CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 September 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Risk Report, September 2026
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the Board with an updated assessment of the Health Board's strategic risk profile and the principal risks that may affect delivery of the Integrated Medium-Term Plan (IMTP) 2025–2028 and wider organisational objectives.

The Strategic Risk Register (SRR) comprises nine principal strategic risk themes, supported by 21 individually assessed sub-risks.

The overall profile remains broadly stable, with no changes to the principal risks under Board oversight. However, six sub-risks remain outside the Board's currently approved risk appetite, reflecting continued exposure across financial sustainability, performance, estate resilience, business continuity, and governance and legislative compliance.

The report also provides an update on the Risk Management and Assurance Improvement Programme and presents proposed amendments to strengthen the Strategic Risk Register's role as the Health Board's Board Assurance Framework.

Cefndir / Background

The SRR is the Board's primary mechanism for overseeing the principal uncertainties that may affect delivery of the IMTP and the Health Board's strategic objectives.

Each strategic risk is assigned to an Executive Director, who is accountable for its effective management and oversight. This includes ensuring that appropriate controls, risk treatment plans and sources of assurance are in place, operating effectively and subject to regular review. These arrangements should reduce the likelihood of the risk materialising or minimise its impact should it occur.

As reported to the Board in May, a Risk Management and Assurance Improvement Programme is underway to strengthen organisational risk maturity and establish a clearer line of sight between operational risks, corporate risks, strategic risks and delivery of the Health Board's objectives.

Asesiad / Assessment

The strategic risk profile remains broadly stable in terms of the number of principal risks and sub-risks under Board oversight. Stability should not, however, be interpreted as a reduction in exposure, as six of the 21 strategic sub-risks remain outside the Board's currently approved risk appetite and require continued treatment, Executive oversight and Board scrutiny.

The Strategic Risk and Assurance Dashboard is provided at Appendix A. The strategic sub-risks currently operating outside appetite are summarised below.

Table 1: Strategic sub-risks outside appetite

Risk ID & Score Threshold	Sub Risk Description	Current Score	Management of the Risk
SRR 001G Score 12 and below	Due to the failure to deliver a sustainable financial position and longer-term financial plan.	20	The residual risk is being treated through strengthened financial controls, while opportunities are being taken to redesign services for long-term sustainability.
SRR 001I Score 8 and below	Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	12	The residual risk is being treated and opportunities taken to strengthen services and accountability structures.
*SRR 002A Score 8 and below	Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	15	The risk is being treated through monitoring, contingency planning and the development of proportionate remediation plans.
SRR 002B Score 8 and below	Due to significant levels of backlog maintenance and structural impairment.	12	The risk is being treated through proactive estate investment and maintenance planning.
SRR 004B Score 8 and below	Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident	12	The risk is being treated through the development, standardisation, and testing of business continuity and incident response plans.

SRR 010 Score 8 and below	Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act.	12	The risk is being treated through strengthening governance and taking the opportunity to enhance staff safety culture.

*Requesting de-escalation to the CRR

Application of the revised Risk Appetite Statement

The assessment in this report is based on the Risk Appetite Statement and associated thresholds currently approved by the Board.

The Board is being asked separately, under agenda item 6.2, to consider a revised Risk Appetite Statement. If approved, the revised domains and score thresholds will be applied to the Strategic and Corporate Risk Registers.

This may change whether individual risks are reported as within or outside appetite, but it will not, in itself, change their current risk scores or the underlying level of exposure. Executive risk owners will therefore be required to:

- review the alignment of each risk to the revised appetite domains;
- confirm the applicable appetite threshold;
- review target risk scores;
- consider whether risk treatment or escalation arrangements remain appropriate; and
- identify any implications for assurance and reporting.

If approved, the recalibrated position will be reported through the next formal reporting cycle.

Risk Management and Assurance Improvement Programme

The first phase of the improvement programme involved a comprehensive review of the Health Board’s risk management suite of documents. The revised documents are presented separately for Board approval under agenda item 6.2 and provide a consistent framework for identifying, assessing, treating, escalating and reporting risk.

The second phase involved a review of Datix to assess the risk profile across divisions and corporate directorates. This work sought to:

- Identify material themes and concentrations of exposure;
- Assess whether risks were held at the appropriate organisational level;
- Identify potential gaps in corporate reporting; and
- Strengthen the connection between local, corporate and strategic risks.

The review identified seven additional areas of potential corporate risk. Following further assessment, the CRR now contains 39 material corporate-level risks requiring Executive oversight because of their potential impact on the IMTP, the quality and safety of services, or the Health Board’s statutory and operational responsibilities.

The identification of additional corporate risks does not necessarily indicate an increase in the Health Board's underlying exposure. It reflects improved visibility and more systematic consideration of whether material risks are being managed and reported at the appropriate level.

Similarly, transferring a risk between registers does not represent a reduction in exposure. Escalation and de-escalation decisions must be informed by:

- the nature and scale of the current exposure;
- the effectiveness of existing controls;
- progress in delivering agreed actions;
- the strength of available assurance;
- the relationship to strategic objectives; and
- the authority and capability of the proposed risk owner.

Further intelligence will continue to be drawn from Datix, performance information, incidents and concerns, assurance meetings, internal and external reviews, and divisional and committee reporting. This will support the aggregation of systemic and thematic risks and their escalation to the Corporate Risk Register or Strategic Risk Register where appropriate.

Establishing a clear line of sight

An effective enterprise risk management system requires a demonstrable line of sight from ward to Board and from Board to ward. This enables the Board to understand the Health Board's principal risk exposures and ensures that strategic priorities, risk appetite and Board decisions inform risk management throughout the organisation.

Work is underway to align the Strategic and Corporate Risk Registers with:

Key areas to align	Status
IMTP and Gwent 2035 Strategy	Complete
Health Board's strategic objectives and priorities	Complete
Divisional and corporate risk registers	Complete
Performance and control measures	Partially Complete
Intelligence from Datix and other assurance sources	Partially Complete
Executive and divisional assurance meetings	Partially Complete
Committee and governance reporting arrangements	Partially Complete

These connections improve traceability across the risk hierarchy but do not, on their own, constitute assurance. Assurance conclusions must be supported by evidence that controls are operating effectively and that risk exposure is being maintained within appetite or moving towards the agreed target position.

If the revised Risk Appetite Statement is approved, its domains and thresholds will be incorporated into the risk hierarchy and reporting arrangements to support consistent

risk assessment, treatment, escalation and acceptance decisions.

The Risk Maturity Model in Appendix C of the Risk Management Framework sets out the characteristics required for the Health Board to progress towards an optimised approach. The revised framework, supported by the engagement and training programme, will help embed these principles and strengthen risk-informed decision-making.

Review of the Strategic Risk Register

The improvement programme has included a review of the SRR to determine whether the principal risk and sub-risk descriptions accurately reflect the uncertainties that could affect achievement of the Health Board's strategic objectives.
The review has applied a structured methodology that distinguishes between:

- the principal causes or sources of uncertainty;
- the uncertain event;
- the potential consequences;
- the existing controls;
- further actions required; and
- the evidence needed to demonstrate control effectiveness.

This has resulted in clearer articulation of strategic risks and improved connectivity between divisional risk, corporate risk, Executive oversight and Board-level reporting. The proposed amendments are set out in Appendix B and include:

- clarifying the scope of selected principal strategic risk descriptions;
- revising sub-risk descriptions to make the causes, events and consequences more explicit; and
- considering the transfer of SRR 002A, relating to Reinforced Autoclaved Aerated Concrete (RAAC) at Nevill Hall Hospital, from the Strategic Risk Register to the Corporate Risk Register.

SRR 002A was originally developed when the Health Board became aware of the potential presence of RAAC within its estate. The risk assessment was intended to establish the extent of the Health Board's potential exposure, assess the possible severity of the impact, and identify the controls required should RAAC be found to be more widespread.

Subsequent investigations confirmed that RAAC is limited to specific areas of the NHH site. The risk is being actively managed by the Estates Team and is subject to regular reporting through the Health and Safety forums and to the Executive Committee and relevant committees of the Board.

Although the presence of RAAC remains relevant to longer-term strategic planning and service transformation, the risk is no longer considered to require oversight through the Strategic Risk Register. It is therefore proposed that the risk is transferred to the Corporate Risk Register, where it can be owned and managed at Executive level, with appropriate monitoring and escalation arrangements maintained.

The transfer would not represent closure or acceptance of the risk. The risk would retain a clear link to the relevant principal strategic risk, and its cumulative or material effect on strategic objectives would remain visible to the Board.

The risk should be re-escalated if:

- the exposure increases materially;
- the control environment deteriorates;
- remediation or contingency arrangements are not delivered;
- available assurance reduces; or
- the potential impact on strategic objectives becomes more significant.

Intended outcome

The proposed changes are intended to enable the SRR to operate more effectively as the Health Board's Board Assurance Framework.

The register should provide the Board with a focused view of:

- the principal uncertainties affecting strategic objectives;
- current exposure relative to appetite;
- the effectiveness of key controls;
- risk treatment plans and delivery trajectories;
- the strength of available assurance;
- gaps in control or assurance; and
- progress towards the target risk position.

This approach will support informed Board decision-making, strengthen challenge of risk ownership and control effectiveness, and highlight the principal threats to the Health Board's short, medium and longer-term sustainability.

Argymhelliad / Recommendation

The Board is requested to:

- CONSIDER whether it has sufficient assurance that strategic risks are being appropriately identified, assessed, managed and monitored.

- NOTE the current strategic risk profile and the six strategic sub-risks operating outside the Board's currently approved risk appetite.

- APPROVE the reframing of the nine principal strategic risks and 21 supporting sub-risks, providing the Board with greater clarity on the specific sources of risk and the factors that could affect delivery of the Health Board's strategic objectives.

- APPROVE the transfer of SRR 002A from the Strategic Risk Register to the Corporate Risk Register, retaining a clear link to the relevant principal strategic risk and defined criteria for re-escalation.

- NOTE the progress made through the Risk Management and Assurance Improvement Programme and the further work required to embed the revised arrangements

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The Strategic Risk Report is informed by Datix, ensuring a bottom-up approach to risk escalation.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	At each meeting, the relevant Committee will monitor the risk theme relevant to its responsibilities.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable

• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Choose an item.

STRATEGIC RISK AND ASSURANCE DASHBOARD

9 Strategic risks	21 Risk components	7 Above appetite	8 Positive assurance	12 Reasonable assurance	1 Limited assurance

Board Summary

- The dashboard contains 9 strategic risks represented through 21 separately scored risk components.
- 7 components have current scores above their stated appetite thresholds and require focused oversight of control effectiveness and delivery trajectories.
- Assurance Scale: The explanatory text provides context against appetite and target scores and Executive Director's assurance judgement.
- Underpinning Corporate Risk links and IMTP performance measures to support integrated strategic and corporate risk reporting.

ASSURANCE SCALE

Positive	Reasonable	Limited
Controls are operating effectively and sufficient evidence supports the judgement.	Controls are generally operating, but gaps, dependencies or delivery concerns remain.	Significant control weakness, adverse performance or unresolved dependency remains.

KEY: Score cells use the Health Board risk matrix colour bands. Assurance ratings are retained from the source register and should be reviewed alongside current performance and control evidence.

DETAILED STRATEGIC RISK AND ASSURANCE DASHBOARD

RISK INFORMATION	RISK EVENT	PRINCIPAL CAUSE	IMTP LINK	UNDERPINNING CORPORATE RISKS	IMTP PERFORMANCE MEASURES (Not an exhaustive list)	APPETITE	CURRENT	TARGET	ASSURANCE CONCLUSION
SRR 001A Director of workforce and OD	There is a risk that the Health Board's workforce, resources and service models are insufficiently resilient or aligned to meet current and changing population needs	Due to insufficient workforce supply, recruitment constraints, skills shortages and difficulties retaining staff in key disciplines and specialties.	Enabler: Workforce & Culture	CRR 001, 004, 006, 008, 011, 012, 024, 025, 026, 030, 036	• Reduction in vacancies, • turnover and time to hire; • 30% reduction in agency spend; • Over 90% consultant job-plan compliance.	17	12	6	Positive Current exposure (12) is within the appetite threshold (17); controls and delivery should continue to be monitored toward the target score (6).
SRR 001B Director of workforce and OD		Due to sustained workload pressures, sickness absence, workplace stressors and insufficient capacity to prevent and respond to deteriorating staff wellbeing.	Enabler: Workforce & Culture	CRR 006	• Reduction in sickness absence from the 2024/25 position and Occupational Health waiting times; • Improvement in staff wellbeing indicators.	17	12	9	Positive Current exposure (12) is within the appetite threshold (17); controls and delivery should continue to be monitored toward the target score (9).
SRR 001C Director of workforce and OD		Due to gaps in leadership capability, capacity, succession planning and accountability across the organisation.	Enabler: Workforce & Culture	CRR 027	• Improvement in PADR compliance; • Increased leadership-development • participation and succession-plan coverage.	17	12	6	Positive Current exposure (12) is within the appetite threshold (17); controls and delivery should continue to be monitored toward the target score (6).
SRR 001D Director of workforce and OD		Due to unresolved national employment disputes and the potential for industrial action affecting workforce availability.	Enabler: Workforce & Culture	No linked risks	• Reduction in days lost, • service disruption and cancelled activity; • Timely recovery of affected activity.	17	16	8	Reasonable Current exposure (16) is within appetite (17); continuing oversight is required to evidence progress toward the target score (8).
SRR 001E Director of Strategy, Planning and Partnerships		Due to strategic plans not being sufficiently informed by population need, health inequalities, socio-economic conditions and deliverability	System Change: Prevention & Population Health Enabler: Performance Expectations	CRR 010, 017	• Improvement across the eight Planning Maturity Matrix domains; • Increased delivery of IMTP milestones and performance expectations.	17	8	6	Positive Current exposure (8) is within the appetite threshold (17); controls and delivery should continue to be monitored toward the target score (6).
SRR 001F Director of Strategy, Planning and Partnerships		Due to service models that are not sufficiently integrated, affordable, workforce-resilient or aligned to changing demand	System Change: Prevention & Population Health Enabler: Performance Expectations	CRR 004, 006, 008, 011, 012, 017, 024, 026, 027, 034, 036, 037	• 100% GP access-standard compliance; • increased community-care capacity; • delivery of service-model and place-based care milestones.	17	8	6	Current exposure (8) is within the appetite threshold (17); controls and delivery should continue to be monitored toward the target score (6).
SRR 001G Director of Finance and Procurement		Due to recurrent expenditure exceeding available income, insufficient recurrent savings and continued growth in the underlying financial deficit.	Enabler: Finance	CRR008, CRR017, CRR024, CRR025, CRR026	• Achievement of financial balance; • delivery of £40 million savings; • increased recurrent savings; • reduction in the underlying deficit.	13	20	8	Reasonable Current exposure (20) is above appetite (13); continuing oversight is required to evidence progress toward the target score (8).
SRR 001I Director of Strategy, Planning and Partnerships		Due to inconsistent implementation of the Performance Management Framework, insufficient accountability for delivery and failure to intervene promptly where performance is off trajectory.	System Change: Relevant to all Enablers: Performance Expectations & Workforce & Culture	CRR 011, 027, 030, 033	• Increased delivery of IMTP and Ministerial expectations; • improvement against agreed trajectories; • reduction in escalated measures.	8	12	8	Reasonable Current exposure (12) is above appetite (8); continuing oversight is required to evidence progress toward the target score (8).
SRR 002A Chief Operating Officer	There is a risk that there will be significant failure of the Health Board's estate	Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures – REMOVE AS AN OPERATIONAL RISK	Enabler: Estates	CRR 016	• Completion of all scheduled RAAC inspections; • reduction in overdue actions and service disruption; • delivery of Nevill Hall business-case milestones.	8	15	2	Reasonable. Current exposure (15) is above appetite (8); continuing oversight is required to evidence progress toward the target score (2).
SRR 002B Chief Operating Officer		Due to significant levels of backlog maintenance	Enabler: Estates	CRR 005, 016, 021	• Reduction in high-risk backlog; • increased planned-maintenance completion and statutory compliance; • delivery of Targeted Estates Fund priorities.	8	12	6	Reasonable. Current exposure (12) is above appetite (8); continuing oversight is required to evidence progress toward the target score (6).
SRR 004A Director of Strategy, Planning and Partnerships	There is a risk that a major, critical or business continuity incident results in sustained disruption to essential Health Board services.	Due to major-incident plans, command arrangements, exercises, training and operational readiness not being sufficiently current, tested or embedded.	Enablers: Quality, Digital, Data & Technology Estates, Workforce	No linked risks	• Completion of scheduled plan reviews and exercises; • maintenance of 24-bed level-three surge capacity.	8	8	6	Positive Current exposure (8) is within the appetite threshold (8); controls and delivery should continue to be monitored toward the target score (6).
SRR 004B Director of Strategy, Planning and Partnerships		Due to inconsistent business continuity planning, incomplete critical-service impact assessments, untested recovery arrangements and dependency on vulnerable infrastructure or suppliers.	Enablers: Quality, Digital, Data & Technology Estates, Workforce	CRR0 28, 029, 034, 035	• Increased proportion of current and tested plans; • reduction in service disruption; • improvement against recovery times.	8	12	6	Reasonable Current exposure (12) is above appetite (8); continuing oversight is required to evidence progress toward the target score (6).
SRR 005A Chief Operating Officer	There is a risk that patients are unable to access or move through the most appropriate care setting within a clinically appropriate timescale.	Due to demand and patient acuity exceeding available capacity across emergency, acute, critical care, community, transfer and discharge pathways, compounded by inconsistent escalation and coordination arrangements.	System Change Urgent & Emergency Care Enablers: Quality, Workforce, Digital	CRR 011, 013, 014 015, 036, 037	• Reduction in one-hour ambulance handovers to 500 and 12-hour waits to 750; • improvement in four-hour performance to 80%; • reduction in delayed pathways to 160.	17	16	9	Limited Material system pressure remains and further evidence of sustained control effectiveness is required to reduce exposure from 16 toward the target score of 9.
SRR 006A Director of Digital	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery	Due to ageing, unsupported, insufficiently resilient or inadequately maintained digital infrastructure and systems	System Change: Relevant to all Enabler: Digital, Data & Technology	CRR 028, 029, 032, 036	• Improvement in critical-system availability; • reduction in critical incidents and unsupported systems; • delivery of infrastructure-renewal milestones.	17	12	8	Reasonable Current exposure (12) is within appetite (17); continuing oversight is required to evidence progress toward the target score (8).
SRR 006B Director of Digital		Due to weaknesses in programme governance, configuration, testing, interoperability, data migration, workforce readiness or implementation planning for new digital systems.	System Change: Relevant to all Enabler: Digital, Data & Technology	CRR0 20, 029, 030	• Increased delivery to time, cost and scope; • achievement of readiness and training requirements; • reduction in implementation incidents.	17	20	6	Reasonable Current exposure (20) is above appetite (17); continuing oversight is required to evidence progress toward the target score (6).
SRR 006C Director of Digital		Due to fragmented architecture, legacy technology, constrained investment, limited specialist capacity and inconsistent adherence to agreed digital standards.	System Change: Relevant to all Enabler: Digital, Data & Technology	CRR0 20, 21, 22, 28, 029, 032, 033, 035	• Delivery of Digital Strategy and infrastructure-renewal milestones; • increased technical-architecture compliance and digital inclusion.	17	12	8	Reasonable Current exposure (12) is within appetite (17); continuing oversight is required to evidence progress toward the target score (8).
SRR 007A Director of Strategy, Planning and Partnerships	There is a risk that health and care services across Gwent and the wider regional footprint are not planned, commissioned or delivered in an integrated and sustainable way.	Due to financial pressures, misaligned organisational priorities, differing planning cycles and insufficiently clear partnership accountability and decision-making arrangements.	System Change Place Based Care Enabler: Regional Plans	CRR 014, 017, 018	• Increased delivery of partnership milestones; • expansion of Integrated Neighbourhood Teams; • increased delivery against agreed partner commitments.	17	8	4	Positive Current exposure (8) is within the appetite threshold (17); controls and delivery should continue to be monitored toward the target score (4).

RISK INFORMATION	RISK EVENT	PRINCIPAL CAUSE	IMTP LINK	UNDERPINNING CORPORATE RISKS	IMTP PERFORMANCE MEASURES (Not an exhaustive list)	APPETITE	CURRENT	TARGET	ASSURANCE CONCLUSION
SRR 007B Director of Strategy, Planning and Partnerships		Due to fragile specialist services, workforce shortages, limited capacity and dependency on regional or supra-regional delivery arrangements.	System Change Place Based Care Enabler: Regional Plans	CRR 012, 018	• Reduction in fragile services, vacancies and service disruption; • increased delivery of regional programme milestones.	17	9	4	Reasonable Current exposure (9) is within appetite (17); continuing oversight is required to evidence progress toward the target score (4).
SRR 008 Director of Nursing	There is a risk that patient, staff and public experience, feedback and involvement do not consistently influence decisions, service design and improvement.	Due to fragmented feedback systems, inconsistent involvement arrangements, delays in responding to concerns and insufficient evidence that learning and engagement have informed decisions and sustained improvement.	Enabler: Quality	CRR 002, 019 030	• 100% of live Civica areas collecting and using feedback; • improved response and early-resolution rates; • improved 30-working-day concerns compliance; • increased completion of feedback actions.	17	8	4	Positive Current exposure (8) is within the appetite threshold (17); controls and delivery should continue to be monitored toward the target score (4).
SRR 010 Director of Allied Health Professions and Health Science	There is a risk that the Health Board fails to protect staff, patients, and visitors from avoidable wworkplace health and safety hazards.	Due to inconsistent identification, assessment and management of workplace hazards, insufficiently embedded health and safety responsibilities, gaps in training and weaknesses in monitoring, escalation and action completion.	Enablers: Quality & Workforce & Culture	No linked risks	• Reduction in RIDDOR incidents and overdue actions; • 85% manual-handling training compliance; • increased completion of risk assessments.	8	12	6	Reasonable Current exposure (12) is above appetite (8); continuing oversight is required to evidence progress toward the target score (6).
SRR 011 Director of Finance and Procurement	There is a risk that the Health Board's services, estate and infrastructure are insufficiently resilient to climate change and do not achieve required decarbonisation outcomes.	Due to an ageing and complex estate, limited capital and revenue funding, competing investment priorities, dependence on carbon-intensive infrastructure and the absence of a sufficiently embedded organisation-wide climate adaptation approach.	Enabler Green Health	CRR 031	• Reduction in carbon emissions and energy use; • 50% viable renewable-energy installation by 2026; • increased LED coverage and waste compliance.	17	8	8	Reasonable Current exposure (8) is within appetite (17); continuing oversight is required to evidence progress toward the target score (8).

Appendix B: Proposed Revised Risk Descriptions

The Bow Tie model was used to provide a clearer, cause-and-consequence-based view of the Health Board's nine principal strategic risks and identify 21 supporting sub-risks. For each strategic risk, the model identifies the central risk event, the key threats that could cause it and the potential consequences should it materialise.

Applying this approach will provide the Board with greater clarity on the specific sources of risk and the factors that could affect delivery of the Health Board's strategic objectives. The revised risk descriptions will support a more consistent understanding and assessment of the current controls, gaps in control, sources of assurance and actions required to manage each risk effectively.

SRR Ref	Current Overarching Strategic Risk Description	UPDATED Overarching Strategic Risk Description for Approval	Current Strategic Sub-Risk Description	UPDATED Strategic Sub-Risk Description for Approval
SRR 001A - D Director of workforce and OD	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population**.**	There is a risk that the Health Board cannot consistently deliver and sustain safe, high-quality services that meet current and changing population needs.	a) Due to an inability to recruit and retain staff across all disciplines and specialties.	a) Due to insufficient workforce supply, recruitment constraints, skills shortages and difficulties retaining staff in key disciplines and specialties.
			b) Due to a deterioration in, and a failure to improve, the well-being of our staff	b) Due to sustained workload pressures, workplace stressors and insufficient organisational capacity to protect staff wellbeing and manage sickness absence.
			c) Due to insufficient and ineffective leadership levels throughout the organisation.	c) Due to gaps in leadership capacity, capability, accountability and succession at critical levels of the organisation.
			d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level	d) Due to national employment disputes resulting in industrial action and reduced workforce availability.
SRR 001E & F Director of Strategy, Planning and Partnerships			e) Due to inadequate strategic plans which respond to population health and socio-economic needs	e) Due to strategic plans not being sufficiently informed by population need, health inequalities and socio-economic conditions, or supported by credible workforce, financial and delivery assumptions.
			f) Due to unsustainable service models	f) Due to service models that are not sufficiently integrated, affordable, resilient to workforce pressures or aligned with changing population need and demand.
SRR 001G Director of Finance and Procurement			g) Due to the failure to deliver a sustainable financial position and longer-term financial plan	g) Due to recurrent expenditure exceeding available income, insufficient delivery of sustainable recurrent savings and continued growth in the underlying financial deficit.
SRR 001I Director of Strategy, Planning and Partnerships			i) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	i) Due to improvement plans not delivering the required change at the necessary pace, compounded by inconsistent performance management, accountability and timely intervention.
SRR 002A & B Chief Operating Officer	There is a risk that there will be significant failure of the Health Board's estate	No proposed change	a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures Requesting to de-escalate to the CRR	a) No proposed change
			b) Due to significant levels of backlog maintenance	b) Due to the scale and severity of backlog maintenance affecting critical estate and infrastructure.
SRR 004A & B Director of Strategy, Planning and Partnerships	There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident	There is a risk that the Health Board is unable to maintain or recover essential services within required timescales during or following a major, critical or business continuity incident.	a) Due to emergency planning arrangements at both the corporate and operational level not being sufficiently robust to respond to a Major Incident	a) Due to major-incident plans, command arrangements, exercises, training and operational readiness not being sufficiently current, tested or embedded.
			b) Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident.	b) Due to inconsistent business continuity planning, incomplete critical-service impact assessments, untested recovery arrangements and dependency on vulnerable infrastructure or suppliers.

SRR Ref	Current Overarching Strategic Risk Description	UPDATED Overarching Strategic Risk Description for Approval	Current Strategic Sub-Risk Description	UPDATED Strategic Sub-Risk Description for Approval
SRR 005A Chief Operating Officer	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system	There is a risk that patients are unable to access or move through the most appropriate care setting within a clinically appropriate timescale.	a) Due to inadequate arrangements to support system-wide patient flow	a) Due to sustained demand and patient acuity exceeding available capacity across urgent, emergency, acute, critical care and community pathways, compounded by constraints in transfer and discharge arrangements and inconsistent whole-system coordination and escalation
SRR 006A, B & C **Director of Digital**	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery	There is a risk that critical digital services become unavailable, unreliable or unfit for current and future clinical and organisational needs.	a) Due to the full or partial failure of testing digital infrastructure and systems	a) Due to ageing or unsupported technology, inadequate resilience and maintenance, and insufficient infrastructure capacity
			b) Due to an adverse impact on service delivery in the implementation of new digital systems	b) Due to weaknesses in programme governance, system design and configuration, testing, interoperability, data migration, implementation planning or workforce readiness when new digital systems are introduced.
			c) Due to a failure to develop digital solutions that are sustainable and fit for the future	c) Due to fragmented architecture, legacy technology, constrained investment, limited specialist capacity and inconsistent application of agreed digital standards.
SRR 007A & B Director of Strategy, Planning and Partnerships	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	There is a risk that the Health Board and its partners are unable to plan, commission and deliver coordinated, sustainable health and care pathways across organisational boundaries.	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.	a) Due to financial pressures, misaligned organisational priorities, differing planning cycles and insufficiently clear partnership accountability and decision-making arrangements.
			b) Due to the impact of fragile services across the regional and supra regional geography	b) Due to fragility in specialist services arising from workforce shortages, limited capacity and dependence on regional or supra-regional delivery arrangements.
SRR 008 Director of Nursing	There is a risk that the Health Board fails to build positive relationships with patients, staff and the public	There is a risk that the Health Board fails to use patient, staff and public experience, feedback and involvement consistently to inform strategic decisions, service design and improvement.	a) Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement	a) Due to fragmented systems for gathering and analysing feedback, inconsistent involvement arrangements, delays in responding to concerns and weak accountability for translating feedback into action.
SRR 010 Director of Allied Health Professions and Health Science	There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in-line with its duties under the Health and Safety at Work Act 1974	There is a risk that staff, patients and visitors are exposed to workplace health and safety hazards that are not adequately controlled.	a) Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments.	a) Due to inconsistent identification, assessment and management of workplace hazards, insufficiently embedded health and safety responsibilities, gaps in training and weaknesses in monitoring, escalation and action completion.
SRR 011 Director of Finance and Procurement	There is a risk that the Health Board does not adequately anticipate, plan for, and respond to the impacts of climate change, green health requirements, and the need to adapt and decarbonise its services, estate and infrastructure.	There is a risk that the Health Board's services, estate and infrastructure are insufficiently resilient to climate change and do not achieve required decarbonisation outcomes.	a) Due to an ageing and complete estate, competing capital and revenue pressures, climate-related service demand and the absence of an organisation-wide climate adaptation approach.	a) Due to an ageing and complex estate, limited capital and revenue funding, competing investment priorities, dependence on carbon-intensive infrastructure and the absence of a sufficiently embedded organisation-wide climate adaptation approach.

LLAIS

Eich llais mewn iechyd a gofal cymdeithasol | Your voice in health and social care

Llais Gwent Region – Report for Aneurin Bevan University Health Board, Public Board Meeting.

September 2026



To inform Aneurin Bevan University Health Board of current issues of concern, and positive observations, or public feedback being addressed by Llais Gwent Region in relation to the planning and delivery of health and social care services.

Accessible formats

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.

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About Llais

We believe in a healthier Wales where people get the health and social care services they need in a way that works best for them.

We are here to understand your views and experiences of health and social care, and to make sure decision-makers use your feedback to shape your services.

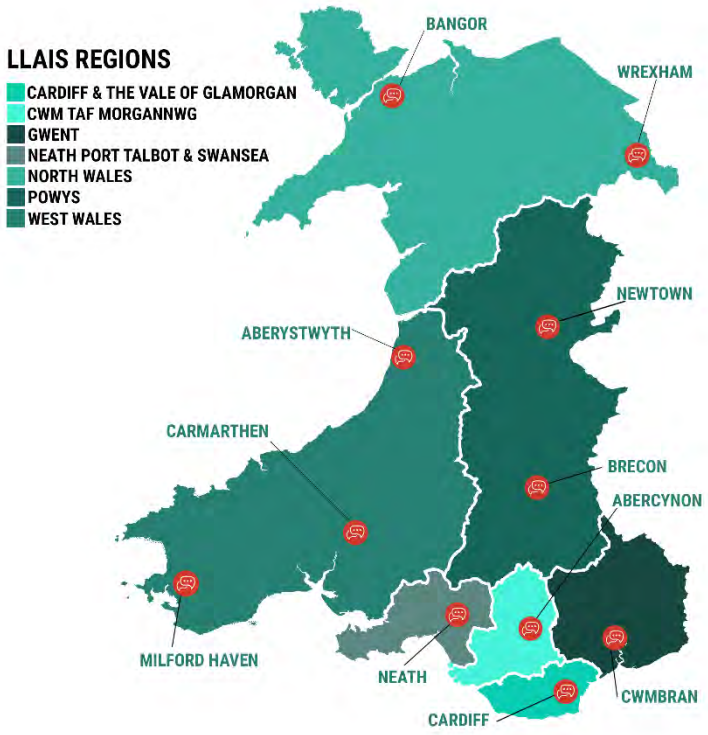
We seek out both good and bad stories so we understand what works well and how services may need to get better. And we look to particularly talk to those whose voices are not often heard.

We also talk to people about their views and experiences by holding events in your local communities or visiting you wherever you're receiving your health or social care service.

We also work with community and interested groups and in line with national initiatives to gather people's views.

And when things go wrong, we support you to make complaints.

There are 7 Llais Regions in Wales. Each one represents the "patient and public" voice in different parts of Wales.



Introduction

The purpose of this report is to inform Aneurin Bevan University Health Board of current issues of concern and positive observations, and public feedback being addressed by Llais Gwent Region in relation to the planning and delivery of health and social care services.

Llais continues to work in respect of engaging with the population, scrutinising, and offering independent challenge to the NHS and social care, to monitor and consider routine and urgent service changes. We also continue to provide independent Complaints Advocacy Service.

While remaining independent, we want to also work collaboratively with health and social care decision-makers. We will bring them rich data, including people's views, concerns and real experiences, sharing what works and what doesn't to help them in the drive to make services better.

We'll also make representations to health boards and local authorities; contribute to groups and boards; respond to formal consultations and publish reports on the issues that matter most to the people of Wales.

We also want to work with national initiatives and with other organisations, including community groups, who are concerned with health and social care. We particularly want to work with those who can help us hear from those whose voices are seldom heard.

Our Strategic Focus 2026-27

We will continue to work to deliver the 5 priorities set out in our Strategic Plan:

1) Drive a national conversation about the future of health and social care services
2) Push for services that meet everyone's needs.
3) Work together better.
4) Help people and services to use technology in ways that work for them.
5) Grow and improve as an organisation.

This year, we will focus on[1]:

- Engaging effectively with people in communities with poorer health and wellbeing, and children and young people.
- Learning from complaints and lived experience, to make meaningful representations that lead to positive change.
- Demonstrating change through follow-up and reporting.
- Embedding the People's Principles as a public accountability standard that's used to frame the way services are planned, designed and delivered.

Alongside these priorities, we will continue to deliver our core statutory functions and day-to day work, listening to people across Wales. This includes supporting people to have their voices heard through our enquiries and complaints advocacy services, gathering insight through engagement and lived experience, and working with partners and communities to ensure that people's views inform decisions about health and social care.

Equity, diversity and inclusion will continue to underpin all of our work. We will deliver the commitments set out in our Strategic Equality Plan so that no one is left behind, and that the voices of people whose experiences are often heard less are reflected in our engagement, insight and influence.

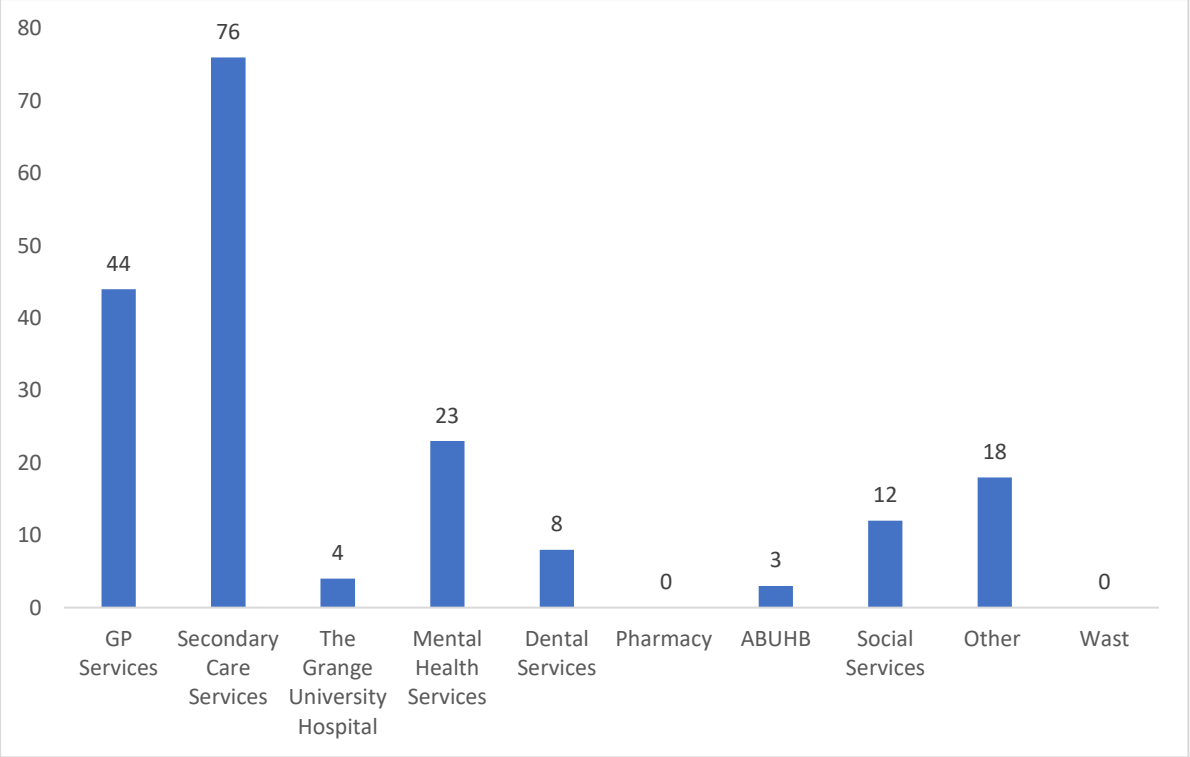
[1] https://www.llaiswales.org/news-and-reports/reports/llais-annual-plan-2026-2027

Local insights and engagement:

- Gwent Advocacy Service

There were 188 contacts between July and August. 115 were formal concerns and 73 were enquiries that required early resolution or where we are awaiting consent.

Of the 188 contacts, 84 have now been resolved and 104 are still active.



Key Observations:

- **GP Services:** Concerns raised about refusing referrals, failure to diagnose or incorrect diagnosis, staff and GP conduct, lack of care and support, limited appointment availability, prescriptions not being issued and being removed from the register.

- **Secondary Care Services**: Issues including failure to diagnose, long waiting times, lack of follow up, referrals not being sent, digital accessibility, lack of weight management services, poor communication, conduct of staff and consultants, and appointments being cancelled.

- **Mental Health**: Raising concerns about long delays to get a diagnosis for Autism and ADHD, appointments cancelled, and difficulties accessing help and support.

- **Social Care**: Raising concerns about long delays to obtain a social worker, respite care being withdrawn, comms issues and child protection services.

Llais Calls for Action on Access to Welsh Language Health and Social Care Services

Llais has published a report highlighting inconsistent access to Welsh language health and social care services across Wales. Feedback from the public shows that being able to use Welsh can have a significant impact on people's understanding, wellbeing and experience of care, particularly in sensitive situations such as mental health support, dementia care and end-of-life services. The report calls for stronger implementation of the Welsh language "active offer" and improvements to support people who wish to receive care in Welsh.

You can read the full report here.

Llais ac Iaith: A Shared Pledge for Welsh Language Services

Llais and Mwy na Geiriau / More Than Just Words have launched a shared pledge to strengthen Welsh language provision across health and social care services in Wales. The pledge sets out a commitment to work together to ensure Welsh-speaking people can access services that respect their language, culture and communication needs, while promoting the principles of the Active Offer.

You can read the full report here.

Alignment of Llais Intelligence with National Mental Health Improvement Work

The Strategic Programme for Mental Health (SPMH) is undertaking a national survey focused on improving physical health outcomes for people living with long-term mental health conditions. Feedback gathered through this national work aligns closely with intelligence received by Llais through its engagement activities across Wales, particularly in relation to barriers to accessing physical health support,

inequalities in outcomes, stigma, and the need for more person-centred services. This provides further evidence that the themes raised locally within the Aneurin Bevan area are consistent with experiences being reported nationally and should be considered within future service planning and improvement activity.

The survey findings will inform a National Improvement Plan for Wales, helping to ensure that the voices and experiences of people with lived experience shape future improvements. People living with long-term mental health conditions, their families, carers, and supporters are encouraged to share their experiences through the survey to help influence change and improve outcomes across Wales.

Engagement and Insights:

- Same Day Urgent Care

Llais continues to gather feedback from people using urgent and emergency care services across the Aneurin Bevan University Health Board area. While recognising the health boards ongoing work and commitment to improving urgent and emergency care, feedback from patients and families indicates that concerns remain around waiting times, communication, discharge arrangements and access to timely care. Llais is continuing to share people's experiences with the Health Board to help inform and support service improvements.

You can read our full statement here.

Following the publication of this statement and our ongoing engagement on urgent and emergency care, the British Deaf Association (BDA) has approached Llais to work in partnership to host a focus group for people who are Deaf or hard of hearing. The session will provide an opportunity for people to share their experiences of accessing urgent and emergency care services across Gwent and help ensure that the views of Deaf communities are reflected in future service improvement discussions.

We encourage anyone who has experience of using urgent and emergency care services in Gwent to share their views by completing our short survey. Feedback received will help us continue to represent people's experiences and identify areas where improvements are needed.

Children and Young People

We heard from 57 children and young people aged between 11 and 24 through workshops, community visits and group discussions. This included young people who were in education, as well as those who were not currently in education or employment.

Young people talked openly about mental health, confidentiality and the challenges they can face when asking for help.

Many felt there should be a simpler way to access support in schools without having to go through several different members of staff. They wanted better information about where to get help, more online options and more safe and welcoming spaces.

Confidentiality was important to many young people. Some people worried about others knowing they had asked for help or about information automatically being shared with parents.

They also wanted mental health support to be available throughout the year rather than mainly around awareness days. Ideas included regular wellbeing check-ins, more useful workshops, sensory and safe spaces, smaller group sessions and more opportunities to talk with other young people who may be going through similar experiences.

They told us about long waiting times, difficulties finding an NHS dentist, accessing mental health support, overcrowded hospitals and difficulties communicating with professionals. They wanted quicker access to services; more staff and more support specifically aimed at young people.

Engagement During July



During July 2026, Llais engaged with people, including seldom-heard groups, children and young people, including those who are not in education, employment or training, to gather feedback on experiences of health and social care services across Newport.

Feedback highlighted positive experiences of compassionate and respectful care from frontline staff, alongside strong appreciation for services such as NHS 111 Press 2, home care support and Llais advocacy.

However, access to services remains a significant concern. The most reported issues related to difficulties obtaining GP appointments, limited access to NHS dentistry, long waiting times for treatment and assessments, and challenges accessing mental health support. Many people described having to wait extended periods for care, with some choosing private treatment at personal financial cost.

Young people emphasised the need for quicker access to mental health support, improved confidentiality, clearer information about available services and greater availability of support throughout the year.

Additional themes included lengthy waits in emergency care settings, the financial and practical impact of transport to appointments, difficulties navigating healthcare facilities, and the importance of services recognising and responding to individuals' cultural, religious and personal needs.

Key message: While people generally reported positive experiences once they accessed care, persistent barriers relating to service access, waiting times, communication and system navigation continue to impact patient experience and outcomes.

19 Hills Health and Wellbeing Centre

During July 2026, Llais undertook engagement activity at 19 Hills Health and Wellbeing Centre, speaking with people accessing a range of services and providing opportunities for feedback throughout the month. Feedback was generally positive, with people valuing the availability of multiple services within one location and highlighting positive interactions with staff across the centre. One person commented that the centre offered *"all services in one place"*, while another told us that staff were *"helpful and considerate".*

The most common issue raised related to wayfinding within the building. People, particularly those visiting for the first time, reported difficulties locating services and identifying where to check in for appointments. One person told us, *“No one to signpost where to go",* while another commented, *“The ground floor really needs someone helping patients to signpost to the right place."*

Concerns were also raised about signage, the lack of a central point of information, and challenges when self-check-in facilities were unavailable. Feedback included comments such as, *“Totally impersonal,*

I hate that there is no one to greet me" and *“A main receptionist for the entire Centre would be good."*

Some people also reported difficulties contacting GP practices and securing appointments. One person told us, *“I phoned this morning at 8am when the lines opened and finally spoke to someone at 8:25am",* while another commented that *“by 8:30am all appointments are gone."*

Feedback has been shared directly with the project team. Key considerations arising from the engagement include reviewing wayfinding and signage, strengthening information and support arrangements, and ensuring effective contingency processes are in place when self-check-in systems are unavailable.

Gwent Regional Partnership Board – Population Needs Assessment

Llais is supporting the Gwent Regional Partnership Board's Population Needs Assessment by encouraging people across Gwent to share their experiences of health and social care services through community engagement activities, local networks and conversations with residents. You can have your say by completing their short survey.

Thanks



We thank everyone who took the time to share their views and experiences with us about their health and social care services and sharing their ideas with us.

Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.

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Facebook: @gwentllais
twitter: Llais_wales

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 September 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on Capital Programme for 2026/27
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Hannah Capel, Assistant Director of Capital

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

This paper provides an update on the Health Board's 2026/27 Capital Programme position. At Month 5, the Discretionary Capital Programme (DCP) has a remaining contingency balance of £2.51m against identified urgent capital pressures of £3.746m.

The Board is asked to note the current position, review the identified unfunded risks and endorse the proposed prioritisation approach to support future funding opportunities and year-end allocations.

ADRODDIAD SCAA
SBAR REPORT

Cefndir / Situation & Background

The original Discretionary Capital Programme (DCP) for 2026/27 for Aneurin Bevan was approved in January 2026 by Board and totalled £14.456m, with an approved opening programme shown in Appendix 1. From an All Wales Capital perspective, the Health Board has been allocated £15.4m to support the delivery of major strategic capital schemes.

The following table shows how the DCP was agreed to be allocated, addressing organisation and divisional priorities, identifying a remaining contingency figure of £1.122m in order to manage unforeseen risks.

2026/ 27 Discretionary Capital Plan	Proposed 26/ 27

	Programme £m
Draft Discretionary Baseline Funding – Opening position	14.456
Less:	
Targeted Estates Fund (EFAB replacement) Contribution	(2.501)
Disposals	0
Less Anticipated AWCP Brokerage 25 / 26	(0.150)
Draft Available Discretionary Funding 26 /27	11.805
Statutory Allocations	0.600
B/f Commitments from 2025 / 26	1.195
Digital New/Replacement end user devices	0.750
Capital Programme Management	0.300
Divisional Priorities 2026 / 27	
Clinical Support Services	1.776
Corporate	0.250
Digital, Data and Technology	2.292
Estates and Facilities	730
Family and Therapies	0.308
Health and Safety	0
Medicine	0.142
Mental Health and Learning Disabilities	0.932
Primary Care and Community	1.362
Surgery	0.155
Urgent Care	0.300
Uncommitted	1.122

In addition to this, the Health Board has been successful in securing an additional £5.65m from WG for Integration and Rebalancing Capital Fund (IRCF)/ Housing with Care Fund (HCF), backlog maintenance and Digital schemes which has resulted in a revised capital programme for 2025/26 of £32.8m.

Since the approval of the opening programme by Board in January 26, there have been a number of schemes which have come forward of significant risk, which were either not within the Divisional priorities or prioritised as a lower risk compared to other schemes. As a result of this, the Health Board's Discretionary Programme has been put under financial pressure and is currently unable to deliver on all of its agreed priorities, causing both service and financial risk.

Assessment

The remaining DCP budget which is yet to be released at the close of Month 5 is £2.5m, with £1.328m still remaining on hold from the originally approved capital programme (which is additional to the £2.5m), in line with Executive Committee discussions on the 4th June 2026.

Due to the number of urgent schemes identified, the Health Board has been limited in the number of schemes it has been able to progress (see Appendix 2), which results in the spend at the close of Month 5 being lower compared to previous years.

Urgent Identified Risks

The following schemes have been identified on the capital register as urgent divisional priorities, however there is not enough funding at present within the DCP to be able to manage the estimated £3.746m risk –

Directorate	Scheme/Item	Cost
DDaT	Compute and Store	£2.650m
	Connecting Care	£0.148m
CSS	Replacement CT Table Top	£0.024m
	Improvements for Patient Safety Toilets in SHC	£0.049m
	Replacement Chiller for MRI	£0.136m
Estates & Facilities	Asbestos Management Increase	£0.075m
	Tablets for Implementing CAFM System	£0.035m
	CCTV	£0.308m
Corporate	HSDU Equipment Tracking System	£0.321m
Total		£3.746m

Mitigation

The Capital Team are actively working through live projects to determine if there are any expected underspend/ opportunities to release funds back into the DCP. Discussions are also ongoing with Divisions to understand the true risk of each project and any impact to patient/ staff safety, implementing any mitigating actions to manage these issues e.g. phased delivery, interim measures to remediate issues.

All projects will be subject to the appropriate Project Proposal Document/ Business Case scrutiny in line with the Health Boards Capital Procedures.

Specifically in relation to request from DDaT, a request for support for compute and storage has been presented to WG to seek additional funding support. It was indicated that whilst the full costs could not be supported, they were agreeable to using the £1.116m which was originally approved against the Telephony Platform (Avaya / Cisco) Upgrade and Electronic Observations Licenses to offset the DDaT number 1 priority of Compute and Store, with the Health Board still needing to pick up the difference of £1.534m (subject to BJC approval by the Health Board).

Proposed Priorities for End of Year/ Other Capital Opportunities

Notification has now been received from WG requested submission for End of Year proposals by 16th October 2026. To support this, Divisions have been asked to look at priorities/ opportunities using the following principles in readiness for the submission –

- Patient safety,
- Service/ capital risk

- Opportunity to offset revenue
- Deliverability by the end of March 2027.

Once the priorities have been completed, they will be reviewed by the Capital Team and the COO's office and will be formally signed off by Capital and Estates Group prior to WG submission.

Argymhelliad / Recommendation

The Board is asked to:

- Note the content of the report and the remaining contingency figure of £2.5m at the end of Month 5.

- Approve the updated Discretionary Capital Programme which includes funding for the following schemes (pending Business Case approval where required)–
    - DDaT Compute and Store - £2.650m (offset by £1.116m from WG)
    - Connecting Care - £0.148m
    - Replacement CT Table Top - £0.024m
    - Replacement Chiller for MRI - £0.136m
    - Asbestos Management Increase - £0.075m
    - Part funding for CCTV - £0.148m

- Note the following schemes to be prepared in readiness for capital availability (e.g. EOY) –
    - Improvements for Patient Safety Toilets in Surgical High Care - £0.049m
    - Tablets for Implementing CAFM System - £0.035m
    - Remaining funding for CCTV - £0.160m
    - HSDU Equipment Tracking System - £0.321m

- On approval of above schemes acknowledge remaining contingency figure of £0.435m

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Each project has or will have a developed capital and service risk register. The former being a contractual requirement.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.1 Managing Risk and Promoting Health and Safety 2.9 Medical Devices, Equipment and Diagnostic Systems 3.1 Safe and Clinically Effective Care 7. Staff and Resources

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Each capital project has to go through a rigorous business case process which includes reference to appropriate legislation, health services policy and clinical guidelines.
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Each capital project has a process for the appropriate engagement with key stakeholders during the course of their development from inception through to operational commissioning.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY HEALTH BOARD

DATE OF MEETING	Wednesday 29th July 2026 at 13:00
VENUE	Conference Centre, St Cadoc's Hospital and Microsoft Teams

PRESENT	Andrew Morgan	Chair
	Paul Deneen	Independent Member (Community)
	Dafydd Vaughan	Independent Member (Digital)
	Neil Patrick	Independent Member (Community)
	Penny Jones	Independent Member (Community)
	Akmal Hanuk	Independent Member (Third Sector)
	Helen Sweetland	Independent Member (University)
	Helen Cunningham	Independent Member (Local Authority)
	Nicola Prygodzicz	Chief Executive
	Tracy Daszkiewicz	Director of Public Health
	Jennifer Winslade	Director of Nursing
	Rob Holcombe	Director of Finance & Procurement
	Paul Solloway	Director of Digital
	Hannah Evans	Director of Strategy, Planning and Partnerships
	Sarah Simmonds	Director of Workforce and OD
	Dr Seema Srivastava	Medical Director
	Peter Carr	Director of AHPs and Health Science
IN ATTENDANCE	Rani Dash	Director of Corporate Governance
	Naomi Murtagh	Board Business Manager
	Lisa Charles	Regional Director, Llais Cymru
	Karen Newman	Assistant Director of Communication & Engagement
	Joanne Lane	Divisional Nurse
	Kathryn Davies	Consultant in the Primary Care and Community Division
APOLOGIES	William Smart	Vice Chair

	Iwan Jones	Independent Member (Finance)

	PRELIMINARY MATTERS
ABUHB 2907/01	Welcome and Introductions The Chair welcomed everyone to the meeting, in particular members of the public who had joined the meeting to observe. It was noted that the meeting would be livestreamed and published on the Health Board's website following the meeting.
ABUHB 2907/02	Declarations of Interest for Noting There were no declarations of interest raised.
ABUHB 2907/03	Consent Agenda The Chair introduced the Consent Agenda and asked if there were any items to be brought forward for discussion. There were no requests made.
ABUHB 2907/04	Patient Story: Compassionate Care in the Community Andrew Morgan (AM), Chair, welcomed Joanne Lane (JL), Divisional Nurse, and Dr Kathryn Davies (KD), Consultant in the Primary Care and Community Division, who presented a patient story demonstrating the impact of compassionate, person-centred care delivered through community and frailty services. The Board received the story of Val, an 82-year-old woman living with multiple long-term conditions, whose care had been supported through a coordinated approach involving community, health and social care services. The presentation demonstrated how proactive frailty management, multidisciplinary working and a focus on what matters to the individual had enabled Val to remain safely and independently in her own home, avoiding a number of hospital admissions while maintaining her quality of life.



	The Board heard how community services had worked closely with Val and her family to balance risk, autonomy and clinical need, ensuring care was delivered in the right place and at the right time. Members also viewed a video in which Val and her family described the positive impact of the support received and the importance of remaining at home. During discussion, members recognised the significant contribution of community and frailty services and reflected on the importance of increasing awareness of the support available to patients and professionals. The presentation was recognised as a powerful example of the benefits of integrated, place-based care and the principles underpinning the Older Person's Pathway. The Board thanked Joanne Lane, Dr Kathryn Davies and Val's family for sharing their experiences and recognised the presentation as an excellent demonstration of how coordinated, person-centred care could support people with complex needs to remain safely and independently at home. The Board NOTED the presentation.
ABUHB 2907/05	Older Person's Pathway Transformation Leanne Watkins (LW), Chief Operating Officer, presented the Older Person's Pathway Transformation report and outlined proposals for a six-month pilot of a revised Older Person's Pathway, including the establishment of an Acute Frailty Unit at Ysbyty Ystrad Fawr (YYF) from October 2026. LW advised that the proposal responded to the increasing complexity of the older population and the need to provide more proactive, person-centred care closer to home. The Board heard that the revised pathway would place greater emphasis on early identification of frailty, improved community support, multidisciplinary working and admission avoidance, ensuring that older people received the right care in the right place at the right time.



The Board noted that the proposed pilot aligned with national policy, the principles of Clinical Futures and the Care Closer to Home agenda. It was explained that YYF had been identified as an appropriate location to test the model due to its established frailty expertise, integrated working arrangements and suitable estate configuration. The pilot would enable the Health Board to evaluate the model, test assumptions and inform future decisions regarding wider implementation.

Members welcomed the proposal and recognised the patient story presented earlier in the meeting as a compelling illustration of the benefits of proactive frailty services and coordinated community-based care. Discussion focused on public and professional awareness of available services, engagement with primary care, workforce considerations, evaluation measures and opportunities for future rollout across the Health Board.

LW and Seema Srivastava (SS), Medical Director, advised that the pilot would be subject to rigorous monitoring and evaluation, including measures relating to admission avoidance, same-day care, length of stay, patient experience and utilisation of community pathways. It was emphasised that the proposal represented a test of change and that any future workforce or service changes would be developed through formal engagement processes and informed by the learning arising from the pilot.

Members expressed support for the proposal and recognised the opportunity to improve outcomes, reduce unnecessary hospital admissions and enhance the experience of older people and their families.

The Board APPROVED the proposed six-month pilot to implement a revised Older Person's Pathway and establish an Acute Frailty Unit at YYF from October 2026.



	The Board NOTED the test of change and associated learning, which would inform the future transformation, development and redesign of the Older Person's Pathway.
ABUHB 2907/06	Update from the Chair Andrew Morgan (AM), Chair, provided an update on key activities undertaken since the previous Board meeting. • The Chair provided an update on the following matters approved by the Board during the In Committee meeting held earlier in the day: o The Rapid Release Protocol, which aimed to support the timely handover of patients from ambulance services into hospital settings as part of the Health Board's Urgent and Emergency Care Improvement Plan. o The Planned Care Recovery Plan 2026/27, which set out the actions required to eliminate 104-week waits, reduce 78-week waits in key specialties and improve diagnostic performance, supported by proposed investment for submission to Welsh Government. o The Three-Year Financial Recovery Plan, which outlined the route to restoring financial balance by 2028/29 through delivery of a comprehensive opportunities and savings programme. o The South-East Wales Regional Orthopaedic Plan and Llantrisant Health Park Outline and Full Business Case, which supported a regional approach to reducing long waiting times, addressing demand and capacity challenges and developing a sustainable elective orthopaedic hub, subject to Welsh Government funding approval. o The Transforming Access to Medicines South East Wales Hub Full Business Case, which supported the development of a regional aseptic medicines manufacturing hub to improve resilience, regulatory compliance, workforce sustainability and supply reliability.



	• The Chair also reported on recent engagement with Welsh Government, fellow Health Board Chairs and other stakeholders. Positive feedback had been received regarding progress against improvement priorities, and the Chair acknowledged the significant contribution of Executive colleagues in supporting this work. • The Chair further reflected on attendance at the Health Board's Nursing Conference and Staff Awards, recognising the outstanding commitment of staff and highlighting the innovative work, patient stories and service improvements showcased across the events. The Board NOTED the update from the Chair.
ABUHB 2907/06	Update from the Chief Executive Nicola Prygodzicz (NP), Chief Executive, provided an update on key organisational priorities and activities, including: • Continued focus on delivery of the Health Board's Urgent and Emergency Care Improvement Plan, including actions to improve ambulance handover performance and patient flow through the system. • Progress in the development of the Health Board's financial recovery programme, including identification of the £45 million savings requirement for 2026/27 and the establishment of a three-year route map towards financial sustainability. • Submission of proposals to Welsh Government in relation to planned care investment opportunities, aimed at reducing long waiting times, improving diagnostic performance and supporting elective recovery. • Ongoing work to strengthen discharge arrangements and improve patient flow through multi-agency collaboration, with particular focus on ensuring patients were supported to return home as soon as clinically appropriate. • Continued development of place-based care, including engagement with key stakeholders to accelerate delivery of community-based models of care and prevention initiatives across localities.



	• Attendance at meetings with Welsh Government Ministers, Health Board Chairs and Chief Executives, where prevention, population health and community-based care had featured as key priorities within the national healthcare agenda. • Recognition of the success of the Health Board's Nursing Conference and Staff Awards, which had celebrated the achievements, innovation and dedication of staff across the organisation. • Preparation for the Annual General Meeting, which would provide an opportunity to reflect on achievements during the previous year and outline priorities for the year ahead. The Board NOTED the update from the Chief Executive.
ABUHB 2907/07	Month 03 2026/27 Financial Performance Report Rob Holcombe (RH), Director of Finance, presented the Month 03 Financial Performance Report and provided an overview of the Health Board's financial position as at 30 June 2026. RH reported that the Health Board had recorded a year-to-date deficit of £40 million, which was in line with plan, and continued to forecast a year-end deficit of £41 million. The Board heard that capital expenditure remained on profile and that performance against the Public Sector Payment Policy exceeded the national target. RH advised that the Health Board had now identified the full £45 million savings requirement for 2026/27. This included divisional savings schemes and programmes delivered through the Value and Sustainability Board. Whilst good progress had been made, RH noted that delivery of the savings programme remained critical to achieving the planned financial position and mitigating emerging operational and financial pressures during the remainder of the year. The Board heard that Welsh Government funding assumptions relating to a number of programmes continued to be refined



	and that some areas of financial risk remained under review, including the Resident Doctors Contract and delivery of savings at a regional level. RH advised that, notwithstanding these risks, work was ongoing to identify further mitigations and opportunities to strengthen financial performance. During discussion, members sought assurance regarding the actions required to support delivery of financial balance over the medium term. RH advised that future years would require consideration of a number of challenging decisions and transformation opportunities to support the Health Board's three-year route map to sustainability. Nicola Prygodzicz (NP), Chief Executive, noted that significant progress had been made in recent months in identifying savings opportunities and strengthening the organisation's financial recovery arrangements. NP highlighted that the three-year Financial Recovery Plan and associated opportunities pipeline had recently been shared with Welsh Government as part of ongoing escalation and assurance processes. The Board NOTED the Month 03 2026/27 Financial Performance Report for assurance.
ABUHB 2907/08	Budget Delegation 2026/27: Phase 2 Rob Holcombe (RH), Director of Finance, presented the Budget Delegation 2026/27: Phase 2 report and outlined the proposed approach to the delegation of funding and reserves following the Quarter 1 review of the Health Board's financial position. RH reminded members that the Board had approved the initial budget setting arrangements in March 2026, aligned to the Health Board's Annual Plan and Integrated Medium-Term Plan priorities. The report provided a further update on the allocation of funding and reserves following confirmation of additional funding received during the first quarter of the financial year.



	The Board heard that a review of current income levels had identified additional funding of approximately £1.9 million. RH advised that the report proposed how these resources should be applied to priority areas and known cost pressures, informed by the financial position and emerging operational demands observed during the first three months of the year. RH noted that the Health Board continued to forecast a deficit position and that available reserves were insufficient to offset all anticipated financial pressures during the year. The proposed approach therefore sought to ensure that available resources were directed towards the highest priority areas while maintaining appropriate financial oversight and controls. The Board heard that the report also set out arrangements for future budget delegations and identified the mechanisms through which additional allocations could be approved by the Chief Executive during the course of the financial year, where required. Members noted that the proposals represented a continuation of the Health Board's approach to prudent financial management and provided assurance that available funding was being aligned to organisational priorities. During discussion, members reflected on the challenging financial environment and the importance of maintaining strong budgetary control and delivering planned savings schemes to support the Health Board's longer-term financial recovery. The Board NOTED the Budget Delegation 2026/27: Phase 2 report for assurance.
ABUHB 2907/09	Priority Programme: Planned Care Programme Review Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Planned Care Programme Review and provided an overview of progress against the Health Board's planned care transformation programme.



