part of the smoking cessation level 3 service.
- GP practices are able to prescribe Varenicline therefore residents of the locality are able to access the service that way as opposed to under this service. However, pharmacies are the only provider of a one to one motivational support and pharmacotherapy service via the level 3 smoking cessation service.
- This is a relatively new service and therefore pharmacies may not yet have come forward to provide it.
- With effect from June 2021, the distribution of Champix® (Varenicline) has been paused by Pfizer, the sole supplier of the product. It is currently unknown when supplies will become available.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said they did not but could make adjustments.

As Varenicline is currently unavailable the Health Board will work with those pharmacies that have not signed up to provide the service to understand why they haven't.

Based on the above the Health Board has identified that there is a need for those pharmacies that provide the level 3 service to also provide this service no later than 12 months after the product becomes available. There is also a need for the service to be provided in Llanbradach no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes available, there will be a future need for this service to be provided at nine locations spread evenly throughout the locality, in areas of greater population density.

12.6.10 Flu vaccination

The Health Board has noted the following points:

- 12 of the 14 pharmacies were commissioned to provide this service in 2020/21. As of August 2021, four of the pharmacies have signed up to provide this service in 2021/22, and it is anticipated that the majority of the remainder will sign up.
- The GP practices also provide the service.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

12.6.11 Common ailment service

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- One of the aims of the service is to reduce demand for GP appointments and it would therefore be beneficial if more people accessed the service.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

12.6.12 Emergency medicine supply

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

12.6.13 Care home services

The Health Board has noted the following points:

- Three of the pharmacies are commissioned to provide the level 1 service.
- It is up to the care home to choose which, if any, pharmacy it wishes to work with in relation to medicines.
- Care homes will have chosen to work with out of area providers.
- The service is currently under review due to the low take-up.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

12.6.14 Directly observed therapy service for medicines compliance

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patients being prescribed a medicine that requires observation.
- Two pharmacies are currently commissioned to provide the service.
- When it has needed to be commissioned in the past the Health Board has had no difficulty in finding a pharmacy that is willing to provide the service.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

12.6.15 Low molecular weight heparin (Dalteparin) services

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patient need. It has rarely been needed since its inception.
- One pharmacy is currently commissioned to provide the service to meet a current need.
- The service is commissioned on a Gwent-wide basis and is provided by seven pharmacies across the Health Board’s area.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

12.6.16 Independent prescriber services

The Health Board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- None of the pharmacies are currently commissioned to provide either of the services.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an

increase in demand for the services they provide. Three said they did not but could make adjustments.

In line with Pharmacy: Delivering a Healthier Wales, the Health Board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for this service within the locality.

12.6.17 Medicines administration services

The Health Board has noted the following points:

- Demand for these services is driven by the social care sector.
- 11 pharmacies are commissioned to provide medicines administration records or monitored dosage systems and one to provide automatic pill dispensers.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

12.6.18 Needle exchange service

The Health Board has noted the following points:

- None of the pharmacies are commissioned to provide this service.
- The Gwent Area Planning Board engages with service users to find out where they would like to access this service and then approaches the Health Board to commission the service at the required location or locations.
- It is reported that some service users wish to travel out of their local area to access the service.
- There are other providers of this service.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

12.6.19 In hours palliative care service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- One of the pharmacies is commissioned to provide this service.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

12.6.20 Palliative care out of hours service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- None of the pharmacies are commissioned to provide this service.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

12.6.21 Supervised consumption service

The Health Board has noted the following points:

- Eight of the 14 pharmacies are commissioned to provide this service ensuring a good spread of locations across the locality.
- 11 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

13 Monmouthshire North locality

13.1 Key facts for the area of Monmouthshire County Council

- Predominantly rural county with 53% of the total population living in wards defined as being in urban areas
- Generally a prosperous area offering a high quality of life for its residents.
- Estimated population decrease of 1.3% between 2011 and 2036
- Lowest population density in the Health Board's area, and also lower than the average for Wales
- No lower super output areas within the most deprived 10% and only four in the most deprived 50%
- Lowest general fertility rate in the Health Board's area and also lower than the average for Wales
- Highest male and female life expectancy (80.3 and 84.0 years respectively)
- Highest healthy life expectancy at birth for both males and females (65.7 and 64.3 years respectively)
- Lowest rate of premature deaths from key non-communicable disease and lower than the average for Wales
- Lowest rate of limiting long-term illness per 10,000 population, and lower than the average for Wales
- Lowest percentage of people stating that their day-to-day activities are limited a lot
- Highest proportion of one person households occupied by someone aged 65 and over
- Highest percentage of one family only households with all members aged 65 and over
- 44.6% of households have two or more cars (highest percentage in the Health Board's area and also higher than average for Wales)
- 62.9% of the population are in employment and 17.6% are retired (highest percentages in the Health Board's area)
- Lowest percentage of people looking after home or family (3.75%)
- Lowest percentage of people who are long-term sick or disabled and economically inactive
- Lowest percentage of non-drinkers (12.6%) and highest percentage of hazardous drinkers (21.7%)
- Lowest percentage of persons aged 16 or over who smoke (16.5%)
- 17% are obese (significantly better than the average for Wales) and 54% are overweight or obese
- 70% do not eat five portions of fruit and vegetables a day (significantly better than the average for Wales)
- 23% are active for less than 30 minutes a week (significantly better than the average for Wales).

There are two strategic housing sites in the locality:

- Deri Farm in Abergavenny, and
- Wonastow Road in Monmouth.

In relation to Deri Farm, a full application (DC/2014/01360) was submitted for 250 residential units (201 market and 49 affordable units) in November 2014, approved in 2017-18 and 100 units had been completed by 31 March 2019.

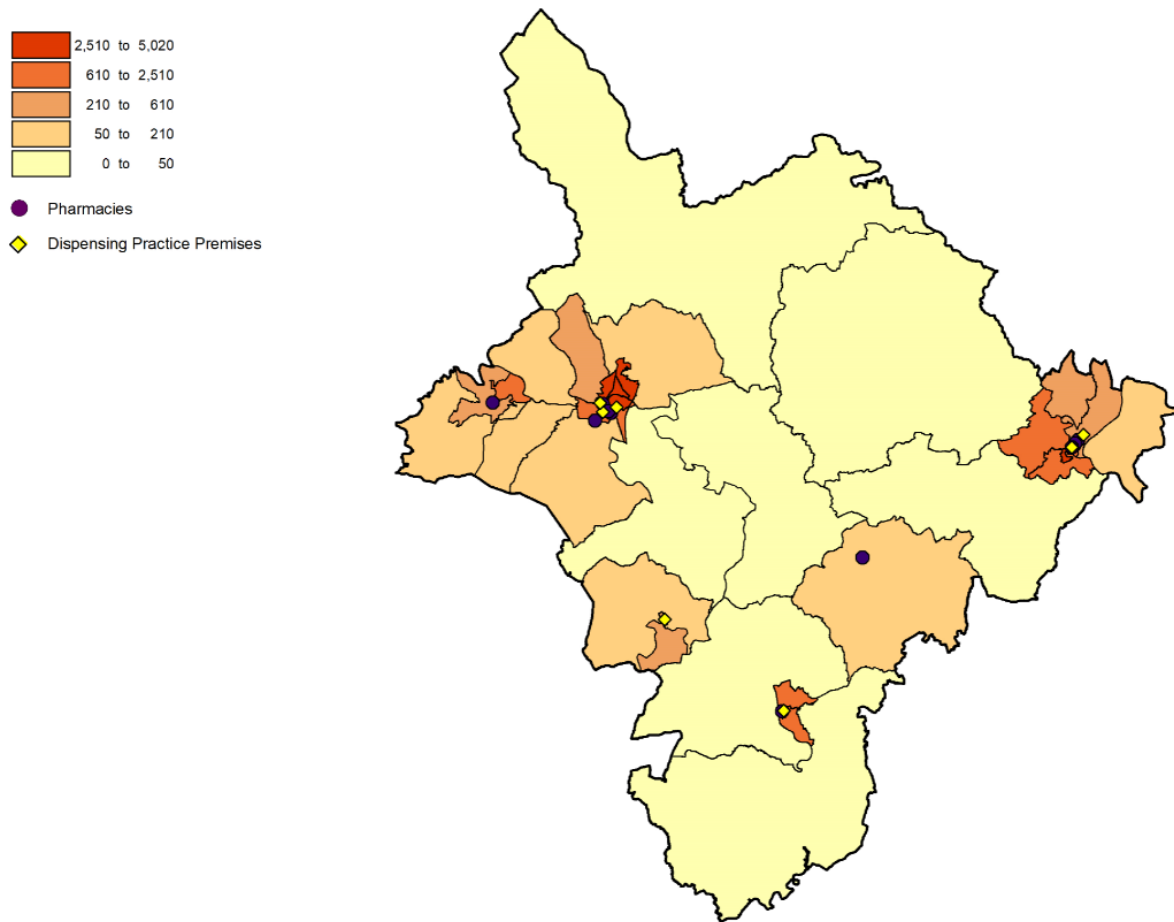
In relation to Wonastow Road, outline permission was granted for up to 370 dwellings and 6.5 hectares of employment land in December 2014. A reserved matters application (DC/2015/00392) for 340 units (238 market and 102 affordable units) was granted permission in November 2015. The site is now nearing completion with 327 dwellings completed as of 31 March 2019. The overall site allocation is for a total of 450 units. The additional units relating to this allocation are to be delivered as an extension to the site at Drewen Farm. An application for this element of this site had not been submitted by 31 March 2019.

13.2 Current provision of pharmaceutical services within the locality's area

There are 11 pharmacies in the locality operated by nine different contractors, and all eight of the GP practices dispense from a total of ten premises. The level of dispensing ranges from 19.4% of the practice's registered population to 84.0%.

As can be seen from the map below, within one exception, pharmacies are located in areas of greater population density.

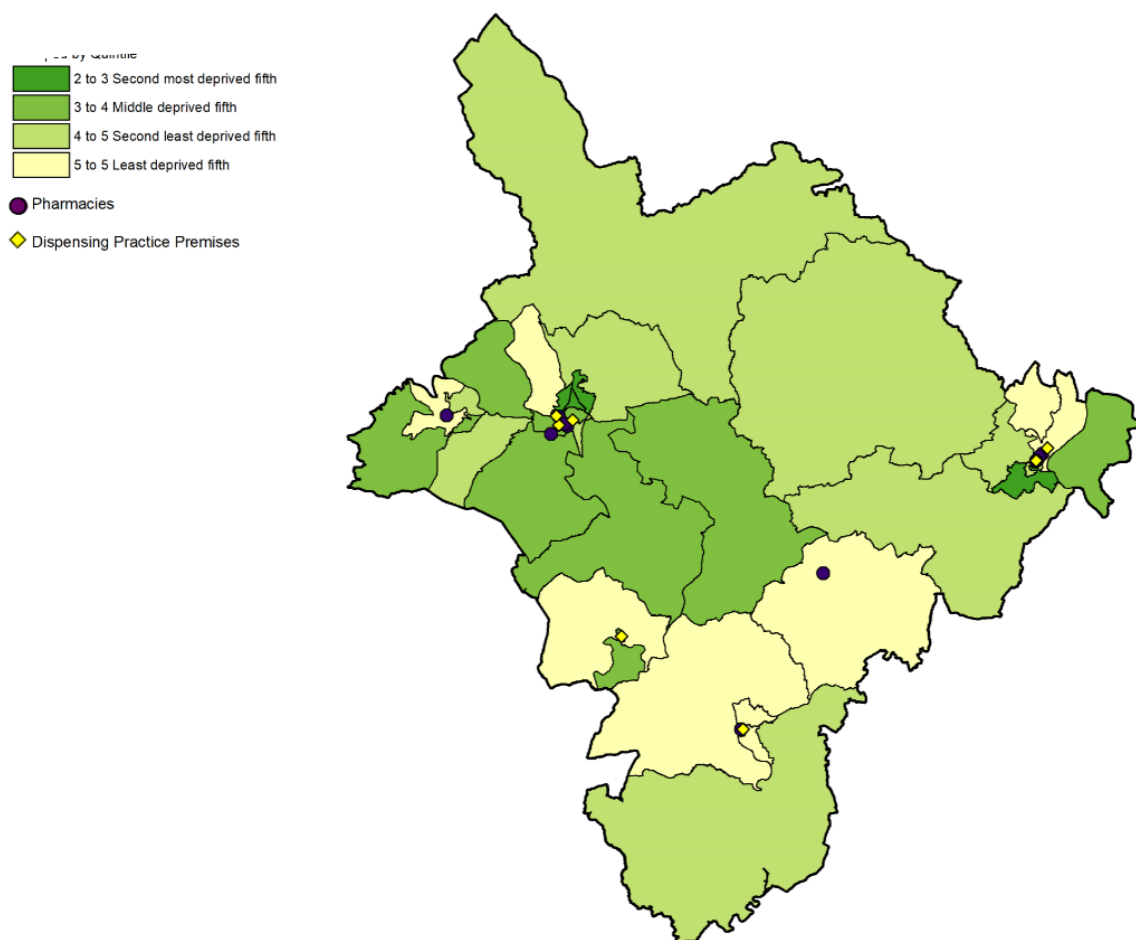
Map 63 – location of pharmacies compared to population density



© Crown Copyright Ordnance Survey Mapping License 100050829

As can be seen from the map below there is little correlation between the location of premises and the areas of greater deprivation.

Map 64 – location of pharmacies and dispensing doctor premises compared to the level of deprivation



© Copyright Ordnance Survey Licence 100050829

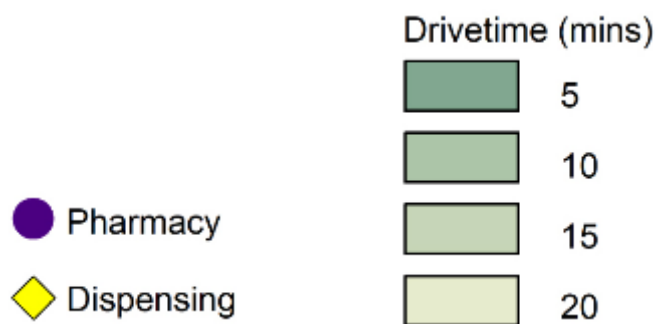
In 2019/20, 63.0% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality (64.6% in 2020/21) and 32.4% of prescriptions were dispensed or personally administered by the GP practices (31.4% in 2020/21). Whilst the data available doesn't show the percentage split between dispensed and personally administered items, based on the level of personal administration in the other localities it can be assumed that less than 2% of items were personally administered.

The map below shows the drive time to a pharmacy, with the darker the green the shorter the drive. As can be seen, there are a number of areas in the north of the patch that are not within 20 minutes of a pharmacy by car, and there are no pharmacies over the border in England that the population is likely to use. These are rural areas with low population density (see map 65), and people living there are likely to be dispensed to by their GP practice.

Map 65 – access to pharmacies in the locality



© Crown Copyright Ordnance Survey Mapping License 100050829



With regard to when the pharmacies are open:

- Six open Monday to Friday, and also on Saturdays until either 12.00, 12.30 or 13.00,
- Three open Monday to Saturday, and
- Two open Monday to Sunday.

A Sunday rota operates so that one pharmacy in Monmouthshire opens between 18.00 and 20.00, but not necessarily within this locality.

With regard to the times at which these pharmacies are open between Monday and Friday:

- Four open at 08.30, one opens at 08.45 and the remainder open at 09.00,
- Seven close at 17.30, two close at 18.00, one closes at 18.30, and one closes at 20.00.

Five pharmacies remain open all day; the others close at lunchtime at varying times between 13.00 and 14.15.

On Saturdays, three open at 08.30 and eight at 09.00. Three of the five that are open all day close for lunch between 13.00 and 14.00, and close at 17.30.

Opening times on Sundays are secured between 10.00 and 16.00.

The information in the rest of this section was received via the contractor questionnaire.

Nine of the pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. All the consultations areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Only one pharmacy confirmed that staff are able to speak a language other than English (French). However, as 86.0% of residents have no Welsh language skills and 98.2% have English as their main language (local authority level data, Census 2011). This coupled with the availability of Language Line means that the Health Board has not identified any issues for those who wish to access services in a language other than English.

All of the pharmacies dispense prescriptions for all types of appliances.

All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- four provide a free of charge delivery service on request,
- two provide a delivery service for a fee,
- three restrict the service to the enabled/disabled (two pharmacies), housebound, disabled, shielding or elderly patients, and those with a clinical need or mobility issues, and
- two restrict the service to within a mile of Monmouth, Whitchurch and Raglan and another to the Monmouth area.

Only one pharmacy was of the opinion that there is a requirement for an existing enhanced service which is not currently already being provided – an ear infection test and treat service.

In relation to the requirement for a new service that is not currently available, one pharmacy proposed a delivery service for selective patients and a fee for doing dosette boxes.

Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and three said they don't but they could make adjustments to do so.

Three pharmacies have plans to develop or expand their service provision:

- One is looking into automation to improve efficiency and allow them to increase their workload,
- One is looking to provide the sore throat test and treat service, and
- One will offer flu vaccinations next winter.

Three of the eight dispensing practices responded to the dispensing doctor questionnaire and the following information is taken from those responses. They provide services over three premises.

All three dispensaries open Monday to Friday:

- One opens 08.30 to 14.30 Monday to Friday,
- One opens 08.00 to 18.00, and
- One opens 08.30 to 13.00 and 14.00 to 18.30.

With regard to the dispensing of prescriptions for appliances:

- One doesn't dispense appliances, and

- Two only dispense dressings.

One practice has offered a delivery service since the Covid pandemic and has a volunteer who will deliver to all patient groups if needed.

None of the practices have staff who are able to speak Welsh.

Two practices don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand for the dispensing service. The third does have sufficient capacity.

In relation to dispensing related services that are provided one practice provides medicines administration record charts.

One practice reported making one change to their dispensing service that they will take into the "new normal", namely greater use of My Health Online.

13.2.1 Medicines use review service

In 2018/19 and 2019/20 all of the pharmacies provided this service, with three providing the maximum number of 400 in 2018/19 and two in 2019/20. At the time of writing the service has been suspended until April 2022 due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

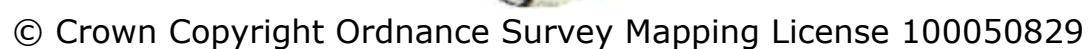
The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

[illegible]

13.2.2 Discharge medicines review

279

Map 67 – location of the pharmacies providing discharge medicines reviews in 2019/20



13.2.3 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for all types of appliances.

13.2.4 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite dispensing prescriptions for all types of appliances.

13.2.5 Emergency hormonal contraception

Eight of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21, nine of the pharmacies were commissioned to provide the service and nine are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

Map 69 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

13.2.7 Smoking cessation service level 3

Six of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21, seven were commissioned to provide the service and seven are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 70 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

13.2.8 Smoking cessation level 3 patient group direction Varenicline scheme

One pharmacy provided this service in 2018/19, increasing to two in 2019/20. In 2020/21, one pharmacy was commissioned to provide the service increasing to two pharmacies in 2021/22.

13.2.9 Flu vaccination

Eight of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21 nine were commissioned to provide the service and gave a total of 1,912 vaccinations.

As of August 2021, six of the pharmacies have signed up to provide this service in 2021/22, and it is anticipated that the majority of the remainder will sign up.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 71 – location of the pharmacies providing flu vaccinations in 2019/20

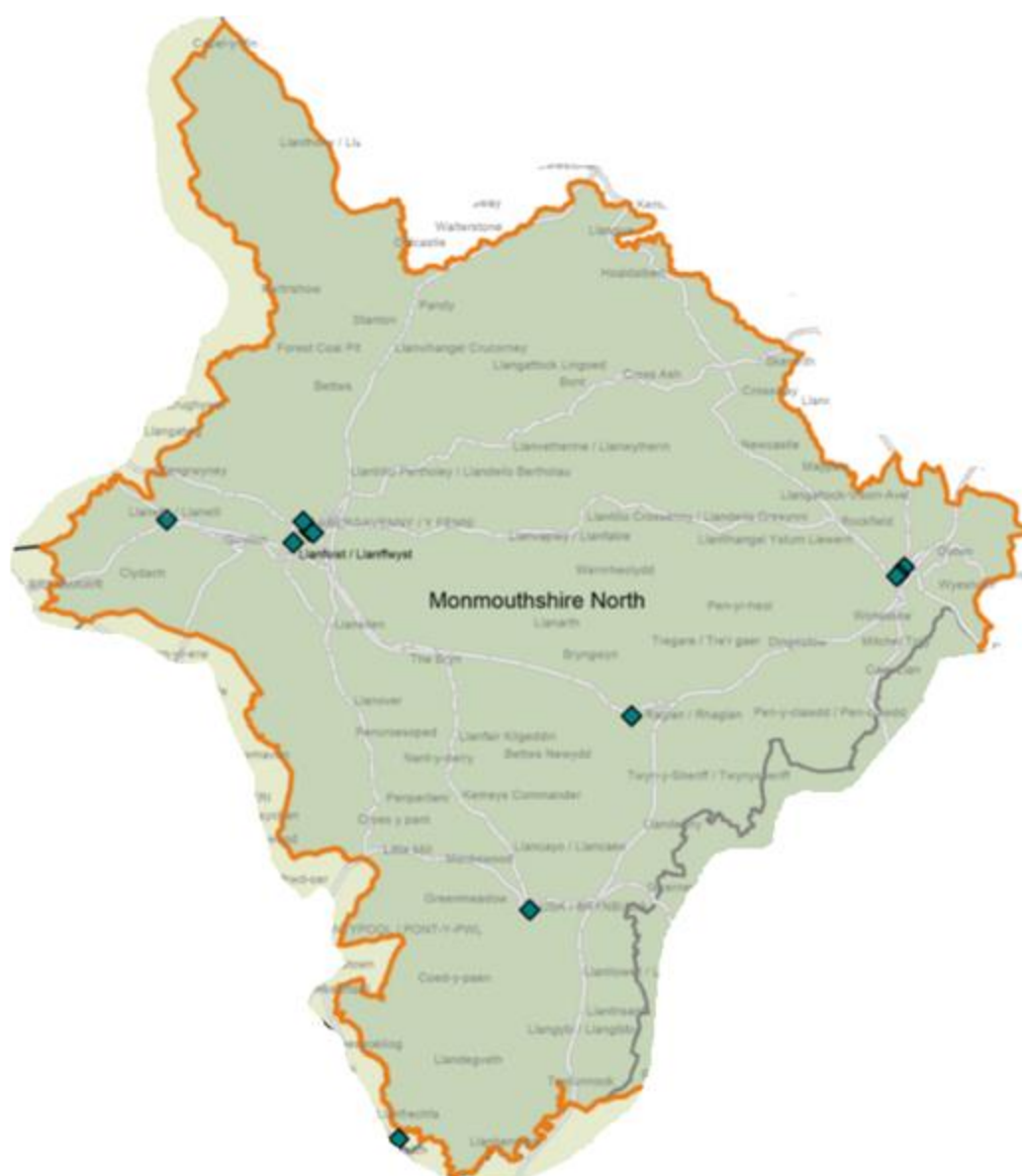


13.2.10 Common ailment service

Six of the pharmacies provided this service in 2018/19 increasing to ten in 2019/20. In 2020/21 all of the pharmacies were commissioned to provide it and all are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 72 – location of the pharmacies providing the common ailment service in 2019/20



13.2.11 Emergency medicine supply

None of the pharmacies provided this service in 2018/19 increasingly to five in 2019/20. In 2020/21, ten of the pharmacies were commissioned to provide it increasing to all 11 in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

Map 73 – location of the pharmacies providing the emergency medicine supply service in 2019/20



13.2.12 Care home services

One pharmacy is commissioned to provide the level 1 service in 2021/22.

13.2.13 Directly observed therapy service for medicines compliance

No pharmacies are commissioned to provide this service in 2021/22.

13.2.14 Low molecular weight heparin (Dalteparin) services

One pharmacy is commissioned to provide this service in 2021/22.

13.2.15 Independent prescriber services

None of the pharmacies are commissioned to provide either of these services in 2021/22.

13.2.16 Medicines administration service

In 2020/21, eight pharmacies were commissioned to provide the service that involves the provision of a medicines administration record or a monitored dosage system, and eight are commissioned to provide it in 2021/22.

Three pharmacies are commissioned to provide automatic pill dispensers in 2020/21 falling to two pharmacies in 2021/22.

13.2.17 Needle exchange service

Two pharmacies are commissioned to provide this service in 2021/22.

13.2.18 In hours palliative care service

No pharmacies are commissioned to provide this service in 2021/22.

13.2.19 Palliative care out of hours service

Five pharmacies were commissioned to provide this service in 2020/21 falling to two in 2021/22.

13.2.20 Supervised consumption service

Eight of the pharmacies were commissioned to provide this service in 2020/21 increasing to nine in 2021/22.

13.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the Health Board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2019/20 were dispensed by either the pharmacies or GP practices in the locality (63.0% and 32.4% respectively), 4.6% were dispensed outside the locality:

- 1.8% by contractors in England,
- 1.4% by pharmacies in Blaenau Gwent West,
- 0.6% by pharmacies in Torfaen North,
- 0.4% by pharmacies in Newport East,
- 0.1% by pharmacies in each of Monmouthshire South, Newport West and Torfaen South, and
- 0.1% was dispensed elsewhere in Wales.

In 2020/21 slightly fewer prescriptions were dispensed outside the locality (4.0%) with the majority dispensed in England (1.6%), Blaenau Gwent West (1.1%) and Torfaen North (0.7%).

In addition residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the Health Board's area; however it is not possible to quantify this activity from the recorded data.

13.4 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments
- One dispensing practice provides medicines administration record charts.

Dixton Surgery is due to relocate into new premises that are a short distance from its current premises within the lifetime of this document.

HMP Usk and its satellite prison, HMP Prescoed, are located within this locality. Pharmacy services are provided to both sites under a contract

with the Health Board and approximately 26,000 to 28,000 items are prescribed per annum. The contract therefore reduces the need for pharmaceutical services for this patient group.

Residents will access other NHS services located in this locality or elsewhere in the Health Board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- The Alternative Primary Care Service,
- Drug and alcohol services,
- The long term conditions practitioner service, and
- Help Me Quit.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

13.5 Choice with regard to obtaining pharmaceutical services

As can be seen from the preceding sections, those living within the locality and registered with one of the eight GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed. However some choose to look outside the locality, usually to access a neighbouring pharmacy or a dispensing appliance contractor near to where they work, shop, or go for leisure or another reason.

In 2019/20 over 210 contractors dispensed items written by one of the GP practices in this locality, of which:

- 11 were located within the locality,
- 98 were located elsewhere within the Health Board's area,
- 108 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

This fell to 181 in 2020/21:

- 11 were located within the locality,
- 80 were located elsewhere within the Health Board's area,
- 88 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

13.6 Gaps in provision

13.6.1 Essential services

The Health Board has noted the following points:

- The pharmacies are spread across the locality and are generally located in areas of greater population density and higher deprivation.
- There are a number of areas in the north of the patch that are not within 20 minutes of a pharmacy by car, and there are no pharmacies over the border in England that the population is likely to use. These are rural areas with low population density and people living there are likely to be dispensed to by their GP practice.
- The population of Monmouthshire is projected to decrease by 1.3% between 2011 and 2036.
- There are two strategic housing sites in the locality (Abergavenny and Monmouth) which will lead to the building of 620 properties, some of which have already been completed.
- Dixon Road Surgery in Monmouthshire is due to move into new premises that are a very short distance from its existing premises. This will not affect the demand for pharmaceutical services.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide and three said they did not but could make adjustments.

The Health Board is satisfied that there is neither a current nor future need for essential services in either of the two strategic housing sites due to the ability of any increase in demand to be met within the existing estate.

The Health Board has considered whether or not there is a current need for a pharmacy in the north of the locality where it takes longer than 20 minutes to drive to a pharmacy. It has noted that:

- the population density in these areas is low (Monmouthshire is predominantly a rural county with 47% of the population living in wards defined as being in rural areas),
- Monmouthshire has the highest male and female life expectancy and highest healthy life expectancies in the Health Board's area,
- The rate of limiting long-term illness per 10,000 population is the lowest in Wales, and
- 44.6% of households have two or more cars (highest percentage in the Health Board's area and also higher than average for Wales).

Taking into account the size of the population living in these parts of the locality, if an application was received for a new pharmacy it is highly

likely that a reserved location would be determined in connection with it. Normally, when a pharmacy opens in an area that has been determined to be a rural in character (referred to as a controlled locality) anyone living within 1.6km of it in a straight line can no longer be dispensed to by their GP practice. However, when if a reserved location is determined in connection with the pharmacy it means that those people living within 1.6km of it remain as dispensing patients at their practice and may choose where their prescriptions are dispensed each time one is issued.

As a result of this, if a pharmacy was to successfully apply to open in this part of the locality it is unlikely to be financially viable due to the low volume of items it would receive and the lack of demand for advanced and enhanced services.

Based on the above, the Health Board has not identified any current or future needs for essential services within the locality.

13.6.2 Medicines use review service

The Health Board has noted the following points:

- Prior to the suspension of this service it was provided by all of the pharmacies.
- Three pharmacies provided the maximum number of medicines use reviews in 2018/19. Two did in 2019/20.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide and three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

13.6.3 Discharge medicines review

The Health Board has noted the following points:

- Seven of the pharmacies provided this service in 2020/21.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.

- Due to the range of medicines included within the service only a small proportion of patients being discharged will be eligible to receive the service.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide and three said they did not but could make adjustments.

The Health Board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

13.6.4 Appliance use reviews

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that all of the pharmacies confirmed that they dispense prescriptions for all types of appliances and that they either have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, or could make adjustments to do so.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

13.6.5 Stoma appliance customisation

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that all of the pharmacies confirmed that they dispense prescriptions for all types of appliances and that they either have sufficient capacity within their existing premises and

staffing levels to manage an increase in demand for the services they provide, or could make adjustments to do so.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

13.6.6 Emergency hormonal contraception

The Health Board has noted the following points:

- Nine of the 11 pharmacies are commissioned to provide this service.
- There is a good spread of pharmacies providing the service across the locality.
- The service will also be provided by GP practices and sexual health clinics.
- There is a growing focus on long-acting reversible contraception for eligible females.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide and three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

13.6.7 Smoking cessation level 2

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service providing a good spread of locations across the locality.
- Monmouthshire has the lowest percentage of persons aged 16 or over who smoke (16.5%)
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide and three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

13.6.8 Smoking cessation level 3

The Health Board has noted the following points:

- Seven of the 11 pharmacies are commissioned to provide this service.

- Monmouthshire has the lowest percentage of persons aged 16 or over who smoke (16.5%).
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide and three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

13.6.9 Smoking cessation level 3 patient group direction

The Health Board has noted the following points:

- Two pharmacies are commissioned to provide this service as part of the smoking cessation level 3 service.
- GP practices are able to prescribe Varenicline therefore residents of the locality are able to access the service that way as opposed to under this service. However, pharmacies are the only provider of a one to one motivational support and pharmacotherapy service via the level 3 smoking cessation service.
- Monmouthshire has the lowest percentage of persons aged 16 or over who smoke (16.5%).
- This is a relatively new service and therefore pharmacies may not yet have come forward to provide it.
- With effect from June 2021, the distribution of Champix® (Varenicline) has been paused by Pfizer, the sole supplier of the product. It is currently unknown when supplies will become available.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide and three said they did not but could make adjustments.

As Varenicline is currently unavailable the Health Board will work with those pharmacies that have not signed up to provide the service to understand why they haven't.

Based on the above the Health Board has identified that there is a need for those pharmacies that provide the level 3 service to also provide this service no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes available, there will be a future need for this service to be provided at seven locations spread evenly throughout the locality, in areas of greater population density.

13.6.10 Flu vaccination

The Health Board has noted the following points:

- Nine of the 11 pharmacies were commissioned to provide this service in 2020/21. As of August 2021, six of the pharmacies have signed up to provide this service in 2021/22, and it is anticipated that the majority of the remainder will sign up. In relation to one of the pharmacies that was not commissioned to provide the service in 2020/21, other pharmacies in the town do provide the service. In relation to the second pharmacy that was not commissioned to provide the service there is no need as the GP practice in the town achieves high vaccination levels of the at risk groups, and the levels are also above the national average.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide and three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

13.6.11 Common ailment service

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- One of the aims of the service is to reduce demand for GP appointments and it would therefore be beneficial if more people accessed the service.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide and three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

13.6.12 Emergency medicine supply

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide and three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

13.6.13 Care home services

The Health Board has noted the following points:

- One of the pharmacies is commissioned to provide the level 1 service.
- It is up to the care home to choose which, if any, pharmacy it wishes to work with in relation to medicines.
- Care homes will have chosen to work with out of area providers.
- The service is currently under review due to the low take-up.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide and three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

13.6.14 Directly observed therapy service for medicines compliance

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patients being prescribed a medicine that requires observation.
- No pharmacies are currently commissioned to provide this service as there is no need to do so.
- When it has needed to be commissioned in the past the Health Board has had no difficulty in finding a pharmacy that is willing to provide the service.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide and three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

13.6.15 Low molecular weight heparin (Dalteparin) services

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patient need. It has rarely been needed since its inception.
- One pharmacy is currently commissioned to provide this service.

- The service is commissioned on a Gwent-wide basis and is provided by seven pharmacies across the Health Board's area.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide and three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

13.6.16 Independent prescriber services

The Health Board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- None of the pharmacies are currently commissioned to provide either of the services, although two pharmacists are undertaking the training.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide and three said they did not but could make adjustments.

In line with Pharmacy: Delivering a Healthier Wales, the Health Board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for this service within the locality.

13.6.17 Medicines administration services

The Health Board has noted the following points:

- Demand for these services is driven by the social care sector.
- Eight pharmacies are commissioned to provide medicines administration records or monitored dosage systems and two to provide automatic pill dispensers.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide and three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

13.6.18 Needle exchange service

The Health Board has noted the following points:

- Two of the pharmacies are commissioned to provide this service.
- The Gwent Area Planning Board engages with service users to find out where they would like to access this service and then approaches the Health Board to commission the service at the required location or locations.
- It is reported that some service users wish to travel out of their local area to access the service.
- There are other providers of this service.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide and three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

13.6.19 In hours palliative care service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- None of the pharmacies are commissioned to provide this service.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide and three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

13.6.20 Palliative care out of hours service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- Two of the pharmacies are commissioned to provide this service.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide and three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

13.6.21 Supervised consumption service

The Health Board has noted the following points:

- Nine of the pharmacies are commissioned to provide this service providing a good spread of locations across the locality.
- Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide and three said they did not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

14 Monmouthshire South locality

14.1 Key facts for the area of Monmouthshire County Council

- Predominantly rural county with 53% of the total population living in wards defined as being in urban areas
- Generally a prosperous area offering a high quality of life for its residents.
- Estimated population decrease of 1.3% between 2011 and 2036
- Lowest population density in the Health Board's area, and also lower than the average for Wales
- No lower super output areas within the most deprived 10% and only four in the most deprived 50%
- Lowest general fertility rate in the Health Board's area and also lower than the average for Wales
- Highest male and female life expectancy (80.3 and 84.0 years respectively)
- Highest healthy life expectancy at birth for both males and females (65.7 and 64.3 years respectively)
- Lowest rate of premature deaths from key non-communicable disease and lower than the average for Wales
- Lowest rate of limiting long-term illness per 10,000 population, and lower than the average for Wales
- Lowest percentage of people stating that their day-to-day activities are limited a lot
- Highest proportion of one person households occupied by someone aged 65 and over
- Highest percentage of one family only households with all members aged 65 and over
- 44.6% of households have two or more cars (highest percentage in the Health Board's area and also higher than average for Wales)
- 62.9% of the population are in employment and 17.6% are retired (highest percentages in the Health Board's area)
- Lowest percentage of people looking after home or family (3.75%)
- Lowest percentage of people who are long-term sick or disabled and economically inactive
- Lowest percentage of non-drinkers (12.6%) and highest percentage of hazardous drinkers (21.7%)
- Lowest percentage of persons aged 16 or over who smoke (16.5%)
- 17% are obese (significantly better than the average for Wales) and 54% are overweight or obese
- 70% do not eat five portions of fruit and vegetables a day (significantly better than the average for Wales)
- 23% are active for less than 30 minutes a week (significantly better than the average for Wales).

There are five strategic housing sites within the locality:

- Crick Road, Portskewett
- Fairfield Mabey, Chepstow
- Rockfield Farm, Undy
- Land at Vinegar Hill, Undy, and
- Former paper mill, Sudbrook.

A joint outline application (DM/2018/00696) for 291 residential units (218 market and 73 affordable units) at **Crick Road** was granted permission in March 2019. In 2019/20 a reserved matters application (DM/2019/01041) for 269 residential units was approved (201 market and 68 affordable units). This is below the target number of units for the site (285) with the drop in density of the site being driven by changes to the proposed house types and by positive improvements to the design of the site.

The development will also include a 32-bed care home which was the subject of a separate planning application, DM/2019/01629, granted on 26 February 2020. The acceptance of this loss has previously been justified in relation to the outline permission which was approved in an earlier monitoring period. The first completions on site are expected in 2021/22.

An outline application (DC/2014/01290) for **Fairfield Mabey** was submitted in October 2014 for up to 600 residential units, commercial space including offices and workshops, small scale retail/food and drink floor space and multi-functional green and blue open space. Outline planning permission for 450 units (432 market and approximately 18 affordable units on 1.5 acres of the site) was granted in November 2017. Work on the site has now begun.

Rockfield Farm is allocated for 270 residential units and 2ha of serviced land for business and industrial use. An outline planning application was submitted in July 2016 (DC/2016/00883) for 266 units and 5,575m² of employment land. An outline application was approved in March 2018. A reserved matters application (DM/2018/01606) has been granted planning permission for phase 1 of the site - 144 residential units. The site is currently under construction with 16 dwellings completed as of 31 March 2019.

This site for 225 residential units at **land at Vinegar Hill** is linked to the adjacent Rockfield Farm site and was expected to progress in tandem. However whilst initial progress has been slow, the developer submitted a hybrid application (DM/2019/01937) in November 2019. The application is for 155 dwellings, 72 dwellings as a full application and 83 dwellings as outline. The first completions on site are expected in 2021/22.

A full planning application (DC/2015/01184) for the **former Paper Mill** was submitted in October 2015 for 212 residential units (192 market and 20 affordable units) and approved in November 2016. Following a re-plan

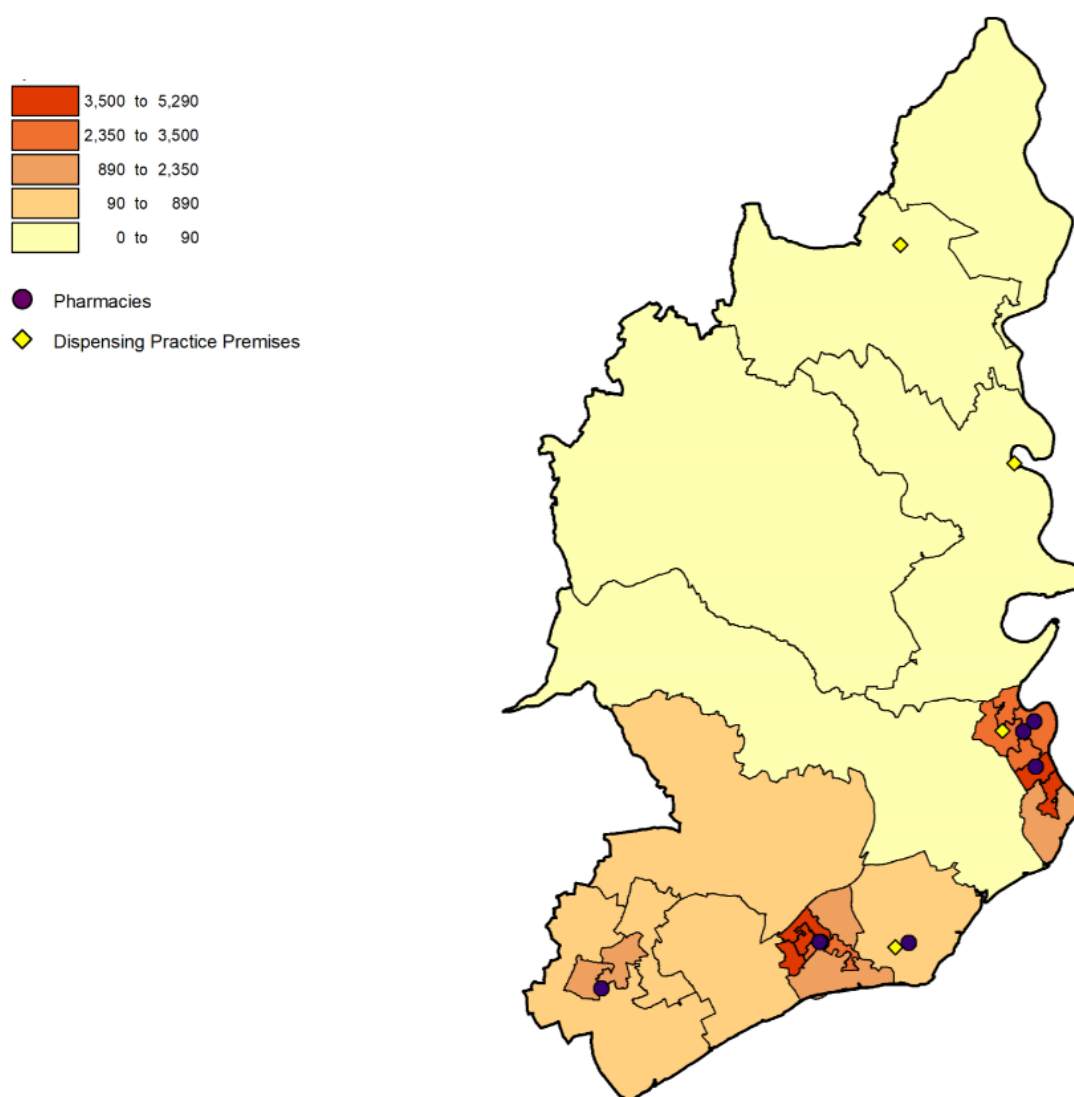
of part of the site the number of residential units on the site has decreased to 210. The site is currently under construction, with 96 dwellings as of 31 March 2019.

14.2 Current provision of pharmaceutical services within the locality's area

There are seven pharmacies in the locality operated by three different contractors, and four of the five GP practices dispense from a total of six premises two of which are located in England. The level of dispensing ranges from 6.1% of the practice's registered population to 93.5%.

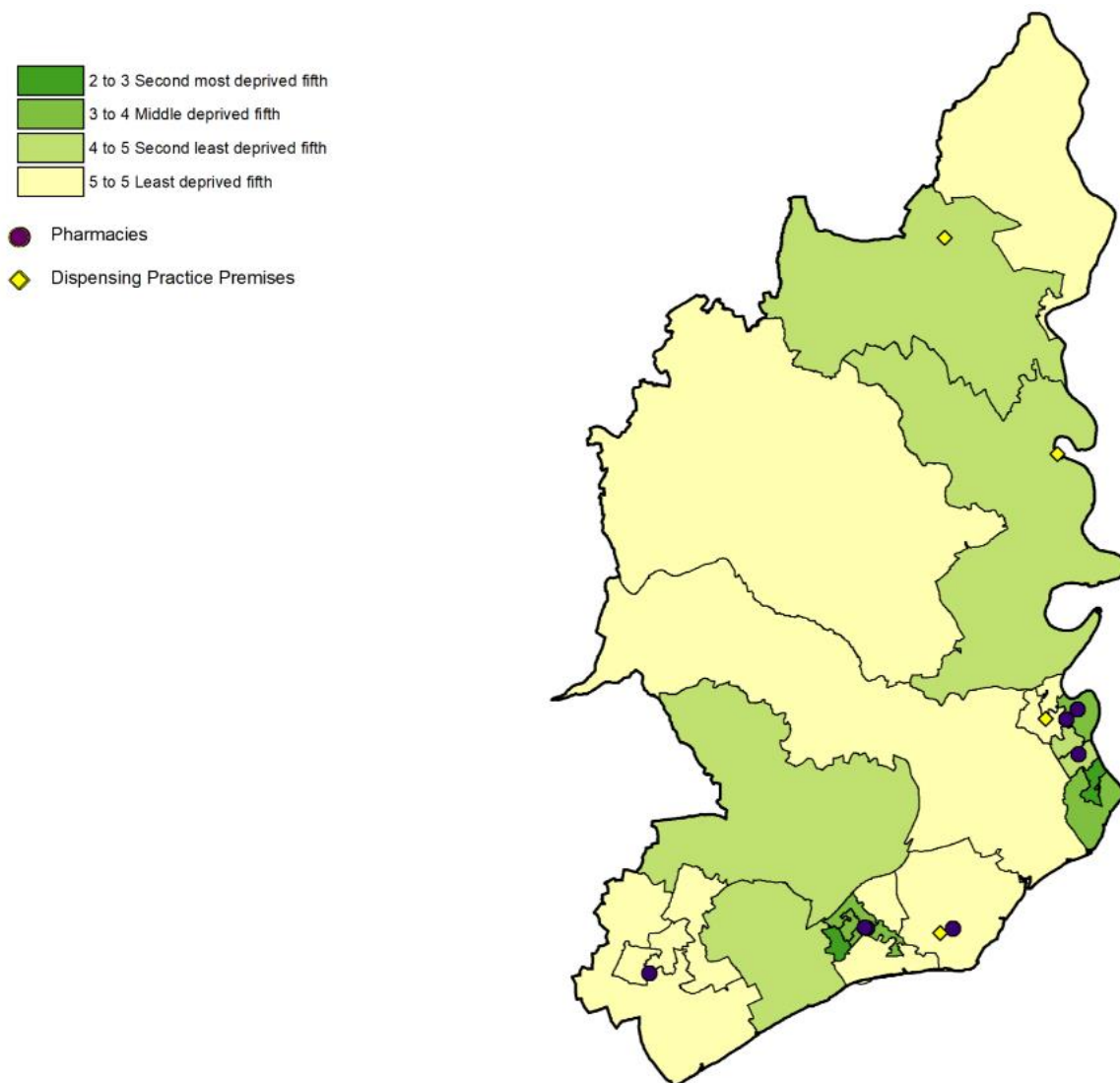
As can be seen from the map below the pharmacies are generally located in areas of greater population density. There is no correlation between the location of dispensing practice premises and either lower or greater population density.

Map 74 – location of pharmacies compared to population density



As can be seen from the map below there is little correlation between the location of premises and the areas of greater deprivation.

Map 75 – location of pharmacies and dispensing doctor premises compared to the level of deprivation



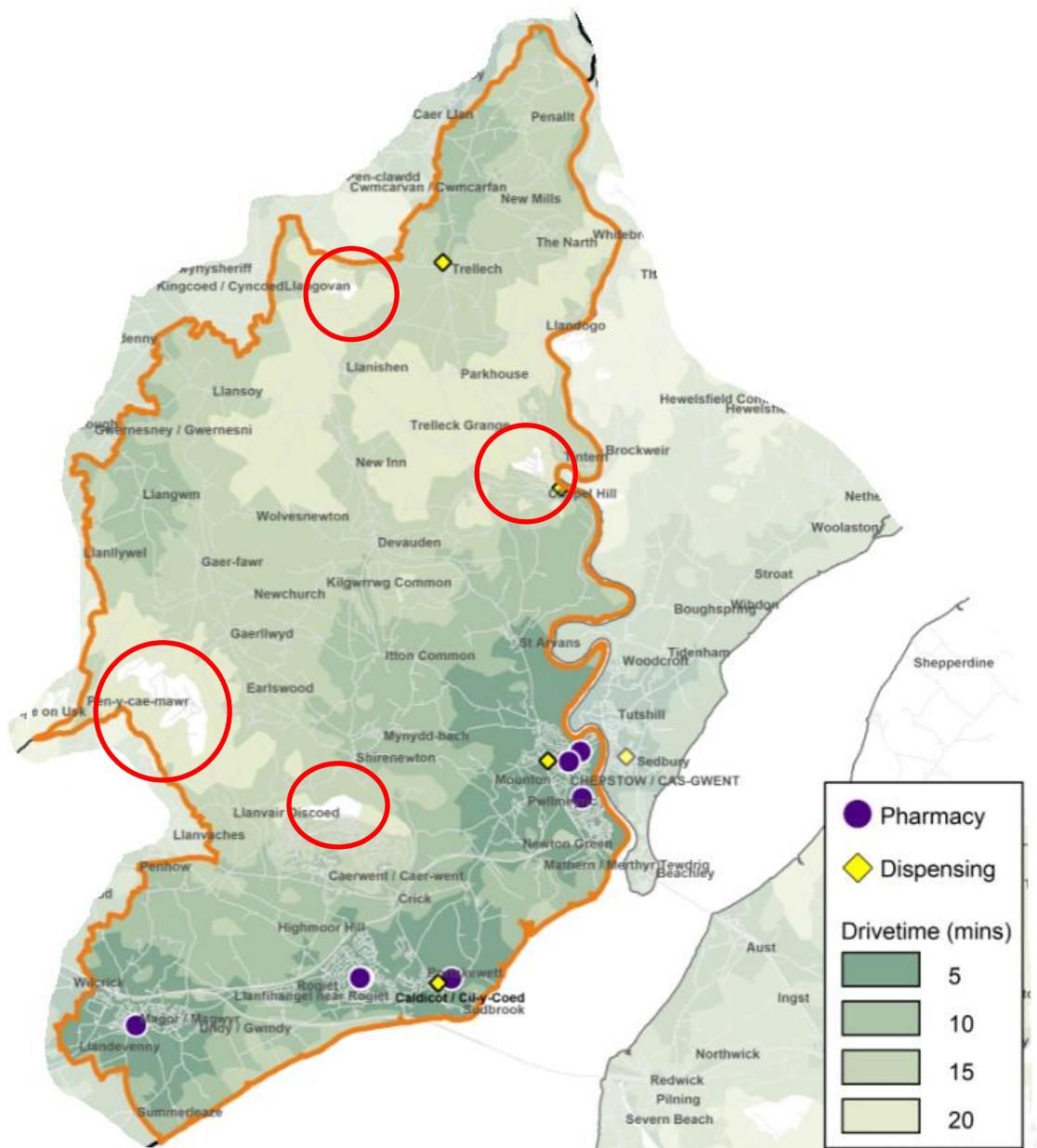
© Copyright Ordnance Survey Licence 100050829

In 2019/20, 70.9% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality. This increased to 81.9% in 2020/21. 13.5% were dispensed by the dispensing practices, 11.6% in 2020/21.