	HE advised that the Board had previously approved the Health Board's transformation delivery framework and that the Planned Care Programme formed one of the key priority programmes supporting delivery of the organisation's strategic objectives. The Board heard that the programme would be reframed to align with the revised national planned care framework and associated funding requirements, whilst maintaining focus on improving access, productivity and patient outcomes. HE reported that referral activity continued to exceed pre-pandemic levels and that significant volumes of activity were being delivered across outpatient, diagnostic and treatment services. Whilst waiting list performance had improved, the Board noted that demand remained high and further transformation work was required to reduce waiting times and improve patient experience. The Board heard that the programme focused on a number of key areas, including demand management, outpatient transformation, theatre optimisation and a range of enabling activities. This included the further development of Health Pathways, advice and guidance services, data-driven demand analysis, validation processes and digital solutions designed to support more efficient patient pathways. HE highlighted progress in the development of innovative approaches to outpatient care, including virtual clinics, super clinics and multidisciplinary models designed to increase capacity and improve patient access to specialist services. The Board also heard that work was underway to maximise theatre utilisation, expand opportunities for procedures to be undertaken outside traditional operating theatre settings and support development of a surgical hub at Ysbyty Ystrad Fawr. During discussion, members welcomed the introduction of advice and guidance services and recognised the potential benefits of improving communication between primary and secondary care. Members also sought assurance regarding



	patient prioritisation, outcome measures and the evaluation of planned care interventions. HE advised that work was underway to strengthen the use of outcomes data, patient experience measures and inequality assessments to ensure that improvements in productivity were matched by improvements in patient outcomes and experience. It was noted that further work would be undertaken to develop a more sophisticated performance framework for planned care. The Board acknowledged the significant progress that had been made across the programme and recognised the opportunities presented through additional Welsh Government investment, digital developments and continued service transformation. The Board NOTED the contents of the Planned Care Programme Deep Dive Report. The Board NOTED the requirement to reframe the programme and associated deliverables in line with recent national requirements.
ABUHB 2907/10	Integrated Performance Report Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Integrated Performance Report and provided an overview of organisational performance against key priorities and objectives during Quarter 1. HE highlighted that the report reflected performance against the Health Board's 2026/27 Annual Plan and highlighted progress across a number of population health, primary care, urgent and emergency care, planned care and mental health measures. The Board heard that vaccination uptake, Healthy Child Wales measures and diabetes care processes had continued to perform positively, demonstrating progress in supporting early intervention and prevention. The Board noted the continued contribution of primary and community care services in supporting patients through



	pharmacy, optometry and common ailment schemes, helping to reduce pressure across the wider system. HE advised that Urgent and Emergency Care remained a significant organisational priority. Whilst a number of indicators continued to present challenges, improvements had been observed in ambulance handover performance and reductions in ambulance lost hours. The Board heard that sustained focus remained on patient flow, emergency department performance and reducing pathway of care delays through the implementation of a range of improvement initiatives and multi-agency working arrangements. In relation to planned care, HE reported that demand for services continued to exceed pre-pandemic levels. However, positive progress had been made in reducing the number of long-waiting patients and maintaining waiting list performance ahead of expected trajectories. The Board noted that further investment and continued transformation would be required to sustain these improvements and address remaining challenges. The Board discussed cancer performance and heard that, whilst compliance against the Single Cancer Pathway remained challenging in some tumour sites, work was underway to strengthen operational oversight, workforce resilience and pathway performance. Members noted that performance in achieving timely diagnosis remained strong and that targeted improvement plans were in place for areas of concern. HE further reported that mental health services had continued to perform positively against a number of measures, including adult and child and adolescent mental health assessment targets. Improvements had also been recorded within adult psychological therapies; however, neurodevelopmental assessment waiting times continued to present challenges and remained an area of focus. Leanne Watkins (LW), Chief Operating Officer, emphasised that continued work was required to improve planned care and cancer outcomes. The Board heard that work was underway to



	strengthen the use of outcome measures and develop more sophisticated performance reporting arrangements to better understand the impact of services on patient outcomes and experience. Sarah Simmonds (SS), Director of Workforce and Organisational Development, presented the Workforce section of the report. SS advised that work had continued to strengthen workforce planning arrangements and reported that the Health Board's staffing establishment had now been fully mapped. SS highlighted sickness absence as a continuing challenge and noted that further analysis and targeted interventions were being undertaken to support attendance and staff wellbeing. Jennifer Winslade (JW), Director of Nursing, presented the Quality section of the report. JW reported positive patient experience feedback, with patient satisfaction levels remaining above the All-Wales benchmark. The Board heard that mortality indicators, complaints management, patient safety measures and accreditation programmes continued to demonstrate encouraging performance. JW highlighted ongoing work to improve communication with patients and to support groups who may experience barriers in accessing services. The Board noted continued concerns regarding violence and aggression towards staff, safeguarding demand and healthcare associated infections, however, improvements had been recorded across a number of infection control measures when compared with all-Wales benchmarks. The Board NOTED the progress against key performance metrics using the latest available validated information. The Board NOTED the insight and actions identified in the context of performance achievement. The Board NOTED the progress against the Enabling Actions as at Quarter 1.



ABUHB 2907/11	Regional Joint Committee Chair's Report Andrew Morgan (AM), Chair, presented the Regional Joint Committee Chair's Report and highlighted key matters considered by the Regional Joint Committee since the previous Board meeting. AM reported that the Regional Joint Committee had considered a number of significant strategic developments across the region, including progress relating to the South-East Wales Regional Orthopaedic Plan and the Llantrisant Health Park Outline and Full Business Case. The Board heard that both proposals supported a regional approach to addressing waiting times, demand and capacity pressures and the development of sustainable service models across South-East Wales. AM advised that the Regional Joint Committee had also received updates on a range of regional programmes and collaborative initiatives designed to strengthen service resilience, improve patient outcomes and support the delivery of sustainable healthcare services across the region. The Board noted that the South-East Wales Regional Orthopaedic Plan and Llantrisant Health Park business cases had subsequently been approved by the Health Board at the In Committee Board meeting held earlier in the day. The Board NOTED the highlights outlined in Section 3 of the report. The Board NOTED that the South East Wales Regional Orthopaedic Plan and Llantrisant Health Park Outline and Full Business Case had been approved by the Board at the In Committee meeting held on 29 July 2026.
ABUHB 2907/12	Nursing & Midwifery Strategy Update and Refresh Jennifer Winslade (JW), Director of Nursing, presented the Nursing & Midwifery Strategy Update and Refresh report, highlighting the achievements delivered through the 2023-



	2026 Nursing, Midwifery and School and Community Health Nursing (SCHPN) Strategy and outlining proposals for a refreshed professional plan covering the period 2026-2030. JW reported that significant progress had been made against the five strategic ambitions set out within the existing strategy. Achievements included improvements in workforce development, standardised induction and preceptorship arrangements, leadership development programmes, reflective clinical supervision and quality improvement capability across nursing and midwifery services. The Board heard that progress had also been made in strengthening advanced practice roles, improving nurse recruitment and retention, and supporting research, innovation and digital maturity within the profession. Members noted the valuable contribution of workforce and organisational development colleagues in supporting delivery of the strategy and acknowledged the challenges posed by workforce pressures and increasing service demand during the reporting period. JW reflected on the success of the recent Nursing Conference and Internationally Educated Nurses Event, which had celebrated the achievements, diversity and professionalism of the nursing and midwifery workforce. The Board heard that these events had provided an opportunity to showcase examples of innovation, leadership and service improvement across the Health Board. The Board received an overview of the proposed Nursing & Midwifery Professional Plan 2026-2030, which had been developed through extensive engagement with nursing and midwifery staff, workforce colleagues and trade union representatives. The refreshed plan would build on the foundations of the previous strategy and align with national priorities established by the Chief Nursing Officer for Wales. JW advised that the new plan focused on eight interconnected priorities and included clear actions, measures and timescales to support implementation and demonstrate impact. The Board



	heard that particular emphasis would be placed on workforce development, leadership, research, innovation, quality improvement, staff wellbeing and professional standards. During discussion, members welcomed the achievements outlined within the evaluation report and recognised the positive impact of investment in nursing leadership, workforce development and quality improvement. Questions were raised regarding workforce challenges, leadership succession planning and the evaluation of outcomes arising from implementation of the strategy. JW advised that a range of leadership development programmes were in place to support future nursing leaders and strengthen succession planning arrangements. The Board heard that work would continue to develop measures demonstrating the impact of nursing and midwifery interventions on patient outcomes, workforce wellbeing and organisational performance. Members commended nursing and midwifery staff for their continued dedication and contribution to the delivery of high-quality care across the Health Board. The Board NOTED the successful delivery of the 2023-2026 Nursing, Midwifery and SCHPN Strategy. The Board SUPPORTED the development of a refreshed Nursing & Midwifery Professional Plan (2026-2030), aligned to national priorities, workforce need and future service and digital transformation.
ABUHB 2907/13	Key Matters from Committees of the Board Andrew Morgan (AM), Chair, invited Committee Chairs to raise any key matters arising from Committees of the Board. The Board noted assurance provided through the Committee structure in relation to the delivery of the Health Board's

	objectives and key areas of governance, performance, quality and risk management. Penny Jones (PJ), Independent Member & Chair of the Mental Health and Learning Disabilities Committee, drew attention to concerns identified through a recent patient safety visit relating to the mental health estate. The Board heard that a number of issues had been highlighted regarding the suitability of parts of the estate and that these concerns would continue to be monitored through the appropriate Committee structures. The Board acknowledged that mental health facilities remained an area of focus and noted that further work was underway to consider future options and investment requirements to ensure safe, appropriate and sustainable environments for patients and staff. Leanne Watkins (LW), Chief Operating Officer, advised that mental health services remained both a local and national priority. The Board heard that whilst longer-term solutions were being developed, it remained important that any immediate safety concerns were appropriately escalated and addressed to ensure suitable arrangements remained in place. The Board NOTED the report for assurance and the updates provided from Health Board Committees.
ABUHB 2907/14	Digital, Data & Technology Transformation Strategy: Putting Digital and Data to Work for Better Health, Better Care, Better Lives Paul Solloway (PS), Director of Digital, presented the Digital, Data & Technology Transformation Strategy and outlined the proposed strategic approach to supporting delivery of the Health Board's ambitions through digital transformation. PS advised that the strategy represented the digital response to the Health Board's Gwent 2035 Strategy and positioned digital, data and technology as a key enabler of better health, better care and better lives. The Board heard that the strategy



aligned with Welsh Government's Digital Strategy and sought to improve quality of care, patient and staff experience and long-term organisational sustainability.

The Board received an overview of the four strategic missions underpinning the strategy:

- Digital Health and Care, focused on connecting people with services, improving access to digital tools, strengthening digital health and care records and increasing the use of automation and emerging technologies.
- Designing with Data, which aimed to improve data maturity, decision-making, planning and population health management through enhanced analytical capability and development of a Data and Analytics Academy.
- Digital Foundations, focused on providing secure, resilient and modern digital infrastructure, supporting interoperability, reducing reliance on paper records and strengthening cyber security arrangements.
- Organisational Capability, aimed at developing the workforce skills, governance arrangements and partnerships necessary to sustain digital transformation and maximise benefits from digital investment.

PS explained that implementation would be delivered through a phased approach, supported by strong governance, benefits realisation arrangements and engagement with services. The Board noted that a strategic partner would be sought to provide specialist expertise and support capability development across the organisation.

Members welcomed the strategy and recognised the important role that digital technology would play in transforming healthcare services. Members highlighted the opportunities presented by improved use of data, digital innovation and artificial intelligence, together with the potential to strengthen decision-making, service planning and performance management.



	Members also emphasised the importance of ensuring that digital transformation remained service-led, supported a reduction in paper-based processes, strengthened cyber security and addressed the needs of children, young people and communities who may be at risk of digital exclusion. PS advised that work was underway to strengthen data capability across the organisation through the Data and Analytics Academy and that robust governance arrangements had been established to support the safe adoption of artificial intelligence and other emerging technologies. The Board heard that digital initiatives would be subject to clear benefits measurement and evaluation to ensure improvements could be demonstrated and realised across the organisation. The Board welcomed the strategy and recognised the opportunities it presented to support service transformation, workforce productivity and improved patient outcomes. The Board APPROVED the plan for publication. The Board ENDORSED the strategic direction, mission-based framework and implementation approach set out within the strategy.
	CONSENT AGENDA
ABUHB 2907/15	The Board APPROVED the Draft Minutes of the Health Board Meeting, held on: • 20th May 2026 • 24th June 2026
	The Board APPROVED the Report on Sealed Documents and Chair's Actions.
	The Board NOTED the Board Action Log with Updates
	The Board NOTED the Level 4 Escalation – Finance & Performance Committee Report
	The Board NOTED the Communications and Engagement Annual Report 2025/26
	The Board NOTED the Executive Committee Chair's report
	The Board NOTED the Strategic Risk Report, July 2026
	The Board NOTED the Strategic Partnership Updates:



	a. Regional Partnership Board b. Public Service Board
	The Board NOTED the overview of Joint and Partnership Committee Activity a. NHS Wales Joint Commissioning Committee b. NHS Wales Shared Services Partnership Committee
	The Board NOTED the Summary of Board Business held In-Committee
	OTHER MATERS
ABUHB 2907/16	Any Other Business There were no further items raised for discussion.
ABUHB 2907/17	Date of the Next Meeting: Wednesday 16th September 2026



CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 September 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Governance Matters: Report on Sealed Documents and Chair's Actions
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Bryony Codd, Head of Corporate Governance

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

This report is presented for compliance and assurance purposes to ensure the Health Board fulfils the requirements of its Standing Orders in respect of documents agreed under seal and situations where Chair's Action has been used for decisions.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper presents for the Board a report on the use of Chair's Action and the Common Seal of the Health Board between 16th July to 16th September 2026

The Board is asked to note that two (2) documents required the use of the Health Board's seal during the above period.

Chair's Action in Standing Orders requires approval by the Chair, Chief Executive and two Independent Members, with advice from the Board Secretary (the Director of Corporate Governance). All Chair's Actions require ratification by the Board at its next meeting.

Eight (8) Chair's Actions were agreed during the period 16th July to 16th September 2026.

Cefndir / Background

1. Sealed Documents

The common seal of the Health Board is primarily used to seal legal documents such as transfers of land, lease agreements and other contracts. The seal may only be affixed to a document if the Board or Committee of the Board has determined it should be sealed, or if the transaction has been approved by the Board, a Committee of the Board or under delegated authority.

Under the provisions of Standing Orders, the Chair or Vice Chair and the Chief Executive or Deputy Chief Executive must seal documents on behalf of the Health Board. Two documents were sealed between the 16th July and 16th September 2026, as outlined below.

Date	Title
05/08/2026	Kintra Settlement Letter (amended)
25/08/2026	Transfer of Lease for Gelligaer Surgery to ABUHB plus Deed of Covernant

2. Chair's Action

Chair's Action is defined by the Health Board's Standing Orders as: Chair's action on urgent matters: There may be circumstances where decisions which would normally be taken by the Board need to be taken between scheduled meetings, and it is not practical to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification..

The Chair's Actions approved between 16th July and 16th September 2026 are summarised below:

Date	Title
03/08/2026	Multiplex Polymerase Chain Reaction (PCR) Assay Testing Supplier Serosep: Contract awarded via a direct award to the incumbent supplier to allow for continuation of current provision of service and to align the contract with the current Public Health Wales contract, with a view to retender under a new contract under the All Wales Point of Care Testing procurement team in the future. 14 months with an option to extend by up to 24 months Initial Term 01/08/2026 – 30/09/2027 Extension 01/10/2027 – 30/09/2029 Total value of new contract - £719,200.66
13/08/2026	Maintenance of Surgery Robot: In March of 2025 the Health Board was allocated funds to enable the purchase of the DaVinci robot, in support of the repatriation of Urology activity from Cardiff & Vale University Health Board and Bristol back to ABUHB. Following this associated maintenance for 6 years is required to ensure the required service and maintenance is in place to ensure maximum functionality and required ongoing maintenance is provided to ensure the robot continues to operate as required. The maintenance contract awarded to Intuitive utilising a direct award against the NHSSC Robotic Medical Equipment and Associated Accessories framework reference. Total Value of new contract: £1,029,600.00 Inc VAT

13/08/2026	Regional - Five year Direct Award using Health Trust Europe LLP Framework Agreement for the supply of Contrast Media, Injectors and Associated Consumables. This Direct Award is a collaborative approach for both Aneurin Bevan University Health Board and Swansea Bay University Health Board to ensure a compliant route to market using an established public procurement Framework Contract award made to Synapse Medical via direct award under the Health Trust Europe LLP Framework Agreement for the supply of Contrast Media, Injectors and Associated Consumables Total Estimated Value over 5 years based on same annual usage Aneurin Bevan UHB £1,747,167.00 (Ex VAT), £2,096,600.40 (Inc VAT)
25/08/2026	Replacement Gamma Camera Royal Gwent: Welsh Government approved capital funding for the replacement of the Health Board's Gamma Camera at Royal Gwent Hospital, due to its age and the withdrawal of manufacturer support. As a key component of the Health Board's diagnostic infrastructure, the Gamma Camera is vital in supporting cancer pathways, facilitating early diagnosis, and ensuring the continued delivery of safe and effective patient care. Mini competition undertaken and contract awarded to GE Healthcare via the NHS Supply Chain Framework for Medical Imaging and Diagnostic Equipment. £767,788.80 – One off Purchase
02/09/2026	GP Practice Software: Procurement of a single supplier for an aggregated contract, on behalf of GP practices, for a variety of patient communication modules. Contract awarded to Accurx by direct award via the G-Cloud 14 Framework Total contract Value: Up to £1,367,760
14/08/2026	Maintenance agreement for Fujifilm (was Aquilant) scopes and associated electrosurgical equipment Endoscopy departments at GUH and RGH: A comprehensive maintenance contract is necessary to maximise life span of equipment, ensure correct servicing and protect the capital investment of the Health Board as well as revenue budgets due to ad hoc repair costs. A two year contract is to be undertaken allowing for further work on a potential managed equipment service. Direct Award to FujiFilm via NHS Supply Chain Contract Total Contract Value: £1,086,362 (Inc VAT)
18/08/2026	GMS Contracts: Successful awarding of GMS contracts, following a competitive procurement process, thus returning Meddygfa Gelligaer Surgery and Pontypool Medical Centre to independent contractor status. Based on the outcome of the evaluations and interview process, the full GMS contract for Meddygfa Gelligaer Surgery was awarded to Dr Choudhary and Partners.

	Based on the outcome of the evaluations and interview process, the full GMS contract for Pontypool Medical Centre was awarded to Dr Evans and Partners.
02/09/2026	Replacement Defibrillators: There are currently 139 AED Pros and 78 R-Series defibrillators across Aneurin Bevan University Health Board that require replacement. An increasing number of devices are failing safety checks or developing functional faults, with several now beyond economical repair—particularly R-Series units, where repair costs frequently exceed £5,000. Replacement of the defibrillators was approved by the Health Board in the 2026 Opening Capital Programme. Competitive process undertaken and award made to Mindray utilising a Multi Trust Agreement via the NHS Supply Chain Framework for External Defibrillation Devices and Related Services and Accessories. One off Purchase - £950,000 Ongoing consumables (7 years) £104,679.96

3. Clinical Negligence Claims

In line with the Scheme of Delegation, all clinical negligence claims over £1m are agreed between the Chair, Chief Executive, and two Independent Members (following recommendation from 2 clinical executives) outside of formal Board meetings. During the period 16th July and 16th September 2026:

Number of Clinical Negligence Claims over £1m	Total value
One	Up to the sum of £15m

Asesiad / Assessment

In endorsing this report the Health Board will comply with its own Standing Orders.

Argymhelliad / Recommendation

The Board is asked to NOTE the documents that have been sealed and to NOTE the Chair's Actions that have been undertaken.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Enabler
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. Not applicable to this report

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	None
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. Not applicable to this report

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
ACTION LOG

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
There are no actions outstanding as at 28/09/2026					

All actions in this log are currently active and are either part of the Board's forward work programme or require more immediate attention, such as an update on the action or confirmation that the item scheduled for the next Board meeting will be ready.
Once the Board is assured that an action is complete, it will be removed. This will be agreed at each Board meeting.

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD COMMITTEE MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 September 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Emergency Preparedness, Resilience and Response Annual Report 25/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director for Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Wendy Warren, Head of Planning – Civil Contingencies

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Aneurin Bevan University Health Board have defined roles and responsibilities under the Civil Contingencies Act 2004 (CCA). These are known as Category 1 responder duties (Category 1 responders are those organisations which are usually at the heart of the response to most major incidents). The Health Board must also act in accordance with the Public Health Wales Emergency Response Plan 2016 and meet the Core Standards for Emergency Preparedness, Resilience and Response.

The Health Board must be able to anticipate, plan for and respond effectively to a broad range of incidents and emergencies that have the potential to impact health, patient care and the continuity of essential services. These may include extreme weather events, infectious disease outbreaks, major transport incidents, terrorist attacks or other significant disruptions. The ability to sustain the delivery of community and acute services during periods when staff, estates, infrastructure and wider system resources may themselves be under considerable pressure is critical to organisational resilience. The Civil Contingencies Act 2004 requires NHS organisations and providers of NHS-funded care to demonstrate robust arrangements for responding to such incidents while, as far as reasonably practicable, maintaining safe and effective services for patients.

There is also a requirement to work together with partner organisations in Gwent Local Resilience Forum and from across Wales to plan, prepare, train and exercise in collaboration to enable a wider response to events impacting on the community.

Cefndir / Background

This annual report has been prepared in response to NHS Wales Performance and Improvement request and in line with a mandated template. It is being provided to the Board for assurance and to demonstrate the planning, preparation, participation, training, exercising and partnership working that takes place to enable the Health Board to meet the requirements of the CCA, and be able to reduce, control, mitigate and respond to a Major Incident or Business Continuity incident.

Asesiad / Assessment

This report is an annual requirement for NHS Wales Performance and Improvement to demonstrate the activity undertaken by the Health Board to meet the requirements of the CCA.

The report outlines the breadth of work the Emergency Planning team undertake in collaboration with divisions and partners to meet the requirements of the CCA.

The Executive Director for Strategy, Planning and Partnerships is the Health Board lead executive for emergency planning and civil contingencies and chairs the Emergency Preparedness Resilience and Response group with membership from Divisions and Directorates where compliance, delivery, strategy, feedback and challenges are addressed. This group is now well established with engagement from divisions supporting the development of, and engagement in, exercises and demonstrable improvement in the development of business continuity planning and engagement across the Health Board.

Preparation for a major incident is supported by a robust response plan and extensive training undertaken throughout 2025/26 following the full exercise in 2024/25. With action cards being refreshed in response to learning and service changes to ensure a resilient organisational response.

There continues to be increasing business continuity activity and engagement across all the divisions with support from the emergency planning team for training and development of plans with a suite of supportive documents, templates and guidance and an opportunity to test and exercise plans.

Emergency Planning have in place a business continuity repository to store all service plans and provides services with business continuity templates, response guidance and any emergency preparedness resilience and response legislation. Embedded into each service is a Business Continuity lead who takes responsibility for uploading service plans to the repository; they also are part of the Health Boards' Business Continuity Group.

The Public Health, Emergency Planning and Infection Prevention Control teams have worked together in response to infectious disease incident responses and to develop robust plans to be able to respond to potential risks. The Health Board

participated in Exercise Pegasus in 2025; a national tier one pandemic exercise in collaboration with Local Resilience Forum partners. The learning from this exercise will influence the organisational pandemic response.

The Health Board continues to work with LRF partners to plan and exercise as a requirement of the CCA and has participated in joint exercises, training and in response local events.

Argymhelliad / Recommendation

The Board is asked to support the Emergency Preparedness, Resilience and Response Annual Report as assurance of the Health Boards' ongoing actions to provide resilience to adverse events and meet the requirements of the CCA.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework Business Continuity: 8
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Choose an item. Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.

NHS WALES EMERGENCY PREPAREDNESS, RESILIENCE & RESPONSE ANNUAL REPORT 2025/26

Name of NHS Organisation	**Aneurin Bevan University Health Board**	**Date**	**2025/26**
Signature of Chief Executive Officer			

Purpose

The NHS Wales Emergency Planning Resilience and Response Annual Report is a mechanism for providing assurance to NHS organisations, NHS Wales Performance & Improvement and Welsh Government of the emergency planning arrangements, preparedness and resilience within organisations across NHS Wales. NHS P&I will review reports from across the system, seeking assurance that organisations:

- **Mitigate where possible against the risks identified within the NSRA and Wales Risk and Preparedness Register;**
- **Have a robust emergency plan in place for responding to major incidents (CBRN, terrorist attacks, major power outages, high consequence infectious disease outbreaks, cyber attacks etc);**
- **Have appropriate business continuity management arrangements in place;**
- **Regularly test the efficacy of organisational plans through training and exercise; and**
- **Ensure staff have the appropriate training in command-and-control processes and maintain their skills and knowledge including through CPD opportunities.**

Governance

1. **Please provide the name and position of your nominated Executive level lead for civil contingency/emergency preparedness arrangements.**

   Hannah Evans, Executive Director of Strategy, Planning and Partnerships

2. **Please provide the name and position of your nominated Executive level business continuity lead if different from the above.**

   As Above

DRAFT

3. **Please provide the name and position of your officer(s) who has led day to day responsibility for your civil contingencies/emergency preparedness arrangements.**

Wendy Warren, Head of Planning – Civil Contingencies

4. **Please provide the name and position of your officer(s) with day-to-day responsibility for your business continuity arrangements.**

Andrew Goodenough – Emergency Planning Manager

5. **Please provide the name and position of the officer in your organisation responsible for PREVENT activities (normally delivered as part of Safeguarding).**

Strategically: Jennifer Winslade, Executive Director of Nursing, Deputy Chief Executive
Operationally: Wendy Warren**,** Head of Planning – Civil Contingencies

6. **Please provide details of your internal mechanism for co-ordinating your emergency planning arrangements – for example: contingency/risk group structure, emergency preparedness strategy, EP work plan etc.**

EPRR Group chaired by Executive Director of Strategic Planning and Partnerships

7. **How does your organisation record EPRR related risks and how are these overseen by the Board? Please provide a copy of your organisation's EPRR risk register or equivalent.**

As part of the organisational risk register.

Key Areas of Progress 2025/26

8. **For each priority detailed in your 2024/25 Emergency Planning Annual Report, please provide details of progress made in delivering these alongside barriers encountered and how these have been addressed.**

1. Continue the ongoing work with operational teams to develop, test, and exercise business continuity plans

   Positive progress made on BC plans – development of a repository, heat maps and support in plan development
   BC Internal audit – substantial for effective BC managerial systems in place

2. Continue the training, testing and revision of action cards for the services who support the Major Incident plan
3. Significant progress in training and revision to Action cards enacted.

4. Work with Public Health Protection team to prepare and engage in Exercise Pegasus – full and complete engagement in Pegasus.

5. Complete LRF Pandemic Tactical plan and work with all Wales HID LRF leads to agree shared planning
   This is completed and agreed by all LRFs as draft prior to Pegasus – post Pegasus amendments made – now in agreed by all LRFs – same plan with some local nuances

6. Revision and further development of CBRN plans, internally and with partner organisations. This work is progressing well – details in report.

Business Continuity Management

9. Describe your organisation's business continuity management system which ensures the continuation of critical functions during disruptive incidents / events that would require escalation to NHS P&I EPRR team / National Security and Resilience function within Welsh Government.

The organisational Business Continuity (BC) policy places a requirement on Divisions and Services to have BC plans in place for the 5 key themes. The EPRR team have developed BCP templates and guidance to support services. All service plans are held on a central Share Point repository which allows the EP team to audit and identify gaps against the key themes. There is also a QlikView dashboard, which is populated by Divisions to RAG rate the progress of service BCP', it also provides test & exercise information. Hard copies of plans and action cards are held in service areas.

Service BC plans are required to cover; the initial alert, activation of service specific actions cards, escalation to management teams, a command structure, coordination of incident response, an incident log, recovery options/strategies, debrief and learning.

The EPRR team organise and facilitate BC TTX's for services to test and exercise their local plans against various scenarios. We have developed BC test & exercise facilitator workbooks to allow services to conduct their own training with operational staff.

All services are encouraged to debrief and learn from live incidents – the BC guidance repository provides templates for hot and structured debriefing.

Major Incident / Emergency Plan

10. What activation systems, action cards and suitably trained and equipped staff does your organisation have in place to provide for a 24-hour emergency response to support your Major Incident/Emergency Plan?

The organisation has a Major Incident Plan and service specific action cards, the plan was successfully tested in 2024, and is currently under review (3 yearly). All key area action cards are stored locally for immediate incident response.

The Health Board's alert and activation of a Major Incident is facilitated by the organisation's switchboard operators, who are provided with yearly MI training. On receipt of an MI activation, they will cascade the alert to key areas and staff via pager bleep, vocera, mobile messaging, PC ticker tape and radio communications systems.

The alert informs staff to activate their service actions cards and await further coordination/information from the hospital coordination centre (HCC). The tactical on-call manager, site operational manager, senior nurse and a senior clinical lead will form the hospital coordination team, they will provide the METHANE and an incident briefing to the area leads, who will brief their respective teams.

Key areas and staff are trained on a two-yearly basis or when there is an influx of new starters, training records are held centrally for all staff.

Equipment to support the response is held at our receiving hospital (GUH) and actions are in place for facilities staff to convey the equipment to the required areas.

Threat Mitigation/ Security

11. What written procedures does your organisation have in place that may be needed to respond to a change in threat level to critical?

12. Please provide details of any actions undertaken to prepare for the introduction of Martyn's Law (Terrorism (Protection of Premises) Act 2025)

11. Included in the Major Incident Plan is an alert instruction to advise organisationally if the threat level changes to Critical. Communication will include heightened vigilance. Following the recent raise of escalation level to Severe there was an executive team discussion of the requirement for any additional actions required.

12. An internal Security Group has been established. Martyn's Law is a standing item on the agenda to prepare for the introduction in 2027. The Health Board also works with Local Authorities on their Protective Security Preparedness Groups on the impact for the local community premises.

Power Outage

13. What business continuity arrangements does your organisation have in place for maintaining critical services in the event of a major power outage?

All generator sets across the Health Board are maintained under a Service Level Agreement with a Specialist Contractor, aligned with relevant guidance. On-load monthly testing is carried out by our Estates team to verify operational readiness. Black Starts are completed monthly by the Estates HV Appointed Person, this involves complete isolation of the 11KV supplies to our main sites and provides assurance of generator functionality and early identification of potential issues.

- Each site holds bulk fuel storage to support extended generator runtime. While storage is finite, contingency arrangements are in place to facilitate fuel deliveries during prolonged outages, reducing the risk of fuel depletion.
- In the event of generator activation, a designated Low Voltage Authorised Person is present on site to oversee all electrical aspects, supported by Works & Estates staff who monitor generator performance, switchgear status, and fuel levels. Any issues are escalated immediately.
- If extended generator runtime is anticipated, the Specialist Contractor can be deployed to site to provide enhanced monitoring and support.
- During generator operations, the Authorised Person provides timely updates to local site teams and incident control structures, ensuring coordinated response and situational awareness.

These combined actions ensure a robust and coordinated approach to managing major power outages, supporting continuity of critical services across our healthcare facilities

14. Please describe the preparedness actions the organisation has undertaken over the last 12 months (e.g., protocols, guidance, exercising etc) to respond to a major power outage?

Over the past 12 months, the organisation has maintained and reinforced a range of preparedness measures to ensure resilience in the event of a major power outage as detailed above.

15. What are the key risks to your organisation in respect of a major power outage and how are you mitigating these? Please provide details of key vulnerable sites / facilities, how these have been assessed and dates of last assessments.

A major power outage presents significant risks to patient safety and continuity of critical services. The most vulnerable services include:

- Critical Care (ICU/HDU)
- Theatres and Anaesthetics
- Emergency Departments
- Neonatal and Maternity Units
- Pathology and Imaging Services (e.g., CT, MRI)
- Pharmacy and Medicines Storage (including refrigeration)
- Medical Gases and Ventilation Systems
- IT Systems and Electronic Patient Records
- Hospital Sterilisation and Decontamination Units (HSDUs)

These services are highly dependent on uninterrupted electrical supply for life-sustaining equipment, time-sensitive diagnostics, and digital systems critical to clinical operations.

All five of our main acute and sub-acute sites GUH, RGH, NHH, YYF, and YAB have been identified as high-risk locations due to the presence of the above services. GUH in particular is the regional trauma centre and holds the largest concentration of critical care and surgical capacity

These are core risks in the event of power loss and form part of the local BC planning.

Mass Casualty Incidents

16. Please describe how your emergency planning arrangements ensure your organisation can appropriately respond to a Mass Casualty incident in line with extant Mass Casualty guidance, outlining any limiting factors that could affect timeliness or effectiveness of response.

17. Is the organisation able to operate effectively within NHS Wales Mass Casualty Incident Arrangements, including surge capacity, clinical coordination and command and control, as part of a Wales wide response?

The organisations Major Incident Plan provides alert, activation, escalation, coordination, command structure & responsibilities, service specific actions, cross service communication and engagement, and multiagency cooperation & training. The mass casualty arrangements align with the requirements of the Wales Mass Casualty plan.

The Health Board can effectively operate within the NHS Wales Mass casualty Incident Arrangements

Cyber Resilience

18. What are your business continuity arrangements for responding to a cyber-attack / ICT incident impacting across the organisation?

A new role has been created and a Digital Business Continuity Clinical Lead has been appointed, who

liaises with Services to ensure that Business Impact Assessments have been carried out and that Business Continuity Plans are in place for clinical areas. This is ongoing work.

There is an Emergency Planning AB Pulse Site that has a repository within SharePoint, which contains Business Continuity Plans for the organisation.

There is a Cyber Incident Response Plan that we have recently reviewed and signed off and will undergo a review at the end of the year. The plan has been tested & exercised.

There is also Business Continuity and Disaster Recovery Plan document for our Server Estate. There is also ongoing work to ensure that our top critical applications/systems/services are backed up regularly, including immutable backups.

19. Has your organisation assessed the risk of a Cyber-attack and identified mitigating actions for the vulnerabilities highlighted? Please provide details.

Cyber related risks are captured on the Digital, Data and Technology (DDaT) ICT Risk Register and are regularly reviewed. Post Incidents lessons learned reviews are undertaken to identify areas of improvement.

Cyber manage compliance with the Welsh Government mandated Network and Information Systems Cyber Assessment Framework (NISCAF), including regular audits to validate controls are effective and risks are managed.

20. Please describe the preparedness activity the organisation has undertaken in the previous 12 months (e.g., protocols, guidance, exercising etc) to build its cyber resilience.

Cyber are continuing conducting regular Simulated Phishing Campaigns and training packages through the use of our MetaCompliance Platform across the estate to test our staff's ability to identify Phishing emails and provide End User Awareness training where those have been unsuccessful in identifying the Phish.

For 2026/27, as an improvement, we have been able to increase the user licensing to cover all ABUHB staff. Now that we have extended licensing, we are able to have fully synced AD into MetaCompliance picking up new starters, movers and leavers. We now have the ability within MetaCompliance using Workflows to provide training to those who have onboarded onto the platform and those that identified as a Risk which we will be utilising in the future.

Cyber are also continuing with attending and is a standard agenda item at the Governance and Assurance Groups (GAG) meetings. This is to provide Cyber Security Awareness around common topics (e.g., Phishing emails seen sent to members within the Health Board, figures of Simulated Phishing Campaigns.

Business Continuity plans and testing of those plans, any incidents relating to our users etc.) to those in the clinical / non-ICT areas to continue promoting a Cyber Security Culture.

One improvement is Cyber attending Health Records in-person training sessions along with Information Governance, these sessions are held every other month. Cyber also attended the Dental department all hands meeting and delivered an hour-long Cyber awareness session.

Outbreak of an Emerging Infectious Disease and Pandemics

21. Please describe the plans you have in place to respond to an outbreak of an emerging infectious disease or pandemic.

The Health Board has in place a 'Public Health Incident Response Plan'.

The document aims are to:

- Ensure that the Health Board is prepared to respond to and recover from Public Health incidents.
- Establish the key actions required to respond to Public Health incidents dependant on the categorisation (normal, enhanced or major response).
- Reduce, control and mitigate the impact of standard Public Health incidents (which, nevertheless, remain significant e.g., the re-emergence of measles, increase in tuberculosis) within normal working arrangements and processes.
  Ready the Health Board to respond if an enhanced incident, or major Public Health incident.
  It also outlines the governance arrangements, command and control procedures, communications, workforce training and deployment, and debriefing & recovery following an incident.

If an incident is declared, the plan outlines three levels of response:

1. Normal – Incidents of this nature will be responded to within business-as-usual operational arrangements led locally by the Health Protection Service.
2. Enhanced – Public Health Incidents that require co-ordination and resources above those provided by the Health Protection Service and will initially be sought from the wider ABUHB Public Health team.
3. Major - The scale of the response requires a more significant mobilisation of resources and a level of strategic response across the organisation.

The plan provides a framework for establishing, reviewing, and improving resilience to enable the Health Board to undertake an effective, appropriate, and timely response to a public health incident when required.

Participation in Exercise Pegasus enabled review of both Health Board and LRF planning for HCID. There was also learning from the Hantavirus response and Ebola response, and COVID inquiry recommendations.

- HCID policy reviewed and available on staff intranet
- HCID group which provide oversight of relevant HCID policies and pathways for the Health Board. PPE compliance which also included mask fit testing.
- Staff resource page available on intranet
- The Grange hospital has several negative pressure cubicles in key areas (ED, ITU, resp medicine and Childrens ward).
- Triage assessment screening questions reviewed and shared with all admission routes
- HCID PPE training ongoing 2 staff members attended Sheffield and have cascade trainers in ED/ITU/IP/Medicine

22. What are the major risks in terms of your organisation's resilience / capabilities to be able to respond to a new pandemic?

Whilst all risks are closely managed key risks include:

- The Health Board does not have an Infectious Disease Consultant/Team. Two substantive and one locum consultant have training in infectious diseases whilst working in other specialities, but not role specific. One of these consultants attends ID MDTs in Cardiff to provide a link with the South Wales Infectious Disease Service commissioned in CVUHB Sustainability of PPE training very challenging and would use more experienced staff
- Sustainability for PPE training and mask fit testing.

23. What action has the organisation taken following Exercise Pegasus to implement learning from the exercise?

- Review of local planning including the LRF Pandemic response plan
- Local team ownership to ensure processes are workable

- Monitoring compliance of training

CBRN

24. What business continuity arrangements does the organisation have in place to respond to a chemical, biological or radiological incident?

There are separate specific plans and guidance for response actions in relation to a CBRN incident.

25. Please describe the actions undertaken over the previous 12 months to ensure the organisation can respond to a CBRN incident.

. Currently working on creating additional in-depth guidance to accompany 'Break Glass' guidance. A training package had been is in place. There is regular training on PRPS suits and decontamination processes with Emergency Department staff.

Training provided as part of induction to department but also ED Nurse in Charge training. Meetings have taken place with CBRN NILO for South Wales Fire and Rescue (SWFRS) to review current processes, also a meeting with CBRN TAC Officer for Gwent Police as part of partnership information sharing. A review of counter measures PGD's. Ongoing work with facilities team to develop a waste removal process.

26. What are the key risks / vulnerabilities for your organisation and how are you addressing these?

Maintaining the roll out of PPE training to ensure sufficiently trained individuals are always available in key areas. Recognising if there was a national issue specifically in relation to nuclear there would not be a local solution to address this. There is opportunity to discuss this at the All-Wales Health meetings.

Training, Exercise and Lessons Management

27. What arrangements for reviewing emergency plans that take account of lessons from incidents and exercises (including following the process set out in the NHS Wales Lessons Management Register) does the organisation have in place?

Please describe these below and provide a copy of your lessons identified register if one is held locally.

A full debrief, lessons learnt and resulting actions report was produced for Exercise Euclid (Major Incident). The EPRR team having been working with the MI key areas to address the actions. The report forms part of the EPRR lessons management register which follows the NHS Wales template.

Where possible BC incidents are debriefed and lessons learnt are captured for our records and service engagement.

28. What actions has the organisation in the previous 12 months taken in response to the recommendations identified in any national public inquiries?

Recommendations from the Manchester inquiry has been embedded in to our major incident plans. These include
Ten second Triage and MiTT
Removal of merit in favour of casualty clearing stations.
Introduction of clinical capacity group within 30 mins of MI activation.
Forensic considerations

Importance of maintaining incident logs

Recommendations from the Covid inquiry have used to inform our response procedures to HCID incident.

29. Please provide the dates during 2025/26 when your organisation tested its Major Incident / Emergency Plan, through:

a. Carrying out a communications/activation test every six months. Please provide details below

Dates	Details of communications/activation test undertaken
04/06/2026	WAST alert/activation communications test – ABUHB switchboard response and cascade.

b. Carrying out a tabletop training exercise within the last year. Please provide details of the nature of all exercises below

Dates	Details of tabletop training exercise
Sept/Nov 25	Ex Pegasus.

c. Carrying out a major live or simulated exercise within the last three years. Please provide details below (include national and local exercises)

Dates	Details of major live or simulated exercises undertaken
20/06/2024	Full MI simulated exercise for all key response areas and staff.

30. Has your organisation had to initiate your major incident / emergency plan between April 2025 to March 2026?

YES ☐ NO X

a. If YES, what was the nature of the incident?

NA

b. Were post-event reports produced for these incidents? N/A YES ☐ NO ☐

c. If post incidents reports were produced, have these been shared with the Emergency Planning Advisory Group and any lessons identified uploaded on the Wales NHS Lessons Identified Register?

NA

31. Has your organisation undertaken a staff training needs analysis in relation to your Major Incident /Emergency Plan?

YES X NO ☐

Please provide further information of the needs identified through this process.

The yearly review (analysis) identifies any gaps for key response areas or if there is a requirement for any additional training due organisational change, public inquiry recommendations or internal incidents.

32. Please provide the following details of staff training in the last 12 months. (3 years … column below ask that)

Gold Rota - No of staff	Gold Rota - No of staff completed internal training	No of staff on Gold Rota who've attended Wales Gold in last 3 years	Silver Rota - No of staff	Silver Rota - No of staff completed internal training	No of Silver rota attended Wales Silver in last 3 years	Bronze Rota - No of staff	Bronze Rota - No of staff completed internal training	Comments
35	Internal gold training and/or MI training 30	10	42	Internal silver training and/or MI training 29	3	See comments	See comments	We do not have a bronze rota on all however services with a role in MI have training in relation to their response and action cards Number trained 25/26 608

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33. Please provide details of review dates and exercising of any organisational plans in response to the risks below.

Risk Area	Plan	Date Reviewed	Date Exercised
Major Incidents	Major Incident	Currently in review	June 2024
Threat Level / Security	Newly established security group Developing Security policy or plan for the organisation	Currently being developed by Security group	
Business Continuity	Business Continuity	Reviewed 3 yearly or when there is an incident.	6th May 26 19th May 26 16th June 26 30th June 26 8th July 26 5th August 26 18th August 26 1st Sept 26 22nd Sept 26 8th Oct 26 20th Oct 26 10th Nov 26
Power Outage	Forms part of all service BCP's with more emphasis in the Estates plan	Reviewed 3 yearly or when there is an incident.	Generators are tested each week and a full black start yearly
Cyber	Cyber response plan	May 2026	June 2026
CBRN	CBRN Plan	Currently being reviewed	
Pandemic / Communicable Diseases	Public Protection Pandemic Plan	Reviewing following Hantavirus	Ex Solaris 30 April 25 Ex Pegasus Sept – Nov 25
Mass Casualties	We do not have a Mass Casualty Plan – it is referred to in our MI plan and we align with the all-Wales Plan	N/A	We exercise our MI response to mass casualty incident with our multiagency partners

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Assurance

34. Are you satisfied your organisation is fulfilling the principles required by the Civil Contingencies Act 2004 as described below?

	YES	NO	Please provide evidence to support your answer
1) Assess risks to inform your contingency arrangements	**X**		Major Incident and business continuity form part of the organisational risk register. We provide quarterly updates on the development or progress of our emergency plans. We also horizon scan for any evolving incidents or events that may impact the HB.
2) Put in place Emergency Plans	**X**		We have plans in place for: MI, BC, HCID, Fuel, Adverse Weather, Cyber, CBRN, Op Consort etc.
3) Put in place Business Continuity Management arrangements	**X**		All services conduct business impact assessments for the 5 BC themes, The BIA is used to develop service BCP's to provide an incident response and prevent services from being unable to maintain business as usual functions and patient care.
4) Share information with other organisations to enhance co-ordination and efficiency	**X**		We work with our multiagency partners to share information via the LRF and with NHS partners via EPAG
5) Cooperate with other organisations to enhance co-ordination and efficiency	**X**		Member of the Gwent LRF, Strategic, Co-ordination Group Chair HID group and membership of all LRF subgroups EPAG – NHS partners & P&I Prevent group - leads across Wales, NHS England group, and Home Office group
6) Have appropriate arrangement to warn, inform and advise the public/others, including in an emergency	**X**		Member of the LRF Warn & Inform Group which feeds into our Public Health Team for coordinated approach to deliver timely public communications.
7) Do you have an EPRR lessons identified and lessons learned procedure within your organisation that feeds into EPAG?	**X**		We have a procedure and have provided information to EPAG.

Priorities

35. What are your priorities for 2026/27 to strengthen your organisation's emergency planning, resilience and preparedness arrangements?

Planned priorities for 26/27;

- Continue our schedule of training staff in major incident procedures.
- Test & exercise service BC plans.
- Enhance our cohort of trained incident decision log recorders
- Review our MI, CBRN
- Update Adverse weather plans with learning from recent heatwaves
- Reduce our corporate risk for BC.
- Continued roll out of Prevent training/awareness
- Work with partner organisations to plan and prepare for major events in 2027/28

When submitting the completed report, please include an electronic copy of the following:

- **your current Major Incident /Emergency Plan;**
- **an organisational chart setting out your organisation's emergency preparedness structure;**
- **a copy of your local EPRR risk register;**
- **an organisational chart setting out your organisation's emergency response structure; and**
- **any additional information you wish to share which demonstrates your organisation's preparedness for the risks described above.**

Whilst organisations are not required to submit Board approved reports, please provide confirmation of the date the report will be considered by your Board within your submission.

Completed and signed report forms with any attachments to be returned by 1 August 2026.

By email to: nhspi.eprr@wales.nhs.uk

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN

ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 September 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Aneurin Bevan University Health Board Pharmaceutical Needs Assessment
CYFARWYDDWR ARWEINIOL:	Tracy Daszkiewicz- Executive Director for Public Health & Strategic Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Melanie John- Service Development Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT
Sefyllfa / Situation Since 1 October 2021, Health Boards in Wales have held a statutory responsibility to publish and maintain an up-to-date Pharmaceutical Needs Assessment (PNA), setting out pharmaceutical service needs of its population, The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 The Board is asked to endorse Aneurin Bevan University Health Board's 2026 Pharmaceutical Needs Assessment (PNA), which has been updated following the

60-day public consultation and consideration of feedback received, prior to its final publication.

Cefndir / Background

The Pharmaceutical Needs Assessment (PNA) has been developed in accordance with the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 and provides an assessment of current pharmaceutical service provision across the Health Board area and considers whether current and future population needs can be met. It supports decisions relating to pharmaceutical services and wider strategic planning across health and social care.

The PNA was developed through a structured process involving population health analysis, service mapping, and engagement with key stakeholders. Oversight was provided by a steering group including representatives from Public Health, Primary Care, Community Pharmacy Wales, Llais and NHS Wales Shared Services Partnership.

Public and stakeholder engagement was undertaken through a range of questionnaires, with feedback received from members of the public, Community Pharmacy Contractors and Dispensing Doctor practices helping to inform the assessment.

The draft PNA underwent a 60-day statutory consultation period between 2 July and 31 August 2026. A small number of consultation responses were received from the public, professional bodies, GP and Pharmacy Contractors. Following consideration of the feedback received, the PNA has been updated where appropriate. A Consultation Report has also been produced, summarising the responses received and the Health Board's consideration of these comments.

The Board is now asked to review and endorse the final PNA ahead of publication.

Asesiad / Assessment

A 60-day consultation on the draft PNA was undertaken between 2 July and 31 August 2026, involving the public and various Stakeholders detailed above. Fifteen responses were received in total, comprising 14 online questionnaire responses and one detailed written submission from Community Pharmacy Wales (CPW).

Overall, respondents were broadly supportive of the PNA's description of current pharmaceutical service provision, with the majority agreeing that the purpose of the PNA had been clearly explained, that it reflected current service provision, population needs, and that its conclusions were appropriate.

Key themes raised through consultation included:

- Requests for improved public understanding and accessibility of PNA information.
- Concerns regarding pharmacy opening hours, particularly weekend access.
- Observations regarding population growth and major housing developments, particularly in Glan Llyn, Mamhilad Urban Village, Chepstow and Magor.
- Questions regarding future pharmacy provision and the impact on dispensing practices.
- Requests for clearer explanations regarding pharmacy application processes and market-entry decisions.

The most significant consultation feedback was received from Community Pharmacy Wales, which broadly supported the assessment of current pharmaceutical provision but raised concerns regarding the evidence base used to identify future pharmaceutical need and proposed additional pharmacy provision in certain growth areas. CPW recommended a more evidence-led approach, greater emphasis on monitoring, clarification of market-entry processes and recognition of workforce and funding dependencies.

Following consideration of all consultation responses, a number of amendments were made to the final PNA. These changes are detailed, in full, within the attached Consultation Report

Furthermore, having considered the consultation feedback alongside the evidence presented within the PNA, the Health Board's final position is that there are currently no identified systemic or geographical gaps in pharmaceutical service provision, nor any specific requirement for additional pharmaceutical services based on the evidence available at this time.

The Health Board will continue to monitor strategic developments, population growth, service accessibility and provider capacity throughout the lifetime of the PNA. Any significant changes that may impact the assessment of pharmaceutical need will be considered in accordance with Regulation 6 of The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020.

The Final PNA, and accompanying Consultation Report which will be included as Appendix K in the final document, is therefore presented to the Board for consideration and agreement to proceed to publication on the 1 October 2026

 FINAL COMBINED 2026_ABUHB_P...  FINAL_Appendix...
Argymhelliad / Recommendation The Board is asked to consider and endorse the 2026 Pharmaceutical Needs Assessment, prior to its publication on 1 October 2026

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3. Effective Care 5. Timely Care Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Research, Innovation, Improvement, Value
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.

Appendix K – Consultation Report

1. Introduction

As part of the Pharmaceutical Needs Assessment (PNA) process the Health Board is required to undertake a consultation of at least 60 days with certain organisations. The purpose of the consultation is to establish if the pharmaceutical providers and services supporting the population of the Health Board's area are accurately reflected in the final PNA document. This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

2. Consultation process

In order to complete this process, the Health Board has consulted with those parties identified under regulation 7 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020, to establish if the draft 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
- Llais
- 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

- Neighbourhood care networks
- The five public service boards
- Nye's Community Champions
- Community groups
- Carers groups
- 50+ forums
- Gwent Association of Voluntary Organisations
- Torfaen Voluntary Alliance
- People First
- Gwent Citizens Panel
- BAME

The consultation version of the PNA 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 PNA 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 PNA Consultation Draft, a Summary Document and Easy Read version were also produced to support the consultation.

Consultees were given the opportunity to respond by completing a set of questions. 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 2 July to 31 August 2026.

This report outlines the considerations and responses to the consultation. It should be noted that participants in the consultation were not required to complete every question.

3. Summary of questions, responses and the Health Board's considerations

For the Aneurin Bevan University Health Board Draft Pharmaceutical Needs Assessment consultation, 14 responses were received through the online

questionnaire. A separate detailed written response was received from Community Pharmacy Wales, bringing the overall number of consultation responses to 15. The responses comprised members of the public, pharmacy contractors, professional bodies and a GP practice:

Group	Response Rate- Count	Percentage of all consultation responses
Members of the Public	8	53%
Pharmacy Contractors	4	27%
Professional Bodies	2 (Gwent LMC and CPW)	13%
GP Practice	1	7%
Total	15	100%

3.1. Summary of online responses and Health Board considerations

The online consultation received 14 responses, which identified as follows. Relevant free-text comments from the online questionnaire are reproduced as submitted. Limited redactions have been made where necessary to reduce the risk of identifying an individual, organisation or location, and minor presentational corrections have been made where required for readability. The separate Community Pharmacy Wales submission is summarised in this report and appended in full.

Question 1.

1. Has the purpose of the Pharmaceutical Needs Assessment been sufficiently explained?	
Yes	12
No	1
Don't know	1

Verbatim comments in relation to the question above;
"Enough information provided for the purpose of PNA"
"Easy to read document"
"I have read the Summary Document of the Pharmaceutical Needs Assessment and it explained things in detail which I understood."
"all documented"

“I have checked the details of the Pharmaceutical Needs Assessment and I understand the document.”
“Don't understand”
“If the question is intended to attract ‘a meaningful response’ from members of the public then it should be made far easier for the public to access more, and meaningful information. about the pharmaceutical Needs Assessment, and its impact on the users, i.e. Member of the Public, as presumably, the purposes of this consultation depends usefulness in a PATIENT CENTERED FACILITY. ”
“I’ve read the supporting paperwork”
“I have read and understand the pharmaceutical Needs Assessment document.”

Health Board consideration and response

The Health Board notes the respondent's comment about attracting a meaningful response from members of the public. The purpose of the consultation was to seek views on the draft PNA and its assessment of pharmaceutical service provision across the Health Board area. To support public engagement, the consultation materials, including the draft PNA and accompanying information, were made publicly available throughout the consultation period.

Question 2

2. In your opinion, does the Pharmaceutical Needs Assessment reflect the current provision of pharmaceutical services within your area	
Yes	11
No	2
Don’t know	1

Verbatim comments in relation to the question above;
“It covers the need for pharmacy community services in local community especially IP pharmacists are improving their service provision and scopes.”
“I’m lucky to live in a town with two excellent independent pharmacy branches. I don’t understand why GPs are allowed to dispense. They do not have pharmacists in the dispensary or supervising GPs (risk), they provide no additional pharmacy services and patients have to travel to the practice to get their drugs, driving past community pharmacies. We all know it’s a money-making operation for the GPs, who I understand get

paid more than community pharmacies per script. So poorer service costing more. Madness!”
“The results of the Assessment regarding my local area are accurate.”
“We have no pharmacies open on a Saturday.”
“More pharmacies need to be open on Saturdays at least and more on Rota on Sundays.”
“Covered all aspects”
“The number of pharmacies serving the area is accurate”
“Because it will depend on the supervision of the various pharmaceutical public services providers, by THE ABHB Pharmaceutical provision leaders. particularly to the extent that proper enforcement, of the regulations, of independent `CHEMIST SHOPS, of the eventual agreed policies, so that its eventual impact of the continued proper dispensing of patients necessary medication continues, and that there is no diluting of what should already be, but is not always the case, of the one important `job` they should be doing and that is the proficient dispensing of "prescribed` medications.”
“The current provision of services in my area is reflected in the Needs Assessment.”

Health Board consideration and response

The Health Board notes the comments regarding pharmacy opening hours and while the PNA considers whether pharmaceutical services are adequate to meet population need, minimum core opening hours for pharmacies are agreed nationally through regulation, and operational matters such as staffing arrangements and breaks are the responsibility of individual contractors and are outside the scope of the PNA or beyond the direct control of the Health Board.

Question 3

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?	
Yes	7
No	2
Don’t know	3

Two of the respondents to the questionnaire did not answer this question. Those who answered 'No' were asked to provide comments;
"I am happy to provide appliance use review and stoma appliance customisation however I have never had opportunity to discuss what services and expertise we can provide in community."
"I answered no because the ABHB undertake a regular 'appliance use review' each time BEFORE any repeat services are (or at least that appears to be the case because every time a patient requires to use these external services or equipment, `and currently these services are provided by contractors outside the area of the ABHB. HOWEVER, in order to access then in `repeat form because of a patients continued needs, each patient has to make contact with agents working in, and for, the ABHB, already and currently none of those regular continued, repeat services can be activated UNTILL they are REGULARLY sanctioned and I presume by the ABHB direct. Patients do not have direct access to the `providers` of stoma and bowel, equipment. "

Health Board consideration and response

The Health Board notes the comments about willingness to provide Appliance Use Reviews and Stoma Appliance Customisation and about repeat appliance-authorisation pathways. The PNA assesses whether population need is met rather than determining individual referral or repeat-authorisation arrangements. Current dispensing evidence indicates that most appliance prescriptions are supplied by out-of-area contractors, many of whom provide associated review and customisation support. No evidence of unmet need, delay or inability to access these services was identified through consultation. The Health Board therefore retains its conclusion that current need is met through existing out-of-area provision, while access and utilisation will remain under review.

Question 4

4. In your view, are there any gaps in service provision that the Pharmaceutical Needs Assessment has not identified?	
Yes	5
No	8
Don't know	1

Verbatim comments in relation to the question above;
“Scope of IP services provided by Pharmacist”
“Covid, pneumonia and RSV vaccination - why can’t pharmacists do these vaccines? They did during the pandemic when GP practices were more or less closed……. More cash for GPs? It’s like a cartel or monopoly”
“Need a pharmacy delivery service in [town removed] and a more helpful pharmacy,7 days wait for tablets is not acceptable.”
“Weekend opening times and availability of pharmacies which are open.”
“The introduction and best use of NHS IT to benefit patients was not mentioned (as far as I can see). The promotion of the use of the NHS App and take up of the EPS system should underpin future needs. EPS is well rolled out now, but it still has much more potential to reduce patient frustration and inefficiency - for example, alerts when medicines are ready, better planning to reduce medicines out of stock... This improvement should be front and centre of the strategy. (There must be benefits to surgeries and pharmacies too, but I am looking only at patient benefits). User-facing IT should seek to integrate diverse systems to the tangible benefit of patients - improving systems, not just digitizing them.”

Health Board consideration and response

The Health Board recognises the points raised above. In relation to Pharmacist Independent Prescribing (PIPS) any expansion of services would be dependent on changes to the National Directed Service specification and associated commissioning arrangements. As these matters are determined nationally, they are outside the scope of the PNA.

Consultation respondents identified COVID-19 booster, pneumococcal and respiratory syncytial virus vaccination as potential future community pharmacy services. Any expansion would be subject to national policy, assessed need, workforce capacity, clinical governance and sustainable commissioning. These services are not identified as current gaps in pharmaceutical provision.

Digital developments, including continued implementation of the Electronic Prescription Service and development of the NHS Wales App, may improve access to and experience of pharmaceutical services over the lifetime of the PNA. Potential benefits include improved communication between patients, prescribers and pharmacies, clearer prescription-status information,

notification when medicines are ready for collection and fewer unsuccessful journeys. Digital systems are enabling infrastructure rather than pharmaceutical services in their own right and do not alter the statutory assessment of need. They should complement appropriate support for people who cannot or choose not to use digital services.

As detailed above, pharmacy core opening hours are determined through national contractual arrangements. A routine medicines home-delivery service is not identified as a nationally commissioned pharmaceutical service for the purposes of this PNA. Individual contractors may offer delivery arrangements outside the scope of their NHS pharmaceutical-service obligations. The availability of such arrangements does not, by itself, determine whether a statutory gap in pharmaceutical provision exists.

Question 5

5. Do you feel that the draft Pharmaceutical Needs Assessment reflects the needs of your area's population?	
Yes	9
No	3
Don't know	2

Verbatim comments in relation to the question above;
"Local community requires services fairly efficiently hence they are willing to see pharmacist and their team as doctor appointments are difficult to manage."
"In [town removed] the pharmacy service is diabolical considering all the new houses built"
"I HOPE IT DOES, after all the pharmaceutical services have ONE job to do, and that it continue to provide access to those once prescribed by a fully qualified clinician after considerable consideration by the Doctor after a full and qualified interaction with a patient, PHARMACIST are, in my opinion demonstrating they do not ALL have the personal qualities to interact with patients, in fact some already demonstrate they do not, and

will not, or find it impossible to follow current guidelines produced by the ABHB to protect the care and interests of patients.”
“Torfaen North and South.”

Health Board consideration and response

The Health Board acknowledges that some comments relate principally to individual service experience rather than evidence of a population-level gap in pharmaceutical provision. The consultation evidence did not demonstrate a current systemic or geographical gap or a specific future need for additional pharmaceutical premises in the areas referenced.

However, the comments concerning housing growth, access, prescription turnaround, medicine availability and provider capacity informed the additional monitoring provisions included in Chapter Six.

Individual service-quality concerns will continue to be considered through the appropriate contractual, governance or service-management route.

Question 6

6. In your view, has the draft Pharmaceutical Needs Assessment provided enough information to support decision making i.e. decisions on applications for new pharmacies and dispensing appliance contractor	
Yes	9
No	2
Don’t know	3

Verbatim comments in relation to the question above;
“Not enough detail about the application process and who makes the decision.”
“The public cannot easily access the draft Pharmaceutical Needs Assessment DRAFT. there has been no public centred publicity about this issue and proposed ABHB actions.”
“We don’t have any additional needs for pharmacist in our area as we are already have sufficient number in our community.”

Health Board consideration and response

The purpose of the PNA is to assess the current and future need for pharmaceutical services and identify any gaps in provision. Whilst the PNA informs decisions on applications for new pharmacy premises and relocations, the application process itself is governed by the NHS (Pharmaceutical Services) (Wales) Regulations 2020 and is therefore outside the scope of the PNA.

The draft PNA was made available on the Health Board's website, with information shared through a number of channels, including social media, Llais and community groups.

The Health Board notes that the detailed procedural requirements for submitting and determining an application are set out in the NHS (Pharmaceutical Services) (Wales) Regulations 2020 and are not replicated in full within the PNA. However, the Executive Summary, Chapter One, Chapter Seven and Appendix A have been amended to explain more clearly that the PNA provides an important evidential basis for market-entry decisions, that it does not itself approve a new pharmacy or determine an application, and that each application must be determined separately under the applicable regulatory provisions and the evidence prevailing at that time.

Question 7

7. In your view, has the draft Pharmaceutical Needs Assessment provided sufficient information to inform how pharmaceutical services in the Health Board's area may be commissioned in the future?	
Yes	7
No	1
Don't know	6

Verbatim comments in relation to the question above;
"Not much new information provided"
"With the development of North Torfaen in Mamilhad it is planned that there will be a pharmacy built? If so this would have implications on dispensing practices who have dispensing patients within 1.7km. This would likely destabilise local GP dispensaries"

Health Board consideration and response

The Health Board has considered the comments concerning Mamhilad Urban Village and the possible effect of future pharmacy provision on dispensing-doctor arrangements. The fixed requirements for new pharmacy premises previously proposed for Mamhilad have been removed. The detailed locality assessment describes Mamhilad Urban Village as a matter requiring monitoring. The area has not been defined as a current gap, and Chapter Seven concludes that no specific future need for additional pharmaceutical provision has been identified on the evidence presently available.

Monitoring will consider construction and occupation, population growth, access, service use, provider capacity and alternative pharmaceutical and other NHS services. Any future application would be determined separately under the applicable regulations and the evidence prevailing at that time, including relevant controlled-locality and distance provisions. The PNA does not itself determine any change to dispensing eligibility.

In response to Questions 7 and 8, the final PNA has been amended to distinguish current gaps, conditional future needs and matters requiring monitoring. The detailed locality assessment now describes Mamhilad Urban Village as a matter for monitoring. Chapter Seven now concludes that no specific future need for additional pharmaceutical provision has been identified on the evidence presently available. The final PNA also explains the action available under regulation 6 if a significant change in pharmaceutical need or service availability occurs.

Question 8

8. In your opinion, has the draft Pharmaceutical Needs Assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies, dispensing appliance contractors	
Yes	7
No	1
Don’t know	6

Verbatim comments in relation to the question above;

“With the development of North Torfaen in Mamilhad it is planned that there will be a pharmacy built? If so this would have implications on dispensing practices who have dispensing patients within 1.7km. This would likely destabilise local GP dispensaries”
“The population of Chepstow continues to increase and the pharmacies we currently have appear to be at capacity in that the repeat prescription turnaround time keeps increasing. This has been noticeable since the development of a housing estate near Tesco in Chepstow.”

Health Board consideration and response

The Health Board has considered the comments concerning Mamhilad Urban Village and the possible effect of future pharmacy provision on dispensing-doctor arrangements. The fixed requirements for new pharmacy premises previously proposed for Mamhilad and Glan Llyn have been removed.

The detailed locality assessment has been amended to describe Glan Llyn and Mamhilad Urban Village as matters requiring monitoring. Neither is identified as a current gap, and Chapter Seven concludes that no specific future need for additional pharmaceutical provision has been identified on the evidence presently available.

Regarding increasing populations. Ongoing monitoring will consider construction and occupation, population growth, access, service use, provider capacity and alternative pharmaceutical and other NHS services. Any future application would be determined separately under the applicable regulations and the evidence prevailing at that time, including relevant controlled-locality and distance provisions. The final PNA also explains the action available under regulation 6 if a significant change in pharmaceutical need or service availability occurs

Question 9

9. In your opinion, are there any pharmaceutical services that could be provided in the pharmacy setting in the future that have not been highlighted within the draft Pharmaceutical Needs Assessment?	
Yes	4
No	6
Don’t know	4

Verbatim comments in relation to the question above;
“Covid, pneumonia and RSV vaccination”
“Friendly staffed pharmacy needed in [town removed].”
“A proper and meaningful ENFORCMENT of a pharmacists’ activities in respects to ensure members of the public continue to have proper access to Necessary medication, and to prevent pharmacist from taking an independent position and ignoring ABHB patient safety provisions, and this would only be the case if the ABHB ensured a proper inspection and audit of a pharmacist `ACTIVITIES and prevented ANY local sweetheart deals in respect to public concerns at anytime.”
“Vaccinations for Covid boosters, RSV vaccinations.”

Health Board consideration and response

Consultation respondents identified COVID-19 booster, pneumococcal and respiratory syncytial virus vaccination as potential future community pharmacy services. Any expansion would be subject to national policy, assessed need, workforce capacity, clinical governance and sustainable commissioning. These services are not identified as current gaps in pharmaceutical provision.

The Health Board acknowledges the other comments, including those concerning staff approach, oversight and enforcement. These matters do not demonstrate a population-level gap in pharmaceutical provision and therefore do not alter the Schedule 1 assessment. Service-quality, professional-regulation and individual-contractor concerns will continue to be considered through the appropriate complaints, contractual, governance and regulatory routes

Question 10

10. Are you aware of any developments that will arise within the lifetime of the Pharmaceutical Needs Assessments that have not been identified? For example, housing developments, regeneration projects?	
Yes	4
No	8

Don’t know	2

Verbatim comments in relation to the question above;
“There are number of new developments approved by council in the area however we don’t have any plans for new services for community reflect that.”
“LDPs and pharmacy’s going bust due to the contract and rising cost of drugs and staff costs”
“I refer you to my response in the previous question, and refers to the basic `control` of a pharmacist to ensure the BASIC quality of the service is properly SECURED for all current and future USERS of the patient lead service.”
“See answer to question 8” (regarding the population of Chepstow)

Health Board consideration and response

Local Development Plans and other relevant population developments across the Health Board area were reviewed during preparation of the PNA. This included identified strategic developments in Newport and Torfaen. The consultation evidence did not establish an additional current gap or a specific future need for new pharmaceutical premises arising from the further developments mentioned by respondents.

However, Chapter Six has been amended to record explicitly the concerns relating to housing growth, weekend access, prescription turnaround, medicine availability and perceived provider-capacity pressures, including comments concerning Magor and Chepstow.

These matters will be monitored through dwelling completions and occupation, registered-population change, prescription and service activity, contractor capacity, opening hours, weekend and bank-holiday access, travel considerations, turnaround times and the availability of alternative pharmaceutical and other NHS services.

Question 11

11. Do you agree with the conclusions of the draft Pharmaceutical Needs Assessment?

Yes	9
No	0
Don’t know	5

No additional comments were received in respect of this question

Question 12

12. Do you have any other comments in respect of the draft Pharmaceutical Needs Assessment?	
Yes	2
No	12
Don’t know	0

Verbatim comments in relation to the question above;
“The ABHB HAVE to ensure that the proper enforcement and inspection regulatory function of pharmacy’s and individual pharmacist takes place, and that any observations or formal submissions by PATIENTS have a proper role within the process to ensure the high quality of pharmaceutical services in GWENT is maintained. I do not know if such a provision is considered AT ANY TIME" by the AGHB even currently.?”
“Far greater need for old age pensioner services as there is nothing apart from voluntary organisations and charities. Far more provision for patients with serious long term health conditions especially at weekends.”

Health Board consideration and response

In response the comments above, the Health Board recognises the importance of ensuring that pharmaceutical services are delivered in a safe, effective and high-quality manner and that patients have opportunities to provide feedback on the services they receive. However, the inspection, regulation and enforcement of pharmacy services and individual pharmacists are the responsibility of national regulatory and professional bodies and are not matters that are considered as part of the PNA.

A comprehensive population needs assessment was undertaken as part of the development of the PNA. This included consideration of current and

projected population changes, demographic characteristics, health needs, life expectancy, deprivation, disability and other factors that may influence the future need for pharmaceutical services across the Health Board area.

The findings of this assessment have informed the conclusions within the PNA. Following consideration of this evidence, no additional pharmaceutical service needs were identified beyond those set out in the document.

3.2. Summary of Written Response and Health Board Considerations

A detailed written response was received from Community Pharmacy Wales (CPW). CPW acknowledged the work undertaken in preparing the draft PNA and broadly supported its description of current community pharmacy provision. However, CPW raised concerns about the evidential basis for some draft conclusions concerning future pharmaceutical need, hypothetical changes in service availability, controlled localities and the sustainability of provider capacity. The response is summarised below.

Question 1

1. Has the purpose of the pharmaceutical needs assessment been explained?	
Community Pharmacy Wales response	Yes, with qualifications

Summary of comments
CPW considered that the draft correctly described the PNA as a statutory assessment of current and future pharmaceutical need.
CPW recommended that the Executive Summary and Introduction give greater prominence to the PNA's role as an important evidential basis for decisions under the pharmaceutical market-entry framework, because the evidence, methodology and conclusions may affect subsequent regulatory decisions.

Health Board consideration and response

The Health Board accepted this recommendation. The Executive Summary, Chapter One, Chapter Seven and Appendix A have been amended to give greater prominence to the PNA's role as an important evidential basis for market-entry decisions, while clarifying that the PNA does not itself approve a new pharmacy or determine an application.

Question 2

2. Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within the area?	
Community Pharmacy Wales response	Yes, with qualifications

Summary of comments
CPW considered that the draft broadly reflected current community pharmacy provision and drew on an appropriate range of contractual, dispensing, service-activity and local intelligence data.
CPW advised that contractor questionnaire findings on capacity should be treated as a point-in-time assessment rather than evidence of future resilience. It stated that continued capacity and service delivery depend on contractual funding and workforce sustainability.

Health Board consideration and response

The Health Board accepted the qualification. Contractor questionnaire findings are treated as point-in-time evidence and considered alongside premises, workforce, activity, accessibility and local intelligence. The final PNA does not treat reported capacity as a guarantee of future resilience and recognises its dependence on workforce availability, contractual arrangements, clinical governance and sustainable resources.

Question 3

3. Is the need for Appliance Use Reviews and Stoma Appliance Customisation being met through providers outside the Health Board area?	
Community Pharmacy Wales response	Yes

Summary of comments
CPW considered it reasonable, in the absence of evidence to the contrary, to assume that the need for Appliance Use Reviews and Stoma Appliance Customisation is being met through existing out-of-area provision.

Health Board consideration and response

The Health Board agreed that available evidence supports the conclusion that current need is met through out-of-area provision. A local contractor's willingness to provide a service does not itself establish an unmet need. Appliance-service access and utilisation will remain under review.

Question 4

4. Are there gaps in service provision that have not been identified in the pharmaceutical needs assessment?	
Community Pharmacy Wales response	Unable to confirm

Summary of comments
CPW considered that the PNA included much of the relevant information about the location, opening hours and range of pharmaceutical services.
CPW was not in a position independently to verify the completeness or accuracy of that information and therefore could not confirm whether additional gaps existed.

Health Board consideration and response

The Health Board reviewed provision data, opening hours, locations, activity, contractor feedback and consultation evidence. No additional current systemic or geographical gap was identified. Any material change in availability, access or capacity identified during the lifetime of the PNA will be considered under regulation 6.

Question 5

5. Does the draft pharmaceutical needs assessment reflect the needs of the area's population?	
Community Pharmacy Wales response	No

Summary of comments
CPW considered that the draft did not sufficiently evidence proposed future pharmacy requirements in Newport East and Torfaen North, or the consequences attributed to pharmacy closure, reductions in Saturday opening and cessation of dispensing-doctor services.

Summary of comments
For Glan Llyn and Mamhilad Urban Village, CPW questioned whether the development thresholds would be reached during the PNA period and highlighted the accessibility of existing pharmacies. It recommended monitoring unless evidence showed that relevant development and population changes would occur and existing provision could not meet demand.
CPW opposed assumptions that loss of a pharmacy, supplementary Saturday hours or dispensing-doctor provision would automatically create a like-for-like replacement need. It considered that any change should prompt a fresh assessment of access, alternative provision, service use, population need, controlled-locality requirements and network capacity.
CPW also cautioned that inadequately evidenced market-entry needs could create over-provision and adversely affect the sustainability of existing pharmacies.

Health Board consideration and response

The Health Board accepted the concern in part. The fixed requirements for new pharmacy premises previously proposed for Glan Llyn and Mamhilad Urban Village have been removed. The detailed locality assessment describes Glan Llyn and Mamhilad Urban Village as matters requiring monitoring. Neither is identified as a current gap, and Chapter Seven identifies no specific future need for additional pharmaceutical provision on the evidence presently available.

Statements implying that pharmacy withdrawal, loss of supplementary Saturday hours or cessation of dispensing-doctor services would automatically create replacement need have been removed.

Statements that any future change will be managed in line with the conditions set out in regulation 6 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020 have been incorporated at relevant points.

Question 6

6. Has the pharmaceutical needs assessment provided sufficient information to inform market-entry decisions?	
Community Pharmacy Wales response	No

Summary of comments
CPW considered that the concerns raised under question 5 should be resolved before the PNA was relied upon for market-entry decisions.
CPW also raised concerns about controlled-locality determinations, dispensing-doctor outline-consent areas and mapping. It requested prioritised clarification around Abergavenny and clarification of the position relevant to Mamhilad Urban Village before any future application was considered.

Health Board consideration and response

The final PNA strengthens the explanation of its market-entry function and clarifies that applications are determined separately under the applicable regulatory tests and current evidence.

Chapter One now explains that eligibility for doctor dispensing is governed by the statutory controlled-locality framework and cannot be extended through the PNA. The Schedule 1 map identifies pharmaceutical and dispensing premises but does not determine or reproduce controlled-locality boundaries. The consultation concerns relating to controlled-locality information, including those concerning Abergavenny and the status relevant to Mamhilad Urban Village, have been recorded.

The underlying controlled-locality and mapping position is not resolved by publication of the PNA and will require consideration through the appropriate statutory, regulatory and Health Board governance process. Before determining any affected application, the Health Board will need to establish and consider the applicable controlled-locality, distance, outline-consent and other regulatory evidence prevailing at that time.

Question 7

7. Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?	
Community Pharmacy Wales response	Qualified response

Summary of comments
CPW recognised that the PNA provides a five-year planning framework but referred back to its concerns about the evidence supporting the current and future needs identified in the draft.

Health Board consideration and response

The PNA remains a five-year assessment of pharmaceutical need but is distinguished from subsequent commissioning decisions. Future commissioning must be considered alongside national policy, assessed need, workforce capacity, clinical governance, contractual arrangements and sustainable funding. Monitoring provisions have been included accordingly.

Question 8

8. Has the pharmaceutical needs assessment provided enough information to inform future service provision and plans for pharmacies, appliance contractors and dispensing doctors?	
Community Pharmacy Wales response	No

Summary of comments
CPW considered that the draft did not demonstrate that a need for new pharmacy provision in Newport East or Torfaen North would arise during the PNA period, given uncertainty about development timing, occupation, population growth, access, demand, existing capacity and future general medical services.
CPW recommended continued review using clearer evidence on development progress, occupancy, access and network capacity. It also stated that capacity conclusions should recognise financial and workforce pressures and the need for recurrent funding and contractual support.

Health Board consideration and response

The detailed locality assessment has been amended to describe Glan Llyn and Mamhilad Urban Village as matters for monitoring. Neither location is identified as a current gap, and Chapter Seven now concludes that no specific future need for additional pharmaceutical provision has been identified on the evidence presently available. Statements have been

included to describe that monitoring will include dwelling completions and occupation, population growth, access, service use, opening hours, provider capacity and alternative pharmaceutical and NHS services. If evidence shows that existing provision can no longer meet need, the Health Board will consider action under regulation 6.

Question 9

9. Are there pharmaceutical services that could be provided in the pharmacy setting in future that have not been highlighted?	
Community Pharmacy Wales response	Yes

Summary of comments
CPW suggested that pharmacy-based weight-management services could contribute to addressing the prevalence of overweight and obesity identified in Chapter Two.
CPW stated that such services would require investment beyond the existing Community Pharmacy Contractual Framework and recommended development in line with Community Pharmacy by Design principles and sustainable recurrent funding.

Health Board consideration and response

Chapter Two now records weight-management support as a potential future community pharmacy service. Any development would be subject to national policy, a separate assessment of need, workforce capacity, clinical governance, Community Pharmacy by Design principles and sustainable commissioning. No current Schedule 1 gap has been identified.

Question 10

10. Are there developments likely to arise during the lifetime of the pharmaceutical needs assessment that have not been identified?	
Community Pharmacy Wales response	No

Summary of comments
CPW was not aware of additional developments but noted that contractors, members of the public and other stakeholders with local knowledge might identify further developments through consultation.

Health Board consideration and response

No additional developments were identified by CPW. The final PNA continues to consider material population or service changes, through ongoing monitoring. Any future change will be managed in line with the conditions set out in regulation 6 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

Question 11

11. Do you agree with the conclusions of the pharmaceutical needs assessment?	
Community Pharmacy Wales response	No

Summary of comments
CPW did not agree with the draft conclusions because it considered that the identified unmet and future needs had not been sufficiently demonstrated, principally for the reasons set out in its response to question 5.

Health Board consideration and response

Following consultation, the conclusions have been substantially revised. The final PNA identifies no current systemic or geographical gap and no specific future need for additional pharmaceutical provision on the evidence presently available. Strategic developments and changes in service availability are treated as matters for monitoring, with significant changes considered under regulation 6. The Health Board retains responsibility for its final statutory assessment.

Question 12

12. Do you have any other comments?	
Community Pharmacy Wales response	No

Summary of comments
CPW made no additional comments.

Health Board consideration and response

No additional comments were made under this question. The response as a whole nevertheless informed revisions to the Executive Summary, Chapter One, Chapters Two, Six and Seven, Appendix A and this amendment record.

3.2.1. Summary of principal points raised by Community Pharmacy Wales

- CPW broadly supported the description of current community pharmacy provision and agreed with the assessment of appliance-related services obtained from out-of-area providers.
- CPW did not agree with the draft's overall conclusions because it considered that several identified future needs and hypothetical replacement requirements were insufficiently evidenced.
- CPW recommended clearer recognition of the PNA's market-entry role; evidence-led monitoring of strategic developments; removal or revision of speculative future-need statements; clarification of controlled-locality information; recognition of funding and workforce dependencies; and consideration of pharmacy-based weight-management services subject to assessed need and sustainable commissioning.

Health Board consideration and response

The Health Board accepted that hypothetical changes arising during the lifetime of the PNA should not automatically be treated as established future needs.

The Executive Summary, Chapter One, Chapter Seven and Appendix A have been amended to clarify and explain the Health Board's duties under regulation 6, including consideration of a revised assessment under regulation 6(2) and, where the statutory conditions are met, publication of a supplementary statement under regulation 6(3).

4. Summary conclusions

Consultation responses broadly supported the description of current pharmaceutical provision but raised concerns about the evidence supporting some proposed future needs and hypothetical replacement requirements. The Health Board accepted those concerns in part.

The final PNA identifies no current systemic or geographical gap and no specific future need for additional provision on the evidence presently available. Strategic housing growth, weekend access, service availability, prescription turnaround, medicine availability and provider capacity will be monitored, with significant changes considered under regulation 6 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

The final PNA removes speculative statements that provider withdrawal, reduction in supplementary Saturday hours or cessation of dispensing-doctor services would automatically create replacement need. The detailed locality assessment describes Glan Llyn and Mamhilad Urban Village as matters for monitoring; neither is identified as a current gap, and Chapter Seven identifies no specific future need on the evidence presently available.

Potential vaccination and weight-management services are future commissioning considerations, subject to policy, assessed need, workforce capacity, clinical governance and sustainable funding, and are not current gaps.

The Health Board will continue to make proportionate use of the existing pharmaceutical network and place-based models of care, while recognising that reported capacity is point-in-time evidence and may depend on workforce availability and sustainable contractual support.

5. Equalities monitoring

Eleven of the 14 online respondents completed the equality monitoring section and provided demographic information, Of these:

- Eleven respondents stated that their preferred language is English.
- One respondent is aged 35 to 44 years, two are aged 45 to 54 years, two are aged 55 to 64 years, four are aged 65 to 74 years and two are aged 75 years or older.
- Three respondents are male and eight are female.
- Five respondents described their ethnic group as White, three as Welsh, two as British and one as Indian.

- Nine respondents stated that they are heterosexual or straight and two preferred not to say.
- Eight respondents are Christian, one is Atheist, one is Hindu and one preferred not to say.
- Six respondents stated that they did not have a long-term illness or disability and five stated that they did.
- Eleven respondents stated that their gender identity has not changed from that assigned at birth.
- Five respondents confirmed that they have caring responsibilities, five stated that they did not and one preferred not to say.

6. Amendments

- The Executive Summary, Chapter One, Chapter Seven and Appendix A were amended to emphasise the PNA's role as an important evidential basis for market-entry decisions while clarifying that applications are determined separately.
- Chapter One and Appendix A were expanded to explain regulation 6 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020 including revised assessments under regulation 6(2) and supplementary statements under regulation 6(3).
- The dispensing-doctor sections were corrected and expanded to explain controlled localities, the 1.6 kilometre test, the distinction between controlled-locality mapping and the Schedule 1 premises map, and the need to establish relevant status before determining an affected application.
- Vaccination text was amended to record COVID-19 booster, pneumococcal and respiratory syncytial virus vaccination as potential future services subject to policy, assessed need, workforce capacity, clinical governance and sustainable commissioning, not as current gaps.
- Weight-management support was recorded as a potential future community pharmacy service, subject to national policy, assessed need, workforce capacity, clinical governance and sustainable commissioning, and not as a current gap. This terminology should be read consistently with the corresponding PNA reference to weight-loss support.
- Contractor capacity evidence was qualified as point-in-time information rather than a guarantee of future resilience.

- Chapter Six was amended to record consultation concerns about weekend access, prescription turnaround, medicine availability, housing growth and perceived capacity pressures, including Magor and Chepstow, and to establish the related monitoring framework.
- The fixed future pharmacy requirements previously proposed for Glan Llyn and Mamhilad Urban Village were removed. The detailed locality assessment describes Glan Llyn and Mamhilad Urban Village as matters for monitoring; Chapter Seven concludes that no specific future need for additional pharmaceutical provision has been identified on the evidence presently available.
- Statements implying automatic replacement need following pharmacy withdrawal, reduced supplementary Saturday hours or cessation of dispensing-doctor services were removed. Material changes will be managed in according to regulation 6 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020.
- The conclusions within individual NCN assessments in Chapter Six were revised to state that existing pharmaceutical services, including provision accessed in neighbouring localities, are currently sufficient to meet identified need. This replaces more absolute statements that no current or future need exists.
- Chapter Seven was amended to distinguish current gaps, conditional future needs and matters requiring monitoring, and to conclude that no specific future need for additional provision is identified on the evidence presently available.
- Appendix K was updated to provide a Health Board consideration and response to each principal consultation issue and a traceable record of the resulting amendments.

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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Pharmaceutical Needs Assessment

2026



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Executive Summary

Purpose of the Pharmaceutical Needs Assessment

This Pharmaceutical Needs Assessment (PNA) is a statutory document produced in accordance with the NHS (Pharmaceutical Services) (Wales) Regulations 2020. It sets out how pharmaceutical services meet the current and anticipated health needs of the population of Aneurin Bevan University Health Board.

The PNA informs strategic planning and commissioning of pharmaceutical services and underpins decisions on market entry, relocation and changes to core opening hours. It provides the evidence base against which the adequacy of pharmaceutical provision is assessed. It ensures that people across Gwent can access safe, timely and equitable pharmaceutical care now and in the future.

The PNA is both a strategic assessment of pharmaceutical need and an important source of evidence for decisions taken under the pharmaceutical market-entry framework. It does not itself approve a new pharmacy or determine an application. Its findings must therefore be read together with the applicable regulatory criteria and the circumstances prevailing when any application is determined.

Strategic and Public Health Context

Pharmaceutical services operate within a national and local policy framework that prioritises prevention, early intervention, reducing health inequalities and delivering care closer to home, consistent with Marmot principles and the Well-Being of Future Generations (Wales) Act. The Health Board's strategic direction, including Gwent 2035 and the Integrated Medium-Term Plan, emphasises place-based care, strengthening community services and improving equitable access to health support.

Community pharmacies, dispensing appliance contractors and dispensing doctors play a key role in supporting these ambitions through accessible medicines supply, clinical services, vaccination delivery and preventative interventions. The PNA ensures that pharmaceutical service provision aligns with wider public health priorities and supports the Health Board's ambition to improve population health and reduce inequality across Gwent.

Public and stakeholder engagement has informed this assessment, with findings indicating high levels of accessibility and satisfaction with existing provision.

Population and Health Needs

Pharmaceutical demand across the Health Board area is shaped by demographic change, socioeconomic inequality, and geography.

The population of approximately 600,000 people is distributed across five local authorities, with significant variation in population density, deprivation and rurality.

The population is ageing, with increasing prevalence of long-term conditions, multimorbidity and polypharmacy, driving sustained demand for medicines supply and optimisation, accessible pharmaceutical care, and additional clinical services delivered within community pharmacy.

Marked health inequalities persist across the Health Board area, with variation in life expectancy and earlier onset of chronic disease in more deprived communities. Geographic factors, including rurality and transport access, also influence how services are accessed. In many areas, community pharmacy represents the most accessible point of contact with the healthcare system.

Together, these factors shape both the volume and complexity of demand for pharmaceutical services across the Health Board area.

Current Pharmaceutical Service Provision

Pharmaceutical services across the Health Board area are delivered through a network of community pharmacies, dispensing appliance contractors and dispensing doctors. Provision is distributed across urban centres, valley communities and rural areas, broadly reflecting population density and established patterns of demand.

The Health Board has identified a range of pharmaceutical services as necessary to meet population need. Contractors provide essential services alongside a range of nationally and locally commissioned clinical services including; the Clinical Community Pharmacy Service, Discharge Medicines Review and seasonal vaccination programmes. The availability of these services varies by service type and locality; while the Clinical Community Pharmacy Service is delivered by all contractors, other additional clinical services are provided by a majority of pharmacies rather than being universally available across all providers.

In addition, a number of additional clinical services, such as the palliative care service, urgent medicines supply and needle exchange are commissioned on a Health Board-wide or needs-led basis. These services

are designed to meet population need across Gwent and are accessed across locality boundaries.

Provision of pharmaceutical services from contractors outside the Health Board area also contributes to meeting need, reflecting patient choice and patterns of service utilisation.

Taken together, this model provides a flexible and integrated network of pharmaceutical services delivered at both local and Health Board level.

Assessment of Adequacy

Provision has been assessed against the population characteristics and pharmaceutical-service relevant needs using a locality-based approach at both Local Authority and Neighbourhood Care Network level.

The assessment demonstrates that:

- Pharmaceutical services are well distributed and accessible, with the majority of the population living within reasonable travel times of a pharmacy.
- Contractor capacity is generally sufficient, with most providers able to accommodate increases in demand where required.
- Service provision aligns with identified population need across both essential and additional clinical services.
- Additional clinical services commissioned on a Health Board-wide or targeted basis are sufficient to meet need, even where they are not provided in every pharmacy.
- There is sufficient choice for people to access pharmaceutical services across the Health Board area.

Across all localities, there is no evidence of unmet need or requirement for additional pharmaceutical services at the present time. This supports the overall conclusion that current pharmaceutical service provision is appropriate, resilient and proportionate to need across the Health Board area.

Identified Gaps and Future Needs

Current Provision

For the purposes of Schedule 1 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020, the Health Board concludes that no current systemic or geographical gaps exist in the provision of pharmaceutical

services across the Health Board area. Residents have sufficient choice and access to services, and this position is consistent with the previous PNA.

Previously Identified Gaps

The previously identified gap in Level 3 smoking cessation services has been resolved through expanded provision and alternative delivery models.

The gap in influenza vaccination has been addressed within existing provision.

Overall Conclusion

The Health Board concludes that current pharmaceutical service provision is adequate and sufficient to meet identified population need, with no current systemic or geographical gaps identified across the Health Board area.

Changes in population, housing development, primary care configuration, service availability or provider capacity may affect pharmaceutical need during the lifetime of the PNA. These matters will be kept under review and, where the evidence identifies a significant change in pharmaceutical need or service availability, the Health Board will consider appropriate action under regulation 6 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

How to read this Pharmaceutical Needs Assessment

This PNA is structured to provide a clear and transparent assessment of pharmaceutical needs across the Health Board area.

Chapter 1

Purpose, statutory basis and strategic context.

Chapter 2

Population, health needs and inequalities.

Chapter 3

Current pharmaceutical service provision and stakeholder feedback.

Chapter 4

Other NHS services influencing pharmaceutical need.

Chapter 5

How population need can be met through pharmaceutical services.

Chapter 6

Locality-based assessment of adequacy.

Chapter 7

Formal conclusions on adequacy, gaps and future need.

Chapter One – Introduction

1.1. Purpose of a Pharmaceutical Needs Assessment

Pharmaceutical Needs Assessments (PNAs) are a statutory requirement in Wales and provide the framework for assessing how pharmaceutical services meet the current and future health needs of the local population. In doing so, PNAs draw on wider population health intelligence, including the Gwent Joint Strategic Assessment (JSA) 2024/25 Edition[1], the Gwent Wellbeing Assessment and the Gwent Wellbeing Plan[2].

PNAs support Health Boards in planning, commissioning, and reviewing pharmaceutical services. They provide the evidence base for decisions on applications to open new pharmacies or appliance contractor premises, relocating existing premises, or amending core opening hours. PNAs also inform decisions on where dispensing doctors may provide services, ensuring provision aligns with identified local population needs.

One of the goals of the PNA is to ensure pharmaceutical services are responsive to the local population. Public feedback helps identify gaps in service, such as accessibility issues, opening hours, or desired services and can support to testing assumptions about local health needs.

A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of greatest health need and can reduce the risk of overprovision in areas where there is less need.

1.2. Strategic and Public Health Context

1.2.1. National Policy Direction

The publication of “A Healthier Wales”[3] 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. 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.

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[1] The Gwent Joint Strategic Assessment 2024/25 Edition - Aneurin Bevan University Health Board

[2] Gwent Well-being Plan - Gwent Public Services Board Gwent Public Services Board

[3] Welsh Government, A healthier Wales: long term plan for health and social care, 2018

Delivering a Healthier Wales[4] 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.

1.2.2. Health Board Priorities

'Gwent 35'[5] has been designed to transform health and care by 2035, building upon the foundations of the previous Clinical Futures programme to ensure better health, care, and lives. It aligns with the clinical strategy by accelerating the shift toward preventative, community-based care and enhancing local services, ensuring equitable health opportunities across Gwent.

As part of the Health Board Integrated Medium-Term Plan (IMTP) 2025-2028[6], some key aims are detailed below:

- Embed prevention and Population Health in all that we do;
- Progress place-based models of care and sustainability in primary and community services;
- Improve our urgent and emergency care system focusing on experience, access and discharge pathways.

For out-of-hospital services to be delivered most effectively, ABUHB is committed to implementing a model of 'place-based care'. The overarching strategic aim of Place Based Care is to make Gwent a region of connected, resilient communities where people are supported to live healthy, independent, and fulfilled lives as close to home as possible. This approach prioritises prevention, early intervention, and coordinated support within neighbourhoods, integrating services around what matters most to people in their everyday lives. Central to this model are accessible community assets, such as community pharmacy and dispensing doctors working alongside wider primary care services, local authorities, and the voluntary

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[4] Welsh Pharmaceutical Committee, Pharmacy: Delivering a Healthier Wales, April 2019

[5] Gwent 35: Our Ten Year Strategy - Aneurin Bevan University Health Board

[6] Integrated Medium Term Plan 2025-2028 - Aneurin Bevan University Health Board

sector to provide timely, preventative, and personalised support. This ambition aligns with the ABUHB 10-year strategy Gwent 2035, by improving population health and equity, strengthening integrated local care, and addressing wider determinants of health in partnership with communities.

Pharmacy services across primary and secondary care play a key role in optimising the safe and effective use of medicines. Community pharmacists and their teams are increasingly expected to work at the top of their professional competence, supporting access to the right care in the right setting and contributing to prevention and early intervention.

National and local policy direction supports the continued development of clinical and preventative services delivered through pharmaceutical services. Over the lifetime of this PNA, pharmacy is expected to play an increasing role in supporting, vaccination, and wider public health priorities, subject to commissioning decisions and available resources.

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.

1.2.3. Public Health and Prevention Agenda

Pharmaceutical services are a key enabler of ABUHB ambitions to improve population health, reduce inequalities, and strengthen prevention across Gwent. From a public health perspective, the PNA provides a critical mechanism for aligning pharmaceutical provision with ABUHB's strategic priorities and the health needs identified through the Gwent Joint Strategic Assessment and local wellbeing assessments.

ABUHB's public health priorities include a stronger focus on prevention and early intervention across the life course, reducing health inequalities through proportionate universalism, addressing the wider social determinants of health, and delivering services through place-based approaches such as Integrated Wellbeing Networks and community hubs. Embedding Making Every Contact Count (MECC)[7] which is an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.

[7] MECC // Public Health Network :: Home

Consistent public health messaging across all points of care is also a core ambition.

Community pharmacies play a unique and accessible role in supporting these priorities. As trusted healthcare settings embedded within local communities, they are well placed to deliver preventative interventions, improve access to care closer to home, and support targeted action in areas of higher need.

The PNA therefore acts as a strategic tool, ensuring that pharmaceutical services are aligned with ABUHB's wider public health ambitions, including strengthening community-based care, expanding preventative services, improving early years outcomes, and ensuring resources are distributed in an equitable and needs-based way.

Gwent is a Marmot Region which means there is a network of local stakeholders committed to tackling inequity through action on the social determinants of health, the social and economic conditions which shape our health. Becoming a Marmot Region signifies a collective intent to work together to improve equity across Gwent and improve the lives of all our communities as a result, in line with Marmot principles.

By identifying current provision, access, capacity, and future requirements, the PNA helps ensure the pharmaceutical system is responsive, sustainable, and adaptable to the evolving needs of the population.

1.3. Health Board Duties in Respect of the Pharmaceutical Needs Assessment

Following the publication of the Health Board's original PNA[8] in 2021 this revised assessment has been produced in accordance with the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020[9].

The Health Board will keep changes in the availability of pharmaceutical services under review throughout the lifetime of this PNA. Where a change is of a significant extent and is relevant to the granting of applications under section 83 of the National Health Service (Wales) Act 2006, the Health Board will consider whether a revised assessment is required under regulation 6(2).

Pending publication of a revised assessment, the Health Board may publish a supplementary statement explaining relevant changes to the availability

[8] Pharmaceutical Needs Assessment - Aneurin Bevan University Health Board

[9] The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020

of pharmaceutical services where the conditions in regulation 6(3) are met. Any supplementary statement will become part of the PNA, and the bodies listed in regulation 7(1) will be notified of its publication as soon as reasonably practicable.

Further information on the Health Board's specific duties in relation to PNA and the policy and *regulatory framework* to *the* PNA can be found in appendix A.

1.4. Scope of the Pharmaceutical Needs Assessment

The services that are to be included in a PNA are defined in section 81 and 82 of the National Health Service (Wales) Act 2006[10]. 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 ABUHB there are 125 community pharmacies, 13 GP practice dispensaries and no dispensing appliance contractors.

Contractors may operate as a sole trader, partnership, or body corporate. The Medicines Act 1968[11] governs who may act as a pharmacy contractor, whereas there are no equivalent restrictions on who may operate as a dispensing appliance contractor, which is a provider authorised to supply and support patients with prescribed medical appliances such as stoma products, catheters, and incontinence appliances.

Only GPs may provide dispensing doctor services. Dispensing doctors are GP practices permitted to dispense medicines directly to patients in designated rural areas where access to a community pharmacy is limited. These services are governed primarily by the National Health Service (Wales) Act 2006, supported by secondary legislation, including the

[10] National Health Service (Wales) Act 2006

[11] Medicines Act 1968

National Health Service (General Medical Services Contracts) (Wales) Regulations 2023[12].

While the PNA considers whether pharmaceutical services are adequate to meet population need, there are certain factors that are outside the scope of the PNA or beyond the direct control of the Health Board. Minimum core opening hours for pharmacies are agreed nationally through regulation, and operational matters such as staffing arrangements and breaks (including the presence of a responsible pharmacist) are the responsibility of individual contractors. In addition, medicines supply and stock availability are influenced by UK-wide supply chains and regulatory arrangements, which are not devolved and cannot be addressed through a local PNA. Some services frequently requested by the public, such as the provision of compliance aids and home delivery, are not NHS pharmaceutical services unless specifically commissioned, and their availability therefore falls outside the statutory scope of this assessment.

1.5. Pharmaceutical Services

This section explains the services that different pharmaceutical providers are required to offer. It also outlines any additional services the Health Board may choose to commission for them to deliver to meet the health needs of the local population.

1.5.1. Pharmaceutical Services Provided by Community Pharmacy Contractors

Unlike GPs and dentists, but similar to optometrists, ABUHB does not hold contracts with the pharmacy contractors in its area. Instead, they provide services under a contractual framework.

- The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020[13];
- The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022[14];

[12] The National Health Service (General Medical Services Contracts) (Wales) Regulations 2023

[13] The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020

[14] The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022 | GOV.WALES

- The Pharmaceutical Services (Advanced Services) (Appliances) (Wales) Directions 2010[15]; and
- The Primary Care (Contracted Services: Immunisations) (Influenza) Directions 2025[16].

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

Essential Services

These are part of the terms of service set out in schedule 5 of The NHS (Pharmaceutical Services) (Wales) Regulations 2020[17] and must be provided by all pharmacies. They include:

- Dispensing services
- Disposal of unwanted drugs
- Promotion of healthy lifestyles
- Signposting
- Support for self-care

Additional Pharmaceutical Services

These services are defined by Directions issued to Health Boards by the Welsh Ministers. Under these Directions, Health Boards are required to commission certain specified additional services and may, at their discretion, commission others. Pharmacy Contractors may choose whether to provide any of these services. However, if they opt to provide one or more of them, services they must comply with the requirements set out in the relevant Directions and associated regulations listed below:

- The Pharmaceutical Services (Clinical Services) (Wales) Direction 2022[18];
- The Pharmaceutical Services (Advanced Services) (Appliances) (Wales) Directions 2010[19]; and

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[15] The Pharmaceutical Services (Advanced Services) (Appliances) (Wales) Directions 2010 (2010 No.13) | GOV.WALES

[16] The Primary Care (Contracted Services: Immunisations) (Influenza) Directions 2025 | GOV.WALES

[17] The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020

[18] The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022 | GOV.WALES

[19] The Pharmaceutical Services (Advanced Services) (Appliances) (Wales) Directions 2010 (2010 No.13) | GOV.WALES

- The Primary Care (Contracted Services: Immunisations) (Influenza) Directions 2025[20].

Additional Pharmaceutical Services that must be offered by Health Boards:

- The Discharge Medicines Review Service
- The Clinical Community Pharmacy Service
- The Pharmacy Independent Prescribing Service
- The Primary Care Contracted Services: Immunisation Scheme for Influenza
- The Stoma Appliance Customisation Service
- The Appliance Use Review Service

Additional Pharmaceutical Services that may be offered by Health Boards:

- Anticoagulation monitoring*
- Care home service
- Disease specific medicines management service
- Emergency pandemic treatment and prophylaxis supply service*
- Emergency pandemic vaccination service*
- Gluten free food supply service*
- Home delivery service*
- Language access service*
- Medicines assessment and compliance support service
- Medication review service*
- Needle and syringe exchange service
- 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*
- Waste minimisation service

Services marked with an asterisk are not currently commissioned from pharmacies within the Health Board area.

[20] The Primary Care (Contracted Services: Immunisations) (Influenza) Directions 2025 | GOV.WALES

Further information on the essential and additional pharmaceutical 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
- Collaboration in clusters with other Health Care Professionals
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff management programme
- An information governance programme
- A premises standards programme

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

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

1.5.2. Pharmaceutical Services Provided by Dispensing Appliance Contractors

Whilst the Health Board does not currently have any dispensing appliance contractors, the following section sets out their role and the functions they would ordinarily be expected to provide within pharmaceutical services.

As with pharmacy contractors, Health Boards do 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.

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
- Home delivery service for certain specified 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 additional pharmaceutical 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. Under The Pharmaceutical Services (Advanced Services) (Appliances) (Wales) Directions 2010[21], appliance contractors may also provide:

- The Stoma Appliance Customisation Service
- The Appliance Use Review Service

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

[21] The Pharmaceutical Services (Advanced Services) (Appliances) (Wales) Directions 2010 (2010 No.13) | GOV.WALES

to successfully apply to open premises with a greater number of core opening hours to meet a need identified in a PNA.

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.

1.5.3. Pharmaceutical Services Provided by Doctors

Regulation 26 of The NHS (Pharmaceutical Services) (Wales) Regulations 2020 allows Health Boards to make arrangements with doctors to dispense to eligible patients in certain circumstances. *The applicable terms of service are set out in Schedule 7.* The regulations are complex, 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, historic rights or 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. Additionally, only the provision of the services set out in Schedule 7 of the 2020 Regulations fall within the legal definition of pharmaceutical services.

Publication of this PNA does not itself determine, amend or resolve controlled-locality boundaries, outline-consent areas or individual eligibility for doctor dispensing. Before determining any application to which the controlled-locality provisions may be relevant, the Health Board will establish and consider the applicable controlled-locality determination, distance, outline-consent, premises-approval and other regulatory evidence prevailing at that time. Any separate review of controlled-locality information will be undertaken through the appropriate statutory and Health Board governance process.

Eligibility for doctor-dispensing services is determined under the statutory controlled-locality framework and cannot be extended through the PNA. Current controlled-locality determinations and maps are maintained

separately by the Health Board and should be consulted when considering doctor dispensing, reserved locations or proposals close to a controlled-locality boundary. The Schedule 1 PNA map identifies pharmaceutical and dispensing premises; it does not determine or reproduce controlled-locality boundaries.

The opening of a new pharmacy may affect eligibility for doctor dispensing where a patient living in a controlled locality is within 1.6 kilometres, measured in a straight line, of that pharmacy. This can apply even where the pharmacy premises are outside the controlled locality. Any effect on existing dispensing arrangements will be determined in accordance with relevant regulations and the applicable transitional, postponement and appeal provisions.

1.5.4. Other NHS Services

Other services which are commissioned or provided by ABUHB which affect the need for pharmaceutical services are also included within the PNA.

1.6. Pharmaceutical Needs Assessment methodology

1.6.1. Pharmaceutical Needs Assessment Steering Group

ABUHB is responsible for publishing the PNA, with the Executive Director of Public Health and Strategic Partnerships overseeing its development. To support this, the Health Board re-established a PNA steering group to ensure the new assessment complies with the NHS (Pharmaceutical Services) (Wales) Regulations 2020 and reflects the needs of the local population. The group includes representatives from all key stakeholders, with full membership listed in Appendix F.

1.6.2. Pharmaceutical Needs Assessment Localities

Gwent has 125 community pharmacies operated by 55 pharmacy contractors, alongside 13 dispensing doctor dispensaries, forming the core network of pharmaceutical service provision across the Health Board area. The region comprises five Local Authorities and is organised into eleven Neighbourhood Care Networks (NCNs).

NCNs bring together partners from public health, local government, housing, and the third sector to plan services around clearly defined local populations. Because NCN boundaries provide an accurate reflection of community health needs, they are used as the basis for the PNA localities and as a key reference point throughout the assessment.

Table one presents the number of pharmacies and dispensing doctors within each Local Authority and NCN area. For the purposes of this PNA, the local areas correspond directly to the NCN boundaries.

Table 1: Community Pharmacies and Dispensing Doctors by Local Authority and Neighbourhood Care Network.

Local Authority	Number of pharmaceutical service providers in Local Authority	Neighbourhood Care Networks	Number of providers in Neighbourhood Care Networks
Blaenau Gwent	16 Pharmacies	Blaenau Gwent East	7 Pharmacies
		Blaenau Gwent West	9 Pharmacies
Caerphilly	41 Pharmacies	Caerphilly East	13 Pharmacies
		Caerphilly North	14 Pharmacies
		Caerphilly South	14 Pharmacies
Monmouthshire	18 Pharmacies 12 Dispensing Doctors	Monmouthshire North	11 pharmacies 7 Dispensing Doctors
		Monmouthshire South	7 pharmacies 5 Dispensing Doctors
Newport	30 Pharmacies	Newport East	13 pharmacies
		Newport West	17 pharmacies
Torfaen	20 Pharmacies 1 Dispensing Doctor	Torfaen North	10 pharmacies 1 dispensing Doctor
		Torfaen South	10 Pharmacies

1.6.3. Other Sources of Information

The interactive Gwent Joint Strategic Assessment 2024/25 Edition collates indicators together to provide an overview of the health and well-being of the people of Gwent. This provided background information on the health needs of the population and can be found on the Health Board website[22].

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

[22] The Gwent Joint Strategic Assessment 2024/25 Edition - Aneurin Bevan University Health Board

- Gwent Wellbeing Assessment May 2022 [23]
- Gwent Wellbeing Plan May 2023[24]
- Nomis website[25]
- StatsWales website[26]
- Public Health Wales Observatory website[27]
- Welsh Index of Multiple Deprivation (WIMD) 2025 results report[28]
- Maps Wales website[29]
- The local authorities' Local Development Plans and Annual Monitoring Reports

1.6.4. Patient and Public Engagement

The PNA aims to ensure pharmaceutical services meet local needs, and public feedback is essential for identifying gaps such as access, opening hours and service availability. To gather views from patients and the public, an online questionnaire (available in Welsh and English from 10 November to 22 December 2025) asked how people currently use community pharmacies and dispensing doctors, how they would like to use them in future, and what works well or could be improved.

The results of the questionnaire are reflected later in this document setting out current pharmaceutical provision. In addition, appendix G contains the questionnaire and appendix H contains the full results.

1.6.5. Contractor Engagement

A Community Pharmacy questionnaire was made available online from 10 November to 22 December 2025. Sixty six of the 125 pharmacies in the Health Board area responded, giving a response rate of 53%. The questionnaire gathered information on available facilities, current demand and capacity, and the range of services provided. A copy of the Community

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[23] Gwent Well-being Assessment - Gwent Public Services Board Gwent Public Services Board

[24] Gwent-WBP-Final-digital-version-2023-2.pdf

[25] Nomis - Official Census and Labour Market Statistics

[26] Catalogue

[27] Public Health Wales Observatory

[28] Welsh Index of Multiple Deprivation (WIMD) 2025 results report: overall index [HTML] | GOV.WALES

[29] Home | DataMapWales

Pharmacy questionnaire is included in appendix I, and further detail is provided in the section on current pharmaceutical provision.

During the same period, an online questionnaire was issued to all 12 dispensing practices. Three practices responded, representing a 25% response rate. Contractors were asked about their services, capacity, and opening hours. The questionnaire is included in appendix J, with further explanation provided in Chapter Five.

1.6.6. Consultation

The draft PNA was published on the Health Board's website for statutory consultation from 2 July to 31 August 2026, a period of not less than 60 days. In accordance with regulation 7 of the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020, the Health Board notified and consulted the prescribed organisations and persons.

The consultation sought views on the accuracy of the assessment, current provision, identified gaps, future pharmaceutical needs and the conclusions of the draft PNA. The Health Board considered all responses received before finalising the assessment. A report of the principal issues raised, the Health Board's response and amendments made is provided in Appendix K.

1.7. Structure of the Pharmaceutical Needs Assessment

This PNA is structured to provide a clear and transparent assessment of pharmaceutical need and service provision. It first describes the population, health needs and groups with particular pharmaceutical needs, before setting out current pharmaceutical provision and the wider NHS services that influence demand. It then assesses whether existing provision is adequate to meet identified need at locality level and concludes by identifying any gaps and future pharmaceutical needs to inform planning and decision-making.

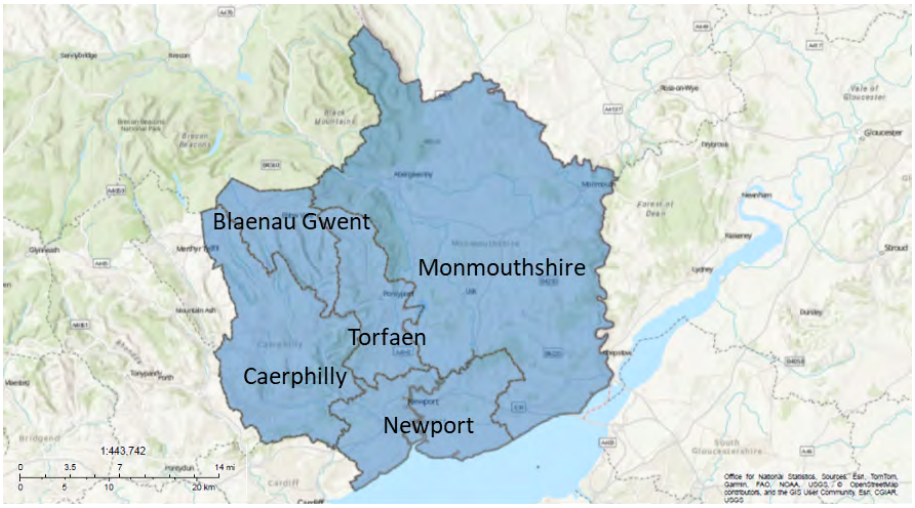
Chapter Two - Population Profile, Health Inequalities and Pharmaceutical Need

This chapter describes the population profile, health needs and wider determinants that influence demand for pharmaceutical services across the Health Board area, including groups who may experience particular barriers to access. It provides the contextual evidence base against which current provision and, in later chapters, the adequacy of that provision is assessed.

2.1. Local Authorities Overview

The footprint of ABUHB is coterminous with Greater 'Gwent', a term used to reflect the five local authority areas. The map below illustrates the five local authority areas.

Map 1 Gwent local authorities

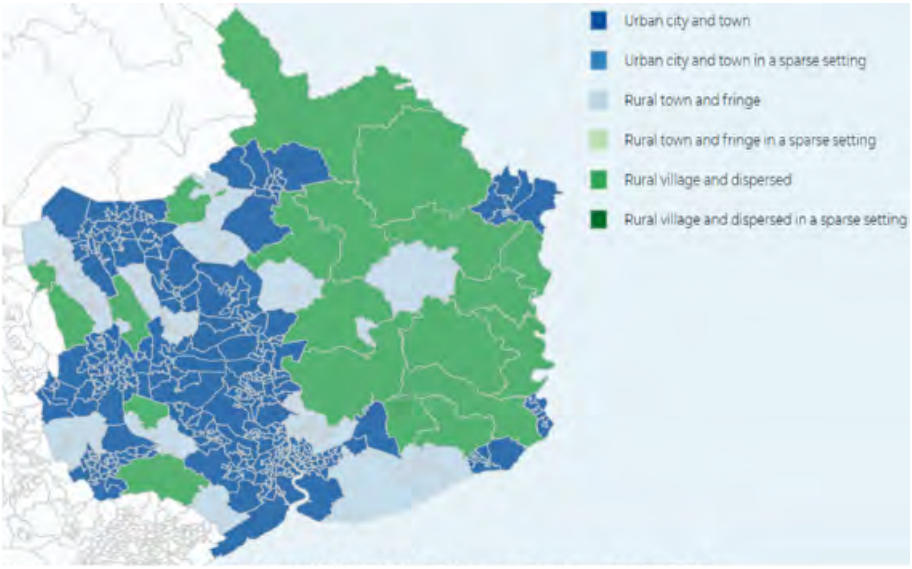


Gwent covers an area of 1,533 square kilometres (km^2), which is 7.2% of Wales (21,225 km^2) and has a population of 601,686[30], which equates to 18.8% of the whole of the Welsh population (3,186,581).

The ABUHB area is varied with both urban centres and rural countryside, along with the most easterly of the South Wales valleys. The map below shows the rural urban classification for the Lower Super Output Areas (LSOAs) in the Health Board and shows the general split of rurality in the East against the urban areas in the West.

[30] StatsWales population estimates

Map 2 – Rural Urban Classification (2011) Aneurin Bevan University Health Board[31]



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2.1.1. Blaenau Gwent County Borough

Blaenau Gwent is geographically the smallest borough in Wales with an area of approximately 109 km^2 and a population of 67,873. Blaenau Gwent is defined physically by high hillsides dividing the three main valleys.

Blaenau Gwent comprises a number of urban centres within a largely rural geography. Socio-economic indicators show higher levels of unemployment and income deprivation relative to national averages.[32]

Map 3 – Blaenau Gwent County Borough



[31] Health Maps Wales, NHS Wales Informatics Service

[32] GWBA-Economic-Section-V10-FINAL.pdf

2.1.2. Caerphilly County Borough

Caerphilly County Borough covers some 280 km^2 of the Valleys area of South-East Wales and has a population of 176,865. The county borough is a mixture of urban and rural communities. Three quarters of the county borough is used for agriculture and forestry.

Caerphilly town has an expanding economy and benefits through good transport links to Cardiff but there are significant levels of unemployment [33] and poor health[34].

Map 4 – Caerphilly County Borough



2.1.3. Monmouthshire County

Located in South-East Wales, Monmouthshire County has a strategic position between the major centres in South Wales, the South-West of England and the Midlands. The county covers an area of approximately 880 km^2 with an estimated population of 94,930.

Monmouthshire is generally a prosperous area offering a high quality of life for its residents, but this does mask some areas of deprivation.[35]

[33] Economic activity status, England and Wales - Office for National Statistics

[34] General health, England and Wales - Office for National Statistics

[35] Tackling Poverty - Monmouthshire

Map 5 – Monmouthshire County



2.1.4. Newport City County Borough

Newport City is a multicultural city and the third-largest urban centre in Wales, with a population of 167,899 and an area of 217.7 km².

Newport City County Borough area, which encompasses both the city and surrounding communities within the borough, has experienced sustained demographic change, with the proportion of residents from minority ethnic communities increasing from 10.1% in 2011 to 14.4% in 2021[36].

Map 6 – Newport City County Borough



2.1.5. Torfaen County Borough

The county borough of Torfaen has an area of 126 km² and is the third-smallest borough in Wales, with a population of around 94,119.

[36] How life has changed in Newport: Census 2021

Torfaen is the most easterly of the South Wales Valleys and comprises a mix of urban settlements and rural communities. Torfaen has a legacy of industrial development and experiences variation in socio-economic conditions across the borough, with some areas facing higher levels of deprivation alongside more affluent communities.[37]

Map 7 – Torfaen County Borough



2.2. Population

This section describes the size, distribution and age profile of the population across the Health Board area, including trends in population growth and ageing. These factors influence overall demand for pharmaceutical services and the type of services required, particularly in relation to long-term conditions and medicines use.

2.2.1. Population Size

Based on StatsWales population estimates for mid-year 2024, the total population of the Health Board's area was 601,686, of which 49.02% were male and 50.97% were female. Population size and distribution vary across the five local authority areas, with Caerphilly and Newport together accounting for over half of the total population (57.30%), while Blaenau Gwent, Monmouthshire and Torfaen each represent smaller but significant population bases. Table 2 shows the distribution of the Gwent population by local authority area, highlighting the percentage contribution each makes to the overall Health Board population[38].

[37] Household deprivation - Census Maps, ONS

[38] StatsWales population estimates

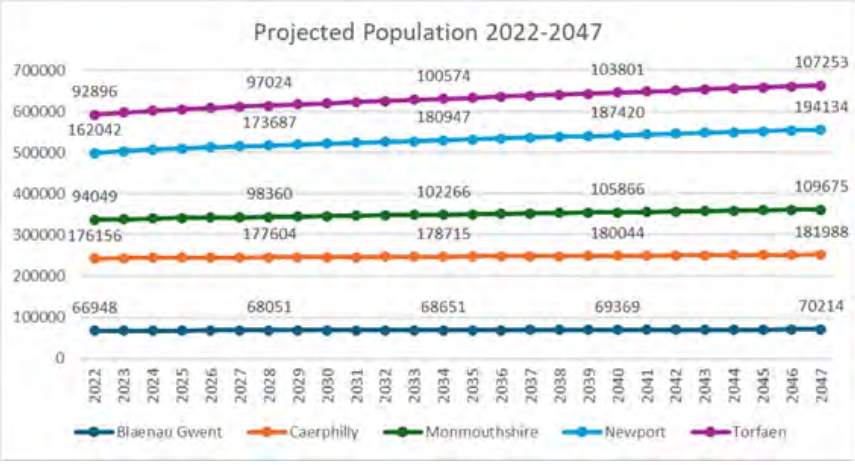
Table 2: Population by Local Authority

	Population	% of Gwent
Blaenau Gwent	67,873	11.28
Caerphilly	176,865	29.39
Monmouthshire	94,930	15.78
Newport	167,899	27.91
Torfaen	94,119	15.64
Gwent	601,686	

2.2.2. Population Projection

Figure 1 shows projected overall growth across most local authorities between 2018 and 2043, with the largest absolute increase in Newport, reflecting its role as the main growth area. These patterns of growth and distribution provide important context for understanding current and future demand for pharmaceutical services, particularly in relation to service capacity and geographic access. The implications of this growth, including changes in age structure, are considered further in section 2.2.4.

Figure 1 – Projected Population by Local Authority 2022-2047[39]



[39] 2022-based population projections by local authority, age, sex, year and variant | StatsWales

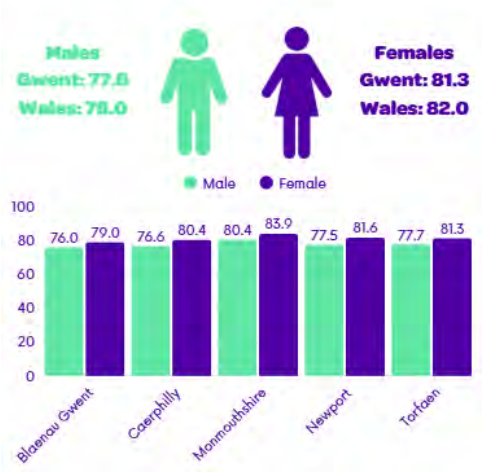
2.2.3. Life Expectancy and Healthy Life Expectancy

Significant inequalities in life expectancy and healthy life expectancy are evident across the Health Board area, and these differences underline the need for targeted pharmaceutical interventions that support prevention, self-care, early diagnosis, medicines optimisation and long-term condition management in the communities experiencing the poorest outcomes. The average life expectancy at birth for the Health Board is 77.6 years for males and 81.3 years for females, but there are clear differences in life expectancy between the Health Board local authority areas.[40]

Monmouthshire has the highest life expectancy for both males, at 80.4 years, and females, at 83.9 years. In contrast, Blaenau Gwent records the lowest life expectancy, with males living on average 76.0 years and females 78.9 years. Caerphilly, Newport and Torfaen fall between these two ends of the spectrum, and across all areas females consistently live longer than males.

These patterns highlight persistent geographic inequalities in health outcomes across Gwent, which are relevant to understanding variation in long-term condition prevalence and demand for pharmaceutical services.

Figure 2 – Life Expectancy at Birth- Years of Life 2021-23

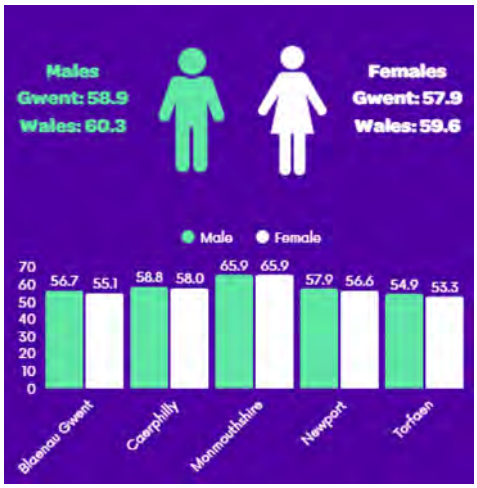


Healthy life expectancy is the number of years that people live in good health. The difference in healthy life expectancy between most and least deprived areas in ABUHB is 12.8 years for men and 20.5 years for women.

Monmouthshire has the highest healthy life expectancy for both males and females and Torfaen has the lowest.

[40] JSA 2024/25

Figure 3 - Healthy Life Expectancy at Birth -Healthy Years of Life, 2021-23[41]



These differences in life expectancy and healthy life expectancy reinforce the importance of ensuring that pharmaceutical services are accessible, proportionate and responsive to meet the needs of the populations within the areas experiencing the greatest health inequalities across Gwent.

2.2.4. Age Structure and Population Ageing

The age profile (figure 4) shows a broad working-age population across the Health Board area, with the largest numbers in the 30–59 age group for both males and females. In 2023, approximately 61% of the population were of working age (16–64), 21% were aged 65 and over, and 18% were under 16.

[41] Source: Gwent JSA 24/25 (Life expectancy for local areas of Great Britain - Office for National Statistics + Health state life expectancy, all ages, UK - Office for National Statistics)

Figure 4 - Gwent Population by Age (2023 midyear estimates)[42]

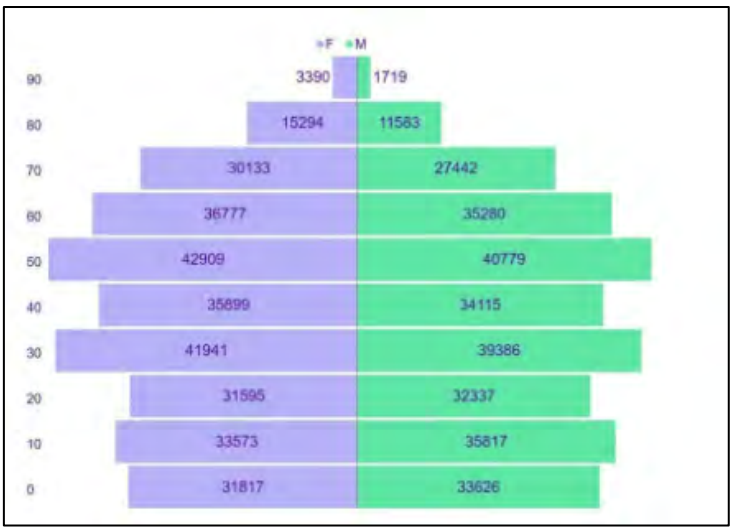
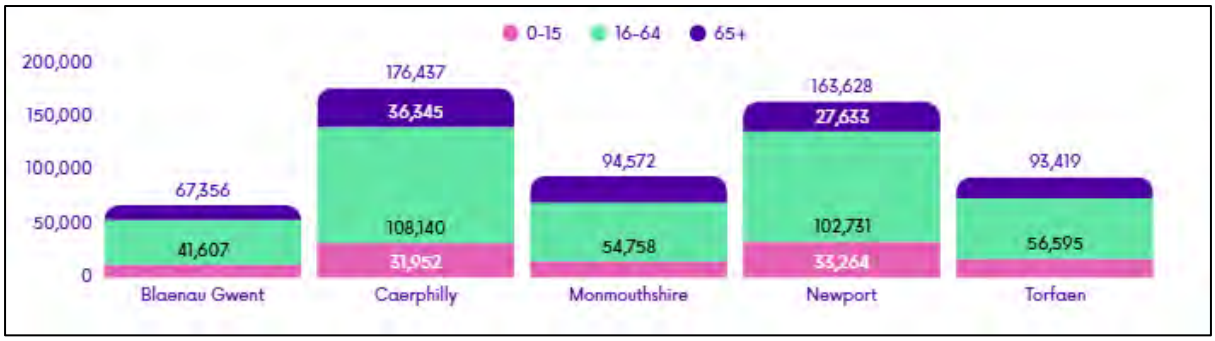


Figure 5 highlights variation in age structure across local authorities, with Monmouthshire having a relatively older population profile and Caerphilly and Newport larger working-age populations. Areas with higher proportions of older residents are likely to experience greater demand for pharmaceutical services, particularly in relation to long-term conditions, polypharmacy and medicines optimisation, while larger working-age populations influence demand for prevention and public health services.

Figure 5 – Population Structure by Age Band and Local Authority, 2023[43]



As outlined in figure 1 (section 2.2.2), overall population growth is projected across Gwent to 2047.

Alongside this growth, the age profile of the population is changing, with an increasing proportion of older residents in several local authority areas. Population ageing is projected to accelerate further, with around one in four residents in Gwent (23.5%) aged 65 or over by 2034, and the number of

[42] Source - Gwent JSA 24/25 (Estimates of the population for England and Wales - Office for National Statistics).

[43] Source – Gwent JSA 24/25 (Estimates of the population for England and Wales - Office for National Statistics).

people aged 85 and over expected to increase by 44.6% from 2025 to 2034, exceeding national projections [44].

These trends indicate increasing demand for pharmaceutical services associated with long-term conditions and multimorbidity, alongside continued need for preventative and early-intervention support across the life course. They also highlight the importance of addressing polypharmacy, medicines adherence and the accessibility needs of an ageing population across Gwent.

2.2.5. Household Composition

Household composition provides additional context for understanding population needs across the Health Board area. Census 2021 data show that 30.6% of households were single-person households, almost half of which were occupied by people aged 66 and over. Single-family households accounted for 65% of households, with a small proportion classified as other household types[45]. There is variation between local authorities, with Blaenau Gwent having the highest proportion of single-person households, while Monmouthshire has the highest proportion of single-person and single-family households occupied entirely by people aged 65 and over. These patterns provide contextual insight into living arrangements across the area and are relevant to understanding how pharmaceutical services may be accessed and used, particularly by older people living alone.

2.2.6. Mortality and Premature Death

Mortality patterns reflect the underlying burden of long-term conditions that drive ongoing prescribing and preventative pharmacy interventions.

Age-standardised mortality rates by local authority demonstrates decline since 2015 for Caerphilly (-7.8%), Monmouthshire (-8.4%), Newport (-8.6%) and Torfaen (-2.1%). However, in Blaenau Gwent the age-standardised mortality rate has increased from 1,214 per 100,000 of population in 2015 to 1,247.5 per 100,000 of population in 2024, an increase of 2.8%[46].

Premature mortality (defined as someone who died from any cause before their 75th birthday) from key non-communicable diseases shows substantial variation across local authorities and provides further evidence of health inequality. Blaenau Gwent has the highest rate of premature

[44] Stats Wales - 2022-based population projections by local authority and age

[45] Nomis DC1109EW - Household composition by age by sex

[46] ONS - Deaths registered in England and Wales

mortality within Gwent and is ranked second worst in Wales[47], while Monmouthshire has the lowest rate and is ranked best. Caerphilly, Newport and Torfaen fall between these extremes.

Table 3 details the number of premature deaths from key non communicable diseases, 2021-2023 by local authority[48]. These rates are European age-standardised rates of premature deaths from key communicable diseases per 100,000 population.

Table 3 - Premature Deaths from Key Non Communicable Diseases, 2021-2023

Local Authority	Age Standardised Rates of Premature Deaths per 100,000 population	Rank
Blaenau Gwent	385.0	2
Caerphilly	357.4	3
Monmouthshire	239.4	22
Newport	338.2	6
Torfaen	331.3	9

These patterns are consistent with the observed differences in healthy life expectancy, with areas experiencing higher premature mortality also tending to have fewer years lived in good health. Together, this evidence highlights the unequal burden of preventable ill health across Gwent and its implications for pharmaceutical service demand.

2.2.7. General Fertility Rate

Fertility rates provide an indication of future population growth and the potential demand for maternity, child health and family-related pharmaceutical services.

The Total Fertility Rate (TFR) in England and Wales is the average number of children a woman would be expected to have over her lifetime if current age-specific birth rates remained the same throughout her child-bearing years. The TFR has been in decline since 2010 and continues to fall despite a small increase in the number of births in 2024. In Wales, the number of live births decreased by 2.0% between 2023 and 2024, and recent estimates indicate that births have fallen below deaths, reflecting longer-term demographic change. There is variation across local authorities within the Health Board area. In 2024, Newport had the highest TFR in Wales at

[47] Blaenau Gwent Well-being Assessment 2022-23

[48] Public Health Outcomes Framework (PHOF 2025)

1.64 and has recorded the highest rate since 2022. This means that, on average, each woman in Newport is having 1.64 children over their lifetime. Blaenau Gwent and Torfaen also had higher fertility rates than the Wales average, with TFRs of 1.50, meaning that, on average, each woman is having about one and a half children, while Caerphilly aligned with the national average at 1.35[49].

Overall, the general fertility rate and TFR are higher in three out of five local authorities in Gwent than the Wales average, indicating relatively greater demand for maternity, reproductive health, childhood medicines and vaccination-related pharmaceutical services in some areas.

Together, these population trends provide important context for understanding patterns of medicines use and demand for pharmaceutical services across Gwent.

2.3. Social Determinants of Health

This section outlines patterns of deprivation and wider social determinants of health, including income, employment and housing. Socio-economic inequalities are closely associated with poorer health outcomes and higher medicines use and are therefore an important consideration in assessing pharmaceutical need.