The map below shows the drive time to a pharmacy, with the darker the green the shorter the drive. As can be seen, there are four areas that are not within a 20-minute drive of a pharmacy (circled in red). Google Maps reveals that these four areas are very sparsely populated with a few

scattered houses and farms, and people living there are likely to be dispensed to by their GP practice.

Map 76 – access to pharmacies in the locality



© Crown Copyright Ordnance Survey Mapping License 100050829

With regard to when the pharmacies are open:

- One opens Monday to Friday,
- Four open Monday to Friday, and part of Saturday,
- One opens Monday to Saturday, and
- One pharmacy opens Monday to Sunday.

A Sunday rota operates so that one pharmacy in Monmouthshire opens between 18.00 and 20.00, but not necessarily within this locality.

With regard to the times at which these pharmacies are open between Monday and Friday:

- One opens at 08.30, one at 08.45 and the remainder open at 09.00
- Four close at 17.30, one closes at 17.45 (other than on Wednesdays when it closes at 17:00) and two close at 18.00.

Two pharmacies remain open all day, the others close at lunchtime between 13.00 and 14.00.

On Saturday, one pharmacy opens at 08.30 with the remainder opening at 09.00. One of the two that are open all day closes for lunch; they close at either 17.00 or 17.30

The information in the rest of this section was received via the contractor questionnaire.

All of the pharmacies are accessible by wheelchair, and six have a consultation area that is accessible by wheelchair. All the consultations areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Only one pharmacy provided information on languages spoken other than English – French and Arabic. However, as 86.0% of residents have no Welsh language skills and 98.2% have English as their main language (local authority level data, Census 2011). This coupled with the availability of Language Line means that the Health Board has not identified any issues for those who wish to access services in a language other than English.

Six of the pharmacies dispense prescriptions for all types of appliances and one doesn't dispense any appliances.

All seven pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- one provides a free of charge delivery service on request,
- five provide a delivery service for a fee,
- one provides both a free and chargeable delivery service, and

- one pharmacy restricts its service to local to Chepstow and close surrounding areas.

One pharmacy was of the opinion that there is a requirement for an existing enhanced service which is not currently already being provided. This service is to accept patient returned sharps boxes because lots of people enquire and the pharmacy passes on a phone number to ring but suspects some people may just throw them away with their rubbish.

In relation to a requirement for a new service that is not currently available, one pharmacy suggested the provision of Covid vaccinations.

Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, however one said that it did not but could make adjustments.

With regard to having plans to develop or expand their service provision:

- Two said they are happy to increase service provision, and
- One said it is hoping to provide a smoking cessation service.

One of the five dispensing practices responded to the dispensing doctor questionnaire and provides services from one premises. Its responses were as follows:

- The dispensary opens 08.30 to 18.30, Monday to Friday.
- It dispenses prescriptions for all types of appliances.
- It does not offer a delivery service.
- No staff speak Welsh.
- Has sufficient capacity within the existing premises and staffing levels to manage an increase in demand.
- Provides medicines administration record charts, dosette boxes and medicines charts. Use of automatic dispensing.

14.2.1 Medicines use review service

In 2018/19 all of the pharmacies provided this service, with one providing the maximum number of 400. Six of the pharmacies provided the service in 2019/20, with one providing the maximum number. At the time of writing the service has been suspended until April 2022 due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 77 – location of the pharmacies providing the medicines use review service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

14.2.2 Discharge medicines review

In 2018/19, four of the pharmacies provided this service with none providing the maximum number of 140 reviews. Three pharmacies provided the service in 2019/20, again with none providing the maximum

number. In 2020/21, two of the pharmacies provided a total of 37 reviews.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

Map 78 – location of the pharmacies providing discharge medicines reviews in 2019/20



14.2.3 Appliance use reviews

None of the pharmacies in the locality provide this service despite six dispensing prescriptions for all types of appliances.

14.2.4 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite six dispensing prescriptions for all types of appliances.

14.2.5 Emergency hormonal contraception

Six of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21, six pharmacies were commissioned to provide the service and six are commissioned in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

[illegible]

14.2.6 Smoking cessation service level 2

Four of the pharmacies provided this service in 2018/19 and five provided it in 2019/20. In 2020/21, six were commissioned to provide the service, falling to five in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity, the maroon squares representing them may overlap.

Map 80 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

14.2.7 Smoking cessation service level 3

Five of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21, four pharmacies were commissioned to provide it falling to three in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 81 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

14.2.8 Smoking cessation level 3 patient group direction Varenicline scheme

One pharmacy provided this service in 2018/19, reducing to none in 2019/20. In 2020/21, one pharmacy was commissioned to provide the service falling to none in 2021/22.

14.2.9 Flu vaccination

Three of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21, six were commissioned to provide the service and gave a total of 318 vaccinations.

As of August 2021, one of the pharmacies has signed up to provide this service in 2021/22, however it is anticipated that the majority of the remainder will sign up.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 82 – location of the pharmacies providing flu vaccinations in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

14.2.10 Common ailment service

Two of the pharmacies provided this service in 2018/19 increasing to six in 2019/20. In 2020/21, seven pharmacies were commissioned to provide the service and all seven are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 83 – location of the pharmacies providing the common ailment service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

14.2.11 Emergency medicine supply

One of the pharmacies provided this service in 2018/19 increasing to five in 2019/20. In 2020/21, all of the pharmacies were commissioned to provide the service and are also commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

Map 84 – location of the pharmacies providing the emergency medicine supply service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

14.2.12 Care home services

One of the pharmacies is commissioned to provide the level 1 service in 2021/22.

14.2.13 Directly observed therapy service for medicines compliance

None of the pharmacies are commissioned to provide this service in 2021/22.

14.2.14 Low molecular weight heparin (Dalteparin) services

None of the pharmacies are commissioned to provide this service in 2021/22.

14.2.15 Independent prescriber services

None of the pharmacies are commissioned to provide either of these services in 2021/22.

14.2.16 Medicines administration service

In 2020/21, three pharmacies were commissioned to provide the service that involves the provision of a medicines administration record or a monitored dosage system, and three are commissioned to provide it in 2021/22.

None of the pharmacies are commissioned to provide automatic pill dispensers in 2021/22.

14.2.17 Needle exchange service

In 2020/21, two of the pharmacies were commissioned to provide this service and two are commissioned to provide it in 2021/22.

14.2.18 In hours palliative care service

In 2021/22, two pharmacies are commissioned to provide this service.

14.2.19 Palliative care out of hours service

None of the pharmacies are commissioned to provide this service in 2021/22.

14.2.20 Supervised consumption service

All of the pharmacies were commissioned to provide this service in 2020/21 and are also commissioned to provide it in 2021/22a.

14.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the Health Board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2019/20 were dispensed by either one of the seven pharmacies or dispensing practices in the locality, 9.6% were dispensed outside the locality:

- 5.5% by contractors in England,
- 1.6% by pharmacies in Newport East,
- 1.5% by pharmacies in Monmouthshire North,
- 0.5% by pharmacies in Newport West,
- 0.2% by pharmacies in each of Torfaen North , and
- 0.1% elsewhere in Wales.

In 2020/21 fewer prescriptions were dispensed outside of the locality (7.9%) with the majority of these dispensed in England (5.7%) and Newport East (1.4%).

In addition residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the Health Board's area; however it is not possible to quantify this activity from the recorded data.

14.4 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments
- One dispensing practice provides medicines administration record charts, dossette boxes and medicines charts.

The non-dispensing GP practices personally administered 0.9% of the items prescribed by the practices in 2019/20, falling slightly to 0.8% in 2020/21.

Residents will access other NHS services located in this locality or elsewhere in the Health Board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- The Alternative Primary Care Service,
- Drug and alcohol services,
- The long term conditions practitioner service, and
- Help Me Quit.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

14.5 Choice with regard to obtaining pharmaceutical services

As can be seen from the preceding sections, those living within the locality and registered with one of the five GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed. However some choose to look outside the locality, usually to access a neighbouring pharmacy or a dispensing appliance contractor near to where they work, shop, or go for leisure or another reason.

In 2019/20 over 180 contractors dispensed items written by one of the GP practices in this locality, of which:

- Seven were located within the locality,
- 79 were located elsewhere within the Health Board's area,
- 97 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

This fell to 123 in 2020/21:

- Seven were located within the locality,
- 60 were located elsewhere within the Health Board's area,
- 49 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

14.6 Gaps in provision

14.6.1 Essential services

The Health Board has noted the following points:

- The pharmacies are predominantly in the south of the locality and are generally located in areas of greater population density and higher deprivation. In the less populated areas of the middle and north of the locality, residents are dispensed to by their GP practice.
- There are four areas that are not within a 20-minute drive of a pharmacy. Google Maps reveals that these areas are very sparsely populated with a few scattered houses and farms. People living there will be dispensed to by their GP practice.
- The population of Monmouthshire is projected to decrease by 1.3% between 2011 and 2036.
- There are five strategic housing sites within the locality which will create approximately 1,590 housing units. All are located in the south of the locality, from Newport moving westwards towards Newport.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not but could make adjustments.

The Health Board has considered the five strategic housing sites and whether there is a current or future need for the provision of a pharmaceutical service or services within any of them.

In relation to the development in Chepstow known as Fairfield Mabey, it is noted that this is in the town and that the three pharmacies have all said they have capacity to manage an increase in demand. The development will generate up to 600 residential units. Chepstow is not a controlled locality and therefore residents cannot be dispensed to by a dispensing doctor. The Health Board is satisfied that the additional demand for pharmaceutical services that will be generated can be met by the existing estate. It has therefore not identified any current or future needs for essential services within this development.

The other four sites spread westward from Chepstow and collectively will generate:

- 291 housing units in Portskewett,
- 210 in Sudbrook, and
- 495 in Undy.

This part of the locality is served by both pharmacies and dispensing doctors. The Health Board is satisfied that the additional demand for

pharmaceutical services that will be generated can be met by the existing estate. It has therefore not identified any current or future needs for essential services within this development.

14.6.2 Medicines use review service

The Health Board has noted the following points:

- Prior to the suspension of this service it was provided by all but one of the pharmacies.
- One pharmacy provided the maximum number of medicines use reviews in 2018/19 and 2019/20.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

14.6.3 Discharge medicines review

The Health Board has noted the following points:

- Two of the seven pharmacies provided this service in 2020/21.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- Due to the range of medicines included within the service only a small proportion of patients being discharged will be eligible to receive the service.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not but could make adjustments.

The Health Board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible

patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

14.6.4 Appliance use reviews

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that six of the pharmacies dispense prescriptions for all types of appliances and have confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

14.6.5 Stoma appliance customisation

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that six of the pharmacies dispense prescriptions for all types of appliances and have confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

14.6.6 Emergency hormonal contraception

The Health Board has noted the following points:

- Six of the seven pharmacies are commissioned to provide this service.
- There is a good spread of pharmacies providing the service across the locality.
- The service will also be provided by GP practices and sexual health clinics.

- There is a growing focus on long-acting reversible contraception for eligible females.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

14.6.7 Smoking cessation level 2

The Health Board has noted the following points:

- Five of the seven pharmacies are commissioned to provide this service providing a good spread of locations across the locality.
- Monmouthshire has the lowest percentage of persons aged 16 or over who smoke (16.5%)
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

14.6.8 Smoking cessation level 3

The Health Board has noted the following points:

- Three of the seven pharmacies are commissioned to provide this service in 2021/22.
- Monmouthshire has the lowest percentage of persons aged 16 or over who smoke (16.5%)
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

14.6.9 Smoking cessation level 3 patient group direction

The Health Board has noted the following points:

- None of the pharmacies are commissioned to provide this service as part of the smoking cessation level 3 service.

- GP practices are able to prescribe Varenicline therefore residents of the locality are able to access the service that way as opposed to under this service. However, pharmacies are the only provider of a one to one motivational support and pharmacotherapy service via the level 3 smoking cessation service.
- Monmouthshire has the lowest percentage of persons aged 16 or over who smoke (16.5%)
- This is a relatively new service and therefore pharmacies may not yet have come forward to provide it.
- With effect from June 2021, the distribution of Champix® (Varenicline) has been paused by Pfizer, the sole supplier of the product. It is currently unknown when supplies will become available.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not but could make adjustments.

As Varenicline is currently unavailable the Health Board will work with those pharmacies that have not signed up to provide the service to understand why they haven't.

Based on the above the Health Board has identified that there is a need for those pharmacies that provide the level 3 service to also provide this service no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes available, there will be a future need for this service to be provided at three locations spread evenly throughout the locality, in areas of greater population density.

14.6.10 Flu vaccination

The Health Board has noted the following points:

- Six of the seven pharmacies were commissioned to provide this service in 2020/21. As of August 2021, one of the pharmacies has signed up to provide this service in 2021/22, however it is anticipated that the majority of the remainder will sign up.
- There are other providers of the service within the locality.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

14.6.11 Common ailment service

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- One of the aims of the service is to reduce demand for GP appointments and it would therefore be beneficial if more people accessed the service.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

14.6.12 Emergency medicine supply

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

14.6.13 Care home services

The Health Board has noted the following points:

- One of the pharmacies is commissioned to provide the level 1 service.
- It is up to the care home to choose which, if any, pharmacy it wishes to work with in relation to medicines.
- Care homes will have chosen to work with out of area providers.
- The service is currently under review due to the low take-up.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

14.6.14 Directly observed therapy service for medicines compliance

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patients being prescribed a medicine that requires observation.
- None of the pharmacies are currently commissioned to provide this service.
- When it has needed to be commissioned in the past the Health Board has had no difficulty in finding a pharmacy that is willing to provide the service.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

14.6.15 Low molecular weight heparin (Dalteparin) services

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patient need. It has rarely been needed since its inception.
- None of the pharmacies are currently commissioned to provide the service.
- The service is commissioned on a Gwent-wide basis and is provided by seven pharmacies across the Health Board’s area.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

14.6.16 Independent prescriber services

The Health Board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- None of the pharmacies are currently commissioned to provide either of the services.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an

increase in demand for the services they provide. One said that it does not but could make adjustments.

In line with Pharmacy: Delivering a Healthier Wales, the Health Board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for this service within the locality.

14.6.17 Medicines administration services

The Health Board has noted the following points:

- Demand for these services is driven by the social care sector.
- Three pharmacies are commissioned to provide medicines administration records or monitored dosage systems and none to provide automatic pill dispensers.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

14.6.18 Needle exchange service

The Health Board has noted the following points:

- Two of the pharmacies are commissioned to provide this service.
- The Gwent Area Planning Board engages with service users to find out where they would like to access this service and then approaches the Health Board to commission the service at the required location or locations.
- It is reported that some service users wish to travel out of their local area to access the service.
- There are other providers of this service.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

14.6.19 In hours palliative care service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- Two of the pharmacies are commissioned to provide this service.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

14.6.20 Palliative care out of hours service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- None of the pharmacies are commissioned to provide this service.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

14.6.21 Supervised consumption service

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- Six of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. One said that it does not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

15 Newport East locality

15.1 Key facts for the area of Newport City Council

- Third largest urban centre in Wales with a population of 154,676
- Second largest number of people from minority ethnic communities of all the Welsh counties (after Cardiff)
- Estimated population increase of 17.3% between 2011 and 2036
- Most densely populated area in Gwent, and five times more populated than the average for Wales
- More ethnically diverse population than the other local authority areas
- Fewer people have English as their main language in Newport compared to the other local authority areas (95% versus 99% respectively)
- Home to a significant Muslim population, the second highest in Wales after Cardiff
- Highest percentage of lower super output areas in the most deprived 10% (23 or 24.2%)
- Highest general fertility rate and also significantly higher than the average for Wales
- Gap in years in life expectancy at birth of males between the most and least deprived areas is still significant but decreased from 10.6 years in 2005-2009 to 9.9 years in 2010-2014
- Conversely, the gap in years in the life expectancy at birth of females between the most and least deprived areas has increased from 5.7 years in 2005-2009 to 7.2 years in 2010-2014
- Highest predicted increase in the number of people aged 18 years or older with a limiting long term illness over the period 2013 to 2035 – 25.1%
- Highest proportion of students who are economically active (3.6%) and also those who are not economically active (5.3%)
- Lowest proportion of retired residents – 14.6%
- A significant Gypsy & Traveller population in unofficial sites around the periphery of the city centre and is very often the unofficial unauthorised site for travellers in transit heading east/west from Ireland to England
- In the three financial years 2015-16, 2016-2017 and 2017-2018 had the greatest demand on its homeless services (1,707 households)
- Highest percentage of non-drinkers (20.7%), lowest percentage of hazardous drinkers (11.2%) but highest percentage of harmful drinkers (3.2%)
- 20% of the population of Newport smoke
- 26% are obese and 63% are overweight or obese
- 81% do not eat five portions of fruit and vegetables a day (significantly worse than the average for Wales)

- 33% are active for less than 30 minutes a week (significantly better than the average for Wales)

There is one planning application of significance in the locality:

- Ringland Centre – estate regeneration. Outline planning permission was granted in October 2019 for the redevelopment and regeneration of Ringland Centre. The permission allows up to 165 new dwellings and 1,500m² of commercial space and open space. A masterplan has been agreed for the wider regeneration of Ringland and this application is a key part of that work.

There are two strategic sites in the locality – Glan Llyn and Llanwern Village.

Glan Llyn is a major regeneration project transforming the 600-acre former Newport Llanwern Steelworks site into a major new community for South Wales. The project will include:

- 4,000 new high quality homes built for all, including first time buyers and families.
- A range of sports facilities and an abundance of open parkland, wildlife habitats and new lakes.
- Primary schools, nurseries and after school activities.
- The 100-acre Celtic Business Park with planning for office, manufacturing and warehousing uses creating approximately 2,000 out of circa 6,000 jobs.
- A local centre including a public house, retail, leisure and community facilities.
- An integrated transport strategy that includes new road links, cycle routes, footpaths and bus services.

Two developers are on site at present and an application from a third developer was submitted in December 2019. The primary school opened in September 2019. As of 31 March 2020 there are no plans to deliver the second primary school. It was anticipated that 185 houses will be built per year over the lifetime of this document; however the delivery rate is slipping with just 67 houses completed in 2019/20. As of 31 March 2019 780 houses had been completed against a projected figure of 1,152 (a shortfall of 372).

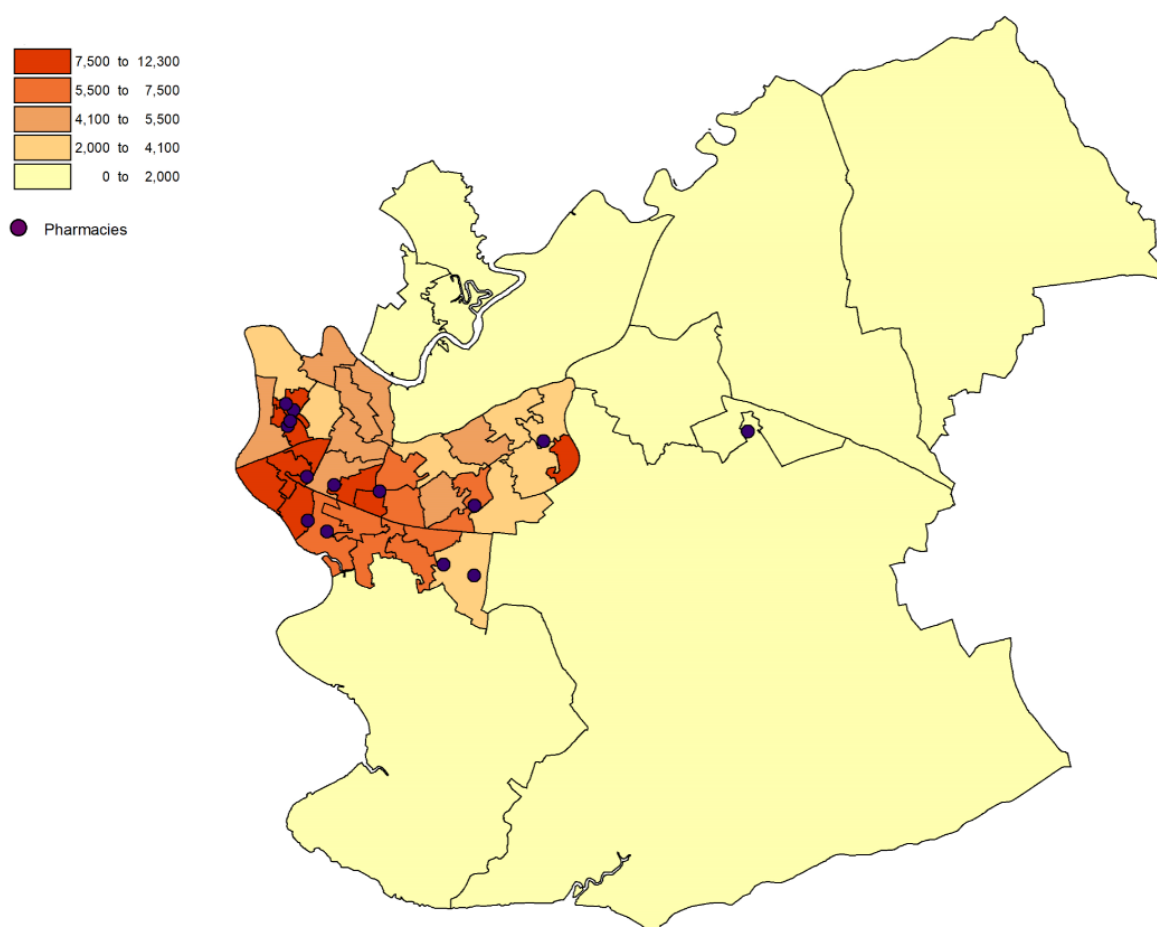
Llanwern Village has planning permission for 1,100 housing units. It is a greenfield development consisting a residential development with associated community facilities such as a school. It has not delivered the anticipated number of units however as of March 2020 there had been 31 completions in Phase 1 with the majority of that phase now under construction. Construction has also commenced on Phase 2. Whilst the site's delivery is significantly behind schedule, progress is now being

made and it is estimated that it will contribute approximately 480 units between 2020 and 2025.

15.2 Current provision of pharmaceutical services within the locality's area

There are 15 pharmacies in the locality operated by eight different contractors. None of the nine GP practices dispense. As can be seen from the map below, with the exception of one pharmacy, all the pharmacies are in areas of greater population density.

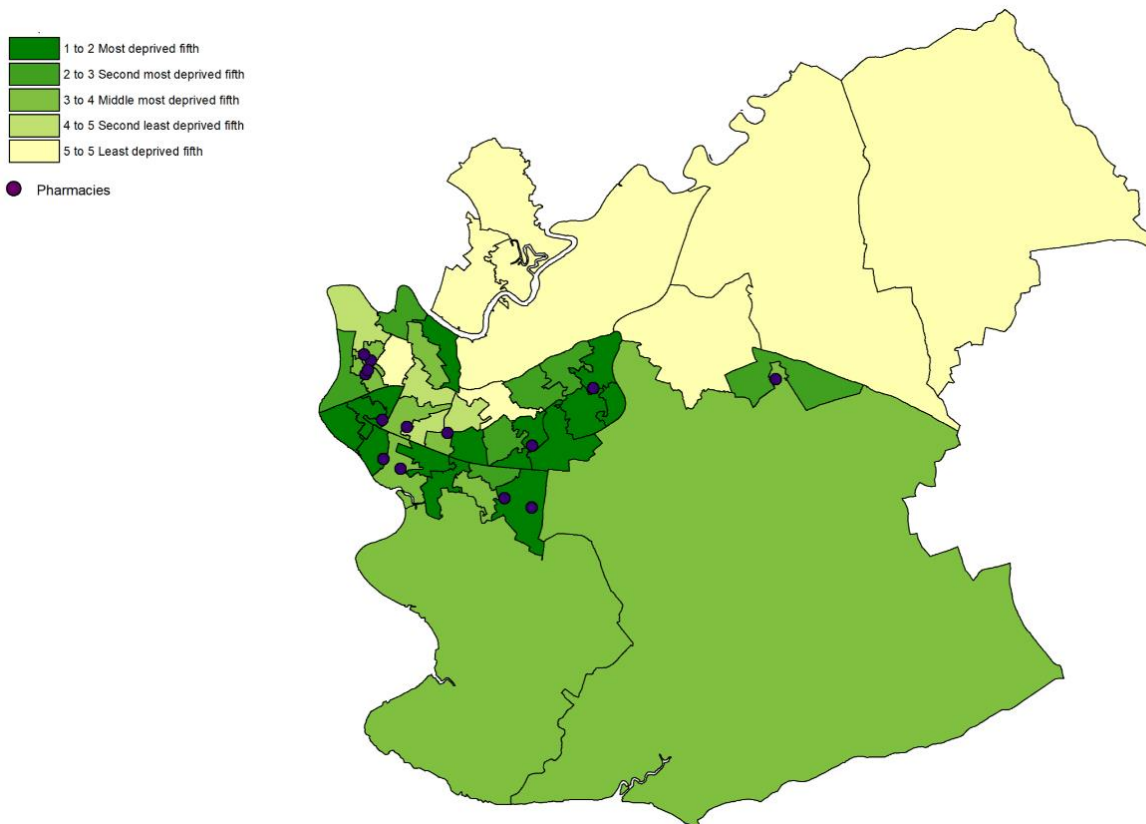
Map 85 – location of pharmacies compared to population density



© Crown Copyright Ordnance Survey Mapping License 100050829

As can be seen from the map below the pharmacies are located in areas of greater deprivation.

Map 86 – location of pharmacies compared to the level of deprivation

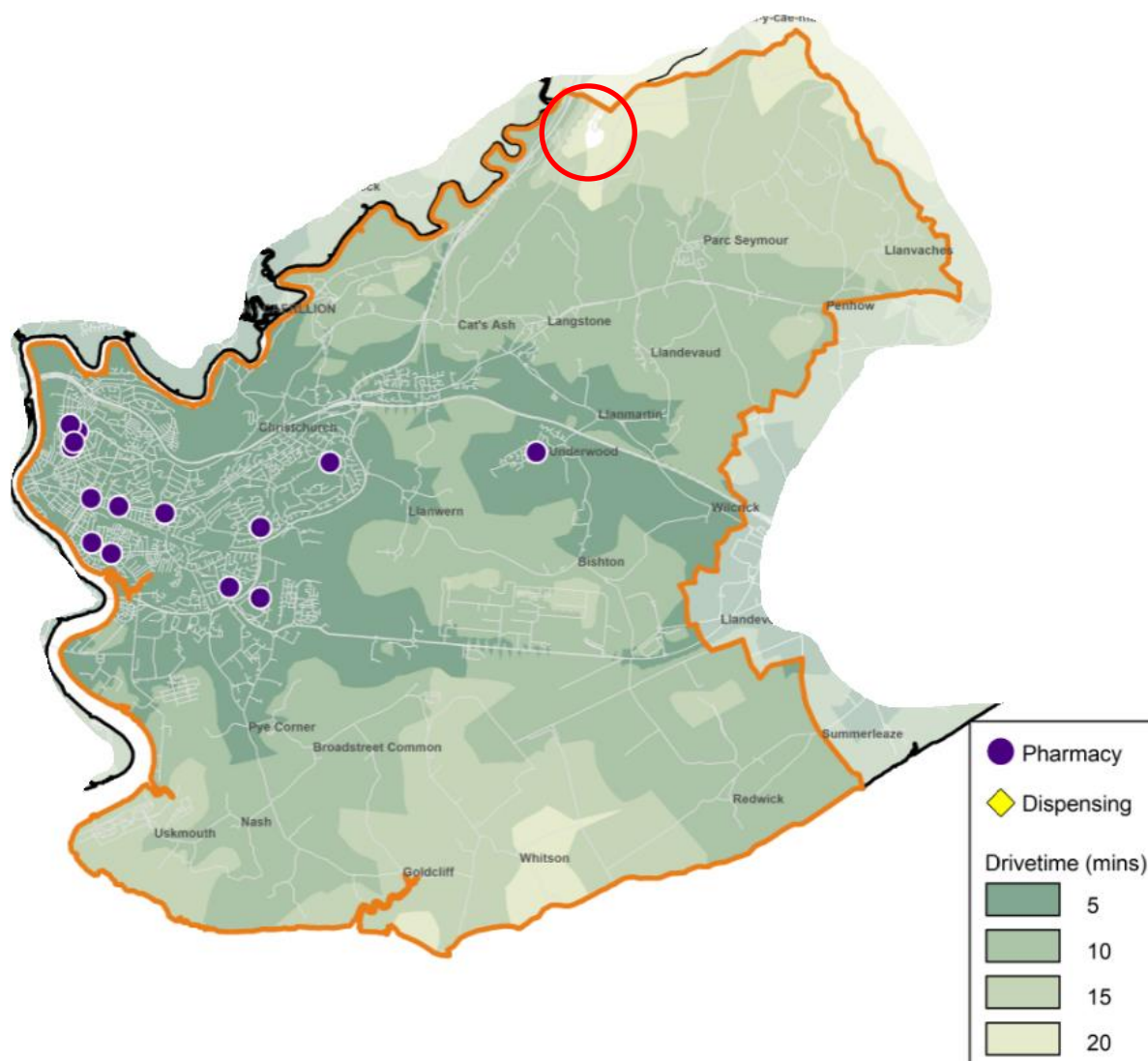


© Copyright Ordnance Survey Licence 100050829

In 2019/20, 84.3% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality, increasing slightly to 85.2% in 2020/21.

The map below shows the drive time to a pharmacy, with the darker the green the shorter the drive. As can be seen, only one area is not within a 20-minute drive of a pharmacy. However Google Maps reveals that there are no houses in that area.

Map 87 – access to pharmacies in the locality



© Crown Copyright Ordnance Survey Mapping License 100050829

With regard to when the pharmacies are open:

- Seven open Monday to Friday,
- Five open Monday to Friday, and part of Saturday,
- Two open Monday to Saturday, and
- One opens on Sunday.

A Sunday rota operates so that one pharmacy in Newport opens between 18.00 and 20.00, but not necessarily within this locality.

With regard to the times at which these pharmacies are open between Monday and Friday:

- One opens at 08.00, three at 08.30, one opens at 08.45 and the rest at 09.00,

- Three close at 17.30, 11 close at 18.00 (although one closes at 17.30 on Thursdays) and one closes at 20.00.

Seven pharmacies remain open all day, the others close at lunchtime between 13.00 and 14.00.

On Saturdays, one pharmacy opens at 08.30 with the remainder opening at 09.00. Two of the three pharmacies that open all day close for lunch between 13.00 and 14.00. Two close at 17.30 and the third at 19.00.

The one pharmacy that opens on Sundays does so between 10.30 and 16.30.

The information in the rest of this section was received via the contractor questionnaire.

All of the pharmacies are accessible by wheelchair, and 13 have a consultation area that is accessible by wheelchair. All the consultations areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Three of the pharmacies provided information on languages spoken other than English. Welsh is spoken in one, Punjabi in another, and Urdu and Punjabi in another. This coupled with the availability of Language Line means that the Health Board has not identified any issues for those who wish to access services in a language other than English.

All of the pharmacies dispense prescriptions for all types of appliances.

14 pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- six provide a free of charge delivery service on request,
- three provide a delivery service for a fee,
- two only deliver to those with a clinical need or mobility issues, one only delivers to those with a clinical need, and four deliver to enabled/disabled, and
- two only deliver to the NP19 postcode only, and one delivers to all local areas.

One pharmacy is of the opinion that there is a requirement for a needle exchange service and another anticipates starting to provide the independent prescriber service for acute conditions.

One pharmacy is of the opinion that there is a need for a blood pressure check service as it is not readily available at some of the local GP practices. Another believes there is a need for an independent prescribing service as the current situation has left many GP practices seeing less patients than usual meaning pharmacists have had to step up to meet the demands of patients. The independent prescriber service will add several benefits to the community.

All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Eight pharmacies have plans to develop or expand their service provision:

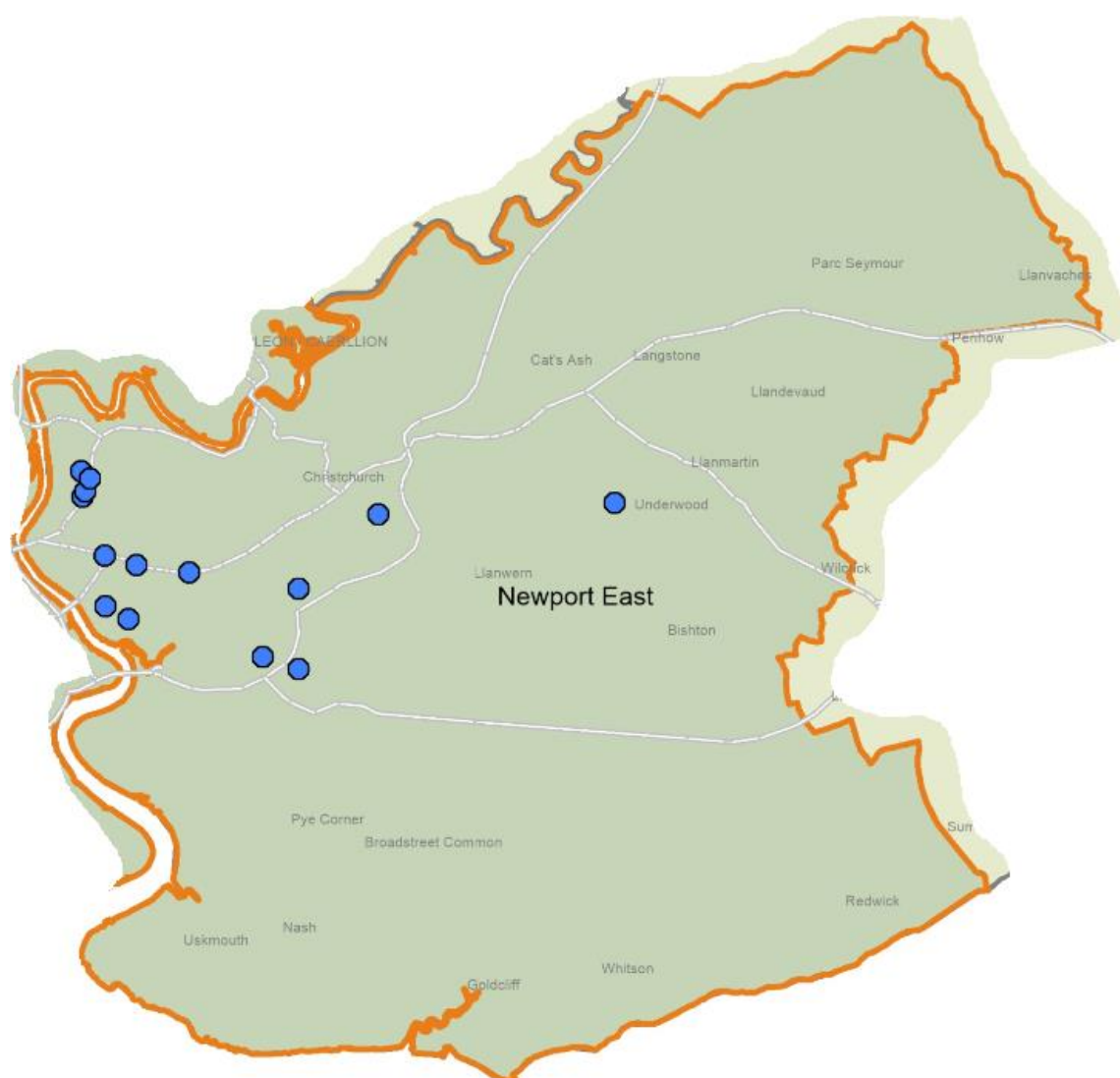
- Two have pharmacists undertaking a prescribing qualification
- Currently reviewing their estate options to allow the pharmacy to develop further its clinical role in line with the development of the pharmaceutical contract by Welsh Government
- Reviewing options to improve efficiency in the dispensing process through the use of technology
- Installation of prescription collection vending machine
- No plans to expand premises but happy to do other services e.g. sore throat treat and test. Training done and ready to start when allowed.
- Have a qualified independent prescriber and looking to prescribe via the choose pharmacy platform once set up.
- The pharmacy will be relocated to larger premises in the next two years. Independent prescriber services will start at the pharmacy within the next two months.

15.2.1 Medicines use review service

In 2018/19 all of the pharmacies provided this service, with eight providing the maximum number of 400. All of the pharmacies provided the service in 2019/20, with four providing the maximum number. At the time of writing the service has been suspended until April 2022 due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 88 – location of the pharmacies providing the medicines use review service in 2019/20



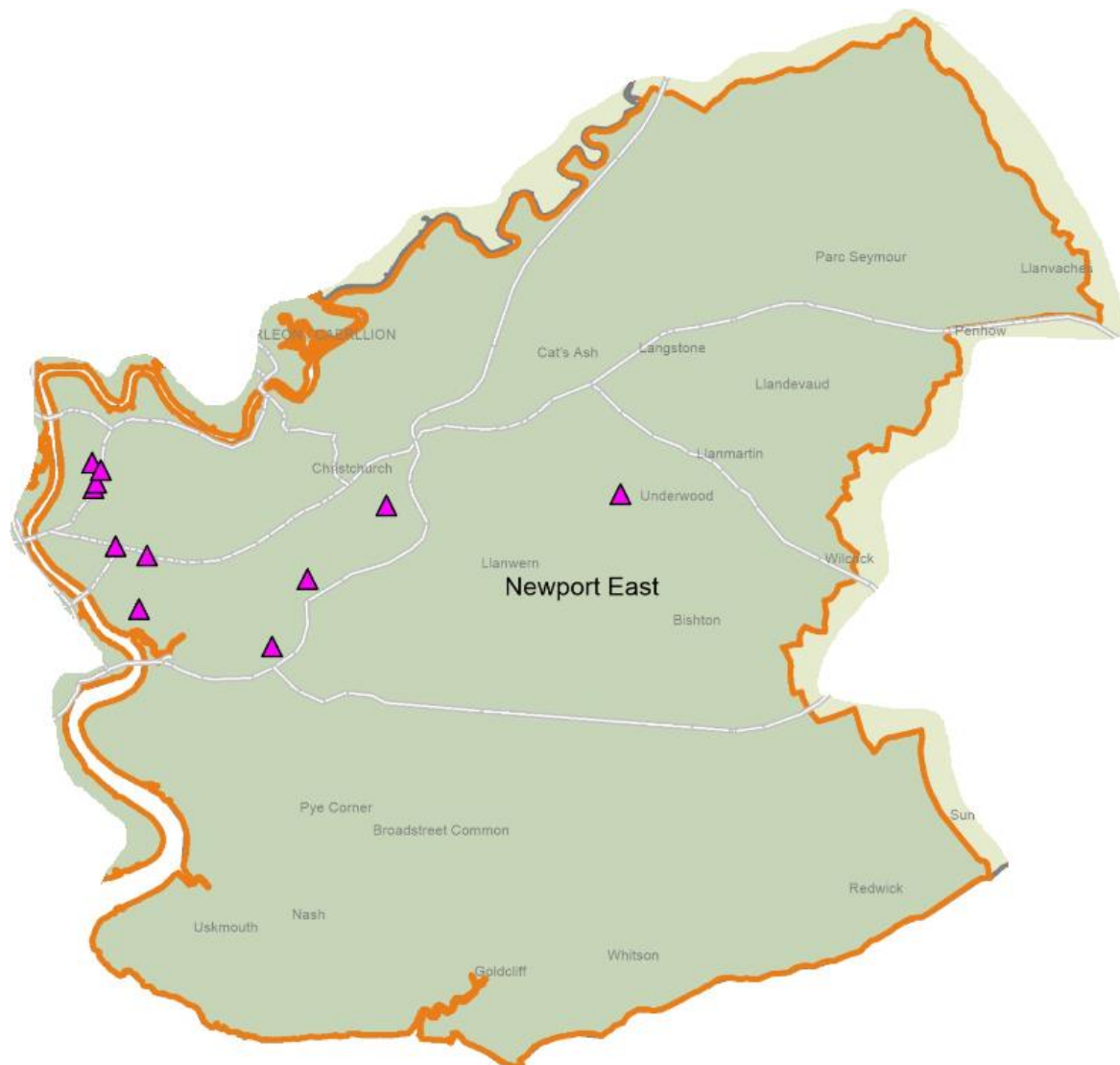
© Crown Copyright Ordnance Survey Mapping License 100050829

15.2.2 Discharge medicines review

In 2018/19, 13 of the pharmacies provided this service with none providing the maximum number of 140 reviews. 13 pharmacies provided the service in 2019/20, again with none providing the maximum number. In 2020/21, the 15 pharmacies provided a total of 481 reviews.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

Map 89 – location of the pharmacies providing discharge medicines reviews in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

15.2.3 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for all types of appliances.

15.2.4 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite dispensing prescriptions for all types of appliances.

15.2.5 Emergency hormonal contraception

14 of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21, 15 pharmacies were commissioned to provide the service and all are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

Map 90 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20



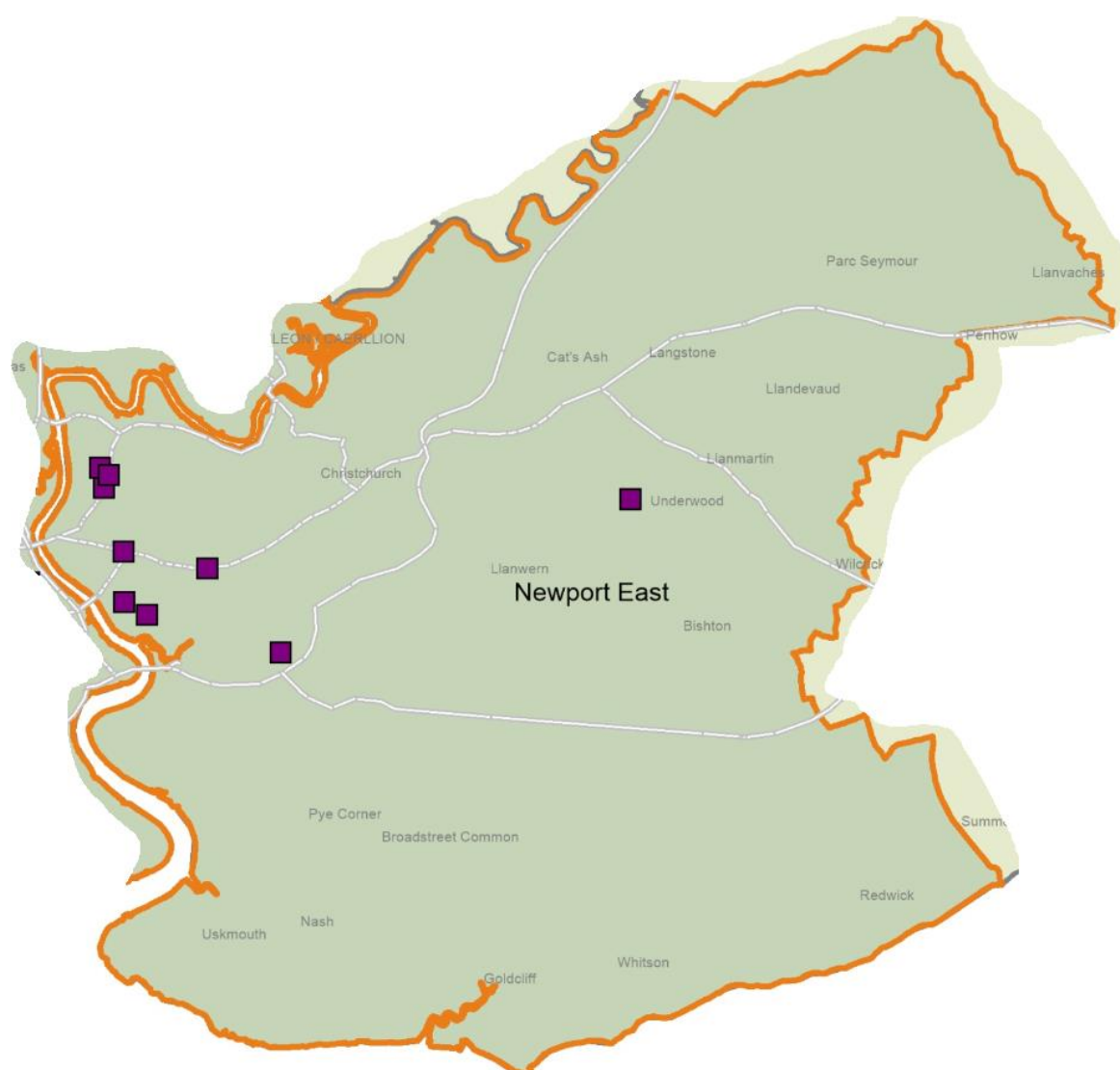
© Crown Copyright Ordnance Survey Mapping License 100050829

15.2.6 Smoking cessation service level 2

11 of the pharmacies provided this service in 2018/19 and ten in 2019/20. In 2020/21, all of the pharmacies were commissioned to provide the service and all of them are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 91 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



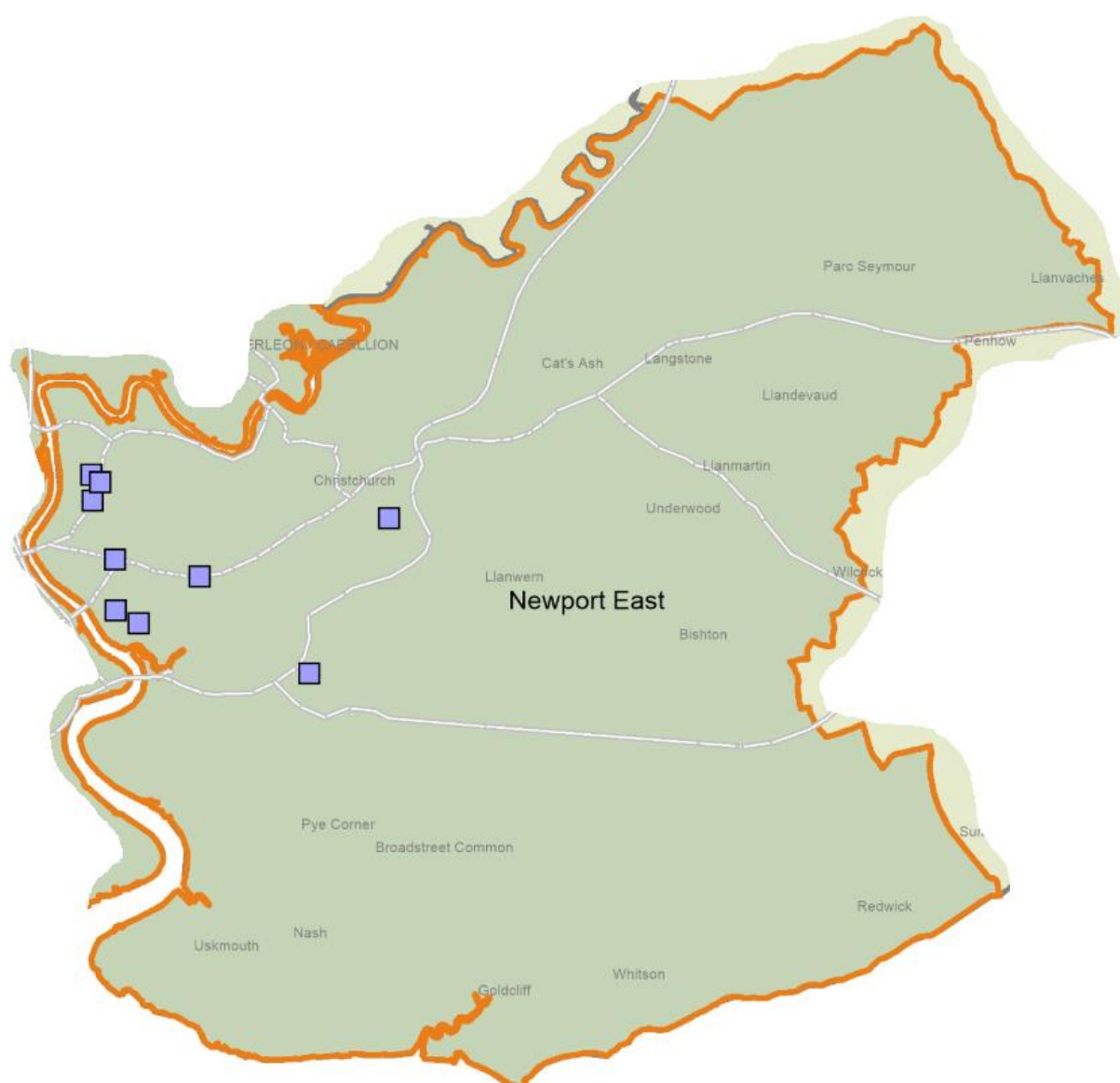
© Crown Copyright Ordnance Survey Mapping License 100050829

15.2.7 Smoking cessation service level 3

Seven of the pharmacies provided this service in 2018/19 and nine in 2019/20. In 2020/21, nine pharmacies were commissioned to provide it increasing to 12 in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 92 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

15.2.8 Smoking cessation level 3 patient group direction Varenicline scheme

Three pharmacies provided this service in 2018/19, increasing to five in 2019/20. In 2020/21, seven pharmacies were commissioned to provide the service and seven are commissioned to provide it in 2021/22.

15.2.9 Flu vaccination

13 of the pharmacies provided this service in 2018/19 and 14 in 2019/20. In 2020/21, 14 were commissioned to provide the service and gave a total of 1,832 vaccinations.

As of August 2021, five of the pharmacies have signed up to provide this service in 2021/22, and it is anticipated that the majority of the remainder will sign up.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 93 – location of the pharmacies providing flu vaccinations in 2019/20



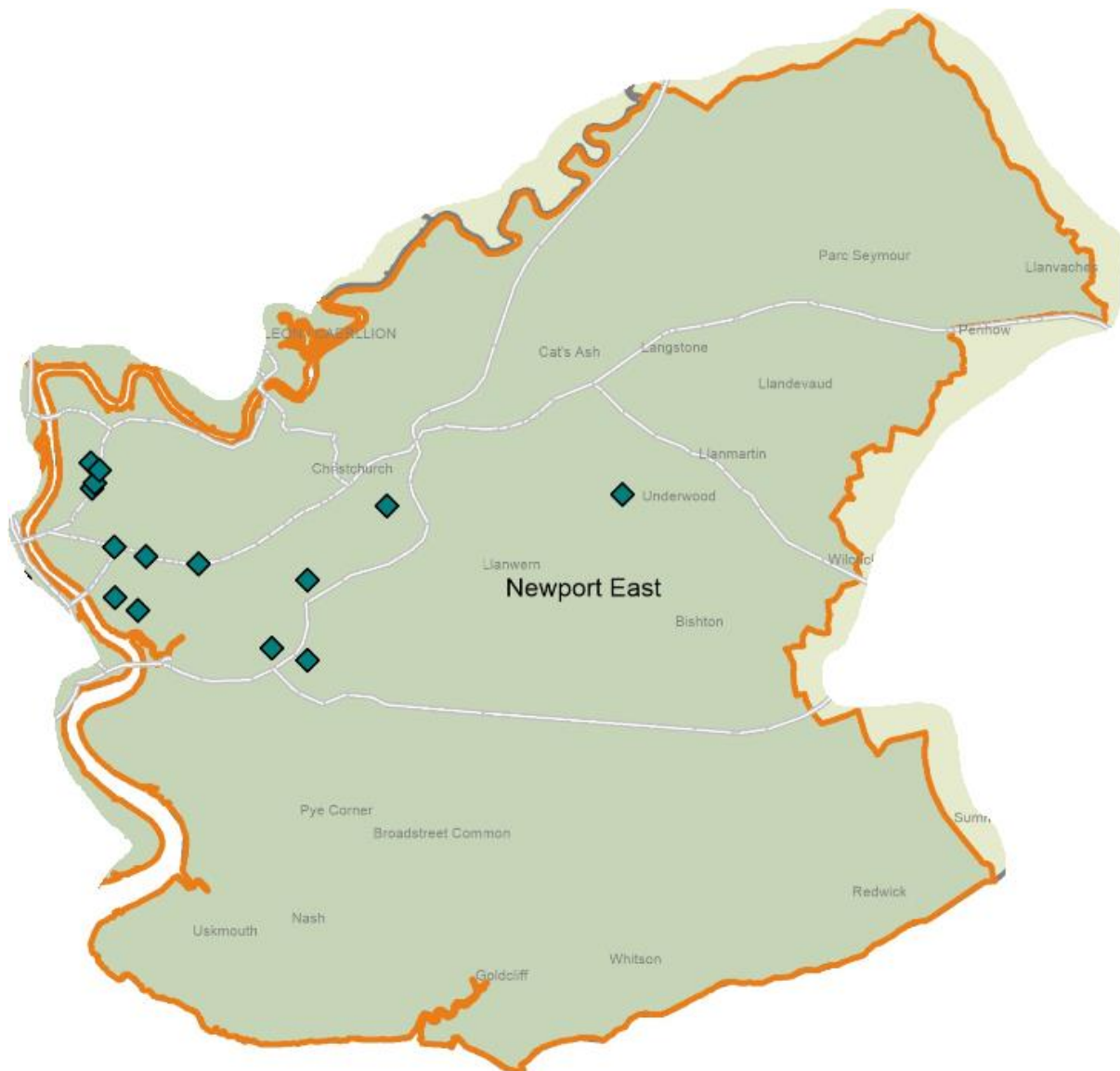
© Crown Copyright Ordnance Survey Mapping License 100050829

15.2.10 Common ailment service

12 of the pharmacies provided this service in 2018/19 increasing to all 15 in 2019/20. In 2020/21, all of the pharmacies were commissioned to provide the service and all are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 94 – location of the pharmacies providing the common ailment service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

15.2.11 Emergency medicine supply

Two of the pharmacies provided this service in 2018/19 increasing to 11 in 2019/20. In 2020/21, all of the pharmacies were commissioned to provide this service falling to 14 in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

15.2.14 Low molecular weight heparin (Dalteparin) services

In 2021/22 none of the pharmacies in the locality are commissioned to provide this service.

15.2.15 Independent prescriber services

In 2021/22, one pharmacy is commissioned to provide the medication withdrawal service and another pharmacy is commissioned to provide the acute conditions service.

15.2.16 Medicines administration service

In 2020/21, nine pharmacies were commissioned to provide the service that involves the provision of a medicines administration record or a monitored dosage system, increasing to ten in 2021/22.

Two pharmacies were commissioned to provide automatic pill dispensers in 2020/21 falling to one in 2021/22.

15.2.17 Needle exchange service

One pharmacy is commissioned to provide this service in 2021/22.

15.2.18 In hours palliative care service

In 2021/22, no pharmacies are commissioned to provide this service.

15.2.19 Palliative care out of hours service

One pharmacy provided this service in 2018/19 and 2019/20. In 2020/21, one pharmacy was commissioned to provide it, increasing to two in 2021/22.

15.2.20 Supervised consumption service

All of the pharmacies were commissioned to provide this service in 2020/21, and all are commissioned to provide it in 2021/22.

15.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the Health Board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2019/20 were dispensed by the 15 pharmacies in the locality, 14.3% were dispensed outside the locality:

- 9.0% by pharmacies in Newport West
- 4.4% by pharmacies in Torfaen South,
- 0.4% by contractors in England,
- 0.2% by pharmacies in Torfaen North,
- 0.1% by pharmacies in each of Caerphilly East, Cardiff and Vale University Health Board's area, and Monmouthshire South,
- 0.1% elsewhere in Wales.

This fell slightly to 13.7% in 2020/21 with the majority of prescriptions dispensed in Newport West (8.0%) and Torfaen South (4.9%).

In addition residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the Health Board's area; however it is not possible to quantify this activity from the recorded data.

15.4 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments

1.4% of items prescribed by the GP practices were personally administered by the practices in 2019/20, falling slightly to 1.1% in 2020/21.

Space has been identified for health services as part of the section 106 agreement for the Glan Llyn development. It is anticipated that general medical services will be provided from premises within that development. An outline business case for the Ringland wellbeing centre is in development and it is anticipated that the centre will open within the lifetime of this document.

Residents will access other NHS services located in this locality or elsewhere in the Health Board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,

- The Alternative Primary Care Service,
- Drug and alcohol services,
- The long term conditions practitioner service, and
- Help Me Quit.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

15.5 Choice with regard to obtaining pharmaceutical services

As can be seen from the preceding sections, those living within the locality and registered with one of the nine GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed. However some choose to look outside the locality, usually to access a neighbouring pharmacy or a dispensing appliance contractor near to where they work, shop, or go for leisure or another reason.

In 2019/20 over 250 contractors dispensed items written by one of the GP practices in this locality, of which:

- 15 were located within the locality,
- 94 were located elsewhere within the Health Board's area,
- 139 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

This fell to 197 in 2020/21:

- 15 were located within the locality,
- 81 were located elsewhere within the Health Board's area,
- 99 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

15.6 Gaps in provision

15.6.1 Essential services

The Health Board has noted the following points:

- The pharmacies are located within the built-up area of Newport with one located in an area of lower population density to the east of the city.
- One part of the locality is not within a 20-minute drive of a pharmacy. However Google Maps reveals that there are no houses in that area.

- The population of Newport is estimated to increase by 17.3% between 2011 and 2036.
- There are two strategic housing sites in the locality. Glan Llyn will deliver 4,000 new homes, 930 of which are predicted to be delivered within the lifetime of this document in addition to the 780 houses that had been built as at 31 March 2019. Llanwern Village will deliver 1,100 housing units but is significantly behind schedule. It is estimated that 480 houses will be delivered between 2020 and 2025.
- A further 165 new houses are due to be as part of Ringland centre regeneration.
- All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

The Health Board has considered whether there is a current or future need for the provision of essential services in the Glan Llyn development. It has noted that in addition to the 4,000 housing units there will also be a range of sports facilities, primary schools (one of which has opened), a 100-acre business park and a local centre with a range of facilities. The development will therefore draw in a number of visitors which will inflate the size of the resident population. In addition, there will be an increase in demand for pharmaceutical services from the Llanwern development and housing developments to the east in Monmouthshire South.

The Health Board has therefore identified that there is a future need for a pharmacy within either the Glan Llyn local centre or the Celtic Business Park at the eastern end of the Glan Llyn development on completion of 2,000 houses which, as a minimum, has core opening hours of:

- 09.00 to 18.30 Monday to Friday, and
- 09.00 to 13.00 on Saturdays.

There is a future need for this pharmacy to provide the following services from the point it is included in the pharmaceutical list:

- All essential services,
- The medicine use review and discharge medicines review services, and
- The enhanced services of emergency hormonal contraception, smoking cessation levels 2 and 3, supervised administration, the common ailment service, the emergency medicine supply service, flu vaccinations, the waste reduction service and the medicine administration services.

The Health Board has noted that the Llanwern Village development is significantly behind schedule. It has therefore not identified a current or

future need for the provision of essential services within this development.

15.6.2 Medicines use review service

The Health Board has noted the following points:

- Prior to the suspension of this service it was provided by all of the pharmacies.
- Eight pharmacies provided the maximum number of medicines use reviews in 2018/19. Four did in 2019/20.
- All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to the Glan Llyn development (see section 15.6.1 above).

15.6.3 Discharge medicines review

The Health Board has noted the following points:

- All of the pharmacies provided this service in 2020/21.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- Due to the range of medicines included within the service only a small proportion of patients being discharged will be eligible to receive the service.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

The Health Board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to the Glan Llyn development (see section 15.6.1 above).

15.6.4 Appliance use reviews

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that all of the pharmacies confirmed that they dispense prescriptions for all types of appliances and all have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

15.6.5 Stoma appliance customisation

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that all of the pharmacies confirmed that they dispense prescriptions for all types of appliances and all have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

15.6.6 Emergency hormonal contraception

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- There is a good spread of pharmacies providing the service across the locality.
- The service will also be provided by GP practices and sexual health clinics.
- There is a growing focus on long-acting reversible contraception for eligible females.

- All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to the Glan Llyn development (see section 15.6.1 above).

15.6.7 Smoking cessation level 2

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service providing a good spread of locations across the locality.
- All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to the Glan Llyn development (see section 15.6.1 above).

15.6.8 Smoking cessation level 3

The Health Board has noted the following points:

- 12 of the 15 pharmacies are commissioned to provide this service.
- There is no provider of the service in the east of the locality.
- All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to the Glan Llyn development (see section 15.6.1 above).

15.6.9 Smoking cessation level 3 patient group direction

The Health Board has noted the following points:

- Seven pharmacies are commissioned to provide this service as part of the smoking cessation level 3 service.
- GP practices are able to prescribe Varenicline therefore residents of the locality are able to access the service that way as opposed to under this service. However, pharmacies are the only provider of a one to one motivational support and pharmacotherapy service via the level 3 smoking cessation service.

- This is a relatively new service and therefore pharmacies may not yet have come forward to provide it.
- With effect from June 2021, the distribution of Champix® (Varenicline) has been paused by Pfizer, the sole supplier of the product. It is currently unknown when supplies will become available.
- All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

As Varenicline is currently unavailable the Health Board will work with those pharmacies that have not signed up to provide the service to understand why they haven't.

Based on the above the Health Board has identified that there is a need for those pharmacies that provide the level 3 service to also provide this service no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes available, there will be a future need for this service to be provided at seven locations spread evenly throughout the locality, in areas of greater population density. There is also a future need for the service in relation to the Glan Llyn development (see section 15.6.1 above).

15.6.10 Flu vaccination

The Health Board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2021/22. As of August 2021, five of the pharmacies have signed up to provide this service in 2021/22, and it is anticipated that the majority of the remainder will sign up.
- All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to the Glan Llyn development (see section 15.6.1 above).

15.6.11 Common ailment service

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- One of the aims of the service is to reduce demand for GP appointments and it would therefore be beneficial if more people accessed the service.

- All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to the Glan Llyn development (see section 15.6.1 above).

15.6.12 Emergency medicine supply

The Health Board has noted the following points:

- 14 of the pharmacies are commissioned to provide this service.
- All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to the Glan Llyn development (see section 15.6.1 above).

15.6.13 Care home services

The Health Board has noted the following points:

- Four of the pharmacies are commissioned to provide the level 1 service.
- It is up to the care home to choose which, if any, pharmacy it wishes to work with in relation to medicines.
- Care homes will have chosen to work with out of area providers.
- The service is currently under review due to the low take-up.
- All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

15.6.14 Directly observed therapy service for medicines compliance

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patients being prescribed a medicine that requires observation.
- Two pharmacies are currently commissioned to provide this service.

- When it has needed to be commissioned in the past the Health Board has had no difficulty in finding a pharmacy that is willing to provide the service.
- All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

15.6.15 Low molecular weight heparin (Dalteparin) services

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patient need. It has rarely been needed since its inception.
- None of the pharmacies are currently commissioned to provide this service as there is no need to do so.
- The service is commissioned on a Gwent-wide basis and is provided by seven pharmacies across the Health Board’s area.
- All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

15.6.16 Independent prescriber services

The Health Board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- One pharmacy is currently commissioned to provide the medication withdrawal service and another provides the acute conditions service, and two pharmacists are undertaking the training.
- All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

In line with Pharmacy: Delivering a Healthier Wales, the Health Board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for this service within the locality.

15.6.17 Medicines administration services

The Health Board has noted the following points:

- Demand for these services is driven by the social care sector.
- Ten pharmacies are commissioned to provide medicines administration records or monitored dosage systems and one to provide automatic pill dispensers.
- All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to the Glan Llyn development (see section 15.6.1 above).

15.6.18 Needle exchange service

The Health Board has noted the following points:

- One pharmacy is commissioned to provide this service.
- The Gwent Area Planning Board engages with service users to find out where they would like to access this service and then approaches the Health Board to commission the service at the required location or locations.
- It is reported that some service users wish to travel out of their local area to access the service.
- There are other providers of this service.
- All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

15.6.19 In hours palliative care service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- None of the pharmacies are commissioned to provide this service.
- All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

15.6.20 Palliative care out of hours service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- Two pharmacies are commissioned to provide this service.
- All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

15.6.21 Supervised consumption service

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service providing a good spread of locations across the locality.
- All 15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to the Glan Llyn development (see section 15.6.1 above).

16 Newport West locality

16.1 Key facts for the area of Newport City Council

- Third largest urban centre in Wales with a population of 154,676
- Second largest number of people from minority ethnic communities of all the Welsh counties (after Cardiff)
- Estimate population increase of 17.3% between 2011 and 2036
- Most densely populated area in Gwent, and five times more populated than the average for Wales
- More ethnically diverse population than the other local authority areas
- Fewer people have English as their main language in Newport compared to the other local authority areas (95% versus 99% respectively)
- Home to a significant Muslim population, the second highest in Wales after Cardiff
- Highest percentage of lower super output areas in the most deprived 10% (23 or 24.2%)
- Highest general fertility rate and also significantly higher than the average for Wales
- Gap in years in life expectancy at birth of males between the most and least deprived areas is still significant but decreased from 10.6 years in 2005-2009 to 9.9 years in 2010-2014
- Conversely, the gap in years in the life expectancy at birth of females between the most and least deprived areas has increased from 5.7 years in 2005-2009 to 7.2 years in 2010-2014
- Highest predicted increase in the number of people aged 18 years or older with a limiting long term illness over the period 2013 to 2035 – 25.1%
- Highest proportion of students who are economically active (3.6%) and also those who are not economically active (5.3%)
- Lowest proportion of retired residents – 14.6%
- A significant Gypsy & Traveller population in unofficial sites around the periphery of the city centre and is very often the unofficial unauthorised site for travellers in transit heading east/west from Ireland to England
- In the three financial years 2015-16, 2016-2017 and 2017-2018 had the greatest demand on its homeless services (1,707 households)
- Highest percentage of non-drinkers (20.7%), lowest percentage of hazardous drinkers (11.2%) but highest percentage of harmful drinkers (3.2%)
- 20% of the population of Newport smoke
- 26% are obese and 63% are overweight or obese
- 81% do not eat five portions of fruit and vegetables a day (significantly worse than the average for Wales)

- 33% are active for less than 30 minutes a week (significantly better than the average for Wales)

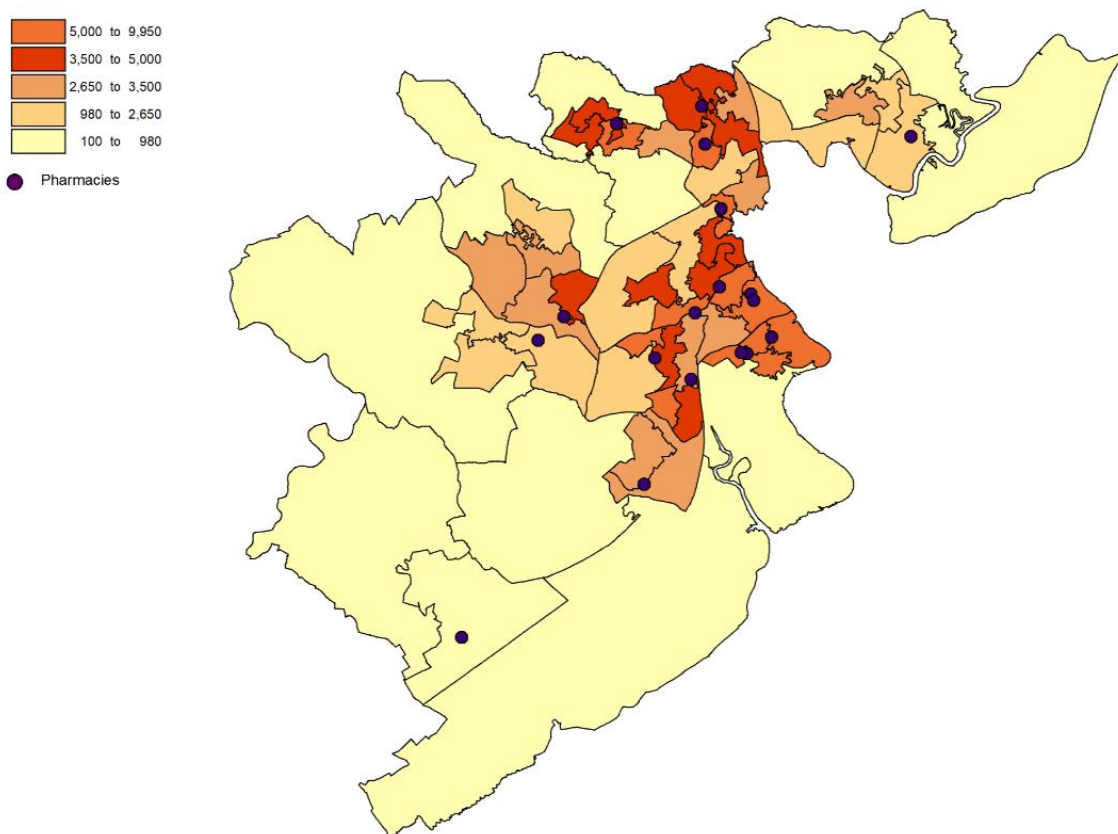
There is one planning application of significance in the locality:

- Former Whitehead Works – housing led brownfield development. The former Whiteheads Works site is a housing allocation of the Local Development Plan. Permission was approved for the Reserved Matters for 471 dwellings, leaving details to be provided for the remaining residential, school, leisure and retail.

16.2 Current provision of pharmaceutical services within the locality's area

There are 18 pharmacies in the locality operated by 15 different contractors. None of the six GP practices dispense. As can be seen from the map below, with one exception, the pharmacies are located in areas of greater population density.

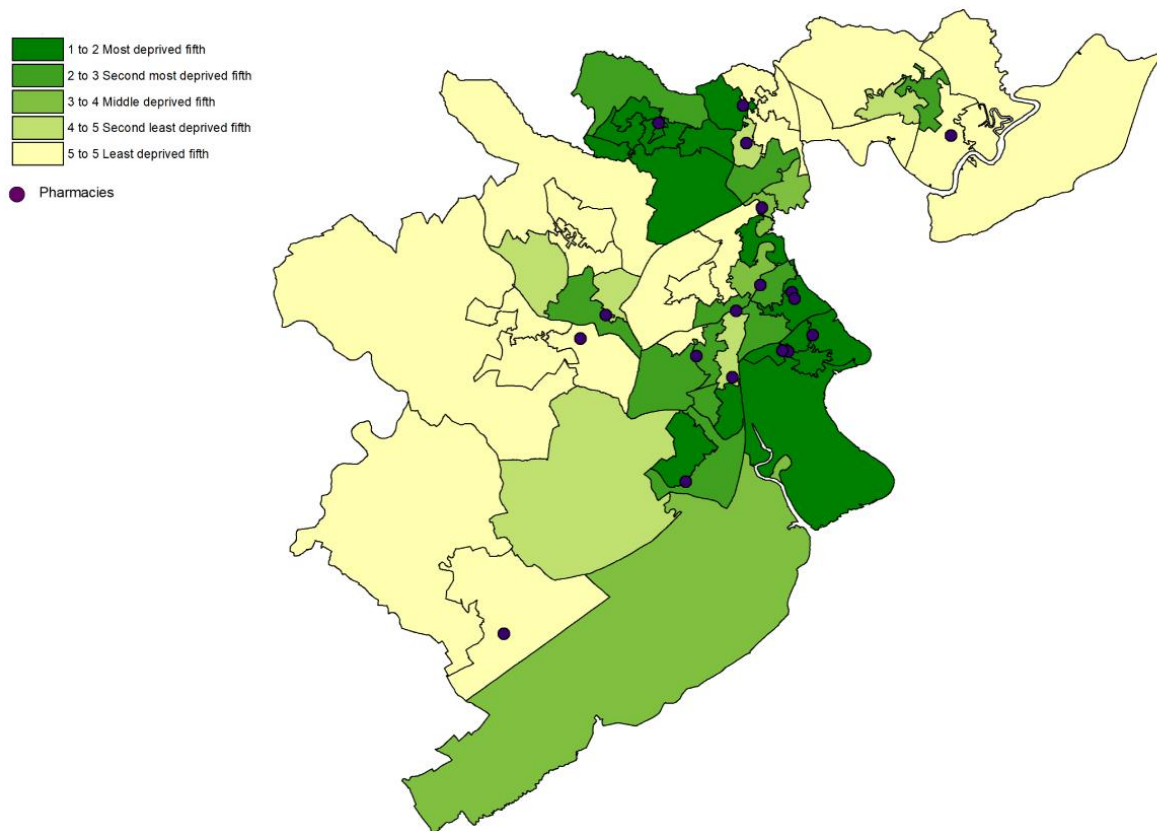
Map 96 – location of pharmacies compared to population density



© Crown Copyright Ordnance Survey Mapping License 100050829

As can be seen from the map below the pharmacies are generally located in areas of greater deprivation.

Map 97 – location of pharmacies compared to the level of deprivation

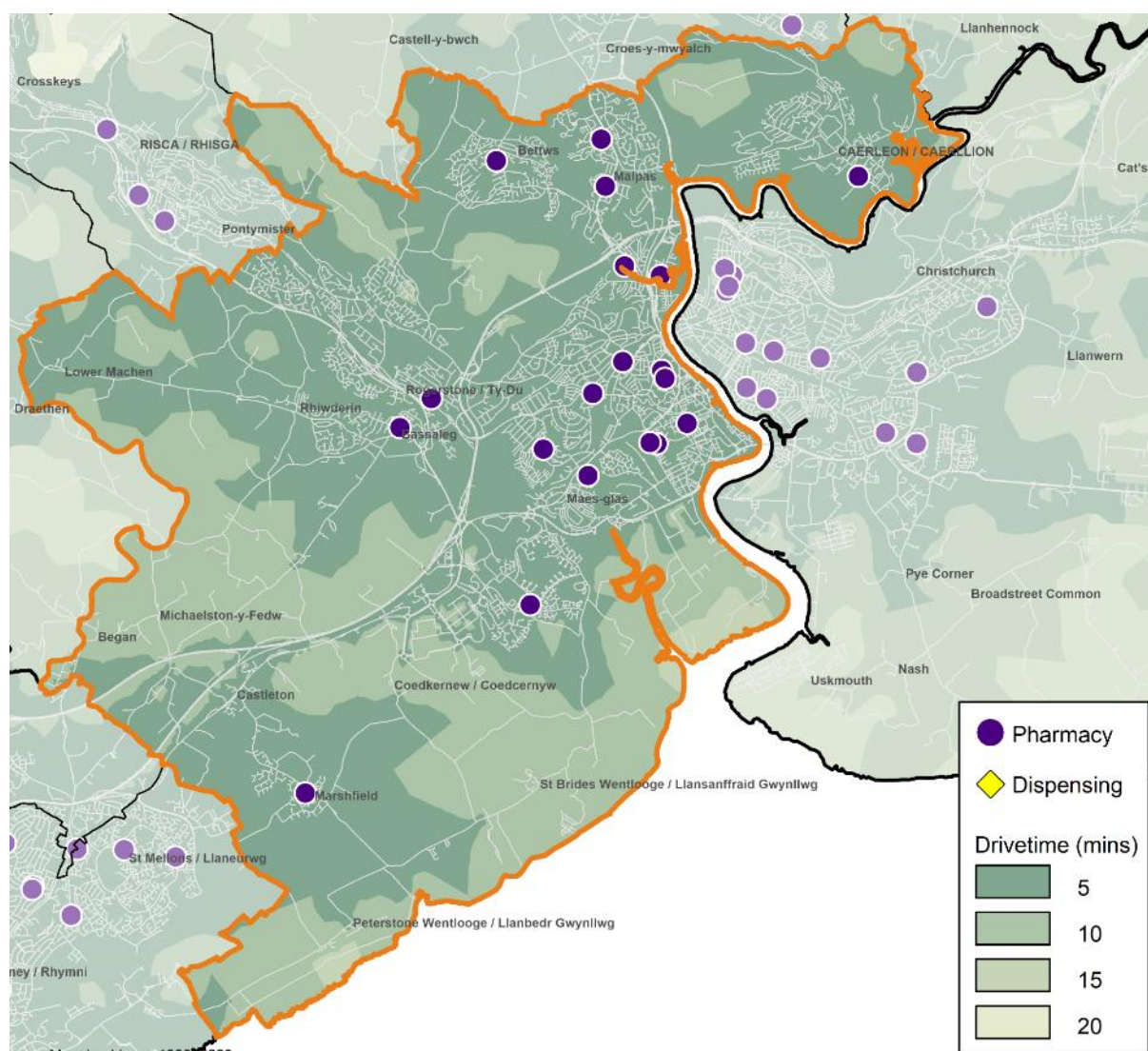


© Copyright Ordnance Survey Licence 100050829

In 2019/20, 93.0% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality. This increased slightly to 98.4% in 2021/22.

The map below shows the drive time to a pharmacy, with the darker the green the shorter the drive. As can be seen, the entire locality is within a 15-minute drive of a pharmacy.

Map 98 – access to pharmacies in the locality



© Crown Copyright Ordnance Survey Mapping License 100050829

With regard to when the pharmacies are open:

- Six open Monday to Friday,
- Seven open Monday to Friday, and part of Saturday,
- One opens Monday to Saturday, and
- Four open on Sunday.

A Sunday rota operates so that one pharmacy in Newport opens between 18.00 and 20.00, but not necessarily within this locality.

With regard to the times at which these pharmacies are open between Monday and Friday:

- Three open at 08.00, three open at 08.30, two open at 08.45 and the remainder open at 09.00,

- Two close at 17.30, 11 close at 18.00 (although one closes at 19.00 on Tuesdays, one closes at 13.00 on Wednesdays, one closes at 17.30 on Wednesdays, and one closes at 17.00 on Thursdays), two close at 18.30 (although one closes at 19.00 on Wednesdays and the other closes at 18.00 on Thursdays), two close at 20.00 and one at 22.00.

13 pharmacies remain open all day; the others close at lunchtime at varying times between 12.30 and 14.00.

On Saturdays, three pharmacies open at 08.00, one at 08.30 and eight at 09.00. Of the five that open all day, one closes for lunch between 13.00 and 13.30. One pharmacy closes at 17.30, one at 18.00 and three at 20.00.

Opening hours on Sundays are secured between 10.00 and 16.30.

The information in the rest of this section was received via the contractor questionnaire.

All of the pharmacies are accessible by wheelchair, and 17 have a consultation area that is accessible by wheelchair. All the consultations areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

Five pharmacies provided information on languages spoken other than English:

- Welsh is spoken at two pharmacies, with one also speaking Portuguese and Spanish,
- Urdu and Punjabi are spoken at two pharmacies, with one also speaking Hindi.

The Health Board has not identified any issues for those who wish to access services in a language other than English due to the above and the availability of Language line.

12 of the pharmacies dispense prescriptions for all types of appliances, with the remaining six only dispensing prescriptions for dressings.

All the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- 13 provide a free of charge delivery service on request,
- two provide a delivery service for a fee,
- one provides a delivery service for patients who are housebound or unable to collect their medicines (necessity rather than convenience), another only provides the service to those who are clinically very vulnerable during the Covid pandemic, two deliver to those who are enabled/disabled, and another only to those with mobility issues or clinical need.

None of the pharmacies were of the opinion that there is a requirement for an enhanced service which is not currently already being provided.

One pharmacy is of the opinion that there is a need for enhanced services for the treatment of impetigo and urinary tract infections. Another is of the opinion that the delivery of prescriptions is required as highlighted by the Covid pandemic, also remuneration for monitored dosage systems trays which are an increasing requirement with an aging population.

15 pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, three said that they do not but could make adjustments to manage an increase in demand.

Eight pharmacies have plans to develop or expand their service provision:

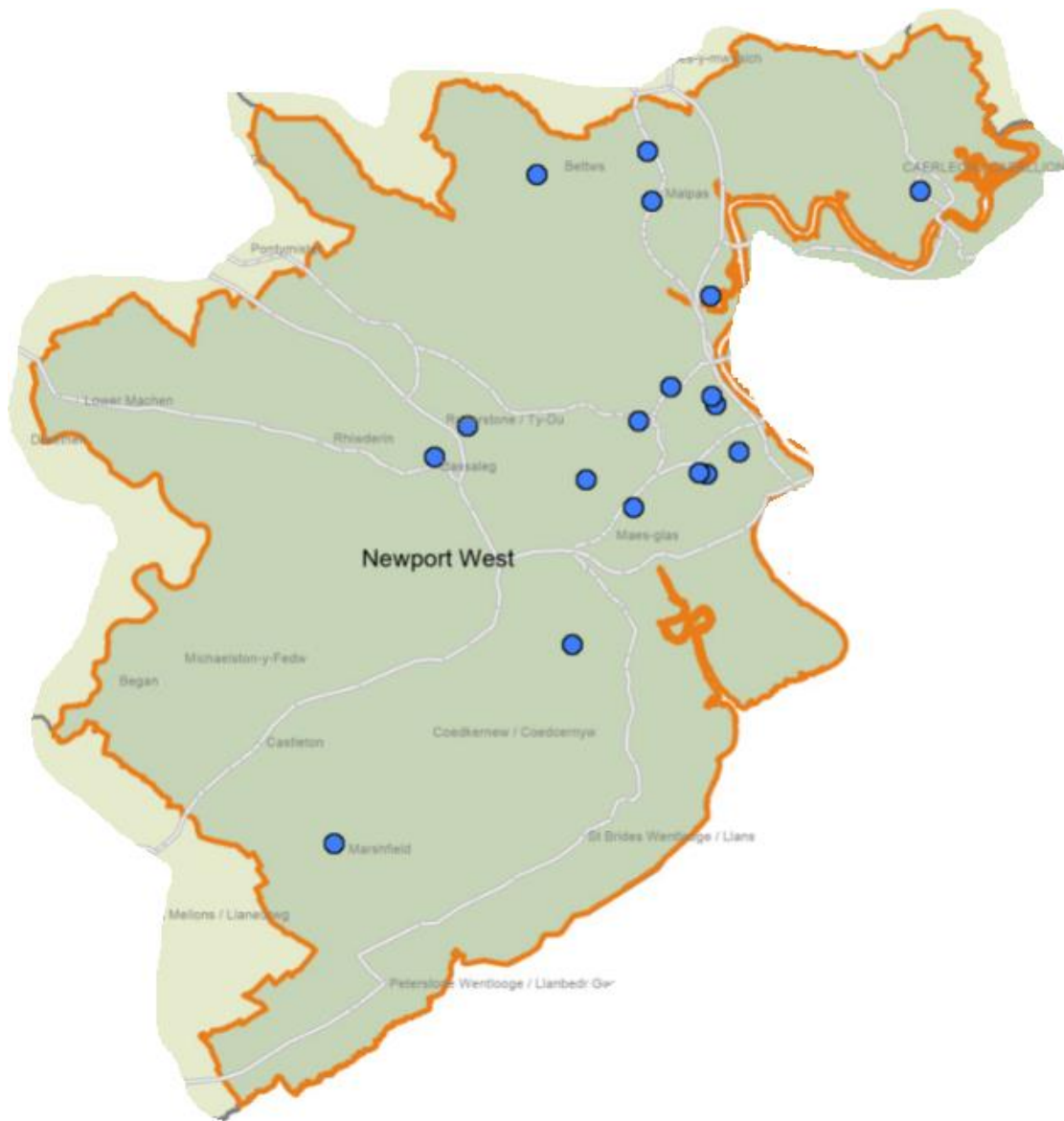
- an extension to create more suitable working space and cater to the wider newer community
- flu vaccine accreditation and smoking cessation level 3
- intention to provide Pharmaself24 robotic collection point
- pharmacist is due to commence independent prescribing training in January 2021. Plan is to establish a minor ailments service/clinic in collaboration with local GP surgery to meet population needs.
- Intend to expand the range of services for example travel clinic and smoking cessation level 3
- smoking cessation level 3
- hoping to be able to offer more collections from other surgeries planning in the provision of emergency hormonal contraception and smoking cessation.

16.2.1 Medicines use review service

In 2018/19 17 of the pharmacies provided this service, with five providing the maximum number of 400. 17 provided the service in 2019/20, with six providing the maximum number. At the time of writing the service has been suspended until April 2022 due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 99 – location of the pharmacies providing the medicines use review service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

16.2.2 Discharge medicines review

In 2018/19, nine of the pharmacies provided this service with none providing the maximum number of 140 reviews. Ten pharmacies provided the service in 2019/20, again with none providing the maximum number. In 2020/21, 12 of the pharmacies provided a total of 367 reviews.

Map 100 – location of the pharmacies providing discharge medicines reviews in 2019/20



None of the pharmacies in the locality provide this service despite 12 dispensing prescriptions for all types of appliances.

16.2.4 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite 12 dispensing prescriptions for all types of appliances.

16.2.5 Emergency hormonal contraception

11 of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21, 14 pharmacies were commissioned to provide the service increasing to 16 pharmacies in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

Map 101 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20



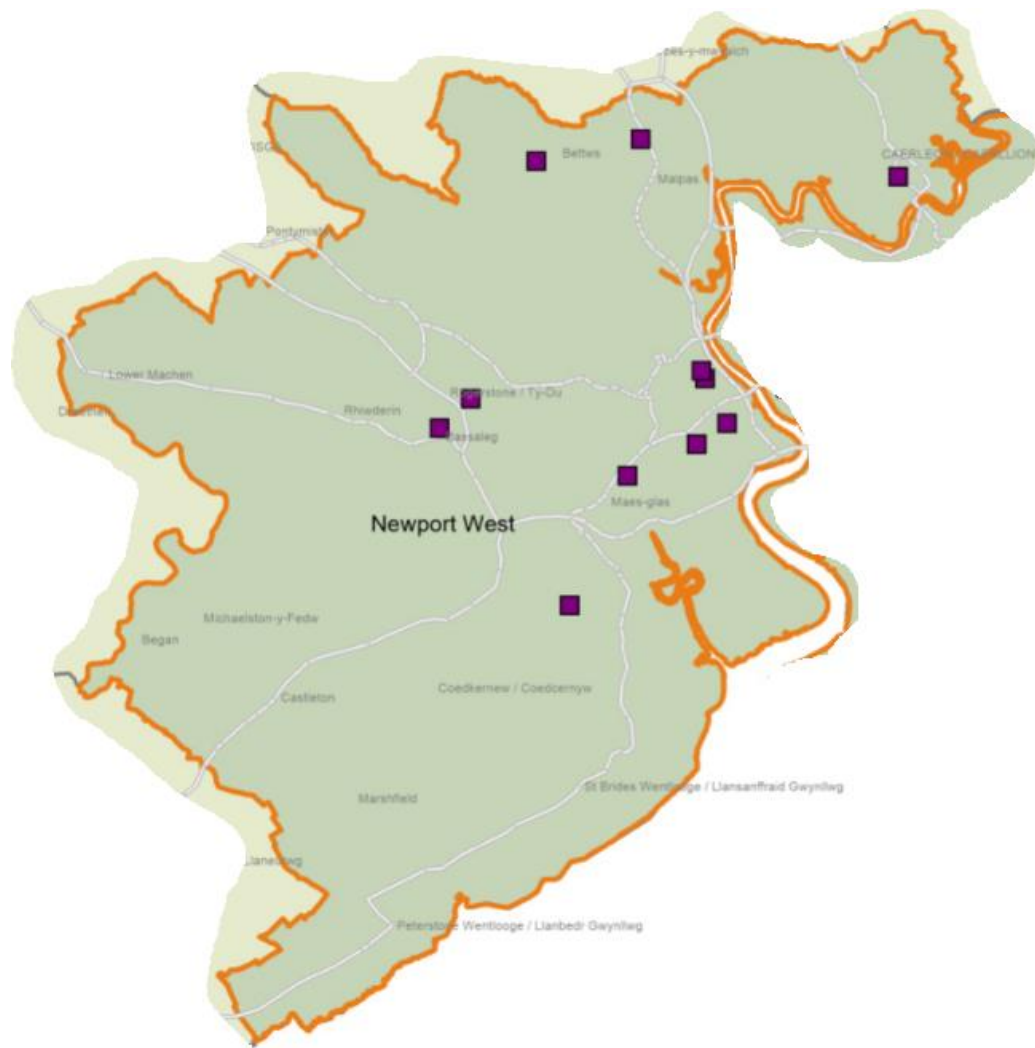
© Crown Copyright Ordnance Survey Mapping License 100050829

16.2.6 Smoking cessation service level 2

Nine of the pharmacies provided this service in 2018/19 and ten in 2019/20. In 2020/21, 17 of the pharmacies were commissioned to provide the service and 17 are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 102 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

16.2.7 Smoking cessation service level 3

Nine of the pharmacies provided this service in 2018/19 and seven in 2019/20. In 2020/21, seven were commissioned to provide the service increasing to nine in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 103 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

16.2.8 Smoking cessation level 3 patient group direction Varenicline scheme

Two pharmacies provided this service in 2018/19 and 2019/20. In 2020/21, two pharmacies were commissioned to provide the service and two are commissioned to provide it in 2021/22.

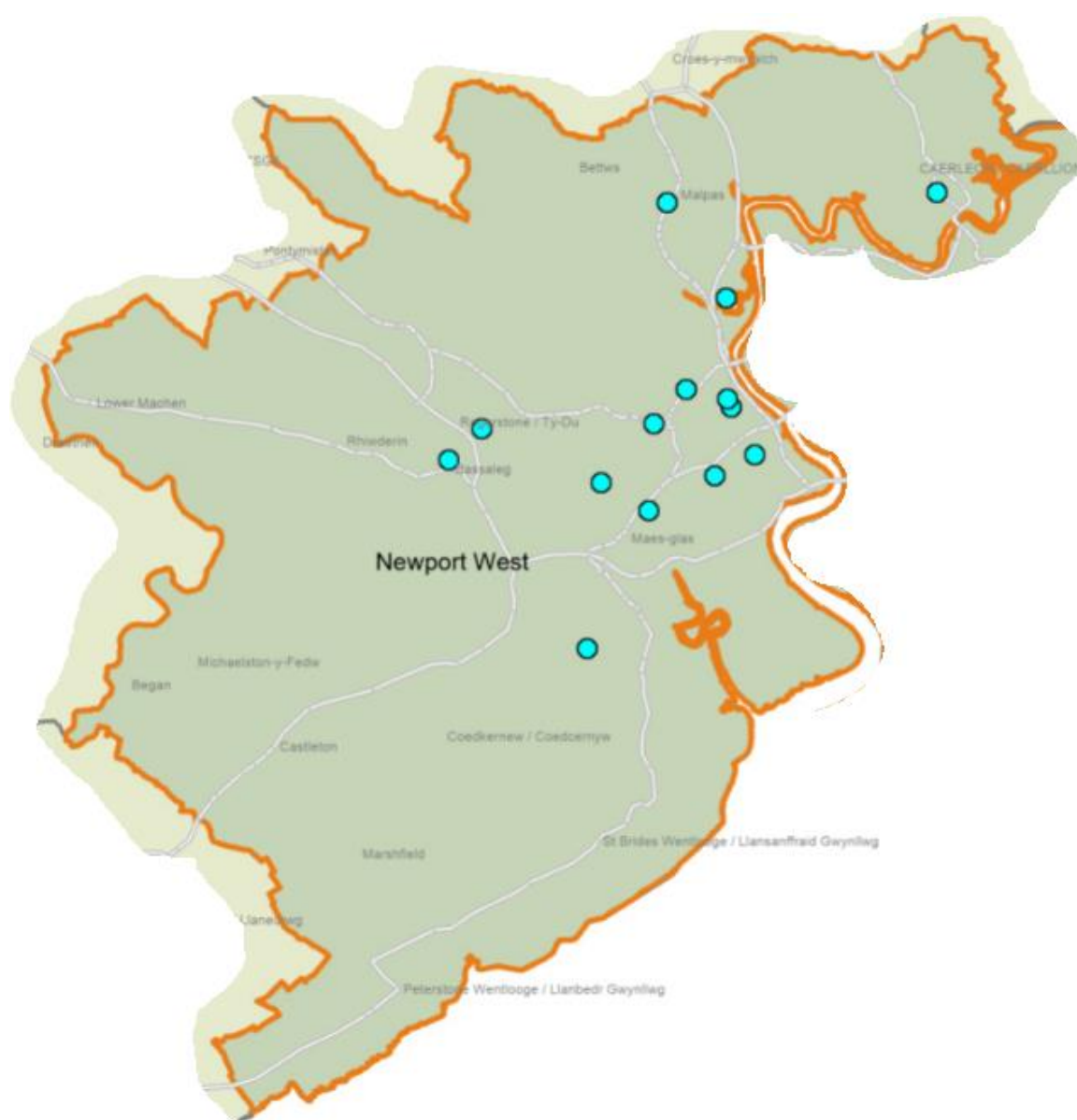
16.2.9 Flu vaccination

12 of the pharmacies provided this service in 2018/19 and 13 in 2019/20. In 2020/21, 16 pharmacies were commissioned to provide the service and gave a total of 3,272 vaccinations.

As of August 2021, 12 of the pharmacies have signed up to provide this service in 2021/22, and it is anticipated that the majority of the remainder will sign up.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 104 – location of the pharmacies providing flu vaccinations in 2019/20

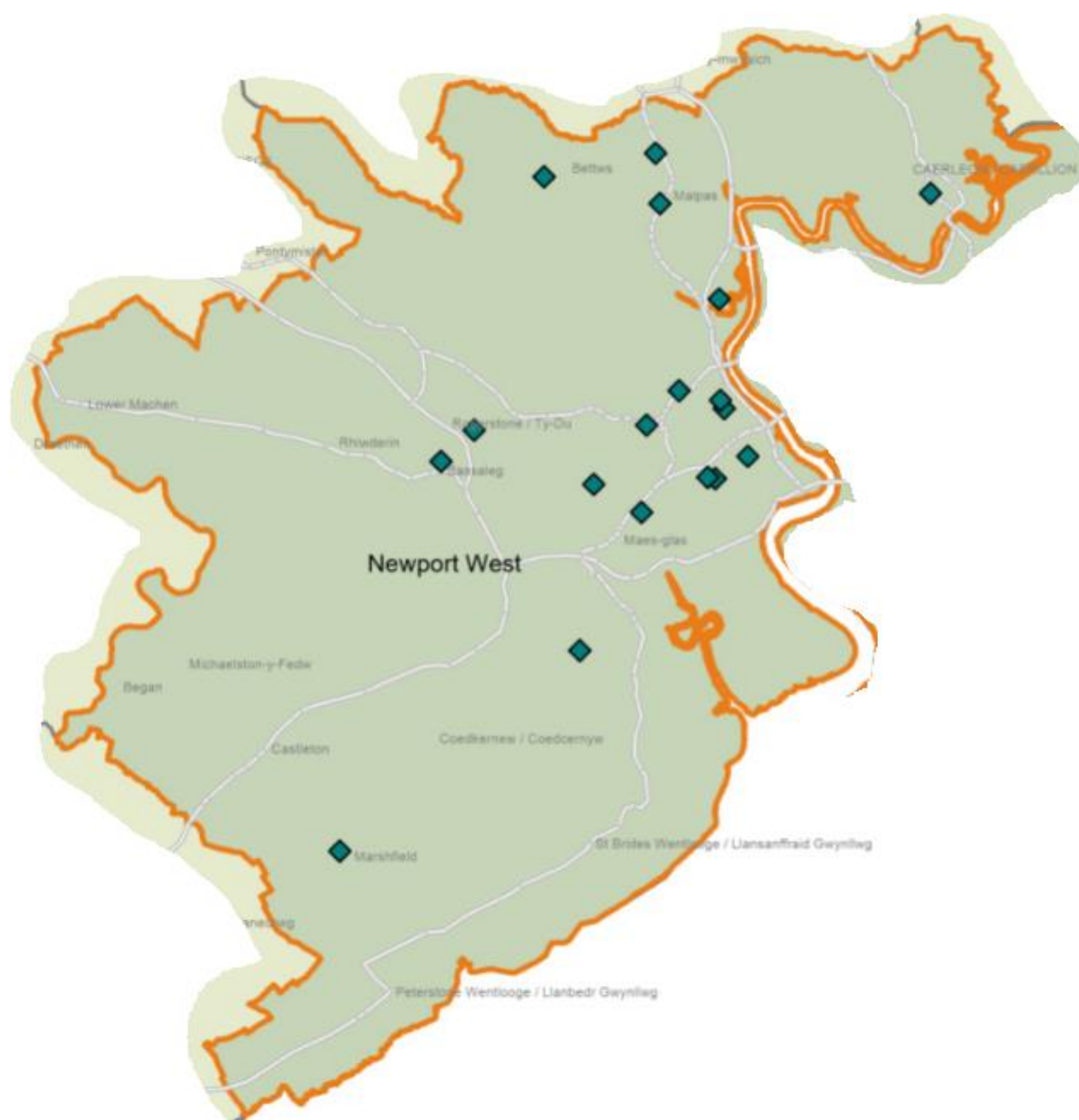


16.2.10 Common ailment service

15 of the pharmacies provided this service in 2018/19 increasing to 17 in 2019/20. In 2020/21, 18 of the pharmacies were commissioned to provide the service and all 18 are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 105 – location of the pharmacies providing the common ailment service in 2019/20

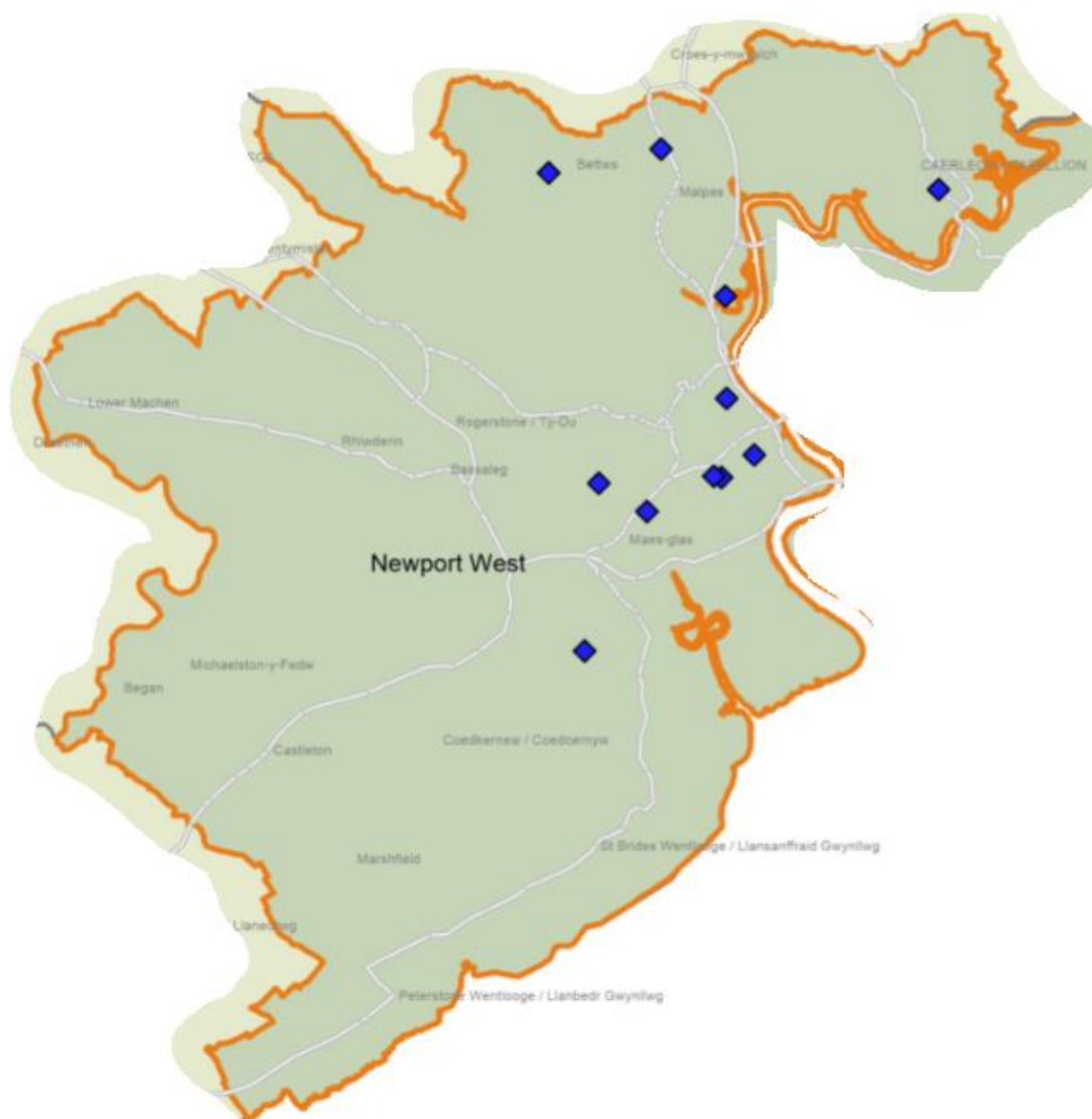


16.2.11 Emergency medicine supply

Three the pharmacies provided this service in 2018/19 increasing to ten in 2019/20. In 2020/21, all of the pharmacies were commissioned to provide the service and all 18 are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

Map 106 – location of the pharmacies providing the emergency medicine supply service in 2019/20



16.2.12 Care home services

Three pharmacies are commissioned to provide the level 1 service in 2021/22.