2.3.1. Welsh Index of Multiple Deprivation

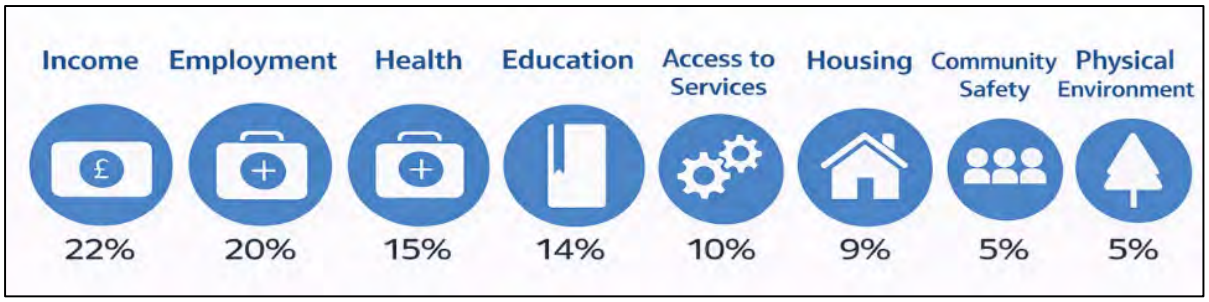
The Welsh Index of Multiple Deprivation (WIMD) 2025[50] is the official measure of relative deprivation for small areas in Wales. It identifies areas with the highest concentrations of several different types of deprivation. Lower Layer Super Output Areas (LSOAs) are small, consistent geographic units used for census data and statistics in England and Wales, typically containing 1,000–3,000 residents or 400–1,200 households. The WIMD ranks LSOAs in Wales from 1 (most deprived) to 1,917 (least deprived).

There are eight domains which make up the index, each of which have different indicators within them. These are weighted and then combined to give the overall index of multiple deprivation. Figure 6 shows each domain and their weighting.

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

[50] Welsh Index of Multiple Deprivation 2025 | GOV.WALES

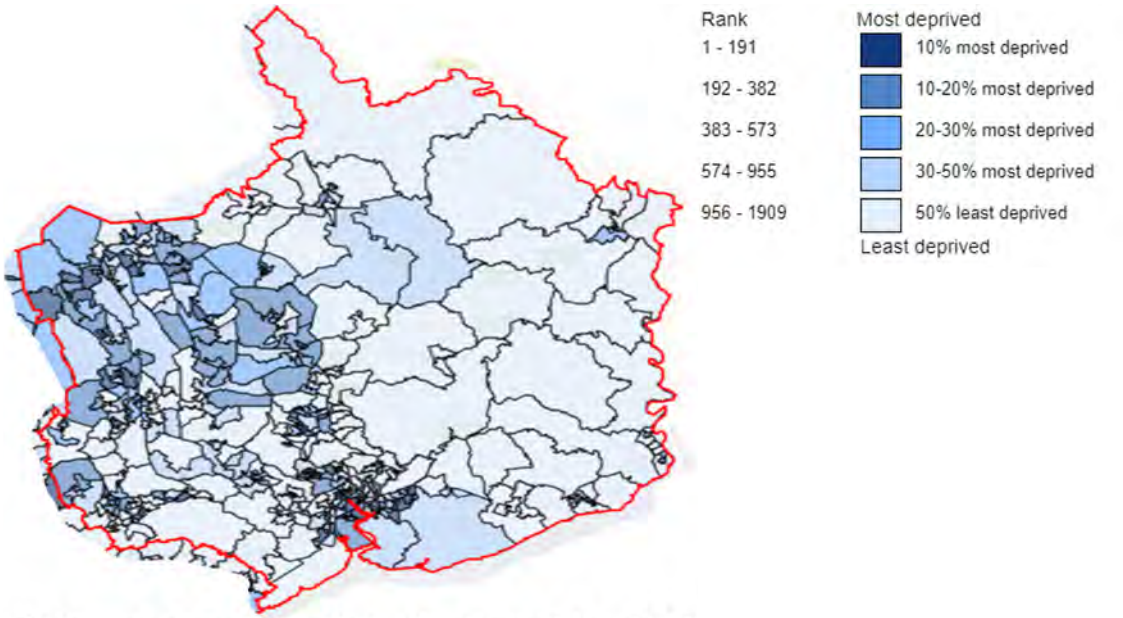
Figure 6 – Domains of the Welsh Index of Multiple Deprivation



Being deprived does not just mean being in financial hardship, it can also mean having fewer resources and opportunities than we might expect in our society, for example in terms of health or education. The distribution of deprivation across Gwent is important when developing area-based policies, programmes and funding. WIMD can be used to inform these decisions and give a greater understanding of deprivation trends across Gwent including identifying the most deprived small areas. LSOA's are used to break down large areas, like local authorities, into smaller, manageable chunks to compare data between different local neighbourhoods.

The map below shows each LSOA within the Health Board area and where it sits in the index. The local authority with the highest proportion of these small areas in the most deprived 10% in Wales is Blaenau Gwent (20% or 9 areas) followed by Newport (18% or 18 areas). Monmouthshire is the only local authority with no areas in the most deprived 10%.

Map 8 – Map of LSOAs Shaded by Deprivation Group, WIMD 2025



© Crown copyright 2025. Cartographics. Welsh Government.

Table 4 shows the distribution of LSOA across national deprivation bands for each local authority within the Health Board area, based on the WIMD 2025 overall index. The variation between local authorities highlights

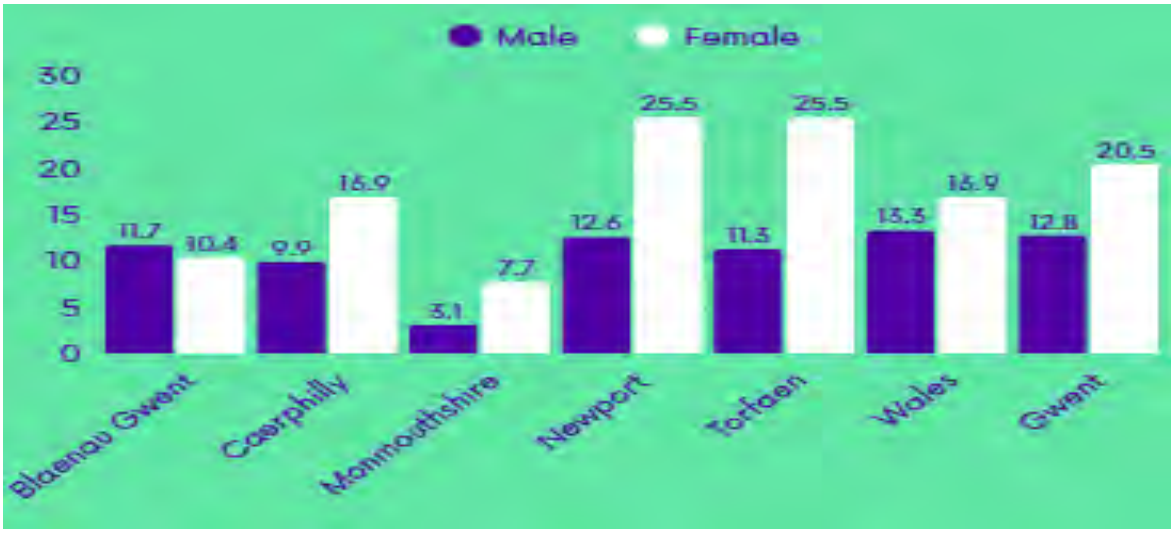
differences in the concentration of deprivation within the area and provides contextual background for understanding how demand for pharmaceutical services may vary geographically.

Table 4 – most deprived lower super output areas by local authority (2025) [51]

Local Authority	Total 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 - 574)	Most deprived 50% LSOAs in Wales (ranks 1 - 958)
Blaenau Gwent	46	9	17	27	35
Caerphilly	110	12	28	41	65
Monmouthshire	58	0	3	4	11
Newport	100	18	32	41	51
Torfaen	60	5	18	26	35

As set out in section 2.2.3, higher levels of deprivation are associated with poorer health outcomes and reduced life expectancy. Figure 7 illustrates the deprivation gap, in years, of healthy life expectancy across the Health Board area, showing variation between localities and a consistent gap between males and females. This relationship provides important context for understanding patterns of demand for pharmaceutical services, particularly in more deprived communities where reliance on accessible services such as community pharmacies is likely to be greater.

Figure 7 – Gwent Deprivation Gap, in Years, of Healthy Life Expectancy 2018-20[52]



[51] (Welsh Index of Multiple Deprivation (WIMD) 2025 local authority deprivation profiles | StatsWales)

[52] Source – Gwent JSA 24/25 (PHOF Reporting Tool)

Healthy life expectancy data (2018–20) demonstrate a clear deprivation gap across Gwent. The 2025 WIMD confirms that patterns of deprivation remain embedded across parts of the Health Board area, providing continued context for these inequalities.

2.3.2. Economic Activity

Economic activity is a key component of deprivation within the WIMD and is closely linked to health outcomes and healthy life expectancy. Areas with lower levels of economic activity are more likely to experience higher deprivation, earlier onset of ill health and reduced healthy life years, as illustrated by the deprivation and life expectancy patterns described in section 2.2.

Figure 8 shows employment rates for males and females across the Health Board area in 2023/24. Areas with higher concentrations of deprivation, as shown in the WIMD 2025 distribution in table 4, tend to have lower overall employment rates. Across all areas, employment rates are consistently higher for males than females.

Figure 8 – Employment Rate (% 16–64 year olds)[53]



Deprivation and life expectancy patterns are relevant to pharmaceutical service provision, as populations in more deprived areas typically have higher prevalence of long-term conditions and greater reliance on accessible services such as community pharmacies for medicines supply, advice, preventative services and support with medicines adherence.

[53] Source – Gwent JSA 24/25 (Annual Population Survey/Labour Force Survey - Data Sources - home - Nomis - Official Census and Labour Market Statistics)

2.4. Geographic Distribution

Geographic variation influences how services are accessed and highlights the importance of locally appropriate provision. Differences in population density and rurality affect physical access to pharmaceutical services across the Health Board area. Rural areas may rely more heavily on dispensing practices, medicines delivery services and flexible access arrangements, while more densely populated urban areas may experience higher volumes of activity and associated capacity pressures.

2.4.1. Population Density

With the exception of Monmouthshire, population density across the Health Board area is higher than the Wales average. Newport is the most densely populated local authority, while Monmouthshire has a substantially lower population density, reflecting its more rural character. Table 5 shows population density by local authority.

Table 5 - Population Density (persons per square kilometre), 2023[54]

Wales	152.60
Blaenau Gwent	619.49
Caerphilly	636.07
Monmouthshire	111.37
Newport	859.25
Torfaen	743.20

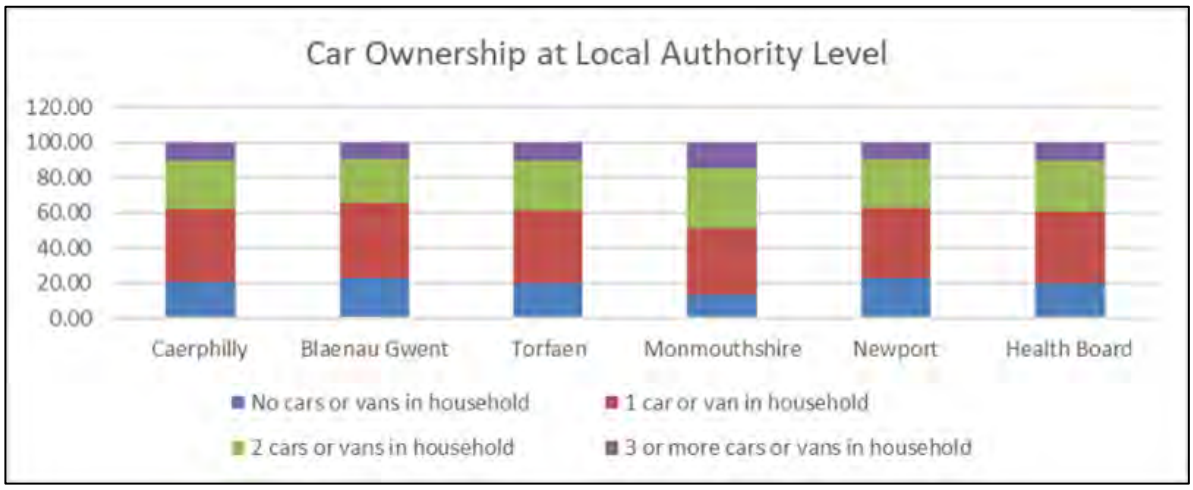
2.4.2. Transport

Transport availability is an important factor in how people access services, particularly in areas with lower population density. Census 2021 data show that 19.9% of the households in the Health Board's area did not have a car or a van. Lower levels of car ownership in some areas may create barriers to accessing pharmaceutical services, increasing the importance of locally accessible pharmacies, delivery services and appropriate opening hours. Car ownership is higher in Monmouthshire, where a greater proportion of households have access to two or more vehicles, while Blaenau Gwent has

[54] StatsWales density

a higher proportion of households with no access to a car or van or access to only one vehicle.

Figure 9 – car ownership at local authority level[55]



2.5. Protected Characteristics

Protected characteristics, as defined under the Equality Act 2010[56], include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Consideration of these characteristics is important as they may influence access to and engagement with pharmaceutical services.

In this assessment, all protected characteristics have been considered. Where relevant and supported by available evidence, greater emphasis is placed on characteristics most closely linked to pharmaceutical service access and use, such as age, disability, ethnicity and sex. Other protected characteristics are acknowledged to demonstrate due regard and equality of access but are not discussed in detail where there is limited local evidence of consequence to pharmaceutical service provision.

2.5.1. Age

Age is a protected characteristic under the Equality Act 2010 and is a key factor influencing pharmaceutical service use. As set out in section 2.2.4, the Health Board area has an ageing population, with increasing numbers of older people and adults of advanced ages. This is relevant to pharmaceutical services due to the higher prevalence of long-term conditions, multimorbidity and polypharmacy in older age groups,

[55] 2021 Census - Census of Population - Data Sources - home - Nomis - Official Census and Labour Market Statistics

[56] Equality Act 2010

alongside the need for accessible services, medicines adherence support and preventative interventions across the life course. Detailed population analysis by age is provided earlier in this chapter and is not repeated here.

2.5.2. Disability

Disability is a protected characteristic under the Equality Act 2010 and is closely linked to age, long-term conditions and patterns of pharmaceutical service use. This includes people with learning disabilities, who may experience additional barriers related to communication, medicines understanding and service navigation. These factors may affect access to services, reliance on medicines, and the need for additional support from pharmacy teams. As the population ages, the number of people living with a limiting long-term illness is expected to increase across all local authority areas within the Health Board.

Projections indicate that between 2013 and 2035, all local authorities in the Health Board area are expected to see an increase in the number of people aged 18 and over with a limiting long-term illness, with predicted increases ranging from 14.1% in Blaenau Gwent to 25.1% in Newport[57].

Figure 10 – Predicted Number of People aged 18+ with a Limiting Long-Term Illness

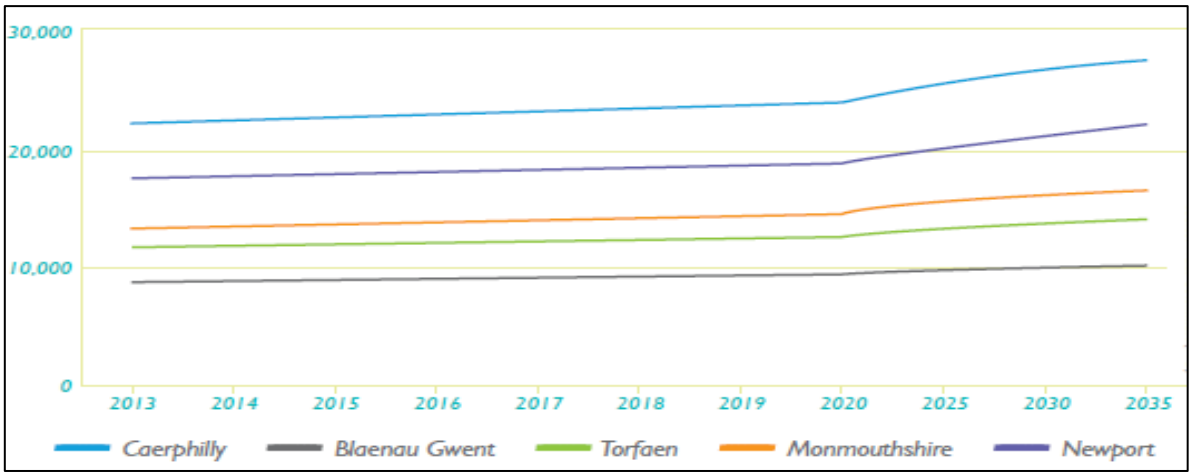
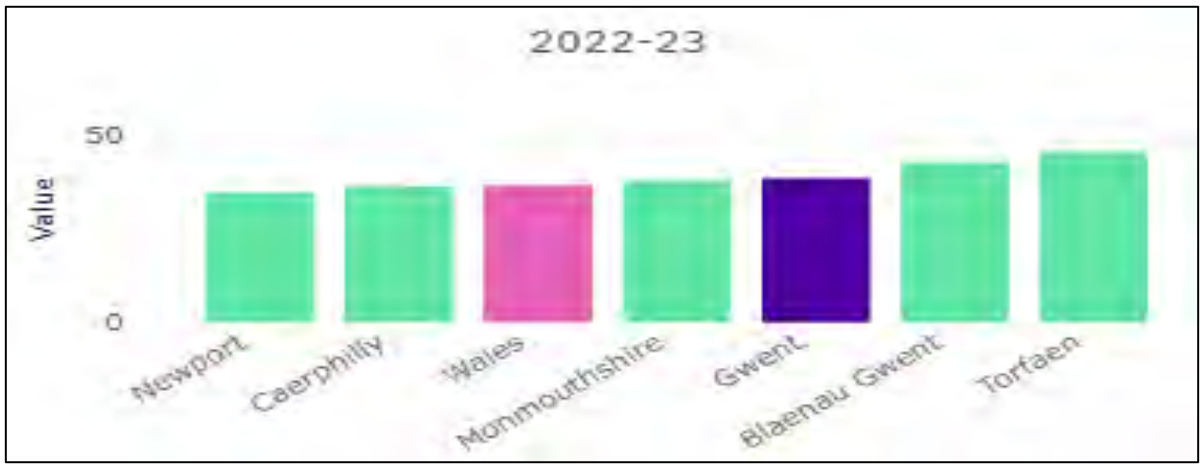


Figure 11 below shows the proportion of adults aged 16 and over whose day-to-day activities are limited by a longstanding illness across the Health Board area. The proportion varies between local authorities and is higher than the Wales average in Blaenau Gwent and Torfaen, while lower proportions are observed in Newport and Caerphilly. This variation provides contextual insight into differences in functional limitation across the population, which is relevant to understanding accessibility considerations for pharmaceutical services.

[57] Population Needs Assessment 2022-2023

Figure 11 – Adults Aged 16+ whose Activities are Limited by Longstanding Illness 2022-23[58]



Together, these patterns provide contextual information on levels of functional limitation across the population and highlight considerations relevant to accessibility and service experience. Increasing numbers of people with disabilities and limiting long-term illness are likely to result in increased demand for accessible premises, home delivery, compliance aids, medicines reviews and ongoing medicines support.

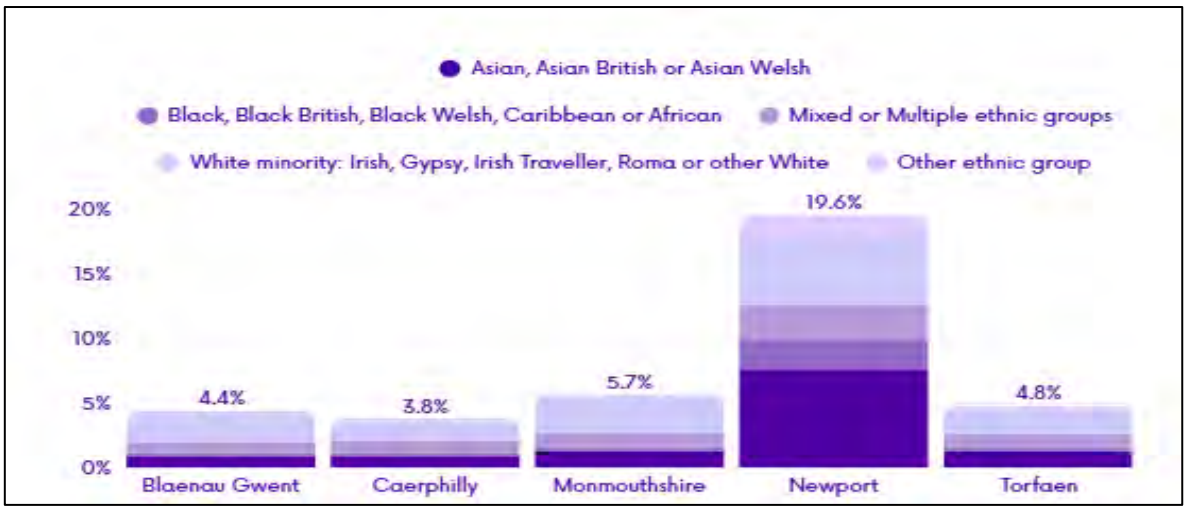
2.5.3. Ethnicity and Language

Ethnicity is a protected characteristic under the Equality Act 2010 and is relevant to pharmaceutical service access, communication and engagement. Census 2021 data[59], show that the Health Board area has a predominantly White population, with smaller proportions of residents from Asian, Black, Mixed and other ethnic groups. Figure 12 demonstrates that Newport has a more ethnically diverse population than the other local authority areas, while the remaining authorities have a higher proportion of residents identifying as White compared to the Wales average. Appendix L provides a full breakdown of these data and also includes information relating to other protected characteristics, as well as vulnerable and inclusion groups.

[58] Source – Gwent Indicator Framework 24/25 (Adult general health and illness by local authority and health board, 2020-21 onwards)

[59] Nomis - 2021 Ethnic groups

Figure 12 Percentage Ethnicity of Gwent[60]

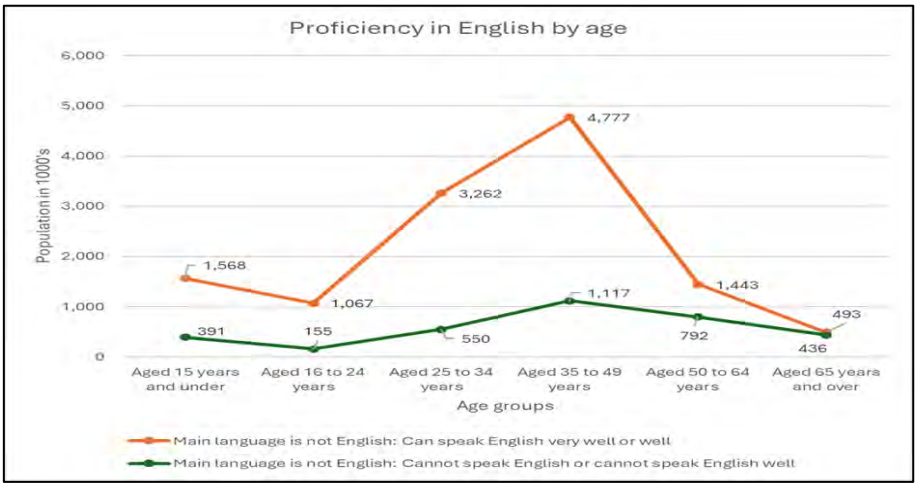


Areas with greater ethnic diversity, may require enhanced access to culturally appropriate services, language support and targeted public health interventions to ensure equitable access to pharmaceutical care.

While language is not a protected characteristic under the Equality Act 2010, household language is closely linked to race and ethnicity and is an important factor in ensuring equitable access to services.

The 2021 Census shows that most residents identify English or Welsh as their main language. However, a small minority report that they have limited ability to speak English confidently or fluently[61]. This varies by local authority, with Newport having a lower proportion of households where English is the main language compared to the rest of the Health Board area (Figure 13).

Figure 13 – Proficiency in English by Age



[60] Source - Gwent JSA (Ethnic group - Office for National Statistics)

[61] Nomis 2021 language proficiency (English)

Language barriers can affect communication, understanding of medicines and engagement with healthcare, and may disproportionately impact some protected groups.

The Welsh language, while not included as a protected characteristic under the Equality Act 2010, is subject to statutory duties under the Welsh Language Act 1993 and the Welsh Language (Wales) Measure 2011. Census data show variation in Welsh language skills across local authorities, with most residents reporting no Welsh language ability. Caerphilly records comparatively higher levels of Welsh language proficiency than many other areas. (Appendix L)

Together, ethnicity and language patterns provide contextual information relevant to understanding communication needs and accessibility considerations for pharmaceutical services across the Health Board area.

2.5.4. Sex

Sex is a protected characteristic under the Equality Act 2010 and is relevant to understanding differences in health needs, patterns of service use and access to care. Sex-related differences influence engagement with preventative services, reproductive and sexual health, and the management of long-term conditions across the life course. Consideration of sex provides important context for understanding how pharmaceutical services are accessed and experienced by different population groups.

As set out in sections 2.2.3 and 2.3.1, there are consistent sex differences in both life expectancy and healthy life expectancy across Gwent. Females have higher life expectancy than males in every local authority, with the highest life expectancy in Monmouthshire and the lowest in Blaenau Gwent (Figure 2). However, healthy life expectancy is lower for females than males (Figure 3), indicating that women typically live longer but spend more years in poorer health. Inequalities are also strongly gendered, the deprivation gap in healthy life expectancy is substantially larger for females than males across Gwent (20.5 years vs 12.8 years), with particularly large gaps shown in Newport and Torfaen (Figure 7).

In Wales, national policy, including the Welsh Government's Women's Health Plan[62], highlights the importance of improving access, early intervention and preventative support for women's health needs.

Men experience different patterns of health need and engagement with healthcare services compared to women, including lower uptake of some

[62] Women's Health Plan for Wales.pdf

preventative services and later presentation for certain conditions. These differences are relevant when considering access to pharmaceutical services, particularly in relation to early intervention, self-care and engagement with advice and support.

Together, consideration of protected characteristics provides important context for understanding differences in access, experience and engagement with pharmaceutical services across the Health Board area. This assessment adopts a proportionate approach, focusing on characteristics most closely linked to pharmaceutical service access and use, while ensuring due regard is given to all protected characteristics in line with equality duties.

2.6. Vulnerable and Inclusion Groups

In addition to protected characteristics, some population groups may experience increased vulnerability or face additional barriers in accessing healthcare services. These groups are not defined by a single protected characteristic but may experience compounded disadvantage related to health, social circumstances or patterns of service use. Consideration of vulnerable and inclusion groups provides further context for understanding how pharmaceutical services are accessed in practice across the Health Board area and informs later assessment of service provision. This section describes population groups who may experience barriers to accessing healthcare or poorer health outcomes, including homeless people, Gypsy and Traveller communities, carers and offenders. Other vulnerable groups, such as asylum seekers, refugees and migrants, sex workers, military veterans, and children and young people in contact with the youth justice system, are also recognised, with their pharmaceutical needs considered through the wider assessment of access, continuity of care and medicines support rather than as standalone subsections.

Public Health Wales has published evidence summaries outlining the health status of Inclusion Health groups across Wales. Although these data are not specific to Gwent, they provide important context regarding the scale and complexity of health need experienced by these populations and inform consideration of how pharmaceutical services can respond proportionately[63].

Mental health conditions are considered within long-term conditions due to their chronic nature and associated medicines use.

[63] Inclusion Health Evidence Summaries and Infographics - Primary Care One

2.6.1. Carers

Carers are people of any age who provide unpaid care and support to a family member, friend or neighbour who has a disability, long-term physical or mental health condition, or substance misuse issue, and who could not manage without this support. Caring roles can involve a wide range of practical and supportive activities, including assistance with daily living, coordination of care and support with medicines.

Census 2021[64] data show that there were approximately 310,700 unpaid carers in Wales, representing around 10.5% of the population. This proportion is higher than in England. Of those identifying as unpaid carers, a greater proportion were female than male, reflecting wider national patterns of caring responsibility.

Within the Health Board area, 60,415 residents identified themselves as unpaid carers, equating to 10.9% of the population. There is variation in both the prevalence and intensity of caring across local authorities. Over one-fifth of carers reported providing 50 hours or more of unpaid care per week, while others provided lower levels of care alongside employment or education. The highest proportions of unpaid carers were recorded in Caerphilly and Torfaen, with variation in hours of care provided across the area[65].

These patterns provide important context for understanding pharmaceutical service access and use. Carers may have additional support needs related to medicines management, time constraints, stress and coordination of care, both for the person they care for and for their own health. Consideration of carers is therefore relevant to understanding how pharmaceutical services are accessed and experienced across the Health Board area.

2.6.2. Gypsy, Roma and Traveller Communities

Gypsy, Roma and Traveller communities are recognised as groups that may experience poorer health outcomes and face barriers in accessing healthcare services. In the Census 2021, “Gypsy or Irish Traveller” and “Roma” were recorded as separate categories within the White ethnic group, reflecting recognition of Roma as a distinct population[66].

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[64] Census 2021 - Unpaid care by age, sex and deprivation, Wales

[65] caring-in-wales-census-2021-briefing.pdf

[66] (Roma community to be recognised in the 2021 Census - Friends, Families and Travellers)

In the 2021 Census[67], 0.12% (71,440) of the usual resident population of England and Wales identified as Gypsy or Irish Traveller. Of these, 94.9% (67,815) lived in England and 5.1% (3,630) lived in Wales. In terms of Roma population, 0.2% (103,020) of the usual resident population of England and Wales identified their ethnic group as Roma, of these 98.2% (101,135) lived in England and 1.8% (1885) lived in Wales.[68]. As of January 2025, there were 1,320 Gypsy, Roma or Irish Traveller caravans in Wales, of which 87% were authorised and 13% unauthorised.

The Inclusion Health Dashboard[69] shows within ABUHB, there were 188 Gypsy, Roma or Irish Traveller caravans, with Torfaen containing the highest count (eighty-six) and Newport the highest proportion of unauthorised sites. Data show small proportions of the population in each local authority identifying as Gypsy or Irish Traveller, with variation across the Health Board area (see appendix L). While these proportions are comparable to the Wales average, they may not fully reflect the size or distribution of the community due to under-counting[70]. This data provides important context for understanding the geographic distribution of Gypsy, Roma and Traveller communities within the Health Board area.

Public Health Wales evidence [71], which includes Roma, Gypsy and Irish Traveller communities indicates these communities experience significantly poorer health outcomes compared to the general population, including life expectancy 10-12 years shorter, higher prevalence of long-term conditions, increased risk of anxiety and suicide, and substantially higher smoking rates (57% compared to 21.5% in comparator groups). The evidence also highlights markedly increased risk of vaccine-preventable disease, including measles at 100 times higher than the general population. These findings are relevant to pharmaceutical services in relation to smoking cessation, vaccination uptake, long-term condition management and accessible medicines advice delivered in community settings.

This information provides contextual insight into the characteristics and lived circumstances of Roma, Gypsy and Traveller communities across Gwent. Mobility, site location, cultural and communication factors may

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[67] (Gypsy or Irish Traveller populations, England and Wales - Office for National Statistics)

[68] Roma populations, England and Wales - Office for National Statistics

[69] Content Navigation - Inclusion Health 2025-26 - Power BI

[70] (2023.06-Making-sense-of-the-Census-2021-for-the-outcomes-and-experiences-of-Gypsy-Roma-and-Traveller-people.pdf).

[71] primarycareone.nhs.wales/topics/teg-i-bawb-fair-for-all/wales-health-inequalities-programme-for-primary-care/phw-onlinedocs-summary-gypsy-d-pdf/

influence how individuals from these communities' access and engage with pharmaceutical services.

2.6.3. People in Contact with the Criminal Justice System

The presence of prison populations and individuals transitioning into the community has implications for continuity of medicines, access to community pharmacies and support with adherence and ongoing treatment. There are two prisons within the Health Board area; HMP Usk and its satellite establishment, HMP Prescoed. HMP Usk is a Category C men's prison located in Usk, Monmouthshire, housing up to 275 men.

The second establishment, HMP Prescoed, is a Category D men's open prison located in Coed-y-Paen, approximately three miles from Usk, and accommodates up to 260 men. Prisoners can spend time outside of prison and can access NHS services, including pharmaceutical services on the High Street.

The Inclusion Health Dashboard[72] show as of July 2025, there were 5,353 prisoners in Wales, including those on authorised absence, with the Usk/Prescoed prison population increasing from 483 to 520 between February and July 2025. The Health Board area also contains 2,986 individuals on probation. These figures demonstrate the scale of justice-involved populations within the Health Board footprint and underline the importance of pharmaceutical services in supporting medicines continuity, smoking cessation, substance use support and care transitions on release into the community.

Public Health Wales evidence[73] shows high levels of complex health need within the justice system, including dual mental health and substance use diagnoses (75–85%), elevated suicide risk, and significant medicines use, with 44% of the prison population taking prescribed medication. Mortality is 20% higher in the first year following release from prison. These findings are relevant to pharmaceutical services in supporting medicines continuity at transition points, smoking cessation (54% express desire to quit), substance use support and access to primary care–linked services following release.

This provides important context for understanding patterns of pharmaceutical service access and use among the offender population within the Health Board area, particularly where individuals may access services both within custodial settings and in the community.

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[72] Content Navigation - Inclusion Health 2025-26 - Power BI

[73] primarycareone.nhs.wales/topics/teg-i-bawb-fair-for-all/wales-health-inequalities-programme-for-primary-care/phw-onlinedocs-summary-justicesystem-f-pdf/

2.6.4. Homeless and Rough Sleepers

Rough sleepers are defined as persons who are sleeping overnight in the open air (such as shop doorways, bus shelters or parks) or in buildings, vehicles or other places not designed for habitation (such as stairwells, barns, sheds, car parks, tents, cars/vans).

The Inclusion Health Dashboard[74] shows in 2023–24, 2,895 homeless households were recorded in ABUHB area. In Wales, a household is considered legally homeless if they have no accommodation in the UK or elsewhere that they have a legal right to occupy, or if they cannot secure entry to their home. This includes situations such as sleeping rough, sofa surfing, living in temporary accommodation (e.g., hostels or B&Bs), or facing imminent risk of eviction or domestic abuse.

Newport accounts for the highest count of homeless households (1,284). Around 30 rough sleepers were counted in ABUHB in May 2025. These figures highlight the scale of housing insecurity within the Health Board area.

Public Health Wales evidence[75] shows individuals experiencing homelessness face extreme health inequalities, including mean ages of death in the early-to-mid 40s, high levels of chronic disease, and elevated risk of substance-related mortality. Between 57–82% are reported to smoke and 80% report poor mental health. The prevalence of blood-borne viruses, respiratory disease and cardiovascular disease is significantly higher than in the general population.

These patterns provide important context for understanding how pharmaceutical services are accessed by people experiencing homelessness or rough sleeping, where engagement may be intermittent and medicines support requires flexibility. More broadly, national evidence relating to Inclusion Health groups demonstrates complex, overlapping health needs that are highly relevant to the accessibility, responsiveness and preventative role of community pharmacy services across Gwent.

2.7. Transient and Temporary Populations

Transient and temporary populations, such as higher education students and visitors, can influence patterns of demand and access for pharmaceutical services in parts of the Health Board area.

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[74] Content Navigation - Inclusion Health 2025-26 - Power BI

[75] primarycareone.nhs.wales/topics/teg-i-bawb-fair-for-all/wales-health-inequalities-programme-for-primary-care/phw-onlinedocs-summary-homeless-d-pdf/

2.7.1. Students

The University of South Wales, which has a significant campus in Newport, is one of the largest universities in Wales, with over 23,000 enrolled students across its campuses[76] in the Health Board area. Student populations may be highly mobile and rely on local pharmaceutical services, particularly for sexual health services such as contraception and emergency hormonal contraception, smoking cessation support, vaccination and treatment for minor illness. Increasing levels of anxiety, depression and other mental health concerns among students also highlight the importance of accessible pharmacy-based advice, medicines support and signposting to wider services, particularly where students may face barriers accessing other parts of the health system.

2.7.2. Tourists

Visitor activity also contributes to temporary population variation across the Health Board area, with both domestic and international visitors accessing local services. Key attractions include; Chepstow Racecourse, the Celtic Manor Resort, the Wye Valley Area of Outstanding Natural Beauty, the Brecon and Monmouthshire Canal, Tredegar Park and a range of heritage sites such as Abergavenny Castle, Blaenavon World Heritage Site, Tintern Abbey, Caerphilly Castle and Raglan Castle. While comprehensive Health Board–level tourism data are not routinely available, national tourism surveys[77] indicate that visitor activity generates additional demand for local services, including pharmaceutical services providing advice, emergency supply and treatment for minor illness.

The presence of both student and visitor populations provides contextual insight into fluctuations in service use and underlines the importance of ensuring accessible and responsive pharmaceutical services throughout the year.

2.8. Long-Term Conditions

Long-term conditions are a major driver of morbidity, mortality and medicines use across the Health Board area and place sustained demand on pharmaceutical services. Conditions such as cancer, cardiovascular disease, diabetes, mental health conditions and respiratory disease are more prevalent in older populations and in areas of greater deprivation,

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[76] About - University of South Wales

[77] Great Britain Tourism Survey: Day Visit 2023, background quality report) revised post methodological review

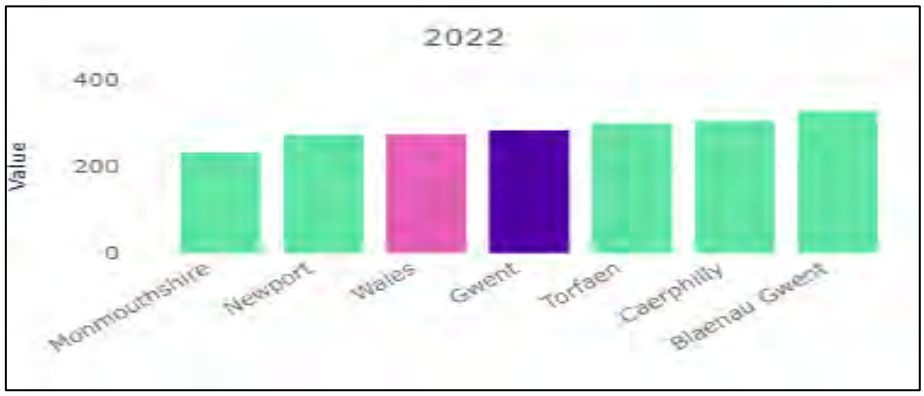
contributing to health inequalities and complex patterns of medicines use. These conditions are associated with a range of health markers shaped by social, economic and environmental factors, and require ongoing treatment, medicines optimisation and adherence support.

Community pharmacy has a key role in supporting people living with long-term conditions through safe and effective medicines use, management of polypharmacy, early identification of problems, support for self-management and signposting to wider services. Understanding the prevalence and distribution of long-term conditions therefore provides important context for assessing whether current pharmaceutical service provision meets population need.

2.8.1. Cancer

Cancer data[78] show that cancer remains a significant contributor to ill health and premature mortality across the Health Board area, with higher incidence and poorer outcomes associated with increasing deprivation. Lung, bowel, prostate, and female breast cancers account for over 43% of all cancer deaths in Wales[79]. In 2022, age-standardised mortality rates from all cancers (excluding non-melanoma skin cancers) for persons in Gwent were higher than the Wales average. Figure 14 below demonstrates variation across local authority areas. Rates were highest in Blaenau Gwent and Caerphilly and lowest in Monmouthshire.

Figure 14 - Deaths Caused by all Cancers (excluding non-melanoma skin cancers: Persons) 2022[80]



[78] Cancer mortality - Public Health Wales

[79] Wide inequalities in cancer death rates in Wales remain - with no recent improvement - Public Health Wales

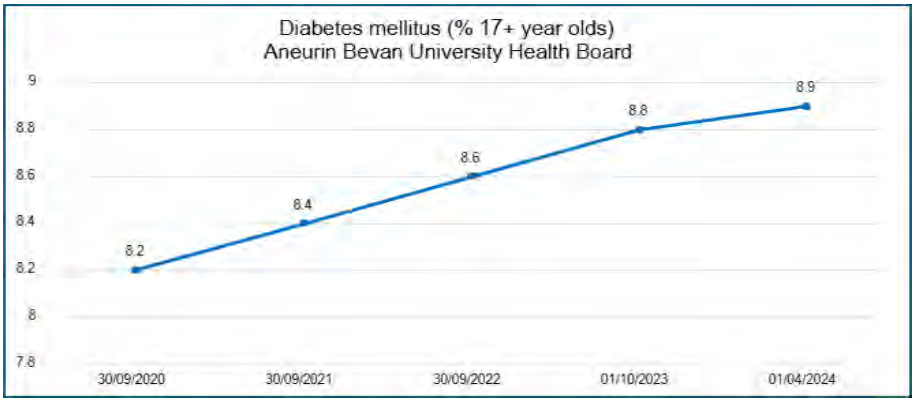
[80] Source – Gwent Indicator Framework (https://phw.nhs.wales/services-and-teams/welsh-cancer-intelligence-and-surveillance-unit-wcisu/cancer-reporting-tool-official-statistics/cancer-mortality/)

This highlights ongoing inequalities and opportunities for pharmaceutical services to support people affected by cancer including; management of treatment-related side effects, smoking cessation and ongoing support during and after treatment.

2.8.2. Diabetes

Type 2 Diabetes causes preventable early death and disability in Wales, including stroke, kidney disease, amputations, and vision loss, often in working-age adults. The Gwent Joint Strategic Assessment (JSA) 2024/25 identifies diabetes as a growing long-term condition. Figure 15 below demonstrates a steady increase of 0.2 percentage points per year in the prevalence of diabetes among 17+ year olds, since 2020. This represents an increase of 4,902 patients across the Health Board area.

Figure 15 - Diabetes percentage 17+ years 2020-2024[81]



Rising prevalence contributes to increasing demand for medicines and management of associated complications. Pharmaceutical services can support diabetes care through medicines optimisation, adherence support, blood glucose monitoring advice and prevention activity.

2.8.3. Mental Health

Mental health conditions are prevalent across all age groups in Gwent, with the Gwent JSA highlighting ongoing pressures related to anxiety, depression, severe mental illness and dementia, particularly in deprived areas and among older people. Mental health conditions are a major driver of long-term medicines use. Mental health conditions can sometimes coexist with alcohol or substance use, increasing the complexity of care and highlighting the need for coordinated, community-based support.

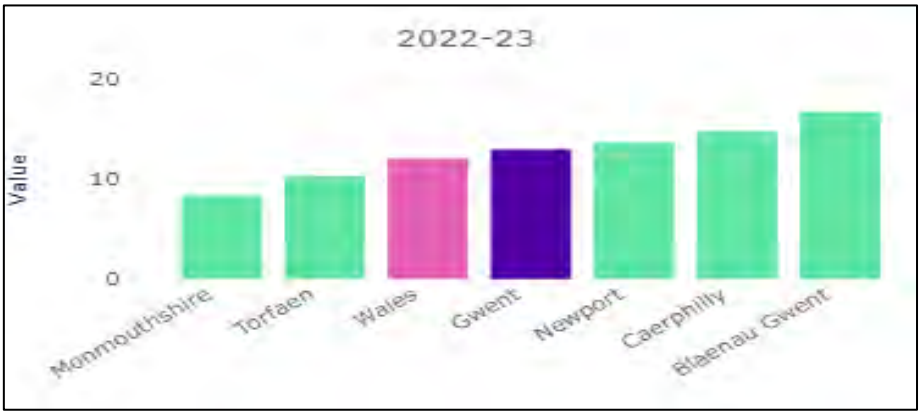
Trends over recent years show fluctuations in the proportion of adults reporting mental health conditions across Gwent local authority areas, with an overall upward pattern in several areas. Blaenau Gwent and Caerphilly

[81] Source: Disease registers by local health board, cluster and GP practice

show consistently higher levels over time, while Monmouthshire remains lower but variable[82]. These patterns indicate ongoing demand for medicines support and accessible, community-based mental health interventions.

Figure 16 below demonstrates that in 2022–23, the proportion of adults aged 16 and over reporting a mental health condition was higher in Gwent than the Wales average at 12.1%. Within the Health Board area, prevalence was highest in Blaenau Gwent at 16.8% and Caerphilly 14.8% and lowest in Monmouthshire at 8.4%, highlighting variation between local authority areas.

Figure 16 – Percentage of Adults Aged 16+ Reporting Having Mental Health Conditions[83]



Community pharmacies support mental health through adherence support, early identification of issues, signposting to specialist services and delivery of person-centred, accessible care.

2.8.4. Respiratory Conditions

Respiratory conditions such as asthma and chronic obstructive pulmonary disease continue to place a significant burden on health services across Gwent, with higher prevalence and poorer outcomes in more deprived areas. Smoking remains a key risk factor.

Figure 17 below demonstrates in 2022–23, the proportion of adults aged 16+ reporting respiratory system complaints in Gwent was broadly in line with the Wales average at 8.2% with variation across local authority areas.

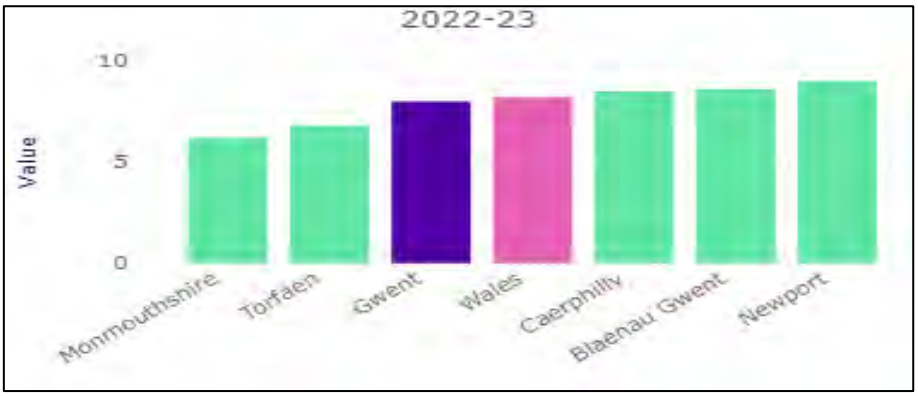
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82 https://statswales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Adult-general-health-and-illness/generalhealthillness-by-healthboard

83 Source: Gwent indicator Framework 24/25 https://statswales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Adult-general-health-and-illness/generalhealthillness-by-healthboard)

Rates were highest in Newport at 9% and Blaenau Gwent at 8.6% and lowest in Monmouthshire at 6.2%.

Figure 17 – Percentage of Adults Aged 16+ Reporting Respiratory System Complaints[84]



Pharmaceutical services support respiratory health through inhaler technique checks, smoking cessation services, vaccination and support for self-management.

Taken together, the evidence in this section shows that long-term conditions continue to drive demand for medicines and pharmaceutical support across the Health Board area, with patterns closely linked to age, deprivation and place. These conditions are associated with a range of wider health markers shaped by social, economic and environmental factors, which can limit individuals' ability to make or sustain changes to behaviour. The following section therefore considers prevention, health improvement and public health, focusing on how pharmaceutical services contribute to addressing these health markers through accessible, place-based support and early intervention.

2.9. Health Markers, Prevention and Public Health

Building on the assessment of long-term conditions, this section considers the wider health markers that influence population health across the Health Board area. These markers are shaped by social, economic, environmental and commercial determinants of health, which can significantly influence health behaviours and contribute to persistent health inequalities, particularly in areas of deprivation. As a Marmot region, there is a strong focus on addressing the conditions in which people are born, grow, live, work and age.

[84] Source: Gwent indicator Framework 24/25 (Adult general health and illness by local authority and health board, 2020-21 onwards)

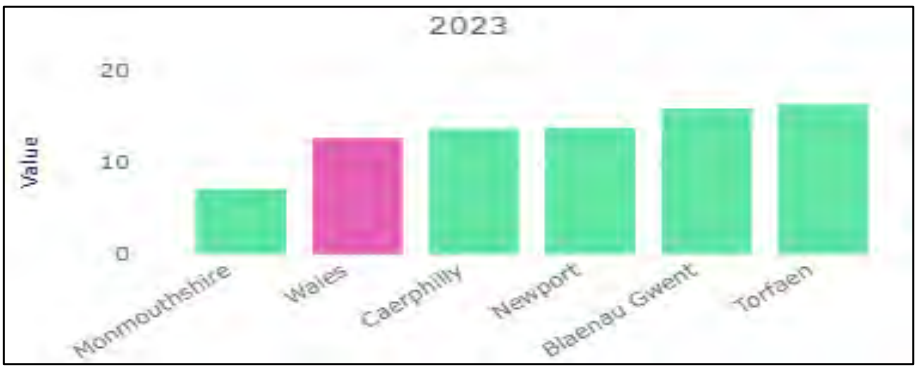
This section focusses on five priority health markers where pharmaceutical services can play an important role in prevention and public health: smoking and vaping; weight; sexual health; alcohol consumption; and vaccination, highlighting how pharmaceutical services can contribute by providing preventative services, advice and support within local communities, particularly for populations experiencing greater disadvantage.

2.9.1. Smoking (including e-cigarettes)

Smoking remains a significant health marker across the Health Board area and continues to contribute to inequalities in health outcomes. As set out in earlier sections, smoking is strongly associated with increased incidence and poorer outcomes for cancer, respiratory disease and cardiovascular disease, and contributes to the development and progression of long-term conditions such as diabetes. Smoking prevalence is also higher among people living with mental health conditions, compounding existing inequalities and increasing the complexity of medicines use and long-term care. Community pharmacies, alongside ‘Help me Quit’ services, play an important role in addressing smoking-related harm through accessible smoking cessation services, advice and support, including for populations experiencing greater disadvantage, thereby contributing to prevention, early intervention and reduced future demand on health services.

Figure 18 below demonstrates that in 2023, the proportion of adults aged 18 and over who were current smokers varied across the Health Board area, with rates highest in Torfaen at 16.3% and Blaenau Gwent at 15.8% and lowest in Monmouthshire at 7.1%. Smoking prevalence in several local authority areas was higher than the Wales average at 12.6%. Smoking contributes to cancer, respiratory disease, cardiovascular disease and diabetes, highlighting the importance of accessible smoking cessation support delivered through community pharmacy, particularly in areas experiencing greater health inequality.

Figure 18 Percentage of the 18+ Population who are Current Smokers (Annual Population Survey)[85]



While smoking prevalence among children and young people remains relatively low[86] early exposure to nicotine continues to be an important health marker with implications for future health outcomes. Patterns of nicotine use are changing, with increased use of e-cigarettes among adults though lower levels of tobacco smoking. Early initiation of smoking or nicotine use is associated with increased risk of long-term tobacco dependence and future development of some cancers, respiratory and cardiovascular disease. These trends highlight the importance of prevention and early intervention, including the role of community pharmacy in providing advice, smoking cessation support and signposting for young people and families.

2.9.2. Weight

Maintaining a healthy weight is a key health marker influencing population health and long-term demand for health services. The Healthy Weight: Healthy Wales delivery plan 2025 - 2027[87] recognises that excess weight is associated with increased risk of cardiovascular disease, type 2 diabetes, musculoskeletal conditions and some cancers, and highlights the influence of the wider food environment including availability, affordability and marketing of food and drink, in shaping dietary patterns. Local measures within the Gwent Indicator Framework, including fruit and vegetable consumption and intake of sugar-sweetened drinks, provide additional context on dietary trends across the Health Board area.

Figure 19 below demonstrates the proportion of adults aged 16 and over who were overweight or obese in Gwent, in 2021-2023, was higher than the Wales average, with marked variation across local authority areas.

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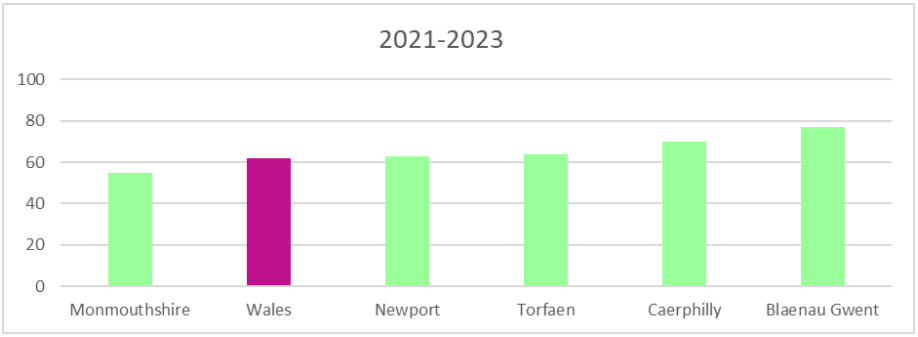
[85] Source Gwent JSA 24/25 - Smoking habits in the UK and its constituent countries - Office for National Statistics

[86] https://publichealthwales.shinyapps.io/PHOF_Dashboard_Eng/_w_7d77dfd1/

[87] Healthy Weight: Healthy Wales delivery plan 2025 to 2027 [HTML] | GOV.WALES

Rates were highest in Blaenau Gwent and Caerphilly and lowest in Monmouthshire.

Figure 19 - Percentage of Adults with a BMI of 25+ (overweight or obese)[88]



Community pharmacies contribute through accessible advice, brief interventions and signposting to local weight management and lifestyle support services, particularly in areas experiencing greater deprivation.

Consultation respondents identified pharmacy-based weight management support as a potential future community pharmacy service. Any inclusion would be subject to national policy, assessed need, workforce capacity, clinical governance and sustainable commissioning. These services are not identified as current gaps in pharmaceutical provision

2.9.3. Sexual Health

Sexual health is an important health marker that contributes to overall wellbeing and population health outcomes. It includes prevention, testing and treatment of sexually transmitted infections (STIs), access to contraception, and support to avoid unintended pregnancy. National standards for sexual and reproductive health emphasise timely access to the full range of contraceptive methods, including emergency contraception and long-acting reversible contraception (LARC), with particular focus on equitable access for populations experiencing deprivation or vulnerability. These standards provide important context for assessing pharmaceutical service provision[89].

The Sexual Health Trends in Wales: Annual Report 2025[90] highlights ongoing variation of STIs across Wales, with younger adults disproportionately affected and inequalities associated with deprivation.

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[88] Table | Lifestyle, 2020-21 onwards (National Survey for Wales) | General health | Health and social care | Data | Home - InfoBaseCymru

[89] Overview | Contraceptive services for under 25s | Guidance | NICE

[90] phw.nhs.wales/publications/publications1/sexual-health-trends-in-wales-annual-report-2025/

While specialist sexual health services are responsible for diagnosis and treatment of infections such as gonorrhoea and syphilis, community pharmacies make a considerable contribution to prevention and early intervention.

Community pharmacies can provide sexual health advice and some methods of contraception that include emergency contraception, bridging contraception (an initial 3-month supply of the progestogen-only pill), or a mixture of both. The Community Pharmacy Services: April 2023 to March 2024 Report[91] states that contraception consultations in community pharmacies in 2023-24 across Wales, had increased and a large majority of consultations (97.0%) were for emergency contraception only, a long-established community pharmacy service.

Although teenage pregnancy rates have declined over time nationally, variation persists between local areas and is closely linked to socioeconomic disadvantage[92]. Ensuring equitable access to contraception and sexual health advice therefore remains important in addressing health inequalities and supporting young people's health and life chances.

Community pharmacies can contribute to sexual health through provision of emergency hormonal contraception, participation in public health campaigns, signposting to STI testing and treatment services, and delivery of advice during routine consultations. Pharmacy access, including extended opening hours and walk-in availability, can improve timely access to contraception and advice, particularly when other primary care services are closed. This accessible, community-based role supports prevention, early intervention and reduction of future demand on wider health services.

2.9.4. Alcohol Consumption

Alcohol consumption is an important health marker influencing population health outcomes and long-term demand for services. Excess alcohol use is associated with increased risk of several cancers, cardiovascular disease, liver disease and poor mental health, and can contribute to complex medicines use and multimorbidity. Patterns of alcohol consumption are also shaped by wider social and environmental factors, including deprivation, availability and affordability, and are associated with health inequalities.

Figure 20 demonstrates that in 2021–2023, the proportion of adults aged 16 and over reporting consumption of more than 14 units of alcohol per week varied across the Health Board area. Rates were highest in

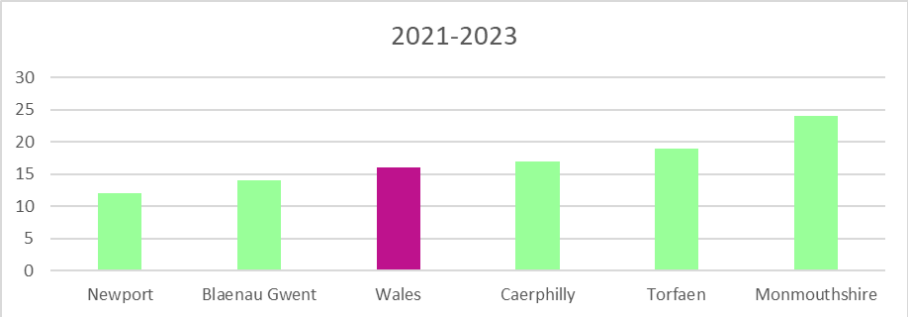
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91 https://www.gov.wales/community-pharmacy-services-april-2023-march-2024-html#159863

92 Public Health Outcomes Framework - Public Health Wales

Monmouthshire and Torfaen and lowest in Newport and Blaenau Gwent. In some local authority areas, reported consumption above 14 units per week exceeded the Wales average. These differences highlight variation in alcohol-related health markers across Gwent and reinforce the importance of prevention and early intervention.

Figure 20 - Percentage of Adults (16+) who Reported Drinking Over 14 Units of Alcohol Per Week (age standardised percentage)[93].



Community pharmacies contribute through brief interventions, opportunistic advice, medicines reviews and signposting to specialist substance misuse services. Their accessibility within local communities enables early engagement and supports reduction of alcohol-related harm, particularly for populations experiencing disadvantage.

2.9.5. Vaccination

Vaccination remains one of the most effective public health interventions, protecting individuals and communities from serious infectious disease and preventing avoidable hospitalisation and mortality. However, as highlighted in the Director of Public Health Annual Report 2025/26 – The Big Gwent Vaccination Conversation[94], uptake across Gwent varies by vaccine and population group, and recent years have seen a decline in coverage for some programmes. Uptake data presented in the report show that while some programmes meet or approach national targets (e.g., influenza vaccination in older adults), others fall below recommended coverage levels, including childhood immunisations, HPV and COVID-19 booster uptake in eligible groups.

Practical barriers to vaccination were a recurring theme within the Director of Public Health's engagement, including limited awareness of pharmacy vaccination services and transport challenges affecting access to centralised clinics. The local presence of community pharmacies within neighbourhoods provides an opportunity to mitigate these barriers, as

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[93] Table | Lifestyle, 2020-21 onwards (National Survey for Wales) | General health | Health and social care | Data | Home - InfoBaseCymru

[94] The-Big-Gwent-Vaccination-Conversation-DPH-Annual-Report-2025.pdf

pharmacies are often accessible on foot, via local transport routes and without the need for formal appointments. Increasing awareness of pharmacy-delivered vaccination services therefore has the potential to improve convenience, reduce travel-related obstacles and support more equitable uptake across communities.

Pharmacies provide accessible, community-based vaccination services, particularly for seasonal influenza vaccination, reducing demand on general practice and improving convenience for working-age adults and underserved groups. Their extended opening hours, local presence within neighbourhoods, and established relationships with patients position them to increase uptake, provide evidence-based reassurance, counter misinformation, and support equitable access. Pharmacy-delivered vaccination services therefore form a key component of the Health Board's prevention offer and its commitment to reducing inequalities in immunisation coverage across Gwent.

Consultation respondents identified COVID-19 booster, pneumococcal and respiratory syncytial virus vaccination as potential future community pharmacy services. Any expansion would be subject to national policy, assessed need, workforce capacity, clinical governance and sustainable commissioning. These services are not identified as current gaps in pharmaceutical provision.

2.10. Summary

This chapter demonstrates that population characteristics, deprivation, geography and wider health markers shape both the distribution of long-term conditions and the way pharmaceutical services are accessed across the Health Board area. Clear variation exists between local authority areas, with inequalities reflected in healthy life expectancy, long-term condition prevalence and prevention-related indicators. Pharmaceutical services therefore operate within a complex, place-based context where accessibility, continuity and targeted prevention are critical.

The following chapter sets out the current provision of pharmaceutical services across the Health Board area, establishing the baseline from which assessment of adequacy and future need is made.

Chapter Three – Current Provision of Pharmaceutical Services

This chapter describes the current provision of pharmaceutical services across the Health Board area and beyond its boundaries. It builds on the definitions, legislative framework and service scope set out in Chapter One and focuses on the availability, accessibility and distribution of pharmaceutical services. In addition to describing service provision, the chapter incorporates evidence from patient, public and contractor engagement to provide contextual insight into how pharmaceutical services are accessed and delivered in practice. The chapter establishes a factual baseline of provision and experience and does not assess adequacy or identify gaps, which are considered in later chapters.

3.1. Pharmaceutical Service Provision within the Health Board Area

This section describes the current availability of pharmaceutical services provided by community pharmacies, dispensing appliance contractors and dispensing doctors within the Health Board area, as defined in Chapter One.

3.1.1. Dispensing Appliance Contractors

As mentioned in Chapter One, there are no dispensing appliance contractors located within the Health Board Area. Appliance prescriptions are dispensed by community pharmacies or dispensing doctors within the Health Board area or dispensed outside its area.

3.1.2. Dispensing Doctors

In terms of the services offered by dispensing doctors, only the provision of drugs or listed appliances is classified by legislation[95] as a pharmaceutical service covered by this PNA.

There are 13 dispensing doctor dispensaries within the Health Board area. These include branch sites and are operated by 11 GP practices who are able to dispense to eligible patients, as described in Chapter One. One of the dispensaries is operated by a GP practice outside of the Health Board area in Gloucester and is included in this section as it provides a pharmaceutical service to patients within our area. One GP practice within the Health Board area which has a dispensary outside of the area is not included in this chapter.

[95] Schedule 7 of The NHS (Pharmaceutical Services) (Wales) Regulations 2020

3.1.2.1. Service Availability

Dispensing GP practices provide dispensing service during their standard opening hours from Monday to Friday excluding public and bank holidays. Services provided from a branch surgery will reflect the opening hours of the branch. Please see appendix M

As described in Chapter One, the regulations around the provision of a dispensing service by doctors are complex and means they can only be accessed by people who:

- Live in a controlled area (usually of rural character) at a distance of more than 1.6km in a straight line from a pharmacy; and
- Are registered with a practice that has historic rights or consent to dispense and premises approval for each dispensary; and
- Would have serious difficulty obtaining necessary drugs or appliances due to distance or inadequacy of communication

These people will be living in the area covered by the practice registration list and for the purposes of the PNA distances to dispensing doctor dispensaries are outside the scope of this PNA. It should be noted patients remain free to use a community pharmacy of their choice.

3.1.2.2. Dispensing Activity

As of November 2025, the dispensing doctor practices within the Health Board area dispensed to 26,209 of their registered patients (4.15% of the total list size for all 67 Practices). The percentage of dispensing patients at the practices varies between 5% and 94% their registered patients.

In 2024/25 these dispensing doctors dispensed 708,660 prescriptions (4.13% of all prescriptions dispensed and 4.09% of all prescriptions written in ABUHB).[96]

3.1.3. Community Pharmacies

As of February 2026, there are one hundred and twenty-five pharmacies included in the Health Board's pharmaceutical list, operated by fifty-five different contractors.

3.1.3.1. Service Availability

Appendix N provides information on community pharmacy opening hours as of February 2026 and at that point in time there were:

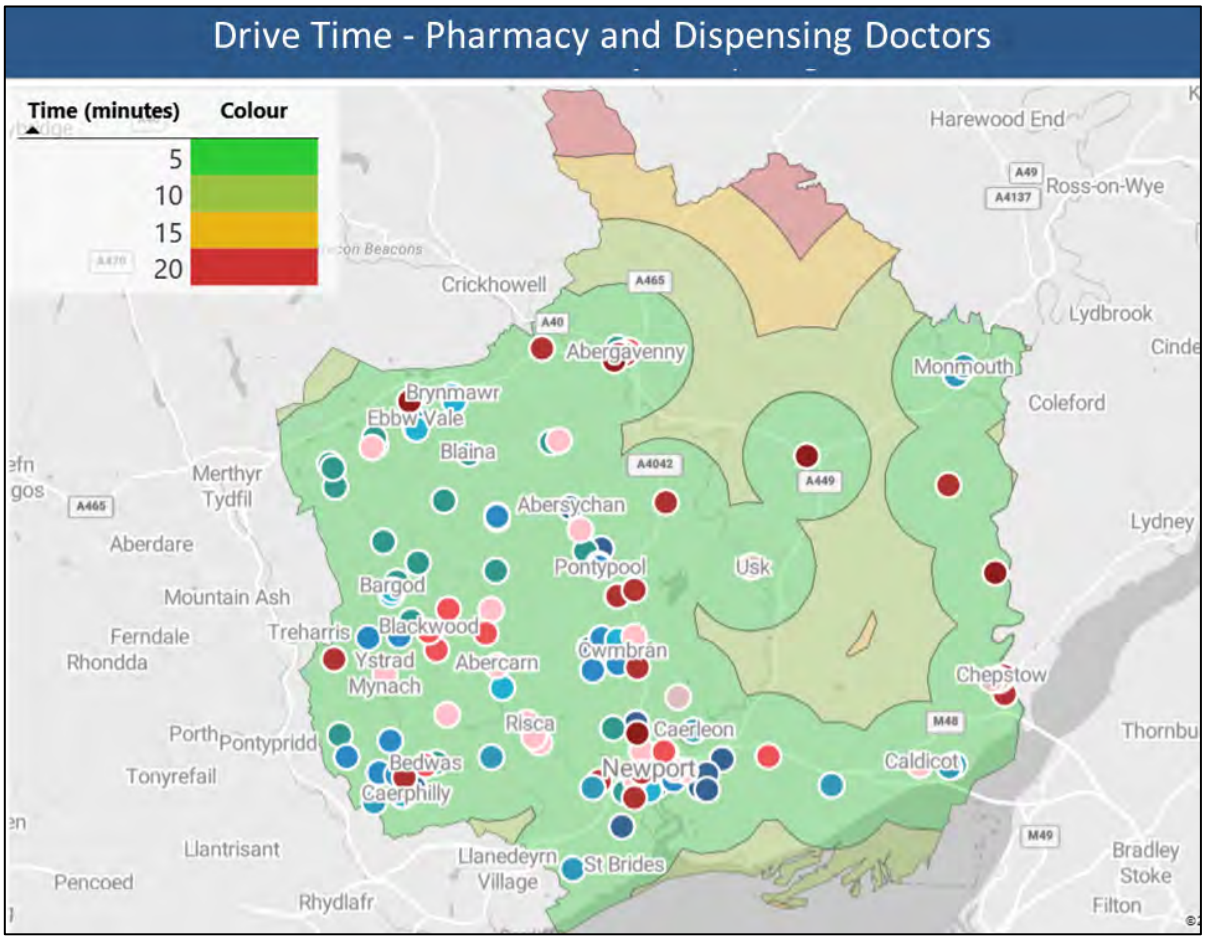
- 8 pharmacies open seven days a week.
- 22 pharmacies open Monday to Saturday.

[96] NHS Wales Shared Services Partnership

- 39 pharmacies open Monday to Friday, and for a half day on a Saturday.

The Health Board has used distance data to reflect accessibility to pharmacy services. Pharmacy locations were analysed by NHS Wales Digital Health and Care Wales. As can be seen from Map 9, most of the Health Board's population lives within a 10-minute drive of a pharmacy.

Map 9 – Drive Time to Access a Pharmacy



3.1.3.2. Dispensing Activity

During 2024/25, 97.17% of the 17,308,966 NHS items prescribed within the Health Board area were dispensed within the Health Board area. Of these, 95.79% were dispensed by community pharmacies.

Of the 2.83% of prescriptions that were not dispensed within the Health Board area, 24.77% were dispensed in other areas of Wales, 40.11% were dispensed in England and 35.12% were personally administered by the prescriber.[97]

[97] NHS Wales Shared Services Partnership

3.1.3.3. Availability and Activity of Additional Clinical Services

3.1.3.3.1. Clinical Community Pharmacy Service

The Clinical Community Pharmacy Service brings together three modules of service identified below to provide a consistency of access.

- Common Ailments Service

The Common Ailment Service provides NHS funded advice and treatment for 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. The service utilises the clinical skills of pharmacists and offers patients an alternative to making a GP appointment.

All 125 pharmacies on the Health Board's pharmaceutical list are commissioned to provide the service and undertook 70,637 consultations during 2024/25.

- Contraception Service

This service enables an NHS funded supply of emergency, bridging or quick start contraception by pharmacists and pharmacy technicians. The service aims to reduce unplanned pregnancy by improving access to emergency contraception and sexual health advice.

All 125 pharmacies provide the service and during 2024/25 4,602 consultations were provided.

- Emergency Medicines Supply

The Emergency Medicines Supply Service provides access to previously prescribed medication to patients in situations where there is an immediate need for the prescription only medicine, and that it is impracticable in the circumstances to obtain a prescription without undue delay. The cost of medicine supplied is funded by the NHS and the service aims to reduce the burden on out of hours and emergency care by removing the cost barrier associated with private emergency supplies of medicine.

Regulation 225 of the Human Medicines Regulations 2012[98] remains the primary legislation governing the emergency supply of medication at the request of a patient, and all supplies must comply with that regulation.

All 125 pharmacies in the Health Board area provide the service and during 2024/25, 23,257 consultations and 40,458 medicines supplied.

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[98] The Human Medicines Regulations 2012

3.1.3.3.2. Pharmacist Independent Prescriber Service

The Pharmacist Independent Prescriber service provides patients presenting in the community pharmacy with access to effective advice and treatment, for a range of acute conditions and contraception, relevant to their clinical needs, provided by a community pharmacist independent prescriber. The service enables patients to access NHS funded clinical care without the need to see a GP.

During 2024/25, 57 pharmacies were commissioned to provide the service and undertook 24,692 consultations.

3.1.3.3.3. Influenza Immunisation 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 by increasing access, aims to increase the proportion of at-risk individuals who receive immunisation thus helping to reduce morbidity and mortality.

During the 2024/25 season, 124 pharmacies were commissioned to provide the service vaccinated 14,563 individuals.

3.1.3.3.4. Smoking Cessation Level 2 Service

The Smoking Cessation Level 2 service formally links community pharmacies with the Help Me Quit (HMQ) intensive behavioural support programme and improves access to nicotine replacement therapy (NRT) to strengthen quit attempts. Under this service, pharmacy contractors supply NRT to individuals upon presentation of a HMQ referral letter confirming nicotine dependence.

One hundred and twenty-two pharmacies are commissioned for the service and during 2024/25, 5,040 consultations were provided.

3.1.3.3.5. Smoking Cessation Level 3 Service

The Smoking Cessation Level 3 service is designed to provide patients with a comprehensive behavioural support and NRT treatment service to help them stop smoking over a 12-week programme.

Ninety-four pharmacies are commissioned to provide the service and provided 3,513 patient consultations during 2024/25.

3.1.3.3.6. Needle and Syringe Programme

The primary aim of this service is to help reduce the spread of HIV, Hepatitis C and other blood-borne viruses 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.

Twenty-one pharmacies are commissioned across the Health Board area and provide components of a tiered service:

- Level one is a supply only service with 15 contractors commissioned to supply pre-packed supplies and 6 supplying via a pick and mix choice arrangement.
- Level two comprises the same supply function as level 1 but adds a condition of the provision of proactive advice, signposting and identification of individuals for blood borne virus testing. Two contractors are commissioned to provide this alongside the supply of pre-packed equipment.
- Level 3 includes either level 1 or level 2 plus the provision of take-home naloxone and advice/training on its safe use. Three contractors are commissioned for this in ABUHB.

During 2024/25 pharmacies conducted 7,095 individual contacts for the service.

3.1.3.3.7. Urgent Medicines Supply Service

The Urgent Medicines Supply service is commissioned in 25 pharmacies across the Health Board area. There are two levels of service provision; level 1 provides a broad range of medicines including those commonly needed for end-of-life care, urgent treatment of over anticoagulation and antiviral prophylaxis. Level 2 includes a more specialised range of palliative care medicines and antimicrobials and is linked to the community pharmacy on call palliative care service.

Sixteen pharmacies are commissioned for the level 1 service with a further 9 providing the level 2 service.

3.1.3.3.8. Supervised Administration Service

The Supervised Administration service supports the various addiction services within ABUHB by providing access to supervised consumption of prescribed therapy. The service aims to support adherence to agreed treatment plans and minimise the risk of inappropriate use and diversion of medicines.

One hundred and fourteen pharmacies are commissioned to provide the service and during 2024/25 70,435 doses of medicine were supervised.

3.1.3.3.9. Lateral Flow Test Supply Service

The Lateral Flow Test (LFT) Supply Service is commissioned to enable patients eligible for COVID-19 antiviral treatment to access a supply of LFTs to keep at home.

Ninety-two pharmacies are commissioned to provide the service and during 2024/25 2,346 LFT kits were provided to eligible individuals.

3.1.3.3.10. Access to the Blood Borne Virus Testing Service

The Blood Borne Virus Testing Service is intended to increase access to and awareness of blood borne virus screening and associated treatment and health advice. It aims to increase the number of people tested for blood borne viruses and reduce the personal and public health risks associated with Hepatitis-B, Hepatitis-C and HIV.

The service is commissioned in 11 pharmacies across Gwent and completed 296 tests in 2024/25.

3.1.3.3.11. Access to Out of Hours Pharmaceutical Services - Rota Provision

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

Regulations 80 and 81 of the National Health Service (Wales) Act 2006[99] set out a duty for the Health Board to make arrangements within its area for the provision of pharmaceutical services to persons within that area. However, the regulations do not set out the days and times during which these must be available: only that "proper and sufficient drugs, medicines and listed appliances" and directed additional services be provided.

Community Pharmacies and DACs are not required to open on Christmas Day, Good Friday, Easter Sunday or any bank holiday. Additionally, they need only provide a minimum of 40 hours (Pharmacies) and 30 hours (DACs) of pharmaceutical services each week unless otherwise directed by the Health Board. This is reflected in the fact that only eight pharmacies open commercially on Sundays.

To support access to pharmaceutical services on Sundays, Christmas Day, Good Friday, Easter Sunday and bank holidays, the Health Board commissions further pharmaceutical services on a rota basis. Additionally, in areas where pharmacies do not operate with extended hours, a weekday rota provides the additional cover.

Twenty-five pharmacies provide a regular Sunday service between 18:00h and 20:00h on a rota basis to provide access to dispensing services in each of the five Health Board Localities.

A further 64 pharmacies provide cover across the Health Board area on Sundays, Christmas Day, Good Friday, Easter Sunday and bank holidays.

[99] https://www.legislation.gov.uk/ukpga/2006/42

In the Blaenau Gwent, Caerphilly and Torfaen localities, weekday rotas are provided between 17:30h and 18:00h or 18:30h depending on the area.

3.1.3.3.12. Medicines Administration Record (MAR) Service

The MAR Service supports safe medicines administration for domiciliary care patients by supplying clear, accurate MAR charts in response to presented prescriptions and ensuring effective communication between pharmacies, care providers, and prescribers. It aims to improve the safe and effective use of medicines and provide accessible pharmacy support for resolving medicines-related issues.

Eighty-five pharmacies are commissioned to provide the service and in 2024/25, 2,376 MAR charts were provided.

3.1.3.3.13. Inhaler Review Service

The Inhaler Review Service supports patients using inhaled medicines by assessing and improving inhaler technique, optimising treatment adherence, and identifying poorly controlled asthma or COPD. It also aims to reduce medicines waste and promote environmentally sustainable prescribing by reviewing inhaler types and suitability for lower-carbon alternatives. Level 1 focuses on inhaler technique and environmental considerations, while Level 2 provides an in-depth clinical review of asthma or COPD symptom control.

Forty-seven pharmacies provide the service in ABUHB and during 2024/25, 1,164 level one reviews were conducted. During the same period two level two reviews were provided.

3.1.3.3.14. Discharge Medication Review (DMR)

The DMR Service supports patients after discharge from a care setting by reconciling medicines to reduce errors, improve safety, and maintain continuity of care. It improves communication between hospitals, community pharmacies and GP practices, enhances patient understanding of their medicines, reduces waste and duplicated prescribing, and helps prevent avoidable re-admissions. The service makes effective use of pharmacist and pharmacy technician skills to ensure continuity of accurate medicines information at transfer of care.

All pharmacies in ABUHB are commissioned and able to provide the service. During 2024/25, 2,494 DMRs were completed.

3.1.3.3.15. Waste Reduction Service

The Community Pharmacy Waste Reduction service aims to reduce prescribing waste and unnecessary repeat medication by asking patients whether each item on a repeat prescription is required at the point of collection. Pharmacy teams identify “when required” and variable-use

medicines and discuss reasons for items not needed. Items that aren't needed are appropriately endorsed and the majority of the cost of issue is saved. Clinically significant decisions are communicated to prescribers with patient consent. The service improves medicines optimisation, reduces avoidable waste, and supports safer prescribing and dispensing practices. In ABUHB, 106 pharmacies are commissioned to provide the service and in 2024/25 16,518 interventions were made which prevented £278,363 of unwanted medicines being issued.

3.1.3.3.16. Directly Observed Therapy

The Directly Observed Therapy service enables community pharmacies to help patients adhere to their agreed treatment plan by dispensing prescribed medication in specified instalments and witnessing the doses taken. It has commonly been used for tuberculosis medications and is intended to support individuals with complex medication needs. Whilst no pharmacies are currently commissioned, it remains available for commissioning at prescriber request to meet patient need.

3.1.3.3.17. Tuberculosis DOTS Team Supply Service

Two pharmacies are commissioned to provide a support service to the Health Board Directly Observed Therapy (DOT) Team for Tuberculosis. The DOTs team are based in St Woolos Hospital, Newport and the service is commissioned with two pharmacies local to the service. During 2024/25 the pharmacies provided 250 instances of support to the DOTs team.

3.1.3.3.18. Out of Hours Palliative Care Service

The Out of Hours Palliative Care service provides on call access to an agreed range of specialist medicines in line with the specification laid out in the Level 2 Urgent Medicines Service. The service operates in conjunction with the Gwent Out of Hours Service and the Emergency Transport Service to provide urgent access to end-of-life medicines across the Health Board area.

Nine pharmacists provide this service on a rota basis ensuring continuous 24-hour availability. In 2024/25 the pharmacists responded to 193 call outs for urgent access to palliative care medicines during the out of hours period.

3.1.3.3.19. Pharmacy Delivery Service to HMP Usk and HMP Prescoed

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 His Majesty's Prison Service, and jointly managed.

In 2024/25, 26,673 items were prescribed in and dispensed for the prison population as part of pharmaceutical services. To ensure the items are delivered to the pharmacy in a safe, efficient and effective manner that complies with prison rules and standing orders, a delivery service is commissioned from a single pharmacy within Monmouthshire. The pharmacy delivers dispensed and ordered medication to both prisons on an as needed basis.

3.1.3.3.20. Care Home Service Level 1

The Care Home Review service provides community pharmacy led reviews of medicines management to improve safety, reduce waste, and support compliant systems for ordering, storage, administration, and disposal of medicines. It includes two annual visits to assess practice, set and monitor action plans, and offer guidance aligned with NICE and CIW standards, with DMRs completed for newly transferred residents.

Six pharmacies are commissioned to provide the service. In 2024/25 the service was provided by two pharmacies, who made 76 care home visits between them.

3.1.3.3.21. Appliance Use Reviews (AUR)

The Appliance Use Review service provides patients with advice and support on the safe and effective use of specified prescribed appliances. It is designed to help identify any problems the patient may experience in using their appliance and to improve adherence and outcomes.

No pharmacies provided this service in 2024/25.

3.1.3.3.22. Stoma Appliance Customisations

The Stoma Customisation service ensures that supplied stoma appliances are modified according to an individual patient’s clinical needs to ensure they can be properly fitted and adjusted for comfort, safety and effective use.

No pharmacies provided this service in 2024/25.

3.2. Choice in Obtaining Pharmaceutical Services

Choice is an important aspect of access to pharmaceutical services and reflects how individuals engage with provision in practice. 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.

Feedback indicates that most people have a preferred community pharmacy and demonstrate consistent patterns of use, often influenced by factors such as convenience, trust in pharmacy staff, service experience, and proximity to other healthcare services.

The availability of multiple providers within some areas enables choice, while in other locations choice may be shaped by geography, transport, or service configuration.

This context supports understanding of how pharmaceutical services are accessed and selected by the population and provides background for the assessment of provision in later chapters.

3.3. Pharmaceutical Services Provided Outside the Health Board Area

As patients are free to choose where they access pharmaceutical services, some individuals living within the Health Board area may receive services from providers located outside the area.

During 2024/25 0.68% of all the prescriptions written by prescribers within the Health Board area were dispensed by contractors in other areas of Wales. A further 1.11% were dispensed by contractors in England.

3.3.1. Dispensing Appliance Contractors (DACs)

Patients within the Health Board area are prescribed appliances broadly in line with other patients in Wales. Whilst community pharmacies and dispensing doctors are able to dispense appliances, a proportion of the prescriptions dispensed outside of the Health Board area are likely to be for appliances.

3.3.1.1. Dispensing Activity

Welsh data suggests 0.16% of prescriptions written in the Health Board were dispensed by DACs domiciled in other areas of Wales. Given there are also DACs located in England and delivery is often part of the service, it's likely that patients also utilise these to obtain appliances prescribed within ABUHB.

3.3.1.2. Appliance Use Reviews

Information on the type of services provided by pharmacies and dispensing appliance contractors outside the Health Board's area to its residents is not available. When claiming for services contractors claim for the total number provided for each service.

3.3.1.3. Stoma Customisation

Whilst payment for this service is made based on the information contained on the prescription, activity provided by dispensing appliance contractors outside the Health Board's area to its residents is not available.

3.3.2. Dispensing Doctors

Some residents of the Health Board's area will choose to register with a GP practice outside of the area and may access the dispensing service offered by their practice. Vauxhall Practice in Chepstow also has a dispensary over the border in Tutshill, England and some residents of ABUHB may be eligible for the dispensing service there.

3.3.3. Community Pharmacies

3.3.3.1. Dispensing Services

Data for Health Board residents accessing dispensing services is not available from contractors outside the area. However, it's likely that of the 1.79% of prescriptions written within the area that are dispensed elsewhere, a proportion will be dispensed by pharmacy contractors.

3.3.3.2. Additional Clinical Services

Clinical service provision data does not identify the patients provided with the service. However, given the reasons mentioned previously around patient choice, it's likely that patients may access services elsewhere.

3.4. Stakeholder and Public Feedback on Existing Provision of Pharmaceutical Services

This section summarises feedback received from patients, the public and pharmaceutical contractors on their experience of accessing and providing pharmaceutical services across the Health Board area. It highlights key themes and patterns and is intended to provide contextual insight into how services are experienced in practice, rather than an assessment of adequacy. Detailed results, including full tables and verbatim comments, are provided in Appendix H: Patient, public and contractor engagement results.

3.4.1. Public Feedback

3.4.1.1. Overview of Engagement Activity

Engagement activity, through the use of questionnaires, captured views from a broad range of residents and pharmaceutical contractors across the Health Board area, providing insight into access, awareness and experience

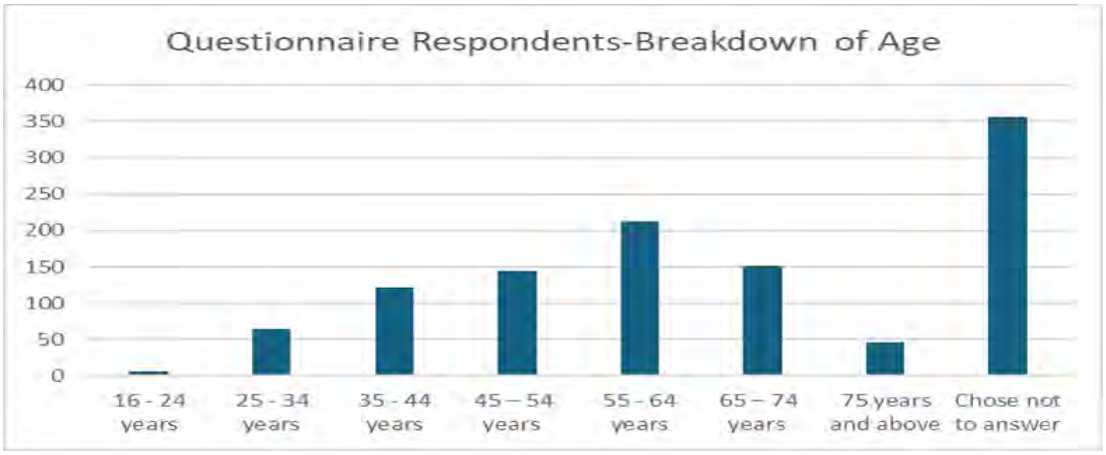
of pharmaceutical services. The questionnaire sought to understand more about how local people access and use community pharmacies and dispensing doctors, how they would like to use them in the future, and their views on what works well and what could be better. The questionnaire was made available online in both Welsh and English from 10 November to 22 December 2025. A total of 1,102 people (0.17% of the registered population) completed the questionnaire. A copy, which shows the questions asked, can be found in appendix G. The full results can be found in appendix H. Table 6 below presents the postcodes of respondents to the patient questionnaire, with feedback received from across the Health Board, demonstrating a broad and representative spread of participants.

Table 6 - Postcode Districts of those Responding to the Patient and Public Questionnaire

Postcode	Number of responses	Percentage
NP26	322	29.2%
NP16	130	11.8%
NP11	85	7.7%
NP4	70	6.4%
NP44	56	5.1%
NP19	54	4.9%
NP20	48	4.4%
NP23	46	4.2%
CF83	39	3.5%
NP10	39	3.5%
NP22	36	3.3%
NP7	35	3.2%
NP12	32	2.9%
NP13	19	1.7%
NP18	17	1.5%
CF82	14	1.3%
NP25	13	1.2%
NP15	11	1.0%
CF81	4	0.4%
CF8	3	0.3%
NP24	3	0.3%
CF46	2	0.2%
CF3	1	0.1%
GL14	1	0.1%
GL15	1	0.1%
NP48	1	0.1%
NP6	1	0.1%
NP8	1	0.1%
Invalid format	18	1.6%

The age profile of respondents is shown in Figure 21. Older age groups were more strongly represented, which should be considered when interpreting patterns of service use reported in later sections.

Figure 21– Age Profile



3.4.1.2. Use of Community Pharmaceutical Services

Feedback indicates that community pharmacy services are widely used, with 64.2% of respondents reporting regular use of their local pharmacy. 32.21% of respondents reported that their prescriptions are dispensed by their GP practice and 3.54% didn't know, however their subsequent responses would suggest they are dispensed at a pharmacy. It should be noted that this response overstates dispensing by GP practices, as analysis suggests some respondents may have interpreted the question as asking where they receive their prescription rather than where it is dispensed; notably, a significant proportion (66%) of affirmative responses were from areas without dispensing doctor provision. This suggests around 11-15% of respondents are likely to use dispensing doctor services.

Pharmacies are commonly accessed for the supply of medicines and for advice and are frequently used as a first point of contact for medicines-related queries, reflecting their accessibility within communities.

Respondents reported using community pharmacies for a range of reasons, most commonly for the supply of prescribed medicines. Many also reported visiting pharmacies for advice about medicines, minor illnesses and general health concerns, reflecting the role of pharmacies as an accessible source of professional support.

3.4.1.3. Access

This section summarises feedback from patients and the public on how they access and use pharmaceutical services, including patterns of use, convenience, access and reasons for visiting a pharmacy. The findings provide contextual insight into service use and are not intended to assess adequacy or identify gaps.

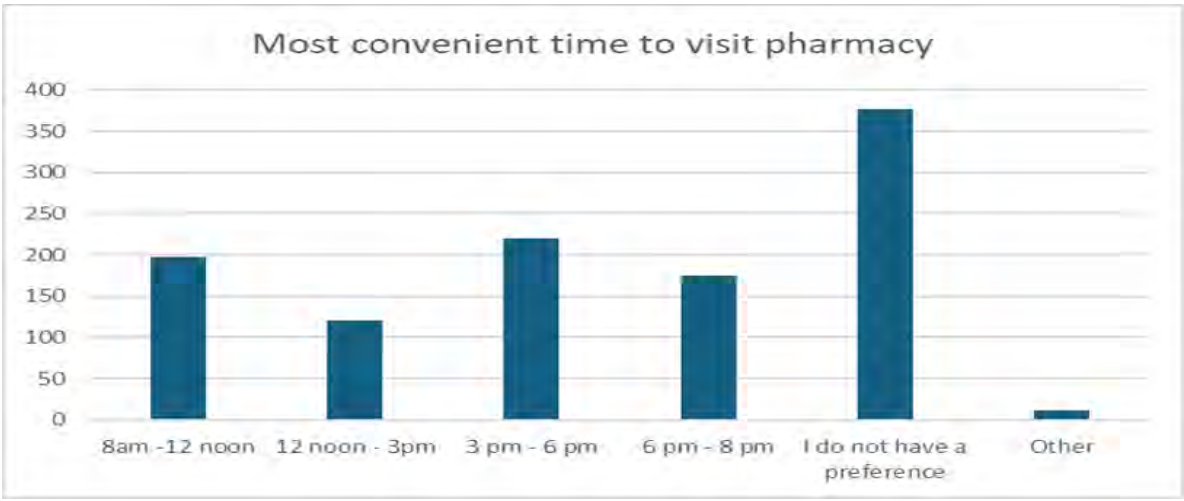
Figure 22, below shows how frequently responders visit a pharmacy. As may be expected most people visit monthly which will reflect prescription length.

Figure 22 – How often do you visit a pharmacy?



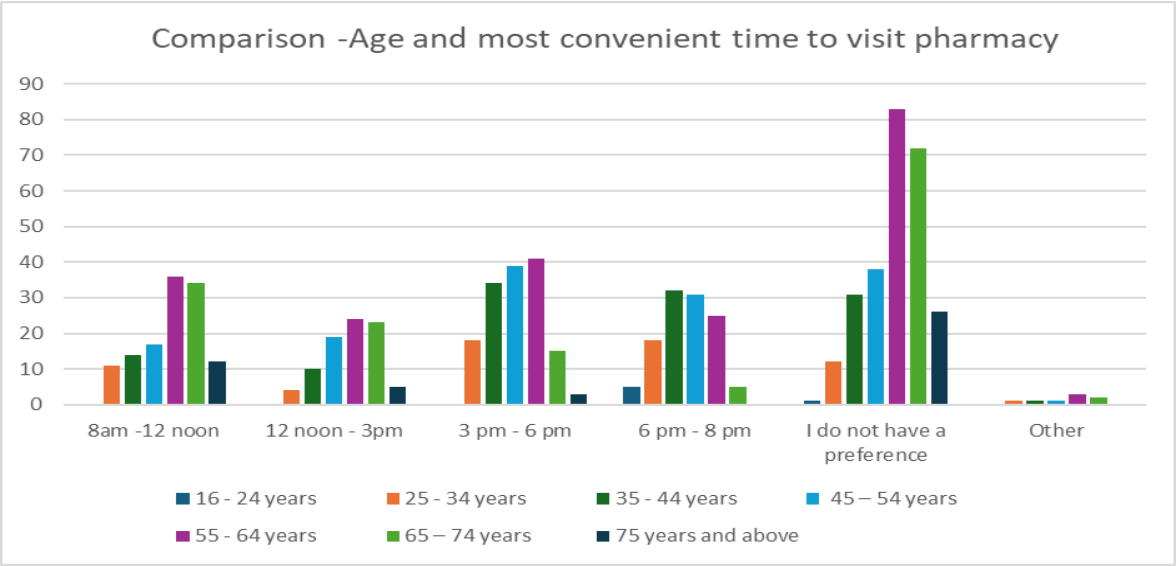
Whilst 34.12% of respondents didn't have a preference as to the most convenient time, for those that did the most convenient time was 3pm to 6pm (20% of responses), followed by 8am to 12 noon (18%). Figure 23 demonstrates the responses.

Figure 23 - 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 group of the respondents to identify any differences this may have on the times pharmacies are used. Figure 24, below illustrates the age and most popular time to visit a pharmacy.

Figure 24 – Age and most popular time to visit a pharmacy



Out of 1,102 responses, 746 people answered both questions. The most popular time to visit a pharmacy for those aged 25 to 54 was 3pm to 6pm and 6pm to 8pm. Respondents aged 55 and over, generally did not have a preference in terms of what time was better for them to access the pharmacy.

When asked which the most convenient day to access a pharmacy 43% said they didn't have a preference, 22% of responders said weekdays in general, and 18.14% said weekends in general.

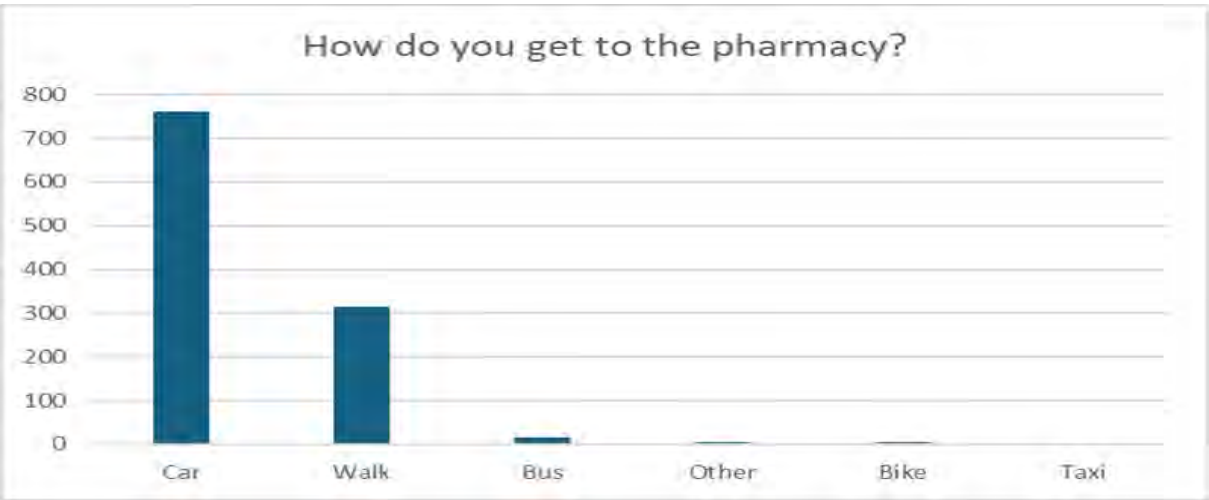
When respondents' normal pharmacy was closed, most respondents reported adapting by either attending another pharmacy or waiting until their usual pharmacy reopened. A smaller number indicated that they would seek support from other parts of the health system, such as contacting their GP, NHS 111 Wales or attending hospital. Multiple responses were permitted for this question.

Feedback also showed that most respondents demonstrate consistent pharmacy use, with over two-thirds reporting that they always use the same pharmacy and a further proportion using different pharmacies but preferring one most often. Only a small minority reported rarely using a pharmacy or consistently using different pharmacies.

3.4.1.4. Travel and Convenience

The questionnaire then looked at how people travel to pharmacies. Figure 25, below illustrates how people travel to a pharmacy. The pattern of travel has remained the same as 2021.

Figure 25 - if you go to the pharmacy how do you usually get there?



For the majority of the responders their journey time takes less than 15 minutes (90%), with 97.3% being within 20 minutes of a pharmacy. 2.6% of people who responded, state that it takes them more than 20 minutes to get to the pharmacy. Figure 26, below shows the journey times.

Figure 26 - how long does it usually take to get to the pharmacy?



3.4.1.5. Influences for Choice of Pharmacy

When asked about choice of pharmacy most respondents reported consistent use of a community pharmacy, with 67.9% always using the same pharmacy and a further 29% using different pharmacies but preferring one most often. Only a small minority reported rarely using a pharmacy or consistently using different pharmacies.

When asked what influences their choice of pharmacy, respondents most commonly cited proximity and convenience, particularly pharmacies being close to home or GP practices and easy to access. Quality of service and trust were also important factors, including positive customer service, trust in pharmacy staff, continuity of use and confidence that medicines would be in stock. Practical considerations such as parking, speed of service and

opening hours were also influential. Multiple responses were permitted for this question, and full results are provided in the appendix H.

When respondents indicated that they were aware of a closer or more convenient pharmacy that they did not use, the most commonly cited reasons related to service experience and practical barriers. These included perceptions of slower service, medicines not being available in stock, difficulty with parking, limited opening hours, and previous negative experiences. Issues relating to privacy, continuity of staff and familiarity with pharmacy teams were also reported. Additional reasons provided reflected loyalty to an existing pharmacy, prescriptions being sent to a particular location, co-location with GP practices, and wider operational factors. Full response details are provided in the appendix H.

When asked if there is a more convenient and/or closer pharmacy that they don't use, 316 people responded yes and 306 went on to give a reason why (please note that multiple answers could be given to this question).

A proportion of respondents reported that they were aware of a more convenient or closer pharmacy that they did not use and provided reasons for this choice. These reasons most commonly related to loyalty to an existing pharmacy, prescriptions being sent to a particular location, service experience and staff behaviour, operational issues such as waiting times, and the convenience of co-location with GP practices. Additional detail on responses categorised as 'other' is provided in the appendix H.

3.4.1.6. Awareness of Pharmaceutical Services

Searching via the internet was the most popular way of finding information on a pharmacy for example, opening hours and services offered, this was followed looking in pharmacy windows or poster displayed in the pharmacy. Other popular choices for finding information, was the pharmacy webpage and calling the pharmacy directly.

When asked if they feel able to discuss something private with a pharmacist the majority either answered yes (53%) or maybe (21.3%). 12.4% 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 to have a prescription dispensed, pharmacies do provide a range of clinical services. The questionnaire listed several 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.

Public awareness of NHS services available through community pharmacies in 2025 is largely unchanged from 2021. In both years, awareness is highest for established services such as flu vaccination, the common ailments scheme and smoking cessation support, while awareness of

services such as discharge medicines reviews and emergency medicines supply remain lower. Although response numbers are higher in 2025, the overall pattern and relative awareness of services are consistent with 2021, indicating no significant change over time and highlighting an ongoing need to improve public awareness of the full range of pharmacy services. Appendix G lists the services covered by the questionnaire.

3.4.1.7. Experience of Accessing Services

There were 99 positive comments about pharmacies and 1 about dispensing doctors, 176 negative comments about pharmacies, and 125 observations, the detail is in appendix H.

Feedback highlighted delivery of medicines as a valued service, alongside the broader contribution of pharmacy teams to local healthcare. Positive comments most related to the standard and quality of service provided, improvements associated with the introduction of electronic prescribing and dispensing technologies, and the friendliness, helpfulness and approachability of pharmacy staff. This feedback closely mirrors that from 2021. In both years, positive comments emphasise the professionalism, approachability and community value of pharmacy staff. Negative comments are also consistent, focusing on waiting times, staffing pressures, stock availability, privacy and limited opening hours.

Alongside this positive feedback, respondents also identified areas where their experience could be improved. These included communication between GP practices and pharmacies, variation in service availability depending on location and pharmacist availability, and practical access issues such as opening hours, waiting times and stock availability. Additional concerns were raised about staff attitude and behaviour in some cases, experiences when accessing the common ailments service, and charges associated with compliance aids such as dosette boxes. Although more comments were received this time, the themes remain unchanged, indicating ongoing operational challenges alongside sustained public appreciation of community pharmacy services.

3.4.1.8. Summary of Key Engagement Themes

Overall, the findings highlight the central role of community pharmacies in providing accessible medicines supply and advice and provide important context for understanding how pharmaceutical services are accessed in practice across the Health Board area.

3.4.2. Pharmacy Contractor Feedback on Pharmaceutical Service Provision

This section summarises feedback received from community pharmacy contractors on their experience of delivering pharmaceutical services across the Health Board area. It provides contextual insight into how services operate in practice, including comments on current capacity and the ability to manage planned increases in service provision. The section outlines operational factors only and does not assess adequacy or identify gaps. A copy of the questionnaire is provided in Appendix I.

3.4.2.1. Overview of Community Pharmacy Engagement

An online questionnaire was issued to community pharmacies between 10 November and 22 December 2025. Responses were received from sixty-six of the one hundred and twenty-five community pharmacies in the Health Board area, representing a response rate of 53%.

3.4.2.2. Premises, Accessibility and Consultation Facilities

All responding community pharmacies confirmed that their premises are accessible to disabled people. The majority reported having a consultation room that meets the contractual requirements for the provision of advanced and clinical services, including being a closed and designated space suitable for confidential discussions. Almost all (97%) consultation areas were reported to be accessible by wheelchair. It should be noted that Health Board conducted monitoring visit data reflects that all pharmacies have consultation rooms meeting contractual requirements so there may be a degree of underreporting in the responses.

Pharmacies also reported the availability of staff who speak languages other than English. Welsh language capability was reported by a number of pharmacies, alongside a range of other languages, reflecting variation in linguistic support across the Health Board area.

3.4.2.3. Dispensing Activity and Appliance Provision

Pharmacies are required to dispense all valid NHS prescriptions for drugs and for appliances they supply “in the normal course of business”. Fifty-six pharmacies (85%) confirmed that they dispense all appliances, seven (11%) confirm they only dispense dressings, two do not dispense any appliances and one dispenses appliances other than those for incontinence.

3.4.2.4. Non-NHS Services Offered by Pharmacies

Some pharmacy services are not part of the core contractual framework and are outside the direct control of the Health Board. Contractors reported providing a range of services that sit outside the core NHS contractual framework.

All 66 of the pharmacies collect prescriptions from GP practices. Forty pharmacies deliver dispensed items to patients as a free-of-charge service. Seventeen provide delivery of drugs and 13 provide delivery of appliances as a private, chargeable service. Of those who provide the service free-of-charge, 22 restrict it to certain categories of patients for example those, those with mobility issues or who are housebound, older patients, disabled patients, and those in an NHS at risk group. Eight pharmacies restrict the delivery service to patients in specific geographical areas.

3.4.2.5. Gaps in the Current Provision of Existing Clinical Services

To help identify any potential gaps in the current provision of clinical services, pharmacy contractors were asked their opinions whether there is a need for any existing clinical service that is not currently available in the area, and to provide supporting evidence for their response

Forty of the 66 answered with 33 suggesting there was no current unmet need for existing services. Six responded that there was a need for another service but did not indicate services available in the Health Board area. These included four indicating a need for multi compartment compliance aids and two suggesting a covid vaccination service.

3.4.2.6. Pharmacy Perspectives on New Service Need.

When asked about potential need for new services, 38 of the 66 (57.57%) responded. Twenty-five respondents (64%) did not identify any need for any new services and two responded they were unsure.

Of the 11 respondents (29%) who identified a need, 8 indicated a need for a multi compartment compliance aid service with the remaining 3 suggesting blood pressure monitoring, weight management and travel vaccinations and ear wax removal and independent prescribing services. These views reflect individual contractor perceptions and do not represent formally assessed needs.

3.4.2.7. Ability to Meet Future Demand

Recognising that demand for pharmaceutical services is rising, driven by both the increasing volume of prescribed items and a growing population, pharmacies were asked whether they could accommodate this additional pressure. Most (fifty-seven pharmacies, 86.4%) reported having sufficient capacity within their existing premises and staffing levels, while a further 8 pharmacies (12.1%) indicated they could meet the increase with some adjustments. One pharmacy said that they didn't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand.

Around half of responding community pharmacies (34 pharmacies, 51.5%) indicated plans to develop or expand premises or services. Reported plans included increasing consultation space, investing in infrastructure and technology (utilisation of a robot), workforce development, and expanding clinical or private service provision, reflecting anticipated future service evolution within existing contractual and policy frameworks.

3.4.2.8. Summary of Key Engagement Themes

Overall, pharmacy contractor feedback provides important context on the delivery of pharmaceutical services across the Health Board area, including accessibility, dispensing activity and operational capacity, and supports understanding of how services are provided in practice.

3.4.3. Dispensing Doctors Feedback on Pharmaceutical Service Provision

3.4.3.1. Overview of Dispensing Doctors' Engagement

A separate questionnaire was issued to dispensing practices within the Health Board area over the same period. Responses were received from three of the twelve dispensing practices, representing a response rate of 25%. A copy of the questionnaire can be found in appendix J

3.4.3.2. Dispensary Opening and Service Provision

Responding practices reported dispensary opening hours that generally aligned with core GP opening times, with some variation at the end of the working week. Dispensing arrangements varied, with some practices dispensing all appliances and others limiting provision to dressings only.

Delivery services were reported by some practices, either free of charge for selected patient groups or as a chargeable service, while others reported no delivery provision.

3.4.3.3. Language Provision and Accessibility

Most responding practices reported providing services in English only, although Welsh language provision was reported at some sites either on specific days or at all times.

3.4.3.4. Capacity and Future Service Considerations

Most responding practices reported that they have sufficient capacity within existing premises and staffing levels to manage increases in dispensing demand, or that adjustments could be made if required.

When asked about unmet need or additional services, practices highlighted specific operational issues, including late dispensing for acute prescriptions, access to compliance aids for vulnerable patients, and the use of electronic

prescribing. These views reflect the perspectives of responding practices and do not represent formally identified or validated needs.

3.4.3.5. Summary of Key Engagement Themes

Feedback relating to dispensing doctor practices highlights their role in supporting medicines supply and access for eligible patients, particularly in areas served by dispensing practices, and provides additional context for understanding how pharmaceutical services are delivered in these settings.

This chapter provides a baseline description of pharmaceutical service provision and experience across the Health Board area, which is used to inform the assessment presented in later chapters.

Chapter Four - Other NHS Services

A range of NHS services operate within the Health Board area that influence the demand for pharmaceutical services, either by generating prescriptions, signposting to community pharmacy services or by reducing the need for certain pharmacy services through direct supply or administration of medicines.

4.1. Demand Increase

General Medical Services (GMS) providers create the greatest demand for dispensing pharmaceutical services within primary care. During 2024/2025, the Health Board GMS providers prescribed 16,871,095 items, of which 15,727,062 (93.22%) were dispensed by community pharmacies in ABUHB. A further 290,940 items prescribed by GMS providers outside the Health Board area were also dispensed within ABUHB. Overall, GMS prescribing accounts for 97.25% of the community pharmacy dispensing workload in ABUHB.[100]

Recent data shows a decline in both urgent and planned GP appointments, suggesting a shift in how patients are choosing to access primary care. This reduction may indicate growing demand on community pharmacies, with more patients opting to purchase medicines over the counter or make use of services such as the Common Ailment Service and the Pharmacy Independent Prescribing Service instead of engaging with their GP Practice. This trend highlights the significant role of community pharmacy in meeting patient needs and absorbing activity that might previously have been directed toward general practice.

General Dental Service (GDS) providers also create demand for dispensing services, with ABUHB Dentists prescribing 48,742 items in 2024/25. Dentists from outside the Health Board area were responsible for an additional 1,320 items, with a total of 50,004 dental items dispensed in community pharmacies in ABUHB, accounting for 3% of community pharmacy dispensing workload.

Ophthalmic Independent Prescribers within the Health Board area prescribed 7,108 prescriptions in 2024/25 and the overall number dispensed by ABUHB community pharmacies was 7,159. The implementation of NHS signed orders for Optometrists providing Welsh

[100] NWSSP Dispensing Data -https://nwssp.nhs.wales/ourservices/primary-care-services/general-information/data-and-publications/pharmacy-practice-dispensing-data/

General Ophthalmic Services (WGOS) in April 2026 and the continued growth of the Independent Prescribing Optometry Service will also increase dispensing demand.

The Pharmacist Independent Prescriber service also created additional dispensing workload, with 24,018 items prescribed in ABUHB and 24,017 dispensed, and this activity is expected to grow further due to increasing numbers of pharmacists in training and the Welsh Government's commitment to expanding the service.

Hospital services affect demand for dispensing as outpatient, A&E, and discharge prescriptions are dispensed in the community. Similarly, prescriptions issued by the Gwent Out of Hours service, the GMS Alternative Treatment Scheme, drug and alcohol services, and long-term conditions practitioner services increase demand for community pharmacy dispensing.

The Health Board hospital departments use community prescriptions (WP10HPs) so that outpatient and some discharge prescribing is dispensed by community pharmacies. During 2024/25 hospitals within ABUHB prescribed 257,374 items that were dispensed by community pharmacies within ABUHB. Community pharmacies within Newport West dispensed 18.84% of the total number of items, with the remainder evenly spread amongst community pharmacies within the other NCNs.

The Gwent Out of Hours (OOH) service prescribed 25,699 items in 2024/25, with 97.71% dispensed within the Health Board area. A further 2.01% were dispensed in other Health Boards across Wales, and 0.18% were dispensed in England. Within the Health Board, prescriptions issued by Gwent OOH were dispensed predominantly to community pharmacies located in Newport West (23.54%), Caerphilly South (14.12%), and Monmouthshire North (12.72%).

The Alternative Treatment Scheme service prescribed 1,534 in 2024/25 with 52.48% dispensed by community pharmacies in Caerphilly North and 34.29% in Newport West. The remaining 13.23% was dispensed by community pharmacies elsewhere within the Health Board's area.[101]

Aneurin Bevan Specialist Drug & Alcohol Service (ABSDAS) is an NHS Specialist Addiction Service dedicated to helping people with addiction and/or dependency needs. ABSDAS works with a variety of health, local authority and third sector partners to help people achieve their goals of abstinence or harm reduction. The service prescribed 1,666 items in

[101] NWSSP Dispensing Data

2024/25 all of which were dispensed by community pharmacies in Newport West (81.27%) and Newport East (18.73%).

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. The service sees people with moderate complexity and is provided by a consortium of three organisations – Kaleidoscope, G4S and Barod. The service prescribed 12,383 items in 2024/25, distributed broadly across the Health Board area.

The Values Based Health Care Team within the Health Board, who run a project supporting people with type 2 diabetes, prescribed 1876 items in 2024/25, distributed broadly across the Health Board.

The HMP Usk and HMP Prescoed prisons are provided with primary medical services through a Service Level Agreement with a General Medical Service provider. During 2024/25, 24,214 prescriptions were written via the service with more than 99% of these dispensed via a community pharmacy in Raglan.

Repeat prescriptions for specialist continence appliances are managed by a team of specialist nurses in the ABUHB bladder and bowel service. During 2024/25, 41,834 prescriptions were written by the service, 70.02% of these were dispensed by English contractors, 28.48% by Dispensing Appliance Contractors operating in Wales, and 1.53% by community pharmacies within ABUHB. This high proportion of prescriptions being dispensed in England is largely driven by the significant number of English Dispensing Appliance Contractors (DACs) that operate well-established national home delivery services.

The community-based smoking cessation services operated by Help Me Quit rely on community pharmacies to make supplies of pharmacotherapy to support quit attempts. In 2024/25, 6,149 requests for pharmacotherapy were issued by Help Me Quit advisors and supplied by community pharmacies within ABUHB. [102]

4.2. Demand Decrease

In contrast, some services reduce the need for pharmaceutical services. The GP practices in ABUHB personally administered 184,617 items to their patients. Minor injury units, and inpatient medicines which are supplied by hospital pharmacy departments can reduce the demand for dispensing

[102] NWSSP Dispensing Data

essential services, additionally, sexual health hub clinics also reduce demand for certain pharmacy services, particularly emergency hormonal contraception, by providing comprehensive contraceptive and sexual health care.

The majority of prescriptions written by dispensing doctors for their dispensing patients are dispensed by the practice dispensaries. During 2024/25, Doctors with dispensing rights dispensed 708,660 prescription items for their eligible patients. [103]

Smoking cessation support is provided across a range of settings, including community pharmacies, GP practices, hospitals, and community venues, and this wider provision influences the demand for pharmacy-based behavioural smoking cessation services.

4.3. Summary of Activity and Impact

The data demonstrates that a defined set of NHS services makes a material and ongoing contribution to pharmaceutical service dispensing activity, with most prescriptions generated by these services being dispensed locally within the Health Board area. Out of Hours services, drug and alcohol services, and the Alternative Treatment Scheme Service consistently generate prescription demand that is concentrated in specific areas, particularly Newport West, Caerphilly, and parts of Monmouthshire, indicating predictable patterns of pharmaceutical service utilisation linked to service location and population need.

The Health Board hospital service accounted for the majority of non-GP dispensing by a significant margin yet in overall terms accounted for only 1.56% of dispensing.

Drug and alcohol services account for a notable volume of prescriptions, reflecting the intensity and continuity of treatment required for this population. The prisons also account for a substantial but geographically concentrated level of demand. Importantly, this activity represents established and ongoing patterns of prescribing that are well understood by the system, allowing pharmaceutical service capacity and service provision to be planned for in a predictable and managed way rather than representing sporadic or unanticipated pressure.

Conversely, the data and service descriptions confirm that other NHS services, such as hospital inpatient care, personal administration by GP practices, minor injury units, prison pharmacy services, and sexual health

[103] NWSSP Dispensing Data

clinics, reduce the need for pharmaceutical services dispensing for specific episodes of care by supplying or administering medicines directly.

Smoking cessation activity is delivered across multiple settings, including pharmacies, and this shared provision influences the scale and nature of pharmacy-based stop smoking services rather than eliminating demand.

Taken together, the data illustrates how pharmaceutical services operate within a wider system of care, with some services increasing dispensing demand in consistent and locality-specific ways, and others offsetting demand through direct provision, all of which is relevant to understanding current and future pharmaceutical service need.

Overall, these services form part of the wider healthcare system within which pharmaceutical services operate and are considered in assessing current and future pharmaceutical service need.

Chapter Five - Health Needs That Can Be Met by Pharmaceutical Services

5.1. Purpose and Context

Schedule 1 of the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020[104] requires the Pharmaceutical Needs Assessment (PNA) to identify which health needs within the Health Board area can be met by pharmaceutical services. Chapter Two sets out the demographic profile, patterns of deprivation, health inequalities and disease burden across the population. This chapter builds on that evidence by identifying the aspects of those needs that fall within the scope of pharmaceutical services. It does not repeat the statistical analysis presented previously, nor does it assess the adequacy of current provision; that is addressed in Chapter Three and Chapter Six

Pharmaceutical services include essential and additional services provided by pharmacy contractors and dispensing appliance contractors (DACs), together with dispensing services provided by dispensing practices. Collectively, these services support safe access to medicines, optimisation of treatment, prevention of disease progression and development, urgent care needs, and delivery of selected public health interventions.

A high proportion of the population will require a prescription medicine or appliance at some point in their lives, irrespective of whether they are in one of the groups identified in Chapter Two, making prescribing one of the most widespread and routine interventions delivered by the NHS. 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 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, DACs or dispensing doctors.

5.2. Demographic Change and Long-Term Condition Management

The population profile described in Chapter Two demonstrates continued growth alongside a clear shift toward older age groups. The projected increase in residents aged sixty-five and over, and particularly those aged eighty-five and over, is associated with higher prevalence of long-term conditions, multimorbidity and complex medication regimens. These

[104] The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020

demographic changes directly translate into sustained and increasing need for pharmaceutical services.

Pharmaceutical services meet this need through the safe dispensing and clinical checking of prescriptions, discharge medicines review and disease-specific medicines management. As the number and complexity of prescribed medicines increase, so too does the need for medicines adherence and reduction of medicines-related harm. The ageing population also increases demand for compliance support, domiciliary services and medicines provision to care settings.

The pharmaceutical contribution to long-term condition management is therefore not limited to supply of medicines but extends to improving patient safety, therapeutic outcomes, and reducing avoidable hospital admissions.

5.3. Health Inequalities and Deprivation

Chapter Two identifies significant variation in deprivation across the Health Board area, together with clear inequalities in life expectancy and healthy life expectancy. Areas with higher levels of socioeconomic deprivation experience earlier onset of chronic disease, higher premature mortality and greater reliance on accessible primary care services.

Pharmaceutical services play an important role in addressing these inequalities. Community pharmacies provide walk-in access without the need for an appointment and deliver NHS services free at the point of use. In deprived communities, they often act as the most immediately accessible healthcare setting. Through Clinical Community Pharmacy Services (CCPS)—including common ailment services, emergency medicines supply, and contraception services—community pharmacies support both prevention and early intervention. Alongside CCPS, wider services such as personalised medicines advice, smoking cessation support, and vaccination programmes further strengthen the role of pharmacies in improving population health and reducing avoidable illness.

The concentration of deprivation in certain local authority areas therefore generates proportionately greater demand for accessible pharmaceutical provision and preventative services.

5.4. Prevention and Public Health

The burden of preventable disease identified in Chapter Two gives rise to clear need for pharmaceutical services focused on prevention and risk reduction. Smoking, obesity, cardiovascular risk factors and respiratory

disease contribute significantly to avoidable morbidity and mortality across the area.

Pharmaceutical services support public health objectives through vaccination services, smoking cessation programmes, contraception services, needle exchange and supervised consumption, alongside healthy lifestyle advice. These services complement wider public health initiatives and reduce pressure on general practice and urgent care settings.

Given the inequalities in healthy life expectancy described earlier, prevention-oriented pharmaceutical services are particularly relevant in communities experiencing poorer health outcomes.

5.5. Geographic Variation and Access

The Health Board area includes densely populated urban centres and rural communities with dispersed populations. Geographic variation influences how residents access healthcare services and creates differing demands on pharmaceutical provision.

In rural areas, continuity of medicines supply and the role of dispensing practices are particularly important. In urban settings, higher population density is associated with greater dispensing volumes and demand for urgent access services. Pharmaceutical services must therefore respond both to issues of capacity and to accessibility across varied geographic contexts.

This chapter identifies that such need exists; the assessment of whether current distribution aligns with these patterns is considered later.

5.6. Maternal, Reproductive and Family Health

Variation in fertility rates and population growth across local authorities creates ongoing demand for pharmaceutical services related to reproductive and family health. Contraception services, advice on medicines in pregnancy and breastfeeding, and common ailment services for children contribute to meeting this need.

In areas with higher fertility rates and younger population structures, demand for these services is proportionately greater. Pharmaceutical provision therefore supports both preventative and responsive care in this domain.

5.7. Mental Health and Substance Use

Socioeconomic inequalities are associated with higher prevalence of mental health conditions and substance misuse. Pharmaceutical services

contribute through the safe dispensing of psychotropic medicines, supervised administration services, needle and syringe exchange programmes and adherence support. These services are integral to wider treatment pathways and support harm reduction objectives.

5.8. Urgent and Unplanned Care

Pharmaceutical services also meet needs arising from urgent but non-emergency health concerns. The Common Ailments Service, emergency medicines supply and additional services such as the urgent medicines service and the Pharmacy Independent Prescriber (PIPs) support care closer to home and help reduce avoidable attendance at GP practices and emergency departments.

As primary care systems experience sustained demand pressures, the role of community pharmacy as an accessible first point of contact becomes increasingly significant.

5.9. Future Need Over the Lifetime of the PNA

The combination of projected population growth, ageing demographics, persistent deprivation and increasing complexity of prescribing indicates that demand for pharmaceutical services will continue throughout the lifetime of this PNA. Growth is expected not only in the volume of dispensing activity but also in the complexity of medicines adherence, monitoring and preventative interventions.

Pharmaceutical services are therefore required to support:

- Management of long-term conditions and multimorbidity
- Medicines safety and adherence
- Prevention and early intervention
- Reduction of health inequalities
- Accessible urgent care support
- Continuity of medicines supply across rural and urban communities

Having identified the health needs that can appropriately be met by pharmaceutical services, the next chapter evaluates current provision at a local level to determine whether its location, accessibility and service mix are proportionate to both current and anticipated need.

Chapter Six – Assessment of Pharmaceutical Service Adequacy

6.1. Approach to Local Assessment

This chapter assesses whether current pharmaceutical service provision is adequate to meet the population and health needs identified in Chapter Two, taking account of the range of pharmaceutical and wider NHS services described in Chapters Three and Four.

The assessment is undertaken using a locality-based approach, structured by local authority area and Neighbourhood Care Network (NCN). Local authorities provide a clear and consistent geographic framework aligned with population data, while NCNs reflect the operational footprint for planning and delivering of primary care and community services.

To enable a more detailed consideration of local variation in access, capacity and demand the assessment of adequacy is undertaken at the NCN level.

This approach ensures that:

- Population and health needs identified in Chapter Two are systematically considered at a local level;
- Existing pharmaceutical services are assessed consistently and transparently; and
- Variation between localities is recognised, while maintaining a proportionate and manageable structure.

This chapter focuses on assessing the adequacy of current provision and identifying potential pressures or risks. The identification of specific gaps or future service requirements is addressed separately in the subsequent chapter. Each NCN will be assessed in turn, and a full breakdown of activity data for each NCN is included in each NCN section.

It should be noted that, during the preparation of this PNA there have been changes to the number of NCNs within ABUHB. Torfaen North and Torfaen South merged to become a single Torfaen NCN from 1 October 2025, and Blaenau Gwent East and Blaenau Gwent West formed a single Blaenau Gwent NCN from 1 April 2026.

In both instances, there have been no changes to the geographic footprint, population size, number of providers, existing services provision or the assessed pharmaceutical need.

While essential services and some additional clinical services are assessed at NCN level to reflect local access and capacity, a number of more specialist services are commissioned across the Health Board footprint. These services are therefore assessed at a Health Board level to reflect commissioning arrangements and avoid unnecessary duplication within each locality assessment.

The pharmaceutical services provided by Dispensing doctors are strictly defined and limited by national regulation, and the Health Board has no discretion to extend their scope beyond the statutory framework described in Chapter one.

6.2. Pharmaceutical Services Commissioned on a Pan Gwent Footprint.

While essential and additional clinical services are assessed at NCN level, a number of enhanced and specialist services are commissioned across the Health Board footprint. These services are therefore assessed separately to avoid duplication and to better reflect commissioning intent. These services are designed to meet population need across the Gwent footprint and are predominantly commissioned based on demand, service utilisation, and provider capability.

As such, the absence of these services within an individual NCN does not indicate a gap in provision. Patients, service users and partner organisations routinely access these services across locality boundaries and providers are selected to ensure appropriate coverage, resilience and quality.

The Health Board has undertaken a consolidated assessment of these services at an all-Gwent level, taking account of location, activity data, service utilisation and population need. The Health Board is satisfied that current provision is sufficient to meet the present and anticipated future needs of the population.

The services included within this approach are included below:

- Care Home Pharmaceutical Services

Care home pharmaceutical services are not routinely commissioned within every locality. Care homes are able to access services from providers across the Health Board footprint, and current arrangements are sufficient to meet demand.

- Inhaler Use Review Service

Uptake of the Inhaler Use Review service remains relatively low across the Health Board and current demand is fully manageable within existing provider capacity

- Blood Borne Virus Service

The Blood Borne Virus service is commissioned in line with identified need. Activity levels remain low and are adequately supported by existing providers.

- Needle Exchange

Needle exchange provision is planned in partnership with the Gwent Area Planning Board, based on assessed population need. Services are delivered through a combination of specialist providers and community pharmacies, and current provision is sufficient to meet need across the Health Board.

- Tuberculosis Directly Observed Therapy (DOTS) Team Supply Service

The Tuberculosis DOTS service is commissioned on a case-by-case basis in response to identified need. There is no requirement for universal provision, and current arrangements are sufficient.

- Out of Hours Palliative Care Service

Palliative care pharmaceutical services are commissioned on a Gwent-wide basis to ensure appropriate geographic coverage and timely access to medicines. Current provision is sufficient to meet patient need.

- Urgent Medicines Service

The Urgent Medicines Service is commissioned across the Health Board, with participating pharmacies providing access for the whole population. Current provision is sufficient to meet demand.

Table 7- Assessment of Adequacy

Service	Commissioning Basis	Coverage Approach	Adequacy assessment
Care Homes	HB-wide / provider choice	Cross-boundary	Adequate
IUR	Targeted	Selected providers	Adequate
BBV	Need-based	Limited providers	Adequate
Needle Exchange	GAPB-informed	Network model	Adequate
TB DOTS	Case-based	As required	Adequate

Palliative Care	HB-wide	Geographic spread	Adequate
Urgent Medicines	HB-wide	Network coverage	Adequate

These services are intentionally commissioned on a Health Board-wide or targeted basis. The Health Board has not identified any current or future need to expand provision to all pharmacies or localities, as patient need is being met through the existing network of providers. The Health Board will continue to monitor activity and population need over the lifetime of this PNA and will review commissioning arrangements where required.

6.3. Blaenau Gwent

Blaenau Gwent has the smallest population within the Health Board area and experiences some of the highest levels of socioeconomic deprivation. Chapter Two identifies that it has the highest proportion of Lower Super Output Areas within the most deprived national deciles and the highest rate of premature mortality from key non-communicable diseases across Gwent. Life expectancy and healthy life expectancy are lower than in other local authorities, with marked inequality gaps.

The age structure reflects a mature working-age population with growing numbers of older residents. Although overall population growth is modest, the burden of preventable disease and earlier onset of long-term conditions remains pronounced. There are sixteen pharmacies in this area. Provision in Blaenau Gwent must respond to:

- Higher prevalence of cardiovascular disease, respiratory disease and multimorbidity;
- Elevated need for medicines optimisation and adherence support;
- Strong demand for preventative interventions (e.g., smoking cessation, vaccination);
- Accessible services for deprived communities with potentially lower engagement with scheduled primary care;
- The characteristics of a Deep End population -meaning communities living in the most socioeconomically deprived areas- including higher clinical complexity, increased consultation rates and the need for proactive, outreach-based and accessible models of care to address inequalities in access and outcomes.

Community pharmacies are particularly important in mitigating inequality-driven health need and providing accessible walk-in clinical support.

As described earlier in this chapter, from 1 April 2026, Blaenau Gwent will be considered as a single NCN following the merger of East and West. The assessments that follow are not altered by the merger.

6.3.1. Blaenau Gwent East

Blaenau Gwent East includes valley communities with longstanding socioeconomic challenges and higher levels of deprivation relative to the Health Board average. The locality experiences inequality in life expectancy and a continued burden of preventable ill health, contributing to sustained demand for accessible primary care services. The population profile reflects established communities with an increasing proportion of older residents. This demographic pattern, combined with deprivation-related health inequality, is associated with higher prevalence of chronic conditions, multimorbidity and complex prescribing requirements. Pharmaceutical need within Blaenau Gwent East is therefore shaped by long-term condition management, medicines optimisation and adherence support, alongside preventative interventions targeting smoking, cardiovascular risk and respiratory disease. There are seven pharmacies in this area.

6.3.1.1. Provision of Pharmaceutical Services

The tables below outline the NHS pharmaceutical services currently available within Blaenau Gwent East, together with the current provision and the activity levels for each service during 2024/25.