16.2.13 Directly observed therapy service for tuberculosis medicines compliance

In 2020/21 four pharmacies were commissioned to provide this service falling to three in 2021/22.

16.2.14 Low molecular weight heparin (Dalteparin) services

Three pharmacies were commissioned to provide this service in 2020/21 increasing to five in 2021/22.

16.2.15 Independent prescriber services

One of the pharmacies in the locality is commissioned to provide the acute conditions service.

16.2.16 Medicines administration service

In 2020/21, 11 pharmacies were commissioned to provide the service that involves the provision of a medicines administration record or a monitored dosage system, increasing to 13 in 2021/22.

Five pharmacies were commissioned to provide automatic pill dispensers in 2020/21 falling to four in 2021/22.

16.2.17 Needle exchange service

One pharmacy is commissioned to provide this service in 2021/22.

16.2.18 In hours palliative care service

In 2021/22, three pharmacies are commissioned to provide this service.

16.2.19 Palliative care out of hours service

One pharmacy is commissioned to provide this service in 2021/22.

16.2.20 Supervised consumption service

13 of the pharmacies provided this service in 2018/19 and 11 in 2019/20. In 2020/21, 16 pharmacies were commissioned to provide it and 16 are commissioned to provide it in 2021/22.

16.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the Health Board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2019/20 were dispensed by the eighteen pharmacies in the locality, 5.6% were dispensed outside the locality:

- 4.2% by pharmacies in Newport East,
- 0.4% in each of Caerphilly East and Cardiff & Vale University Health Board's area,
- 0.3% in England,
- 0.2% in Torfaen South,
- 0.1% elsewhere in Wales.

In 2020/21 fewer prescriptions were dispensed outside the locality (4.5%) with the majority dispensed in Newport East (3.6%).

In addition residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the Health Board's area; however it is not possible to quantify this activity from the recorded data.

16.4 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments

1.4% of items prescribed by the GP practices were personally administered by the practices in 2019/20, falling slightly to 1.2% in 2020/21.

Residents will access other NHS services located in this locality or elsewhere in the Health Board's area which affect the need for pharmaceutical services, including:

- Hospital services,

- The GP out of hours service,
- Minor injury units,
- The Alternative Primary Care Service,
- Drug and alcohol services,
- The long term conditions practitioner service, and
- Help Me Quit.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

16.5 Choice with regard to obtaining pharmaceutical services

As can be seen from the preceding sections, those living within the locality and registered with one of the eight GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed. However some choose to look outside the locality, usually to access a neighbouring pharmacy or a dispensing appliance contractor near to where they work, shop, or go for leisure or another reason.

In 2019/20 over 320 contractors dispensed items written by one of the GP practices in this locality, of which:

- 18 were located within the locality,
- 104 were located elsewhere within the Health Board's area,
- 201 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

This fell to 261 in 2020/21:

- 18 were located within the locality,
- 91 were located elsewhere within the Health Board's area,
- 150 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

16.6 Gaps in provision

The Health Board has noted the following points:

- The pharmacies are predominantly in the areas of greater population density and higher deprivation.
- The entire locality is within a 15-minute drive of a pharmacy.
- The population of Newport is estimated to increase by 17.3% between 2011 and 2036.

- There are is one housing development of note at the former Whitehead Works where planning permission has been given for 471 housing units.
- 15 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments.

The Health Board has considered the redevelopment of the former Whitehead Works and whether there is a current or future need for the provision of a pharmaceutical service or services within it. The site is within the centre of Newport and the surrounding pharmacies have confirmed that they can manage an increase in demand for pharmaceutical services. Based on the number of likely residents once the development is completed, the Health Board is therefore satisfied that there is no current or future need for the provision of essential services within the development.

Based on the above, the Health Board has not identified any current or future needs for essential services within the locality.

16.6.2 Medicines use review service

The Health Board has noted the following points:

- Prior to the suspension of this service 17 of the pharmacies provided the service.
- Five pharmacies provided the maximum number of medicines use reviews in 2018/19 and six in 2019/20.
- 15 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

16.6.3 Discharge medicines review

The Health Board has noted the following points:

- 12 of the pharmacies provided this service in 2020/21.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies. Therefore if a patient does not take their discharge letter to the

pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.

- Due to the range of medicines included within the service only a small proportion of patients being discharged will be eligible to receive the service.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- 15 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments.

The Health Board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

16.6.4 Appliance use reviews

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that 12 of the pharmacies dispense prescriptions for all types of appliances and have confirmed that they can manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

16.6.5 Stoma appliance customisation

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that 12 of the pharmacies dispense

prescriptions for all types of appliances and have confirmed that they can manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

16.6.6 Emergency hormonal contraception

The Health Board has noted the following points:

- 16 of the 18 pharmacies are commissioned to provide this service.
- There is no pharmacy providing the service in the south of the locality.
- The service will also be provided by GP practices and sexual health clinics.
- There is a growing focus on long-acting reversible contraception for eligible females.
- 15 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

16.6.7 Smoking cessation level 2

The Health Board has noted the following points:

- 17 of the 18 pharmacies are commissioned to provide this service providing a good spread of locations across the locality.
- 15 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

16.6.8 Smoking cessation level 3

The Health Board has noted the following points:

- Nine of the 18 pharmacies are commissioned to provide this service in 2021/22.
- 15 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an

increase in demand for the services they provide. Three said that they do not but could make adjustments.

Based on the above, the Health Board has identified a current need for this service to be provided in Bassaleg, and for a better spread of pharmacies in Newport itself.

16.6.9 Smoking cessation level 3 patient group direction

The Health Board has noted the following points:

- Two pharmacies are commissioned to provide this service as part of the smoking cessation level 3 service.
- GP practices are able to prescribe Varenicline therefore residents of the locality are able to access the service that way as opposed to under this service. However, pharmacies are the only provider of a one to one motivational support and pharmacotherapy service via the level 3 smoking cessation service.
- This is a relatively new service and therefore pharmacies may not yet have come forward to provide it.
- With effect from June 2021, the distribution of Champix® (Varenicline) has been paused by Pfizer, the sole supplier of the product. It is currently unknown when supplies will become available.
- 15 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments.

As Varenicline is currently unavailable the Health Board will work with those pharmacies that have not signed up to provide the service to understand why they haven't.

Based on the above the Health Board has identified that there is a need for those pharmacies that provide the level 3 service to also provide this service no later than 12 months after the product becomes available. There is also a need for the service to be provided in Bassaleg and for a better spread of pharmacies in Newport. Should that not happen then, 12 months after the product becomes available, there will be a future need for this service to be provided ten locations spread evenly throughout the locality, in areas of greater population density.

16.6.10 Flu vaccination

The Health Board has noted the following points:

- 16 of the 18 pharmacies were commissioned to provide this service in 2020/21. As of August 2021, 12 of the pharmacies have signed up to provide this service in 2021/22.

- There are other providers of the service within the locality.
- 15 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

16.6.11 Common ailment service

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- One of the aims of the service is to reduce demand for GP appointments and it would therefore be beneficial if more people accessed the service.
- 15 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

16.6.12 Emergency medicine supply

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- 15 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

16.6.13 Care home services

The Health Board has noted the following points:

- Three of the pharmacies are commissioned to provide the level 1 service.
- It is up to the care home to choose which, if any, pharmacy it wishes to work with in relation to medicines.
- Care homes will have chosen to work with out of area providers.
- The service is currently under review due to the low take-up.

- 15 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

16.6.14 Directly observed therapy service for medicines compliance

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patients being prescribed a medicine that requires observation.
- Five of the pharmacies are currently commissioned to provide this service.
- When it has needed to be commissioned in the past the Health Board has had no difficulty in finding a pharmacy that is willing to provide the service.
- 15 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

16.6.15 Low molecular weight heparin (Dalteparin) services

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patient need. It has rarely been needed since its inception.
- Three of the pharmacies are currently commissioned to provide the service.
- The service is commissioned on a Gwent-wide basis and is provided by seven pharmacies across the Health Board’s area.
- 15 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

16.6.16 Independent prescriber services

The Health Board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- One of the pharmacies is currently commissioned to provide the acute conditions service.
- 15 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments.

In line with Pharmacy: Delivering a Healthier Wales, the Health Board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for this service within the locality.

16.6.17 Medicines administration services

The Health Board has noted the following points:

- Demand for these services is driven by the social care sector.
- 13 pharmacies are commissioned to provide medicines administration records or monitored dosage systems and four to provide automatic pill dispensers.
- 15 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

16.6.18 Needle exchange service

The Health Board has noted the following points:

- One pharmacy is commissioned to provide this service.
- The Gwent Area Planning Board engages with service users to find out where they would like to access this service and then approaches the Health Board to commission the service at the required location or locations.
- It is reported that some service users wish to travel out of their local area to access the service.
- There are other providers of this service.
- 15 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an

increase in demand for the services they provide. Three said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

16.6.19 In hours palliative care service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- Three of the pharmacies are commissioned to provide this service.
- 15 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

16.6.20 Palliative care out of hours service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- One of the pharmacies is commissioned to provide this service.
- 15 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

16.6.21 Supervised consumption service

The Health Board has noted the following points:

- 16 of the pharmacies are commissioned to provide this service.
- 15 of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Three said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

17 Torfaen North locality

17.1 Key facts for the area of Torfaen County Borough Council

- 1.1% projected population increase 2011 to 2036
- People born in the most deprived fifth of areas can expect to live about 15 years less in good health (14.8 years for males and 16.5 years for females) compared to the least deprived fifth
- Largest Gypsy and Traveller population (0.17% of the population)
- Highest percentage of moderate drinkers (67.9%)
- 18% of the population smoke
- 24% are obese and 65% are overweight or obese (the latter being significantly worse than the average for Wales)
- 80% do not eat five portions of fruit and vegetables a day
- 37% are active for less than 30 minutes a week
- 17% drink more than guidelines recommend (weekly alcohol consumption above 14 units)

There are two significant housing developments in the locality:

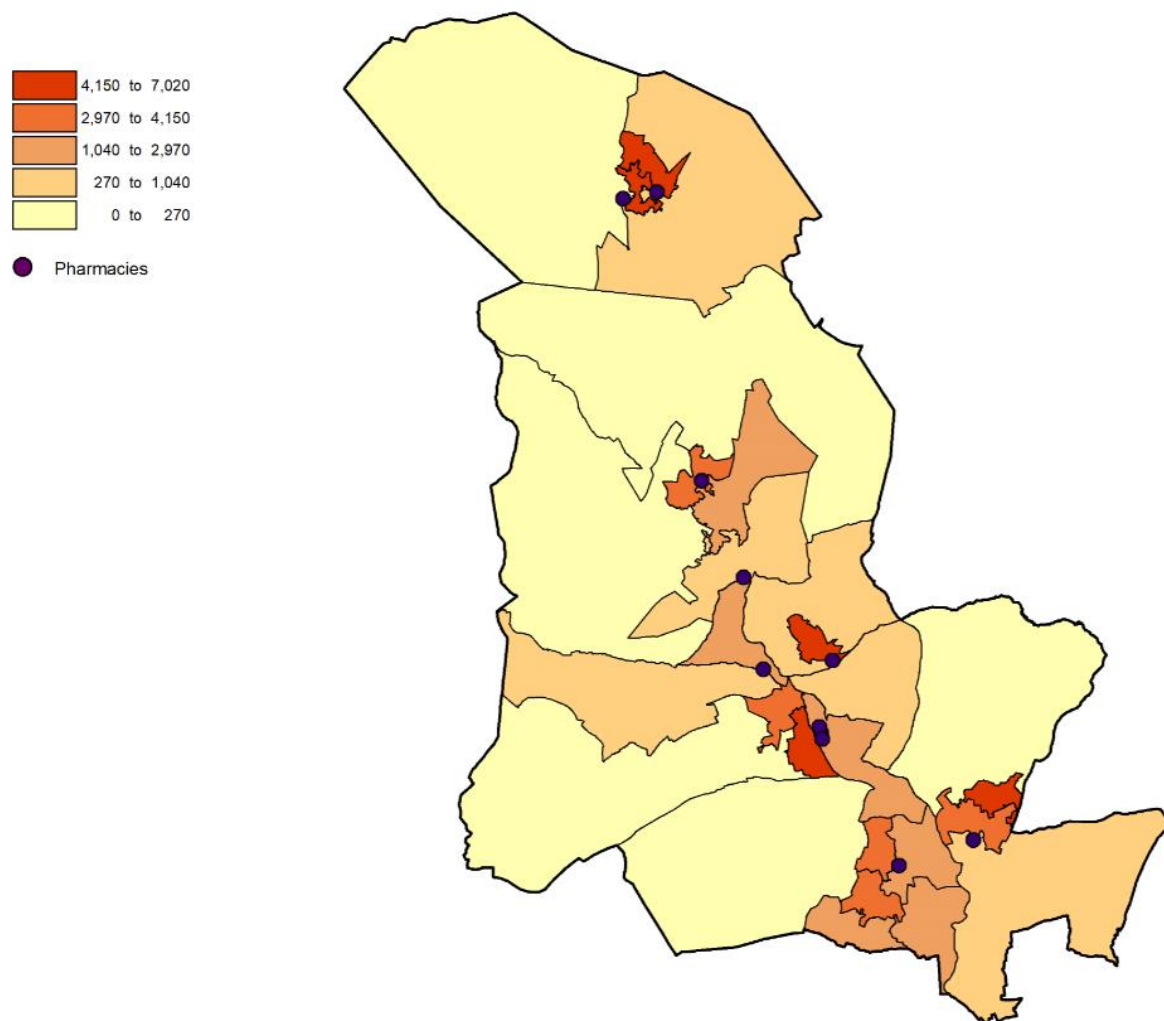
- South Sebastopol - a residential-led, urban expansion project comprising up to 1,200 new homes, ancillary retail and community development, allotments, playing fields and strategic landscaping works. Construction has commenced.
- Mamhilad urban village – a mixed-use scheme comprising 900 dwellings, a primary school, a multi-use neighbourhood centre and substantial formal and informal play and recreational facilities. Outline planning permission was granted July 2020.

17.2 Current provision of pharmaceutical services within the locality's area

There are 11 pharmacies in the locality operated by eight different contractors, and one of the six GP practices dispenses to 16.6% of its registered population.

As can be seen from the map below the pharmacies are located in areas of greater population density. The dispensing practice dispenses from premises that are located in the Monmouthshire North locality and are therefore not shown on this map.

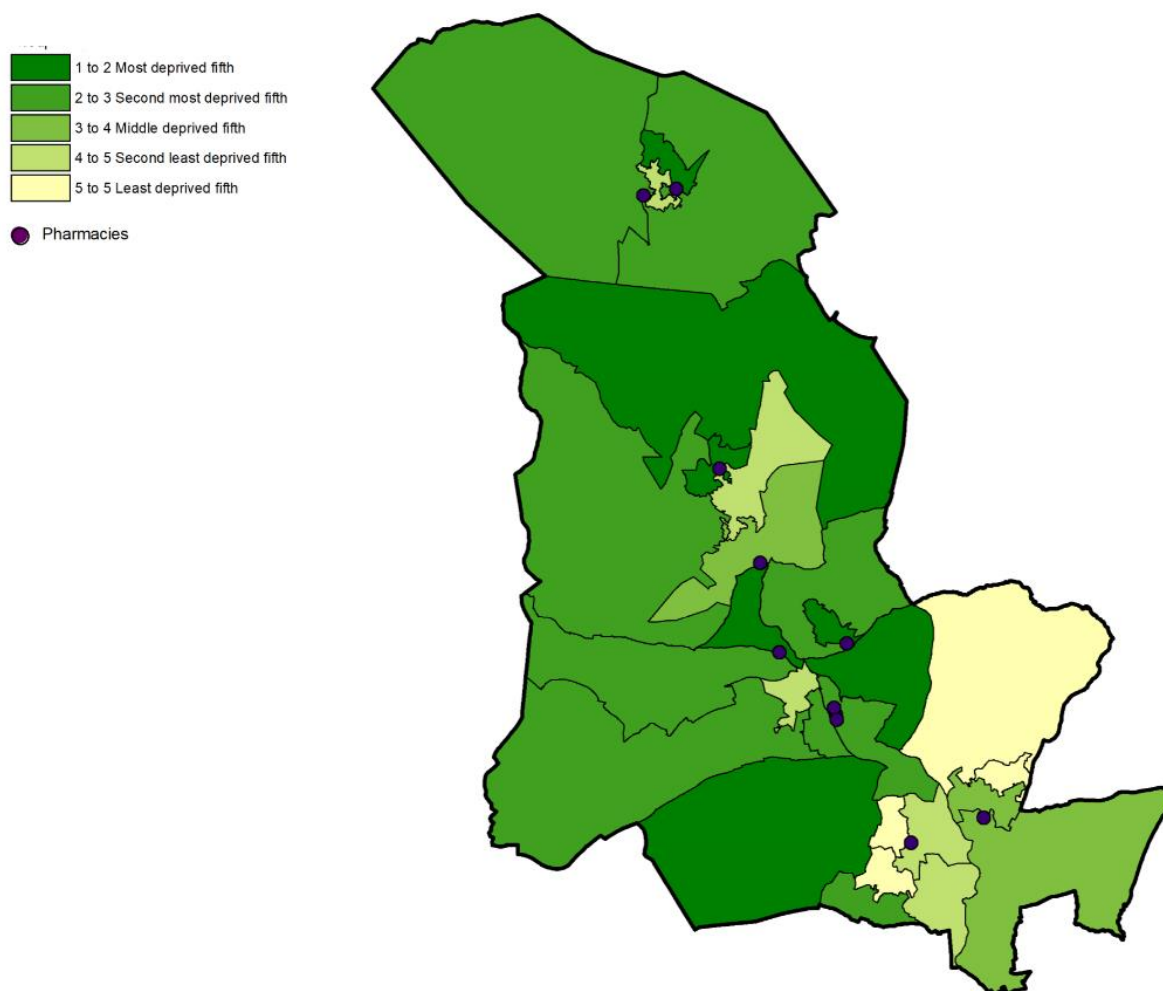
Map 107 – location of pharmacies compared to population density



© Crown Copyright Ordnance Survey Mapping License 100050829

As can be seen from the map below the pharmacies are generally located in areas of greater deprivation.

Map 108 – location of pharmacies compared to the level of deprivation

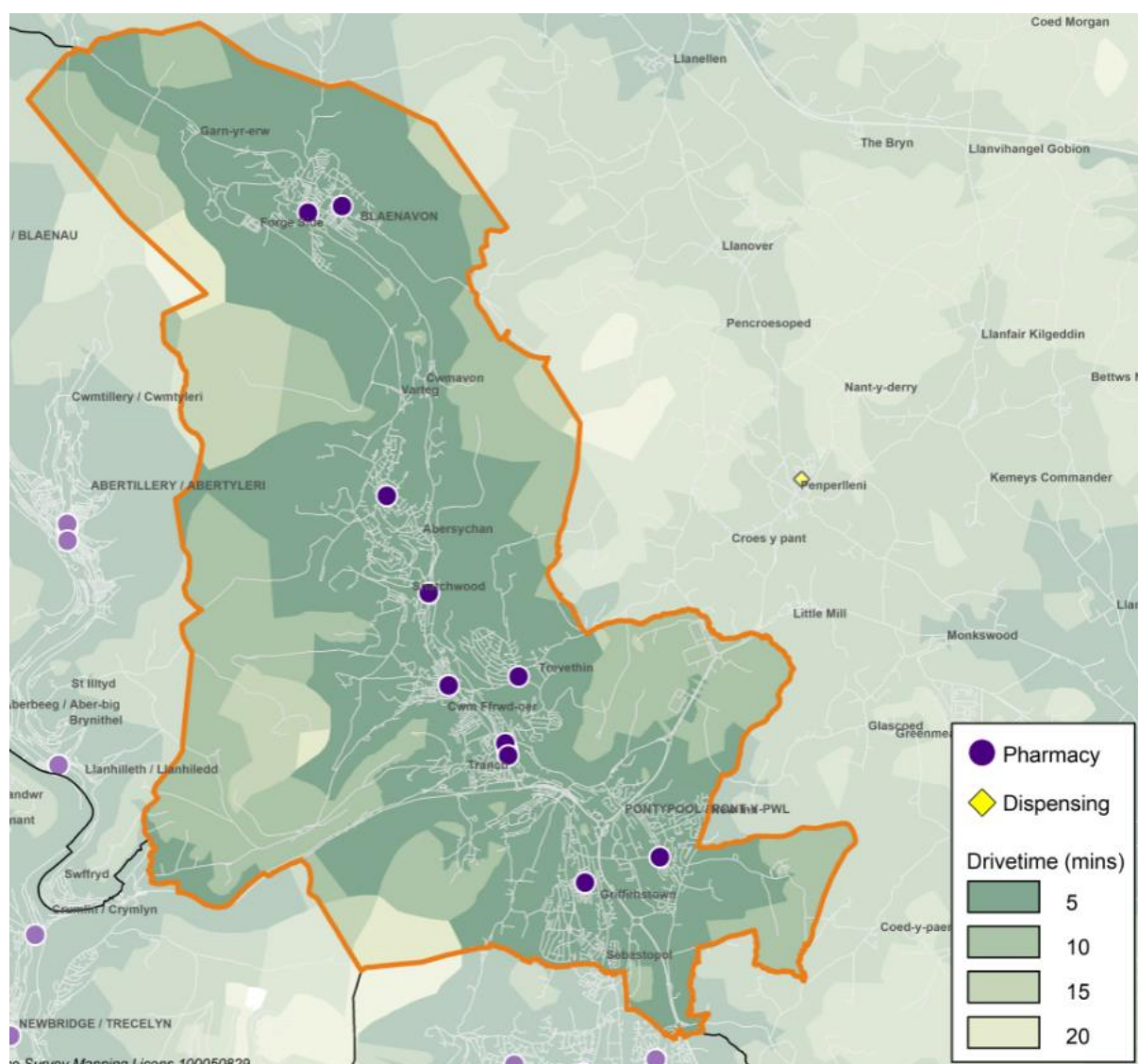


© Copyright Ordnance Survey Licence 100050829

In 2019/20, 81.4% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality (82.4% in 2020/21), and the dispensing practice dispensed or personally administered 1.9% of the prescribed items (2.0% in 2020/21). Whilst the data available doesn't show the percentage split between dispensed and personally administered items, based on the level of personal administration in the other localities it can be assumed that less than 2% of items were personally administered.

The map below shows the drive time to a pharmacy, with the darker the green the shorter the drive. As can be seen, the entire locality is within a 20-minute drive of a pharmacy. It should be noted that where pharmacies are in close proximity the purple circles representing them may overlap.

Map 109 – access to pharmacies in the locality



© Crown Copyright Ordnance Survey Mapping License 100050829

With regard to when the pharmacies are open:

- Six open Monday to Friday,
- Four open Monday to Friday, and part of Saturday, and
- One opens Monday to Saturday.

A Sunday rota operates so that one pharmacy in Torfaen opens between 18.00 and 20.00, but not necessarily within this locality.

With regard to the times at which these pharmacies are open between Monday and Friday:

- Two open at 08.30 with the remainder opening at 09.00,

- Four close at 17.30 (although one closes at 17.00 on Thursdays), six close at 18.00 (although one closes at 13.00 on Thursdays) and one closes at 18.30.

Eight pharmacies remain open all day; the others close at lunchtime at varying times between 13.00 and 14.30.

On Saturdays, one pharmacy opens at 08.30 with the remainder opening at 09.00. The pharmacy that opens all day closes for lunch between 13.30 and 14.30 and closes at the end of the day at 17.30.

The information in the rest of this section was received via the contractor questionnaire.

All of the pharmacies are accessible by wheelchair, and ten have a consultation area that is accessible by wheelchair. All the consultations areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

One pharmacy confirmed that Russian and French are spoken by staff. No pharmacies have staff who speak Welsh. However, as 86.5% of residents had no Welsh language skills and 98.7% have English as their main language (local authority level data, Census 2011). This coupled with the availability of Language Line means that the Health Board has not identified any issues for those who wish to access services in a language other than English.

Ten of the pharmacies dispense prescriptions for all types of appliances and one doesn't dispense stoma and incontinence appliances.

All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- six provide a free of charge delivery service on request,
- three provide a delivery service for a fee,
- four restrict the delivery service to:
 - those with a clinical need of mobility issues (two pharmacies),
 - housebound patients, and
 - the elderly, infirm, disabled, those receiving social or nursing care at home, those with complex polypharmacy, and where requested by the GP in an urgent situation/emergency, and

- one only provides a delivery service to Pontypool, Blaenavon and North Cwmbran.

Suggestions by pharmacies for existing services that are not currently provided in the area included:

- sore throat test and treat,
- common ailment plus for non-independent prescribers including a three day course for urinary tract infections with Trimethoprim,
- return of patients sharps boxes would be greatly appreciated by the community, and
- needle exchange.

One pharmacy was of the opinion that there is a requirement for an existing enhanced service which is not currently already being provided. This is a GP initiated delivery service in urgent/emergency cases. With video and telephone GP consultations becoming the norm there is an increasing number of requests from GPs for medication to be delivered at short notice. A GP initiated service would help manage the demand and meet the increasing delivery costs incurred.

Nine pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said they don't but could make adjustments.

Three pharmacies have plans to develop or expand their service provision:

- Increasing dispensary and consultation space by reducing retail space. Utilising first floor above dispensary to separate and manage work-streams more efficiently.
- Applied to Welsh Government for a grant to help fund the installation of a 24/7 medicines collection point.
- One pharmacy has recently been accredited to do supervised consumption. It plans expanding this service to meet the requirements of the surrounding community by informing GP surgeries and the Royal Gwent Hospital of their recent accreditation which will hopefully increase the amount of patients they deal with.

17.2.1 Medicines use review service

In 2018/19 all of the pharmacies provided this service, with five providing the maximum number of 400. All 11 pharmacies provided the service in 2019/20, with three providing the maximum number. At the time of writing the service has been suspended until April 2022 due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 110 – location of the pharmacies providing the medicines use review service in 2019/20



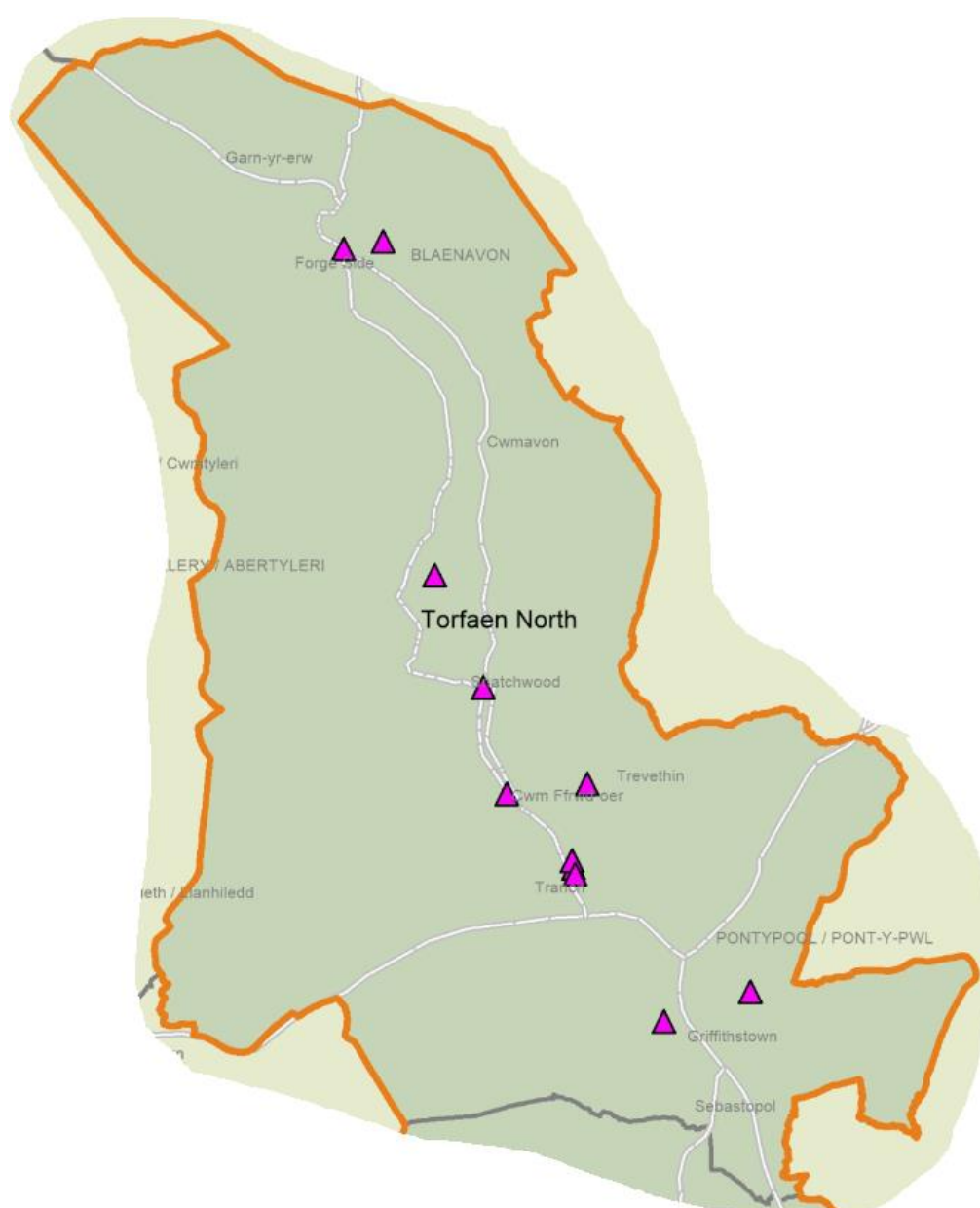
© Crown Copyright Ordnance Survey Mapping License 100050829

17.2.2 Discharge medicines review

In 2018/19, all of the pharmacies provided this service with none providing the maximum number of 140 reviews. All of the pharmacies provided the service in 2019/20, again with none providing the maximum number. In 2020/21, seven of the pharmacies provided a total of 193 reviews.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

Map 111 – location of the pharmacies providing discharge medicines reviews in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

17.2.3 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

17.2.4 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

17.2.5 Emergency hormonal contraception

Eight of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21, eight pharmacies were commissioned to provide the service and all eight are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

Map 112 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20



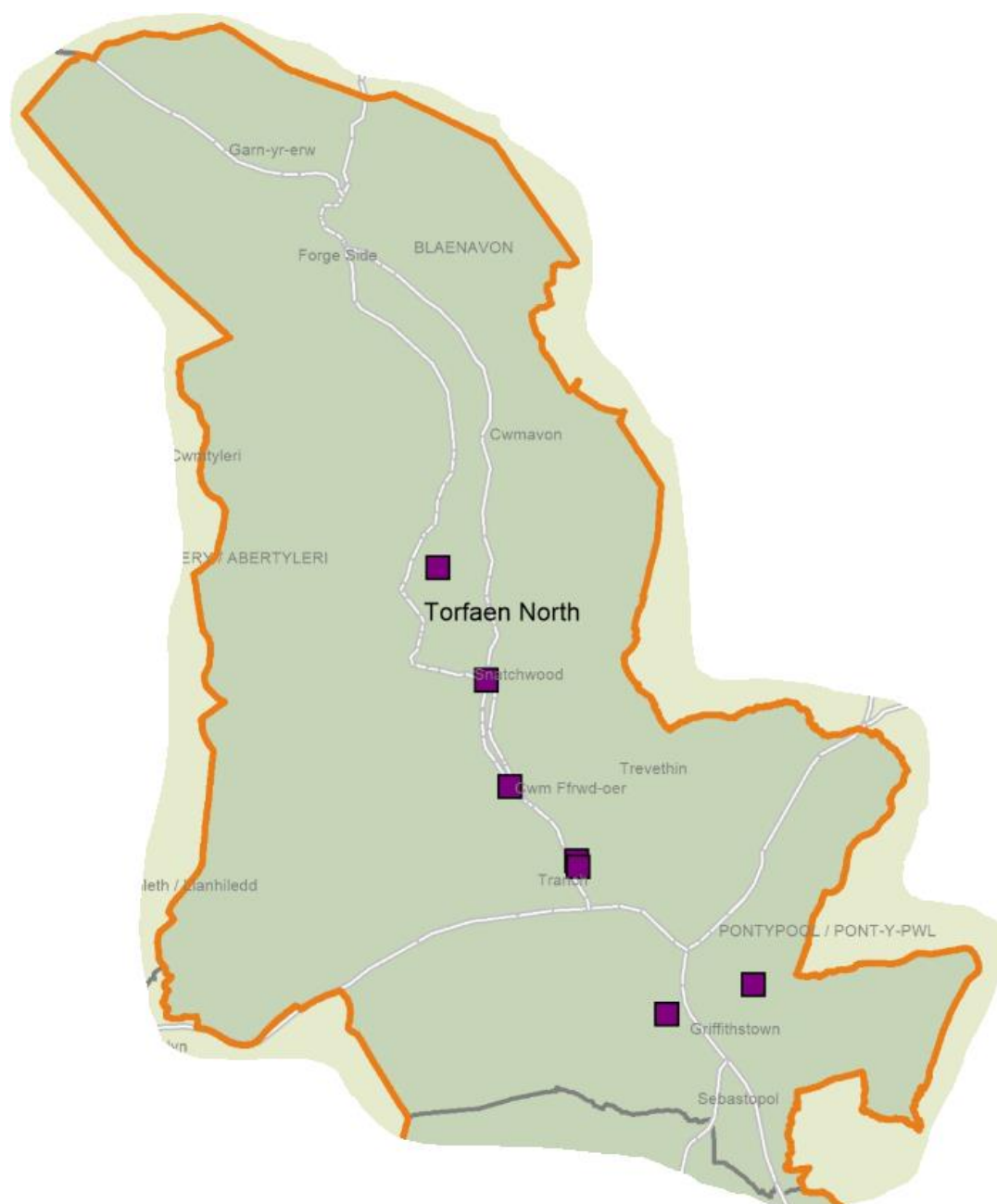
© Crown Copyright Ordnance Survey Mapping License 100050829

17.2.6 Smoking cessation service level 2

Seven of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21, ten pharmacies were commissioned to provide the service and ten are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 113 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20

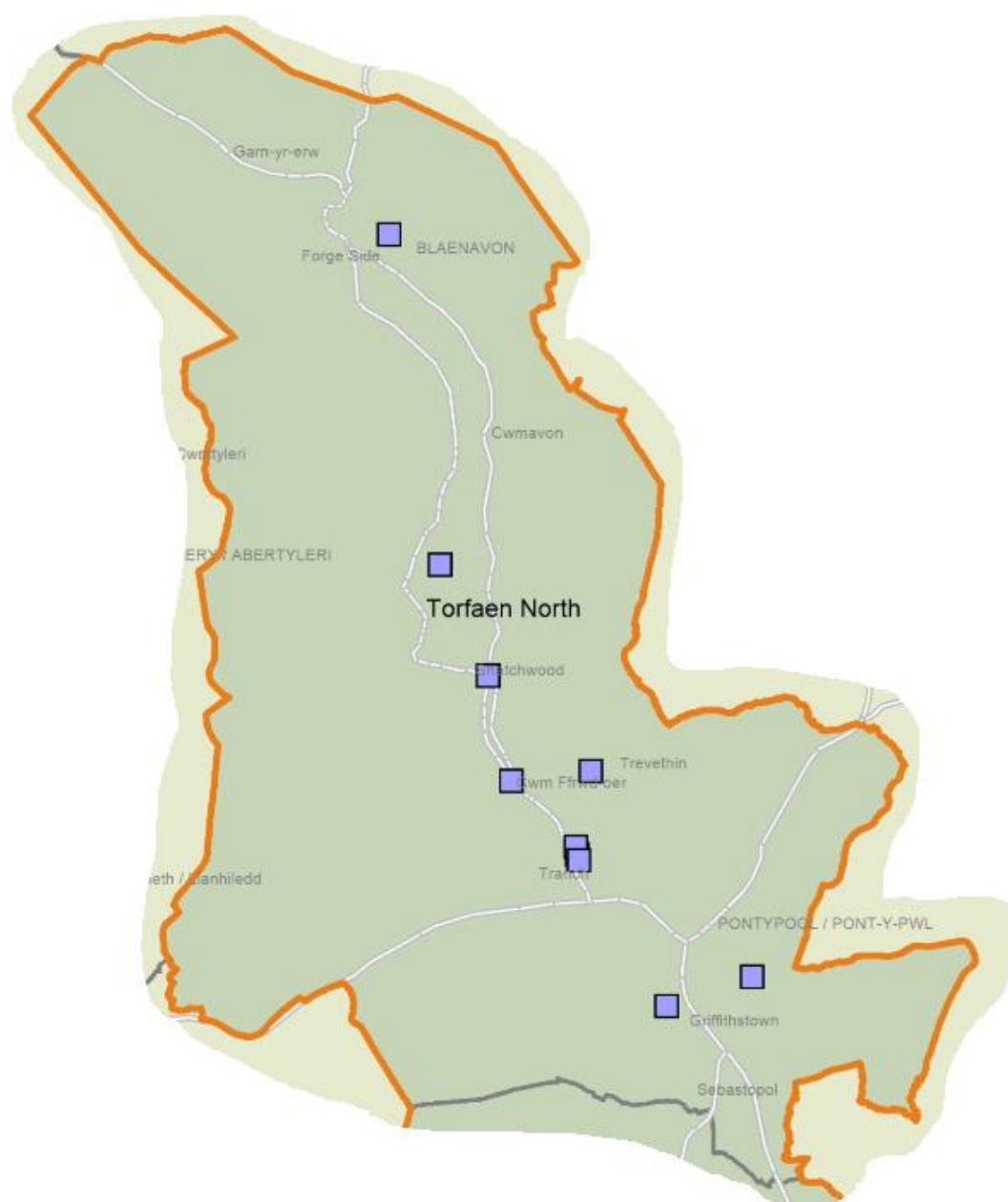


17.2.7 Smoking cessation service level 3

Eight of the pharmacies provided this service in 2018/19 increasing to ten in 2019/20. In 2020/21, ten pharmacies were commissioned to provide the service falling to nine in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 114 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



17.2.8 Smoking cessation level 3 patient group direction Varenicline scheme

Two pharmacies provided this service in 2018/19, increasing to five in 2019/20. In 2020/21, seven pharmacies are commissioned to provide the service and five have provided it at the time this document was drafted.

17.2.9 Flu vaccination

Nine of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21, 11 pharmacies were commissioned to provide the service and gave a total of 1,339 vaccinations.

As of August 2021, six of the pharmacies have signed up to provide this service in 2021/22, and it is anticipated that the majority of the remainder will sign up.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 115 – location of the pharmacies providing flu vaccinations in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

17.2.10 Common ailment service

All of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21, all of the pharmacies were commissioned to provide the service and all are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 116 – location of the pharmacies providing the common ailment service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

17.2.11 Emergency medicine supply

Two of the pharmacies provided this service in 2018/19 increasing to six in 2019/20. In 2020/21, 11 of the pharmacies were commissioned to provide the service and all are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

Map 117 – location of the pharmacies providing the emergency medicine supply service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

17.2.12 Care home services

Three pharmacies are commissioned to provide the level 1 service in 2021/22.

17.2.13 Directly observed therapy service for medicines compliance

None of the pharmacies in the locality are commissioned to provide this service in 2021/22.

17.2.14 Low molecular weight heparin (Dalteparin) services

None of the pharmacies in the locality are commissioned to provide this service in 2021/22.

17.2.15 Independent prescriber services

None of the pharmacies in the locality are commissioned to provide these services in 2021/22.

17.2.16 Medicines administration service

In 2020/21, ten pharmacies were commissioned to provide the service that involves the provision of a medicines administration record or a monitored dosage system increasing to all the pharmacies in 2021/22.

Three pharmacies were commissioned to provide automatic pill dispensers in 2020/21 and three are commissioned to provide them in 2021/22.

17.2.17 Needle exchange service

Two of the pharmacies in the locality are commissioned to provide this service in 2020/21 increasing to three in 2021/22.

17.2.18 In hours palliative care service

In 2021/22, one pharmacy is commissioned to provide this service.

17.2.19 Palliative care out of hours service

Two pharmacies provided the service in 2018/19 and 2019/20. In 2020/21, two pharmacies were commissioned to provide this service and two are commissioned to provide it in 2021/22.

17.2.20 Supervised consumption service

Ten pharmacies were commissioned to provide this service in 2020/21 and ten are commissioned to provide it in 2021/22.

17.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the Health Board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2019/20 were dispensed by the 11 pharmacies in the locality, 15.7% were dispensed outside the locality:

- 13.0% were dispensed in Torfaen South,
- 0.9% in Newport West,
- 0.6% in each of Newport East and Cardiff and Vale University Health Board's area,
- 0.3% in England,
- 0.2% in Monmouthshire North, and
- 0.1% elsewhere in Wales.

This fell slightly in 2020/21 (14.6%) with the majority dispensed in Torfaen South (12.6%).

In addition residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the Health Board's area; however it is not possible to quantify this activity from the recorded data.

17.4 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments

1.0% of items prescribed by the non-dispensing GP practices were personally administered by the practices in both 2019/20 and 2020/21.

Residents will access other NHS services located in this locality or elsewhere in the Health Board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,

- Minor injury units,
- The Alternative Primary Care Service,
- Drug and alcohol services,
- The long term conditions practitioner service, and
- Help Me Quit.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

17.5 Choice with regard to obtaining pharmaceutical services

As can be seen from the preceding sections, those living within the locality and registered with one of the GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed. However some choose to look outside the locality, usually to access a neighbouring pharmacy or a dispensing appliance contractor near to where they work, shop, or go for leisure or another reason.

In 2019/20 over 250 contractors dispensed items written by one of the GP practices in this locality, of which:

- 11 were located within the locality,
- 111 were located elsewhere within the Health Board's area,
- 128 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

This fell to 215 in 2020/21:

- 11 were located within the locality,
- 104 were located elsewhere within the Health Board's area,
- 97 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

17.6 Gaps in provision

17.6.1 Essential services

The Health Board has noted the following points:

- The pharmacies are spread across the locality and are located in areas of greater population density and deprivation.
- The entire locality is within a 20-minute drive of a pharmacy.
- The population of Torfaen County Borough Council is estimated to increase by 1.1% between 2011 and 2036.

- There are two significant housing developments in the locality. A development in South Sebastopol will deliver up to 1,200 housing units and construction has commenced. Mamhilad urban village will deliver 900 housing units.
- Nine of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said that they do not but could make adjustments.

The Health Board has considered whether there is a current or future need for the provision of essential services in the South Sebastopol development. It has noted that the nearest pharmacies are within a 10-minute drive, and there is also a pharmacy to the south of the development in the Torfaen South locality. Based on this and the capacity of the existing estate the Health Board is satisfied that there is no current or future need for essential services in the development.

The Health Board has considered whether there is a current or future need for the provision of essential services in Mamhilad Urban Village. The development is located to the north east of Pontypool, just off the Usk Road, close to the border with Monmouthshire. The Health Board has determined that there is a future need for a pharmacy within the development, once it is completed and all the construction companies have left the site, which, as a minimum, has core opening hours of:

- 09.00 to 18.30 Monday to Friday, and
- 09.00 to 13.00 on Saturdays.

There is a future need for this pharmacy to provide the following services from the point it is included in the pharmaceutical list:

- All essential services,
- The medicine use review and discharge medicines review services, and
- The enhanced services of emergency hormonal contraception, smoking cessation levels 2 and 3, supervised administration, the common ailment service, the emergency medicine supply service, flu vaccinations, the waste reduction service and the medicine administration services.

17.6.2 Medicines use review service

The Health Board has noted the following points:

- Prior to the suspension of this service it was provided by all of the pharmacies.
- Five pharmacies provided the maximum number of medicines use reviews in 2018/19. Three did in 2019/20.

- Nine of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to Mamhilad Urban Village (see section 17.6.1 above).

17.6.3 Discharge medicines review

The Health Board has noted the following points:

- Nine of the pharmacies provided this service in 2020/21.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- Due to the range of medicines included within the service only a small proportion of patients being discharged will be eligible to receive the service.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- Nine of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said that they do not but could make adjustments.

The Health Board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to Mamhilad Urban Village (see section 17.6.1 above).

17.6.4 Appliance use reviews

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that ten of the pharmacies confirmed that they dispense prescriptions for all types of appliances and all have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

17.6.5 Stoma appliance customisation

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that ten of the pharmacies confirmed that they dispense prescriptions for all types of appliances and all have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

17.6.6 Emergency hormonal contraception

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- There is a good spread of pharmacies providing the service across the locality.
- The service will also be provided by GP practices and sexual health clinics.
- There is a growing focus on long-acting reversible contraception for eligible females.
- Nine of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to Mamhilad Urban Village (see section 17.6.1 above).

17.6.7 Smoking cessation level 2

The Health Board has noted the following points:

- Ten of the pharmacies are commissioned to provide this service providing a good spread of locations across the locality.
- Nine of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to Mamhilad Urban Village (see section 17.6.1 above).

17.6.8 Smoking cessation level 3

The Health Board has noted the following points:

- Nine of the pharmacies are commissioned to provide this service.
- Nine of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to Mamhilad Urban Village (see section 17.6.1 above).

17.6.9 Smoking cessation level 3 patient group direction

The Health Board has noted the following points:

- Six pharmacies are commissioned to provide this service as part of the smoking cessation level 3 service.
- GP practices are able to prescribe Varenicline therefore residents of the locality are able to access the service that way as opposed to under this service. However, pharmacies are the only provider of a one to one motivational support and pharmacotherapy service via the level 3 smoking cessation service.
- This is a relatively new service and therefore pharmacies may not yet have come forward to provide it.

- With effect from June 2021, the distribution of Champix® (Varenicline) has been paused by Pfizer, the sole supplier of the product. It is currently unknown when supplies will become available.
- Nine of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said that they do not but could make adjustments.

As Varenicline is currently unavailable the Health Board will work with those pharmacies that have not signed up to provide the service to understand why they haven't

Based on the above the Health Board has identified that there is a need for those pharmacies that provide the level 3 service to also provide this service no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes available, there will be a future need for this service to be provided at ten locations spread evenly throughout the locality, in areas of greater population density. There is also a future need for the service in relation to Mamhilad Urban Village (see section 17.6.1 above).

17.6.10 Flu vaccination

The Health Board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2020/21. As of August 2021, six of the pharmacies have signed up to provide this service in 2021/22, and it is anticipated that the majority of the remainder will sign up.
- Nine of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to Mamhilad Urban Village (see section 17.6.1 above).