Table 8 – Activity Data Blaenau Gwent East

Blaenau Gwent East: Additional Clinical Service Activity 2024/25					ABUHB
Number of Pharmacies			7		125
Weighted registered practice population			33,370		618,679
Number of pharmacies per 10,000 patients			2.10		2.02
Additional Clinical Service	Number of pharmacies commissioned	Percentage of pharmacies commissioned	Activity	Activity per 10,000 patients	Activity per 10,000 patients
Common Ailment Service (CCPS)	7	100%	3178 Consultations	952 Consultations	1,142 Consultations
Contraception Service (CCPS)	7	100%	200 Consultations	60 Consultations	74 Consultations
Emergency Medicines Supply Service (CCPS)	7	100%	438 Consultations	131 Consultations	376 Consultations
Pharmacy Independent Prescribing Service	4	57%	681 Consultations	204 Consultations	399 Consultations
Discharge Medicine Review Service	7	100%	145 Reviews	43 Reviews	40 Reviews

Influenza Vaccination Service	7	100%	604 Vaccinations	181 Vaccinations	235 Vaccinations
Inhaler Review Service Level 1	1	14%	100 Consultations	30 Consultations	19 Consultations
Inhaler Review Service Level 2	1	14%	0	0	0
Supervised Administration Service	7	100%	6,336 Supervisions	1,899 Supervisions	1,138 Supervisions
Lateral Flow Test Service	5	71%	171 Tests supplied	51 Tests supplied	38 Tests Supplied
Care Home Service	0	0%	0	0	1 Care Home
Smoking Cessation Level 2 Service	7	100%	300 Contacts	90 Contacts	81 Contacts
Smoking Cessation Level 3 Service	6	86%	272 Quit attempts	82 Quit Attempts	57 Quit Attempts
Needle Exchange Service	2	29%	954 Interactions	286 Interactions	115 Interactions
Blood Borne Virus Service	1	14%	0	0	5 Tests
Medication Administration Record Service	4	57%	13 patients	4 Patients	38 Patients
Waste Reduction Service	6	86%	968 Interventions	290 Interventions	267 Interventions
Tuberculosis DOTS Supply Service	0	0%	0	0	4 Patients
Palliative Care Out of Hours Rota Service	0	N/A	N/A	N/A	N/A
Urgent Medicines Service Level 1	1	14%	N/A	N/A	N/A
Urgent Medicines Service Level 2	0	0%	N/A	N/A	N/A
Out of Hours Rota Service	4	57%	N/A	N/A	N/A

Table 9 – Activity Data Blaenau Gwent East

Blaenau Gwent East: Dispensing Activity 2024/25		ABUHB
Number of Pharmacies	7	125
Weighted registered practice population	33,370	618,679
Number of pharmacies per 10,000 patients	2.10	2.02

Prescriber	Total Number of prescriptions	Prescriptions Dispensed per 10,000 Weighted Population	Prescriptions Dispensed per 10,000 Weighted Population
All	947,658	283,985	266,224
ABUHB GP	928,568	278,264	254,204
Other Health Board GP	216	65	4,624
Hospital	11,956	3,583	4,160
Dentist	2,600	779	809
Welsh Unidentified	886	266	718
ABUHB Prison	0	0	431
ABUHB OOH	1,038	311	406
Pharmacy IP	588	176	388
GDAS	931	279	195

Ophthalmic IP	637	191	116
English Prescriber	28	8	79
ABUHB VBH Team	186	56	30
ABSDAS	0	0	27
ATS	0	0	25
ABUHB Continence Service	18	5	10
ABUHB Podiatry	6	2	2
Welsh Ambulance Service	0	0	0.15

6.3.1.2. Pharmaceutical Services Accessed Outside the Locality

Some residents choose to access contractors outside both the locality and the Health Board's area either for pharmaceutical services located near to where they work, shop or visit or to access the services offered by Dispensing Appliance Contractors.

An analysis of prescribing activity across the five GP practices within the locality during 2024/25 shows that the majority of prescriptions were dispensed by pharmacies located within the NCN area. However, a notable minority, 9.4% of all prescriptions, were dispensed outside the locality. While this represents a relatively small proportion of total dispensing activity, it nonetheless highlights meaningful levels of out-of-area utilisation.

Across the locality, the largest share of external dispensing occurred within neighbouring localities. Caerphilly East accounted for 3.7% of prescriptions dispensed outside the locality, followed by Blaenau Gwent West at 1.9%. Smaller proportions were dispensed across the remaining localities. A further small share of prescriptions was dispensed by pharmacies in other Health Boards, while a similar proportion was handled by contractors in England. Additionally, a small proportion of prescriptions were recorded as personally administered items rather than being dispensed through community pharmacies.

There may have been additional use of pharmaceutical services from pharmacies situated outside the locality and the Health Board area. This activity cannot be quantified because it is not captured within the recorded dataset.

6.3.1.3. Choice and Access to Pharmaceutical Services

Most residents who live within the locality and are registered with one of the five GP practices typically use one of the local pharmacies to have their prescriptions dispensed. However, a proportion of patients choose to obtain their prescriptions elsewhere. This is usually because they prefer a

neighbouring pharmacy or a dispensing appliance contractor located closer to where they work, shop, spend leisure time, or for another personal reason.

In terms of access, a detailed list of Community Pharmacy opening hours can be found in appendix N.

6.3.1.4. Other NHS Services Influencing Pharmaceutical Need

Further information regarding the influence of other NHS services on pharmaceutical need is set out in Chapter Four. The Health Board's assessment has identified no additional NHS services that are expected to affect pharmaceutical need in Blaenau Gwent East

6.3.1.5. Assessment of Adequacy of Pharmaceutical Service Provision

Pharmacies within the locality are well distributed, with sites positioned across the area in locations characterised by higher population density and greater levels of deprivation. This distribution supports accessibility for residents who are most likely to require regular pharmaceutical services. Analysis of drive-time accessibility indicates that almost the entire locality falls within a 10-minute drive of a pharmacy. The only area outside this threshold is a small section of land with no resident population and therefore does not present an access concern.

Population projections for Blaenau Gwent County Borough Council indicate a slight increase in overall population over the coming years. However, the scale of this growth is modest, meaning that any resulting rise in demand for pharmaceutical services is expected to be limited.

There are currently no additional housing sites identified within the current Local Development Plan (LDP) 2006–2021 [105] that fall within the timeframe of this document. As the LDP has not been updated since the last Pharmaceutical Needs Assessment (PNA), no new residential development is expected to come forward that would create population driven pressure on pharmacy services.

Four out of seven pharmacies operating within the locality responded to the contractor questionnaire. Three confirmed that they possess sufficient capacity—both in terms of premises and staffing—to accommodate any increase in demand for the services they provide. The fourth indicated that although they did not have premises and staffing capacity at present, they

[105] Adopted LDP | Blaenau Gwent CBC

could make adjustments to manage any increase in demand. This demonstrates a stable and resilient level of service provision across the area.

Based on the evidence reviewed, the Health Board is satisfied that the current provision of essential pharmaceutical services is adequate to meet the present and anticipated future needs of the population within this locality.

In respect of additional pharmaceutical services, the Health Board has undertaken a comprehensive review of provision within the NCN, including core nationally commissioned services such as the Clinical Community Pharmacy Service, the Seasonal Influenza Vaccination Service and Discharge Medicines Reviews, alongside Help Me Quit (Smoking Cessation). Each service has been assessed in terms of the number of contractors commissioned to deliver it, the level of activity observed, and the extent to which current provision reflects identified local need. A detailed breakdown of service provision and utilisation is set out in Table 8 and 9 above.

This assessment indicates that, across these services, current levels of provision and activity are sufficient to meet the needs of the local population, with no evidence of unmet demand or requirement for additional commissioning within the NCN at this time.

A range of other additional pharmaceutical services, including care home support, inhaler use review, blood borne virus testing, needle exchange, tuberculosis DOTS, palliative care and urgent medicines services, are commissioned either on a Gwent-wide basis or in response to specific population need, rather than being uniformly available within every locality. Consistent with the approach set out in Section 6.2, these services have been assessed at a whole-system level to reflect commissioning arrangements, service configuration and patterns of utilisation.

The Health Board is satisfied that current Gwent-wide and targeted provision of these services is sufficient to meet the needs of residents in this locality, and their absence within the NCN footprint does not represent a gap in service provision.

Based on the information set out in Tables 8 and 9 and the accompanying detail above, *the Health Board is satisfied that existing pharmaceutical services, including provision accessed in neighbouring localities, are currently sufficient to meet identified need.*

6.3.2. Blaenau Gwent West

Blaenau Gwent West includes established valley communities with persistent socioeconomic deprivation and associated health inequality. While sharing similar structural challenges to other parts of the borough, this locality includes areas with concentrated need and higher demand for accessible frontline healthcare services. Health need within Blaenau Gwent West is influenced by elevated prevalence of chronic conditions, including cardiovascular and respiratory disease, alongside behavioural risk factors that contribute to preventable ill health. These factors generate sustained demand for medicines optimisation, adherence support and preventative pharmaceutical services. There are nine pharmacies in this area.

6.3.2.1. Provision of Pharmaceutical Services

The tables below outline the NHS pharmaceutical services currently available within Blaenau Gwent West, together with the current provision and the activity levels for each service during 2024/25.

Table 10- Activity Data Blaenau Gwent West

Blaenau Gwent West: Additional Clinical Service Activity 2024/25					ABUHB
Number of Pharmacies			9		125
Weighted registered practice population			39,108		618,679
Number of pharmacies per 10,000 patients			2.30		2.02
Additional Clinical Service	Number of pharmacies commissioned	Percentage of pharmacies commissioned	Activity	Activity per 10,000 patients	Activity per 10,000 patients
Common Ailment Service (CCPS)	9	100%	5940 Consultations	1,519 Consultations	1,142 Consultations
Contraception Service (CCPS)	9	100%	314 Consultations	680 Consultations	74 Consultations
Emergency Medicines Supply Service (CCPS)	9	100%	746 Consultations	191 Consultations	376 Consultations
Pharmacy Independent Prescribing Service	4	44%	2327 Consultations	595 Consultations	399 Consultations
Discharge Medicine Review Service	9	100%	209 Reviews	53 Reviews	40 Reviews
Influenza Vaccination Service	9	100%	877 Vaccinations	224 Vaccinations	235 Vaccinations
Inhaler Review Service Level 1	4	44%	298 Consultations	76 Consultations	19 Consultations
Inhaler Review Service Level 2	4	44%	0	0	0
Supervised Administration Service	9	100%	8510 Supervisions	2,176 Supervisions	1,138 Supervisions
Lateral Flow Test Service	7	78%	120 Tests supplied	31 Tests supplied	38 Tests Supplied

Care Home Service	0	0%	0	0	1 Care Home
Smoking Cessation Level 2 Service	9	100%	471 Contacts	120 Contacts	81 Contacts
Smoking Cessation Level 3 Service	7	78%	268 Quit attempts	69 Quit Attempts	57 Quit Attempts
Needle Exchange Service	2	22%	534 Interactions	137 Interactions	115 Interactions
Blood Borne Virus Service	1	11%	18 tests	5	5 Tests
Medication Administration Record Service	5	56%	21 patients	5 Patients	38 Patients
Waste Reduction Service	7	78%	1052 Interventions	269 Interventions	267 Interventions
Tuberculosis DOTS Supply Service	0	0%	0	0	4 Patients
Palliative Care Out of Hours Rota Service	0	0%	N/A	N/A	N/A
Urgent Medicines Service Level 1	1	11%	N/A	N/A	N/A
Urgent Medicines Service Level 2	0	0%	N/A	N/A	N/A
Out of Hours Rota Service	3	33%	N/A	N/A	N/A

Table 11- Activity Data Blaenau Gwent West

Blaenau Gwent West: Dispensing Activity 2024/25		ABUHB
Number of Pharmacies	9	125
Weighted registered practice population	39,108	618,679
Number of pharmacies per 10,000 patients	2.30	2.02

Prescriber	Total Number of prescriptions	Prescriptions Dispensed per 10,000 Weighted Population	Prescriptions Dispensed per 10,000 Weighted Population
All	1,189,670	304,201	266,224
ABUHB GP	1,161,176	296,915	254,204
Other Health Board GP	2,302	589	4,624
Hospital	15,151	3,874	4,160
Dentist	4,476	1,145	809
Welsh Unidentified	782	200	718
ABUHB Prison	0	0	431
ABUHB OOH	1,467	375	406
Pharmacy IP	2,166	554	388
GDAS	1,201	307	195
Ophthalmic IP	262	67	116
English Prescriber	140	36	79
ABUHB VBH Team	445	114	30
ABSDAS	0	0	27
ATS	16	4	25
ABUHB Continence Service	79	20	10
ABUHB Podiatry	5	1	2
Welsh Ambulance Service	2	1	0.15

6.3.2.2. Pharmaceutical services accessed outside the locality

Some residents choose to access contractors outside both the locality and the Health Board's area either for pharmaceutical services located near to where they work, shop or visit or to access the services offered by Dispensing Appliance Contractors.

Whilst the majority of prescriptions written in 2024/25 by the five GP practices within the NCN were dispensed by pharmacies within the locality, around 4% were dispensed elsewhere, reflecting a small but meaningful level of out-of-area dispensing.

Only very small proportions of prescriptions were dispensed across the remaining localities, with similarly small amounts handled by pharmacies in other Health Boards or by contractors in England. A further small share of items was recorded as personally administered rather than being dispensed through community pharmacies.

There may also have been additional use of pharmaceutical services from pharmacies situated outside both the locality and the Health Board area. This activity cannot be quantified because it is not captured within the recorded dataset

6.3.2.3. Choice and Access to Pharmaceutical Services

Most residents who live within the locality and are registered with one of the five GP practices typically use one of the local pharmacies to have their prescriptions dispensed. However, a proportion of patients choose to obtain their prescriptions elsewhere. This is usually because they prefer a neighbouring pharmacy or a dispensing appliance contractor located closer to where they work, shop, spend leisure time, or for another personal reason.

In terms of access, a detailed list of Community Pharmacy opening hours can be found in appendix N

6.3.2.4. Other NHS Services Influencing Pharmaceutical Need

Further information regarding the influence of other NHS services on pharmaceutical need is set out in Chapter Four. The Health Board's assessment has identified no additional NHS services, that are expected to affect pharmaceutical need in Blaenau Gwent West.

6.3.2.5. Assessment of Adequacy of Pharmaceutical Service Provision

The pharmacies within the Blaenau Gwent West NCN are well distributed across areas of higher population density and deprivation, with all residents living within a 10-minute drive time of a pharmacy.

Projections for Blaenau Gwent County Borough Council show only a small rise in population in the coming years, suggesting that any additional pressure on pharmaceutical services will be minimal. A single housing development in Ebbw Vale was identified within the LDP 2006–2021, with a capacity of 805 new homes. As the LDP has not been updated since the last PNA, this remains the most recent formally adopted housing allocation. While the development will contribute to population growth, it is not expected to significantly affect demand for pharmaceutical services.

Eight out of nine pharmacies operating within the locality responded to the contractor questionnaire. Seven confirmed that they possess sufficient capacity—in terms of premises and staffing—to accommodate any increase in demand for the services they provide. One provider reported that they would struggle to accommodate increased demand due to limited premises and insufficient staffing capacity. This indicates a reliable and resilient level of service throughout the area.

Based on the evidence reviewed, the Health Board is satisfied that the current provision of essential pharmaceutical services is adequate to meet the present and anticipated future needs of the population within this locality.

In respect of additional pharmaceutical services, the Health Board has undertaken a comprehensive review of provision within the NCN, including core nationally commissioned services such as the Clinical Community Pharmacy Service, the Seasonal Influenza Vaccination Service and Discharge Medicines Reviews, alongside Help Me Quit (Smoking Cessation). Each service has been assessed in terms of the number of contractors commissioned to deliver it, the level of activity observed, and the extent to which current provision reflects identified local need. A detailed breakdown of service provision and utilisation is set out in Tables 10 and 11 above.

This assessment indicates that, across these services, current levels of provision and activity are sufficient to meet the needs of the local population, with no evidence of unmet demand or requirement for additional commissioning within the NCN at this time.

A range of other additional pharmaceutical services, including care home support, inhaler use review, blood borne virus testing, needle exchange,

tuberculosis DOTS, palliative care and urgent medicines services, are commissioned either on a Gwent-wide basis or in response to specific population need, rather than being uniformly available within every locality. Consistent with the approach set out in Section 6.2, these services have been assessed at a whole-system level to reflect commissioning arrangements, service configuration and patterns of utilisation.

The Health Board is satisfied that current Gwent-wide and targeted provision of these services is sufficient to meet the needs of residents in this locality, and their absence within the NCN footprint does not represent a gap in service provision.

Based on the information set out in Tables 10 and 11 and the accompanying detail above, the Health Board is satisfied that existing pharmaceutical services, including provision accessed in neighbouring localities, are currently sufficient to meet identified need

6.4. Caerphilly - Local Context and Population Summary

Caerphilly is the largest local authority within the Health Board by population. Chapter two highlights a mixed socioeconomic profile, with significant pockets of deprivation, particularly in the north of the borough. Premature mortality rates are above the best-performing areas in Gwent, and healthy life expectancy remains lower in more deprived communities.

The population structure includes a substantial working-age cohort alongside a growing older population. Projected demographic change indicates continued pressure on long-term condition management services. There are forty-one pharmacies within this area, provision in Caerphilly must address:

- High overall prescribing volume associated with population size;
- Long-term condition management across both deprived and mixed communities;
- Preventative public health need linked to smoking, obesity and cardiovascular risk;
- Medicines support for a growing older population; and
- The characteristics of a Deep End population, including higher clinical complexity, increased consultation rates and the need for proactive, outreach-based and accessible models of care to address inequalities in access and outcomes.

The scale of the population means capacity, accessibility and distribution of services are key considerations in the subsequent assessment of provision.

6.4.1. Caerphilly East

Caerphilly East comprises a mixed urban and semi-rural population with areas of socioeconomic variation. While benefiting from proximity to transport links and economic centres, parts of the locality experience higher levels of deprivation and associated health inequality. The population includes a substantial working-age cohort alongside a growing number of older residents, contributing to sustained demand for long-term condition management. The ageing demographic profile within parts of the locality increases demand for polypharmacy support, monitoring of high-risk medicines and services that enable people to remain independent at home. In more deprived neighbourhoods, community pharmacies play an important role as accessible points of contact for advice, urgent supply of medicines and public health interventions. There are thirteen pharmacies in this area.

6.4.1.1. Provision of Pharmaceutical Services

The tables below outline the NHS pharmaceutical services currently available within Caerphilly East, together with the current provision and the activity levels for each service during 2024/25.

Table 12 - Activity Data Caerphilly East

Caerphilly East: Additional Clinical Service Activity 2024/25					ABUHB
Number of Pharmacies			13		125
Weighted registered practice population			67,505		618,679
Number of pharmacies per 10,000 patients			1.93		2.02
Additional Clinical Service	Number of pharmacies commissioned	Percentage of pharmacies commissioned	Activity	Activity per 10,000 patients	Activity per 10,000 patients
Common Ailment Service (CCPS)	13	100%	5,279 Consultations	782 Consultations	1,142 Consultations
Contraception Service (CCPS)	13	100%	313 Consultations	46 Consultations	74 Consultations
Emergency Medicines Supply Service (CCPS)	13	100%	1,355 Consultations	201 Consultations	376 Consultations
Pharmacy Independent Prescribing Service	6	46%	1,749 Consultations	259 Consultations	399 Consultations
Discharge Medicine Review Service	13	100%	86 Reviews	13 Reviews	40 Reviews
Influenza Vaccination Service	11	85%	1398 Vaccinations	207 Vaccinations	235 Vaccinations
Inhaler Review Service Level 1	1	8%	10 Consultations	1 Consultations	19 Consultations
Inhaler Review Service Level 2	1	8%	0	0	0

Supervised Administration Service	10	77%	5,103 Supervisions	756 Supervisions	1,138 Supervisions
Lateral Flow Test Service	8	62%	78 Tests supplied	12 Tests supplied	38 Tests Supplied
Care Home Service	0	0%	0	0	1 Care Home
Smoking Cessation Level 2 Service	12	92%	252 Contacts	37 Contacts	81 Contacts
Smoking Cessation Level 3 Service	8	62%	352 Quit attempts	52 Quit Attempts	57 Quit Attempts
Needle Exchange Service	1	8%	25 Interactions	4 Interactions	115 Interactions
Blood Borne Virus Service	1	8%	1	0	5 Tests
Medication Administration Record Service	7	54%	150 patients	22 Patients	38 Patients
Waste Reduction Service	10	77%	862 Interventions	128 Interventions	267 Interventions
Tuberculosis DOTS Supply Service	0	0%	0	0	4 Patients
Palliative Care Out of Hours Rota Service	1	8%	N/A	N/A	N/A
Urgent Medicines Service Level 1	1	8%	N/A	N/A	N/A
Urgent Medicines Service Level 2	1	0%	N/A	N/A	N/A
Out of Hours Rota Service	5	38%	N/A	N/A	N/A

Table 13- Activity Data Caerphilly East

Caerphilly East: Dispensing Activity 2024/25			ABUHB
Number of Pharmacies		13	125
Weighted registered practice population		67,505	618,679
Number of pharmacies per 10,000 patients		1.93	2.02
Prescriber	Total Number of prescriptions	Prescriptions Dispensed per 10,000 Weighted Population	Prescriptions Dispensed per 10,000 Weighted Population
All	1,750,478	259,311	266,224
ABUHB GP	1,695,600	251,181	254,204
Other Health Board GP	15,001	2,222	4,624
Hospital	25,685	3,805	4,160
Dentist	4,523	670	809
Welsh Unidentified	4,514	669	718
ABUHB Prison	0	0	431
ABUHB OOH	1,562	231	406
Pharmacy IP	1,643	243	388
GDAS	1,041	154	195
Ophthalmic IP	458	68	116
English Prescriber	119	18	79
ABUHB VBH Team	189	28	30
ABSDAS	0	0	27

ATS	82	12	25
ABUHB Continence Service	51	8	10
ABUHB Podiatry	10	1	2
Welsh Ambulance Service	0	0	0.15

6.4.1.2. Pharmaceutical Services Accessed Outside the Locality

Some residents choose to access contractors outside both the locality and the Health Board's area either for pharmaceutical services located near to where they work, shop or visit or to access the services offered by Dispensing Appliance Contractors.

Whilst the majority of prescriptions written in 2024/25 by the seven GP practices within the NCN were dispensed by pharmacies within the locality, around 8.5% were dispensed elsewhere, a level of out-of-area dispensing that remains within an acceptable range and is not a cause for concern. Within this, around 3.8% were dispensed in Caerphilly North, and a further 2.7% were dispensed by pharmacies in other Health Boards, representing the largest share of out-of-area activity.

Only very small proportions of prescriptions were dispensed across the remaining localities, with similarly small amounts handled by contractors in England. A further small share of items was recorded as personally administered rather than being dispensed through community pharmacies.

There may also have been additional use of pharmaceutical services from pharmacies situated outside both the locality and the Health Board area. This activity cannot be quantified because it is not captured within the recorded dataset.

6.4.1.3. Choice and Access to Pharmaceutical Services

Most residents who live within the locality and are registered with one of the seven GP practices typically use one of the local pharmacies to have their prescriptions dispensed. However, a proportion of patients choose to obtain their prescriptions elsewhere. This is usually because they prefer a neighbouring pharmacy or a dispensing appliance contractor located closer to where they work, shop, spend leisure time, or for another personal reason.

In terms of access, a detailed list of Community Pharmacy opening hours can be found in appendix N.

6.4.1.4. Other NHS Services Influencing Pharmaceutical Need

Further information regarding the influence of other NHS services on pharmaceutical need is set out in Chapter Four. The Health Board's

assessment has identified no additional NHS services, that are expected to affect pharmaceutical need in in Caerphilly East.

6.4.1.5. Assessment of Adequacy of Pharmaceutical Service Provision

The Health Board's review of pharmaceutical provision within the locality shows that pharmacies are well distributed across the area, with locations generally aligned to communities with higher population density and greater levels of deprivation. This pattern of placement ensures that services are available where need is typically greatest. The locality as a whole, falls within a 15-minute drive time of a pharmacy.

Population projections for Caerphilly County Borough Council indicate a modest increase of around 3% between 2022 and 2047. This level of growth is not expected to place significant additional pressure on essential pharmaceutical services. Three housing developments in Blackwood and Pontllanfraith were identified within the LDP 2010–2021[106], with a combined capacity of 552 new homes, some of which have already been completed. As the LDP has not been updated since the last PNA, these remain the most recent formally adopted housing allocations. While these developments will contribute to local population growth, the scale is considered manageable within existing service capacity.

Six of the thirteen pharmacies operating within the locality responded to the contractor questionnaire. Five confirmed that they have sufficient capacity—both in premises and staffing—to accommodate any increase in demand for the services they provide. The sixth reported that, although they do not currently have the necessary premises and staffing capacity, they could make operational adjustments to manage any increase in demand.

Based on the evidence reviewed, the Health Board is satisfied that the current provision of essential pharmaceutical services is adequate to meet the present and anticipated future needs of the population within this locality.

In respect of additional pharmaceutical services, the Health Board has undertaken a comprehensive review of provision within the NCN, including core nationally commissioned services such as the Clinical Community Pharmacy Service, the Seasonal Influenza Vaccination Service and Discharge Medicines Reviews, alongside Help Me Quit (Smoking Cessation).

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[106] Caerphilly - Caerphilly County Borough

Each service has been assessed in terms of the number of contractors commissioned to deliver it, the level of activity observed, and the extent to which current provision reflects identified local need. A detailed breakdown of service provision and utilisation is set out in tables 12 and 13 above.

This assessment indicates that, across these services, current levels of provision and activity are sufficient to meet the needs of the local population, with no evidence of unmet demand or requirement for additional commissioning within the NCN at this time.

A range of other additional pharmaceutical services, including care home support, inhaler use review, blood borne virus testing, needle exchange, tuberculosis DOTS, palliative care and urgent medicines services, are commissioned either on a Gwent-wide basis or in response to specific population need, rather than being uniformly available within every locality. Consistent with the approach set out in Section 6.2, these services have been assessed at a whole-system level to reflect commissioning arrangements, service configuration and patterns of utilisation.

The Health Board is satisfied that current Gwent-wide and targeted provision of these services is sufficient to meet the needs of residents in this locality, and their absence within the NCN footprint does not represent a gap in service provision.

Based on the information set out in Tables 12 and 13, and the accompanying detail above, *the Health Board is satisfied that existing pharmaceutical services, including provision accessed in neighbouring localities, are currently sufficient to meet identified need.*

6.4.2. Caerphilly North

Caerphilly North includes a number of valley communities with varying levels of socioeconomic deprivation and associated health inequality. The locality has a comparatively older age profile than some other parts of the borough, with established communities and increasing prevalence of long-term conditions. These demographic characteristics contribute to sustained demand for medicines supply, optimisation and monitoring. Health indicators reflect higher rates of chronic disease, including cardiovascular and respiratory conditions, alongside behavioural risk factors such as smoking. Such patterns generate ongoing need for accessible pharmaceutical services that support adherence, management of multimorbidity and preventative public health interventions. There are fourteen pharmacies in this area.

6.4.2.1. Provision of Pharmaceutical Services

The tables below outline the NHS pharmaceutical services currently available within Caerphilly North, together with the current provision and the activity levels for each service during 2024/25.

Table 14- Activity Data Caerphilly North

Caerphilly North: Additional Clinical Service Activity 2024/25					ABUHB
Number of Pharmacies			14		125
Weighted registered practice population			61,363		618,679
Number of pharmacies per 10,000 patients			2.28		2.02
Additional Clinical Service	Number of pharmacies commissioned	Percentage of pharmacies commissioned	Activity	Activity per 10,000 patients	Activity per 10,000 patients
Common Ailment Service (CCPS)	14	100%	6,866 Consultations	1,119 Consultations	1,142 Consultations
Contraception Service (CCPS)	14	100%	333 Consultations	54 Consultations	74 Consultations
Emergency Medicines Supply Service (CCPS)	14	100%	1,919 Consultations	313 Consultations	376 Consultations
Pharmacy Independent Prescribing Service	9	64%	3,130 Consultations	510 Consultations	399 Consultations
Discharge Medicine Review Service	14	100%	236 Reviews	38 Reviews	40 Reviews
Influenza Vaccination Service	14	100%	1,799 Vaccinations	293 Vaccinations	235 Vaccinations
Inhaler Review Service Level 1	5	36%	103 Consultations	17 Consultations	19 Consultations
Inhaler Review Service Level 2	5	36%	0	0	0
Supervised Administration Service	12	86%	11,734 Supervisions	1,912 Supervisions	1,138 Supervisions
Lateral Flow Test Service	11	79%	163 Tests supplied	27 Tests supplied	38 Tests Supplied
Care Home Service	0	0%	0	0	1 Care Home
Smoking Cessation Level 2 Service	14	100%	621 Contacts	101 Contacts	81 Contacts
Smoking Cessation Level 3 Service	13	93%	360 Quit attempts	59 Quit Attempts	57 Quit Attempts
Needle Exchange Service	5	36%	1,397 Interactions	228 Interactions	115 Interactions
Blood Borne Virus Service	2	14%	0	0	5 Tests
Medication Administration Record Service	14	100%	506 patients	82 Patients	38 Patients
Waste Reduction Service	13	93%	1,943 Interventions	317 Interventions	267 Interventions
Tuberculosis DOTS Supply Service	0	0%	0	0	4 Patients

Palliative Care Out of Hours Rota Service	0	0%	N/A	N/A	N/A
Urgent Medicines Service Level 1	1	7%	N/A	N/A	N/A
Urgent Medicines Service Level 2	0	0%	N/A	N/A	N/A
Out of Hours Rota Service	8	57%	N/A	N/A	N/A

Table 15- Activity Data Caerphilly North

Caerphilly North: Dispensing Activity 2024/25		ABUHB
Number of Pharmacies	14	125
Weighted registered practice population	61,363	618,679
Number of pharmacies per 10,000 patients	2.28	2.02

Prescriber	Total Number of prescriptions	Prescriptions Dispensed per 10,000 Weighted Population	Prescriptions Dispensed per 10,000 Weighted Population
All	1,979,985	322,668	266,224
ABUHB GP	1,839,622	299,793	254,204
Other Health Board GP	84,735	13,809	4,624
Hospital	25,953	4,229	4,160
Dentist	3,996	651	809
Welsh Unidentified	17,332	2,825	718
ABUHB Prison	0	0	431
ABUHB OOH	1,789	292	406
Pharmacy IP	2,989	487	388
GDAS	1,713	279	195
Ophthalmic IP	358	58	116
English Prescriber	514	84	79
ABUHB VBH Team	104	17	30
ABSDAS	0	0	27
ATS	805	131	25
ABUHB Continence Service	60	10	10
ABUHB Podiatry	11	2	2
Welsh Ambulance Service	4	1	0.15

6.4.2.2. Pharmaceutical Services Accessed Outside the Locality

Some residents choose to access contractors outside both the locality and the Health Board's area either for pharmaceutical services located near to where they work, shop or visit or to access the services offered by Dispensing Appliance Contractors.

Whilst the majority of prescriptions written in 2024/25 by the seven GP practices within the NCN were dispensed by pharmacies within the locality, around 9.4% were dispensed elsewhere, reflecting roughly one in ten prescriptions being fulfilled out of area. Within this, around 4.6% were

dispensed in Caerphilly East, representing the largest single share of out-of-area activity, while a further 2.2% were dispensed by pharmacies in other Health Boards.

Only very small proportions of prescriptions were dispensed across the remaining localities, with similarly small amounts handled by contractors in England. A further small share of items was recorded as personally administered rather than being dispensed through community pharmacies.

There may also have been additional use of pharmaceutical services from pharmacies situated outside both the locality and the Health Board area. This activity cannot be quantified because it is not captured within the recorded dataset.

6.4.2.3. Choice and Access to Pharmaceutical Services

Most residents who live within the locality and are registered with one of the seven GP practices typically use one of the local pharmacies to have their prescriptions dispensed. However, a proportion of patients choose to obtain their prescriptions elsewhere. This is usually because they prefer a neighbouring pharmacy or a dispensing appliance contractor located closer to where they work, shop, spend leisure time, or for another personal reason.

In terms of access, a detailed list of Community Pharmacy opening hours can be found in appendix N

6.4.2.4. Other NHS Services Influencing Pharmaceutical Need

Further information regarding the influence of other NHS services on pharmaceutical need is set out in Chapter Four. The Health Board's assessment has identified no additional NHS services, that are expected to affect pharmaceutical need in in Caerphilly North.

6.4.2.5. Assessment of Adequacy of Pharmaceutical Service Provision

Pharmacies are appropriately dispersed across the locality, with a clear alignment to areas of higher population density and greater socioeconomic deprivation. This distribution ensures that communities with potentially higher levels of need are adequately served. Furthermore, accessibility across the locality is strong, with all residents situated within a 15-minute drive time of a pharmacy.

Population projections for Caerphilly County Borough Council indicate a modest increase of approximately 3% between 2022 and 2047. This level of growth is not considered significant enough to generate additional demand that would exceed the capacity of existing pharmaceutical

services. The assessment also confirms that no additional housing sites have been identified in the LDP 2010–2021 that would materially alter population distribution or create new areas of concentrated demand. As the LDP has not been updated since the last PNA, there are no known forthcoming developments that would change this position.

Six of the fourteen pharmacies operating within the locality responded to the contractor questionnaire. Four confirmed that they have sufficient capacity—both in premises and staffing—to accommodate any increase in demand for the services they provide. The remaining two pharmacies reported that, although they do not currently have the necessary premises and staffing capacity, they could make operational adjustments to manage any increase in demand.

Based on the evidence reviewed, the Health Board is satisfied that the current provision of essential pharmaceutical services is adequate to meet the present and anticipated future needs of the population within this locality.

In respect of additional pharmaceutical services, the Health Board has undertaken a comprehensive review of provision within the NCN, including core nationally commissioned services such as the Clinical Community Pharmacy Service, the Seasonal Influenza Vaccination Service and Discharge Medicines Reviews, alongside Help Me Quit (Smoking Cessation). Each service has been assessed in terms of the number of contractors commissioned to deliver it, the level of activity observed, and the extent to which current provision reflects identified local need. A detailed breakdown of service provision and utilisation is set out in table 14 and 15 above.

This assessment indicates that, across these services, current levels of provision and activity are sufficient to meet the needs of the local population, with no evidence of unmet demand or requirement for additional commissioning within the NCN at this time.

A range of other additional pharmaceutical services, including care home support, inhaler use review, blood borne virus testing, needle exchange, tuberculosis DOTS, palliative care and urgent medicines services, are commissioned either on a Gwent-wide basis or in response to specific population need, rather than being uniformly available within every locality. Consistent with the approach set out in Section 6.2, these services have been assessed at a whole-system level to reflect commissioning arrangements, service configuration and patterns of utilisation.

The Health Board is satisfied that current Gwent-wide and targeted provision of these services is sufficient to meet the needs of residents in

this locality, and their absence within the NCN footprint does not represent a gap in service provision.

Based on the information set out in tables 14 and 15, and the accompanying detail above, *the Health Board is satisfied that existing pharmaceutical services, including provision accessed in neighbouring localities, are currently sufficient to meet identified need*

6.4.3. Caerphilly South

Caerphilly South includes more densely populated urban communities, with areas of marked socioeconomic deprivation alongside more mixed neighbourhoods. The locality experiences continued population pressure and comparatively younger age groups in parts, contributing to demand patterns that differ from more rural or valley areas. The concentration of population within urban centres increases overall prescribing volume and demand for timely access to medicines, urgent supply and walk-in services. While long-term condition management remains significant, the locality also experiences higher footfall and greater reliance on pharmacies as first points of contact for minor illness and unplanned care. There are fourteen pharmacies in this area.

6.4.3.1. Provision of Pharmaceutical Services

The tables below outline the NHS pharmaceutical services currently available within Caerphilly South, together with the current provision and the activity levels for each service during 2024/25.

Table 16- Activity Data Caerphilly South

Caerphilly South: Additional Clinical Service Activity 2024/25					ABUHB
Number of Pharmacies			14		125
Weighted registered practice population			55,925		618,679
Number of pharmacies per 10,000 patients			2.50		2.02
Additional Clinical Service	Number of pharmacies commissioned	Percentage of pharmacies commissioned	Activity	Activity per 10,000 patients	Activity per 10,000 patients
Common Ailment Service (CCPS)	14	100%	6,302 Consultations	1,127 Consultations	1,142 Consultations
Contraception Service (CCPS)	14	100%	368 Consultations	66 Consultations	74 Consultations
Emergency Medicines Supply Service (CCPS)	14	100%	2,748 Consultations	491 Consultations	376 Consultations
Pharmacy Independent Prescribing Service	5	36%	654 Consultations	117 Consultations	399 Consultations
Discharge Medicine Review Service	14	100%	144 Reviews	26 Reviews	40 Reviews

Influenza Vaccination Service	13	93%	1,203 Vaccinations	215 Vaccinations	235 Vaccinations
Inhaler Review Service Level 1	4	29%	188 Consultations	34 Consultations	19 Consultations
Inhaler Review Service Level 2	4	29%	0	0	0
Supervised Administration Service	11	79%	3,029 Supervisions	542 Supervisions	1,138 Supervisions
Lateral Flow Test Service	10	71%	235 Tests supplied	42 Tests supplied	38 Tests Supplied
Care Home Service	0	0%	0	0	1 Care Home
Smoking Cessation Level 2 Service	13	93%	290 Contacts	52 Contacts	81 Contacts
Smoking Cessation Level 3 Service	8	57%	237 Quit attempts	42 Quit Attempts	57 Quit Attempts
Needle Exchange Service	1	7%	2 Interactions	0 Interactions	115 Interactions
Blood Borne Virus Service	0	0%	0	0	5 Tests
Medication Administration Record Service	8	57%	62 patients	11 Patients	38 Patients
Waste Reduction Service	11	79%	711 Interventions	128 Interventions	267 Interventions
Tuberculosis DOTS Supply Service	0	0%	0	0	4 Patients
Palliative Care Out of Hours Rota Service	1	7%	N/A	N/A	N/A
Urgent Medicines Service Level 1	2	14%	N/A	N/A	N/A
Urgent Medicines Service Level 2	1	7%	N/A	N/A	N/A
Out of Hours Rota Service	4	29%	N/A	N/A	N/A

Table 17 - Activity Data Caerphilly South

Caerphilly South: Dispensing Activity 2024/25		ABUHB
Number of Pharmacies	14	125
Weighted registered practice population	55,925	618,679
Number of pharmacies per 10,000 patients	2.50	2.02

Prescriber	Total Number of prescriptions	Prescriptions Dispensed per 10,000 Weighted Population	Prescriptions Dispensed per 10,000 Weighted Population
All	1,478,379	264,350	266,224
ABUHB GP	1,409,757	252,080	254,204
Other Health Board GP	33,109	5,920	4,624
Hospital	22,616	4,044	4,160
Dentist	6,249	1,117	809
Welsh Unidentified	751	134	718
ABUHB Prison	1	0	431
ABUHB OOH	3,629	649	406
Pharmacy IP	396	71	388
GDAS	809	145	195

Ophthalmic IP	817	146	116
English Prescriber	159	28	79
ABUHB VBH Team	10	2	30
ABSDAS	0	0	27
ATS	1	0	25
ABUHB Continence Service	66	12	10
ABUHB Podiatry	9	2	2
Welsh Ambulance Service	0	0	0.15

6.4.3.2. Pharmaceutical Services Accessed Outside the Locality

Some residents choose to access contractors outside both the locality and the Health Board's area either for pharmaceutical services located near to where they work, shop or visit or to access the services offered by Dispensing Appliance Contractors.

Whilst the majority of prescriptions written in 2024/25 by the six GP practices within the NCN were dispensed by pharmacies within the locality, around 6.9% were dispensed elsewhere, indicating a small but notable proportion being fulfilled out of area. Within this, around 2.1% were dispensed in Caerphilly East, representing the largest single share of out-of-area activity.

Only very small proportions of prescriptions were dispensed across the remaining localities, with similarly small amounts handled by pharmacies in other Health Boards or by contractors outside the area. A further small share of items was recorded as personally administered rather than being dispensed through community pharmacies.

There may also have been additional use of pharmaceutical services from pharmacies situated outside both the locality and the Health Board area. This activity cannot be quantified because it is not captured within the recorded dataset.

6.4.3.3. Choice and Access to Pharmaceutical Services

Most residents who live within the locality and are registered with one of the six GP practices typically use one of the local pharmacies to have their prescriptions dispensed. However, a proportion of patients choose to obtain their prescriptions elsewhere. This is usually because they prefer a neighbouring pharmacy or a dispensing appliance contractor located closer to where they work, shop, spend leisure time, or for another personal reason.

In terms of access, a detailed list of Community Pharmacy opening hours can be found in appendix N

6.4.3.4. Other NHS Services Influencing Pharmaceutical Need

Further information regarding the influence of other NHS services on pharmaceutical need is set out in Chapter Four. The Health Board's assessment has identified no additional NHS services, that are expected to affect pharmaceutical need in in Caerphilly South.

6.4.3.5. Assessment of Adequacy of Pharmaceutical Service Provision

Pharmacies are appropriately distributed across the locality and are generally situated in areas with higher population density and greater levels of deprivation. All areas fall within a 15-minute drive time of a pharmacy, demonstrating comprehensive accessibility for residents.

Population forecasts for Caerphilly County Borough Council indicate a projected increase of 3% between 2022 and 2047. This level of growth is not expected to place significant additional pressure on existing pharmaceutical services.

A hub is currently being considered for the Aber Valley. Although the final configuration of services has not yet been determined, the Health Board does not expect that the development will require the inclusion of a pharmacy.

Six of the fourteen pharmacies operating within the locality responded to the contractor questionnaire, all confirming that they have sufficient capacity, both in premises and staffing, to accommodate any increase in demand for the services they provide.

Based on the evidence reviewed, the Health Board is satisfied that the current provision of essential pharmaceutical services is adequate to meet the present and anticipated future needs of the population within this locality.

In respect of additional pharmaceutical services, the Health Board has undertaken a comprehensive review of provision within the NCN, including core nationally commissioned services such as the Clinical Community Pharmacy Service, the Seasonal Influenza Vaccination Service and Discharge Medicines Reviews, alongside Help Me Quit (Smoking Cessation). Each service has been assessed in terms of the number of contractors commissioned to deliver it, the level of activity observed, and the extent to which current provision reflects identified local need. A detailed breakdown of service provision and utilisation is set out in tables 16 and 17 above.

This assessment indicates that, across these services, current levels of provision and activity are sufficient to meet the needs of the local

population, with no evidence of unmet demand or requirement for additional commissioning within the NCN at this time.

A range of other additional pharmaceutical services, including care home support, inhaler use review, blood borne virus testing, needle exchange, tuberculosis DOTS, palliative care and urgent medicines services, are commissioned either on a Gwent-wide basis or in response to specific population need, rather than being uniformly available within every locality. Consistent with the approach set out in Section 6.2, these services have been assessed at a whole-system level to reflect commissioning arrangements, service configuration and patterns of utilisation.

The Health Board is satisfied that current Gwent-wide and targeted provision of these services is sufficient to meet the needs of residents in this locality, and their absence within the NCN footprint does not represent a gap in service provision.

Based on the information set out in tables 16 and 17 and the accompanying detail above, *the Health Board is satisfied that existing pharmaceutical services, including provision accessed in neighbouring localities, are currently sufficient to meet identified need.*

6.5. Monmouthshire

Monmouthshire has the most rural geography in the Health Board area and generally lower levels of deprivation compared with other local authorities. It has the highest life expectancy and healthy life expectancy in Gwent. However, this relative affluence masks pockets of need.

The population profile is notably older than other areas, with a higher proportion of residents aged 65 and over and projected continued ageing. Population growth is slower but demographic shift towards older age groups is pronounced. There are eighteen pharmacies in this area. There are also twelve dispensing doctors. Provision in Monmouthshire must respond to:

- Increased demand for polypharmacy management and medicines review
- Complex medication regimens
- Care home and domiciliary medicines support
- Geographic access challenges associated with rurality

The role of dispensing practices and delivery services is particularly relevant in ensuring continuity of medicines supply in dispersed communities.

6.5.1. Monmouthshire North

Monmouthshire North is characterised by a predominantly rural geography with dispersed settlements and comparatively lower levels of deprivation than many other parts of the Health Board area. Health need within Monmouthshire North is shaped less by deprivation-related inequality and more by demographic change and rural access considerations. The higher proportion of older residents is associated with greater prevalence of long-term conditions, polypharmacy and the need for medicines monitoring. Demand for domiciliary support, care home services and continuity of medicines supply is therefore a significant feature of need within the locality. There are eleven pharmacies in this area. There are also eight dispensing doctor sites.

6.5.1.1. Provision of Pharmaceutical Services

The tables below outline the NHS pharmaceutical services currently available within Monmouthshire North, together with the current provision and the activity levels for each service during 2024/25.

Table 18- Activity Data Monmouthshire North

Monmouthshire North: Additional Clinical Service Activity 2024/25					ABUHB
Number of Pharmacies			11		125
Weighted registered practice population			50,357		618,679
Number of pharmacies per 10,000 patients			2.18		2.02
Additional Clinical Service	Number of pharmacies commissioned	Percentage of pharmacies commissioned	Activity	Activity per 10,000 patients	Activity per 10,000 patients
Common Ailment Service (CCPS)	11	100%	5,209 Consultations	1,034 Consultations	1,142 Consultations
Contraception Service (CCPS)	11	100%	350 Consultations	70 Consultations	74 Consultations
Emergency Medicines Supply Service (CCPS)	11	100%	1,035 Consultations	206 Consultations	376 Consultations
Pharmacy Independent Prescribing Service	3	27%	1,053 Consultations	209 Consultations	399 Consultations
Discharge Medicine Review Service	11	100%	194 Reviews	39 Reviews	40 Reviews
Influenza Vaccination Service	11	100%	1,484 Vaccinations	295 Vaccinations	235 Vaccinations
Inhaler Review Service Level 1	4	36%	54 Consultations	11 Consultations	19 Consultations
Inhaler Review Service Level 2	4	36%	0	0	0

Supervised Administration Service	10	91%	5,190 Supervisions	1,031 Supervisions	1,138 Supervisions
Lateral Flow Test Service	9	82%	160 Tests supplied	32 Tests supplied	38 Tests Supplied
Care Home Service	0	0%	0	0	1 Care Home
Smoking Cessation Level 2 Service	11	100%	289 Contacts	57 Contacts	81 Contacts
Smoking Cessation Level 3 Service	8	73%	166 Quit attempts	33 Quit Attempts	57 Quit Attempts
Needle Exchange Service	2	18%	418 Interactions	83 Interactions	115 Interactions
Blood Borne Virus Service	0	0%	0	0	5 Tests
Medication Administration Record Service	7	64%	138 patients	27 Patients	38 Patients
Waste Reduction Service	9	82%	473 Interventions	94 Interventions	267 Interventions
Tuberculosis DOTS Supply Service	0	0%	0	0	4 Patients
Palliative Care Out of Hours Rota Service	1	9%	N/A	N/A	N/A
Urgent Medicines Service Level 1	2	18%	N/A	N/A	N/A
Urgent Medicines Service Level 2	1	9%	N/A	N/A	N/A
Out of Hours Rota Service	5	45%	N/A	N/A	N/A

Table 19- Activity Data Monmouthshire North

Monmouthshire North: Dispensing Activity 2024/25			ABUHB
Number of Pharmacies		11	125
Weighted registered practice population		50,357	618,679
Number of pharmacies per 10,000 patients		2.18	2.02
Prescriber	Total Number of prescriptions	Prescriptions Dispensed per 10,000 Weighted Population	Prescriptions Dispensed per 10,000 Weighted Population
All	1,202,392	238,774	266,224
ABUHB GP	1,060,780	210,652	254,204
Other Health Board GP	83,382	16,558	4,624
Hospital	18,352	3,644	4,160
Dentist	2,948	585	809
Welsh Unidentified	2,170	431	718
ABUHB Prison	26,650	5,292	431
ABUHB OOH	3,268	649	406
Pharmacy IP	888	176	388
GDAS	742	147	195
Ophthalmic IP	603	120	116
English Prescriber	2,460	489	79
ABUHB VBH Team	28	6	30

ABSDAS	0	0	27
ATS	12	2	25
ABUHB Continence Service	73	14	10
ABUHB Podiatry	35	7	2
Welsh Ambulance Service	1	0	0.15

6.5.1.2. Pharmaceutical Services Accessed Outside the Locality

Some residents choose to access contractors outside both the locality and the Health Board's area either for pharmaceutical services located near to where they work, shop or visit or to access the services offered by Dispensing Appliance Contractors.

Around two-thirds of prescriptions written in 2024/25 by the seven GP practices within the NCN were dispensed by pharmacies within the locality, around 37% were dispensed elsewhere, with approximately 32.1% dispensed directly by the dispensing practices. This reflects a substantial proportion of out-of-area dispensing driven primarily by dispensing doctor activity.

Only very small proportions of prescriptions were dispensed across the remaining localities, with similarly small amounts handled by pharmacies in other Health Boards or by contractors in England.

There may also have been additional use of pharmaceutical services from pharmacies situated outside both the locality and the Health Board area. This activity cannot be quantified because it is not captured within the recorded dataset.

6.5.1.3. Choice Access to Pharmaceutical Services

Most residents who live within the locality and are registered with one of the seven GP practices typically use one of the local pharmacies to have their prescriptions dispensed. However, a proportion of patients choose to obtain their prescriptions elsewhere. This is usually because they prefer a neighbouring pharmacy or a dispensing appliance contractor located closer to where they work, shop, spend leisure time, or for another personal reason.

In terms of access, a detailed list of Community Pharmacy and Dispensing Doctors opening hours can be found in appendix N and appendix M.

6.5.1.4. Other NHS Services Influencing Pharmaceutical Need

Further information regarding the influence of other NHS services on pharmaceutical need is set out in Chapter Four. The Health Board's

assessment has identified no additional NHS services, that are expected to affect pharmaceutical need in in Monmouthshire North.

6.5.1.5. Assessment of Adequacy of Pharmaceutical Service Provision

Pharmacies within the locality are generally located in areas of higher population density and greater deprivation. In contrast, several northern parts of the locality fall outside a 20-minute drive time to the nearest pharmacy, and there are no accessible pharmacies across the border in England. These northern areas are rural, sparsely populated, and residents are typically served by dispensing GP practices. Although travel times are longer, these areas also have high levels of mobility, relatively low health-related demand, and almost half of households own two or more cars. Given the small population, any new pharmacy would likely be designated a reserved location, allowing residents within 1.6 km to continue receiving dispensing from their GP practice and reducing prescription volume.

Population projections indicate that Monmouthshire's population will increase by 16.6% between 2022 and 2047. Two strategic housing sites were identified in Abergavenny and Monmouth within the LDP 2011–2021[107], with a combined capacity of 620 new properties, some of which have already been completed. As the LDP has not been updated since the 2021 PNA, these remain the most recent formally adopted housing allocations. A Replacement LDP (2018–2033) has been prepared but is not yet adopted; however, adoption may occur within the lifetime of this PNA and will be monitored by the Health Board. This level of growth is not expected to materially alter demand, and existing pharmacies are considered to have sufficient capacity to meet any additional need.

Based on the evidence reviewed, the Health Board is satisfied that the current provision of essential pharmaceutical services is adequate to meet the present and anticipated future needs of the population within this locality.

In respect of additional pharmaceutical services, the Health Board has undertaken a comprehensive review of provision within the NCN, including core nationally commissioned services such as the Clinical Community Pharmacy Service, the Seasonal Influenza Vaccination Service and Discharge Medicines Reviews, alongside Help Me Quit (Smoking Cessation). Each service has been assessed in terms of the number of contractors

[107] Adopted Local Development Plan 2011-2021 - Monmouthshire

commissioned to deliver it, the level of activity observed, and the extent to which current provision reflects identified local need. A detailed breakdown of service provision and utilisation is set out in tables 18 and 19 above.

This assessment indicates that, across these services, current levels of provision and activity are sufficient to meet the needs of the local population, with no evidence of unmet demand or requirement for additional commissioning within the NCN at this time.

A range of other additional pharmaceutical services, including care home support, inhaler use review, blood borne virus testing, needle exchange, tuberculosis DOTS, palliative care and urgent medicines services, are commissioned either on a Gwent-wide basis or in response to specific population need, rather than being uniformly available within every locality. Consistent with the approach set out in Section 6.2, these services have been assessed at a whole-system level to reflect commissioning arrangements, service configuration and patterns of utilisation.

The Health Board is satisfied that current Gwent-wide and targeted provision of these services is sufficient to meet the needs of residents in this locality, and their absence within the NCN footprint does not represent a gap in service provision.

Based on the information set out in tables 18 and 19, and the accompanying detail above, *the Health Board is satisfied that existing pharmaceutical services, including provision accessed in neighbouring localities, are currently sufficient to meet identified need.*

6.5.2. Monmouthshire South

Monmouthshire South includes a mix of market towns, commuter communities and more densely populated settlements compared with the northern part of the county. The locality benefits from stronger transport links and cross-border movement, with population patterns influenced by commuting to neighbouring urban centres. Levels of deprivation are generally lower than the Health Board average, although pockets of need remain.

The population profile includes both working-age households and a growing older population, generating steady demand for routine dispensing and long-term condition management. While the burden of deprivation-related disease is less pronounced than in valley communities elsewhere in Gwent, chronic conditions such as cardiovascular disease and diabetes remain significant contributors to pharmaceutical demand. There are seven pharmacies in this area. There are also four dispensing doctors.

6.5.2.1. Provision of Pharmaceutical Services

The tables below outline the NHS pharmaceutical services currently available within Monmouthshire South, together with the current provision and the activity levels for each service during 2024/25.

Table 20- Activity Data Monmouthshire South

Monmouthshire South: Additional Clinical Service Activity 2024/25					ABUHB
Number of Pharmacies			7		125
Weighted registered practice population			42,892		618,679
Number of pharmacies per 10,000 patients			1.63		2.02
Additional Clinical Service	Number of pharmacies commissioned	Percentage of pharmacies commissioned	Activity	Activity per 10,000 patients	Activity per 10,000 patients
Common Ailment Service (CCPS)	7	100%	3,692 Consultations	861 Consultations	1,142 Consultations
Contraception Service (CCPS)	7	100%	210 Consultations	49 Consultations	74 Consultations
Emergency Medicines Supply Service (CCPS)	7	100%	574 Consultations	134 Consultations	376 Consultations
Pharmacy Independent Prescribing Service	0	0%	0 Consultations	0 Consultations	399 Consultations
Discharge Medicine Review Service	7	100%	84 Reviews	20 Reviews	40 Reviews
Influenza Vaccination Service	6	86%	342 Vaccinations	80 Vaccinations	235 Vaccinations
Inhaler Review Service Level 1	5	71%	0 Consultations	0 Consultations	19 Consultations
Inhaler Review Service Level 2	5	71%	0	0	0
Supervised Administration Service	7	100%	7,236 Supervisions	1,687 Supervisions	1,138 Supervisions
Lateral Flow Test Service	7	100%	83 Tests supplied	19 Tests supplied	38 Tests Supplied
Care Home Service	0	0%	0	0	1 Care Home
Smoking Cessation Level 2 Service	6	86%	221 Contacts	52 Contacts	81 Contacts
Smoking Cessation Level 3 Service	4	57%	196 Quit attempts	46 Quit Attempts	57 Quit Attempts
Needle Exchange Service	2	29%	598 Interactions	139 Interactions	115 Interactions
Blood Borne Virus Service	0	0%	0 Tests	0 Tests	5 Tests
Medication Administration Record Service	5	71%	40 patients	9 Patients	38 Patients
Waste Reduction Service	5	71%	2,968 Interventions	692 Interventions	267 Interventions
Tuberculosis DOTS Supply Service	0	0%	0	0	4 Patients

Palliative Care Out of Hours Rota Service	0	0%	N/A	N/A	N/A
Urgent Medicines Service Level 1	2	29%	N/A	N/A	N/A
Urgent Medicines Service Level 2	0	0%	N/A	N/A	N/A
Out of Hours Rota Service	5	71%	N/A	N/A	N/A

Table 21- Activity Data Monmouthshire South

Monmouthshire South: Dispensing Activity 2024/25			ABUHB
Number of Pharmacies		7	125
Weighted registered practice population		42,892	618,679
Number of pharmacies per 10,000 patients		1.63	2.02
Prescriber	Total Number of prescriptions	Prescriptions Dispensed per 10,000 Weighted Population	Prescriptions Dispensed per 10,000 Weighted Population
All	912,755	212,803	266,224
ABUHB GP	885,410	206,428	254,204
Other Health Board GP	4,595	1,071	4,624
Hospital	14,511	3,383	4,160
Dentist	1,806	421	809
Welsh Unidentified	3,399	792	718
ABUHB Prison	0	0	431
ABUHB OOH	559	130	406
Pharmacy IP	2	0	388
GDAS	1,530	357	195
Ophthalmic IP	287	67	116
English Prescriber	546	127	79
ABUHB VBH Team	36	8	30
ABSDAS	0	0	27
ATS	26	6	25
ABUHB Continence Service	38	9	10
ABUHB Podiatry	10	2	2
Welsh Ambulance Service	0	0	0.15

6.5.2.2. Pharmaceutical Services Accessed Outside the Locality

Some residents choose to access contractors outside both the locality and the Health Board's area either for pharmaceutical services located near to where they work, shop or visit or to access the services offered by Dispensing Appliance Contractors.

Whilst the majority of prescriptions written in 2024/25 by the seven GP practices within the NCN were dispensed by pharmacies within the locality, around one-fifth (21.6%) were dispensed elsewhere. Within this, around 11.9% were dispensed directly by the dispensing doctors, a further 5.5%

were dispensed by English contractors, and around 3.2% were dispensed across the whole of Newport. Together, these elements account for the largest share of out-of-area dispensing activity.

Only very small proportions of prescriptions were dispensed across other neighbouring localities, with similarly small amounts handled by pharmacies in other Health Boards. A further small proportion of items were recorded as personally administered rather than being dispensed through community pharmacies.

There may also have been additional use of pharmaceutical services from pharmacies situated outside both the locality and the Health Board area. This activity cannot be quantified because it is not captured within the recorded dataset.

6.5.2.3. Choice and Access to Pharmaceutical Services

Most residents who live within the locality and are registered with one of the four GP practices typically use one of the local pharmacies to have their prescriptions dispensed. However, a proportion of patients choose to obtain their prescriptions elsewhere. This is usually because they prefer a neighbouring pharmacy or a dispensing appliance contractor located closer to where they work, shop, spend leisure time, or for another personal reason.

In terms of access, a detailed list of Community Pharmacy and Dispensing Doctor opening hours can be found in appendix N and appendix M.

6.5.2.4. Other NHS Services Influencing Pharmaceutical Need

Further information regarding the influence of other NHS services on pharmaceutical need is set out in Chapter Four. The Health Board's assessment has identified no additional NHS services, that are expected to affect pharmaceutical need in in Monmouthshire South.

6.5.2.5. Assessment of Adequacy of Pharmaceutical Service Provision

The Health Board noted that pharmacies within the locality are predominantly situated in the south, generally in areas of greater population density and higher levels of deprivation. In contrast, the middle and northern parts of the locality are more sparsely populated, and residents in these areas typically receive dispensing services directly from their GP practice. There are four areas that fall outside a 20-minute drive time of a pharmacy; mapping indicates that these locations consist of only a small number of scattered houses and farms, and residents living there are therefore likely dispensed to by their GP practice. Population projections

indicate that the population of Monmouthshire is expected to increase by 16.6% between 2022 and 2047.

Five strategic housing sites were identified in the LDP 2011–2021, with a combined expected delivery of approximately 1,590 housing units. All of these sites are located in the southern part of the locality, extending westwards from Newport. As the LDP has not been updated since the PNA published in 2021, these remain the most recent formally adopted housing allocations, and the housing figures used here continue to rely on the 2011–2021 plan without amendment. A Replacement LDP (2018–2033) has been prepared but is not yet adopted; however, adoption may occur within the lifetime of this PNA and will be monitored by the Health Board.

Six out of seven pharmacies responded to the contractor questionnaire, four of which confirmed that they have sufficient capacity within their existing premises and staffing levels to accommodate an increase in demand for the services they provide, while two pharmacies indicated that they do not currently have capacity but could make adjustments if required.

The Health Board is satisfied that the additional demand for pharmaceutical services generated by these developments can be accommodated within the existing estate.

Based on the evidence reviewed, the Health Board is satisfied that the current provision of essential pharmaceutical services is adequate to meet the present and anticipated future needs of the population within this locality.

In respect of additional pharmaceutical services, the Health Board has undertaken a comprehensive review of provision within the NCN, including core nationally commissioned services such as the Clinical Community Pharmacy Service, the Seasonal Influenza Vaccination Service and Discharge Medicines Reviews, alongside Help Me Quit (Smoking Cessation). Each service has been assessed in terms of the number of contractors commissioned to deliver it, the level of activity observed, and the extent to which current provision reflects identified local need. A detailed breakdown of service provision and utilisation is set out in tables 20 and 21 above.

This assessment indicates that, across these services, current levels of provision and activity are sufficient to meet the needs of the local population, with no evidence of unmet demand or requirement for additional commissioning within the NCN at this time.

A range of other additional pharmaceutical services, including care home support, inhaler use review, blood borne virus testing, needle exchange, tuberculosis DOTS, palliative care and urgent medicines services, are

commissioned either on a Gwent-wide basis or in response to specific population need, rather than being uniformly available within every locality. Consistent with the approach set out in Section 6.2, these services have been assessed at a whole-system level to reflect commissioning arrangements, service configuration and patterns of utilisation.

The Health Board is satisfied that current Gwent-wide and targeted provision of these services is sufficient to meet the needs of residents in this locality, and their absence within the NCN footprint does not represent a gap in service provision.

Based on the information set out in tables 20 and 21, and the accompanying detail above, *the Health Board is satisfied that existing pharmaceutical services, including provision accessed in neighbouring localities, are currently sufficient to meet identified need.*

6.6. Newport

Newport is one of the most densely populated and fastest-growing areas within the Health Board. Chapter Two identifies sustained demographic growth, a younger age profile relative to Monmouthshire, and increasing ethnic diversity. However, Newport also has a high proportion of areas within the most deprived national deciles.

Premature mortality and inequality gaps remain significant in certain communities. Fertility rates are higher than the Wales average, indicating ongoing maternal and child health demand. There are thirty pharmacies within this area, and they all provide essential services. Provision in Newport must address:

- High prescribing volume linked to population growth;
- Preventative need in deprived urban communities;
- Reproductive and maternal health support;
- Minor ailments and urgent access services for a dense population;
- Medicines optimisation in areas with lower healthy life expectancy; and
- The characteristics of a Deep End population, including higher clinical complexity, increased consultation rates and the need for proactive, outreach-based and accessible models of care to address inequalities in access and outcomes.

Accessibility, extended opening hours and distribution across growth areas are relevant factors in assessing adequacy of provision.

6.6.1. Newport East

Newport East comprises predominantly residential communities with areas of socioeconomic variation and established neighbourhoods alongside ongoing housing development. While not characterised by the same concentration of deprivation as parts of Newport West, inequality in health outcomes remains evident within certain communities. The locality has a balanced age profile, including families and working-age adults, together with pockets of older residents. This generates steady demand for routine dispensing, long-term condition management and medicines optimisation. Growth in housing and population movement contributes to sustained prescribing volume and the need for accessible, locally based services. There are thirteen pharmacies in this area.

6.6.1.1. Provision of Pharmaceutical Services

The tables below outline the NHS pharmaceutical services currently available within Newport East, together with the current provision and the activity levels for each service during 2024/25.

Table 22- Activity Data Newport East

Newport East: Additional Clinical Service Activity 2024/25					ABUHB
Number of Pharmacies			13		125
Weighted registered practice population			83,519		618,679
Number of pharmacies per 10,000 patients			1.56		2.02
Additional Clinical Service	Number of pharmacies commissioned	Percentage of pharmacies commissioned	Activity	Activity per 10,000 patients	Activity per 10,000 patients
Common Ailment Service (CCPS)	13	100%	10,215 Consultations	1,223 Consultations	1,142 Consultations
Contraception Service (CCPS)	13	100%	745 Consultations	89 Consultations	74 Consultations
Emergency Medicines Supply Service (CCPS)	13	100%	4,370 Consultations	523 Consultations	376 Consultations
Pharmacy Independent Prescribing Service	9	69%	5,253 Consultations	629 Consultations	399 Consultations
Discharge Medicine Review Service	13	100%	376 Reviews	45 Reviews	40 Reviews
Influenza Vaccination Service	13	100%	1,832 Vaccinations	218 Vaccinations	235 Vaccinations
Inhaler Review Service Level 1	7	54%	174 Consultations	21 Consultations	19 Consultations
Inhaler Review Service Level 2	7	54%	0	0	0
Supervised Administration Service	13	100%	6,381 Supervisions	764 Supervisions	1,138 Supervisions
Lateral Flow Test Service	6	46%	176 Tests supplied	21 Tests supplied	38 Tests Supplied

Care Home Service	1	8%	12	1	1 Care Home
Smoking Cessation Level 2 Service	13	100%	904 Contacts	108 Contacts	81 Contacts
Smoking Cessation Level 3 Service	10	77%	379 Quit attempts	45 Quit Attempts	57 Quit Attempts
Needle Exchange Service	2	15%	1,603 Interactions	192 Interactions	115 Interactions
Blood Borne Virus Service	2	15%	40	5	5 Tests
Medication Administration Record Service	7	54%	104 patients	12 Patients	38 Patients
Waste Reduction Service	12	92%	4,541 Interventions	544 Interventions	267 Interventions
Tuberculosis DOTS Supply Service	0	0%	0	0	4 Patients
Palliative Care Out of Hours Rota Service	1	8%	N/A	N/A	N/A
Urgent Medicines Service Level 1	2	15%	N/A	N/A	N/A
Urgent Medicines Service Level 2	1	8%	N/A	N/A	N/A
Out of Hours Rota Service	12	92%	N/A	N/A	N/A

Table 23- Activity Data Newport East

Newport East: Dispensing Activity 2024/25			ABUHB
Number of Pharmacies		13	125
Weighted registered practice population		83,519	618,679
Number of pharmacies per 10,000 patients		1.56	2.02
Prescriber		Prescriptions Dispensed per 10,000 Weighted Population	Prescriptions Dispensed per 10,000 Weighted Population
All	1,695,749	203,038	266,224
ABUHB GP	1,626,522	194,749	254,204
Other Health Board GP	15,520	1,858	4,624
Hospital	30,769	3,684	4,160
Dentist	5,882	704	809
Welsh Unidentified	5,637	675	718
ABUHB Prison	1	0	431
ABUHB OOH	2,525	302	406
Pharmacy IP	4,909	588	388
GDAS	1,062	127	195
Ophthalmic IP	1,538	184	116
English Prescriber	347	42	79
ABUHB VBH Team	159	19	30
ABSDAS	312	37	27
ATS	526	63	25
ABUHB Continence Service	36	4	10
ABUHB Podiatry	4	0	2
Welsh Ambulance Service	0	0	0.15

6.6.1.2. Pharmaceutical Services Accessed Outside the Locality

Some residents choose to access contractors outside both the locality and the Health Board's area either for pharmaceutical services located near to where they work, shop or visit or to access the services offered by Dispensing Appliance Contractors.

Whilst the majority of prescriptions written in 2024/25 by the nine GP practices within the NCN were dispensed by pharmacies within the locality, a quarter of all prescriptions (25.4%) were dispensed elsewhere. Within this, 12.8% were dispensed in Newport West, a further 8.1% were dispensed by Torfaen South, and around 2.4% were dispensed in Caerphilly East. Together, these elements account for the largest share of out-of-area dispensing activity.

Only very small proportions of prescriptions were dispensed across other neighbouring localities, with similarly small amounts handled by pharmacies in other Health Boards and Contractors in England. A further small proportion of items were recorded as personally administered rather than being dispensed through community pharmacies.

There may also have been additional use of pharmaceutical services from pharmacies situated outside both the locality and the Health Board area. This activity cannot be quantified because it is not captured within the recorded dataset.

6.6.1.3. Choice and Access to Pharmaceutical Services

Most residents who live within the locality and are registered with one of the nine GP practices typically use one of the local pharmacies to have their prescriptions dispensed. However, a proportion of patients choose to obtain their prescriptions elsewhere. This is usually because they prefer a neighbouring pharmacy or a dispensing appliance contractor located closer to where they work, shop, spend leisure time, or for another personal reason.

In terms of access, a detailed list of Community Pharmacy opening hours can be found in appendix N.

6.6.1.4. Other NHS Services Influencing Pharmaceutical Need

Further information regarding the influence of other NHS services on pharmaceutical need is set out in Chapter Four. The Health Board's assessment has identified no additional NHS services, that are expected to affect pharmaceutical need in in Newport East.

6.6.1.5. Assessment of Adequacy of Pharmaceutical Service Provision

The pharmacies in Newport are situated within the built-up areas of the city, with one positioned further east where population density is lower. Although one section of the locality falls outside a 15-minute drive time to the nearest pharmacy, mapping data indicates that this area contains no residential properties. Newport's population is projected to grow by 19.8% between 2022 and 2047, adding further pressure on local services.

Two major strategic housing sites were identified in Glan Llyn and Llanwern Village within the LDP 2011–2026[108], with a combined capacity of 5,100 new properties, some of which have already been completed. In addition, the Ringland Centre regeneration, was due to deliver a further 165 new houses. As the LDP has not been updated since the 2021 PNA, these remain the most recent formally adopted housing allocations.

Six out of thirteen pharmacies responded to the Contractor questionnaire, all of which confirmed that they have sufficient capacity within their existing premises and staffing levels to accommodate an increase in demand for the services they provide.

Based on the evidence reviewed, the Health Board is satisfied that the current provision of essential pharmaceutical services is adequate to meet the present needs of the population within this locality.

In respect of additional pharmaceutical services, the Health Board has undertaken a comprehensive review of provision within the NCN, including core nationally commissioned services such as the Clinical Community Pharmacy Service, the Seasonal Influenza Vaccination Service and Discharge Medicines Reviews, alongside Help Me Quit (Smoking Cessation). Each service has been assessed in terms of the number of contractors commissioned to deliver it, the level of activity observed, and the extent to which current provision reflects identified local need. A detailed breakdown of service provision and utilisation is set out in tables 22 and 23 above.

This assessment indicates that, across these services, current levels of provision and activity are sufficient to meet the needs of the local population, with no evidence of unmet demand or requirement for additional commissioning within the NCN at this time.

A range of other additional pharmaceutical services, including care home support, inhaler use review, blood borne virus testing, needle exchange,

[108] Local Development Plan adoption | Newport City Council

tuberculosis DOTS, palliative care and urgent medicines services, are commissioned either on a Gwent-wide basis or in response to specific population need, rather than being uniformly available within every locality. Consistent with the approach set out in Section 6.2, these services have been assessed at a whole-system level to reflect commissioning arrangements, service configuration and patterns of utilisation.

The Health Board is satisfied that current Gwent-wide and targeted provision of these services is sufficient to meet the needs of residents in this locality, and their absence within the NCN footprint does not represent a gap in service provision.

Based on the information set out in tables 22 and 23, and the accompanying detail above, *the Health Board is satisfied that existing pharmaceutical services, including provision accessed in neighbouring localities, are currently sufficient to meet identified need.*

6.6.1.6. Future development and pharmaceutical need

Development and occupation of the Glan Llyn eastern growth area may generate additional demand for pharmaceutical services. No current gap has been identified, and pharmacies within and close to Newport East may have sufficient capacity to meet that demand. The Health Board will monitor housing occupation, population growth, access, service use and provider capacity. If the evidence demonstrates that the existing pharmaceutical service network can no longer meet identified need, the Health Board will consider the appropriate action, including whether a revised assessment or, where the statutory conditions are met, a supplementary statement is required.

Glan Llyn is therefore identified as a matter requiring monitoring, rather than a current gap or an identified future need for additional pharmaceutical provision. Development and occupation may increase demand during the lifetime of the PNA, but the evidence presently available does not demonstrate that additional pharmaceutical provision is required.

6.6.2. Newport West

Newport West encompasses densely populated urban communities with areas of significant socioeconomic deprivation and marked health inequality. The locality experiences sustained population demand, with a diverse demographic profile and continuing growth in some neighbourhoods. These factors contribute to high levels of prescribing activity and consistent demand for accessible primary care services. There are seventeen pharmacies in this area.

6.6.2.1. Provision of Pharmaceutical Services

The tables below outline the NHS pharmaceutical services currently available within Newport West, together with the current provision and the activity levels for each service during 2024/25.

Table 24- Activity Data Newport West

Newport West: Additional Clinical Service Activity 2024/25					ABUHB
Number of Pharmacies			17		125
Weighted registered practice population			86,290		618,679
Number of pharmacies per 10,000 patients			1.97		2.02
Additional Clinical Service	Number of pharmacies commissioned	Percentage of pharmacies commissioned	Activity	Activity per 10,000 patients	Activity per 10,000 patients
Common Ailment Service (CCPS)	17	100%	9,562 Consultations	1,108 Consultations	1,142 Consultations
Contraception Service (CCPS)	17	100%	957 Consultations	111 Consultations	74 Consultations
Emergency Medicines Supply Service (CCPS)	17	100%	4,445 Consultations	515 Consultations	376 Consultations
Pharmacy Independent Prescribing Service	11	65%	3,480 Consultations	403 Consultations	399 Consultations
Discharge Medicine Review Service	17	100%	338 Reviews	39 Reviews	40 Reviews
Influenza Vaccination Service	17	100%	2,202 Vaccinations	255 Vaccinations	235 Vaccinations
Inhaler Review Service Level 1	5	29%	119 Consultations	14 Consultations	19 Consultations
Inhaler Review Service Level 2	5	29%	1	0	0
Supervised Administration Service	16	94%	6,829 Supervisions	791 Supervisions	1,138 Supervisions
Lateral Flow Test Service	13	76%	390 Tests supplied	45 Tests supplied	38 Tests Supplied
Care Home Service	2	12%	0	0	1 Care Home
Smoking Cessation Level 2 Service	17	100%	499 Contacts	58 Contacts	81 Contacts
Smoking Cessation Level 3 Service	12	71%	618 Quit attempts	72 Quit Attempts	57 Quit Attempts
Needle Exchange Service	1	6%	56 Interactions	6 Interactions	115 Interactions
Blood Borne Virus Service	1	6%	50 Tests	6 Tests	5 Tests
Medication Administration Record Service	11	65%	136 patients	16 Patients	38 Patients
Waste Reduction Service	15	88%	1,637 Interventions	190 Interventions	267 Interventions
Tuberculosis DOTS Supply Service	2	12%	255 Supplies	30 Supplies	4 Supplies

Palliative Care Out of Hours Rota Service	1	6%	N/A	N/A	N/A
Urgent Medicines Service Level 1	1	6%	N/A	N/A	N/A
Urgent Medicines Service Level 2	1	6%	N/A	N/A	N/A
Out of Hours Rota Service	12	71%	N/A	N/A	N/A

Table 25- Activity Data Newport West

Newport West: Dispensing Activity 2024/25			ABUHB
Number of Pharmacies		17	125
Weighted registered practice population		86,290	618,679
Number of pharmacies per 10,000 patients		1.97	2.02
Prescriber	Total Number of prescriptions	Prescriptions Dispensed per 10,000 Weighted Population	Prescriptions Dispensed per 10,000 Weighted Population
All	2,365,676	274,154	266,224
ABUHB GP	2,245,404	260,216	254,204
Other Health Board GP	42,631	4,940	4,624
Hospital	48,486	5,619	4,160
Dentist	8,034	931	809
Welsh Unidentified	6,172	715	718
ABUHB Prison	0	0	431
ABUHB OOH	6,050	701	406
Pharmacy IP	4,249	492	388
GDAS	1,425	165	195
Ophthalmic IP	1,326	154	116
English Prescriber	314	36	79
ABUHB VBH Team	101	12	30
ABSDAS	1,354	157	27
ATS	23	3	25
ABUHB Continence Service	88	10	10
ABUHB Podiatry	17	2	2
Welsh Ambulance Service	2	0	0.15

6.6.2.2. Pharmaceutical Services Accessed Outside the Locality

Some residents choose to access contractors outside both the locality and the Health Board's area either for pharmaceutical services located near to where they work, shop or visit or to access the services offered by Dispensing Appliance Contractors.

A large majority of prescriptions written in 2024/25 by the seven GP practices within the NCN were dispensed by pharmacies within the locality. Only 5.7% were dispensed elsewhere, with 2.7% of this amount dispensed in Newport East. This demonstrates that residents rely on nearby

pharmaceutical provision and demand is largely contained within the Newport area.

Only very small proportions of prescriptions were dispensed across other neighbouring localities, with similarly small amounts handled by pharmacies in other Health Boards and contractors in England. A further small proportion of items were recorded as personally administered rather than being dispensed through community pharmacies.

There may also have been additional use of pharmaceutical services from pharmacies situated outside both the locality and the Health Board area. This activity cannot be quantified because it is not captured within the recorded dataset.

6.6.2.3. Choice and Access to Pharmaceutical Services

Most residents who live within the locality and are registered with one of the seven GP practices typically use one of the local pharmacies to have their prescriptions dispensed. However, a proportion of patients choose to obtain their prescriptions elsewhere. This is usually because they prefer a neighbouring pharmacy or a dispensing appliance contractor located closer to where they work, shop, spend leisure time, or for another personal reason.

In terms of access, a detailed list of Community Pharmacy opening hours can be found in appendix N.

6.6.2.4. Other NHS Services Influencing Pharmaceutical Need

Further information regarding the influence of other NHS services on pharmaceutical need is set out in Chapter Four. The Health Board's assessment has identified no additional NHS services, that are expected to affect pharmaceutical need in in Newport West.

6.6.2.5. Assessment of Adequacy of Pharmaceutical Service Provision

The Health Board has noted that pharmacies within the locality are predominantly situated in areas of greater population density and higher deprivation, and that the entire locality is within a 10-minute drive of a pharmacy. Population projections indicate that Newport is expected to experience a 19.8% increase between 2022 and 2047.

One housing development was identified in the LDP 2011–2026, which has not been updated since the 2021 PNA: the former Whitehead Works site, where planning permission has been granted for 471 new housing units. As the LDP remains unchanged, this continues to represent the most recent formally adopted housing allocation.

Eight out of seventeen pharmacies responded to the Contractor Questionnaire, all of which confirmed that they have sufficient capacity within their existing premises and staffing levels to accommodate an increase in demand for the services they provide. Although not all providers responded, the consistency of the response shows a reassuring picture of stability and readiness across the locality.

The Health Board is satisfied that the additional demand for pharmaceutical services generated by these developments can be accommodated within the existing estate and has therefore not identified any current or future need for essential services within these areas.

Based on the evidence reviewed, the Health Board is satisfied that the current provision of essential pharmaceutical services is adequate to meet the present and anticipated future needs of the population within this locality.

In respect of additional pharmaceutical services, the Health Board has undertaken a comprehensive review of provision within the NCN, including core nationally commissioned services such as the Clinical Community Pharmacy Service, the Seasonal Influenza Vaccination Service and Discharge Medicines Reviews, alongside Help Me Quit (Smoking Cessation). Each service has been assessed in terms of the number of contractors commissioned to deliver it, the level of activity observed, and the extent to which current provision reflects identified local need. A detailed breakdown of service provision and utilisation is set out in tables 24 and 25 above.

This assessment indicates that, across these services, current levels of provision and activity are sufficient to meet the needs of the local population, with no evidence of unmet demand or requirement for additional commissioning within the NCN at this time.

A range of other additional pharmaceutical services, including care home support, inhaler use review, blood borne virus testing, needle exchange, tuberculosis DOTS, palliative care and urgent medicines services, are commissioned either on a Gwent-wide basis or in response to specific population need, rather than being uniformly available within every locality. Consistent with the approach set out in Section 6.2, these services have been assessed at a whole-system level to reflect commissioning arrangements, service configuration and patterns of utilisation.

The Health Board is satisfied that current Gwent-wide and targeted provision of these services is sufficient to meet the needs of residents in this locality, and their absence within the NCN footprint does not represent a gap in service provision.

Based on the information set out in tables 24 and 25, and the accompanying detail above, the Health Board has not identified any current or future need for additional pharmaceutical services within this locality.

6.7. Torfaen

Torfaen presents a mixed urban–valley profile with variation in deprivation levels across communities. Healthy life expectancy is lower than in more affluent areas and premature mortality remains above the Gwent best. The age structure includes both established working-age communities and a growing older population.

Socioeconomic variation contributes to differing levels of long-term condition prevalence and preventable disease burden across neighbourhoods. There are twenty pharmacies in this area. There is also one dispensing doctor. Provision in Torfaen must respond to:

- Chronic disease management needs:
- Preventative interventions targeting modifiable risk factors:
- Medicines optimisation for an ageing population:
- Accessible services within both valley and urban settlements: and
- The characteristics of a Deep End population, including higher clinical complexity, increased consultation rates and the need for proactive, outreach-based and accessible models of care to address inequalities in access and outcomes.

Capacity to manage complex prescribing alongside equitable geographic access will be central considerations in the assessment of provision.

As described earlier in this chapter, from 1 October 2025, Torfaen will be considered as a single NCN following the merger of North and South. The assessments that follow are not altered by the merger.

6.7.1. Torfaen North

Torfaen North comprises predominantly valley communities, including Blaenavon and surrounding settlements, characterised by a semi-rural setting with areas of socioeconomic challenge. The locality includes dispersed residential areas and former industrial communities, with a population profile shaped by both ageing residents and established working-age households. Levels of deprivation are higher in parts of the locality compared with the Wales average, contributing to inequality in health outcomes and an increased burden of preventable disease. Chronic conditions, including cardiovascular and respiratory disease, are significant contributors to pharmaceutical demand, alongside behavioural risk factors

such as smoking. The semi-rural geography also means that accessibility and continuity of medicines supply are important considerations, particularly for residents with limited transport options. There are ten pharmacies in this area.

6.7.1.1. Provision of Pharmaceutical Services

The tables below outline the NHS pharmaceutical services currently available within Torfaen North, together with the current provision and the activity levels for each service during 2024/25.

Table 26- Activity Data Torfaen North

Torfaen North: Additional Clinical Service Activity 2024/25					ABUHB
Number of Pharmacies			10		125
Weighted registered practice population			48,525		618,679
Number of pharmacies per 10,000 patients			2.06		2.02
Additional Clinical Service	Number of pharmacies commissioned	Percentage of pharmacies commissioned	Activity	Activity per 10,000 patients	Activity per 10,000 patients
Common Ailment Service (CCPS)	10	100%	8,808 Consultations	1,815 Consultations	1,142 Consultations
Contraception Service (CCPS)	10	100%	186 Consultations	38 Consultations	74 Consultations
Emergency Medicines Supply Service (CCPS)	10	100%	2,238 Consultations	470 Consultations	376 Consultations
Pharmacy Independent Prescribing Service	6	60%	3,313 Consultations	683 Consultations	399 Consultations
Discharge Medicine Review Service	10	100%	371 Reviews	76 Reviews	40 Reviews
Influenza Vaccination Service	10	100%	1,305 Vaccinations	269 Vaccinations	235 Vaccinations
Inhaler Review Service Level 1	6	60%	89 Consultations	18 Consultations	19 Consultations
Inhaler Review Service Level 2	6	60%	0	0	0
Supervised Administration Service	10	100%	2,770 Supervisions	571 Supervisions	1,138 Supervisions
Lateral Flow Test Service	7	70%	483 Tests supplied	100 Tests supplied	38 Tests Supplied
Care Home Service	1	10%	0	0	1 Care Home
Smoking Cessation Level 2 Service	10	100%	522 Contacts	108 Contacts	81 Contacts
Smoking Cessation Level 3 Service	9	90%	219 Quit attempts	45 Quit Attempts	57 Quit Attempts
Needle Exchange Service	3	30%	7 Interactions	1 Interactions	115 Interactions
Blood Borne Virus Service	1	10%	13 Tests	3 Tests	5 Tests

Medication Administration Record Service	9	90%	423 patients	87 Patients	38 Patients
Waste Reduction Service	10	100%	464 Interventions	96 Interventions	267 Interventions
Tuberculosis DOTS Supply Service	0	0%	0 Supplies	0 Supplies	4 Supplies
Palliative Care Out of Hours Rota Service	2	20%	N/A	N/A	N/A
Urgent Medicines Service Level 1	1	10%	N/A	N/A	N/A
Urgent Medicines Service Level 2	2	20%	N/A	N/A	N/A
Out of Hours Rota Service	7	70%	N/A	N/A	N/A

Table 27- Activity Data Torfaen North

Torfaen North: Dispensing Activity 2024/25			ABUHB
Number of Pharmacies		10	125
Weighted registered practice population		48,525	618,679
Number of pharmacies per 10,000 patients		2.06	2.02
Prescriber	Total Number of prescriptions	Prescriptions Dispensed per 10,000 Weighted Population	Prescriptions Dispensed per 10,000 Weighted Population
All	1,394,193	287,314	266,224
ABUHB GP	1,363,433	280,975	254,204
Other Health Board GP	2,499	515	4,624
Hospital	16,829	3,468	4,160
Dentist	3,462	713	809
Welsh Unidentified	1,883	388	718
ABUHB Prison	0	0	431
ABUHB OOH	1,092	225	406
Pharmacy IP	3,730	769	388
GDAS	487	100	195
Ophthalmic IP	342	70	116
English Prescriber	67	14	79
ABUHB VBH Team	310	64	30
ABSDAS	0	0	27
ATS	2	0	25
ABUHB Continence Service	41	8	10
ABUHB Podiatry	16	3	2
Welsh Ambulance Service	0	0	0.15

6.7.1.2. Pharmaceutical Services Accessed Outside the Locality

Some residents choose to access contractors outside both the locality and the Health Board's area either for pharmaceutical services located near to where they work, shop or visit or to access the services offered by Dispensing Appliance Contractors.

The majority of prescriptions written in 2024/25 by the four GP practices within the NCN were dispensed by pharmacies within the locality, with 17.3% dispensed elsewhere. Of this proportion, 10.3% were dispensed in Torfaen South, 2.4% were dispensed directly by dispensing doctors and a further 1.7% were dispensed in both Caerphilly East and Newport collectively.

Only very small proportions of prescriptions were dispensed across other neighbouring localities, with similarly small amounts handled by pharmacies in other Health Boards and contractors in England. A further small proportion of items were recorded as personally administered rather than being dispensed through community pharmacies.

There may also have been additional use of pharmaceutical services from pharmacies situated outside both the locality and the Health Board area. This activity cannot be quantified because it is not captured within the recorded dataset.

6.7.1.3. Choice and Access to Pharmaceutical Services

Most residents who live within the locality and are registered with one of the four GP practices typically use one of the local pharmacies to have their prescriptions dispensed. However, a proportion of patients choose to obtain their prescriptions elsewhere. This is usually because they prefer a neighbouring pharmacy or a dispensing appliance contractor located closer to where they work, shop, spend leisure time, or for another personal reason.

In terms of access, a detailed list of Community Pharmacy can be found in appendix N with dispensing doctor opening hours in appendix M.

6.7.1.4. Other NHS Services Influencing Pharmaceutical Need

Further information regarding the influence of other NHS services on pharmaceutical need is set out in Chapter Four. The Health Board's assessment has identified no additional NHS services, that are expected to affect pharmaceutical need in in Torfaen North.

6.7.1.5. Assessment of Adequacy of Pharmaceutical Service Provision

The Health Board has observed that pharmacies in Torfaen are distributed across the locality in a way that aligns with areas of higher population density and deprivation, ensuring that the entire population is within a 20-minute drive of a pharmacy. The population of Torfaen County Borough Council is projected to increase by 15.5% between 2022 and 2047.

Two significant housing developments were identified in the LDP 2013–2021[109] which has not been updated since the 2021 PNA. The South Sebastopol development will deliver up to 1,200 housing units, with construction already well underway, while the Mamhilad Urban Village will add a further 900 housing units. As the LDP remains unchanged, this continues to represent the most recent formally adopted housing allocation. Although the Mamhilad urban village development has not yet commenced, both schemes represent notable population growth pressures that will need to be considered in assessing future demand for pharmacy services across the locality.

Five out of ten providers responded to the contractor questionnaire, all of which confirmed that they have sufficient capacity within their existing premises and staffing levels to accommodate an increase in demand for the services they provide. While only half of the providers responded to the questionnaire, the unanimous responses suggest that the locality is well positioned to manage future growth in demand, reinforcing the overall stability of the service provision.

Based on the evidence reviewed, the Health Board is satisfied that the current provision of essential pharmaceutical services is adequate to meet the present needs of the population within this locality.

In respect of additional pharmaceutical services, the Health Board has undertaken a comprehensive review of provision within the NCN, including core nationally commissioned services such as the Clinical Community Pharmacy Service, the Seasonal Influenza Vaccination Service and Discharge Medicines Reviews, alongside Help Me Quit (Smoking Cessation). Each service has been assessed in terms of the number of contractors commissioned to deliver it, the level of activity observed, and the extent to which current provision reflects identified local need. A detailed breakdown of service provision and utilisation is set out in tables 26 and 27 above.

This assessment indicates that, across these services, current levels of provision and activity are sufficient to meet the needs of the local population, with no evidence of unmet demand or requirement for additional commissioning within the NCN at this time.

A range of other additional pharmaceutical services, including care home support, inhaler use review, blood borne virus testing, needle exchange, tuberculosis DOTS, palliative care and urgent medicines services, are commissioned either on a Gwent-wide basis or in response to specific

[109] Local Development Plan | Torfaen County Borough Council

population need, rather than being uniformly available within every locality. Consistent with the approach set out in Section 6.2, these services have been assessed at a whole-system level to reflect commissioning arrangements, service configuration and patterns of utilisation.

The Health Board is satisfied that current Gwent-wide and targeted provision of these services is sufficient to meet the needs of residents in this locality, and their absence within the NCN footprint does not represent a gap in service provision.

Based on the information set out in tables 26 and 27 and the accompanying detail above, *the Health Board is satisfied that existing pharmaceutical services, including provision accessed in neighbouring localities, are currently sufficient to meet identified need*.

6.7.1.6. Future development and pharmaceutical need

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 current development, accessibility and provider-capacity evidence, no current gap or identified future need for additional essential pharmaceutical services has been demonstrated at South Sebastopol. Development and occupation will continue to be monitored during the lifetime of the PNA.

Development and occupation of Mamhilad Urban Village may generate additional demand for pharmaceutical services. No current gap has been identified, and pharmacies within reasonable proximity may have sufficient capacity to meet that demand.

The Health Board will monitor housing occupation, population growth, access, service use and provider capacity. If the evidence demonstrates that the existing pharmaceutical service network can no longer meet identified need, the Health Board will consider the appropriate action, including whether a revised assessment or, where the statutory conditions are met, a supplementary statement is required.

Mamhilad Urban Village is therefore identified as a matter requiring monitoring, rather than a current gap or an identified future need for additional pharmaceutical provision. Development and occupation may increase demand during the lifetime of the PNA, but the evidence presently

available does not demonstrate that additional pharmaceutical provision is required.

6.7.2. Torfaen South

Torfaen South includes the more urbanised parts of the borough, including Cwmbran and surrounding residential areas. The locality benefits from established retail centres and transport connectivity, resulting in higher population density and greater footfall compared with the northern valley communities. While deprivation levels vary across neighbourhoods, areas of socioeconomic inequality remain, contributing to variation in health outcomes and preventable disease burden. The population profile includes a substantial working-age cohort alongside families and older residents, generating diverse patterns of pharmaceutical demand. There are ten pharmacies in this area.

6.7.2.1. Provision of Pharmaceutical Services

The tables below outline the NHS pharmaceutical services currently available within Torfaen South, together with the current provision and the activity levels for each service during 2024/25.

Table 28- Activity Data Torfaen South

Torfaen South: Additional Clinical Service Activity 2024/25					ABUHB
Number of Pharmacies			10		125
Weighted registered practice population			49,825		618,679
Number of pharmacies per 10,000 patients			2.01		2.02
Additional Clinical Service	Number of pharmacies commissioned	Percentage of pharmacies commissioned	Activity	Activity per 10,000 patients	Activity per 10,000 patients
Common Ailment Service (CCPS)	10	100%	5,586 Consultations	1,121 Consultations	1,142 Consultations
Contraception Service (CCPS)	10	100%	626 Consultations	126 Consultations	74 Consultations
Emergency Medicines Supply Service (CCPS)	10	100%	3,344 Consultations	671 Consultations	376 Consultations
Pharmacy Independent Prescribing Service	8	80%	3,052 Consultations	613 Consultations	399 Consultations
Discharge Medicine Review Service	10	100%	311 Reviews	62 Reviews	40 Reviews
Influenza Vaccination Service	10	100%	1,526 Vaccinations	306 Vaccinations	235 Vaccinations
Inhaler Review Service Level 1	5	50%	29 Consultations	6 Consultations	19 Consultations
Inhaler Review Service Level 2	5	50%	1	0	0

Supervised Administration Service	9	90%	7,317 Supervisions	1,469 Supervisions	1,138 Supervisions
Lateral Flow Test Service	8	80%	287 Tests supplied	58 Tests supplied	38 Tests Supplied
Care Home Service	2	20%	64	13	1 Care Home
Smoking Cessation Level 2 Service	10	100%	671 Contacts	135 Contacts	81 Contacts
Smoking Cessation Level 3 Service	9	90%	446 Quit attempts	90 Quit Attempts	57 Quit Attempts
Needle Exchange Service	2	20%	1502 Interactions	301 Interactions	115 Interactions
Blood Borne Virus Service	2	20%	174 Tests	35 Tests	5 Tests
Medication Administration Record Service	8	80%	783 patients	157 Patients	38 Patients
Waste Reduction Service	8	80%	893 Interventions	179 Interventions	267 Interventions
Tuberculosis DOTS Supply Service	0	0%	0 Supplies	0 Supplies	4 Supplies
Palliative Care Out of Hours Rota Service	2	20%	N/A	N/A	N/A
Urgent Medicines Service Level 1	2	20%	N/A	N/A	N/A
Urgent Medicines Service Level 2	2	20%	N/A	N/A	N/A
Out of Hours Rota Service	6	60%	N/A	N/A	N/A

Table 29- Activity Data Torfaen South

Torfaen South: Dispensing Activity 2024/25			ABUHB
Number of Pharmacies		10	125
Weighted registered practice population		49,825	618,679
Number of pharmacies per 10,000 patients		2.01	2.02
Prescriber	Total Number of prescriptions	Prescriptions Dispensed per 10,000 Weighted Population	Prescriptions Dispensed per 10,000 Weighted Population
All	1,553,769	311,845	266,224
ABUHB GP	1,510,790	303,219	254,204
Other Health Board GP	2,066	415	4,624
Hospital	27,066	5,432	4,160
Dentist	6,068	1,218	809
Welsh Unidentified	906	182	718
ABUHB Prison	0	0	431
ABUHB OOH	2,139	429	406
Pharmacy IP	2,457	493	388
GDAS	1,137	228	195
Ophthalmic IP	531	107	116
English Prescriber	190	38	79
ABUHB VBH Team	307	62	30
ABSDAS	0	0	27

ATS	41	8	25
ABUHB Continence Service	44	9	10
ABUHB Podiatry	27	5	2
Welsh Ambulance Service	0	0	0.15

6.7.2.2. Pharmaceutical Services Accessed Outside the Locality

Some residents choose to access contractors outside both the locality and the Health Board's area either for pharmaceutical services located near to where they work, shop or visit or to access the services offered by Dispensing Appliance Contractors.

The majority of prescriptions written in 2024/25 by the five GP practices within the NCN were dispensed by pharmacies within the locality, with 8.8% dispensed elsewhere. Of this proportion, 2.9% were dispensed in both Torfaen North and Newport West.

Only very small proportions of prescriptions were dispensed across other neighbouring localities, with similarly small amounts handled by pharmacies in other Health Boards and Contractors in England. A further small proportion of items were recorded as personally administered rather than being dispensed through community pharmacies.

There may also have been additional use of pharmaceutical services from pharmacies situated outside both the locality and the Health Board area. This activity cannot be quantified because it is not captured within the recorded dataset.

6.7.2.3. Choice and Access to Pharmaceutical Services

Most residents who live within the locality and are registered with one of the five GP practices typically use one of the local pharmacies to have their prescriptions dispensed. However, a proportion of patients choose to obtain their prescriptions elsewhere. This is usually because they prefer a neighbouring pharmacy or a dispensing appliance contractor located closer to where they work, shop, spend leisure time, or for another personal reason.

In terms of access, a detailed list of Community Pharmacy opening hours can be found in appendix N.

6.7.2.4. Other NHS Services Influencing Pharmaceutical Need

Further information regarding the influence of other NHS services on pharmaceutical need is set out in Chapter Four. The Health Board's assessment has identified no additional NHS services, that are expected to affect pharmaceutical need in in Torfaen South.

6.7.2.5. Assessment of Adequacy of Pharmaceutical Service Provision

The Health Board has noted that, with the exception of one pharmacy, the pharmacies are located in areas of greater population density and higher deprivation, ensuring that services are accessible to those most in need. The entire locality is within a 10 minute drive of a pharmacy, which supports equitable access across Torfaen. The population of Torfaen County Borough Council is projected to increase by 15.5 % between 2022 and 2047.

Four housing developments, in and around Cwmbran were identified in the LDP 2013–2021, which has not been updated since the 2021 PNA. Together they would create 1,246 housing units, some of which have already been built, and these represent more immediate growth pressures. As the LDP remains unchanged, this continues to represent the most recent formally adopted housing allocation.

Six out of ten providers responded to the contractor questionnaire, five of which confirmed that they have sufficient capacity within their existing premises and staffing levels to accommodate an increase in demand for the services they provide. The sixth indicated that although they did not have premises and staffing capacity at present, they could make adjustments to manage any increase in demand. This demonstrates a stable and resilient level of service provision across the area.

Based on the evidence reviewed, the Health Board is satisfied that the current provision of essential pharmaceutical services is adequate to meet the present and anticipated future needs of the population within this locality.

In respect of additional pharmaceutical services, the Health Board has undertaken a comprehensive review of provision within the NCN, including core nationally commissioned services such as the Clinical Community Pharmacy Service, the Seasonal Influenza Vaccination Service and Discharge Medicines Reviews, alongside Help Me Quit (Smoking Cessation). Each service has been assessed in terms of the number of contractors commissioned to deliver it, the level of activity observed, and the extent to which current provision reflects identified local need. A detailed breakdown of service provision and utilisation is set out in tables 28 and 29 above.

This assessment indicates that, across these services, current levels of provision and activity are sufficient to meet the needs of the local population, with no evidence of unmet demand or requirement for additional commissioning within the NCN at this time.

A range of other additional pharmaceutical services, including care home support, inhaler use review, blood borne virus testing, needle exchange, tuberculosis DOTS, palliative care and urgent medicines services, are commissioned either on a Gwent-wide basis or in response to specific population need, rather than being uniformly available within every locality. Consistent with the approach set out in Section 6.2, these services have been assessed at a whole-system level to reflect commissioning arrangements, service configuration and patterns of utilisation.

The Health Board is satisfied that current Gwent-wide and targeted provision of these services is sufficient to meet the needs of residents in this locality, and their absence within the NCN footprint does not represent a gap in service provision.

Based on the information set out in tables 28 and 29, and the accompanying detail above, *the Health Board is satisfied that existing pharmaceutical services, including provision accessed in neighbouring localities, are currently sufficient to meet identified need*

6.8. Summary

This chapter has assessed pharmaceutical service provision across each local authority and Neighbourhood Care Network against the population characteristics and health needs identified in Chapter Two and the pharmaceutical-relevant needs described in Chapter Five. The assessment has considered service distribution, accessibility, capacity and the wider NHS context influencing demand.

6.8.1. *Matters identified for monitoring through consultation*

Consultation respondents broadly supported the description of current pharmaceutical provision. Some respondents nevertheless identified concerns relating to weekend access, prescription turnaround times, medicine availability and the effect of housing growth on existing provider capacity. Particular comments concerned perceived capacity pressures in Magor and Chepstow. The evidence submitted did not provide a sufficient basis to identify an additional current gap or conditional future need in either area.

During the lifetime of the PNA, the Health Board will monitor dwelling completions and occupation, registered-population change, prescription and service activity, contractor capacity, opening hours, weekend and bank-holiday access, travel considerations, prescription turnaround and the availability of alternative pharmaceutical and other NHS services. Where monitoring identifies a significant change relevant to pharmaceutical list

applications, the Health Board will consider action under regulation 6 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020. Operational, medicine-supply or service-quality concerns will be addressed through the appropriate contractual, governance or service-planning route and will not automatically be treated as evidence of a need for additional pharmacy premises.

While areas of variation, pressure and potential risk have been identified, this chapter does not in itself determine whether gaps in provision exist for the purposes of the Regulations.

The following chapter draws together the findings of this locality-level assessment and sets out the Health Board's formal conclusions for the purposes of Schedule 1 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020, including identification of any current gaps in service provision and anticipated future needs.

Chapter Seven - Conclusions for the Purpose of Schedule 1 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020

7.1. Introduction

This chapter sets out the Health Board's formal conclusions for the purposes of Schedule 1 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

The pharmaceutical needs assessment has analysed whether current provision meets population need and whether any current or future gap exists. For clarity, this chapter distinguishes between: a current gap, where the Health Board is satisfied that a pharmaceutical service needs to be provided now; a conditional future need, where the Health Board is satisfied that a service will need to be provided if specified future circumstances arise during the PNA period; and a matter to be monitored, where a change may affect future need but the available evidence does not yet justify identification of a Schedule 1 paragraph 3(b) need.

7.2. Current Provision of Pharmaceutical Services

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

- Essential services and the Additional Pharmaceutical Services, the Clinical Community Pharmacy Service and Discharge Medicines Review service provided at all premises included in the pharmaceutical list.
- The dispensing service provided by those GP practices included in the dispensing doctor list.
- The Additional Pharmaceutical Services including Smoking Cessation, Seasonal Influenza Vaccination, Medicines Administration Records, and Waste Reduction Services provided at a majority of pharmacies in each Neighbourhood Care Network (NCN) area.
- Pharmacist Independent Prescriber Service to be provided at increasing numbers of pharmacies year on year, working toward the goal of the service being available in every community pharmacy by 2030.
- The Additional Pharmaceutical Services for Rota provided at enough pharmacies in each Local Authority Area to provide a minimum of 2 hours of pharmaceutical services cover on a Sunday, where no pharmacy opens commercially.

- The Additional Pharmaceutical Services for the Out of Hours Palliative Care service to be available at a level to provide sustainable provision on a Health Board wide basis, nominally this will mean a minimum of ten providers across the Health Board area.
- The Directed service for Urgent Medicines Supply to be available at least one pharmacy per Local Authority Area.
- Needle exchange / BBV – commissioned in at least one pharmacy per NCN depending on need.

Chapter Six sets out the provision of these services in each NCN area.

It has also identified the provision of the above services, or their equivalents, 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.

7.3. Other NHS Services

The Health Board has determined that the following NHS services influence the need for pharmaceutical services and has taken them into account when undertaking this PNA:

- Hospital services
- Personal administration of items by GPs
- The GP out of hours service and NHS 111
- Minor injury units
- Prison pharmacy services
- The General Medical Services Alternative Treatment Service
- Drug and alcohol services
- The Value Based Health Care Team
- Help Me Quit
- Services provided by GPs, Dentists and Optometrists under their General Medical Services, General Dental Services and Welsh General Ophthalmic Services contracts, and
- Sexual health hub clinics.

7.4. Adequacy of Current Provision

Having assessed the distribution, accessibility and scope of services in Chapter Six, the Health Board concludes that current pharmaceutical service provision is considered to be well aligned with the identified needs of the population across the Health Board area. Provision reflects population distribution and established patterns of demand, with community

pharmacies and dispensing practices situated within population centres and areas of greatest need.

On the basis of the evidence presented in this PNA, the Health Board is satisfied that there is sufficient choice for people in Gwent to access pharmaceutical services. As with the previous PNA, no geographical gaps in provision have been identified, and this position remains unchanged.

It is also recognised that community pharmacy is likely to continue to evolve towards a more clinically focused model, with a reduced emphasis on dispensing and increasing use of technology and automation to improve efficiency.

7.5. Previous Gaps Identified in Provision

7.5.1. Level 3 Smoking Cessation Provision

The previously identified gap in relation to Smoking Cessation Level 3 provision within the 2021 PNA, has been addressed through expanded service delivery within existing pharmaceutical provision and the development of community based and remote smoking cessation support delivered by Help Me Quit.

The Health Board therefore concludes that no current gap exists in relation to this service.

7.5.2. Influenza Vaccination Service

The previously identified gap in relation to influenza vaccination provision within the 2021 PNA, has been addressed through expanded service delivery within existing pharmaceutical provision.

The Health Board therefore concludes that no current gap exists in relation to seasonal influenza vaccination services.

7.6. *Matters Affecting* Future Pharmaceutical Need

7.6.1. Growth in Demand

Over the lifetime of this PNA, the Health Board anticipates continued growth in demand associated with:

- Population ageing and multimorbidity
- Urban growth areas
- Persistent deprivation and inequality
- Increasing complexity of prescribing
- Relocation of GP practices
- Gwent 35 and other policies

In addition, it has taken into account Pharmacy; Delivering A Healthier Wales which sets outs the long-term goals for service transformation to ensure the most health gain from prescribed medicines.

While current provision is considered adequate, ongoing monitoring will be required to ensure that services remain proportionate to demographic change and evolving models of care.

7.6.2. Capacity Associated with Strategic Housing Growth

The 2021 PNA considered the potential effect of strategic housing developments at Glan Llyn, Mamhilad Urban Village and South Sebastopol. For this revised assessment, the Health Board has considered the planning status and anticipated timing of each development, projected population growth, accessibility, the capacity of existing providers and the contribution of pharmaceutical and other NHS services within and outside the relevant locality.

No current gap in pharmaceutical provision has been identified in relation to these developments. Development and occupation may, however, increase demand for pharmaceutical services. A future need may arise only where the associated population growth generates demand that cannot reasonably be met by the accessibility, capacity and service offer of the existing pharmaceutical service network.

The Health Board therefore considers the developments at Glan Llyn, Mamhilad Urban Village and South Sebastopol are matters that require monitoring.

The Health Board will monitor construction, dwelling completions and occupation, population growth, access, service use and provider capacity throughout the lifetime of this PNA. If the evidence demonstrates that existing provision can no longer meet identified need, the Health Board will consider the appropriate action under regulation 6, including whether a revised assessment is required or, where the conditions in regulation 6(3) are met, whether a supplementary statement should be published.

7.7. Overall Determination on Gaps

For the purposes of Schedule 1 of the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020, the Health Board concludes that:

- *there is no current systemic or geographical gap in pharmaceutical service provision across the Health Board area;*

- *the gaps previously identified in Level 3 smoking cessation and seasonal influenza vaccination provision have been addressed through existing provision and associated delivery arrangements;*
- *no specific future need for additional pharmaceutical provision has been identified on the evidence presently available;*
- *changes in population, development, access, service availability or provider capacity may affect pharmaceutical need and will be monitored over the lifetime of the PNA; and*
- *where the evidence demonstrates a significant change in pharmaceutical need or availability, the Health Board will consider appropriate action under regulation*

7.8. Determination for the Purpose of Applications

This PNA will provide an important evidential basis for considering applications for inclusion in the pharmaceutical list, relocation applications, changes to core opening hours and other applications under the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020. Each application will be determined in accordance with the applicable regulatory provisions, having regard to this PNA, any relevant supplementary statement and the evidence and circumstances prevailing at the time.

Appendix A - Legislative Framework and Health Board Duties in Relation to the Pharmaceutical Needs Assessment

1. Legislative Framework

Pharmaceutical services in Wales are governed primarily by the National Health Service (Wales) Act 2006 and the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

Under section 80 of the 2006 Act, Health Boards have a duty to make arrangements for the provision of pharmaceutical services for their resident population. These services include dispensing services and, where directed, additional pharmaceutical services.

The Public Health (Wales) Act 2017 inserted section 82A into the 2006 Act, placing a statutory duty on Health Boards to prepare and publish a Pharmaceutical Needs Assessment (PNA).

The NHS (Pharmaceutical Services) (Wales) Regulations 2020 revoked and replaced the previous arrangements with the regulations around PNAs coming into force on 1st October 2020. The detailed requirements for are set out in Part 2 of the regulations and set out a needs-based system for determining applications to provide pharmaceutical services.

2. Purpose of the Pharmaceutical Needs Assessment

The PNA is the statutory mechanism through which the Health Board:

- Assesses the need for pharmaceutical services within its area;
- Determines whether current provision meets those needs;
- Identifies any gaps in service provision;
- Identifies future needs over the lifetime of the assessment.

The PNA underpins decisions on:

- Applications to open new pharmacy or dispensing appliance contractor premises;
- Applications to relocate premises;
- Applications to change core opening hours;
- Applications relating to dispensing doctor services within controlled localities.

In general, an application to provide pharmaceutical services must demonstrate that it meets a need identified in the PNA.

3. Health Board Duties Under the 2020 Regulations

The NHS (Pharmaceutical Services) (Wales) Regulations 2020 require the Health Board to:

- Publish a revised PNA at least every five years;
- Publish a revised PNA sooner where significant changes of pharmaceutical need *relevant to the granting of applications referred to in section 83 of the 2006 Act* are identified, unless doing so would be disproportionate;
- *Consider publishing a supplementary statement where changes to the availability of pharmaceutical services are relevant to section 83 applications and where the Health Board is satisfied that a full revision would be disproportionate or that an immediate modification is essential to prevent detriment to pharmaceutical provision;*
- Undertake statutory consultation of at least 60 days during the preparation of the PNA;
- Have regard to specified matters when preparing the PNA, including relevant health assessments and population data.

4. Pharmaceutical Lists and Control of Entry

Health Boards are required to maintain pharmaceutical lists of approved providers. Inclusion in a pharmaceutical list entitles a contractor to provide NHS pharmaceutical services at specified premises.

The 2020 Regulations establish a needs-based approach to determining applications for inclusion in the pharmaceutical list. The Health Board must assess applications against the needs identified in the PNA.

The PNA governs access to NHS pharmaceutical service provision; it does not regulate the right to open or operate a pharmacy business, which is governed separately under UK medicines legislation.

The PNA does not itself approve a new pharmacy. An application must be submitted and determined separately under the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020. The Health Board will consider the need identified in the PNA, the regulatory test applicable to the proposed premises and the evidence and circumstances prevailing at the time.

5. Dispensing Doctors

The 2020 Regulations permit dispensing doctor services in defined “controlled localities”, rural areas where patients live more than 1.6km from a pharmacy, subject to regulatory criteria.

The PNA informs decisions within this statutory framework but cannot extend dispensing doctor provision beyond the limits set by national legislation.

6. Relationship to Commissioning

The PNA identifies need but does not in itself commission services. Commissioning decisions remain subject to:

- NHS (Pharmaceutical Services) (Wales) Regulations 2020.
- National Directions;
- Available resources;
- Health Board strategic priorities.

Appendix B – Essential Services

Service	Regulation	Description
Dispensing Services	The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 Schedule 5, part 2 paragraph 4 - 12	Dispensing Services: The safe and accurate preparation, labelling, and supply of medicines and appliances to a patient, based on a legal prescription. Together with the provision of information and advice to enable safe and effective use by patients, and maintenance of appropriate records
Repeat Dispensing	The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 Schedule 5, part 2 paragraph 4-12	Repeat Dispensing: The management and dispensing of repeatable NHS prescriptions in partnership with the patient and the prescriber. For suitable patients, a GP can authorise up to 12 months medication via a “batch” of prescriptions. Patients collect instalments directly from their pharmacy without needing to reorder from the GP, improving convenience and safety while reducing GP workload
Disposal of unwanted drugs	The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 Schedule 5, part 2 paragraph 13-15	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.
Promotion of healthy lifestyles	The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 Schedule 5, part 2 paragraph 16-18	Where a person using a pharmacy presents a prescription form or repeatable prescription to an NHS pharmacist, and it appears to the NHS pharmacist that the person is suffering from or at risk of developing an adverse health issue, the NHS pharmacist must, as appropriate, provide advice to that person with the aim of increasing that person’s knowledge and understanding of the health issues which are relevant to that person’s personal circumstances.
Signposting	The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 Schedule 5, part 2 paragraph 19-20	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.
Support for self-care	The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 Schedule 5, part 2 paragraph 21-22	If an NHS pharmacist or their staff think that someone using the pharmacy would benefit from advice to help manage a medical condition. The pharmacy staff must give that person appropriate advice. This also applies to carers who need guidance to help manage someone else’s condition.

Appendix C – Additional Pharmaceutical Services (that must be offered to all pharmacies in ABUHB)

Service	Legislation	Description
Discharge Medicines Review	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 4	The Discharge Medicines Review is a service offered by community pharmacies to support patients within four weeks of being discharged from hospital or another care setting. It ensures changes made to medication during a hospital stay are accurately reflected in the patient's GP records aiming to reduce errors and readmissions. The service helps patients manage their medicines: • helping patients take their new medicines correctly • helping patients follow their new medication routine • making it easier for patients to take their new medicines as prescribed • supporting patients to use their new medicines safely and correctly
Clinical Community Pharmacy Service (CCPS)	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 6 (2) (a, b & d)	Common Ailment Service: A free NHS service, that lets patients get free advice and treatment for many minor illnesses directly from a community pharmacy. It includes having a private consultation with the pharmacist to offer advice and treatment (in many cases allowing patients to receive prescription-strength medication), promoting faster access to care for conditions like urinary tract infection, sore throats, and cold sores. Contraception Service: This service provides free, confidential access to emergency contraception (the morning-after pill) and bridging or quick start contraception (a 3-month supply of the pill). It includes having a private consultation with the pharmacist or pharmacy technician to offer advice and treatment. Where the patient is aged 13, 14, or 15 years of age, the service will be offered in accordance with Gillick competence, Fraser guidance and any guidance issued by the Welsh Government in relation to the provision of confidential sexual health advice and/or treatment for patients aged 13 years or over. Emergency Medicines Supply: This NHS service allows community pharmacists to provide urgent, repeat, prescription-only medication without the need for a prescription when a patient cannot access their GP without undue delay. It includes a private consultation with the pharmacist, during which the pharmacist will access the patient's Welsh GP record to confirm the medicines, dosage, and frequency previously prescribed

Service	Legislation	Description
		Pharmacists cannot supply most controlled drugs (e.g., morphine). Other items might be restricted to the smallest pack size
Pharmacy Independent Prescribing Service (PIPS)	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 7	Common Ailments and Contraception: This service allows a patient to see a qualified independent prescribing pharmacists in a private consultation to: • assess, diagnose, and directly prescribe medication within agreed clinical pathways for various conditions, including infections and minor ailments. • to provide free, confidential contraception advice and treatment which can including oral contraception and emergency contraception
The Primary Care Contracted Services Immunisation: Scheme for Influenza	The Primary Care (Contracted Services: Immunisations) (Influenza) Directions 2025	Influenza Vaccination Service (IVS): This service provides free seasonal vaccines to eligible individuals, including those over 65, pregnant women, and people with long-term health conditions to prevent serious illness.
Stoma Appliance Customisation	The Pharmaceutical Services (Advanced Services) (Appliances) (Wales) Directions 2010, Directions 3-4	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.
Appliance Use Review	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Directions 5-6	This is an NHS advanced service provided by community pharmacists to improve patients' knowledge, usage, and experience of specific appliances (e.g., stoma or catheter products). It helps identify and resolve issues with appliance use, storage, and disposal.

Appendix D – Additional Pharmaceutical Services (that may be offered to all pharmacies in ABUHB)

Service	Legislation	Available	Description
Anticoagulant monitoring service	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(a)	No	The Anticoagulant Monitoring Service aims to support patients receiving anticoagulant therapy by enabling NHS pharmacists to monitor blood clotting levels, review test results, and adjust or recommend appropriate changes to anticoagulant dosing to ensure safe and effective treatment
Care Home Service)	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(b)	Yes Care Home support Service Level 1	The Community Pharmacy Care Home Service aims to support care homes by enabling NHS pharmacists to provide advice and professional support to residents and staff. The service focuses on promoting the safe, effective, and cost-effective use of medicines and appliances, supporting appropriate ordering, administration, storage, handling, and record-keeping within the care home setting.
Disease Specific Management Service	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(c)	Yes Inhaler Review Service	Disease-specific management services are intended to enable NHS pharmacists to advise on, support, and monitor the treatment of patients with specified conditions, with referral to other healthcare professionals where appropriate. This direction is used to commission the inhaler review service in ABUHB to, support patients with respiratory conditions by assessing inhaler technique, optimising treatment use and identifying when further clinical input is required.
Emergency Pandemic Treatment and Prophylaxis Supply Service	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(d)	No	The Emergency Pandemic Treatment and Prophylaxis Supply Service is intended to enable NHS pharmacists to supply medicines to patients under an authorised Patient Group Direction or protocol during the event or anticipation of a pandemic. The service supports timely access to treatment or prophylaxis and is provided for the duration agreed between the pharmacist and the Local Health Board.
Emergency Pandemic Vaccination Service	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(e)	No	The Emergency Pandemic Vaccination Service is intended to enable community pharmacy teams to administer vaccinations to patients under an authorised Patient Group Direction or protocol during the event or anticipation of a pandemic. The service supports timely access to vaccination and is delivered for the duration of the arrangement agreed with the Local Health Board.

Service	Legislation	Available	Description
Gluten Free Food Supply Service	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(f)	No	The Gluten Free Food Supply Service is intended to enable community pharmacies to supply gluten-free foods to patients who require them as part of their ongoing dietary treatment without recourse to a prescription.
Home Delivery Service	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(g)	Yes- Prison Delivery Service	The Home Delivery Service is intended to enable community pharmacies to deliver medicines and non-specified appliances directly to patients' homes, supporting access to prescribed items where collection from the pharmacy may not be possible
Language Access Service	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(h)	No (but language line is available for translation support as needed)	The Language Access Service is intended to enable community pharmacies to provide advice and support to patients, either verbally or in writing, in a language they understand. The service supports patients in relation to their medicines, their health, and relevant general health matters, and includes referral to another healthcare professional where appropriate.
Medication Review Service	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(i)	No	The Medication Review Service is intended to enable community pharmacies to review a patient's medicines using relevant clinical information, with the aim of assessing their ongoing appropriateness and effectiveness. The service supports patients through advice and discussion about their medicines, encouraging active involvement in decisions about their treatment, and includes referral to another healthcare professional where appropriate.
Medicines Assessment and Compliance Support Service	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(j)	Yes MAR chart Service, Directly Observed Therapy Service	The Medicines Assessment and Compliance Support Service is intended to support vulnerable patients and patients with additional learning needs by enabling community pharmacies to assess their knowledge, use, and adherence to prescribed medicines. The service provides tailored advice, support, and practical assistance to improve patients' understanding of their medicines and support safe, effective, and appropriate use, with referral to other healthcare professionals where appropriate
Needle and Syringe Supply Service	The Pharmaceutical Services	Yes Needle and Syringe service	The Needle and Syringe Supply Service is intended to enable community pharmacies to provide sterile injecting equipment and safely receive used equipment for disposal, supporting harm reduction

Service	Legislation	Available	Description
	(Clinical Services) (Wales) Directions 2022, Direction 8 (2)(k)		for people who use drugs. Within Aneurin Bevan University Health Board, the service operates at three levels: a supply-only level; a level providing supply alongside advice and support; and an enhanced level offering supply, advice, and access to naltrexone where appropriate. Referral to other healthcare professionals or specialist treatment services is included where required.
On Demand Availability of Specialist Drugs Service	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(l)	Yes Urgent Medicines Service levels 1 and 2.	The On-Demand Availability of Specialist Drugs Service is intended to ensure that patients and healthcare professionals have prompt access to specialist medicines through community pharmacy, supporting timely and appropriate treatment where these medicines are required.
Out of Hours Service	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(m)	Yes Rota, Palliative Care out of Hours Service	The Out of Hours Service is intended to enable community pharmacies to dispense medicines and appliances during out-of-hours periods, supporting timely access to essential items when routine pharmacy services are unavailable.
Patient Group Direction Service	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(n)	No	The Patient Group Direction Service is intended to enable community pharmacies to supply or administer prescription-only medicines to patients in accordance with approved Patient Group Directions, supporting timely and appropriate access to treatment
Prescriber Support Service,	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(o)	No	The Prescriber Support Service is intended to enable community pharmacies to support healthcare professionals who prescribe medicines. The service focuses on providing advice on the clinically appropriate and cost-effective use of medicines, supporting adherence to prescribing policies and guidelines, and assisting with repeat prescribing processe
Schools Service	The Pharmaceutical Services (Clinical Services) (Wales)	No	The Schools Service is intended to enable community pharmacies to provide advice and support to children and school staff in relation to the use of medicines and appliances. The service promotes the safe, effective, and cost-effective use of medicines within schools, supports appropriate administration, storage, handling, and disposal,

Service	Legislation	Available	Description
	Directions 2022, Direction 8 (2)(p)		and ensures accurate record-keeping to maintain safe practice
Screening Service	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(q)	Yes The Blood Born Virus service	The Screening Service is intended to enable community pharmacies to identify patients who may be at risk of developing a specified disease or condition. The service supports patients by providing advice on appropriate testing, carrying out tests with consent where required, and offering follow-up advice on results, including referral to another healthcare professional where appropriate.
Stop Smoking Service	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(r)	Yes Help me quit in pharmacy service	The Smoking Cessation Service is intended to enable community pharmacies to support people who wish to stop smoking by providing access to pharmacotherapy and appropriate advice. Within Aneurin Bevan University Health Board, the service operates at two levels: one focused on the supply of smoking cessation pharmacotherapy only, and a second providing both pharmacotherapy and structured motivational support to help patients quit smoking
Supervised Administration Service	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(s)	Yes	The Supervised Administration Service is intended to enable community pharmacies to supervise the administration of prescribed medicines within the pharmacy, supporting safe and appropriate use and promoting treatment adherence where required
Prescribing Service	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(t)	No	The Prescribing Service is intended to enable community pharmacies to provide prescribing services through an independent prescriber, either directly within the pharmacy or through an employed or engaged independent prescriber. The service supports the prescribing of medicines in circumstances specified by the relevant Local Health Board, improving timely access to appropriate treatment for patients
Anti-viral Collection Service	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(u)	No	The Anti-Viral Collection Service is intended to enable community pharmacies to supply anti-viral medicines to patients for both prophylaxis and treatment, in accordance with regulation 247 of the Human Medicines Regulations. The service supports timely access to medicines during the event of, or in anticipation of, pandemic disease

Service	Legislation	Available	Description
Waste Minimisation Service	The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022, Direction 8 (2)(v)	Yes Waste Reduction Service	The Waste Minimisation Service is intended to enable community pharmacies to identify prescribed medicines or appliances that are no longer required by the patient at the point of supply, supporting the reduction of unnecessary waste and promoting the safe and efficient use of NHS resources.

Appendix E - Terms of Service for Dispensing Appliance Contractors

Dispensing appliance contractors (DACs) included in the Health Board's pharmaceutical list are required to comply with the terms of service set out in Schedule 6 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020 and associated Directions.

These nationally prescribed terms of service define the scope of pharmaceutical services that DACs must provide. They are summarised below for reference.

Core Pharmaceutical Services Provided by Dispensing Appliance Contractors

Dispensing of Prescriptions

DACs must dispense NHS prescriptions for appliances within the scope of their practice, ensuring appropriate legal, clinical and accuracy checks are undertaken. Contractors must maintain suitable records and provide relevant information and advice to support safe and effective use.

Dispensing of Repeatable Prescriptions

DACs must manage and dispense repeatable NHS prescriptions for appliances in partnership with patients and prescribers, ensuring appropriate monitoring of ongoing need and communication of clinically significant issues.

Measuring and Fitting

Where a product to be provided is an appliance of a type requiring measuring and fitting by the DAC, The DAC must make all necessary arrangements measuring the person named on the prescription and fitting the appliance.

Home Delivery Service

Where required under the Regulations, DACs must provide home delivery for specified appliances. Delivery must be timely, discreet and protect patient confidentiality and dignity.

Supply of Supplementary Items

DACs must provide appropriate supplementary items (e.g. disposal bags and wipes) in connection with certain appliances to ensure safe and hygienic use.

Expert Clinical Advice

DACs must ensure that suitably trained and experienced personnel are available to provide expert advice regarding supplied appliances.

Appliance Use Review Service

Where appropriate to do so, DACs must offer patients an appliance use review service

Out-of-Hours Advice (Where a Telephone Care Line is Provided)

Where a telephone care line is offered, patients must be able to access advice outside contracted opening hours, either directly or via referral to NHS 111 Wales.

Signposting

Where a contractor does not supply a prescribed appliance, they must either transfer the prescription with patient consent or provide details of alternative contractors able to dispense it.

Clinical Governance

Dispensing appliance contractors are required to comply with the clinical governance framework set out in the 2020 Regulations, including:

- Patient and public involvement;
- Risk management and clinical effectiveness;
- Information governance;
- Premises and staffing standards.

Relationship to the PNA

The PNA considers the availability and accessibility of these services when assessing whether the needs of the population for appliance-related pharmaceutical services are met. The detailed service specifications are set nationally and are not determined locally through the PNA.

Appendix F – PNA Steering Group Membership

Role	Organisation
Executive Director of Public Health	Aneurin Bevan University Health Board
Divisional Director of Primary Care	Aneurin Bevan University Health Board
Head of Primary Care	Aneurin Bevan University Health Board
Community Pharmacy Lead	Aneurin Bevan University Health Board
Service Development Manager (Project Lead)	Aneurin Bevan University Health Board
Service Development Manager (Community Pharmacy)	Aneurin Bevan University Health Board
Decision Support Accountant	Aneurin Bevan University Health Board
Communications Lead	Aneurin Bevan University Health Board
Business Support Team Representative	Aneurin Bevan University Health Board
All Wales Contracts Manager	NHS Wales Shared Services Partnership
Contracts Support Manager	NHS Wales Shared Services Partnership
Community Pharmacy Wales Representative	Community Pharmacy Wales
Gwent Local Medical Committee Representative	Gwent Local Medical Committee
Gwent Llais Representative	Llais Wales

Appendix G- Patient and Public Engagement Questionnaire

Aneurin Bevan University Health Board- Pharmaceutical Needs Assessment

Patient Survey

Aneurin Bevan University Health Board is required to undertake a 'Pharmaceutical Needs Assessment' every five years, and 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. Part of the 'Pharmaceutical Need Assessment' is to review what services are currently provided by pharmacies, where and at what times, and whether they meet people's needs. 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.

Your answers to the following questions will help us identify if there are any gaps in the service, 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 you or any other individual in your responses to the questions. Any personal data you provide will be held in accordance with our privacy policy: https://abuhb.nhs.wales/about-us/information-governance/If you would like more information about the questionnaire or have questions on how to complete the questionnaire, please contact abb.primarycaredepartment@wales.nhs.uk with "PNA questionnaire" in the subject header or telephone 01495 241260.

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.