17.6.11 Common ailment service

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- One of the aims of the service is to reduce demand for GP appointments and it would therefore be beneficial if more people accessed the service.
- Nine of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an

increase in demand for the services they provide, and two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to Mamhilad Urban Village (see section 17.6.1 above).

17.6.12 Emergency medicine supply

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- Nine of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to Mamhilad Urban Village (see section 17.6.1 above).

17.6.13 Care home services

The Health Board has noted the following points:

- Three of the pharmacies are commissioned to provide the level 1 service.
- It is up to the care home to choose which, if any, pharmacy it wishes to work with in relation to medicines.
- Care homes will have chosen to work with out of area providers.
- The service is currently under review due to the low take-up.
- Nine of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

17.6.14 Directly observed therapy service for medicines compliance

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patients being prescribed a medicine that requires observation.
- None of the pharmacies are currently commissioned to provide this service as there is no need to do so.

- When it has needed to be commissioned in the past the Health Board has had no difficulty in finding a pharmacy that is willing to provide the service.
- Nine of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

17.6.15 Low molecular weight heparin (Dalteparin) services

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patient need. It has rarely been needed since its inception.
- None of the pharmacies are currently commissioned to provide this service as there is no need to do so.
- The service is commissioned on a Gwent-wide basis and is provided by seven pharmacies across the Health Board’s area.
- Nine of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

17.6.16 Independent prescriber services

The Health Board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- None of the pharmacies are currently commissioned to provide this service.
- Nine of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said that they do not but could make adjustments.

In line with Pharmacy: Delivering a Healthier Wales, the Health Board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for this service within the locality.

17.6.17 Medicines administration services

The Health Board has noted the following points:

- Demand for these services is driven by the social care sector.
- All of the pharmacies are commissioned to provide medicines administration records or monitored dosage systems and three to provide automatic pill dispensers.
- Nine of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to Mamhilad Urban Village (see section 17.6.1 above).

17.6.18 Needle exchange service

The Health Board has noted the following points:

- Three pharmacies are commissioned to provide this service.
- The Gwent Area Planning Board engages with service users to find out where they would like to access this service and then approaches the Health Board to commission the service at the required location or locations.
- It is reported that some service users wish to travel out of their local area to access the service.
- There are other providers of this service.
- Nine of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

17.6.19 In hours palliative care service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- One pharmacy is commissioned to provide this service.
- Nine of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an

increase in demand for the services they provide, and two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

17.6.20 Palliative care out of hours service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- Two pharmacies are commissioned to provide this service.
- Nine of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

17.6.21 Supervised consumption service

The Health Board has noted the following points:

- Ten of the pharmacies are commissioned to provide this service providing a good spread of locations across the locality.
- Nine of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality other than in relation to Mamhilad Urban Village (see section 17.6.1 above).

18 Torfaen South locality

18.1 Key facts for the area of Torfaen County Borough Council

- 1.1% projected population increase 2011 to 2036
- People born in the most deprived fifth of areas can expect to live about 15 years less in good health (14.8 years for males and 16.5 years for females) compared to the least deprived fifth
- Largest Gypsy and Traveller population (0.17% of the population)
- Highest percentage of moderate drinkers (67.9%)
- 18% of the population smoke
- 24% are obese and 65% are overweight or obese (the latter being significantly worse than the average for Wales)
- 80% do not eat five portions of fruit and vegetables a day
- 37% are active for less than 30 minutes a week
- 17% drink more than guidelines recommend (weekly alcohol consumption above 14 units)

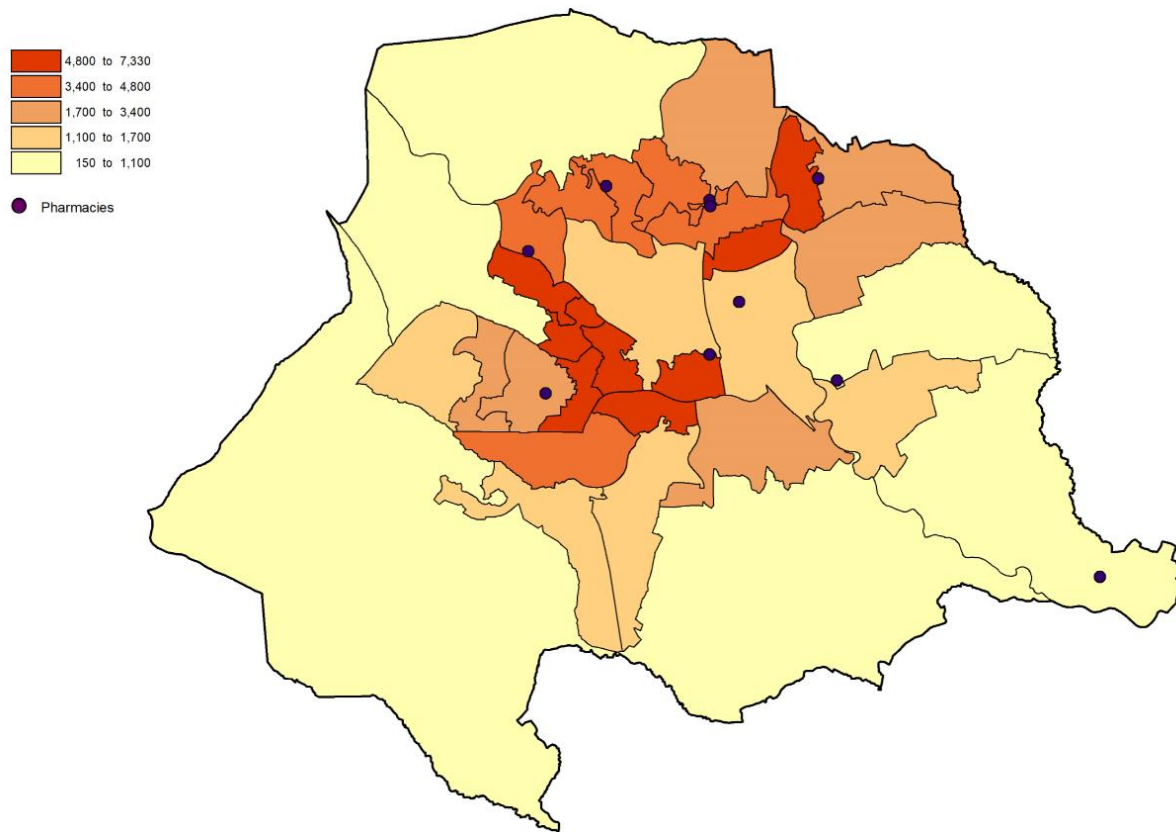
There are four significant housing developments in the locality:

- Llantarnam – a mixed use development of 450 dwellings, eight hectares of employment land (Class B1), a neighbourhood centre and informal recreation provision.
- Former Police College, Cwmbran - 350 dwellings. Phase one (219 dwellings) has been completed, phase two consists 108 dwellings and is under construction whilst phase three remains undeveloped.
- Former County Hall and Police HQ, Llanyravon - 220 dwellings. Planning permission for 140 dwellings was granted in August 2019.
- Former Llantarnam Comprehensive - 226 dwellings. Planning permission was granted in November 2016.

18.2 Current provision of pharmaceutical services within the locality's area

There are ten pharmacies in the locality operated by five different contractors. None of the six GP practices dispense. As can be seen from the map below, in general pharmacies are located in areas of greater population density.

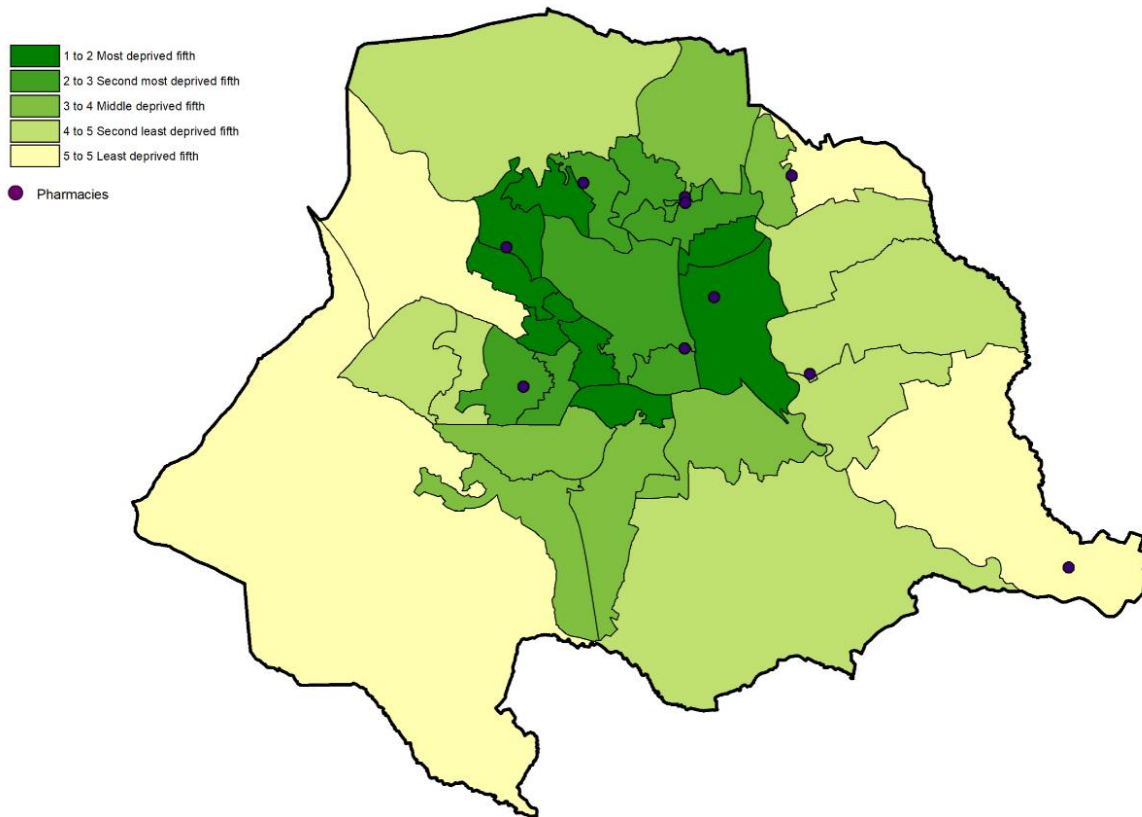
Map 118 – location of pharmacies compared to population density



© Crown Copyright Ordnance Survey Mapping License 100050829

As can be seen from the map below the pharmacies are generally located in areas of greater deprivation.

Map 119 – location of pharmacies compared to the level of deprivation

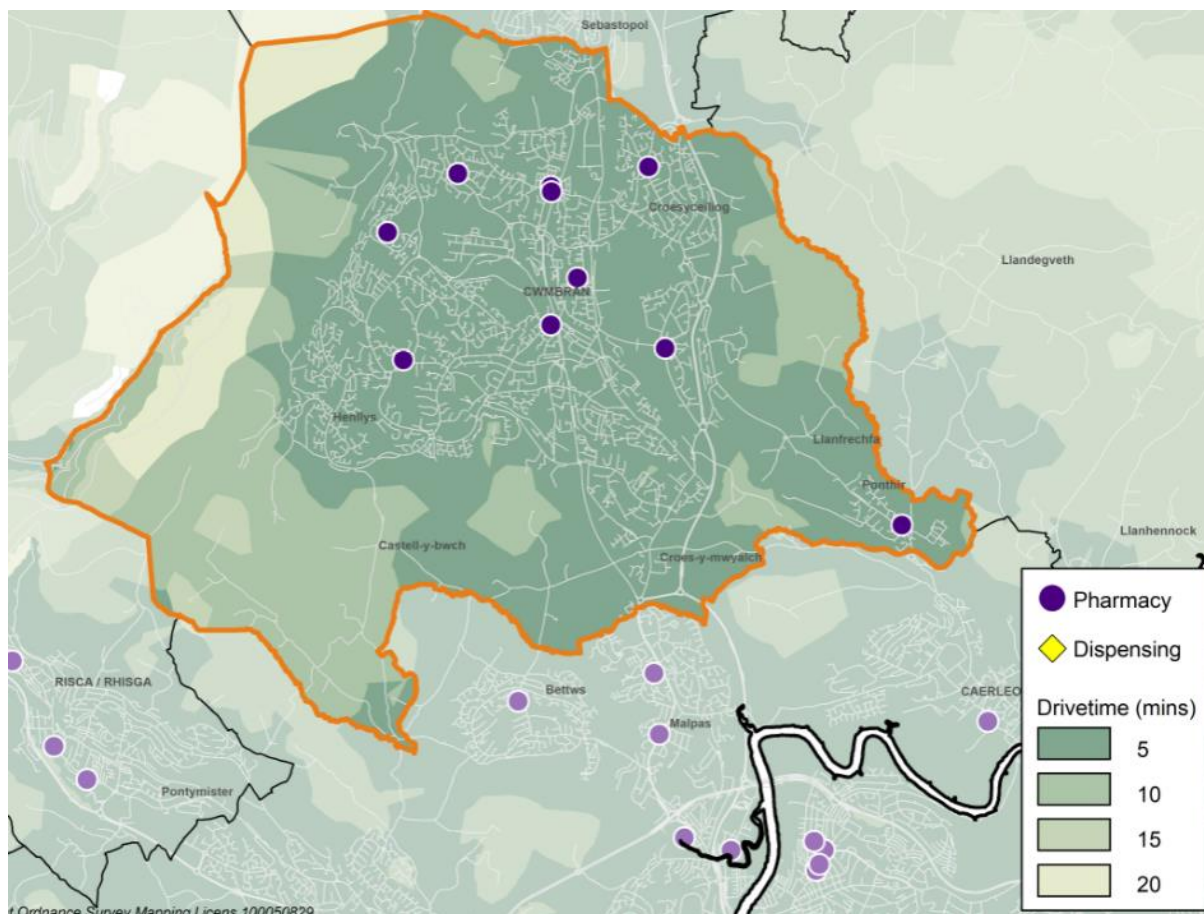


© Copyright Ordnance Survey Licence 100050829

In 2019/20, 90.4% of prescriptions written by the GP practices in the locality were dispensed by a pharmacy within the locality. This increased slightly to 91.4% in 2021/22.

The map below shows the drive time to a pharmacy, with the darker the green the shorter the drive. As can be seen, the entire locality is within a 20-minute drive of a pharmacy. It should be noted that where pharmacies are in close proximity the purple circles representing them may overlap.

Map 120 – access to pharmacies in the locality



© Crown Copyright Ordnance Survey Mapping License 100050829

With regard to when the pharmacies are open:

- Three open Monday to Friday,
- Five open Monday to Friday, and part of Saturday,
- One opens Monday to Saturday, and
- One opens Monday to Sunday

A Sunday rota operates so that one pharmacy in Torfaen opens between 18.00 and 20.00, but not necessarily within this locality.

With regard to the times at which these pharmacies are open between Monday and Friday:

- One opens at 08.00, two open at 08.30, one opens at 08.45 and the remainder open at 09.00,
- One closes at 17.45 (13.00 on Wednesdays), three close at 18.00 (one closes at 17.30 on Wednesdays) and the remainder at 18.30 (one closes at 17.30 on Thursdays).

Seven pharmacies remain open all day, the other two close at lunchtime between 13.00 and 14.00.

On Saturdays, one pharmacy opens at 08.30 and six at 09.00. Of the two that are open all day one closes for lunch between 13.00 and 14.00. One closes at 17.00 and the other at 18.00.

On Sundays, opening hours are secured between 10.00 and 16.00.

The information in the rest of this section was received via the contractor questionnaire.

Nine of the pharmacies are accessible by wheelchair and have a consultation area that is accessible by wheelchair. All ten of the consultations areas are:

- closed rooms,
- a designated area where the patient and pharmacist can sit down together and talk at normal volumes without being overheard, and
- clearly designated as an area for confidential consultations distinct from the general public areas of the pharmacy.

One pharmacy confirmed that Welsh is spoken by staff, and another that Bengali is spoken. However, as 86.5% of residents had no Welsh language skills and 98.7% have English as their main language (local authority level data, Census 2011). This coupled with the availability of Language Line means that the Health Board has not identified any issues for those who wish to access services in a language other than English.

Ten of the pharmacies dispense prescriptions for all types of appliances, and one only dispenses dressings.

All of the pharmacies collect prescriptions from GP practices. In relation to the delivery of dispensed items:

- seven provide a free of charge delivery service on request,
- one provides a delivery service for a fee, and
- two provide both a free and chargeable service.

In relation to any requirement for an existing enhanced service which is not currently provided in the area, a pharmacy identified the need for the independent prescriber service to be extended as it is at capacity. The pharmacy can provide additional capacity to meet the demand for the service. The service should also be extended to cover areas such as contraception or managing chronic conditions such as asthma.

Two pharmacies indicated the need for urinary tract infection testing/treatment due to multiple requests each week, including

weekends, from a variety of patients the majority of who are referred to their GP practice.

In relation to a requirement for a new service that is currently not available:

- expansion of the independent prescriber service to include other areas such as contraception or managing chronic conditions such as asthma.
- a service to treat minor skin infections such as impetigo. Increase in patients with skin infections due to the increased use of face masks during the Covid pandemic.

Eight pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, however two said they did not but could make adjustments to manage an increase in demand.

Five pharmacies have plans to develop or expand their service provision:

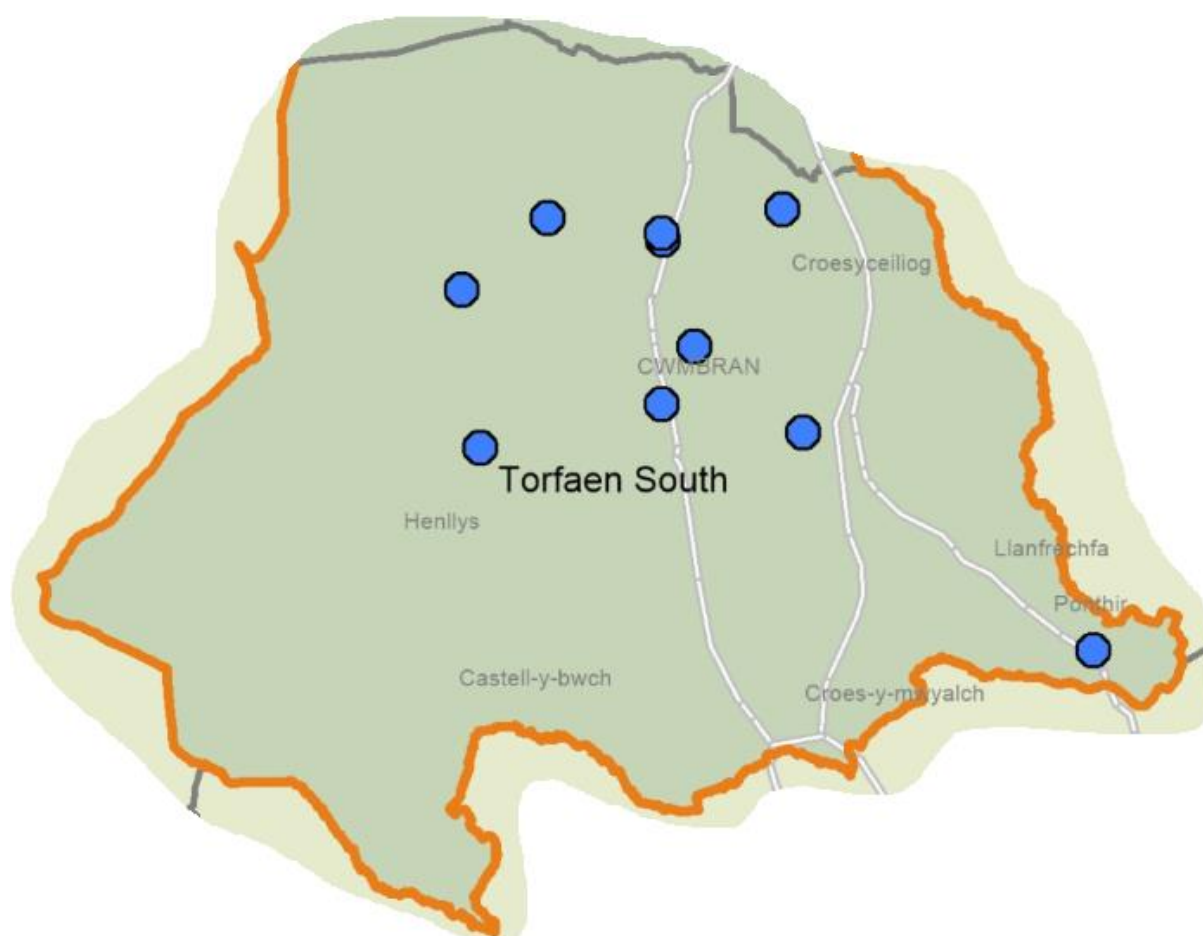
- One will be adding a second consultation room in 2021 and would like to expand their independent prescriber service. It is in the process of starting a ear syringing/micro suction service to run alongside the independent prescriber service. The pharmacy will also be looking to offer additional services such as podiatry.
- One plans to provide enhanced services that are suitable for the area.
- One plans to offer the smoking cessation level 3 service.
- Another said they have plans if they relocate or if independent prescriber services start soon.
- One pharmacy said they will endeavour to provide any additional services that are commissioned.

18.2.1 Medicines use review service

In 2018/19 all of the pharmacies provided this service, with five providing the maximum number of 400. All of the pharmacies provided the service in 2019/20, with three providing the maximum number. At the time of writing the service has been suspended until April 2022 due to the Covid pandemic, however it is anticipated that once the service is reinstated that the pharmacies will resume provision.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue circles representing them may overlap.

Map 121 – location of the pharmacies providing the medicines use review service in 2019/20



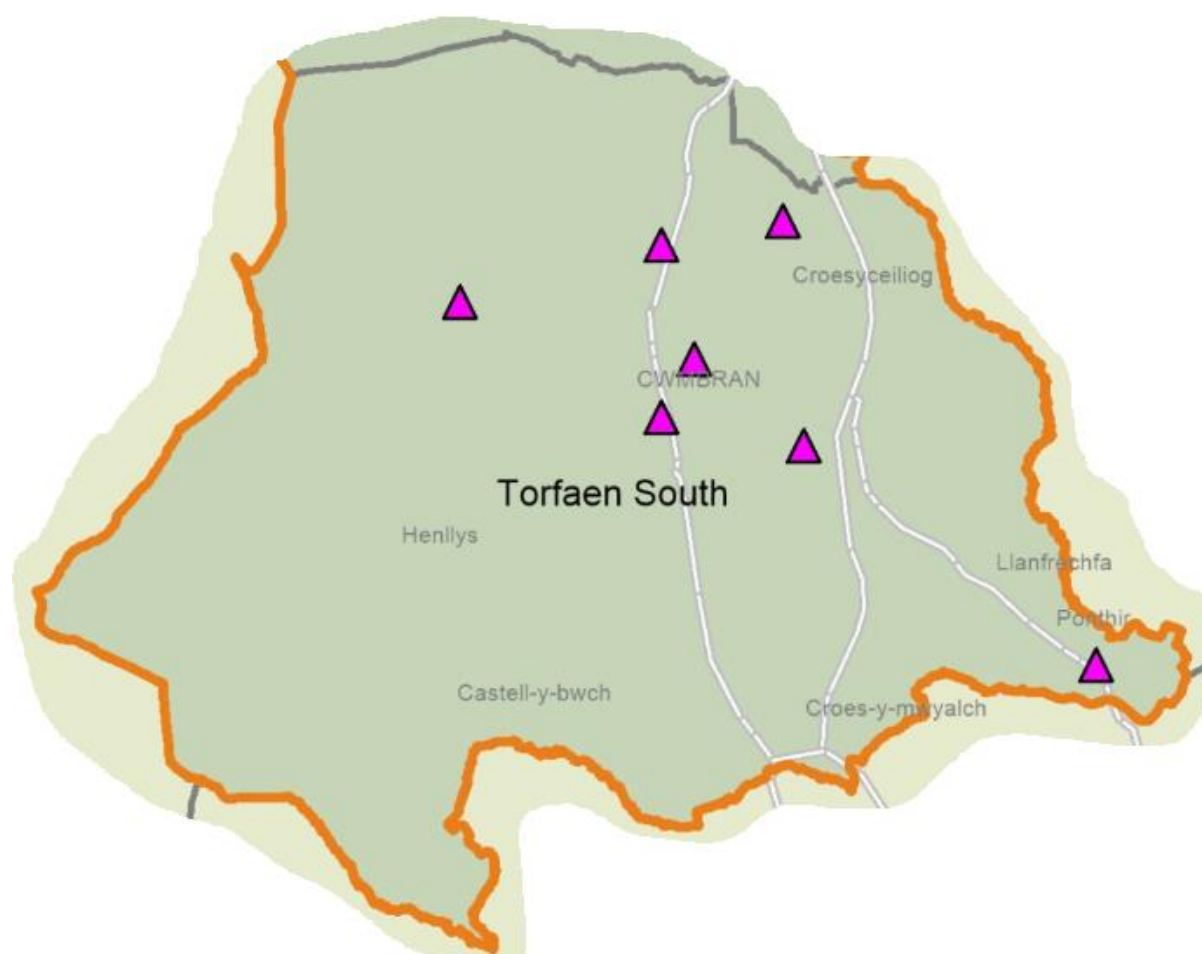
© Crown Copyright Ordnance Survey Mapping License 100050829

18.2.2 Discharge medicines review

In 2018/19, six of the pharmacies provided this service with none providing the maximum number of 140 reviews. Seven pharmacies provided the service in 2019/20, again with none providing the maximum number. In 2020/21, seven of the pharmacies provided a total of 204 reviews.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the pink triangles representing them may overlap.

Map 122 – location of the pharmacies providing discharge medicines reviews in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

18.2.3 Appliance use reviews

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

18.2.4 Stoma appliance customisation

None of the pharmacies in the locality provide this service despite dispensing prescriptions for appliances.

18.2.5 Emergency hormonal contraception

Nine of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21, ten pharmacies were commissioned to provide the service and all ten are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the grey triangles representing them may overlap.

Map 123 – location of the pharmacies providing the emergency hormonal contraception service in 2019/20



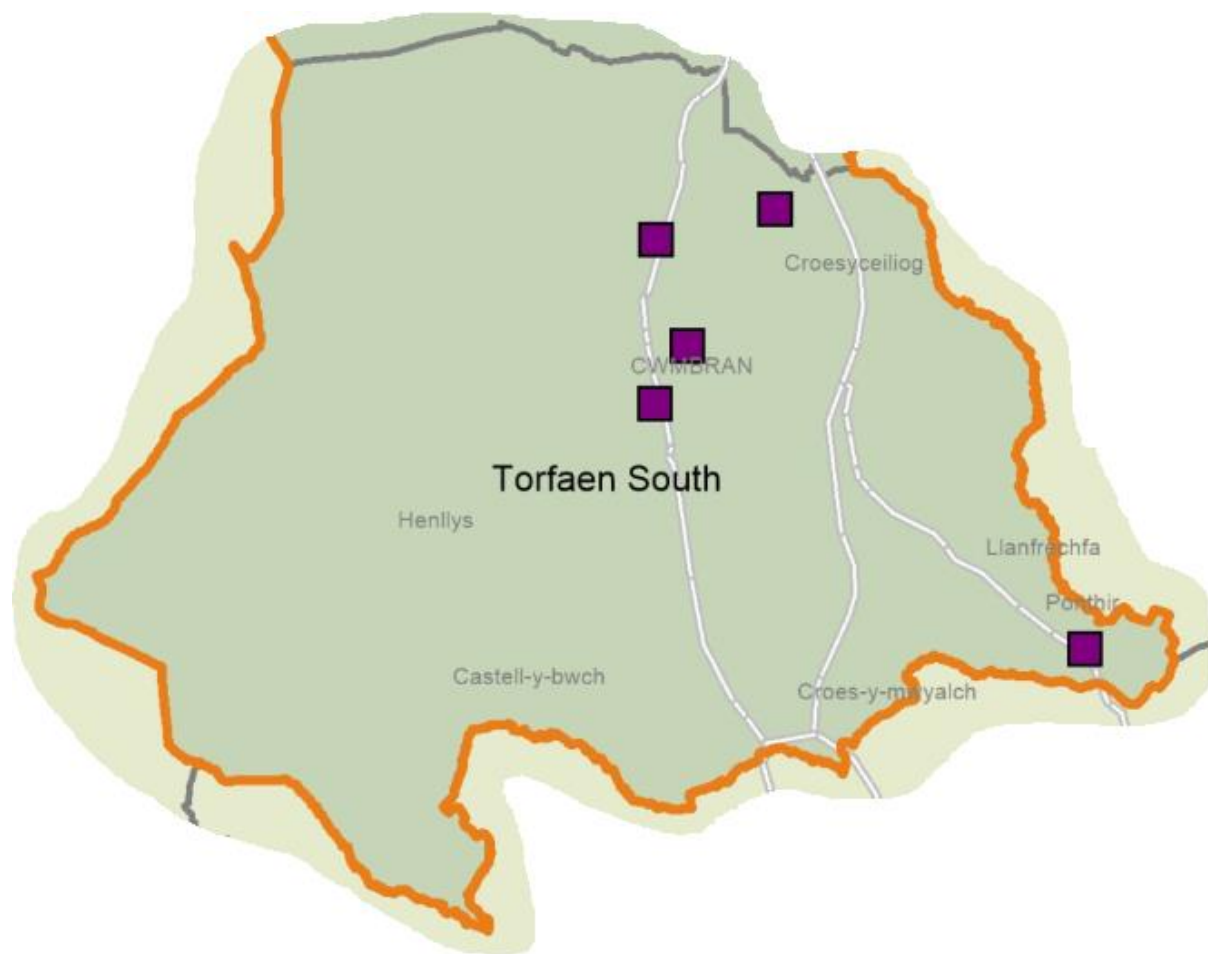
© Crown Copyright Ordnance Survey Mapping License 100050829

18.2.6 Smoking cessation service level 2

Five of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21, ten pharmacies were commissioned to provide the service and all ten are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the maroon squares representing them may overlap.

Map 124 – location of the pharmacies providing the smoking cessation level 2 service in 2019/20



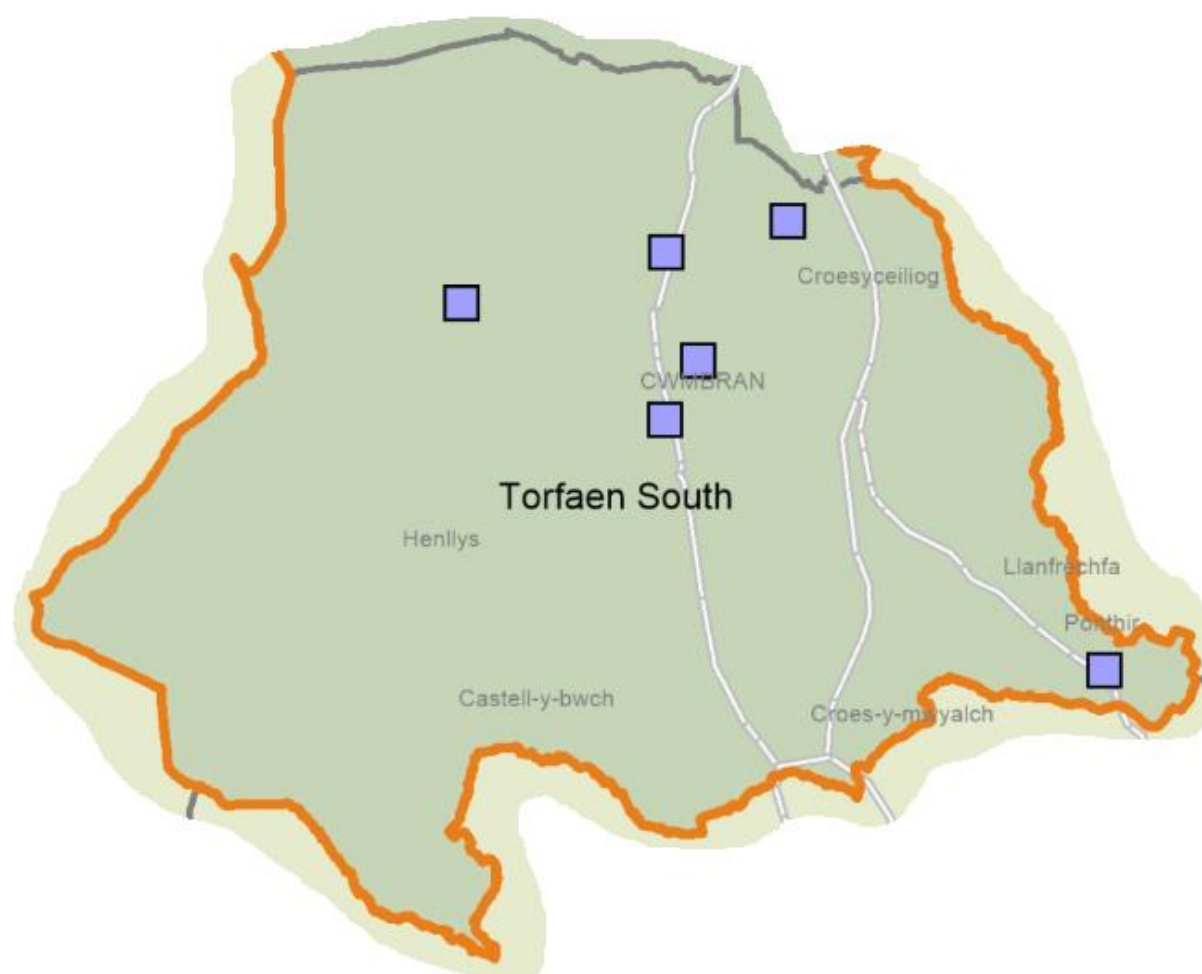
© Crown Copyright Ordnance Survey Mapping License 100050829

18.2.7 Smoking cessation service level 3

Five of the pharmacies provided this service in 2018/19 increasing to six in 2019/20. In 2020/21, eight were commissioned to provide the service falling to seven in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue squares representing them may overlap.

Map 125 – location of the pharmacies providing the smoking cessation level 3 service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

18.2.8 Smoking cessation level 3 patient group direction Varenicline scheme

Two pharmacies provided this service in 2018/19, increasing to five in 2019/20. In 2020/21, six pharmacies were commissioned to provide the service and six are commissioned to provide it in 2021/22.

18.2.9 Flu vaccination

Nine of the pharmacies provided this service in 2018/19 and 2019/20. In 2020/21, ten pharmacies were commissioned to provide the service and gave a total of 1,697 vaccinations.

As of August 2021, eight of the pharmacies have signed up to provide this service in 2021/22, and it is anticipated that one or both of the other two will sign up.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the turquoise circles representing them may overlap.

Map 126 – location of the pharmacies providing flu vaccinations in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

18.2.10 Common ailment service

Nine of the pharmacies provided this service in 2018/19 increasing to all ten in 2019/20. In 2020/21, all of the pharmacies were commissioned to provide the service and all are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the green diamonds representing them may overlap.

Map 127 – location of the pharmacies providing the common ailment service in 2019/20



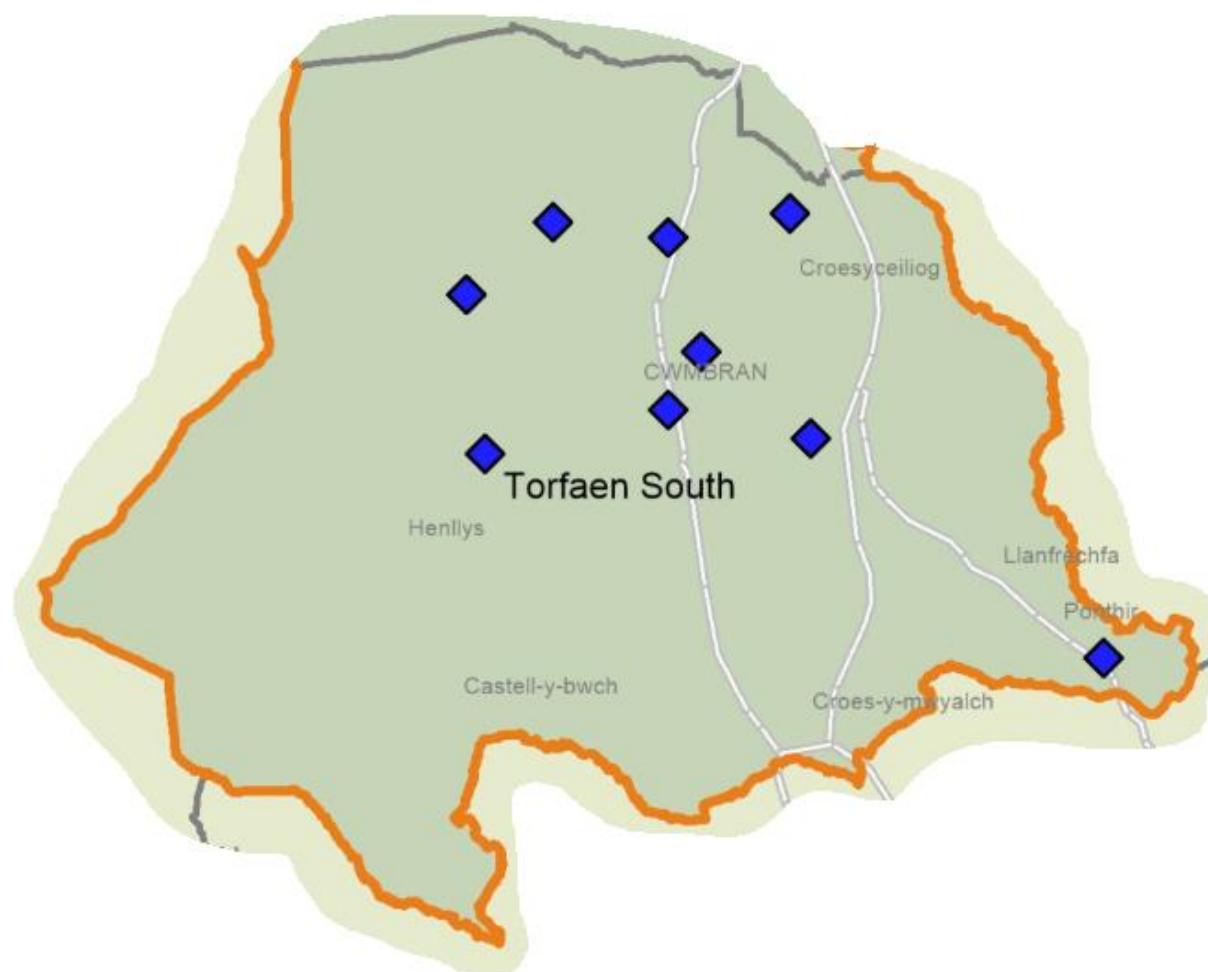
© Crown Copyright Ordnance Survey Mapping License 100050829

18.2.11 Emergency medicine supply

Four of the pharmacies provided this service in 2018/19 increasing to nine in 2019/20. In 2020/21, ten of the pharmacies were commissioned to provide the service and all ten are commissioned to provide it in 2021/22.

The map below shows the locations where the service was provided in 2019/20. It should be noted that where pharmacies are in close proximity the blue diamonds representing them may overlap.

Map 128 – location of the pharmacies providing the emergency medicine supply service in 2019/20



© Crown Copyright Ordnance Survey Mapping License 100050829

18.2.12 Care home services

Six of the pharmacies are commissioned to provide the level 1 service in 2021/22.

18.2.13 Directly observed therapy service for medicines compliance

None of the pharmacies are commissioned to provide this service in 2021/22.

18.2.14 Low molecular weight heparin (Dalteparin) services

In 2020/21, one pharmacy was commissioned to provide this service and one is commissioned to provide it in 2021/22.

18.2.15 Independent prescriber services

One of the pharmacies is commissioned to provide the acute conditions service in 2021/22.

18.2.16 Medicines administration service

In 2020/21, all of the pharmacies were commissioned to provide the service that involves the provision of a medicines administration record or a monitored dosage system, and all are commissioned to provide the service in 2021/22.

Two of the pharmacies were commissioned to provide automatic pill dispensers in 2020/21 but none are commissioned in 2021/22.

18.2.17 Needle exchange service

One pharmacy is commissioned to provide this service in 2021/22.

18.2.18 In hours palliative care out of hours service

In 2021/22, one pharmacy is commissioned to provide this service.

18.2.19 Palliative care out of hours service

Two pharmacies are commissioned to provide this service in 2021/22.

18.2.20 Supervised consumption service

Nine of the pharmacies were commissioned to provide this service in 2020/21, increasing to ten in 2021/22.

18.3 Current provision of pharmaceutical services outside the locality's area

Some residents choose to access contractors outside both the locality and the Health Board's area in order to access services:

- Offered by dispensing appliance contractors
- Which are located near to where they work, shop or visit for leisure or other purposes.

Whilst the majority of prescriptions written by the GP practices in 2019/20 were dispensed by the ten pharmacies in the locality, 8.1% were dispensed outside the locality:

- 5.1% by pharmacies in Torfaen North,
- 1.4% by pharmacies in Newport East,
- 0.9% in Newport West,
- 0.3% by contractors in England,
- 0.1% in each of Cardiff and Vale University Health Board's area, Monmouthshire North and Caerphilly East, and
- 0.1% elsewhere in Wales.

In 2020/21 fewer prescriptions were dispensed outside the locality (7.3%) with the majority dispensed in Torfaen North (5.4%) and Newport East (0.7%).

In addition residents may have accessed one or more pharmaceutical services provided by another pharmacy outside of both the locality and the Health Board's area; however it is not possible to quantify this activity from the recorded data.

18.4 Other NHS services

The GP practices in the locality provide the following services which affect the need for pharmaceutical services:

- Provision of emergency hormonal contraception
- Flu vaccinations
- Advice and treatment for common ailments

1.6% of items prescribed by the GP practices were personally administered by the practices in 2019/20, falling slightly to 1.3% in 2020/21.

Residents will access other NHS services located in this locality or elsewhere in the Health Board's area which affect the need for pharmaceutical services, including:

- Hospital services,
- The GP out of hours service,
- Minor injury units,
- The Alternative Primary Care Service,
- Drug and alcohol services,
- The long term conditions practitioner service, and
- Help Me Quit.

Details on these services can be found in chapter 6.

No other NHS services have been identified that are located within the locality and which affect the need for pharmaceutical services.

18.5 Choice with regard to obtaining pharmaceutical services

As can be seen from the preceding sections, those living within the locality and registered with one of the six GP practices generally choose to access one of the pharmacies in the locality in order to have their prescriptions dispensed. However some choose to look outside the locality, usually to access a neighbouring pharmacy or a dispensing appliance contractor near to where they work, shop, or go for leisure or another reason.

In 2019/20 over 270 contractors dispensed items written by one of the GP practices in this locality, of which:

- Ten were located within the locality,
- 109 were located elsewhere within the Health Board's area,
- 151 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

This fell to 215 in 2020/21:

- Ten were located within the locality,
- 94 were located elsewhere within the Health Board's area,
- 105 were located elsewhere in Wales, and
- A number of prescriptions were dispensed in England.

18.6 Gaps in provision

18.6.1 Essential services

The Health Board has noted the following points:

- With the exception of one pharmacy, the pharmacies are in areas of greater population density and higher deprivation.
- The entire locality is within a 20-minute drive of a pharmacy.
- The population of Torfaen County Borough Council is estimated to increase by 1.1% between 2011 and 2036.
- There are four housing developments which together will create 1,246 housing units, some of which have already been built, in and around Cwmbran.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for essential services within the locality.

18.6.2 Medicines use review service

The Health Board has noted the following points:

- Prior to the suspension of this service all of the pharmacies provided the service.
- Five pharmacies provided the maximum number of medicines use reviews in 2018/19 and three in 2019/20.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

18.6.3 Discharge medicines review

The Health Board has noted the following points:

- Seven of the pharmacies provided this service in 2020/21.
- The skills required by pharmacists to provide this service are the same as for the medicines use review service. All the pharmacies will therefore be capable of providing this service.
- The IT systems in the hospitals are not currently able to transfer information on discharges to the IT systems in the pharmacies. Therefore if a patient does not take their discharge letter to the pharmacy the pharmacist may not be able to identify that they are eligible to receive the service. This is being looked into and the position may improve during the lifetime of this document.
- Due to the range of medicines included within the service only a small proportion of patients being discharged will be eligible to receive the service.
- As discharge letters are sent electronically to the GP practices there is a reduced risk of transcription errors in relation to medicines. In addition GP practices may undertake medicines reconciliations post discharge.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments.

The Health Board is therefore satisfied that the relatively low level of provision of this service is more likely due to the number of eligible patients presenting to a pharmacy than an inability or unwillingness of the pharmacies to provide the service.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

18.6.4 Appliance use reviews

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that ten of the pharmacies dispense prescriptions for all types of appliances and have confirmed that they can manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

18.6.5 Stoma appliance customisation

Although no pharmacies provide this service the Health Board has noted that the majority of prescriptions for appliances are dispensed by dispensing appliance contractors based elsewhere in Wales and also in England. It has also noted that these contractors provide this service.

Should this pattern of dispensing change within the lifetime of this document the Health Board has noted that ten of the pharmacies dispense prescriptions for all types of appliances and have confirmed that they can manage an increase in demand for the services they provide.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

18.6.6 Emergency hormonal contraception

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- The service will also be provided by GP practices and sexual health clinics.

- There is a growing focus on long-acting reversible contraception for eligible females.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

18.6.7 Smoking cessation level 2

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

18.6.8 Smoking cessation level 3

The Health Board has noted the following points:

- Seven of the pharmacies are commissioned to provide this service in 2021/22.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

18.6.9 Smoking cessation level 3 patient group direction

The Health Board has noted the following points:

- Six pharmacies are commissioned to provide this service as part of the smoking cessation level 3 service.
- GP practices are able to prescribe Varenicline therefore residents of the locality are able to access the service that way as opposed to under this service. However, pharmacies are the only provider of a

one to one motivational support and pharmacotherapy service via the level 3 smoking cessation service.

- This is a relatively new service and therefore pharmacies may not yet have come forward to provide it.
- With effect from June 2021, the distribution of Champix® (Varenicline) has been paused by Pfizer, the sole supplier of the product. It is currently unknown when supplies will become available.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments.

As Varenicline is currently unavailable the Health Board will work with those pharmacies that have not signed up to provide the service to understand why they haven't.

Based on the above the Health Board has identified that there is a need for the pharmacies that provide the level 3 service to also provide this service no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes available, there will be a future need for this service to be provided at six locations spread evenly throughout the locality, in areas of greater population density.

18.6.10 Flu vaccination

The Health Board has noted the following points:

- All of the pharmacies were commissioned to provide this service in 2021/22. As of August 2021, eight of the pharmacies have signed up to provide this service in 2021/22, and it is anticipated that one or both of the other two will sign up.
- There are other providers of the service within the locality.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

18.6.11 Common ailment service

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.

- One of the aims of the service is to reduce demand for GP appointments and it would therefore be beneficial if more people accessed the service.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

18.6.12 Emergency medicine supply

The Health Board has noted the following points:

- All of the pharmacies are commissioned to provide this service.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

18.6.13 Care home services

The Health Board has noted the following points:

- Six of the pharmacies are commissioned to provide the level 1 service in 2021/22.
- It is up to the care home to choose which, if any, pharmacy it wishes to work with in relation to medicines.
- Care homes will have chosen to work with out of area providers.
- The service is currently under review due to the low take-up.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

18.6.14 Directly observed therapy service for medicines compliance

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patients being prescribed a medicine that requires observation.
- None of the pharmacies are currently commissioned to provide this service.
- When it has needed to be commissioned in the past the Health Board has had no difficulty in finding a pharmacy that is willing to provide the service.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

18.6.15 Low molecular weight heparin (Dalteparin) services

The Health Board has noted the following points:

- This service is commissioned on an “as required” basis based on patient need. It has rarely been needed since its inception.
- One of the pharmacies is currently commissioned to provide the service.
- The service is commissioned on a Gwent-wide basis and is provided by seven pharmacies across the Health Board’s area.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

18.6.16 Independent prescriber services

The Health Board has noted the following points:

- This is a fledgling service which is reliant upon training courses being available and pharmacists being able to complete them.
- One of the pharmacies is currently commissioned to provide the acute conditions service.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments.

In line with Pharmacy: Delivering a Healthier Wales, the Health Board would like to see all of the current pharmacies with an independent prescriber. However it has not identified any current or future needs for this service within the locality.

18.6.17 Medicines administration services

The Health Board has noted the following points:

- Demand for these services is driven by the social care sector.
- All of the pharmacies are commissioned to provide medicines administration records or monitored dosage systems and none to provide automatic pill dispensers.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

18.6.18 Needle exchange service

The Health Board has noted the following points:

- One pharmacy is commissioned to provide this service.
- The Gwent Area Planning Board engages with service users to find out where they would like to access this service and then approaches the Health Board to commission the service at the required location or locations.
- It is reported that some service users wish to travel out of their local area to access the service.
- There are other providers of this service.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

18.6.19 In hours palliative care service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- One pharmacy is commissioned to provide this service.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

18.6.20 Palliative care out of hours service

The Health Board has noted the following points:

- This service is commissioned on a Gwent-wide basis to ensure a geographical spread of pharmacies providing the service across the Health Board's area.
- Two pharmacies are commissioned to provide this service.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

18.6.21 Supervised consumption service

The Health Board has noted the following points:

- Nine of the pharmacies are commissioned to provide this service.
- Eight of the pharmacies confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide. Two said that they do not but could make adjustments.

Based on the above, the Health Board has not identified any current or future needs for this service within the locality.

19 Conclusions for the purpose of schedule 1 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020

The pharmaceutical needs assessment has considered the current provision of pharmaceutical services across the Health Board's area alongside the demography and health needs of the population. It has analysed whether current provision meets the needs of the population and whether there are any gaps in the provision of pharmaceutical service either now or within the lifetime of this document.

The Health Board wishes to see a consistent service offer from pharmacies across its area so that residents are able to access services at accessible locations. To deliver that vision the Health Board has identified a number of gaps in the provision of services and these are articulated as current and future needs in the following sections of this chapter.

19.1 Current provision

Aneurin Bevan University Health Board has identified the following services as those that are necessary to meet the need for pharmaceutical services in its area:

- Essential, advanced and enhanced services provided at all premises included in the pharmaceutical list, and
- The dispensing service provided by those GP practices included in the dispensing doctor list.

Preceding chapters of this document have set out the provision of these services in each locality.

It has also identified the provision of the above services by contractors outside of its area, whether that is elsewhere in Wales or in England, as contributing towards meeting the need for pharmaceutical services in its area.

19.2 Other NHS services

In undertaking this pharmaceutical needs assessment the Health Board considers the following NHS services as affecting the need for pharmaceutical services and has taken them into account:

- Hospital services
- Personal administration of items by GPs
- The GP out of hours service
- Minor injury units
- Prison pharmacy services

- The Alternative Primary Care Service
- Drug and alcohol services
- The long term conditions practitioner service
- Help Me Quit
- Services provided by GPs under their General Medical Services contract, and
- Sexual health hub clinics.

19.3 Current gaps in provision

The Health Board has identified the following current needs in relation to the provision of pharmaceutical services.

19.3.1 Blaenau Gwent East

No current needs have been identified in this locality.

19.3.2 Blaenau Gwent West

Smoking cessation level 3 - there is a current need for this service in the south of the locality in Cwm.

19.3.3 Caerphilly East

Smoking cessation level 3 - there is a current need for a provider of this service in Cwmfelinfach.

19.3.4 Caerphilly North

No current needs have been identified in this locality.

19.3.5 Caerphilly South

Smoking cessation level 3 - there is a current need for this service in the north of the locality in Llanbradach. The Health Board has not identified any future needs for this service.

19.3.6 Monmouthshire North

No current needs have been identified in this locality.

19.3.7 Monmouthshire South

No current needs have been identified in this locality.

19.3.8 Newport East

No current needs have been identified in this locality.

19.3.9 Newport West

Smoking cessation level 3 - there is a current need for this service to be provided in Bassaleg and for a better spread of pharmacies in Newport itself.

19.3.10 Torfaen North

No current needs have been identified in this locality.

19.3.11 Torfaen South

No current needs have been identified in this locality.

19.4 Future gaps in provision

The Health Board has taken into account the following known future developments:

- The forecasted population growth and the ageing population,
- Housing developments,
- Relocation of GP practices, and
- The Clinical Futures Strategy.

In addition it has taken into account Pharmacy; Delivering A healthier Wales which sets out the long-term goals for service transformation to ensure the most health gain from prescribed medicines.

19.4.1 Blaenau Gwent East

Smoking cessation level 3 patient group direction - there is a need for those pharmacies that provide the level 3 service to also provide this service no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes available, there will be a future need for this service to be provided at six locations spread evenly throughout the locality, in areas of greater population density.

Flu vaccination - there is a future need for this service to be provided by pharmacies in each of the areas of greater population density within the locality i.e. Abertillery, Blaina, Brynmawr and Llanhilleth with effect from the next flu season. Should that not happen then, from 1 September

2022, there will be a future need for this service to be provided in those four.

19.4.2 Blaenau Gwent West

Smoking cessation level 3 patient group direction - there is a need for those pharmacies that provide the level 3 service to also provide this service no later than 12 months after the product becomes available. There is also a need for the service to be provided in the south of the locality in Cwm no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes available, there will be a future need for this service to be provided at six locations spread evenly throughout the locality, in areas of greater population density.

19.4.3 Caerphilly East

Smoking cessation level 3 patient group direction - there is a need for those pharmacies that provide the level 3 service to also to provide this service no later than 12 months after the product becomes available. There is also a need for the service to be provided in Cwmfelinfach no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes available, there will be a future need for this service to be provided at nine locations spread evenly throughout the locality, in areas of greater population density.

19.4.4 Caerphilly North

Smoking cessation level 3 patient group direction - there is a need for those pharmacies that provide the level 3 service to also provide this service no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes available, there will be a future need for this service to be provided at 12 locations spread evenly throughout the locality, in areas of greater population density.

19.4.5 Caerphilly South

Smoking cessation level 3 patient group direction - there is a need for those pharmacies that provide the level 3 service to also provide this service no later than 12 months after the product becomes available. There is also a need for the service to be provided in Llanbradach no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes available, there will

be a future need for this service to be provided at nine locations spread evenly throughout the locality, in areas of greater population density.

19.4.6 Monmouthshire North

Smoking cessation level 3 patient group direction - there is a need for those pharmacies that provide the level 3 service to also provide this service no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes available, there will be a future need for this service to be provided at seven locations spread evenly throughout the locality, in areas of greater population density.

19.4.7 Monmouthshire South

Smoking cessation level 3 patient group direction - there is a need for those pharmacies to provide this service no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes available, there will be a future need for this service to be provided at three locations spread evenly throughout the locality, in areas of greater population density.

19.4.8 Newport East

There is a future need for a pharmacy within either the Glan Llyn local centre or the Celtic Business Park at the eastern end of the Glan Llyn development on completion of 2,000 houses which, as a minimum, has core opening hours of:

- 09.00 to 18.30 Monday to Friday, and
- 09.00 to 13.00 on Saturdays.

There is a future need for this pharmacy to provide the following services from the point it is included in the pharmaceutical list:

- All essential services,
- The medicine use review and discharge medicines review services, and
- The enhanced services of emergency hormonal contraception, smoking cessation levels 2 and 3, supervised consumption, the common ailment service, the emergency medicine supply service, flu vaccinations, the waste reduction service and the medicine administration services.

Smoking cessation level 3 patient group direction - there is a need for those pharmacies that provide the level 3 service to also provide this

service no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes available, there will be a future need for this service to be provided at seven locations spread evenly throughout the locality, in areas of greater population density.

19.4.9 Newport West

Smoking cessation level 3 patient group direction - there is a need for those pharmacies that provide the level 3 service to also provide this service no later than 12 months after the product becomes available. There is also a need for the service to be provided in Bassaleg and for a better spread of pharmacies in Newport no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes available, there will be a future need for this service to be provided at ten locations spread evenly throughout the locality, in areas of greater population density.

19.4.10 Torfaen North

There is a future need for a pharmacy within the Mamhilad Urban Village development, once it is completed and all the construction companies have left the site, which, as a minimum, has core opening hours of:

- 09.00 to 18.30 Monday to Friday, and
- 09.00 to 13.00 on Saturdays.

There is a future need for this pharmacy to provide the following services from the point it is included in the pharmaceutical list:

- All essential services,
- The medicine use review and discharge medicines review services, and
- The enhanced services of emergency hormonal contraception, smoking cessation levels 2 and 3, supervised consumption, the common ailment service, the emergency medicine supply service, flu vaccinations, the waste reduction service and the medicine administration services.

Smoking cessation level 3 patient group direction - There is a need for those pharmacies that provide the level 3 service to also provide this service no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes available, there will be a future need for this service to be provided at ten locations spread evenly throughout the locality, in areas of greater population density.

19.4.11 Torfaen South

Smoking cessation level 3 patient group direction - there is a need for those pharmacies that provide the level 3 service to also provide this service no later than 12 months after the product becomes available. Should that not happen then, 12 months after the product becomes available, there will be a future need for this service to be provided at ten locations spread evenly throughout the locality, in areas of greater population density.

Appendix A – policy context and background papers

Welsh Government establishes the overall structure in which community pharmacies, dispensing appliance contractors and dispensing doctors operate by providing the legislative and policy framework. Within the framework, the responsibility for planning and providing pharmaceutical services is vested in Health Boards who must plan health services to meet the needs of their resident populations. This includes determining the number and location of pharmacies and dispensing appliance contractors in their areas.

The general duty to ensure the provision of pharmaceutical services, as with other aspects of NHS primary care services, is conferred directly on Health Boards under the NHS (Wales) Act 2006 (the 2006 Act). Health boards manage local lists of approved providers, referred to as pharmaceutical lists, and the inclusion of pharmacy and dispensing appliance contractor premises on pharmaceutical lists entitles contractors to provide NHS pharmaceutical services at those premises.

These arrangements govern the provision of pharmaceutical services and not the right to open and conduct a pharmacy business in Wales. That is dealt with under separate UK-wide legislation, the Medicines Act 1968.

The Welsh Ministers have extensive powers and duties to make regulations and to issue directions to Health Boards, which govern the detail of the pharmaceutical services system in Wales. This includes specifying the terms of service for pharmacies and dispensing appliance contractors and the application of the control of entry test, which is the test that until 1 October 2021 had to be satisfied before a Health Board would grant an application for entry, or amend an entry, on the pharmaceutical list.

Under the NHS (Pharmaceutical Services) (Wales) Regulations 2013 (the 2013 Regulations), and preceding regulations, those persons wishing to provide pharmaceutical services submitted an application to the Health Board in accordance with the 2013 Regulations. The Health Board then decided whether or not the application satisfied the relevant test. The 2013 Regulations allowed for the Health Board's decision to be challenged by lodging an appeal with the Welsh Ministers.

The previous system of pharmaceutical services delivery was therefore driven by those who wished to provide pharmaceutical services. It is they who decided which services they wished to provide and from what location.

That meant that the system was reactive to applications and Health Boards were not able to plan where pharmacies or dispensing appliance contractors were located or direct which services must be provided from those locations.

Rationale for change

In 2010 the then Minister for Health and Social Services established a Task and Finish Group to review the regulatory framework, to consider Welsh Government policy on control of entry and the provision of pharmaceutical services by health professions other than pharmacists (e.g. doctors) and to make recommendations for changes to legislation, if appropriate, to bring about a long term, cost effective and sustainable system which would afford patients appropriate access to pharmaceutical services.

In 2011 Welsh Government consulted on the recommendations of the Task and Finish group. The consultation "Proposals to reform and modernise the National Health Service (Pharmaceutical Services) Regulations 1992" sought views on proposals to deliver a new approach for determining applications to provide pharmaceutical services in Wales based more on an assessment of local needs by Health Boards. However it was recognised that to make such a change required the creation and inclusion of appropriate powers in the 2006 Act.

Following the consultation, the 2013 Regulations came into force on 10 May 2013 but did not contain provisions to introduce pharmaceutical needs assessments.

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 pharmaceutical needs assessments in Wales.

Intended effect and beneficial outcomes

The intended effect of introducing pharmaceutical needs assessments is to improve the planning and delivery of pharmaceutical services by ensuring the Health Boards robustly consider the pharmaceutical needs of their populations and align services more closely with them. This will require Health Boards to take a more integrated approach to identifying the pharmaceutical needs of populations, including considering the contribution of all pharmaceutical services providers (e.g. pharmacies and dispensing doctors). Health boards will use these assessments to identify

where additional premises are required, where existing providers are adequately addressing pharmaceutical needs, and where additional services are required from existing premises.

The change will provide contractors with increased certainty, reducing business risk and allowing them to invest in the delivery of wider services than they do currently. Importantly, pharmacies in particular will also become more responsive to the needs of the populations they serve, and provide services effectively to address identified pharmaceutical needs.

Policy, legislative framework and regulation

Section 80 of the 2006 Act places a duty on Health Boards to make arrangements for the provision of the pharmaceutical services that are set out in subsections 80(3)(a) to (d). These core pharmaceutical services are essentially dispensing services. There is a duty on Welsh Ministers to make regulations governing the way in which Health Boards make these arrangements.

Section 81 of the 2006 Act sets out the arrangements that Welsh Ministers may make for the provision of additional pharmaceutical services. 'Additional pharmaceutical services' are defined as services of a kind that do not fall within section 80 i.e. advanced and enhanced services. Section 81 gives Welsh Ministers the power to give directions to a Health Board:

- (i) requiring it to arrange for the provision of additional pharmaceutical services, or
- (ii) authorising the Health Board to arrange for the provision of pharmaceutical services if it wishes.

Section 83 of the 2006 Act contains the core of the Welsh Ministers' regulation making powers in relation to the provision of the pharmaceutical services and, amongst other things, sets out the requirement for regulations to require a Health Board to prepare and publish a pharmaceutical list, and sets out the tests which those persons wishing to provide pharmaceutical services must pass in order to do so (known as the 'control of entry test').

Section 84 sets out a requirement for Welsh Ministers to provide for rights of appeal against decisions that are made by Health Boards in exercise of powers conferred upon them by regulations made under section 83.

Part 7 of the 2017 Act made provision to amend the 2006 Act in respect of pharmaceutical services. Section 111 of the 2017 Act inserted a new section 82A in to the 2006 Act conferring powers on the Welsh Ministers

to make regulations in respect of pharmaceutical needs assessments. 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 pharmaceutical needs assessments in Wales.

The 2013 Regulations were revoked and replaced by the NHS (Pharmaceutical Services) (Wales) Regulations 2020. Part 2 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020 imposes the legal requirements on Health Boards to complete pharmaceutical needs assessments.

The NHS (Pharmaceutical Services) (Wales) Regulations 2020 came into force on 1st October 2020 and Health Boards have until 1 October 2021 to publish their first pharmaceutical needs assessment.

In summary the NHS (Pharmaceutical Services) (Wales) Regulations 2020 set out the:

- Services that are to be covered by the pharmaceutical needs assessment
- Information that must be included in the pharmaceutical needs assessment (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 pharmaceutical needs assessment
- Requirement on Health Boards to publish further pharmaceutical needs assessments 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 pharmaceutical needs assessment, for at least 60 days; and
- Matters the Health Board is to have regard to when producing its pharmaceutical needs assessment.

Once a Health Board has published its first pharmaceutical needs assessment it is required to produce a revised pharmaceutical needs assessment 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 pharmaceutical needs assessment 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 pharmaceutical needs assessment 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 2016 to develop the detailed requirements for conducting a pharmaceutical needs assessment 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 Welsh Government's policy on pharmaceutical needs assessments, including the resultant proposals contained within the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

Appendix B – essential services

1. Dispensing of prescriptions

Service description

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:

- Providing information and advice to the patient or their representative on the safe use of their medicine or appliance
- Providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances.

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber.

This service includes requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber
- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions.

3. Disposal of unwanted drugs

Service description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from private households and people living in a residential care home. The Health Board is required to arrange for the collection and disposal of waste medicines from pharmacies.

Aims and intended outcomes

- To ensure the public has an easy method of safely disposing of unwanted medicines
- To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines.

4. Promotion of healthy lifestyles

Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to:

- Have diabetes; or
- Be at risk of coronary heart disease, especially those with high blood pressure; or
- Who smoke; or
- Are overweight,

and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods

Aims and intended outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.
- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

5. Signposting

Service description

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Aims and intended outcomes

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations
- To enable people to contact and/or access further care and support appropriate to their needs
- To minimise inappropriate use of health and social care services.

6. Support for self-care

Service description

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Aims and intended outcomes

- To enhance access and choice for people who wish to care for themselves or their families
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition,

including advice on the selection and use of any appropriate medicines

- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service – promotion of healthy lifestyles service
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones
- To minimise inappropriate use of health and social care services.

Appendix C – advanced services

1. Medicines use review and prescription intervention service

Service description

This service includes medicines use reviews undertaken periodically, as well as those arising in response to the need to make a significant prescription intervention during the dispensing process. A medicines use review is about helping patients use their medicines more effectively.

Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

To improve patient knowledge and use of medicines by:

- Establishing the patient's actual use, understanding and experience of taking their medicines;
- Identifying, discussing and assisting in resolving poor or ineffective use of their medicines;
- Identifying side effects and drug interactions that may affect patient compliance;
- Improving the clinical and cost effectiveness of prescribed medicines thereby reducing medicine wastage.

As of September 2021 this service is currently suspended until further notice.

2. Discharge medicines review service

Service description

The discharge medicines review service will provide support to patients recently discharged between care settings by ensuring that changes to patients' medicines made in one care setting (e.g. during a hospital admission) are enacted as intended in the community helping to reduce the risk of preventable medicines related problems and supporting adherence with newly prescribed medication. The service, which builds on the existing medicines use review service, will provide an opportunity to support patients to improve their knowledge and use of drugs.

Aims and intended outcomes

The underlying purpose of this service is, with the patient's agreement, to contribute to a reduction in risk of medication errors and adverse drug events by, in particular –

- Increasing the availability of accurate information about a patient's medicines,
- Improving communication between healthcare professionals and others involved in the transfer of patient care, and patients and their carers,
- Increasing patient involvement in their own care by helping them to develop a better understanding of their medicines, and
- Reducing the likelihood of unnecessary or duplicated prescriptions being dispensed thereby reducing wastage of medicines.

Pharmacy contractors may claim a maximum of 140 discharge medicines reviews per pharmacy for the period commencing 1 April and ending 31 March of any financial year.

3. Stoma appliance customisation

Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- The stoma appliance to be customised is listed in Part IXC of the Drug Tariff
- The customisation involves modification to the same specification of multiple identical parts for use with an appliance; and
- Modification is based on the patient's measurement or record of those measurements and if applicable, a template.

Aims and intended outcomes

The underlying purpose of the service is to:

- Ensure the proper use and comfortable fitting of the stoma appliance by a patient; and
- Improve the duration of usage of the appliance, thereby reducing wastage of such appliances.

4. Appliance use review

Service description

An appliance use review is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

The underlying purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any specified appliance by, in particular:

- Establishing the way the patient uses the specified appliance and the patient's experience of such use
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the specified appliance by the patient
- Advising the patient on the safe and appropriate storage of the specified appliance
- Advising the patient on the safe and proper disposal of the specified appliances that are used or unwanted.

The total number of appliance use reviews that an appliance or pharmacy contractor may claim fees for is limited to one for every 35 Part IXA (qualifying items), Part IXB and Part IXC prescription items dispensed for the period commencing on 1 April and ending on 31 March in any one year.

Appendix D – enhanced services

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.
2. A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—
 - The proper and effective ordering of drugs and appliances for the benefit of residents in the care home
 - The clinical and cost effective use of drugs
 - The proper and effective administration of drugs and appliances in the care home
 - The safe and appropriate storage and handling of drugs and appliances, and
 - The recording of drugs and appliances ordered, handled, administered, stored or disposed of.
3. A disease specific management service, the underlying purpose of which is for the pharmacy contractor to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.
4. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.
5. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver drugs and appliances (other than 'specified appliances') to patients at their home.
6. A language access service, the underlying purpose of which is for the pharmacy contractor to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—
 - Drugs which they are using
 - Their health, and
 - General health matters relevant to them,and where appropriate referral to another health care professional.
7. A medication review service, the underlying purpose of which is for the pharmacy contractor to —

- Conduct a review of the drugs used by a patient on the basis of information and test results included in the patient's care record, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,
 - Advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
 - Where appropriate, to refer the patient to another health care professional.
8. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor to —
- Assess the knowledge of, compliance with and use of, drugs by vulnerable patients and patients with special needs, and
 - Offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs with a view to improving their knowledge of, compliance with and use of, such drugs.
9. A minor ailment scheme, the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients complaining of a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.
10. A needle and syringe exchange service, the underlying purpose of which is for the pharmacy contractor to —
- Provide sterile needles, syringes and associated materials to drug misusers
 - Receive from drug misusers used needles, syringes and associated materials, and
 - Offer advice to drug misusers and where appropriate referral to another health care professional or a specialist drug treatment centre.
11. An on demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.
12. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).

13. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply a prescription only medicine to a patient under a patient group direction.
14. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—
 - The clinical and cost effective use of drugs
 - Prescribing policies and guidelines, and
 - Repeat prescribing.
15. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to—
 - The clinical and cost effective use of drugs in the school
 - The proper and effective administration and use of drugs and appliances in the school
 - The safe and appropriate storage and handling of drugs and appliances, and
 - The recording of drugs and appliances ordered, handled, administered, stored or disposed of.
16. A screening service, the underlying purpose of which is for the pharmacy contractor to —
 - Identify patients at risk of developing a specified disease or condition
 - Offer advice regarding testing for a specified disease or condition
 - Carry out such a test with the patient's consent, and
 - Offer advice following a test and refer to another health care professional as appropriate.
17. A stop smoking service, the underlying purpose of which is for the pharmacy contractor to —
 - Advise and support patients wishing to give up smoking, and
 - Where appropriate, to supply appropriate drugs and aids.
18. A supervised administration service, the underlying purpose of which is for the pharmacy contractor to supervise the administration of prescribed medicines at their premises.

19. A supplementary prescribing service, the underlying purpose of which is for the pharmacy contractor to prescribe medicines in circumstances specified by the relevant local Health Board.
20. An anti-viral collection service, the underlying purpose of which is for the chemist to supply anti-viral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (Exemption for supply in event of or in anticipation of Pandemic disease), to patients for treatment or prophylaxis.
21. An emergency supply service, the underlying purpose of which is to ensure that in cases of urgency, patients, at their request have prompt access to drugs or appliances –
 - which have previously been prescribed for them in an NHS prescription but for which they do not have an NHS prescription, and
 - where in the case of prescription only medicines the requirements of regulation 225(1) of the Human Medicines Regulations 2012 (emergency sale etc by Pharmacist: at patient's request), are satisfied.

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. Home delivery service

Service description

To provide a home delivery service in respect of certain appliances.

Aims and intended outcomes

To preserve the dignity of patients by ensuring that certain appliances are delivered:

- With reasonable promptness, at a time agree with the patient
- In a package that displays no writing or other markings which could indicate its content; and
- In such a way that it is not possible to identify the type of appliance that is being delivered.

4. Supply of appropriate supplementary items

Service description

The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.

Aims and intended outcomes

To ensure that patients have a sufficient supply of wipes for use with their appliance, and are able to dispose of them in a safe and hygienic way.

5. Provide expert clinical advice regarding the appliances

Service description

The provision of expert clinical advice by a suitably trained person who has relevant experience in respect of certain appliances.

Aims and intended outcomes

To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.

6. Where a telephone care line is provided, during the period when the dispensing appliance contractor is closed advice is either to be provided via the care line or callers are directed to NHS Direct Wales

Service description

Provision of advice on certain appliances via a telephone care line outside of the dispensing appliance contractor's contracted opening hours. The dispensing appliance contractor is not required to staff the care line all day, every day, but when it is not staffed callers must be given a telephone number or website contact details for NHS Direct Wales who may be consulted for advice.

Aims and intended outcomes

Callers to the telephone care line are able to access advice 24 hours a day, seven days a week on certain appliances in order to manage their appliance.

7. Signposting

Service description

Where a patient presents a prescription for an appliance which the dispensing appliance contractor does not supply the prescription is either:

- With the consent of the patient, passed to another provider of appliances, or
- If the patient does not consent, they are given contact details for at least two other contractors who are able to dispense it.

Aims and intended outcomes

To ensure that patients are able to have their prescription dispensed.

Appendix F – PNA steering group membership

Role	Organisation
Director of public health	Aneurin Bevan University Health Board
Public health consultant	Aneurin Bevan University Health Board
Communications lead	Aneurin Bevan University Health Board
Clinical director of pharmacy	Aneurin Bevan University Health Board
Senior primary care pharmacist	Aneurin Bevan University Health Board
Head of primary care	Aneurin Bevan University Health Board
Associate director of engagement	Aneurin Bevan University Health Board
Associate director contractor engagement	Community Pharmacy Wales
Medical secretary	Gwent Local Medical Committee
Deputy chief officer	Aneurin Bevan Community Health Council
Adviser	PCC CIC

Appendix G – patient and public engagement survey

We are inviting you to tell us about pharmacy services in your area. Your views are important to us so please spare a few minutes to complete this questionnaire. We estimate it will take you about five to 10 minutes to complete depending on how much additional information you would like to give us.

We are reviewing what services are provided by pharmacies, where and at what times, and whether they meet people's needs. We are also looking at what may change in the next five to six years and whether we will have enough pharmacies in the right places, providing the services that people need as, for example, more houses are built. We will also be looking at the dispensing service that some GP practices provide in rural areas – this service allows GPs to provide the prescribed medicines to people instead of giving them a prescription to take to a pharmacy.

This process is called a 'pharmaceutical needs assessment' and we are preparing one at the moment for the area covered by Aneurin Bevan University Health Board ie Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen, with the help of a company called Primary Care Commissioning (PCC) who specialise in this kind of work.

Your answers to the following questions will help us identify if there are any gaps, for example whether a pharmacy is needed in a particular area, or whether more pharmacies need to provide a particular service.

The questionnaire is anonymous and any information you give will not be linked to you. As this is an anonymous questionnaire, please do not include any information that would identify yourself or any other individual in your responses to the questions.

Any personal data you provide will be held in accordance with our [privacy policy](#).

If you would like more information about the questionnaire or have questions on how to complete the questionnaire, please contact samantha.bright2@wales.nhs.uk with "PNA questionnaire" in the subject header or telephone 01495 241206 (the community pharmacy team at Aneurin Bevan University Health Board).

This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg.

About you

Please tell us your postcode

By providing us with the first four digits of your postcode, you are consenting for us to use this information to understand which part of Gwent you live in. This information will only be used for the purposes of this questionnaire so that we can identify whether we have received responses from across Gwent or from particular areas. Please do not provide us with your full postcode.

For example, if your postcode is NP18 3XQ just type NP18 in the box below.

Some people have all or most of their medicines dispensed by their GP practice i.e. instead of their GP practice giving them a prescription to take to a pharmacy they are given their medicines. Does this apply to you?

- Yes
- No
- I don't know

If you answered yes, questions 1 to 14 are about pharmacies so please answer those if you use a pharmacy. If you don't use a pharmacy then please move to question 16.

How you use your pharmacy - either in person or by having someone else go there for you

1. Why do you usually visit a pharmacy? Please tick all that apply.

- To get a prescription for myself
- To get a prescription for someone else
- Someone else gets my prescription for me
- To buy medicines for myself
- Someone else buys medicines for me
- To get advice for myself
- To get advice for someone else
- Someone else gets advice for me
- I don't as my medicines are delivered to me at home
- Other [text box]

2. How often do you use a pharmacy?

- Daily
- Weekly
- Fortnightly
- Monthly
- Quarterly
- I don't use a pharmacy
- Other [text box]

3. What time is better for you to use a pharmacy?

- Before 7 am
- 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

4. What day is better for you to use a pharmacy?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Weekdays in general
- Weekends in general
- I don't have a preference

5. If there has been a time recently when you weren't able to use your normal pharmacy, what did you do? Please tick all statements that apply.

- I went to another pharmacy
- I waited until the pharmacy was open
- I went to my GP
- I went to the hospital
- I called NHS 111 Wales (previously called NHS Direct Wales)
- Other [text box]

Your choice of pharmacy

6. Please could you tell us whether you:

- Always use the same pharmacy
- Use different pharmacies but I prefer to visit one most often
- Always use different pharmacies
- Rarely use a pharmacy
- Never use a pharmacy

7. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.

- Close to my home
- Close to work
- Close to my doctor
- Close to children's school or nursery
- Close to other shops
- The location of the pharmacy is easier to get to
- It is easy to park at the pharmacy
- I trust the staff who work there
- The staff know me and look after me
- The staff don't know me
- I've always used this pharmacy
- The service is quick
- They usually have what I need in stock
- The pharmacy has good opening hours
- The pharmacy collects my prescription and delivers my medicines
- The pharmacy provide good advice & information
- The customer service
- It is very accessible ie wheelchair/baby buggy friendly
- Other [text box]

8. Is there a more convenient and/or closer pharmacy that you don't use?

- Yes
- No
- Don't know

9. ...and if you have answered yes to question 8, please could you tell us why you do not use that pharmacy?

- It is not easy to park at the pharmacy
- I have had a bad experience in the past

- The service is too slow
- The staff are always changing
- The staff don't know me
- They don't have what I need in stock
- The pharmacy doesn't deliver medicines
- There is not enough privacy
- It's not open when I need it
- It's not wheelchair/baby buggy friendly
- Other [text box]

Travelling to a pharmacy

10. If you go to the pharmacy how do you usually get there?

- On foot
- By bus
- By car
- By bike
- By taxi
- Other [insert text box]

11. ...and how long does it usually take to get there?

- Less than 5 minutes
- Between 5 and 16 minutes
- More than 16 minutes but less than 20 minutes
- More than 20 minutes

Pharmacy services in general

12. We would like to know how you find out information about a pharmacy such as opening times or the service being offered. Please tick any or all that apply.

- I would call them
- I would call NHS 111 Wales (previously called NHS Direct Wales)
- I would search the internet
- I would ask a friend
- I would just pop in and ask them
- Look in the window
- I would find out from reading the local newspaper
- Other [text box]

13. Do you feel able to talk about something private/sensitive with a pharmacist?

- Yes
- No
- Never needed too
- Don't know

14. Do you know that you may be able to access the following services from pharmacies as part of the NHS? Please select those that you already know about.

- Flu vaccinations (for those who are in one of the at risk groups)
- Discharge medicines review service – 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.
- Emergency hormonal contraception, also referred to as the 'morning after pill'
- Help to stop smoking
- Common ailments scheme – 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.
- Emergency medicines supply – 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.

16. Is there anything else you would like to tell us about local pharmacy services?

[Text box]

Equality monitoring

In order to monitor the effectiveness of our Equality Policy and practice, and to ensure our services are delivered in a way that is fair to all and free from bias, we would appreciate your co-operation in providing, on an entirely voluntary basis, the information as requested below. The information is confidential and anonymous, and will be used solely for statistical monitoring purposes and to improve our services. It is separated from any correspondence received from you and will be securely destroyed after we have captured the information.

Age:

Please indicate your age by ticking the appropriate box:	0 – 16 years	<input type="checkbox"/>	16 – 24 years	<input type="checkbox"/>	25 – 34 years	<input type="checkbox"/>
	35 – 44 years	<input type="checkbox"/>	45 – 54 years	<input type="checkbox"/>	55 – 64 years	<input type="checkbox"/>
	65 – 74 years	<input type="checkbox"/>	75 and above	<input type="checkbox"/>		

Sex:	Male	<input type="checkbox"/>	Other	<input type="checkbox"/>
			Prefer Not To Say	<input type="checkbox"/>
	Female	<input type="checkbox"/>		

Ethnic Group:	What is your ethnic group? Choose one option that best describes your ethnic group or background.			
	White	Black/Black British	Asian/Asian British	
	British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	
	English <input type="checkbox"/>	African <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	
	Northern Irish <input type="checkbox"/>	Any other Black Background <input type="checkbox"/>	Pakistani <input type="checkbox"/>	
	Scottish <input type="checkbox"/>		Chinese <input type="checkbox"/>	
	Welsh <input type="checkbox"/>		Asian other <input type="checkbox"/>	
	Irish <input type="checkbox"/>			
	Gypsy or Irish Traveller <input type="checkbox"/>			
	Other <input type="checkbox"/>			
	Mixed/Mixed British	Other / Other British		
	White / Black Caribbean <input type="checkbox"/>	Arab <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
	White / Black African <input type="checkbox"/>	Other (state if required) <input type="checkbox"/>	_____	
	White / Asian <input type="checkbox"/>			
	Any other Mixed background <input type="checkbox"/>			

Sexual Orientation:	Which of the following options best describes how you think of yourself?	
	Heterosexual/Straight <input type="checkbox"/>	Bisexual <input type="checkbox"/>
	Gay Man <input type="checkbox"/>	Other (state if desired) <input type="checkbox"/>
	Gay Woman/Lesbian <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

--

Marital Status:

Are you married or in a same-sex civil partnership?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Prefer not to say	<input type="checkbox"/>

Religion or Belief:

What is your religion?

Christian (all denominations)	<input type="checkbox"/>	No religion	<input type="checkbox"/>
Buddhist <input type="checkbox"/> Muslim <input type="checkbox"/> Jewish <input type="checkbox"/>		Other (State)	<input type="checkbox"/>
Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> Atheist <input type="checkbox"/>		Prefer not to say	<input type="checkbox"/>

Disability: 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	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Gender Identity:	Has your gender identity changed from that assigned at birth?	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>

Caring Responsibilities: Do you look after or give help or support to family members, friends, neighbours or others because of either:

- Long term physical or mental ill-health/disability; or
- Problems related to old age

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

In submitting this form, I hereby acknowledge and give explicit consent to Aneurin Bevan University Health Board to use my personal data, including all **sensitive equality data** (eg sexual orientation/gender reassignment) freely provided by me for the purposes of lawfully monitoring and reporting to comply with equality legislation.

Appendix H – full results of the patient and public questionnaire

Please tell us your postcode.

Postcode	Number of responses
CF3	1
CF46	3
CF81	5
CF82	5
CF83	19
NP10	14
NP11	1
NP12	12
NP13	6
NP15	7
NP16	44
NP18	10
NP19	23
NP20	18
NP22	6
NP23	21
NP25	7
NP26	19
NP4	59
NP7	17
NP8	1
Chose not to provide	9

Some people have all or most of their medicines dispensed by their GP practice i.e. instead of their GP practice giving them a prescription to take to a pharmacy they are given their medicines. Does this apply to you?

Does this apply to you?	Number of responses
Yes	68
No	227
I don't know	7
Chose not to answer	19

Q1. Why do you usually visit a pharmacy?

	Number of responses
To get a prescription for myself	267
To get a prescription for someone else	171
To buy medicines for myself	118
To get advice for myself	98
To get advice for someone else	41
Someone else gets my prescription for me	19
I don't as my medicines are delivered to me at home	11
Other	10
Someone else buys medicines for me	8
Someone else gets advice for me	2

Where 'Other was selected' the following additional information was provided:

"I request my medication via MHOL [My Health Online], then my Rx is picked up by my pharmacy, they then dispense it and deliver it to my home address"
"The [name of pharmacy] is given my repeat prescriptions by my surgery and delivers the medication 10 days later due to them being filled at their warehouse."
"Spend most of my time at a pharmacy correcting problems, either between pharmacies and GP surgery or pharmacy cant not get what we need"
"Have received the annual flu jab there instead of GP as its more convenient and closer to me. However, they dont always hold stock as its shared between pharmacies"
"To browse, and to buy toiletries and make up"
"purchase of toiletries and other sundry item"
"To buy médecines for others in my household"
"I collect prescriptions for an elderly relative"
"during lockdown, prescription is delivered - which is EXCELLENT"

Q2. How often do you use a pharmacy?

	Number of responses
Daily	0
Weekly	10
Fortnightly	27
Monthly	209
Quarterly	30
I don't use a pharmacy	1
Other	20
Chose to respond	24

Where 'Other was selected' the following additional information was provided:

"For prescribed medication though we use [pharmacy] and go more regularly for toiletries, otc medication and vitamins etc"
"bi monthly usually"
"Usually once a year for the pill, or as needed for antibiotics"
"Very rarely"
"I set up a volunteer delivery project during Covid and we delivered over 300 prescriptions locally between 10 volunteers so we use it more than most"
"Every 2 months"
"6 months to a year"
"Bi monthly"
"Every 4 months"
"When needed"
"every two months"
"monthly for prescriptions however, when needed for day to day advice or non prescription items."
"4 weekly, as prescriptions are for 28 days not a calendar month!"
"Ad hoc when require to purchase any medicines or have been given a prescription by GP. Not regularly"
"Every 4 weeks"
"As required"
"Rarely, just when I require a subscription for myself or child."
"Sometimes"
"As and when required"

"Monthly for prescriptions but more regular for other services, 2medinices etc..."
"Ad hoc. Depends on need."
"Once every now and again when needed."

Q3. What time is better for you to use a pharmacy?

	Number of responses
Before 7am	0
7am to 9am	7
9am to 12 noon	58
12 noon to 3pm	42
3pm to 6pm	67
6pm to 9pm	33
9pm to midnight	0
I don't have a preference	90
Chose not to respond	24

Q4. What day is better for you to use a pharmacy?

	Number of responses
Monday	6
Tuesday	4
Wednesday	8
Thursday	7
Friday	12
Saturday	12
Sunday	2
Weekdays in general	73
Weekends in general	35
I don't have a preference	136
Chose not to respond	26

Q5. If there has been a time recently when you weren't able to use your normal pharmacy, what did you do?

	Number of responses
I went to another pharmacy	135
I waited until the pharmacy was open	118
I went to my GP	7
I went to the hospital	1
I called NHS 111 Wales (previously called NHS Direct Wales)	3

Other	19
Not applicable	12
Chose not to answer the question	62

Where 'Other was selected' the following additional information was provided:

"I used another pharmacy [pharmacy] who are absolutely brilliant. The pharmacy in my local surgery [practice] are terrible even supplying expired out of date tablets etc there service is very bad."
"I have not had a problem"
"It's never happened"
"Motjng"
"My pharmacy are supposed to organise my repeat medication every month. They often request incomplete prescriptions which cause me significant stress as I then have to go to the GP and try and sort it out for myself. If they placed as much emphasis on ordering repeat medication as they do on checking medication then the service would be seamless. The last two months I have had to go to my GP for emergency prescriptions for the medication missed. This is when I have used a different pharmacy."
"We actually changed pharmacies as we was so fed up of the errors and the rudeness of ataff"
"I have never not been able to use my pharmacy"
"There were supply problems with my repeat prescription drug (Tamoxifen) but I eventually sourced it at an alternative pharmacy. Supply problem now appears to have been rectified."
"where i live i have several pharmacies, i could us any of them but tend to use only 2 as i trust the pharmacist."
"Had to get some people to go for me"

Q6. Please could you tell us whether you:

	Number of responses
Always use the same pharmacy	216
Use different pharmacies but I prefer to visit one most often?	75
Always use different pharmacies?	1
Rarely use a pharmacy?	7
Chose not to answer	22

Q7. Please could you tell us why you use this pharmacy?

	Number of responses
Close to my home	215
Close to my doctor	151
The location of the pharmacy is easy to get to	119
I trust the staff who work there	116
They usually have what I need in stock	102
The customer service	95
The staff know me and look after me	91
I've always used this pharmacy	91
The pharmacy provide good advice & information	90
The service is quick	83
It is easy to park at the pharmacy	79
The pharmacy has good opening hours	75
Close to other shops	55
Close to work	41
The pharmacy collects my prescription and delivers my medicines	21
It is very accessible i.e. wheelchair/baby buggy friendly	13
Close to children's school or nursery	12
Other	12
The staff don't know me	7

Where 'Other was selected' the following additional information was provided:

"The staff are always reliable"
"They collect my prescription and dispense meds for me to collect but text me to let me know they are ready for Collection"
"Pharmacy collects prescription i collect"
"Used to be close to work but I'm retired now. They have a yearly batch from my GP and I phone when I need another prescription and then go and pick it up."
"It's independent"
"I am registered disabled. The pharmacy I use has lots of disabled parking"
"Our new pharmacy does all of the above and make sure our regular meds are in for us each month"

"They understood and were able to source an unusual item for me that I get regularly. It's an independent, so more flexible. Tried bigger franchise and they had never heard of it and were not prepared to try to find it and order it for me.."
"Pharmacy collects prescriptions but doesn't deliver"
"I order prescription on line , I email my pharmacy & they collect the prescription and I then pick up from pharmacy"
"They utilise the electronic prescription service with my GP surgery so no need to rely so much on physically taking and collecting paper prescription"
"I have no choice my prescriptions are sent there by doctors, I would prefer to use another one"
"The pharmacy is linked to my GP so if there are any issues arising they deal directly with my surgery."
"i have repeat prescriptions monthly as i order on myhealthonline"
"I use a different pharmacy for my regular medicines, they collect my prescription and deliver it.."
"Within supermarket - can drop off prescription and collect at end of shopping"
"It is reliable and dispenses all my medication not some of it like other pharmacies I have used in the past."
"The pharmacy collects my prescriptions and would deliver if I requested that, perhaps if I was housebound or self-isolating."
"My local pharmacy employs local people, some are neighbours & I'm not totally happy with this"
"Prescription is on batch and must be picked up at a particular pharmacy"
"I use [App] to order my prescriptions and the Pharmacy/App message me when it is ready to collect"
"I use the [pharmacy] as they give me SM's alerts when its ready the pharmacy the GP med centre didn't and often had unacceptable delays finding my prescription on the shelves"
"it is the one that the dr's surgery have identified as being "our pharmacy""
"They manage my prescription request with the doctor and i collect my medicines from the pharmacy"

Q8. Is there a more convenient and/or closer pharmacy that you don't use?

	Number of responses
Yes	94
No	196
Don't know	5
Chose not to answer	26

Q9. ...and if you have answered yes to question 8, please could you tell us why you do not use that pharmacy?

"they gave out wrong prescription to my mother and she died because of it."
"Have used my current pharmacy for many years and saw no need to change"
"We had a dispensary in our practice which was closed to allow a chemist to open in the village a lot of residents won't use the village chemist."
"No text service when ready for collection and staff are not discrete"
"Used to use them but it changed owners and wasn't the same. Only use them when I have no other option"
"Often try and give half prescriptions or have to wait for stock to come in. Also opening hours are not great for 9-5 workers."
"My prescription is sent to this pharmacy by my GP."
"I know the staff locally and don't want my personal information known for example if I need to have a prescription dispensed via my GP"
"My doctor is in same building as pharmacy I go to"
"The staff are are very condescending and rude!"
"[Family member] used to work there so convenient picking my prescription up. Have just continued using it"
"It's part of a large company [name of company]"
"The staff was rude and always changing. No regular meds in stock. Always an issue with repeats. Also blaming GP and Gp always blaming pharmacy. Have seriously I'll child and wasted so much time going back and for we changed to a different pharmacy"
"It would take longer for my script to get there"

"As stated above I would use but doctor sends prescriptions to [pharmacy]"
"Force of habit"
"I am loyal to the pharmacy I have always used ,a family run independent pharmacy"
"loyal to the one pharmacy"
"Use one that is more local to the person whose prescription I collect"
"I would use it if I got a prescription directly from the surgery but its a bit off my route otherwise. Also there is nowhere to speak to them in private its just a small open area"
"Several reasons. E.g. attempted to use minor ailment scheme, but told haven't got the time or staff to do that with you so go somewhere else or see GP. Often don't have a good stock of medicines, even common things, frequently told will have to order that in and it will take several days. Some staff have an attitude problem and seem to be deliberately awkward. Some pharmacists there don't seem to be as clued up as ones from my regular pharmacy and give poor, incorrect advice. If they don't know an answer they won't bother finding out like my normal pharmacy and will fob you off."
"Because the one I use is easier for my husband to collect my prescription on his way home from work."
"I prefer a privately owned pharmacy to the multiples"
"not close to my doctor's surgery"
"[Pharmacy] always has issues - no medicine or no script - long wait - shut for lunch break - out of date posters on display despite being advised that it is out of date"
"It is easier to go to the one I use as I can do shopping nearby"
"I use the one close to my doctors surgery"
"The pharmacy I don't use is inside the clinic where I see my GP. It is part of a national chain and I prefer to support my local pharmacy."
"Repeat prescription service is not available"
"Closer to my workplace"
"Waiting times"
"The pharmacist is not as competent"
"very bad customer service and unreliable information given on whereabouts of prescription paperwork."

"No privacy loud staff under cov8d conditions have to wait in outside all weathers"

Q10. If you go to the pharmacy how do you usually get there?

	Number of responses
By car	193
On foot	89
Chose not to answer	25
Other	5
By bus	5
By bike	4

Where 'Other was selected' the following additional information was provided:

"My husband either collects my medication on his way home from work in the car or I will call in after a drs appointment as it's on the same site"
"I would walk to the local pharmacy but stock issues prevents me using them"
"Foot and car weather dependent (rather steep hill to climb) but free parking is an issue"
"I either walk from my house if im home or park in carpark behind pharmacy on way home from work"
"by car or bus depending on other errands i need to run"
"my by mobility scooter [Im disabled so cant walk if I had a car parking would be tricky"

Q11. ...and how long does it usually take to get there?

	Number of responses
Less than 5 minutes	120
Between 5 and 15 minutes	140
More than 15 minutes but less than 20 minutes	24
More than 20 minutes	11
Chose not to answer	26

Q12. We would like to know how you find out information about a pharmacy such as opening times or the service being offered.

	Number of responses
I would search the internet	235
I would call them	106
Not applicable	68
I would just pop in and ask them	60
Look in the window	57
I would ask a friend	8
Other	8
I would call NHS 111 Wales (previously called NHS Direct Wales)	2
I would find out from reading the local newspaper or magazine	2

Where 'Other' was selected' the following additional information was provided:

"Check their facebook page"
"Strong community social media page in the area on Facebook"
"I would email Aneurin Bevan University Health Board Primary Care Service"
"Social media"
"Don't have web presence for info which is disappointing"
"I follow them on facebook and their page is kept up to date with relevant information"
"Nhs wales site"
"MY ADJACENT GP SURGERY RECEPTION PROVIDES ANY REQUIRED ADVICE"
"search online for sunday/bank holiday services"
"Check the [name] App"

Q13. Do you feel able to talk about something private/sensitive with a pharmacist?

	Number of responses
Yes	175
No	30
Never needed to	80
Don't know	13

Chose not to answer	23
---------------------	----

Q14. Do you know that you may be able to access the following services from pharmacies as part of the NHS?

	Number of responses
Flu vaccinations (for those who are in one of the at risk groups)	257
Common ailments scheme – 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.	244
Help to stop smoking	171
Emergency hormonal contraception, also referred to as the 'morning after pill'	164
Emergency medicines supply – 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	128
Discharge medicines review service – 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.	104
Medicines use review service – this is an opportunity for you to sit down with the pharmacist and discuss all the medicines you are taking to help you get the maximum benefit from them.	0
Appliance use review service - this is an opportunity to discuss appliances such as those for stomas and colostomies with a pharmacist or a specialist nurse to ensure your appliances are doing what you need them to do.	0

Q15. Is there anything else you would like to tell us about local pharmacy services?

<p>"It seems crazy that there is only one pharmacy in Cwmbran Town Centre (which is very very slow and busy). Cwmbran Town Centre is a very busy shopping centre, centrally located, easy to access, free parking and often the place people go to shop for food and other essentials (particularly residents without transport). In Pontypool town centre there are three pharmacies and numerous pharmacies surrounding the town centre (I appreciate there are other options within Cwmbran, but located some distance away from the town centre). It feels as if [pharmacy] has a monopoly (I believe that they are also the nearest pharmacy outside of the town centre too - at Old Cwmbran)."</p>
<p>"The staff can be rude, don't listen poor communication between pharmacy and Drs surgery. Poor communication. Wrong information given to patients. Wrong medication given to myself"</p>
<p>"The doctor's pharmacy dispenses my medication and adjusts what is required. It is efficient and appreciated."</p>
<p>"have medication in the pharmacies quicker"</p>
<p>"The health centre [name] you have to phone then wait outside in the rain and wait by window for medication - not impressed with the system at all"</p>
<p>"Only that I have had to recently change pharmacies due to decline in service"</p>
<p>"They are absolute stars and always look after my husband's medical needs"</p>
<p>"Just pass on to them that they're a great service - It's [pharmacy]."</p>
<p>"Excellent"</p>
<p>"Able to ask about minor things"</p>
<p>"Living in a rural community it is good to know that i can get my meds and my husbands from my surgery however if needed and they do not have they are happy to give me a prescription so that i can take to any pharmacy of my choosing"</p>
<p>"I've heard (although not experienced it in person) that people using the common ailments service have been charged for items they could have had free on a prescription from the GP. Or they've consulted the pharmacist and then had to go to the GP for a prescription anyway."</p>
<p>"Chepstow is poorly supplied for out of hours pharmacy care especially for late clinics and appts after 6pm, emergency medication has to be organised in Newport or Bristol which is unacceptable"</p>

"the Very nice staff and very competent always willing to help"
"Sunday coverage is poor/ non existent. When needed, had to drive 20miles"
"Outstanding service from [pharmacy] - an excellent benchmark for other pharmacies. The continuity of staff is key to excellent customer service."
"the repeat prescription service that is offered is, literally, a life-saver."
"We used to have a pharmacy in the GP surgery. I feel reassured now that we no longer have that arrangement any errors will be picked up and challenged by the pharmacist."
"My pharmacy provides an excellent service and friendly reassuring and helpful atmosphere."
"I have always had excellent service from my pharmacy"
"We are lucky to have our current pharmacy, nothing is too much for them and they have taken good care of my needs. It's [pharmacy] - thank you"
"Standing outside in the cold while you wait for them to come to the window to serve you is not acceptable for this weather."
"[Pharmacy] are excellent!"
"Our pharmacy isn't always open on Saturdays. It closes before I finish work. If I go to a pharmacy in the supermarket there is always a long wait. The pharmacist never seems to be able to answer questions about common ailments and tells me to speak to Gp, even simple things like can my 12 year old take 1 ibuprofen tablet plus 1 spoonful of ibuprofen or advice on a rash. I wish there was a Gp practice and pharmacy within walking distance of [postcode], it's difficult for neighbours who don't drive to get to either."
"pharmacy at surgery O K other pharmacy i have used when feeling unwell, tested blood pressure and suggested i go to doctor"
"They are necessary and convenient. Pharmacists are quite knowledgeable when requesting information/advice and are a must to support with pressures within GP practices"

"During the start of Covid I was surprised how vulnerable and unprepared community services where. People shielding or anxious didn't feel safe visiting pharmacy. I set up a group of volunteers and we delivered hundreds of prescriptions to local people and also established through this group where our most vulnerable residents where and we followed up with regular phone calls and even food delivery. I was surprised how little joined up thinking there was and how few established groups who could manage local health needs. Some elderly where left in amazingly vulnerable positions not being able to access adequate health support and it often felt people where being fobbed off. I know this wasn't the case it was the systems didn't exist and services were swamped. I was shocked how communities became utterly dependant on volunteers who set up themselves and not as some larger body. It was months before GAVO set up and even then this was more about registering groups set up independent of the state. It was quite frightening to see how fragile community health really was only slightly below the surface."

"I have a choice if 2 local pharmacies. I feel that the staff at the one I use know me and are friendly. As an aside I would mention a few things: a) I have had 1-on-1 consultation with the pharmacist in store - excellent. b) I have had both phone and live consultations with pharmacists at our local GP practice - excellent. In each of the above situations I have felt that I was able to share any concerns and that my views were seen as valid and helpful. c) I occasionally work as a professional role-player for [location] where pharmacists are given the opportunity to practice their communication skills. Based on this experience in working on communication skills - I can tell you that every one of our local pharmacists (in store and in the GP practice) with whom I have had consultations, score a 10/10 from me!!!"

"Nothing thanks as I' am a retired practice manager!"

"My local pharmacy is fantastic, the pharmacist who owns the pharmacy is very respected by the local community and give excellent advice. All the staff are very helpful and will go the extra mile to get a supply of meds if not in stock."

"They are brilliant."

"not clear if there is any privacy anywhere"

"Great staff and service"

"The pharmacy igo to is fab"

"My local pharmacist is very helpful, very professional and very friendly! The services available are second to none."

"Too many staff at back of shop chatting and not paying attention to customers"
"[Pharmacy] is great as the staff see you as a person not an nhs or order number"
"I don't like having to wait 10 days for repeat prescriptions to be filled. I don't trust [pharmacy] to order them for me as they either forgot or missed an item on the list. This happened so often that I've requested them myself for the last two years from the surgery and ask them to give prescriptions to [pharmacy]."
"[Pharmacy] needs to be looked at."
"[Pharmacy] has been so helpful. When they didnt have a prescribed antibiotic in stock they ring around to find where I could collect them."
"Not enough parking at the pharmacy. Due to COVID unable to go in to the pharmacy which deters you from asking for advice"
"During pandemic told they weren't doing minor ailments and to call GP. But we're letting in drug substitute users into building"
"Service has dramtically gone down hill since covid and isnt very friendly regarding waiting times and being outdoors. It takes me over an hour to get my medication now and i have been pregnant throughout the pandemic there are no seats for the elderly, disabled etc no cover from the rain social distancing is poor due to the layout and people shouldnt be expected to walk in the mud, its an accident waiting to happen. Also wasnt allowed to take my post dated script with me (i was told its illegal... i work in a pharmacy i know it isnt i just cant get the meds before that date) and there has been numerous errors experienced by family members that they denied and when asked if it was logged on piers we discovered it wasnt! yet the same error happened for months whats the point in having piers if its not used? staff clearly arnt being made aware of the errors and ways to improve not being done."
"Very helpful and efficient."
"Would like them to be open earlier and later than usual on weekdays and preferably all day on Saturday for those working office hours"
"My Pharmacy [name] is amazing and so helpful"
"[Pharmacy] is the worst pharmacy about, they don't answer the phone, they don't make up your meds even when your prescription has been in for 3 days you still have to queue outside while they make them up, I once waited 45 minutes, some of the staff are very rude and unhelpful"

"We have an excellent relationship with our pharmacist. We collect medication for our disabled son whose medication is quite complex. We feel very lucky to have such an excellent pharmacy near to our house."

"I use [pharmacy] as I was let down on many an occasion by [pharmacy]. I have Cardiomyopathy so having my monthly medication on time is very important. [Pharmacy] have never let me down. I feel very well looked after and cared about by them. I can not Thank them enough. Pharmacy Angels."

"Whilst we receive our medicines direct from the GP surgery there are two pharmacies within 4 miles from home."

"Poor text service for repeat script, sometimes really busy could be bigger for size of shop & number of people attending"

"The problems I see most the pharmacy is that the GP's [name] have not sent the prescriptions in the time they have indicated."

"Up until recently, they have delivered my meds free of charge. Without any warning, this stopped and when I phoned to find out where my meds were, I was told that if I wanted my meds delivered, I now had to pay £55 a year, so therefore £110 for both my husband's and mine. I was told this is because the government have stopped the free scheme. As a pensioner, to suddenly have this extra expense was not acceptable, therefore my husband now has to pick our meds up twice a month, as his are a different date to mine. With Covid, I feel this is a risk we should not have to take."

"Always give you advice if you can't see GP"

"Very slow. Would like prescriptions to be for 2 months supply of regular medications to save monthly trips to pharmacy"

"I took my son to pharmacy for advice as he had rash due to covid I was refused help as they have recently put back the no entry system and you get served in doorway meaning I then had to use gp. Thought pharmacies were there to help take strain off the GPs you say choose right I did and then had a wasted journey and had to go through gp anyway."

"Because we live on the England Wales border [location] I often get sent from [location] to the dispensary in [location] to collect the prescription!!!! This is a further 15 minute drive or more because of the traffic in [location]!"

"My local pharmacy often don't have the stock I need which means I have to make an additional visit which is not convenient. There is never enough staff and therefore I wait between 30 - 60 minutes for my monthly prescription which should already be made up ready, but often isn't."
"They are very community minded and know people individually. They are friendly, efficient and knowledgeable."
"it is an independent pharmacy they have knowledge of the doctors, your medication, so if a dr has given you something and pharmacy know it will affect you they will advise you. this is the same to the other pharmacy i would use again the pharmacist in this case my whole family."
"very innefficient, always losing prescriptions, long waits,"
"Yes.. my local pharmacy is [pharmacy], they charge £5a month for delivery, so I use [pharmacy] instead, they're not so far away.."
"pharmacies seem to be taking on/forced to offer too many services because of high pressures on primary healthcare
Very slow. Always a queue. No privacy what so ever so don't feel able to talk about anything to them. Often have to go back next day for meds that they have run out of which is annoying especially during a pandemic when I want to limit my time in public. I have common meds which are on repeat every month so don't understand why they run out before they reorder."
"Waiting times too long to be served"
"Would appreciate longer opening hours so that I could call in after work. Have to go on Saturdays mostly."
"The now commonplace practice of pharmacies using hubs to fill prescriptions causes delays in obtaining medication. Hence patients need to request scripts far earlier."
"The services during the pandemic have understandably been difficult. However I believe they may be short staffed as my monthly prescription has not been ready on time and wait times are long."
"Turnaround on repeat prescriptions is not great at 72 hours. When you try to be organised and submit a repeat prescription early, they don't issue it (assumedly as it's 'too soon'). If on multiple meds, it is sometimes difficult to align the timing of repeats to avoid multiple visits to the pharmacy."
"Only [pharmacy] is open at weekends and provides a good service."

"The pharmacy I use isn't great with customer service it is always busy which I understand isn't their fault however it can take multiple days before prescription is ready and still even then they may not have everything you need."
"very happy with the service of my local pharmacy"
"Thank you as a KEY WORKER"
"The procedure for Dispensing repeat medicines regularly changes."
"Due to the number of houses being built in the area the pharmacy is really busy so regularly have to queue"
"All pharmacies seem to be understaffed and overworked. It would be good to have more than one pharmacist per pharmacy so that a pharmacist is more available for clinical advice and services."
"A NEW PHARMACY TOME FOLLOWING A RECENT HOUSE MOVE. HAVE BEEN IMPRESSED BY SERVICE OFFERED AND DELIVERED"
"Doctors surgeries are causing mayhem by not preparing prescriptions on time and not answering their phones. This causes patients to ring the pharmacy and complain, but it's not their fault."
"They are really helpful and this is an excellent local service to the community"
"I like my medicines to be from the same manufacturer each time. They are easier to visit than my GP"
"If I call my GP for a prescription they send it direct to the Pharmacy. They then send it away to be filled which can take about a week so if meds are required urgently it is waste of time asking for them."
"I have often had to refuse medication because what I have been offered is not something that I can take due to my allergies. This is a huge waste of time for both me, the GP and the pharmacist. They do now, however, have a prescribing pharmacist, who is much more person centered and is able to check and prescribe alternative medications so that I don't have to keep going back to the GP for them to amend the prescription. Unfortunately, GPs have no idea what the 'other' ingredients or fillers are in medication that they are prescribing. The pharmacist needs to be more aware of the speed of service and that it is better to give out the prescriptions as they become ready (rather than in batches) in order to assist with social distancing and parking issues. I am sure that a solution can be found to this problem."

"My local pharmacy are rude and extremely slow but the pharmacist's are always nice and helpful. I only use this one for convenience."
"Out of normal working hours there is a very limited local pharmacy service."
"They all close for lunch between 1-2 which is when i am on my lunch hour so not very convenient"
"I am generally taken aback by the lack of engagement from staff with customers - people may be left waiting for a long time without being acknowledged let alone greeted and served when several members of staff are visible 'at the back'. This does not come across as courteous nor professional."
"As I only rarely use the [pharmacy] there is nothing significant to add here."
"poor service & too small to cope with the demand on the size of the surgery & number of patients, always have to wait & always a queue"
"Very happy with the service, I use Myhealthonline to order repeat prescriptions and since I have changed my medical practice the service is quick and very efficient."
"Good service, very short staffed, difficult to get an answer on the phone due to staffing levels. Overall very helpful."
"Up until the pandemic my local Pharmacy was impeccable but during the pandemic I have noticed a big change in the attitudes of all staff members. They seem to be very disheartened & not as upbeat or caring as they used to be."
"Wait time is horrendous"
"I wish we had as good a system for prescriptions as England."
"Pharmacy staff are assets to their communities, but are under ever increasing workloads. They are taking on more and more from the surgery workload, and yet are not given anymore resources e.g staff, to manage it. When I asked why they couldn't take on more staff as they are doing more work, they said that the government is under funding the service, and they have to work harder year on year just to stay open, and not have redundancies. This is absurd! They are working flat out, just so they keep their jobs, and their community keeps the pharmacy service."
"communication can vary between the pharmacy and the GP in terms of readiness of prescription. This is a blame culture and not good for customer care at all when medicines are not readily available to collect after being advised that they are."

"The pharmacy near my house really struggled in the pandemic. While on furlough I volunteered for a community covid group and had to go there on an almost daily basis. People queued sometimes for up to 90 minutes at times to get served. Items were often missing or I'd be told the prescription wasn't there (often it was found later on the pharmacy premises). Other local pharmacies in the town were busier too, but there was no capacity within the system of my local pharmacy due to the way they were (or are) organised. I witnessed frustrated and angry exchanges between pharmacy staff and other customers who were also experiencing these issues. When queuing inside, the pharmacy phone often rang and rang and all staff just ignored it. The queues are much less now, but as I don't visit daily any more (I have a weekly volunteer pick up from another local pharmacy) I don't know if they've re-structured, re-organised themselves, or if most people have now chosen to go elsewhere for the service."

"We are very pleased with our, we know them and they know us. We trust them and have used them for many years"

"The opening times are not very useful for people who work - it's usually 9-12 and then 1-4.30pm. As I tend to leave for work at 7 and don't get home til past 4 this makes it difficult to get my prescriptions. They are open on a Saturday morning but unfortunately my GP surgery can leave it until the last minute to accept my prescription request so I may need to go on a weekday (not the pharmacy's fault obviously). I would also like to say they are very friendly and are always working hard, particularly during the pandemic, to make sure everyone gets what they need. The staff are very good. The pharmacy could put their opening times online (they changed occasionally during the pandemic) and it became a game of chance as to whether they'd be open when I got there."

"Local pharmacies in rural areas are essential as patients would need to travel to a town to collect their prescription."

<p>"I value the service that I receive from the pharmacy at [location]. I have requested 2 months of batch prescriptions at a time during the COVID pandemic and they were very flexible with this. I choose my pharmacy as it is in a supermarket that I often visit and I don't have to make an additional trip to get my prescription. The pharmacy has extended hours and is open at weekends, making it really accessible which is important to me. It is also easy to park. I can request my prescription and shop while they dispense it, but often phone in advance to ask them to get it ready. The staff are very friendly and helpful. I have a pharmacy in my village that is closer but the hours are not as long, parking is more difficult and it involves me making a dedicated trip for medicines. I sometimes use this one when I need to buy something OTC."</p>
<p>"Fabulous service offered by [pharmacy]!!"</p>
<p>"With regards to a private space to discuss symptoms, I would say that some pharmacies are better at providing this than others,"</p>
<p>"There is often a long wait when dropping the prescription off - so it is better to drop and then collect the following day, but this isn't always an option for us."</p>
<p>"There is never the same pharmacist on duty. Every time there is a different one."</p>
<p>"Emergency medicines supply – 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. I have actually been refused this and told that they cannot do this"</p>
<p>"would like wider opening hours at weekends and lunch times"</p>
<p>"[Pharmacy] close at lunch time for px. This can be really hard as often the best time for work / pick up essential medication."</p>
<p>"my local [pharmacy] is the best friendly with good comms"</p>
<p>"I would like to have the availability of an online prescription service with free deliveries, that service is not available in Wales in the same way that it is available in England. As my husband is in a shielding category I have to go once a month to collect his prescriptions and would much rather have them delivered. Also in English surgeries you are able to log in and look up things like letters from consultants and order online prescriptions and collect from large supermarkets like [pharmacy]. This service is not available here and you have to tell the pharmacist when you go in of the need for a repeat prescription. It would save a lot of volunteer time during Covid if you were able to get the pharmacist companies and supermarket with pharmacies to provide free prescription delivery."</p>

"My pharmacy are so helpful. I would ask their advice before going to my GP."
"the one i use is absolutely hopeless. incorrect medication delivered or short of medication very regularly. own information recording system that does not accurately reflect what has been said. appalling customer service"
"The staff have worked incredibly hard during the pandemic under very difficult conditions and I applaud them."
"Presently, the dental prescription was not able to be dispensed at lunch time in 2 local chemists which was very inconvenient to me"
"I would prefer delivery to my home if possible"
"The pharmacist and covering pharmacist are very helpful informative abd just pleasant."
"Always understaffed for the services that they are meant to provide"
"I have had some awful experiences lately with pharmacies losing my prescription and not telling me what has happened until it is too late and I have run out of my medication."
"They always seem really understaffed and picking up a prescription always takes a minimum of 20 minutes"
"Staff are friendly helpful and our prescriptions are sent to them each month"
"Great to use the local pharmacy with regular staff who are very friendly and supportive"
"My pharmacy has been crazy busy for months, consequently leading to much longer wait time, long queues and mistakes being made; I'm told it's the same in lots of pharmacies at present... nowhere near enough staff."
"Have great faith in current pharmacy, previous one seemed always to be looking to sell something. Privacy is an issue in all pharmacies, providing full address details when collecting prescriptions feels uncomfortable, when you have a queue of folk behind you with nothing to do but listen."

"Although I currently use my GP dispensary, I have used pharmacies for my regular prescriptions in the past while living in England. I feel that here in Gwent / Monmouthshire there is not enough easy access to pharmacy services around Out of Hours and 24 hour services and poor access for those who work full-time (mostly because of the vast majority of those who work full-time have to work in Bristol, Newport, Cardiff or even further afield as there are so few employers and jobs here in our area). A lot of places close at 5pm locally and all our Out of Hours and 24 hour services are very far away. I don't drive, so have to depend on my husband if I need to access something after 5:30pm / 6pm and my GP isn't open. On that note, why are more GP services not open after 6pm (e.g. until 8pm) and / or open on weekends (e.g. Saturday morning 10am-1pm or similar); the GP dispensaries could also be open at these times to create a much better service to the public (especially those who work, have young children, etc.)"

"The pharmacy I generally use is independent. The pharmacist and staff are friendly and knowledgeable but the service is quite slow. The other pharmacy is part of a well known chain and while the service is fairly efficient it is very impersonal."

"I am on a repeat prescription service which runs for 6 months at a time, I sometimes have to wait a long time in the pharmacy when I hand in my card for the next month's supply."

"Online prescriptions work well"

"I think it's great that u can use the pharmacy for more common ailments to free up gp's more advertising about what you can see your pharmacist for would be good."

"Over the counter medication. Advice for minor ailments"

"I would use Pharmacy services for low level advice - which I couldn't justify taking to GP - so they are necessary in addition to surgery dispensary."

"New inn pharmacy is very good I have no complaints ."

"excellent service and knowledge. Is this the best time (pandemic) to conduct such a survey which will affect future configuration ?

Equality monitoring

Please indicate your age range by selecting the appropriate option:	Number of responses
0-15 years	0
16-24 years	4
25-34 years	23

35-44 years	52
45-54 years	77
55-64 years	80
65-74 years	64
75 and above	19
Chose not to answer	2

Sex	Number of responses
Female	248
Male	61
Blank	6
Prefer not to say	6

Ethnic Group White:	Number of responses
British	136
English	15
Northern Irish	2
Scottish	1
Welsh	154
Other	3

Ethnic Group Mixed/Mixed British:	Number of responses
White/Black Caribbean	1
Any other mixed background	2

Ethnic Group Asian/Asian British:	Number of responses
Indian	1

Ethnic Group Other / Other British:	Number of responses
Prefer not to say	2
Other	5
Ethnic Group If you selected other please state:	European (x2) White, Welsh European Welsh

Sexual orientation	Number of responses
Heterosexual / Straight	280
Gay / Lesbian	7
Bisexual	1
Prefer Not To Say	21
Other	2

Marital Status - Are you married or in a same-sex civil partnership?	Number of responses
Yes	203
No	87
Prefer not to say	24

Religion or Belief - What is your religion?	Number of responses
Christian (all denominations)	181
Atheist	19
Buddhist	1
No religion	89
Prefer not to say	18
Other	2

Disability - Using this definition do you consider yourself to be disabled?	Number of responses
Yes	67
No	230
Prefer not to say	11

Gender Identity - Has your gender identity changed from that assigned at birth?	Number of responses
Yes	5
No	289
Prefer not to say	13

Caring Responsibilities:	Number of responses
Yes	107
No	192
Prefer not to say	9

Appendix I – pharmacy contractor questionnaire

Premises details

Contractor code (ODS code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading name	
Address of pharmacy	
Pharmacy email address	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
Can the Health Board store the above information and use it to contact you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Consultation facilities

Are the premises accessible by wheelchair? Yes/No

There is a consultation area (tick as appropriate)

No, or	<input type="checkbox"/>
Available (including wheelchair access), or	<input type="checkbox"/>
Available (without wheelchair access), or	<input type="checkbox"/>
Planned within the next 12 months, or	<input type="checkbox"/>
Other (specify)	
Where there is a consultation area;	
Is it a closed room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it a designated area where both the patient and pharmacist can sit down together?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the patient and pharmacist able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is it clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there is no consultation area are there alternative arrangements for confidential discussions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Languages spoken (in addition to English)	
---	--

Services

Does the pharmacy dispense appliances?

Yes – All types, or	<input type="checkbox"/>
Yes, excluding stoma appliances, or	<input type="checkbox"/>
Yes, excluding incontinence appliances, or	<input type="checkbox"/>
Yes, excluding stoma and incontinence appliances, or	<input type="checkbox"/>
Yes, just dressings, or	<input type="checkbox"/>
Other [identify]	
None	<input type="checkbox"/>

Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	<input type="checkbox"/>
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/>
Delivery of dispensed medicines – Selected patient groups (list criteria)	
Delivery of dispensed medicines – Selected areas (list areas)	
Delivery of dispensed medicines - Chargeable	<input type="checkbox"/>

In your opinion is there a requirement for an existing enhanced service which is not currently provided in your area? If so, what is the particular requirement and why.	
In your opinion is there a requirement for a new service that is currently not available? If so, what is the particular requirement and why.	

Capacity

The demand for pharmaceutical services in general is increasing. Thinking of your pharmacy do you:

	YES
Have sufficient capacity within your existing premises and staffing levels to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand?	

(Please tick one option)

Business development

Do you have any plans to develop or expand your premises or service provision? Yes/No

If yes, please can you provide details?

Details of the person completing this form:

Contact name of person completing questionnaire, if questions arise	Contact telephone number

Appendix J – dispensing practice questionnaire

Aneurin Bevan University Health Board is preparing its first pharmaceutical needs assessment (PNA), due to be published by 1 October 2021, and we need your help to gather some information to support its development.

This questionnaire has been agreed by all the Health Boards and will be used across Wales. In developing the questionnaire we are only asking for information that is needed but is not routinely held or collected. As you will see we have kept the questionnaire as short as possible. While available until 4 December 2020 we would encourage you to complete the questionnaire now.

For queries relating to the information requested or the answers required please email charlotte.goodson@pcc.nhs.uk with a subject title of 'ABUHB PNA dispensing practice survey'.

Please insert the name of the practice you are completing the questionnaire on behalf of:

--

Please insert the address or addresses of the premises for which the practice has premises approval to dispense from:

--

1 Please complete the table below in respect of the times at which the dispensary is open using the 24 hour clock.

	Address -	Address -
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

If your dispensary is open at the weekend please state the days and times.

--

2 Are appliances dispensed from the premises?

Range of appliances: one answer 'yes' only	YES
Yes - All types, or	
Yes, excluding stoma appliances, or	
Yes, excluding incontinence appliances, or	
Yes, excluding stoma and incontinence appliances, or	
Yes, just dressings, or	
None	

3 Delivery of dispensed items

Do you offer a delivery service?	Yes?	No?
----------------------------------	------	-----

If yes, is the service available to all patients?	Yes?	No?
---	------	-----

If the service is restricted please confirm the patient groups who may use the service.

--

4 Apart from English which other languages, if any, are available to patients from staff at the premises every day – please list main languages spoken

List of languages spoken:

5 Capacity

The demand for health services in general is increasing. Thinking of your dispensing service only, do you:

	YES
Have sufficient capacity within your existing premises and staffing levels to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand?	

(Please tick one option)

6 Other dispensing related services

Please can you provide details of any other activities that you provide related to your dispensing service, for example MARs charts.

--

7 Please provide us with your contact details.

Name:

Job title:

Email:

Telephone number:

Appendix K – consultation report

1 Introduction

As part of the pharmaceutical needs assessment process the Health Board is required to undertake a consultation of at least 60 days with certain organisations. The purpose of the consultation is to establish if the pharmaceutical providers and services supporting the population of the Health Board's area are accurately reflected in the final pharmaceutical needs assessment 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 pharmaceutical needs assessment addresses issues that they considered relevant to the provision of pharmaceutical services:

- Community Pharmacy Wales
- Gwent Local Medical Committee
- Contractors included in its pharmaceutical list
- GPs included in the Aneurin Bevan University Health Board dispensing doctor list
- GP practices
- Aneurin Bevan Community Health Council
- Gwent Regional Partnership Board
- Blaenau Gwent County Borough Council
- Caerphilly County Borough Council
- Monmouthshire County Council
- Newport County Borough Council
- Torfaen County Borough Council
- Powys Teaching Health Board
- Cwm Taf Morgannwg University Health Board
- Cardiff and Vale University Health Board
- The integrated wellbeing networks
- The 11 neighbourhood care networks
- The five public service boards
- Nye's Community Champions
- Community groups - Oxford House Risca, The Bridges Centre, Lysagh'ts Institute Newport, Growing Space Newport, Friends of Newport Transporter Bridge Group, Fourteen Locks Centre, Woodland Routes to Wellbeing, Pride in Pill, Newport East Litter Pickers Group, The Power Station, The Corn Bin, Garnsychan

Partnership, TRAC2, Blaenavon Seniors, Blaenavon Townswomen's Guild, Blaenavon Town Team, Blaenavon Ladies Choir, Blaenavon Male Voice Choir, Blaenavon Local History Society, Blaenavon Horticultural Society, Cwmavon Craft Group, Dawnsyr Blaenavon, Pontypool & Blaenavon Model Railway Club, Gwent Drug and Alcohol Service

- Carers groups
- 50+ forums
- Onyx Link Foundation
- Travelling Ahead
- EYST
- Race Equality First
- Ludek Polish Community Group
- Kidcare4u
- Settled
- Gwent Association of Voluntary Organisations
- Torfaen Voluntary Alliance
- People First
- Gwent Citizens Panel
- Rotary clubs
- Gwent Federation of Women's Institutes
- University of Third Age
- Aneurin Bevan People's Network
- Local authority communications and engagement leads
- Police crime commissioner

The consultation version of the pharmaceutical needs assessment was published on the Health Board's website and the consultees were emailed and invited to respond to the online questionnaire. The link to the pharmaceutical needs assessment and the questionnaire were included in the email. The consultation was also promoted on the Health Board's website and social media pages.

As well as the pharmaceutical needs assessment, a summary document and easy read version were also produced to support the consultation.

The pharmaceutical needs assessment was also mentioned at a variety of engagement meetings in June and July:

- Monmouthshire Nye's Community Champions – Wednesday 9 June
- Caerphilly PSB Engagement Group – Wednesday 9 June
- Blaenau Gwent Public Service Board engagement group – Thursday 10 June
- Newport Nye's Community Champions – Thursday 17 June
- Gwent Citizens Panel – Wednesday 23 June
- Torfaen Nye's Community Champion – Thursday 24 June

- Neighbourhood care networks clinical leads meeting – Thursday 24 June
- Blaenau Gwent Nye's Community Champions – Thursday 1 July
- Caerphilly Nye's Community Champions – Thursday 8 July
- Diverse Communities Health Forum – Thursday 8 July

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. This was undertaken by completing the questions online or via the easy read version. Both the pharmaceutical needs assessment and the questions were available in Welsh and English.

The questions derived 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 1 June to 31 July 2021.

This report outlines the considerations and responses to the consultation. It should be noted that participants in the consultation were not required to complete every question.

The online consultation received 20 responses, which identified as follows.

Answer options	Response percent	Response count
On behalf of a pharmacy/dispensing appliance contractor/dispensing practice	20%	4
On behalf of an organisation	10%	2
A personal response	70%	14
Answered question		20

In addition, two off-system responses were received. One was from Community Pharmacy Wales who provided comments on the consultation questions, and the other was from Cardiff & Vale University Health Board.

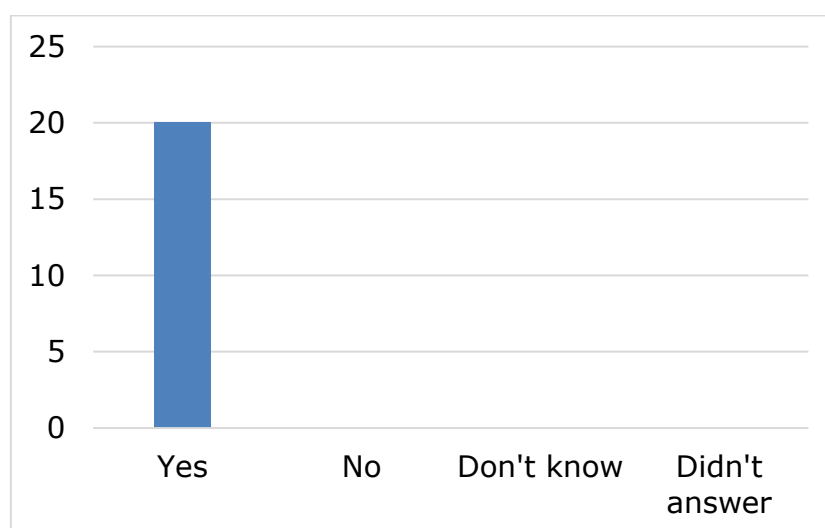
One response was received to the easy read version of the consultation, from a member of the public.

3 Summary of online questions, responses and the Health Board's considerations

All comments made by those responding to the consultation have been included verbatim.

In asking “Has the purpose of the pharmaceutical needs assessment been explained”, the Health Board is pleased to note that all respondents said “Yes”.

Figure 37 – Has the purpose of the pharmaceutical needs assessment been explained sufficiently?

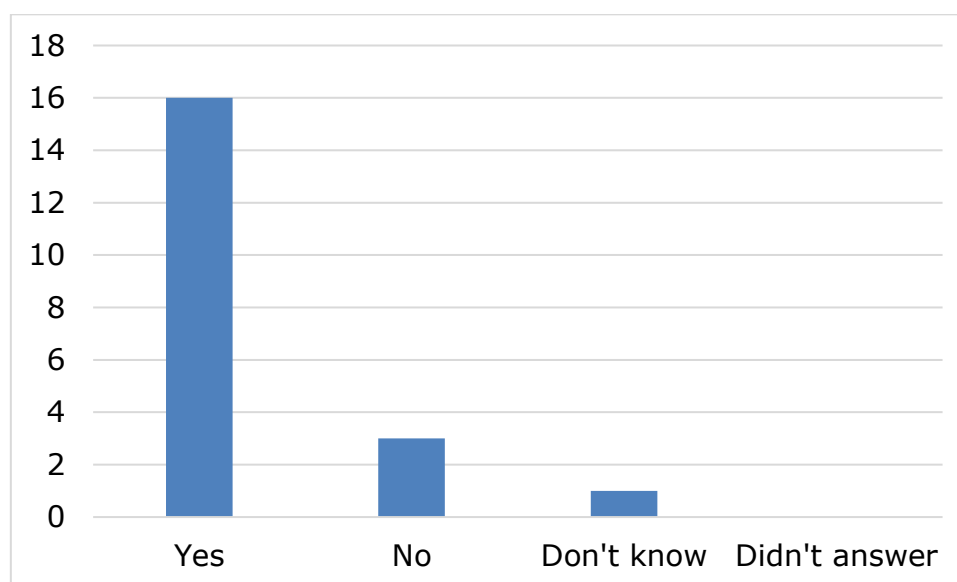


The Health Board is pleased to note the following comments.

- I read the summary
- The information on the Easy Read summary explains the assessment in great detail and the pictures help a lot too.
- I have read through the whole document
- I used the Easy Read version and the purpose of the pharmaceutical needs assessment was clearly explained.
- I've read the documents
- Summary document useful
- I have read the report and can see you have to do this as part of the process
- I could understand the explanation
- You want to know what we need and explained how you will use the same information
- Because having read through the summary I could understand what you were saying.
- The Executive Summary sets out the purpose of the pharmaceutical needs assessment and how it will be used when considering applications from pharmaceutical contractors as well as dispensing doctors.
- clearly explained.
- clearly explained in the document.

The next question asked “Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?” and again the Health Board is pleased to note that 16 people (80%) said ‘Yes’.

Figure 38 – Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?



Five comments were made in relation to this question.

- Don't know – I don't have detailed personal knowledge.
- No - The contractors in Newport West have reported having the capacity to meet current demand or could expand to meet demand. I do not believe this to be correct for [pharmacy], they always have a queue, it takes a week from ordering a prescription on line to it being available for collection.
Their opening hours do not meet the needs of the working population, they open at 9, close at 5 and don't open on Saturday, this makes it very difficult for someone working full time to collect a prescription.
[name of pharmacy] is also very busy, with queues and long waits for a prescription to be ready.
I do not believe Whitson residents have to travel for 20 mins to reach a pharmacy. The drive time from Whitson to Glasllwch is 20 mins and there are numerous pharmacies that would be closer.
- No - We live in North Torfaen and the local pharmacy is only open Monday to Friday.
- Yes – I believe so yes
- No - My pharmacy at [location] does offer smoking level 3 services. My pharmacist trained in March 2021 and has submitted SLA to HB

The Health Board has considered these comments and can confirm that in relation to the last one the pharmaceutical needs assessment has been updated to reflect the provision of all the enhanced services for the financial year 2021/22.

In response to the comment regarding Newport West the Health Board has noted the impact that the Covid pandemic has had on pharmacies and the population, and that this has led to pharmacies being busier than normal as they have remained open throughout the pandemic and therefore more people have sought health advice from them.

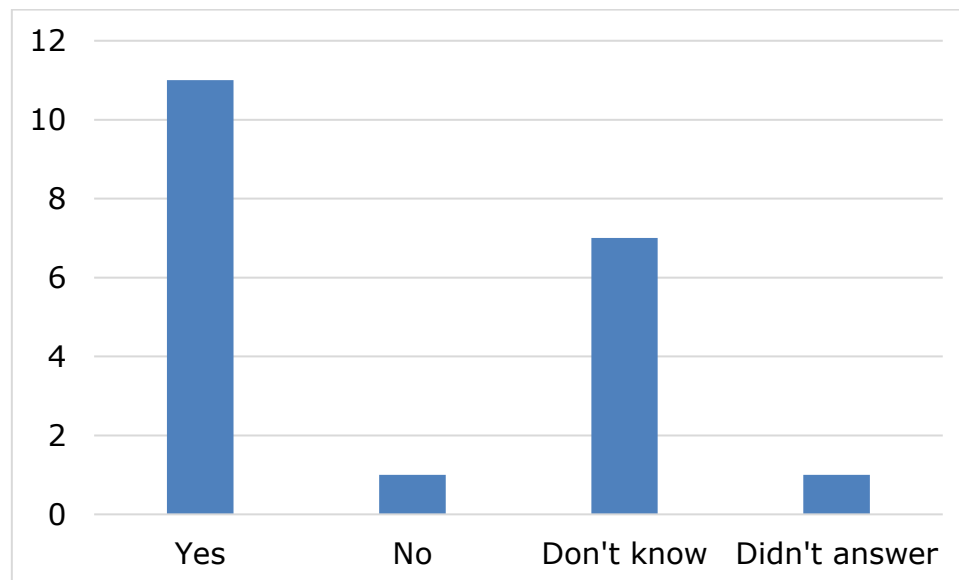
Since the beginning of the pandemic the advice from Welsh Government has been to try and order repeat prescriptions seven days before they are due so that pharmacies can manage their workload and improve access for urgent requests and non-dispensing services such as common ailments.

The identified pharmacy is open until 18.00 Monday to Friday and not 17.00. In Newport West there are two pharmacies that are open until 20.00 and one until 22.00. In addition two other pharmacies are open until 18.30 and 11 pharmacies that are open until 18.00. With regard to Saturdays 12 of the 18 pharmacies are open, with five opening all day including three that open until 20.00. The Health Board is therefore satisfied that the opening hours of the pharmacies within the locality are sufficient to meet the needs of the population.

In response to the comment regarding North Torfaen the Health Board notes that the respondent's local pharmacy opens Monday to Friday. It is not clear from the response whether this is an issue or not, however five of the pharmacies in the locality open on Saturdays, with one open until 17.30.

The consultation then sought views on the arrangements for the provision of appliances and related services. The Health Board had identified that the majority of prescriptions for appliances are dispensed by contractors outside of its area, either elsewhere in Wales or in England, and that those contractors provide the appliance use review and stoma appliance customisation services. It has therefore assumed that the need for these two services is being met by these out of area providers. The consultees were asked if they agreed with that assumption. The Health Board has noted that 11 (55%) agree with this assumption.

Figure 39 - The Health Board has assumed that the need for appliance use review and stoma appliance customisation services is being met by these out of area providers. Do you agree with this?



Two comments were made in response to this question:

- No – I am insulin dependent and my husband has MS. I now have to plan my medication for home delivery (which incidentally is very good because during the night and over the weekend the only service is 111 or the out of hours doctor.
- Don't know - I don't understand this whole statement. What is an appliance in this instance?

The Health Board has noted both of these comments. As the first does not relate to the provision of appliances the Health Board is satisfied that its assumption regarding the provision of the appliance advanced services is correct. It is pleased to note the comment regarding the very good home delivery service.

With regard to the second comment, in the context of the pharmaceutical needs assessment an appliance is any of the items listed in Part XI of the Drug Tariff, for example:

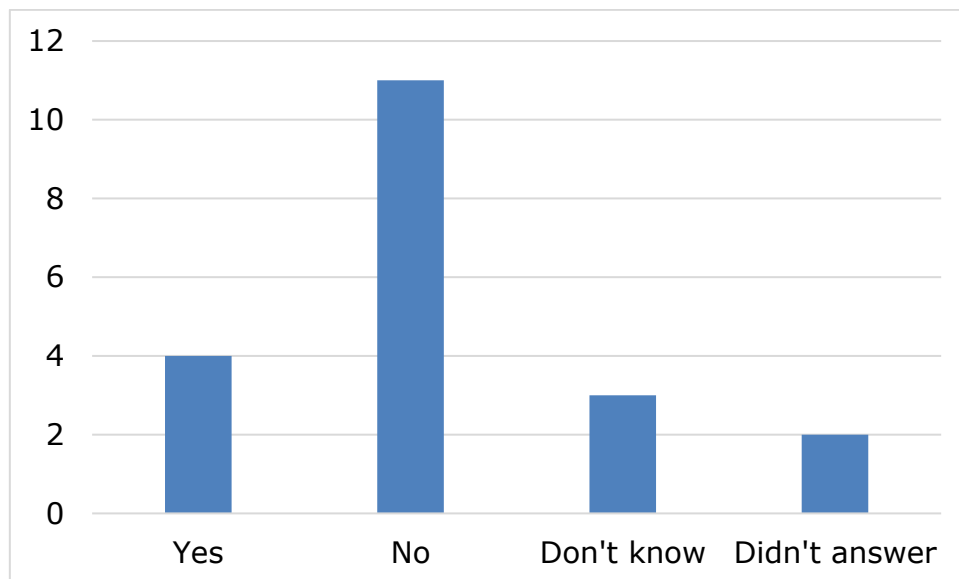
- Catheters and catheter bags
- Elastic hosiery
- Hernia support garments
- Colostomy bags
- Ileostomy bags
- Urostomy bags, and

- Blood testing strips for diabetics.

Information on the two appliance advanced services can be found in appendix C.

When asked “Are there any gaps in service provision; i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?” Four people (20%) said “Yes”.

Figure 40 – Are there any gaps in service provision; i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?



The gaps that were identified are as follows.

- Services for young carers - picking up prescriptions.....for example.....young carers card acknowledged
- Glasllwch in West Newport is poorly served by buses, it has a predominantly elderly population who struggle to get to a Gp practice or pharmacy if they have no transport. A Gp practice and pharmacy should be provided within Glasllwch.
- Sometimes it is difficult to find a pharmacy with a pharmacist trained and have the time to administer Common ailments and emergency contraception
- Diabetic clinics, annual diabetic review, annual medication review podiatry none of which has happened since 2019.
- there were some gaps regarding stopping smoking in certain areas and a dispensing service in a particular location

The Health Board has noted the comment regarding services for young carers which implies that some pharmacies do not recognise the young carers card. It has previously highlighted the card to pharmacies but will undertake further promotion of it in order to reduce any difficulty young carers may have in collecting medication for the person or persons they care for.

The comment regarding the need for a GP practice in Glasllwch has been noted, however this is outside the scope of the pharmaceutical needs assessment. With regard to difficulties that may exist for those living in the area who do not have access to private transport, either at all or at times when they need to collect dispensed medication, the Health Board has noted that many pharmacies offer a collection and delivery service.

The Health Board is aware that there may be occasion when a pharmacy is unable to provide a particular service due, for example, the regular pharmacist being on leave. Information on the services that pharmacies provide can be found on the NHS 111 Wales website⁶¹.

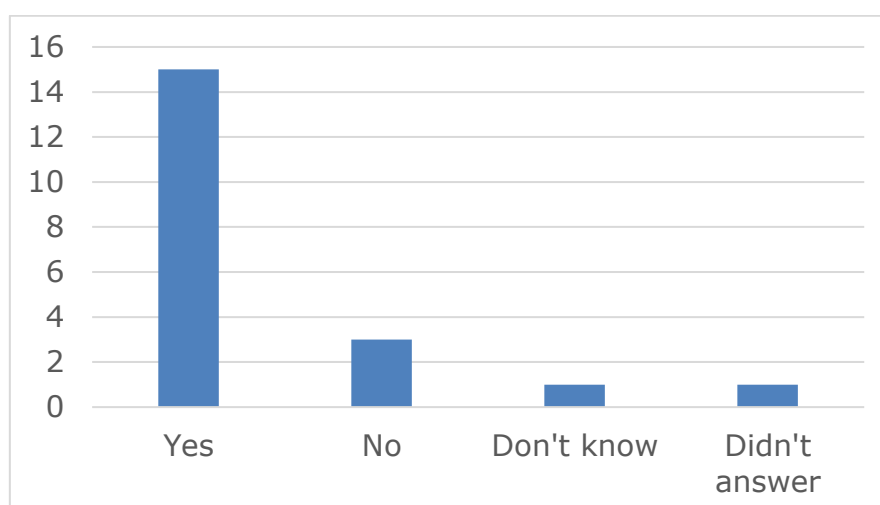
As the diabetes services listed are not provided by pharmacies the Health Board is satisfied that no changes need to be made to the pharmaceutical needs assessment.

It is not clear which areas the final comment relates to, however the pharmaceutical needs assessment has identified the need for smoking cessation services in certain localities.

When asked whether the document reflects the needs of the population the Health Board is pleased to note that only three people (15%) said it did not.

⁶¹ [NHS 111 Wales](#)

Figure 41 – Does the draft pharmaceutical needs assessment reflect the needs of your area’s population?



Three comments were left in response to this question.

- No – As above. [Diabetic clinics, annual diabetic review, annual medication review podiatry none of which has happened since 2019.]
- No - The Health Board have covered the health needs of both the Health Board area as a whole and in each locality however, we cannot agree at this time that the draft pharmaceutical needs assessment reflects the needs within the Newport East Locality and Torfaen North Locality for the reasons stated in Question 6.
- No - While this is a comprehensive overview of service provision in the area it focuses far more on availability than accessibility. While a high proportion live within a 20minute drive of a pharmacy, 11% of respondents said they did not. 24% do not have access to motorised transport. it is quite possible to live at the extreme of a neighbourhood or up our down a steep hill and therefore pharmacy services are not easily accessible.

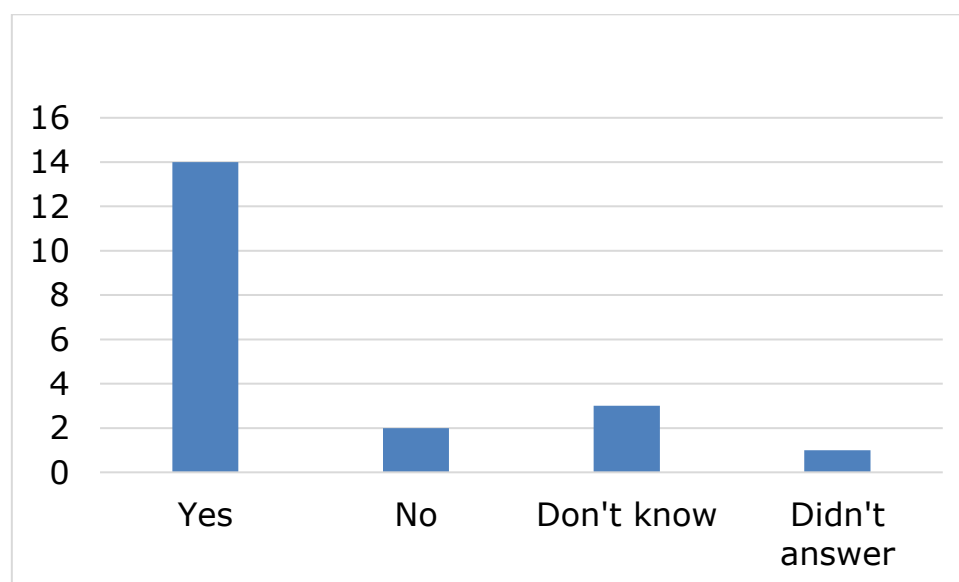
The Health Board has responded to the first comment above. With regard to the second comment a response has been included below.

In relation to the third comment, as no area has been identified the Health Board is unable to consider whether the pharmaceutical needs assessment needs to be amended or reviewed.

Respondents were then asked for their views on whether the pharmaceutical needs assessment has provided information to inform decisions made by the Health Board in relation to applications for new pharmacies and dispensing appliance contractor premises, and

applications from dispensing doctors. The Health Board is pleased to note that only two people (10%) said it doesn't.

Figure 42 – Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?



Two comments were left in reply to this question.

The first comment is "It has up to a point. While it has outlined the available services in an area it should inform and no more than inform future applications. My previous point about local geography needs to be considered as well as changes in housing etc."

The pharmaceutical needs assessment forms the basis for future applications for inclusion in the Health Board's pharmaceutical list, with two exceptions (changes of ownership and relocations for business reasons). The Health Board is required to consider any such applications in line with the provisions of the regulations.

The second comment is lengthier.

Whilst the needs assessment has provided information, we cannot agree with the information and findings of the draft pharmaceutical needs assessment (PNA) with regards to the two localities of Newport East and Torfaen North.

Newport East Locality

We believe there is no current need nor will there be any future need for a new pharmacy within the Glan Llyn development during the lifetime of this PNA.

As members of the LHB will aware, the Boots Pharmacy at Unit 1A Newport Retail Park Spytty Road, Newport, NP19 4QQ, opened in December 2014. The pharmacy opened after the application was approved at appeal in October 2014.

The Welsh Ministers stated in their decision dated 27th October 2014 that:

43. The Welsh Ministers noted that the Glan Llyn development was included in the Eastern Expansion Area set out in the paper, and that the retail park was intended to act as a local shopping centre for those residents living in the area. The Welsh Ministers determined that it was likely that those new residents living at the Glan Llyn development would generally travel to the retail park to access the shops and services there, as opposed to the more limited shops and amenities located within the residential areas of Lliswerry or Alway. The retail park was situated in close proximity to these new houses and there were good road links providing access there. Whilst the nearest general medical service providers to the Glan Llyn development were currently those in Lliswerry and Alway, those residents who had moved to Glan Llyn may be registered with other GP surgeries, for example surgeries closer to their previous homes or their workplaces. They determined that although those residents would have to travel outside of their neighbourhood to access general medical services and could access pharmaceutical services from Lliswerry or Alway pharmacies, they were not satisfied that this secured the adequate provision of such services. Furthermore, the Welsh Ministers were aware that pharmaceutical services may be accessed separately to general medical services. In order to access pharmaceutical services only, the residents of Glan Llyn would have to travel past the retail park to access those services from Lliswerry and Alway in the adjacent neighbourhood, and this may not be a natural journey for them to take.

44. Therefore, the Welsh Ministers were satisfied that it was desirable to grant Boots' application to secure the adequate provision of pharmaceutical services for the current and future residents of Glan Llyn.

Both the Glan Llyn development and the Llanwern Steelworks were included in the neighbourhood defined for our application. A copy of the decision and neighbourhood map can be provided if necessary.

The map shows that Newport Retail Park is directly adjacent to the Glan Llyn Development. The Boots pharmacy on the retail park is less than a mile by road from the western edge of the development, and only a mile by road from the proposed local centre off the A4810.

The St Modwen website states:

'Less than 1 mile down the road is Newport retail park to cover all your shopping needs offering supermarkets including Tesco extra and M&S as well as a popular mix of high street shops. Newport is just over 4 miles away offering a range of well known and independent shops, restaurants and leisure facilities.'

With the draft PNA stating 'There is a future need for a pharmacy within the Glan Llyn development', it is possible that the pharmacy could be sited in relatively close proximity to the existing pharmacy.

Our pharmacy at Newport Retail Park, as well as other pharmacies throughout the area, has met the needs of residents of the Glan Llyn as the development has progressed. Our pharmacy has the capacity to meet future needs arising from this development.

Our pharmacy is open extended hours, seven day a week and provides a range of pharmaceutical services including medicine use reviews, discharge medicines use reviews, smoking cessation levels 2 & 3, supervised administration, common ailments service, emergency medicine supply, waste reduction and seasonal flu vaccinations.

The Glan Llyn masterplan shows that development will take place over many phases with houses currently up for sale being within Phase 3a. The site plan on the St Modwen website shows the areas around phase 3a, including the local centre, as being for 'future development'.

The LHB have noted in the PNA that the delivery rate of completions is slipping (page 327). At time our application was approved at appeal in 2014, phase one of the development had been completed, 307 houses had been sold and most were occupied and phase 2 was underway. The PNA states that as of March 2019 a total of 780 houses had been built. The number of completions has therefore slipped from an average of around 95 houses per year to 67 in 2019/20.

Finally, we note on page 343 of the draft PNA that space has been identified for health services within the relevant Section 106 agreement for the Glan Llyn development. It does not specify the nature of these health services or where they will be located. However, should the intention be to have a GP practice on the development, then it does not

necessarily follow that pharmacy is required if the existing provision is adequate and reasonably accessible.

The PNA states that there is a future need for a pharmacy from 1 April 2023. However, we cannot see any reasons in the PNA nor on the developer's website as to why a need should arise at this time.

The Health Board has considered this comment and notes the decision made under the previous regulatory framework. The Glan Llyn development is substantial in nature and as well as the resident population it will draw in people either for employment, leisure or educational reasons. It is also one of two developments to the east of Newport with further developments stretching eastwards towards Chepstow.

The Health Board is satisfied that there will be a need for a pharmacy within the development before it is completed in order to meet the needs of the resident and visiting population. It is not yet known whether other NHS services will be available within the development or when service provision may commence. However, both their absence and presence emphasise the need for a pharmacy. If there is no GP presence then people will be able to access an extensive range of services from the pharmacy. If there is a GP presence then the extended opening hours of the pharmacy will ensure people can access services outside of normal GP practice opening times.

The Health Board has considered the comments regarding the timing of the need for a pharmacy and the potential location of it and has therefore amended the wording of the need accordingly.

Torfaen North Locality

The LHB have identified a future need for a pharmacy within the Mamhilad Urban Village development once it is completed.

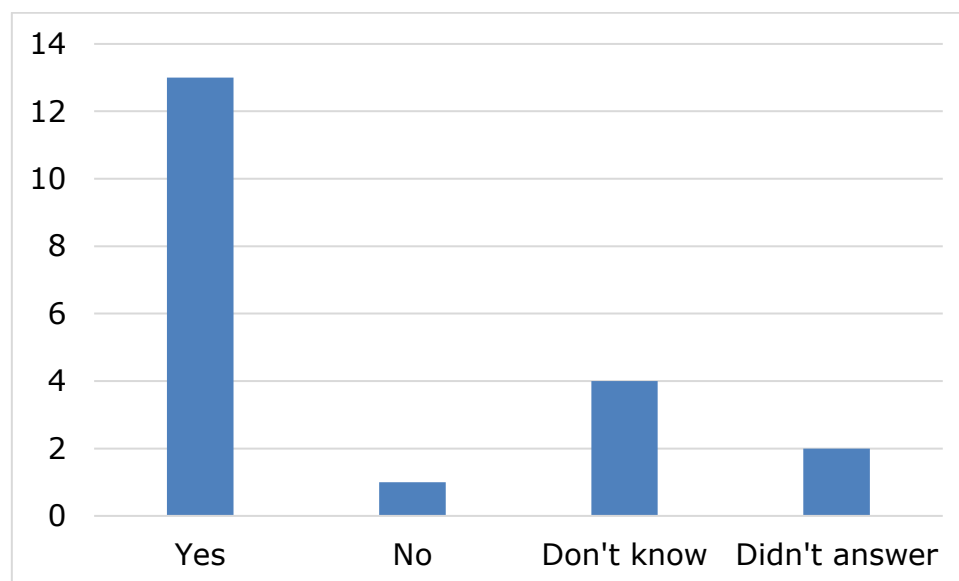
After the consultation responses have been taken into consideration, should the LHB still believe there is future a need for a pharmacy in this locality, then we would strongly urge the LHB to state at what point it would consider the development to be complete and the provision of pharmaceutical services is required. For example, if the development is to consist of 900 dwellings, would the LHB consider the development complete at the time the 900th home is built, or when it is occupied?

We believe that by being specific in this way it may help to prevent any issues and challenges to future decisions, whilst meeting any patient needs that may be identified.

The Health Board is of the opinion that there will still be a need for a pharmacy once this development is completed. It has however decided to clarify the wording of the need to provide clarity as to when it will arise.

Respondents were then asked whether the document has provided information to inform how pharmaceutical services may be commissioned in the future, and the Health Board is pleased to note that only one person (5%) said "No".

Figure 43 – Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services in the Health Board's may be commissioned in the future?



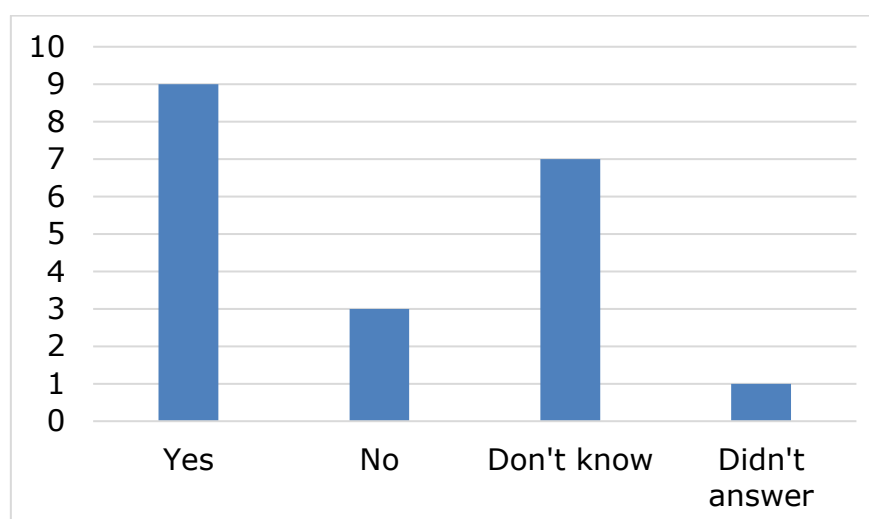
Two comments were left in response to this question.

- No – Again I feel that this document should be a guide to future commissioning but not in isolation.
- Don't know – See comments – Q12 [included below]

The Health Board can confirm that the pharmaceutical needs assessment will not be used in isolation in relation to the commissioning of new enhanced services. It is, however, the main reference document in relation to applications for inclusion in the pharmaceutical list.

Turning to whether or not the pharmaceutical needs assessment has provided enough information for contractors to plan future pharmaceutical services provision the Health Board has noted that three people (15%) said "No".

Figure 44 – Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?



- No - I think that the Easy Read version does not provide enough information about this subject especially in the ABUHB area.

The Health Board confirms that the easy read version was provided for the purposes of the consultation only as it was open to members of the public.

- Don't know - I am extremely doubtful about this in view of past bitter experience. If I experience a hypo (dangerously low blood glucose I have to self manage as there is nothing and nowhere to get help especially on a weekend.

The Health Board has noted this comment and would like to confirm that there are services available at the weekend for urgent care. Advice and treatment can be accessed through NHS 111 Wales and the A&E departments at such times.

- Don't know - See Q6 [detailed response re Newport East locality and Torfaen North locality].

The Health Board has responded to this comment above.

- No - While this is a comprehensive summary of the pharmaceutical needs in the area it takes little account of local geography. 99% of patients are considered to live within 20 minutes drive of a pharmacy, 11% of those who responded said that went the case. 24% have no access to a car or a van. This means that a significant

proportion of the population of ABUHB cannot easily access pharmacy services and the arbitrary figure of 20 minutes drive is, in my opinion too long. In addition patients could easily be at the extreme end of a neighbourhood or up or down a steep hill from their nearest pharmacy. If we add in the factor that there are eighteen dispensing doctors within ABUHB who provide dispensing services but not pharmacy services it actually highlights that the provision of pharmacy services within ABUHB is not adequate. While the document can and will prove helpful in informing future pharmacy application decisions, it should not in any way be seen as the final word on whether new services should be provided.

As no information has been provided as to the areas that this comment relates to the Health Board is unable to consider what, if any, amendments are required.

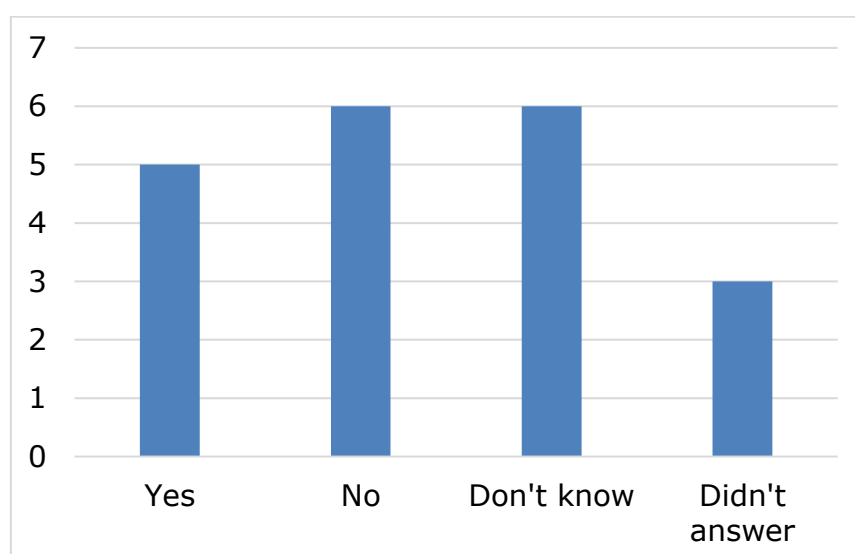
- No - as per my previous points.

It is also worth noting that a large area is dominated by dispensing doctors who provide dispensing services but not pharmacy services. The population within these areas are therefore deprived of reasonable access to pharmacy services.

Whilst this comment has not identified which area it relates to the Health Board has assumed that it is in relation to Monmouthshire as the majority of the dispensing practices are located in that county. Consideration has been given to the need for a pharmacy or pharmacies in those parts of Monmouthshire that are more than a 20 minute drive from a pharmacy and the Health Board has concluded that a pharmacy would not be financially viable.

The consultation then asked whether there are any pharmaceutical services that could be provided in the future by pharmacies that have not highlighted. Five people (25%) said "Yes".

Figure 45 - Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?



Six comments were left in response to this question.

- Chose not to answer - Support services in the area: for example signposting to third sector services, as the GP reception would

Signposting is one of the essential services that pharmacies are required to provide,

- Yes - Occupational Therapy advice clinics by appointment, offering advice and information on equipment or techniques that could improve independence.
Walking aid assessment and provision of walking aids.

The Health Board has noted this comment, however occupational therapy services are not commissioned from pharmacies in Wales.

- Yes - Covid vaccination. If I can have my flu jab in a pharmacy why not Covid vaccination

The Health Board has piloted the use of pharmacies to provide Covid vaccinations. Vaccinations are to be offered through mass vaccination centres. Plans for neighbourhood care networks delivered vaccination programmes are being finalised, which could include an element of community pharmacy participation as part of a collaborative approach.

- Yes - Diabetic reviews and clinics.

The Health Board has no plans to commission these services from pharmacies.

- Yes - It would be really useful if people in Wales could have their prescriptions delivered in the way England can by more pharmacies than just the odd one or two.

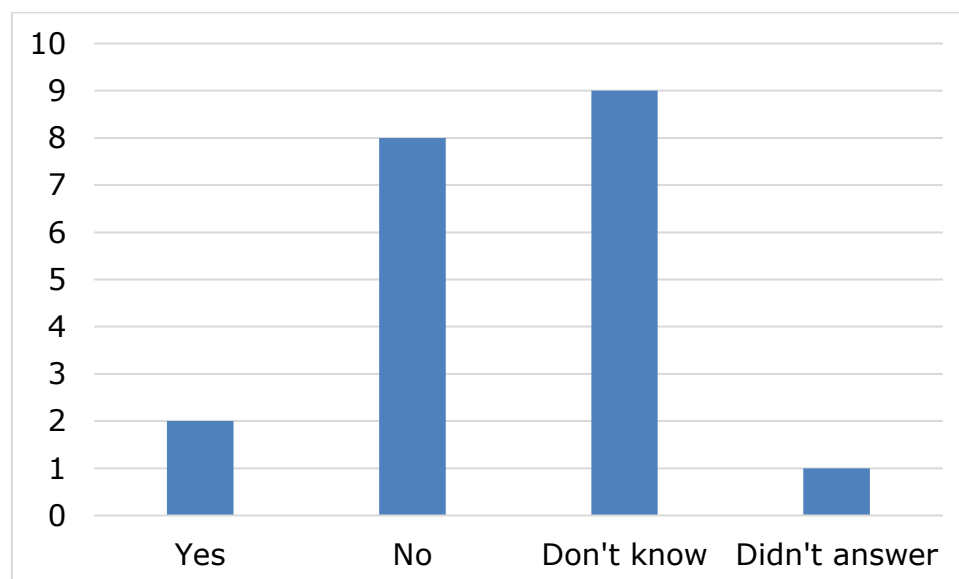
Pharmacies in the Health Board's area do offer a private delivery service, and in addition some residents have chosen to use the distance selling premises (internet pharmacies) that are based in England.

- Yes - Given that 64% of the population of ABUHB is considered overweight or obese, a commissioned weight loss service through pharmacy should seem an obvious addition to pharmacy services.

The Health Board will consider the commissioning of this service but currently does not have any plans to do so.

In order to ensure that no developments had been missed the consultation asked if there any developments that will arise within the lifetime of the pharmaceutical needs assessments that have not been identified. For example, housing developments, regeneration projects, or new premises for the provision of NHS services. Two people (10%) said "Yes".

Figure 46 - Are there any developments that will arise within the lifetime of the pharmaceutical needs assessments that have not been identified?



Five comments were made in response to this question.

- Yes - New premises for the provision of NHS services are being built in Blaenau Gwent at present and only some include a chemist or pharmacy. This means that patients need to travel to get their tablets.

The Health Board has taken account of the premises developments in Blaenau Gwent and has not, at this time, identified the need for a new pharmacy in any of them.

- Yes - The draft local plan envisages large increases in housing and population in some areas, but it isn't clear exactly where these will be and whether they will include access to pharmacies. The new housing also seems to assume that people will have sufficient amenities within walking distance when many people in need of prescription facilities are likely to need assistance in reaching pharmacies.

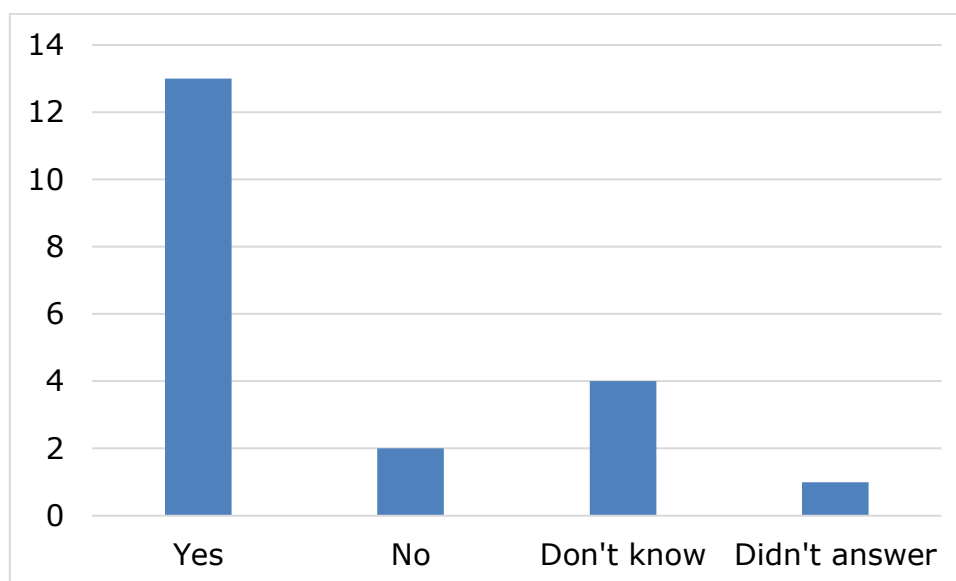
The Health Board has taken account of the housing developments, and the anticipated number of new houses that will be built during the lifetime of this document. It has identified the need for two new pharmacies; one in the Glan Llyn development and the other in Mamhilad Urban Village.

- No - Not to our knowledge
- Don't know - The simple answer is we don't know. Therefore this document should not be under constant review and not set in stone for some years to come.
- Don't know - The point is we don't now and therefore the PNA needs to be under regular review and not be regarded as a set in stone document for many years to come.

The Health Board will keep the pharmaceutical needs assessment under review, as required by the regulations.

The consultation then asked where respondents agreed with the conclusions of the pharmaceutical needs assessment and the Health Board is pleased to note that 13 people (65%) said "Yes".

Figure 47 - Do you agree with the conclusions of the pharmaceutical needs assessment?



Three people expanded upon their response.

- Yes - Only to a certain extent. There is also a great need for helplines for MS.

The Health Board has noted this comment but is of the view that such helplines could not be provided by pharmacies.

- No - We do not wholly agree with the conclusions of the pharmaceutical needs assessment for the reasons we have set out in Questions 6 and 12.

The Health Board has responded to this comment above.

- No - I simply feel that it is difficult to say that with the highlighted exceptions, pharmacy services are entirely adequate and it is even more difficult to say with absolute certainty that the services now will be adequate for three, five or even seven years.

In the absence of specific information as to where service provision is currently not adequate it is not possible for the Health Board to consider what, if any, amendments are required to the pharmaceutical needs assessment.

Finally, those responding to the consultation were asked whether they had any further comments. Two people made a comment.

- Re: Question 2

We believe the details within the pharmaceutical needs assessment reflect the current provision of the Boots pharmacies in the area of the Health Board.

The Health Board is pleased to note this comment.

Re: Question 7

With regard Smoking Cessation level 3 PGD we believe the statement included in the relevant section within each locality summary that:

'Based on the above the Health Board has identified that there is a need for all pharmacies to provide this service by 1 April 2022. Should that not happen then, from 1 April 2022 there will be a future need for this service'.

could be seen to be ambiguous and we would suggest that if possible, should be rephrased in such a way to prevent any future misinterpretation.

This need has been reworded.

- The draft PNA has identified a future need for a pharmacy within the Glan Lyn development and the Mamhilad Urban Village developments. It is worth noting that these gaps may be filled by a pharmacy relocating from other parts of Aneurin Bevan UHB area where there is an existing cluster of pharmacies in a small area.

The Health Board has noted this comment and agrees that yes, these needs could be met by an existing pharmacy applying to relocate.

4 Off-system responses

Cardiff & Vale University Health Board responded to the consultation with the following response.

"The majority of the questions asked relate to patients living in AB's experience of accessing pharmaceutical services there, so I guess the main response from us will be regards the 'any other comments' question, I do agree with the conclusions reached.

The Aneurin Bevan localities bordering on Cardiff & Vale University Health Board are Caerphilly South and Newport West.

No current or future needs for enhanced services, or pharmacies have been identified in Caerphilly South, which borders on Cardiff North Locality. P258

Within Newport West Locality there is an existing pharmacy in Marshfield, which is under 3 miles from a Cardiff & Vale pharmacy in St Mellons and so it is possible that patients may access services in this pharmacy in Cardiff East Locality (as well as within the Newport West Locality) . You have identified (p 374, 375, 376) that there is a gap in the provision of Emergency Hormonal Contraception, Smoking Cessation Level 3 and Flu vaccination services at this pharmacy; provision of these services more locally to the population is likely to be positive and is supported.”

The Health Board has noted this comment.

Community Pharmacy Wales provided a comprehensive response to the consultation questions. Its comments have been included verbatim.

4.1 Has the purpose of the pharmaceutical needs assessment been explained?

In the introduction in 1.1 Purpose of the Pharmaceutical Needs Assessment it is stated:

“In general, their application must offer to meet a need set out in the Health Board’s PNA”.

The words “in general” could possibly be misinterpreted to mean there is an exceptional scenario that could allow someone to apply for a new pharmacy; similar to the Unforeseen Benefit in England, where even if a PNA does not identify a current or future need for a new pharmacy an application can be made to secure improvements or better access to services.

Whilst there is some detail in the executive summary, it may be beneficial to outline in Chapter 1 the types of application which are determined against the PNA to avoid any confusion.

Application for changes of ownership and relocations for business type reasons (e.g. lease has expired and need new premises) under Reg 15(1)9b) (ii) aren’t determined against PNA so it may be worth making this clear.

Response

The Health Board has considered this comment and has amended the relevant part of section 1.1 according to clarify the two types of application that are not based on needs identified in the pharmaceutical needs assessment.

4.2 Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?

Aneurin Bevan (ABUHB) has used the information submitted by pharmacy contractors as part of the All Wales Pharmacy Database (AWPD) exercise completed last year to determine current community pharmacy provision. Whilst the detail of which pharmacy contractor provides each of the Advanced and Enhanced services is not contained within the PNA, we trust that ABUHB has robustly analysed the data and will update any changes prior to publication.

Response

The Health Board has updated the pharmaceutical needs assessment so that it includes details of the number of pharmacies that are providing each of the enhanced services in 2021/22. It has also updated the opening hours information to reflect the changes that have occurred since the consultation version of the document was written.

4.3 The Health Board has identified that the majority of prescriptions for appliances are dispensed by contractors outside of its area, either elsewhere in Wales or in England, and that those contractors provide the appliance use review and stoma appliance customisation services. It has therefore assumed that the need for these two services is being met by these out of area providers. Do you agree with this?

ABUHB has identified that the majority of prescriptions for appliances are dispensed outside of the health board area. In the absence of any data or knowledge to the contrary it would seem fair to assume that the need for two of the Advanced Services known as Appliance Use review and Stoma Customisation Service are being met.

Response

The Health Board is pleased to note that Community Pharmacy Wales agrees with its assumption regarding the provision of the two appliance advanced services.

4.4 Are there any gaps in service provision; i.e. when, where and which services are not available that have not been identified in the pharmaceutical needs assessment?

The when (i.e. opening hours), where (location of the pharmacies, appliance contractors and dispensing doctors) and which services they provide have been identified by ABUHB for the purposes of the PNA using

data available from various sources, available including the AWPDP. CPW is not in a position to verify this information.

Response

The Health Board is pleased to note that Community Pharmacy Wales has not identified any gaps in service provision.

4.5 Does the draft pharmaceutical needs assessment reflect the needs of your area's population?

a) Current Needs

Enhanced Services

CPW feels it is important that the Health Board in reaching a conclusion on the need for any pharmaceutical service, is clear that a service is necessary as opposed to desirable. In the opening pages of the PNA (Page 7) it is stated that:

Current needs for certain enhanced services have been identified in relation to certain localities, details of which can be found in the relevant locality chapters. In summary these needs relate to the requirement for certain services (smoking cessation level 3, discharge medicines review, emergency hormonal contraception and flu vaccination) to be available at locations that are convenient to residents.

Whilst it is desirable to have these services provided in all pharmacies for convenience, the Health Board should seriously consider whether not having a particular service in an area means a need is not being met especially when there are other providers of a particular service in the locality.

When considering need it is suggested that the LHB as a minimum analyses and evidences:

- (i) Other providers of the service including GPs , specialist clinics and GP OOH etc. It is difficult to deem the absence of a particular enhanced service leaves an unmet need when there are other providers of the service; a need should only identified where there is no provision within a reasonable travel time.
- (ii) The driving travel time to other pharmacies and other providers of the service both within and outside the locality all health board area: If 90 % of a population can access a

service within a 20 minute driving travel time during normal working hours it is difficult to say there is a need. The travel time outside of normal working hours would be expected to be longer e.g. 30 mins.

- (iii) The demographics of the population and need for any particular patient group to avail of the service from a very specific location.

Whilst CPW advocates all pharmacy contractors providing these services wherever possible, it is important that the Health Board understands why existing contractors may not be providing the service. Possible reasons may include: the service is not financially viable as there is no local demand for it; insufficient referrals to the service; workforce issues etc

Advanced Services

In the italicised paragraph above (taken from Page 7 of the PNA) Discharge Medicines Review (DMR) is highlighted. As the health board is aware this is not an Enhanced Service but an Advanced Service.

Section 9.6.3 explains that provision of the DMR service is low across the locality with only 4 out of the 9 pharmacies have provided the service in 2020/2021, and a need has been exclusively identified in the village of Cwm.

The PNA describes that the low level of the service is due to poor hospital IT capability meaning that electronic discharge letters cannot be sent to pharmacies resulting in few if any eligible patients presenting to some pharmacies. It is understood that this poor hospital capability and lack of electronic discharge letters (eDALs) is due to the Health Board's decision to not use the MTED programme. In order to ensure contractor engagement and no possibility that a need can exist, CPW urges ABUHB to work to ensure eDALs are made available to community pharmacies through Choose Pharmacy at the earliest opportunity.

Response

In response to these points the Health Board can confirm that it has corrected the erroneous reference to the discharge medicines review service being an enhanced service.

The Health Board can confirm that a number of the needs identified in the consultation version of the pharmaceutical needs assessment have now been met by the existing contractors and have therefore been removed from the final version of the document.

b) Future Needs

CPW is concerned that the document reflects a desire for uniformly convenient services from a fixed date rather than identifying the actual population needs for the services under consideration.

For Example, all locality chapters have identified a need for smoking cessation level 3 (PGD Varenicline) from 1st April 2022- eg Blaenau Gwent East P153

The Health Board states the *GP practices are currently able to prescribe Smoking Cessation L3 (Varenicline) therefore residents of the locality are able to access the service* that way as opposed to under a pharmacy service and, this is cited as one of the reasons for the service not being currently needed.

The ambition of ABUHB is that *from 1st of April 2022 all [seven] pharmacies within the locality will be needed to provide smoking cessation SL3 [Varenicline]. Should this not happen then from 1st of April 2022 there will be a future need for the service to be provided at 7 locations spread evenly throughout the locality in areas of greater population density.*

Whilst CPW shares the ambition for SCL3 (Varenicline) be provided from all pharmacies wherever possible, we would question if a failure to do so creates a need. It has already been stated that there is no current need as there is an alternative provider ie GP Practices. We would assume as of 1st April 2022 these GPs will continue to prescribe, so what has changed to make a need in the future?

ABUHB has also makes a uniform case for Flu Vaccination in some localities.

As for current services when considering if a need exists for future services the LHB as a minimum should analyse and evidence within the PNA a robust case for that need.

Bearing in mind the above points we recommend that the Health Board re-assesses the identified needs for Advanced and Enhanced Services and where a need is identified beyond doubt, robustly evidences this in the PNA.

Whilst CPW supports the Health Board in its ambition to have the key Enhanced Services delivered by all pharmacies, and wishes to work with contractors and ABUHB to achieve this, the Health Board is reminded that the PNA is an official document to

establish Market Entry arrangements; It was not designed to be a process to 'encourage' contractors to improve service delivery and it is not appropriate for it to be used as such.

We would suggest that the PNA is reworded to reflect the need for existing providers of pharmaceutical services and the Health Board to work together to increase the availability and uptake of the service, rather than identify a formal "gap in the provision of pharmaceutical services".

Response

The Health Board has noted this comment. In relation to the smoking cessation level 3 patient group direction service, currently 50% of the pharmacies that have signed up to the level 3 service have not signed up to the patient group direction element of it. The Health Board is unsure why this may be the case, although it notes that Varenicline is not currently available.

Pharmacies are the only provider of a one to one motivational support and pharmacotherapy service via the level 3 smoking cessation service and within that service a range of treatment options to meet patient needs should be available. It is the Health Board's view that for those residents who wish to stop smoking, being able to access all of the required support from one provider of services is a valued option. Smoking is a tier 1 priority for the Health Board and helping people to stop smoking is the greatest intervention for improving their health. 18.4% of the Health Board's population are smokers, slightly higher than the average for Wales. It therefore wishes to see pharmacies providing this service as there are smokers in all parts of its area. The Health Board has, however, amended the identified future need to reflect the concerns that have been raised.

The Health Board will therefore work with the pharmacies to understand why they have not signed up to the level 3 patient group direction service and seek to remove any barriers to this happening whilst Varenicline is unavailable. The identified need for this service has therefore been amended accordingly.

In light of the comment regarding the uniform provision of the flu vaccination service the Health Board has reviewed the identified future need for this service in Blaenau Gwent East. This locality had the lowest level of flu vaccination in the Health Board's area in 2020/21 – the percentage of people aged 65 and over who were vaccinated ranged from 71.6% to 75.2% at GP practice level. Whilst uptake of the vaccine is lower than in other localities the Health Board has amend the identified

need to ensure that the service is provided from a minimum of four locations, with one in each of Abertillery, Blaina, Brynmawr and Llanhilleth.

c) Future Needs – New Pharmacies

The PNA has identified a need for additional pharmacies at Mamhilad Urban Village in the Torfaen North Locality and the Glan Llyn development in Newport East Locality.

NEWPORT EAST LOCALITY

CPW makes the following observations:

- (i) ABUHB has indicated that the build rate for the development is slipping (p327) with just 67 houses completed in 2019/20. As of 31 March 2019, 780 houses had been completed against a projected figure of 1,152 (a shortfall of 372).

It is suggested that the Health Board seeks more recent information to better understand how much of the development will be completed by 1 April 2023 (the date it has been stated a new pharmacy will be required). It also needs to clearly state the circumstances under which a "Future Need" will become current – for example the completion of a certain number of houses or occupancy in a new development.

- (ii) Map 83 (p330) – access to pharmacies in the locality. The Glan Lyn Development would appear to be located in an area with a drive-time of between 5-10 minutes of a pharmacy. If using Google Maps the drive time from the western half of the development to Boots Pharmacy, Newport Retail Park (the nearest pharmacy -a distance of approximately 2.4 miles) is indicated as being 5 minutes. There are numerous pharmacies in the nearby city of Newport, to the west of the development. CPW notes that in deciding that there is no need for an additional pharmacy in the South Sebastopol development it was noted that the nearest pharmacies are within a 10 minute drive (p399). The same standards should be applied across the PNA.
- (iii) In section 15.6.1 (p332) All 15 pharmacies confirmed that they have sufficient capacity within their existing premises

and staffing levels to manage an increase in demand for the services they provide.

- (iv) It is understood that there are no plans for GMS provision within the vicinity of the Glan Llyn development.

Response

The Health Board has considered this comment and has amended the identified need accordingly. It is, however, still of the opinion that there will be a need for a new pharmacy in this development for the reasons set out in chapter 15 and above.

TORFAEN NORTH LOCALITY

CPW makes the following observations:

- (i) It is understood that outline consent for the Mamhilad Urban Village scheme was granted in July 2020 but that the scheme requires detailed planning permission, which has yet to be issued, before building can commence. In any case, it is expected to take 10 years to build 900 homes. It is therefore highly unlikely that the Mamhilad Urban Village will have a significant number of dwellings in the lifetime of the PNA.
- (ii) Map 104 (p382) – location of pharmacies compared to level of deprivation. The area is currently in one of the least deprived parts of the locality. The approved development will include a range of family homes and a “significant percentage” of affordable homes. This may affect the level of deprivation in this location but it is unlikely to become significantly deprived.
- (iii) Map 105 (p383) – access to pharmacies in the locality. Whilst Mamhilad doesn’t appear on the map, in terms of the map our knowledge would suggest it is located in an area with a drive-time of 15 minutes to a pharmacy.

However, if using Google Maps the drive time from Mamhilad Park Estate to New Inn Pharmacy (the nearest pharmacy - a distance of approximately 2.5 miles) is indicated as being 5 minutes. There are also a number of additional pharmacies in the nearby town of Pontypool and its vicinity. CPW notes that in deciding that there is no need for an additional pharmacy in the South Sebastopol development it was noted that the

nearest pharmacies are within a 10 minute drive (p399). The same standards should be applied across the PNA.

- (iv) In section 17.6.1 (p368) *Nine of the pharmacies in the locality confirmed that they have sufficient capacity within their existing premises and staffing levels to manage an increase in demand for the services they provide, and two said that they do not but could make adjustments.*
- (v) It is understood that there are no plans for GMS provision within the vicinity of Mamhilad Urban Village.
- (vi) In section 17.6.1 (p369) It is stated that the proposed location is in a controlled locality. There is no map included to support this nor any detail on which dispensing doctors have dispensing rights for this locality.

The NHS (Pharmaceutical Services) (Wales) Regulations 2020 Non-statutory Guidance for Local Health Boards is explicit in its advice on the problems of not including maps of controlled areas:

Page 36 Determination that an area is a controlled locality:

.....Without the inclusion of maps of controlled localities there is no assurance that patients receiving pharmaceutical services from their doctor, reside in properly determined controlled localities; there has been a lot of development on the outskirts of rural towns and, areas that were thought to be controlled localities may no longer be.....

Changes can occur to the appropriate designation of an area, particularly where an urban area is expanding into the surrounding countryside, or where there has been a substantial development permitted in what has hitherto been a controlled locality. ...

unless the Health Board is able to provide evidence by way of a delineated map of their controlled areas the Health Board will not be able to take any action on any application it receives until it has been determined that the application is in a controlled area or not.

This development will be substantial and will require the controlled locality to be redetermined.

Response

The Health Board has noted this comment and has amended the identified need accordingly. It is, however, still of the opinion that there will be a need for a new pharmacy in this development for the reasons set out in chapter 17 and above. Should an application be received to open a pharmacy within the development then the Health Board will consider whether a controlled locality determination is required. Alternatively Community Pharmacy Wales may request that such a determination is made.

4.6 Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor, and applications from dispensing doctor?

As outlined in Question 5, the needs identified have not been robustly evidenced and as such there is a question over whether these are needs in terms of Market Entry. To identify non-provision of a service as an unmet need creates a gap and a consequent invitation for applications to provide that service.

We recommend that the PNA is reworded to reflect the need for existing providers of pharmaceutical services and the Health Board to work together to increase the availability and uptake of the service, rather than identify a formal "gap in the provision of pharmaceutical services". The PNA is an official document to establish control of entry arrangements. It was not designed to be a process to 'encourage' contractors to improve service delivery and it is not appropriate for it to be used as such.

It is suggested that the Health Board includes more detail on the progress of the planning application for Mamhilad Urban Village in the Torfaen North Locality. It also needs more recent data on the build rate for the Glan Liyn (Newport East Locality) development in order that it can have a better understanding of whether or not these builds will be completed in the time-frames required (See Q5)

Maps of controlled localities have not been included. The NHS (Pharmaceutical Services) (Wales) Regulations 2020 non-statutory guidance⁶² states:

⁶² Guidance to support the new NHS (Pharmaceutical Services) (Wales) Regulations 2020
<https://gov.wales/pharmaceutical-needs-assessment-guidance-local-health-boards>

Page 15 **Pharmaceutical Services Provision by GPs** –*Within their PNA, LHBs will need to include information on the area or areas that their dispensing doctors have outline consent to dispense to, along with information on which premises those doctors have premises approval for. It is suggested that LHBs either include maps of their controlled localities within their PNA or provide the web link (URL) to where they are published on the LHB's website.*

Page 36 **Maps of Controlled Localities** - *Under Paragraph 7 of Schedule 3 of the Regulations, LHBs continue to be under a duty to precisely delineate the boundary of any controlled locality that is determined on a map, or to remove the delineated boundary of a locality that has ceased to be a controlled locality. Such maps are to be made available for inspection and should be included in the LHB's PNA. It is important that the boundaries of controlled localities are clearly marked, using appropriate geographical markers, for example rivers, not simply the squared off grid markings overprinted on Ordnance Survey maps. They should also be at a sufficient level of detail to enable any enquirer to tell whether any particular location falls within a controlled locality or not.*

Page 36 **Determination that an area is a controlled locality**

Changes can occur to the appropriate designation of an area, particularly where an urban area is expanding into the surrounding countryside, or where there has been a substantial development permitted in what has hitherto been a controlled locality. The reverse is much rarer but can happen, for example, where an industrial area in the country (for example mining) ceases.

Without the inclusion of maps of controlled localities there is no assurance that patients receiving pharmaceutical services from their doctor, reside in properly determined controlled localities; there has been a lot of development on the outskirts of rural towns and, areas that were thought to be controlled localities may no longer be. In addition, unless the Health Board is able to provide evidence by way of a delineated map of their controlled areas the Health Board will not be able to take any action on any application it receives until it has been determined that the application is in a controlled area or not. This is particularly relevant to the proposed new pharmacy at Mamhilad Urban Village.

CPW reserves the right to inspect maps of controlled area in line with Paragraph 7 of Schedule 3 of the Regulations and, to request

<https://llyw.cymru/asesu-anghenion-fferyllol-canllawiau-ar-gyfer-byrddau-iechyd-lleol>

a determination as to whether or not an area is controlled in line with Regulation 13 (2).

Response

The Health Board has noted the comment that the pharmaceutical needs assessment should be reworded so as to reflect the need for the pharmacies and Health Board to work together to increase the availability of services. It has also noted that a number of the pharmacies have now signed up to provide new services. The Health Board is of the opinion that there is no requirement to amend the pharmaceutical needs assessment in this way, and has taken note of the approach adopted in England by NHS Resolution when it determines appeals on application for inclusion in a pharmaceutical list.

In summary, NHS Resolution is of the view that if a pharmaceutical needs assessment contains statements such as “there is no need for a new pharmacy” or “there is a need for the service to be provided by the existing pharmacies” this does not automatically mean that any application offering to meet the identified need must be refused.

Whilst the Health Board’s preference is for the existing pharmacies to provide the identified services it is aware that pharmacies may choose, for a variety of reasons, not to do so.

The Health Board has noted the non-statutory guidance which indicates that maps of controlled localities should (rather than must) be included in the pharmaceutical needs assessment. It has noted that to do so is not a statutory requirement. As the pharmaceutical needs assessment will be in the public domain for up to five years, and sections cannot be updated on an as required basis, there is a risk that including the current controlled locality maps means that they will remain in the public domain even if they are subsequently amended following a determination under regulation 13(2) of the NHS (Pharmaceutical Services) (Wales) Regulations 2020. Should copies of the controlled locality maps be required they can be provided by the Health Board.

4.7 Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services in the Health Board’s area may be commissioned in the future?

The purpose of the 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; the PNA appears to have done this. There is no provision within the PNA to look beyond a five year period.

ABUHB has made a uniform statement that some enhanced services eg Smoking Cessation L3 (PGD Varenicline) and Flu Vaccination will be required in the future. As outlined in Q5 the need for these services does not appear to have been robustly evidenced.

It is also not clear if a robust exercise will be undertaken to match the significant opportunities to meet the health needs of local patients with the underutilised capacity in the local community pharmacy network.

Response

The Health Board has responded to this point above. It is pleased to note that there is underutilised capacity within pharmacies.

4.8 Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies, dispensing appliance contractors and dispensing doctors?

In section 1.5.4 the PNA has assessed pharmacy contractors' ability to increase capacity should there be an increase in demand for pharmaceutical services via the pharmacy contractor questionnaire (AWPD exercise). It clearly identifies that 82% (108) of pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area and 15% (20) of pharmacies don't have sufficient premises and staffing capacity at present but could make adjustments to manage increase in demand in the area'.

It is noted that not all dispensing doctors responded to the dispensing doctor questionnaire. The absence of answers to the Dispensing Doctor questionnaire leads to a hiatus in the understanding of the: the delivery options made available by dispensing doctors; capacity to cope with additional demand and the availability of other dispensing related services in some areas.

Services that the health board is intending to introduce have been identified in the document (See Question 9)

Response

The Health Board has noted this comment.

4.9 Are there any pharmaceutical services that could be provided in the pharmacy setting in the future that have not been highlighted?

CPW is particularly pleased with the statement in section 2.2 P44 that within the lifetime of the PNA the health board is intending to introduce the following services in response to identified needs.

- Inhaler Review Service
- Sore Throat Test and Treat
- Extended vaccination services
- Weight management
- Alcohol support
- Blood Pressure Monitoring
- Health checks

In addition, there is a desire to increase the number of Pharmacist Independent Prescribers and the services they provide. This ties in also with the feedback from contractors in relation to the services they would like to provide to meet local demand where Blood Pressure Monitoring and extended vaccination services were suggested.

The only recommendation from contractors not picked up on was treatment of urinary tract infections and minor skin conditions such as impetigo which CPW would encourage health boards to include in their plans.

Response

The Health Board will continue to develop the range of services that it commissions from pharmacies and will consider the services that were suggested by contractors.

4.10 Are there any developments that will arise within the lifetime of the pharmaceutical needs assessments that have not been identified?

We are not aware of any developments that may arise within the lifetime of this PNA that have not been identified. However, individual pharmacy contractors, members of the public and others with local knowledge may well alert the health board of any developments they are aware of.

Response

The Health Board is pleased to note that Community Pharmacy Wales is not aware of any developments that have been missed.

4.11 Do you agree with the conclusions of the pharmaceutical needs assessment?

CPW cannot agree with the conclusions of the pharmaceutical needs as it is felt that unmet needs have not been sufficiently demonstrated for reasons outlined in Question 5.

We recommend that the PNA is reworded to reflect the need for existing providers of pharmaceutical services and the Health Board to work together to increase the availability and uptake of the service, rather than identify a formal “gap in the provision of pharmaceutical services”.

ABUHB is reminded that identifying an unmet need creates a gap and a consequent invitation for applications to provide that service. A high number of applications may arise in response to each need and this will create a significant workload for the LHB in responding to these applications.

Response

The Health Board notes Community Pharmacy Wales’ position. It has reworded the identified needs and will work with the pharmacies to understand why they have not signed up to the smoking cessation level 3 patient group direction enhanced service.

4.12 Do you have any other comments?

Chapter 6 - This Chapter deals with other NHS services which ABUHB deems affects the need for pharmaceutical services within its area. It is felt that a number of services which impact NHS pharmaceutical services may not have been considered namely Sexual Health Clinics and Homecare Providers.

In Chapter 2 the PNA goes into some detail regarding “*Gwent as a region [being] committed to implementing a model of ‘place-based care’*”. However, the impact of this model has not been identified in Chapter 6 as having a potential impact of pharmaceutical services.

ABUHB provide more hospital prescriptions (WP10(HP)) than any other Health Board in Wales and CPW does not believe that the effect of this has been included within the PNA. The medications prescribed add additional workload to contractors over and above what would be considered standard dispensing as often require sourcing direct from manufacturers as well as in some cases (e.g. Clozapine) additional monitoring requirements.

Locality Chapters – it would be helpful for the reader if a list of the pharmacies and their addresses were contained within each cluster's chapter.

Section 1.5.3 (page 23) identifies a real issue in that there poor awareness of some the services offered in community pharmacies in the ABUUHB area. It is particularly interesting to note that only just over 50% of people were aware of the stop smoking support available from community pharmacies. The health board has responded by suggesting that it is a gap in service provision when much of the need could be met through more effective marketing and communication. Awareness of key services such as the Discharge Medicines Review (DMR) Service is less than 33%. CPW would suggest that this identifies a real need to step up communications and marketing within the LHB area if transfer of workload away from GP practices and other less appropriate providers is to be achieved. CPW would encourage the health board to embark on a local marketing and awareness raising campaign to encourage the local population to Choose Well.

CPW feels that this clearly identifies the underutilisation of the network especially when combined with the extremely low awareness of the services that community pharmacies do provide and an opportunity to make a step change in the leveraging of this local asset. As the key role of a health board is to use its resources effectively to meet the health needs of local people, CPW would expect to see the underutilised capacity in community pharmacy be leveraged to a significantly greater extent over the years ahead, so that local pharmacies can help meet the local needs right in the heart of local communities.

The undertaking of a PNA is a very expensive and time consuming operation and it would be extremely disappointing if the PNA did not act as a springboard for a significantly greater role for community pharmacy.

Response

The Health Board has included information on the sexual health hub clinics and the number of items prescribed by the hospitals in chapter 6.

This information will be included in the opening hours appendix.

The Health Board has noted this comment. Part of the challenge in promoting services provided by pharmacies is the variation in take-up of services and it is partly for this reason that the Health Board would like to see a core range of enhanced services provided by all pharmacies. It has, however, recently undertaken some marketing of pharmacy services and will continue to do so. In addition, as part of the system of clinical

governance, pharmacies are required to publicise the NHS services that are available at or from their premises.

4.13 Conclusion

CPW recognises the work undertaken by ABUHB to produce their first Pharmaceutical Needs Assessment.

CPW is concerned that the document reflects a desire for uniformly convenient services rather than identifying the actual population needs for some of the services under consideration.

Where a gap is identified, robust evidence for that need should be included in the PNA and reasons for the existing pharmacy contractors failure to provide the service explored.

To identify an unmet need creates a gap and a consequent invitation for applications to provide that service. A high number of applications may arise in response to each need and this will create a significant workload for the LHB in responding to these applications.

CPW will work with contractors and the Health Board to improve provision of services and will seek to help pharmacies who are not commissioned become commissioned. Where pharmacies are commissioned but not providing the necessary services CPW will seek to establish the barriers/reasons for non-provision.

We recommend that the Health Board revisits each of the enhanced services identified as an unmet and that the PNA is reworded to reflect the need for existing providers of pharmaceutical services and the Health Board to work together to increase the availability and uptake of the service, rather than identify a formal "gap in the provision of pharmaceutical services".

ABUHB is reminded that the PNA is an official document to establish control of entry arrangements. It was not designed to be a process to 'encourage' contractors to improve service delivery and it is not appropriate for it to be used as such.

CPW would encourage the health board to take advantage of the work undertaken, by using the health and needs data within the PNA to inform the development of the community pharmacy network going forward.

5 Easy read document

One response was received in connection with the easy read document. That person:

- agrees that the reason for the pharmaceutical needs assessment had been explained;
- thinks the report is right about pharmaceutical services within their area;
- thinks the report is right about what pharmacy services we have right now;
- thinks that the report is right about what pharmacy services we need in the future; and
- thinks the report reflects the health needs of their area's population.

6 Summary conclusions

The Health Board notes that broadly there is agreement on the direction of travel set out in the document. No concerns have been raised regarding non-compliance with the regulatory requirements, and no pharmaceutical services provision has been missed.

Some concern has been expressed regarding the needs that have been identified and the Health Board has taken those comments on board and amended those needs that have not been removed due to the current pharmacies starting to provide the identified services.

The Health Board will look to utilise the capacity within the existing pharmacy estate as service provision develops in line with its model of place-based care.

7 Equalities monitoring

15 of the 24 responses were from members of the public. Of these:

- One stated that their preferred language is Welsh, 13 said English, and one preferred not to respond.
- One is aged 35 to 44 years old, two are 45 to 54 years old, four are 55 to 64 years old, five are 65 to 74 years old, two are 75 years or older and one chose not to respond.
- 12 are female, one is male, one preferred not to say and one chose not to respond.
- Ten said they are British, three are Welsh, one is English and one chose not to respond.
- Thirteen said they are heterosexual/straight, one preferred not to say and one chose not to respond.

- Eight are married or in a same-sex civil partnership, one preferred not to say and one chose not to respond.
- Six are Christian (all denominations), four have no religion, one preferred not to say and one chose not to respond.
- Nine said that they did not consider themselves to be disabled. Five consider themselves disabled and one chose not to respond.
- 14 said that their gender identity has not changed from that assigned at birth, and one chose not to respond.
- Six said that they look after or give help or support to family members, friends, neighbours or others because of either a long term physical or mental ill-health disability or problems related to old age. Eight said they did not and one chose not to respond.

8 Amendments

The following amendments have been made to the pharmaceutical needs assessment.

- Statistics relating to the dispensing of prescriptions in 2020/21 have been added, for example the percentage dispensed within the Health Board's area, outside of the Health Board's area or in England.
- Pharmacy opening hours have been updated to reflect the position as of August 2021.
- Reference to GP practices extended opening hours has been removed as the service has been withdrawn by the Health Board.
- Aber Medical Centre and The Village Surgery relocated to the Llanbradach Centre for Health with effect from 2 August 2021.
- The number of pharmacies providing the discharge medicines review services in 2020/21 has been updated.
- The number of pharmacies commissioned to provide each of the enhanced services in 2021/22 has been added.
- Flu vaccination data updated for 2020/21.
- Number and percentage of patients dispensed to by their GP practice updated to reflect the position as of May 2021.
- Percentage of items personally administered by GP practices in 2020/21 added.
- Information on the number of items prescribed by other NHS services in 2020/21 added with an overview of where they were dispensed.
- Map of Help me quit providers updated to August 2021.
- Sexual health hub clinics added to chapter 6 as they reduce the need for the emergency.
- Data on the number of items prescribed by the hospitals and dispensed in primary care in 2020/21 added to chapter 6.

- Errors corrected in the percentage of prescriptions written by GP practices in Monmouthshire South and where they were dispensed outside of the locality.
- Section 8.6.8 - the identified need for the provision of the smoking cessation level 3 enhanced service in Blaina has been removed as the pharmacy is now providing the service.
- Section 9.6.3 – the identified need for the provision of the discharge medicines review service in Cwm has been removed as the pharmacy is now providing this service.
- Section 9.6.6 – the identified need for the provision of the emergency hormonal contraception enhanced service in Cwm has been removed as the pharmacy is now providing the service.
- Section 10.6.6 - the identified need for the provision of the emergency hormonal contraception enhanced service in Cwmfelinfach has been removed as the pharmacy is now providing the service.
- Section 12.6.8 – the identified need for the provision of the smoking cessation level 3 enhanced service in Senghenydd has been removed as the pharmacy is now providing this service.
- Section 15.6.1 – the trigger for the new pharmacy in the Glan Llyn development has been changed to the completion of 2,000 houses, and the location of the pharmacy has been changed from “within the development” to “within either the Glan Llyn local centre or the Celtic Business Park at the eastern end of the Glan Llyn development”.
- Section 15.6.8 – the identified need for the provision of the smoking cessation level 3 enhanced service in Llanmartin and Lliswerry has been removed as the pharmacies are now providing this service.
- Section 16.6.6 - the identified need for the provision of the emergency hormonal contraception enhanced service in Marshfield has been removed as the pharmacy is now providing the service.
- Section 16.6.8 - the identified need for the provision of the smoking cessation level 3 enhanced service in Marshfield has been removed as the pharmacy is now providing this service.
- Section 17.6.1 – the trigger for the new pharmacy in the Mamhilad Urban Village providing a range of services at specified times and on specified needs has been changed from “once it is completed” to “once it is completed and all the construction companies have left the site”.
- Section 17.6.7 – the identified current need for the provision of the smoking cessation level 2 enhanced service has been removed as there is now a good spread of providers of the service across the locality.
- Chapter 19 has been updated to reflect the deletion of the above identified needs.

Change of ownership applications were submitted by Avicenna Retail Ltd in respect of the following pharmacies:

- Dudley Taylor Pharmacies Ltd, Usk Pharmacy, 59 Bridge Street, Usk, Monmouthshire NP15 1BQ
- Dudley Taylor Pharmacies Ltd, Chappells Pharmacy, 28 Newport Road, Caldicot NP26 4BQ
- Dudley Taylor Pharmacies Ltd, Bulwark Pharmacy, 45/47 Bulwark Road, Chepstow NP16 5JW
- Dudley Taylor Pharmacies Ltd, Magor Pharmacy, The Pink House, The Square, Magor NP26 3HY
- Dudley Taylor Pharmacies Ltd, Richeld Pharmacy, 17 Newport Road, Caldicot NP26 4BG
- Dudley Taylor Pharmacies Ltd, Giles Pharmacy, 432 Chepstow Road, Newport NP19 8JG
- Dudley Taylor Pharmacies Ltd, Portskewett Pharmacy, The Old School House, Main Road, Portskewett NP26 5SA
- Dudley Taylor Pharmacies Ltd, Blaenavon Pharmacy, Middle Coed Cae Road, Blaenavon NP4 9AW

The applications were granted on 8 June 2021, and Avicenna Retail Ltd has until 9 January 2022 to notify the Health Board of the date on which it will commence service provision at the above premises.

Appendix L – opening hours



Appendix L v2.xlsx