Section 1

1. First three or four digits of your postcode-e.g. NP4 or NP23 *

Enter your answer

2. Some people have all or most of their medicines dispensed by their GP practice and are not given a prescription to take to the Pharmacy. Does this apply to you? *

- ○ Yes
- ○ No
- ○ I don't know

3. Why do you usually visit a pharmacy? Please select all that apply to you *

- ☐ To collect my prescribed medication
- ☐ To collect someone else prescribed medication
- ☐ Someone else collect my prescribed medication
- ☐ To buy medicines for myself
- ☐ To buy medicines for someone else
- ☐ To get advice for myself
- ☐ To get advice for someone else
- ☐ I do not visit a community pharmacy as my medicines are delivered to me at home
- ☐ Other-Please state in the box below

4. Question 3-Other *

Enter your answer

5. On average, how often do you use the pharmacy? *

- Daily
- Weekly
- Fortnightly
- Monthly
- Every 3 months
- Every 6 months
- Yearly
- Never
- Other

6. What time is better for you to use a pharmacy? *

- 8am -12 noon
- 12 noon - 3pm
- 3 pm - 6 pm
- 6 pm - 8 pm
- Other
- I do not have a preference

7. What day is better for you to use a pharmacy? *

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Weekdays in general
- Weekends in general
- I do not have a preference

8. If there has been a time recently when you weren't able to use your normal pharmacy, what did you do? Please select all that apply to you. *

- [ ] I went to another pharmacy
- [ ] I waited until my pharmacy was open
- [ ] I went to my GP
- [ ] I went to hospital
- [ ] I called NHS 111
- [ ] Other

9. Question 8- Other *

Enter your answer

10. Please could you tell us whether you: *

- ( ) Alway 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

11. Please could you tell us why you use a particular pharmacy? Please select all that apply to you. *

- [ ] Close to home
- [ ] Close to work
- [ ] Close to GP practice
- [ ] Close to children nursery or school
- [ ] The location of the pharmacy is easier to get to
- [ ] Its easy to park at the pharmacy
- [ ] I trust the staff that work at the pharmacy
- [ ] The staff know me and look after me
- [ ] The staff do not 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 is great
- [ ] It is very accessible ie wheelchair/baby buggy friendly
- [ ] Other -Please state in the box below

12. Question 11- Other *

Enter your answer

13. Is there a more convenient and/or closer pharmacy that you don't use? *

- ○ Yes
- ○ No
- ○ Do not know

14. If you have answered yes to question 13, please could you tell us why you do not use that pharmacy? Please select all that apply to you

- [ ] 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 - Please state in the box below

15. Question 14- Other

Enter your answer

16. If you go to the pharmacy how do you usually get there? *

- ( ) Walk
- ( ) Bus
- ( ) Car
- ( ) Bike
- ( ) Taxi
- ( ) Other

17. How long does it usually take you to get to the pharmacy? *

- ◯ Less than 5 minutes
- ◯ Between 5 minutes and 15 minutes
- ◯ 20 minutes
- ◯ More than 20 minutes

18. We would like to know how you find out information about a pharmacy such as opening times or the service being offered. Please select any or all that apply. *

- ☐ I would call them
- ☐ I would call NHS 111 Wales
- ☐ I would search the internet
- ☐ I would ask a friend
- ☐ I would just pop in and ask them
- ☐ Look in the pharmacy window or poster displayed in pharmacy
- ☐ I would find out from reading the local newspaper
- ☐ I would go on the pharmacy website
- ☐ I would ask for the pharmacy leaflet
- ☐ Other - Please state in the box below

19. Question 18- Other *

Enter your answer

20. Do you feel able to talk about something private/sensitive with a pharmacist? *

- ◯ Yes
- ◯ No
- ◯ Maybe
- ◯ Never needed to

21. 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. *

- [ ] NHS Flu Vaccination Service (for those who are in one of the at risk groups)
- [ ] NHS 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.
- [ ] NHS Contraception Service
- [ ] NHS Help Me Quit-Stop Smoking Service
- [ ] NHS Common Ailments Service – pharmacists can provide you with advice and free treatment for common minor illnesses and ailments so that you do not need to see a GP. This includes also includes Sore Throat and Urinary Tract Infection services
- [ ] NHS 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.
- [ ] NHS Pharmacy Independent Prescribing (IP) Service- A Pharmacist with an IP qualification can assess, diagnose and prescribe medication for certain conditions without the need for a GP appointment

22. Is there anything else you would like to tell us about local pharmacy services

Enter your answer

Section 2

Equality Act

Equality Act 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 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 other correspondence received from you and will be securely destroyed after we have captured the information.

23. Completion of this section is optional. Please confirm how you would like to proceed by selecting on of the options below *

- ◯ I DO NOT wish to complete this section
- ◯ I DO wish to complete the section

24. What is your Age-Please indicate your age

- ◯ 0 – 15 years
- ◯ 16 - 24 years
- ◯ 25 - 34 years
- ◯ 35 - 44 years
- ◯ 45 – 54 years
- ◯ 55 - 64 years
- ◯ 65 – 74 years
- ◯ 75 years and above

25. What is your sex?

- ○ Male
- ○ Female
- ○ Non-binary
- ○ Prefer not to say

26. What is you ethnic group

- ☐ White
- ☐ British
- ☐ English
- ☐ Northern Irish
- ☐ Scottish
- ☐ Welsh
- ☐ Irish
- ☐ Gypsy
- ☐ Traveller
- ☐ Other
- ☐ Black/Black British
- ☐ Caribbean
- ☐ African
- ☐ Any other Black Background
- ☐ Asian/Asian British
- ☐ Indian
- ☐ Bangladeshi
- ☐ Pakistani
- ☐ Chinese
- ☐ Asian other
- ☐ Mixed/Mixed British
- ☐ White / Black Caribbean
- ☐ White / Black African

- [ ] White / Asian
- [ ] Any other Mixed background
- [ ] Other / Other British
- [ ] Arab
- [ ] Other
- [ ] Prefer not to say

27. What is your sexual orientation

- ( ) Heterosexual/Straight
- ( ) Gay Man
- ( ) Gay Woman/Lesbian
- ( ) Bisexual
- ( ) Other
- ( ) Prefer not to say

28. What are your religion or belief

- ( ) Atheist
- ( ) Christian (all denominations)
- ( ) Buddhist
- ( ) Hindu
- ( ) Muslim
- ( ) Sikh
- ( ) Jewish
- ( ) Prefer not say
- ( ) Other

29. Do you have a long term illness or disability?

- ( ) Yes
- ( ) No
- ( ) Prefer not to say

30. Do you have any caring responsibilities? (e.g., for children, older people, or those with long term illness or disabilities)

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

31. Gender Identity:Has your gender identity changed from that assigned at birth?

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

Appendix H – Full Results - Patient and public engagement Questionnaire

1. First three or four digits of your postcode- e.g. NP4 or NP23					
First part of postcode	Number of respondents	First part of postcode	Number of respondents	First part of postcode	Number of respondents
NP26	322	NP22	36	NP24	3
NP16	130	NP7	35	CF46	2
NP11	85	NP12	32	CF3	1
NP4	70	NP13	19	GL14	1
NP44	56	NP18	17	GL15	1
NP19	54	CF82	14	NP48	1
NP20	48	NP25	13	NP6	1
NP23	46	NP15	11	NP8	1
CF83	39	CF81	4	Invalid Format	18
NP10	39	CF8	3		

2. Some people have all or most of their medicines dispensed by their GP practice and are not given a prescription to take to the Pharmacy. Does this apply to you?	
Yes	355
No	708
I don't know	39

3. Why do you usually visit a pharmacy? Please select all that apply to you	
To collect my prescribed medication	982
To collect someone else prescribed medication	588
Someone else collect my prescribed medication	96
To buy medicines for myself	437
To buy medicines for someone else	242
To get advice for myself	396
To get advice for someone else	151
I do not visit a community pharmacy as my medicines are delivered to me at home	15
Other	30

My medications are dispensed into a dosset box for me monthly and delivered to my home address'
To enquire why my meds\are late. as its impossible to get through on the phone.'
I email Pharmacy when required, just for current medication, who then deliver and collect from my GP surgery.'
Someone else will usually collect my medication for me.'
If my GP doesn't have my prescribed medicine in stock or it's for something they don't dispense.'
To collect my medication that I pay for to be delivered as they never deliver in time.'
Our pharmacy has a robox for 24 hour pick up'
Errors on issue of prescription'
Vaccination'
Pharmacy as they always space you don’t get your medications till three days later'
My GP is a £5 taxi ride away'
And collect husbands'
To buy multi Vitamin tablets and first aid equipment such as plasters and antiseptic cream.'
Different stuff'
My husband collects my script to give to Pharmacy. Then Pharmacy delivers when ready'
To go to work [Name removed] pharmacy newport'
The GP sends the prescription to pharmacy'
Minor ailments service'
Flu jab'

I wish there were pharmacies in one or more of the local supermarkets'
I buy my haircare stuff, nails, and non perscription medicines from our local chemist'
I have also used the service for emergency contraception once.'
My Kidney Transplant immuno suppressants are only issues by UHW'
common ailment scheme'
To purchase first aid and other supplies.'
To drop off additional hospital-prescribed prescriptions'
[Name removed] pharmacy staff are very rude and unhelpful.'
Mine and husband'
To get vaccinated. '
Get a flu jab'
To have an appointment with the Pharmacist (Prescriber), for the Minor ailments scheme and for Vaccinations.'
To purchase sunglasses'
Flu jabs'
Have available vaccinations there Take family member for vaccinations there (good access , pleasant and efficient'
Have had vaccinations at the Pharmacy and medicine reviews with the Pharmacist.'
Used the common ailments service and stop smoking service'
Advice'
To confirm diagnoses of common ailments.'
Medication'

Sometimes to buy med'
Flu jab'
We have an awesome Pharmacist called [Name removed] and he is second to none.. we are so lucky to have a knowledgeable Pharmacist in our area who takes the time. You need to clone him so everyone can share .. thank you [Name removed] Pharmacy'
Visit on behalf of a residential home as they dispense the medication for the homes residents'

Question 3-Other
‘My medications are dispensed into a dosset box for me monthly and delivered to my home address'
‘To enquire why my meds\are late. as its impossible to get through on the phone.'
‘I email Pharmacy when required, just for current medication, who then deliver and collect from my GP surgery.'
‘Someone else will usually collect my medication for me.'
‘If my GP doesn't have my prescribed medicine in stock or it's for something they don't dispense.'
‘To collect my medication that I pay for to be delivered as they never deliver in time.'
‘Our pharmacy has a robox for 24 hour pick up'
‘Errors on issue of prescription'
‘Vaccination'
‘Pharmacy as they always space you don’t get your medications till three days later'
‘My GP is a £5 taxi ride away'
‘And collect husbands'
‘To buy multi-vitamin tablets and first aid equipment such as plasters and antiseptic cream.'
‘Different stuff'
‘My husband collects my script to give to Pharmacy. Then Pharmacy delivers when ready'
‘To go to work [Name removed] pharmacy Newport'

‘The GP sends the prescription to pharmacy'
‘Minor ailments service'
‘Flu jab'
‘I wish there were pharmacies in one or more of the local supermarkets'
‘I buy my haircare stuff, nails, and non-prescription medicines from our local chemist'
‘I have also used the service for emergency contraception once.'
‘My Kidney Transplant immuno suppressants are only issues by UHW'
‘Common ailment scheme'
‘To purchase first aid and other supplies.'
‘To drop off additional hospital-prescribed prescriptions'
‘[Name removed] pharmacy staff are very rude and unhelpful.'
‘Mine and husband'
‘To get vaccinated. '
‘Get a flu jab'
‘To have an appointment with the Pharmacist (Prescriber), for the Minor ailments scheme and for Vaccinations.'
‘To purchase sunglasses'
‘Flu jabs'
‘Have available vaccinations there Take family member for vaccinations there (good access, pleasant and efficient'
‘Have had vaccinations at the Pharmacy and medicine reviews with the Pharmacist.'
‘Used the common ailments service and stop smoking service'
‘Advice'
‘To confirm diagnoses of common ailments.'
‘Medication'
‘Sometimes to buy med'
‘Flu jab'
‘We have an awesome Pharmacist [Name removed] and he is second to none. We are so lucky to have a knowledgeable Pharmacist in our area who takes the time. You need to clone him so everyone can share. thank you [Name removed] Pharmacy'
‘Visit on behalf of a residential home as they dispense the medication for the homes residents'

4. On average, how often do you use the pharmacy?	
Daily	5
Weekly	78
Fortnightly	132
Monthly	724
Every 3 months	68
Every 6 months	24
Yearly	14
Never	1
Other	54

5. What time is better for you to use a pharmacy	
12 noon - 3pm	121
3 pm - 6 pm	220
6 pm - 8 pm	175
8am -12 noon	198
I do not have a preference	376
Other	12

6. What day is better for you to use a pharmacy?	
Monday	15
Tuesday	13
Wednesday	18
Thursday	14
Friday	26
Saturday	95
Sunday	3
Weekdays in general	243
Weekends in general	200
I do not have a preference	475

7. If there has been a time recently when you weren't able to use your normal pharmacy, what did you do? Please select all that apply to you.	
I went to another pharmacy	590
I waited until my pharmacy was open	455
I went to my GP	38

I went to hospital	11
I called NHS 111	23
Other	86

Question 7 - Other The majority of the response in this question were, ‘not applicable’ or ‘this hasn’t happened to me’, other responses are detailed below;
‘They have a break and no one covers’
‘Had to go without medication’
‘Have to ring around to find one and then try and get there! Extremely inconvenient’
‘Went without medication as GP send direct at times to chemist’
‘Went without’
‘Tried the supermarket’
‘Went without treatment’
‘Planned what I needed and went at an appropriate time’
‘I recently had to do a tour of about 3/4 pharmacies to get the Prescription I needed. And still didn’t get it for another 2 days after it was prescribed as there seemed to be a lot of confusion / knowledge around what I was prescribed and whether it as supplied. (Ear infection)’
‘Didn't collect my prescription as it wasn't ready when it should have been and I couldn't make time during work hours to collect.’
‘Had to arrange time off work to collect during work time’
‘I am considering another pharmacy’
‘Had to get time off work’
‘I had to get my elderly parents to collect their prescription’
‘I have no choice due to electronic prescriptions’
‘Used private healthcare’
‘Use Google to find any pharmacy within in 10-mile radius that was open on a Sunday’
Didn’t have meds in stock, huge queue and could not wait
‘Went to GP to see where else to take my prescription’
‘Told by my pharmacy that I needed to go to a prescribing pharmacy for Beconase’
‘I had to get another prescription as NHS Wales app did not show my medication’
‘I was given a new prescription but the dosage was different and was suggested I seen my GP to amend. Surgery suggested I contact all surgeries. Had confidence in my pharmacy but receptionist reluctantly rang another pharmacy. Tried pharmacy on route, agreed’
I use the Robot collection at [Name removed]

‘Went without my medication over the weekend’
[Name removed] refused to order a new insulin for me. Had to go back forwards between the doctors and chemist in the end they ordered it for me. They were very unhelpful to my wife as I was home ill in bed’
‘I was told by [Name removed] pharmacies that they were unable to provide my prescribed medication (Omacor). Nor were they likely to do so in future. I had to arrange for the GP to provide a paper prescription to take to a pharmacy in Chepstow 6 miles away. This normally required 2 trips due to the large quantities needed to be made up’
‘Depends on the situation-urgent/non-urgent’
‘Twice recently I have seen a doctor on a Friday and have had to go back on a Saturday morning to pick up medication as wasn’t available on the Friday. Including antibiotics’
‘I had to telephone a number of Pharmacies (some did not answer) to find someone who stocked a medicine that had been recommended by Velindre. Ended up driving to Newport’
‘Travelled to Bristol to be able to get the medication needed as not one pharmacy up to Cardiff had what I needed and paid for my script’
‘Pharmacy always had queues, for an hour sometimes so swapped to another’
‘Used the medicines helpline on 111 and got my forgotten meds (was on holiday in North Wales - excellent service.’
‘I would like to wait until a Saturday because of the hours i work through the week. By the time i head home the Pharmacy is usually closed.’
‘I am considering a different pharmacy’
‘Changed my pharmacy due to poor service’
‘I wanted something for a sore throat so went to the supermarket’
‘Phoned pharmacies to find which had the prescribed items’

8. Please could you tell us whether you:	
Always use the same pharmacy	748
Always use different pharmacies	15
Rarely use a pharmacy	19
Use different pharmacies but I prefer to visit one most often	320

9. Please could you tell us why you use a particular pharmacy? Please select all that apply to you	
Close to home	744
Close to GP practice	426
The location of the pharmacy is easier to get to	364
The customer service is great	354
I trust the staff that work at the pharmacy	345
I've always used this pharmacy	329

They usually have what I need in stock	323
It's easy to park at the pharmacy	257
The pharmacy provides good advice & information	257
The staff know me and look after me	254
The service is quick	223
The pharmacy has good opening hours	222
Other	98
Close to work	92
The pharmacy collects my prescription and delivers my medicines	55
It is very accessible ie wheelchair/baby buggy friendly	50
Close to children nursery or school	35
The staff do not know me	18

Question 9 - Other
"They deliver "
"[Name removed] Pharmacy collects my prescription from my GP surgery and then delivers it to my home address."
"Only pharmacy that could deliver when I had an accident and was housebound for 4 months, I have carried on using them "
"Friendly staff that go out of their way to help."
"I collect my meds from the GP dispensary"
"I can go in with a prescription and the medicine is dispensed while you wait. My local pharmacists does not offer this service."
"GP send it there whether I want that or not"
"The pharmacy answers the phone when I request a repeat prescription "
"Dr Surgery send electronic batches to this pharmacy "
"I work away a lot so it's easier for my mother to pick up my prescription from there. She picks hers up from there too."
"My prescription is sent electronically from my GP surgery to this pharmacy"
"GP sends them there. "
"They collect my prescription but I get from pharmacy "
"In the GP surgery"
"I can collect my prescription from the [Name removed] robot"
"Service is good"
"The pharmacy collects my prescription and I pick the medicines from the pharmacy."

"Dispensing GP practice"
"The pharmacy advice is fab"
"Very helpful & obliging."
"The customer service is excellent and they provide a vending machine collection service which sends a text when collection is due. This means prescription can be collected out of hours. This service is leading practice."
"Online scheduled ordering via app"
"The pharmacy is in my surgery and my prescriptions go there automatically"
"Excellent "
"They treat you with respect and not as a commodity "
"Free px in Wales"
"Don’t have a particular pharmacy, where ever I am and in need just find one"
"The pharmacy collects my prescription and I pick it up from them"
"The pharmacy collects my prescription from the surgery."
"There is a problem with this tick box section q12 you need to pick other before you can progress to the next page"
"Go sends prescription direct to pharmacy for me to collect. "
"Force of habit."
"They send me a text to say my prescription is ready to collect - no wasted journeys!"
"N/A this question need to be completed to move on"
"The one my prescriptions are sent to."
"Ad-hoc basis - depends if I need something and where I am when I need it "
"Only one pharmacy open 7 days a week in Cwmbran "
"Repeat prescriptions from my GP go here."
"They have a 24/7 dispensing machine "
"It's the location where my GP sends the prescriptions"
"It is the pharmacy used by my GP practice to send prescriptions to."
"That’s where my prescription is sent"
"My pharmacy collect my prescription from my GP surgery and notify me when it is ready for collection."
"They collect prescriptions from GP"
"No particular reason"
"My GP prescriptions are sent there automatically "
"Easier to get too"

"They collect prescription from GP, but don't deliver"
"Our previous pharmacy closed down with little warning."
"Not many of the pharmacies in Newport who are on the palliative list always have essential and routine palliative meds in stock. You quickly become reliant on the same pharmacy but then so is everyone else for the same reason"
"I use the local pharmacy to collect prescriptions, but for advice or anything else I will go anywhere else while I am in Bristol or Newport as I have experienced long queues, horrible customer service and terrible lack of choice at both pharmacies in [town]"
"I use the NHS app and it doesn't allow you to change the pharmacy any more when you request a repeat prescription."
"Weekend opening hours"
"They have the prescription items I require. Other pharmacies no longer stock much."
"I like to support local, independent businesses "
"Other things I need also available "
"It's where I've always been registered"
"My GP only deals with [name removed] in [town] "
"The doctor sends my prescriptions to one pharmacy for me to collect"
"Very professional"
"I can walk to it and avoid using car"
"I have always used [name removed] Pharmacy in [town], [name removed] is absolutely excellent and a really helpful person. I feel like he would go out of his way to help people, and for this reason I support his pharmacy. During the first covid lockdown, he personally stood outside his pharmacy, waiting to help people and I will not forget that."
"I like all the other bits they sell there also. "
"Surgeries nominated pharmacy "
"They have an automated robot dispenser, which is amazing for being able to collect my prescribed items outside of opening hours and without having to queue."
"My GP sends my prescriptions there; I have no choice"
"Keeps informed of supply difficulties with certain medications"
"Text me when prescription is ready to collect"
"I usually use the pharmacy at my doctor's surgery as I live 7 miles from the town, but if not I go to another pharmacy in the town "
"My pharmacy has a robotic collection device to pick up my meds when the pharmacy is closed "

"I can never get the brand of medication I need so need to take a couple of hours off work every 2 months to ring round until I find a pharmacy that has my medication"
"They are able to get medications made up that other 'chain' pharmacies can't and they can try multiple suppliers when items are out of stock because they are independent and not tied to limited suppliers."
"It has an outside dispensing service that can be accessed day or night "
"It's the only chemist in my town"
"They allow my well-behaved dog in. "
"Opening hours are currently reasonable I can easily collect my prescriptions at weekends without too much disruption "
"In same building as drs "
"My pharmacy has a 24hr vending machine to collect prescriptions which I use when given a code via text. This means I am able to sometimes collect prescriptions out of hours "
"The doctor sends it there I don't have much choice "
"My pharmacy is open on Saturday morning"
"Common ailment scheme"
"The one closest to surgery was awful but changed to much better organised and friendly "
"An agreement with this pharmacy to provide a specific brand of medication with the GP (Teva 100mg Levothyroxine) if I wasn't bound to [name removed] I would change as despite doing this for 5 years, they get it wrong every month, despite teva on their screens and script. Service is slow, and queues are a nightmare "
"The pharmacy delivers meds if needed and is remarkably more efficient, respectful and customer friendly than the one we used before [name removed]. Parking at [town] square is a nightmare"
"I have to catch a bus to the pharmacy [name removed] as my GP Practice can't /won't send my prescription to one that is just a few hundred yards (2 mins walk) from my front door in [town]. This is utterly ridiculous...that I can't nominate my local village pharmacy. And worse, [name removed] is only open on weekdays whilst [name removed] is also open on Saturdays "
"I get great advice"
"They have a robot collection so I can use this when the pharmacy is shut to collect a prescription "
"Collection for person who has their prescription sent here "
"Recently changed Chemists, because the staff in our usual place were rude!"
"They support our care home well so are our allocated pharmacy "

"I have experienced poor quality of service on multiple occasions in the pharmacy closest to my home, so have opted to use this pharmacy instead, whose customer service and knowledge is impeccable!"
"Prescriptions on repeat for all my family members sent to this pharmacy (occasionally use different one if not for picking up prescriptions or if I've been back to surgery to get physical paper prescription because they can't get item(s)."
"The pharmacy collects my prescription from the GP and I collect from the pharmacy"
"Good advice and very helpful if issues with medication / side effects"

10. Is there a more convenient and/or closer pharmacy that you don't use?	
Yes	316
No	752
I don't know	34

11. If you have answered yes to question 10, please could you tell us why you do not use that pharmacy? Please select all that apply to you	
The service is too slow	133
They don't have what I need in stock	102
It is not easy to park at the pharmacy	95
I have had a bad experience in the past	94
Other - Please state in the box below	94
It's not open when I need it	66
There is not enough privacy	44
The staff are always changing	43
The staff don't know me	41
The pharmacy doesn't deliver medicines	8
It's not wheelchair/baby buggy friendly	5

Question 11 - Other
"Stated they cannot get the repeat medication that I require every month."
"If you have a one-off prescription you have to hand it in and return hours later or the following day before you can collect your item. A regular

prescription that they collect from the doctors on your behalf can have up to a 10-day waiting time to collect. If they are short staffed, they will just close for the day without notice"
"Queues to long and they do not answer the phone. "
"The pharmacist was rude, misogynistic, culturally paternalistic and didn't give me the meds for my eye infection. Told me to go to the doctors for it. I know I don't need to ask the doctors for that so just went to my normal pharmacy who saw me and helped me with no argument. The pharmacist at the other one closer is very grumpy "
"Always very, very busy"
"They don't offer text collection from vending machine out of hours"
"I don't know if they have the app for online ordering"
"In England- would need to pay for px - and 1 assistant the oldest one is really miserable "
"Prefer the independent "
"It's on the front line in [town] which makes me nervous "
"I like to walk into town to pick up medicine, and have a wander after "
"No other pharmacy close to home."
"My GP practice doesn't deal with them!"
"Digital prescriptions are not sent there"
"My GP, decided where to send my prescriptions, no choice. "
"It's closer but no parking (busy high st) "
"Staff were rude and not customer friendly"
"As above...my GP won't allow me to nominate my local pharmacy! "
"Robot collection out of hours available "
"The staff can be extremely rude, and despite being advised that they were ordering medication in for my little girl (as it was out of stock) on attempting to collect it 10 days later as advised, they hadn't even ordered it yet!"

12. If you go to the pharmacy, how do you usually get there?	
Car	761
Walk	314
Bus	16
Other	6
Bike	4
Taxi	1

13. How long does it usually take you to get to the pharmacy?	
20 minutes	80
Between 5 minutes and 15 minutes	647
Less than 5 minutes	346
More than 20 minutes	29

14. We would like to know how you find out information about a pharmacy such as opening times or the service being offered. Please select any or all that apply	
I would search the internet	816
Look in the pharmacy window or poster displayed in pharmacy	344
I would go on the pharmacy website	312
I would call them	240
I would just pop in and ask them	231
I would ask a friend	62
Other - Please state in the box below	54
I would call NHS 111 Wales	14
I would ask for the pharmacy leaflet	13
I would find out from reading the local newspaper	6

Question 14 - Other
"GP told me"
"I would ask at my GP practice"
"I just know times"
"Facebook page"
"Use Google maps for opening times."
"It should be put in window"
"Google"
"Facebook "
"Google"
"I would ask the staff at the pharmacy"
"Through recommendation when I first moved to the area"

"i wouldn’t call them they ignore the phone seen it whilst waiting for meds"
"Google it"
"Drive by, if there is a que around the block, they are open, else they are shut"
"I only need what all pharmacies offer"
"My friend is a pharmacist and tells me about the services some pharmacies offer (the good ones) and where to find information. Not 111 though. Knowledge re anything there (based on experience) is poor"
"Ask a friend"
"Dr pharmacy is always open when I need a repeat"
"Facebook"
"Social media "
"Facebook "
"Facebook"
"Opening times - google maps. Extended opening, try and find the list that ABUHB publish not always in an obvious place online"
"Google "
"Community Facebook page "
"Listing info on Google Maps"
"Social media "
"I would go online but then find that there is are different hours each week (fortnightly hours) and then realise it doesn't tell you anywhere what week it currently is."
"Local knowledge "
"Hit and miss. We have 3 pharmacies close by and none of them are reliable."
"Opening times from Google Maps"
"I know as used same one decades"
"There is often conflicting information on the Internet about opening times."
"Normally have to check Facebook for times"
"Google maps info "
"Social media"
"Look on google maps "
"I’d ask on the community web page."
"Their Facebook page"
"Social media"

"Internet/Pharmacy"
"Facebook"
"Ask on social media "
"Social media "
"It's boots it's the same times as the shop"
"Partner also works for NHS so has informed me"
"Town Facebook page"
"Try to look online or social media as phoning our local pharmacies they tend not to answer phones"
"Aligned with Surgery"

15. Do you feel able to talk about something private/sensitive with a pharmacist?	
Yes	584
No	137
Maybe	235
Never needed to	146

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.

16. 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.	
NHS Flu Vaccination Service (for those who are in one of the at-risk groups)	899
NHS Common Ailments Service	897
NHS Help Me Quit-Stop Smoking Service	481
NHS Emergency medicines supply	479
NHS Contraception Service	413
NHS Pharmacy Independent Prescribing (IP) Service	409
NHS Discharge Medicines Review Service	226

Is there anything else you would like to tell us about local pharmacy services

17. Is there anything else you would like to tell us about local pharmacy services?
"Couldn't be better"
"Always polite and respectful and I feel they offer an amazing service. When the phone lines are busy and I eventually get through to order meds, they are always polite and caring. [name removed]. Can't speak highly enough. "
"Would like to get email/text when prescription has been received, then ready for collection or a delivery day."
"Employ someone to answer the phone, more staff needed"
"Excellent"
"The pharmacy that prepares My dosset for delivery, which has cost me £2 per delivery each month, has been taken over by a new firm who are going to now charge £25 per dosset per month from November! Those couples where BOTH need dosset boxes are expected to pay £50 a month, and even though they are retired and on a low income are not exempt from this charge!"
"Excellent service from GP surgery script team to Pharmacy team. I feel privileged to have this access and service."
"Our Pharmacy is excellent "
"There is a long wait, up to 5 days for our chemist to fill a script. If its a new medication"
"Excellent service"
"I complete my repeat prescriptions order through the NHS site and wait for 4 days to collect from the chemist. There was a recent mini-crisis when my GP decided not to authorise the order because I had missed a meds review. Some urgent messages went between GP/ chemist to get my meds approved."
"I recently made an appointment for my elderly parents to have NHS flu jab and myself a private one. It was written into the dairy at [name removed] about 3 weeks in advance. On a weekday morning I took time off work and took my immobile parents to the pharmacy. The pharmacist was incredibly rude refused to do my parents at all and told me I had to wait an hour. We all left without it. I'm public facing and still haven't had time to book another. Really bad experience still cannot believe how rude the pharmacist was. I would never go there with an embarrassing problem. "
"They charge common ailment scheme"
"Yes, they are now charging for blister packs which is extortionate. While I appreciate it's time consuming, it's more time consuming when you have a disability or dementia to do it. You've robbed a valuable service from our community"

"My local pharmacy has a 'vending machine' that dispenses prescriptions therefore available 24/7 to collect."
"My pharmacist occasionally substitutes 'equivalent' products for those prescribed. I order online and have someone else collect the order (mobility issues) - it would be useful to have some way to provide feedback about the quality of the substitution..."
"None of my local pharmacies are user friendly, you have to queue for everything. They sport to be totally inefficient in their methods. I have to use a pharmacy three villages away. They are efficient, helpful and you tend to get served immediately."
"Excellent service at [name removed]"
"I have paid for treatment following chat with pharmacist when I later found out I could have gotten the treatment as part of the minor ailments scheme. The pharmacist did not advise me on this and charged me for the treatment after consultation."
"[name removed], offers deliveries, which makes my life much easier."
"My pharmacy is attached to my GP practice at [name removed]. Since the new centre opened, the pharmacy has been a joke. Because the pharmacist is busy seeing patients, there is always a build-up of prescriptions waiting to be checked by him, leading to long queues and unacceptable waits. This is not a one-off occasion, it is happening all the time, and in fact seems to be getting worse. There obviously needs to be another pharmacist available as well as the one seeing patients."
"The use of the robot for out of hours dispensing is amazing! friends and colleagues who don't have this service are green with envy!"
"Often people confused about where their prescription is coming from. I don't think anyone ever gets told what being on repeat means, or what they have to do with it"
"There is a shocking lack of available pharmacies on a Sunday and especially out of hours. Not even a rota that is easily available with at least one pharmacy open at a time. It would save 111 so much time to just have a pharmacy with a prescribing pharmacist available. "
"Don't close at lunchtime When there are some who would like to pick up, in their lunchtime "
"Rather things be done by a proper doctor"
"Queues and waiting time since COVID are ridiculous "
"I used to use [name removed], then it changed hands to [name removed], then it closed entirely - not happy"
"Yes. I used to put a repeat prescription in the GP surgery box and hey presto, the medicines were ready for pick up at the pharmacy after a few days. No further intervention from me. Now I don't get repeat prescriptions in my medicine bag. They go straight from GP to pharmacy BUT - I have to telephone the pharmacy to order them, phone so busy because everyone has to do this. Repeatedly phoning and pharmacy staff tied up with answering order calls. This

is not an improvement for the patient. Why can't I order via the NHS Wales app, or better still, the order is done automatically every month and I get a notification on my phone via the NHS Wales app that my medicines are ready for collection. This is not progress. It is stressful."
"The main issue is opening times. last time I needed an emergency script at night (after an OOH GP visit) it involved driving to BRISTOL. Even with routine meds it is difficult sometimes to get to my pharmacy before it closes (it is only open weekdays not weekends)"
"[name removed] never got nothing in stock. Staff are rude as well. Something need to be considered. Thanks "
"I have a monthly script and its never ready on time, I'm always chasing on my last days of medication and most months have to have an emergency supply dispensed as I'm told that my prescription hasn't arrived on time. The chemist holds onto my repeat and they order each month. I've checked with the surgery and the repeat is printed well within the time so I've now asked to have a 2 monthly script as I have to visit my chemist at least 3 times each month to collect all the medication from one monthly script. "
"My GP surgery and chemist don’t always get my prescriptions ready on time it can take weeks, I’ve gone without my epilepsy meds. I can’t drive to go anywhere else"
"Sporadic provision of IP and common ailments service make them virtually pointless as you can’t rely on them being available even if the pharmacy is open. "
"Disappointed that it takes several hours to collect prescription in [name removed] (as you’re asked to call back hrs later or you have to call back the next day!). Plus there is no pharmacist between 2-3 daily"
"Please stay open at weekends "
"I work and not able to visit the pharmacy during office hours. Opening Saturdays is a huge plus as I can collect my batch medication during this time."
"The opening hours are completely and utterly useless to anyone with a full-time job. The chaos is overwhelming with 30-minute queues and the staff mislaying prescriptions and medications on quite a regular basis "
"Contractually underfunded "
"We live approx. equal distance between two pharmacies. I tried one and have never had a problem with it so have had no need to try the other. They do seem to be becoming increasingly busy and waiting times are increasing but I believe the same applies at the other so haven't felt the need to change"
"They are meant to text when prescription is ready - never do. When call in, usually there but never been put up. End up having to wait. They see the same person twice rather than the once if it was ready. It's ridiculous, no wonder they are so busy. Appreciate that they dispense a lot of meds but there must be an easier method where repeat prescriptions can be ready in a timely manner."

"They are brilliant 😁 "
"[name removed] is the best "
"I normally use the chemist on a Saturday as I work in the week. I understand that both of my local chemist plan to close on a Saturday. This may result in me going to Newport to collect my prescriptions in future."
"One in particular is VERY busy the shop is always full and you can be in the queue 20 mins then they say can you come back in an hour which I can't... Nothing wrong with the service or people It is simply very oversubscribed."
"Having to remember to submit a repeat prescription request 7 days before you need it is difficult. Further we received no correspondence to let us know that this had changed from the normally 48 hours' notice period"
"I like being acknowledged as a known customer"
"They do not open on weekends so I often have to ask someone to collect my prescription for me as I work full time and they close before I get back from work "
"The pharmacy across the road from [name removed] has closed, this is ridiculous considering the amount of new accommodation just built for the over 50s, again across the road. Up until its closure it was near impossible to get what you needed as they lacked the stock (or the ability to buy the stock). This needs to be addressed and not just ignored and expecting the local community to travel into [town] (do you know how much a return bus ticket is?).
"Reliable and always friendly "
"[name removed] is dreadful, never any staff and can't fill an emergency prescription for at least a week. Worst pharmacy I've ever known. "
"Never have my prescription in stock. Still got 121 tablets outstanding over a month after the prescription was issued "
"It is an advantage to be lucky enough to have a dispensing pharmacy at my GP practice. The only downside is if the prescribed medicine is not in stock then a journey to town needs to be made."
"Very helpful"
"Pharmacists shouldn't be doing GPs job"
"I wish they were better stocked as the medication is never there. Shelves are empty too. "
"I'd like to be able to have prescribed medication delivered by Royal Mail or similar as you can in England I believe. I'd like to be able to specify the pharmacy when I order via the NHS app."
"Want to order earlier to do 2x weekly pill boxes in advance for elderly family. Can't as can't order until 3 days left. Pharmacy won't do boxes. Struggle to get back from work in Bristol traffic to pick up day before run out"
"A lot of pharmacists can't prescribe. Went to mine with an ear infection and they told me to book a GP appointment. Seems ridiculous when all I needed was antibiotic ear drops"

"The pharmacy I use is hopeless. I put the prescription into the GP a full week before it is due but the prescription is never ready when due. This month on the due day it was not completed they allegedly put it to priority and they said they would text me when it was ready. I had run out of my medication and it still wasn't ready and I had to hold my ground and ask them to fill it there and then which initially they were reluctant to do. It was only when I said I would go back to GP for emergency medication they agreed to fill it but I waited another forty minutes as the pharmacist was seeing patients via the common ailment scheme so could not sign off prescriptions.
"Absolute shambles"
"Not really"
"Always use [name removed] no other pharmacy can offer great service "
"They go above and beyond for anyone "
"Normally have shortages, even though prescription is with them a year in advance "
"There's always really long ques. I changed pharmacy as there was always medicine missing that they wouldn't tell me about, it's hard because I work full time and have to make time to collect my prescription. The pharmacy's shut to early and all my local ones shut at the same time for lunch. Then it's hard as you have to make time after waiting 20-30 minutes to go back to collect items that were out of stock. Parking spaces there aren't enough. Every time I ask about the common ailments, they say they can't and you have to buy stuff "
"I am satisfied with the pharmacy I visit. "
"I feel that my local pharmacy does an amazing job but the doctors do not give the pharmacy enough time to dispense the medication before they tell the patients to collect it. "
"There is usually something not in stock. I try to order 2 weeks to combat this but NHS restrictions say no so I end up visiting the pharmacy 3 times in a week to try to get meds, the NHS app send messages to say prescription ready get to pharmacy get told it is not ready it is the doctors fault. I work long hours as a support worker so it wastes a lot of my time."
"They are generally fab. Especially given how crazily busy they are in our town pharmacy. [name removed] were terrible as they just can't get the meds we need. (Not the same pharmacy as the grumpy one"
"[name removed] have very knowledgeable staff and are friendly & helpful"
"The pharmacists at [name removed] and the team of staff always offer excellent service and are at hand to offer and provide the full range of services provided."
"Staff are always nice. Bit of a pain if you're going to multiple pharmacies and there's a confusion or lack of knowledge about what it is you've been prescribed and you're unable to get your antibiotics for days after being prescribed them "
"There should be two pharmacies in [town]. One is insufficient."

"I prefer to get my medicine/s while in hospital, the stress and thought of having to use [name removed] is enough to put me back in hospital, the wait times, the que times, the uncleanliness, understaffed, staff run off their feet, you may want to check their back room, as I believe I saw peeling paint, and black mould on their walls around their hand basin/washing facilities when the door was briefly opened"
"Our local on [name removed] has been closed for months saying no pharmacist "
"My local pharmacy is [name removed]. The staff are very friendly but the service is extremely slow! I went yesterday to an empty pharmacy only to wait 35 mins for my meds. This is a common occurrence. There are a lot of staff there but waiting times are terrible! There are at least 8 staff members there. This needs to change. "
"Ridiculous that both pharmacies in [town] are closed on Saturdays. Why can't they have a late night and Saturday rota? I'm sure this used to be the case."
"There should be at least one pharmacy in a town open in a Saturday. There should be a rota and they take turns. "
"I do not use the nearest pharmacy in [town] as they often do not have my medication in stock. It is very poorly managed with very limited non-prescription medication "
"Queues are too long. Lack of funding. "
"We had three in the area – [name removed] - poor service, supplies minimal - closed [name removed] - poor service - waits always 30+ minutes [name removed] - started to use - ok so far "
"Gaer pharmacy doesn't open at weekends."
"Services need to be consistent within all pharmacies. Opening need to accommodate those who work "
"Great service. Text me when prescription is ready to collect."
"My local pharmacy is great for just picking up a prescription but they don’t offer any other services. Thankfully I know other pharmacies in Cardiff and vale that do. Please make sure there are these exceptions pharmacies in Aneurin Bevan "
"Excellent friendly service"
"My local pharmacy [name removed] is so busy the staff are run off their feet. I feel sorry for them. I witnessed somebody being very rude to the staff there recently. I think they need more staff for the amount of people that go there. They don’t seem to be able to keep up with the demand "
"Lots of stuff seems to be out of stock and ordered in, so have to make return journey "
"Sometimes medicines unavailable, as script batched 12 months unable to take to another pharmacy if part has been prepared, only option to trouble the surgery to get a script for items not received."

"Always a long wait, especially if you're bringing in a prescription rather than just picking up medication that has already been dispensed. Always signs up saying they are short staffed. "
"It's perfect. Lovely, helpful people"
"My pharmacist and his staff go above and beyond with their service. I do feel they are stressed with the work load. But still do a good job"
"Currently chaotic. The pharmacy now requires 7 working days' notice for repeat prescriptions. We were not notified about this change in advance and when my carer took me for blood tests and to collect my medication there were large queues of very unhappy people. I then submitted my next request 10 days prior to running out as I am on a lot of medication. I was told I would get a text when it was ready. The surgery will not send the prescription the few feet to the pharmacy until 48 hours before it is due. As a consequence, both myself and my husband were without medication over the weekend. My husband is on heart medication and I am on morphine, immunosuppressants, blood pressure medication, Thyroxine, aspirin to name but a few."
"Even though you have to apply for your prescription approx. 7 days before it's due to be renewed it is never there and has to be made up and have to wait 1/2 an hour and most of the time the medication in not in stock and have to wait another few days and make another trip the pharmacy [name removed]"
"I was dispensed a larger bottle of gabapentin than my prescription allowed. My daughter booked online for a private flu vaccination and when she got there was told the woman doing them was sick. There is always a long queue or wait time for medication. If you want pharmacies to complement GP services they need to be up to scratch and professionalism greatly improved."
"[name removed] are outstanding service "
"[name removed] are great- really helpful. "
"My prescription is nearly always not ready and I have to wait or go away and return at a later time annoying "
"It is difficult to gain IP services when required - I had an ear infection over new year and rang numerous pharmacies to obtain treatment, all of which were open but none had an IP present to arrange prescription. During key times such as this, very little benefit to them being open when no IP or related services are available."
"Yes, there seems to be a great deal of problems getting certain brands of medication. They blame the supplier but I think it's far more to do with cost."
"Closer pharmacies will not order particular brands of medication that I am not allergic too. So, I have to go 20 mins away from my doctors to a pharmacy that will order it. "
"[name removed] is in need of more pharmacists, you wait over an hour for the prescription and most times I have medication missing which means I have to go through the process again."
"[name removed] recently changed hands. Phoned to check if prescription ready but had to hold on then got cut off. Tried this four times so gave up, visited Pharmacy and then had to wait for meds to be made up."

"We need an electronic prescription service. "
"As I work full time, I need to be able to access a pharmacy on a Saturday or evenings"
"The main issue that I have is that my prescription can often take more than a week to be dispensed. I have been told that they nearly always have to order my medication in but this has, in the past, left me without my meds. I have only recently been advised that I can have some dispensed as an emergency. "
"Sometimes it's an issue when prescriptions are sent to other pharmacies to be filled then returned to your pharmacy. Sometimes this causes a delay"
"As a member of staff within the NHS the opening times are hard due to shift work so I cannot always collect my prescriptions "
"I've seen dispensing machines for prescriptions in North Wales. That has potential for less queues and more access."
"I believe that prescriptions should be every two months instead of monthly. In a previous practice this was the case and it worked brilliantly. Surely this would help the pharmacy too. Appreciate they may need more stock initially but overall, it would even out. I understand that you get the same amount of medication but putting up double batches would surely increase productivity in the pharmacy."
"Please don't close on Saturdays I work long hours during the week and it's the only time I can get my meds. I have nobody to go for me"
"Earlier opening"
"Yes - it is disgraceful that pharmacies now are charging for dosette boxes. Charging the elderly and most vulnerable an extortionate amount for this is a disgrace and a removal of their independence if they cannot afford it. The new owner of the pharmacy in [town] and [town] has failed businesses on companies' house - and it now appears pensioners will be bearing the brunt of his commercial attempts to pay off his previous business debts. Where is the due diligence here? Shame on NHS ABUHB pharmacy services for allowing this and condoning this treatment of people who need support to live and medicate independently- not charging for illnesses that are part of getting older. "
"[town], [town] & [town] pharmacies just sold and ALL are closing on a Saturday. THIS IS A DISGRACE, especially for those that work Mon - Fri"
"I am grateful for the service at [name removed] pharmacy. They do a good job. "
"I am very concerned that our local pharmacy is charging £25 per month for dossette boxes. A huge financial burden on some people. "
"I think there always should be an OOH pharmacy available that remains open until late hours. This is something that is commonly practiced in other countries. Here in UK the only option is to go to the supermarket or in fact a hospital. People don't only feel unwell from 9am-5pm and Saturday morning… I feel the service should be more adequate. I am aware that some pharmacies are open longer hours but this information isn't widely available or advertised."

"Please keep Saturday opening as when you work weekdays it's often the only time I can collect "
"I like how my GP gives an 8 week repeat prescription - not monthly. Fewer visits to pharmacy!"
"At times the queues are very long and slow and they close for lunch which can be very annoying!"
"Would be helpful to be able to access common ailments service in out of hours. Unable recently to get antibiotics for a UTI on a weekend. Rang 111 twice was referred to OOH GP but nobody rang me"
"My usual local pharmacy is brilliant. On the rare occasion they haven't got something, they will order it for me. I prefer a local, pharmacy as they care about their customers."
"More should open at the weekend - the only one local that does is [name removed] and their service is vile. "
"Our pharmacy is terrible, never answer the phone, not helpful, and just recently they never have our medication and we have to travel to Newport 20 miles away. "
"The new pharmacies in [town] are no longer fit for purpose. They are unable to provide prescribed medications and tell customers to go elsewhere. Housebound registered disabled customers are being charged for services such as Dossette boxes"
"The time is takes for repeat prescriptions is ridiculous - so much so that a prescription that is needed 4 weekly, isn't back in time."
"I think many pharmacies dispense unnecessary medications for patients - I work with patients who frequently complain they have surplus stock because the pharmacies dispensed it and won't take it back. I have concerns over this in regard to the expense involved and stress caused to the patients. I am also aware that patients go to pharmacy for health advice and are required to pay for medications when the IP service is available but not offered. I appreciate patients get confused, but NOT all of them "
"I appreciate what they do for me and the community and they probably don't get told that enough. "
"They are not open late enough and I have to travel to [town] from [town] if out of office hours. There isn't anything close to the Grange hospital for patients to collect prescriptions out of hours. I can't get my medication on 111 website like I can in England if an emergency. Not enough prescribers "
"Opening times should be extended to weekends for people who work "
"I have had experience of waiting over an hour for a medicine - with nowhere to sit. I have also had experience of losing prescriptions, wrong medicines and not having medication in stock and it taken over a fortnight to be ready. The difference in pharmacies is very disappointing. The pharmacy that I now relay on is organised, friendly, sends out text messages when scripts are ready - this pharmacy is near to where I work and not in my home locality."

"Whenever I pick something up the service isn't always smooth, and there are a lot of people holding up the queue with issues or complaints. I wish they would have queues for people who are on their lunch break and have a prescription to collect or purchase some paracetamol, for example. Anyone who has all day to faff about can go in another queue! "
"The staff are amazing there was a time when I was on fort sips and was very weak physically and was unable to carry my prescription. the pharmacist helped me carry my prescription to the car and has been so supportive and kind"
"Shutting the chemists on a Saturday removes the ability to pick up medications that they keep low stocks of which are needed urgently. Currently they are always missing items from prescription orders due to no stock holding. This means multiple visits to just to fulfil one batch prescription. We live over 2 miles from the chemist which means multiple bus journeys. If we visit on a Friday and they are out of stock, if they are not open on a Saturday, we could be waiting 3 days or more to fulfil shortages."
"I have had issues where prescriptions have not been able to be filled due to low stock"
"Pharmacy do their best dealing with customers expecting instant turn around when the customer should have better time management. Pharmacy should keep a weekend opening even if that is at the expense of a weekday one day closure."
"It would help if more staff were registered professionals and their pay reflected this. It would help ensure their knowledge was up to date."
"Patients in this area sometimes called to see out of hours doctor at Nevill Hall but then can't get prescription dispensed as no pharmacy around which they can get too (out of hours, overnight and at weekends) could hospital fulfil this need by establishing a community element!"
"The smaller pharmacies need better opening times, to accommodate now having a hospital in the town and to take the pressure off [name removed] in the town, which is the only pharmacy that's open 7 full days a week in Torfaen "
"The local pharmacies in [town], have recently changed ownership / management. There are times when they cannot get the medication that has been prescribed causing you to seek another GP appointment for a new prescription, this is causing significant delays to getting the help required. "
"The staff at the pharmacy are very helpful."
"Both pharmacy close on Saturday afternoon. There has been talk of them closing all day on Saturday. Not acceptable especially for folk who have no transport to travel to another pharmacy"
"My pharmacy is [name removed] and they are always so helpful and I can get an appt when needed."
"I'm happy with [name removed] they work so hard and try to fix any issues that arise, it is very difficult to get owing medications sometimes however staff try to source it elsewhere, I've been told medication can't be ordered because

it's out of stock and also hit quota which is highly frustrating because it means I have to attend several times but again not the staff's fault "
"Keep pharmacy open during lunch time and make sure a person is serving at all times"
"It is extremely difficult to get to a pharmacy that is open outside of my normal working hours. I have to plan my ordering from the GP to try and align with a day where I might be able to collect my script and take it to the nearest pharmacy. I have had to go without medication several times due to it not being in stock or not being able to drop it off in time"
"I needed sore throat test & treat over a bank holiday weekend, but it was hard to find who offered that service. The NHS website list of pharmacies isn't clear. The ones open those extended hours didn't offer that service. Making multiple phone calls when I could hardly talk already, was hard."
"My pharmacy now requires an appointment to discuss an issue with the pharmacist, which seems to contradict the NHS Wales advice to try the pharmacy first "
"I am fortunate that I have 3 local pharmacies within easy reach of my home"
"I would like [name removed] to broaden their opening times to meet the schedules of workers. One late night opening in the working week or a Saturday morning would be enough. "
"The number one problem with local pharmacies is complete lack of availability of pharmacy filled dossette boxes, which are so important for people experiencing memory issues who are often on many meds. Social care cannot put in carers for medication only so there is a real gap in the service. Existing patients are okay but any new requests they just don't have capacity for."
"It is an often occurrence that the prescription is not available or hasn't been made up and I have to return sometimes more than once."
"Every single pharmacy in my area shuts at the same time for lunch making it impossible for me to collect medicines during my lunch breaks (which coincide with the 1-2pm lunch), and I finish after the pharmacy closes. I am often left with no meds for days until I can go on the weekends in the short time it's open. Perhaps consider staggering opening times throughout the pharmacy's to cater for more people. This would stop me having to use 111 to gain emergency prescriptions "
"The wait to get medicines, from requesting them at the Doctors, is taking longer. My last prescription took about 10 working days to be ready at the pharmacy. My prescription is requested online, via the NHS app and sent to the pharmacy."
"Yes. Please get [name removed] to stop closing for 1 hour lunch. It is a fabulous store and great staff. Surely in this day and age lunch can be staggered? "
"Search the internet "
"I have recently switched from paper requests and prescriptions to requests via the NHS Wales app and direct collections from the pharmacy. This has been a life-changing improvement for me, with far fewer journeys and delays and

much less confusion than before. The pharmacy has also taken my phone number so that they can notify me when my medication is ready to collect - a wonderful service that enables me to live my life in a more organised and predictable way."
"Not enough staff and always long queues. Pharmacists are expected to do too much, some of what they do should go back to GP."
"Stopped opening on a Saturday which is very inconvenient. Not always able to get to the pharmacy during the week due to work commitments. Very slow service. Needing to submit prescription request over a week in advance. Service in the pharmacy is very slow. Always a long queue at the counter and generally only one person serving"
"Too slow.....can't collect prescription until next day usually...if you're ill and wait to see GP don't need further delay to start treatment.....should be able to get immediately but pharmacy so busy doing prescriptions that they make you wait ages or come back 24 hours Also take 3/4 days to sort regular repeat prescription from GP. Much too long"
"Local services opening times are a bit restrictive. Sunday opening hours would be appreciated for those of us who work full-time."
"When I have spoken to the pharmacist, I felt that they were too busy to talk to me and that giving advice on a personal basis was an inconvenience "
"Not one pharmacy close to me and there are 3 of them open on a weekend, absolutely disgraceful "
"Always hard working and trustworthy"
"My local pharmacy is [name removed]. I wouldn't go anywhere else. The staff are so warm and friendly and work so hard. If they don't have what I need they will ask around other local pharmacies to try and source what I need. What service! "
"Our local pharmacy are brilliant....there's only one drawback you sometimes have to go back as the tablets you need are out of stock . There deliveries are not reliable. "
"I don't think they can cope with the demands even with 3 locally. People that work Monday to Friday must find it hard ."
"Local pharmacy has limited parking. Do not prescribe medication "
"All pharmacies should be open late one evening a week and on Saturdays, for the benefit of people who work full time."
"Having a local pharmacy opening once a fortnight on a Saturday would be very beneficial."
"Have now stopped opening on a Saturday morning, as the only pharmacy in [town] this is a poor decision on behalf of the pharmacy. Not everyone is able to get to a pharmacy during weekdays. Does not meet needs of the local community by closing on a Saturday morning. Very slow service when in the pharmacy. Lots of staff around but only ever one person serving and queue out the door at times.

Very slow turnaround of prescription requests. Generally, takes over a week from submission of prescription request until medication is ready to collect"
"Saturday opening hours are not sufficient, my pharmacy closes at 1pm and due to medical issues, I'm not always able to get there before they close and have to wait for medication till the Monday. Waiting times from ordering prescription to it being ready to collect can be a week or more "
"You invariably have to queue for 20-30 minutes. Lots of staff but only one person serving & queues to the door & sometimes beyond."
"My husband & I have the same repeat medications every month. Invariably it takes 2 or 3 visits to the pharmacy to collect the items, every time having to queue and wait for items outstanding! It is really annoying, not the best place to have to wait in a crowded shop when you are immuno compromised!"
"The system is slow and always has been. Repeat prescriptions are never ready even when put in a week in advance. Always waiting around 20-30mins to pick up a prescription. Don't get given the Repeat paperwork so have to ask at the desk each month."
"I find common ailments service only works if pharmacist has time often it is a male pharmacist and do not fully understand any sensitive female issues, he can occasionally be rude and abrupt with you. Prefer the female workers in the local pharmacy who are kind and caring and always polite. Opening hours could be more user friendly ie Saturday Opening for people who work weekdays "
"I can only collect on a Saturday due to working in Bristol "
"Please don't shut [name removed] on Saturdays, how are employed people who work Mon - Fri supposed to get there medicines? "
"Very much against proposal to close on Saturday mornings. This will affect working people and people who depend on family and friends, who may be in work, to collect prescriptions for them. Will cause problems for people without transport. "
"Always a long wait, queue is usually to the door."
"Would be great if our pharmacy could message when medications were ready for collection"
"Due to working 9am-5pm and not getting home till nearly 6pm, it is much better for working people if the pharmacy is open later in the evening. This wouldn't have to be everyday of the week but maybe a few days to allow us time to get there. "
"The system is terrible and not fit for purpose. Unable to order kids repeats online is ridiculous. The time for prescriptions to be ready for collections is far too long and always outside the advertised timescales. "
"Staff in local pharmacy are incredibly rude and are always so far behind that you can wait over a week for your prescription. Problematic when you can only your meds from GP 7 days before you run out"
"Opening times are not convenient as the local pharmacy is always closed on weekends and bank holidays "
"Little or no service at night or through weekends"

"The prescriptions are on automatic refill but I either get too many of one item & not the one I want. I have now taken control of ordering my medication so I have it when I need it. "
"With certain pharmacy branches it appears the opening times are not suitable for individuals working a usual 9 -5 Monday to Friday working week needing to collect regular medication whilst remaining in work "
"[name removed] on [town] deserve a medal. Hands down the most efficient and friendly pharmacy around. "
"Sometimes have a very long wait to pick up my prescription in the pharmacy I use. Happy that they sent me message when my prescription is ready for collection"
"[town] has no Bank Holiday Pharmacy provision. It is too far for many people to travel to [town] or [town]."
"I have had several issues between the GP surgery and pharmacist not communicating properly. They blame each other for the problems and make it my problem to go between them both to sort it out which is very frustrating. They both say that neither will answer the phone. "
"They’re desperately under staffed, I appreciate that staff are stressed, but their attitude could be better, people usually go there when unwell, they don’t need stroppy staff, a smile goes a long way."
"Difficult to find pharmacy after working hours, very frustrating as people work full time."
"Our area pharmacies are under huge pressure"
"Pharmacies should have longer opening hours and open more at weekends "
"All of the local pharmacies around [town], [town] and [town] are now owned by the same company. If one pharmacy is unable to get a certain medication in then all of them are unable to get it in. I now have to travel from [town] to [town] to source one of my husbands heart medications because of the above."
"Pharmacies across [town] have to improve their stock of routine medications. I am a palliative nurse and my patients are frequently going without essential medications - oral, liquid and injectable due to stock issues. They are very good at blaming delays on GP surgery, where people are losing trust. Almost every time when I track a prescription for a patient, the prescription has been with the pharmacy for days. Pharmacies who are the palliative list for stock never have the stock in. When someone is dying and we are trying to get medications as an emergency, we ALWAYS have to go to multiple pharmacies. It shouldn't be this way, it’s an additional stress. Especially when these are common medications as more people are dying in the community. As a community nurse, one of the hardest parts about my job is my patients being able to get their medications. "
"The service is poor, mistakes are normal, supplies are difficult, staff are rude. This service would not be acceptable in any private field."

"[name removed] is a shambles with long waiting times, no staff at the counter, don't put medication up until you go to collect despite them having the prescription weeks before, continual change of staff, having to make many visits as they say they haven't everything and many times it is there but they fail to find it as it is so disorganised in the pharmacy part with boxes on the floor everywhere. Needs a good management system to oversee their working practices to make it good once again."
"There are not enough pharmacies open on a Saturday. Working 9-5 with a long commute can make it difficult to collect prescriptions on a weekday. Pharmacies are not well stocked. I struggled recently to get common eye drops for my daughter, I had to visit 3 before I could finally get her prescription dispensed. It is becoming the norm to have to visit at least 2 pharmacies. During my pregnancy it was very difficult to get my hospital blood pressure medication prescriptions dispensed. On the first occasion I rang over 10 pharmacies before finding one that stocked what I needed, it was incredibly stressful. It was a surprise to find out that not every pharmacy has the same list of medicines available so they could order in what was not in stock in a particular day. Some had no access to what I needed. There seems to be a complete lack of cohesion between what hospitals are prescribing and able to dispense themselves and what pharmacies are actually stocking or can order in. The hospital doctors couldn't understand the difficulties I had and said the medication was common and widely available therefore I shouldn't have any issues; the pharmacists and my experience suggested otherwise. There was no way of finding out where I could go to get the medicines either. A system like department stores use where you could check which pharmacy stocks what you need without having to call and waste time would be helpful."
"Lack of opening at weekend. Every pharmacy is run off its feet. Some days you will have to wait a while to be seen. Only retail business that actually closes for lunch. This is a time when people could leave their own work to pop in."
"Really appreciate the professional and approachable service provided by the majority of staff at [name removed]"
"My local pharmacy is about to stop opening on Saturdays. The one (of two) in the next town is also about to do the same. How are people who work full time meant to pick up their medication. My son has a significant repeat prescription list and often items require ordering and can take up to a week to arrive. I regularly have to pop back and fore to collect items as they come in. If this pharmacy were to close I would have to travel 7-8 miles to the next nearest with potentially the same issue. How would the frail and elderly manage when we don't have a regular bus service either. Also, what about emergency medication on a weekend? We had an occasion where my husband required antibiotics. The prescription was faxed to a pharmacy that had shut for the day at lunchtime. This resulted in several phone calls to 111 to sort and resulted driving 10 miles to get them medication and a few hours to sort all the while his infection was tracking up his leg!"
"Getting worse. Taking longer to sort prescription "
"Would like them to be open on Saturdays. Like they used to be. "

"With a growing trend of house building, my pharmacy is overcrowded and we often have a difficult time getting our months meds. The staff are brilliant but cannot cope with the fast-growing local population, Usual problem, increased population, no change in services."
"They go above and beyond to help"
"Each time I have visited my local pharmacy for a Common Ailment service I've been told to make an appointment with my GP!"
"Would like them to open on Saturdays. Always used to. Makes it even busier in the week. Difficult to stand in a long queue. Sometimes have to go home and go another time"
"They provide a great service "
"Not enough staff"
"[name removed] are brilliant, they know me and my family. Always friendly and supportive. I don't go anywhere else. "
"I love my local pharmacy but they are clearly understaffed. I work 8am to 6pm m-f so I find it very difficult to get my medication. I have to arrange time out if work to go to collect"
"It's great that [name removed] had the machine for you to collect your prescription out of hours that would be ideal to add to all pharmacies in the area. "
"My local pharmacy attached to the health centre often has long waits for dispensing medication. Something I did not experience at my previous surgery."
"When trying to use common ailments scheme at [name removed], we were told we needed to make an appointment for the next day. Not helpful when you need medication straight away."
"Constantly out of stock. Long queues. Miserable and rude staff"
"Continuity is a must for me as I don't cope with change well so my pharmacy now my needs and the staff are fantastic "
"I have really struggled to find a pharmacy that will dos dosset box for my parents, I have struggled with them being out of stock of items far more often than a few years ago. "
"Lovely staff always willing to help"
"Need a better way of requesting repeat prescriptions that are held in the chemist apart from joining the long queue"
"I have lived many places so can compare and confess myself appalled at the quality of our 2 local pharmacies: the inability to have repeat prescriptions automatically filled or to receive notifications when prescriptions are ready, the fact they are often unable to fully fill prescriptions even after a day or two after having being put in, and you never know if the service will be considerate and kind or indifferent and bordering on incompetent. We don't drive, so it is particularly infuriating to walk all the way there during a work lunch break only to find a prescription not ready or partially filled. "

"Our local pharmacy is brilliant and usually provides a first-class service. Sometimes they don't have a particular medication in stock, or insufficient quantity but I don't think this is their fault. "
"My pharmacy is excellent but I was disappointed to hear that since being taken over they are considering closing on Saturdays. Sometimes my GP doesn't dispense prescription orders to be collected until Saturday so this would be very inconvenient. Also, my husband works all week and cannot collect for me if I am unable until the weekend. Rural pharmacy services are extremely important and need to be valued at all costs. "
"The pharmacies in [town] do not answer the phone so a special journey is required to order and then another to collect the prescription. I don't have a car at my disposal every day and public transport is sparse"
"Our local pharmacy is due to close on a Saturday. It is always incredibly busy and I don't understand how workers are supposed to collect their prescriptions now. We have hundreds of new homes being built in the area but the nearest GP surgery is closed in the afternoons, it's incredibly difficult to actually see a GP in the surgery in [town] and our local pharmacy won't be open on Saturdays so how can working people expect to ask for advice or help or even collect prescriptions? "
"[name removed] are great - best pharmacy around. Also, might be a good idea to sort out the branching on this form so respondents don't see a large number of inapplicable questions"
"I am desperate for the electronic prescriptions service to be implemented throughout ABUHB. Speed up the roll out. When will it be finished? The benefits in efficiency and communication will be game changing. (Do you know how bad GP to pharmacy Comms are?)"
"They do not open on weekends and close for an hour at lunchtime which can cause difficulties due to work. The hospital changed arthritic drugs due to cost the pharmacy have trouble getting them which can be difficult when i have to inject every 2 weeks"
"We are very lucky within NP7 to have a range of pharmacies to access. For those who work full-time options of weekend opening are more limited and limit choice of which pharmacy to utilise. Needs to be more investment and advertising to support the additional roles that community pharmacy takes on, especially the IP services. Recently I was able to utilise this service for Sinusitis instead of requiring a GP appointment."
"After 630pm we have to drive to [town], [town] or further afield to get medication, support or advice which is ok for those that can drive! Both pharmacies are closed here on a Sunday which is absolutely ridiculous. Also I am prescribed a medication by an ABUHB specialist and often find that my medication is ordered from the wholesalers under my prescription yet another person can walk into the pharmacy ahead of me and be dispensed my medication just by the chance that they have gone to chemist before me, this is unacceptable! If it is ordered against my prescription it should be labelled and allocated to me only, not given to the person who collects just ahead of me! Not acceptable! The two chemists monopolise the chemist cover but they are rarely open out of hours or properly at weekends and more importantly

they both close for lunch 1-2 pm every day, when others maybe on their lunch break!! We are very poorly addressed / covered as a large town! Please get this sorted!"
"The wait times for prescriptions to be made up (usually 20 mins +) seem excessive compared to a number of other pharmacies we have used that can dispense in less than 10 minutes. This is a regular occurrence even when there are no other patients waiting in the shop."
"Could use better opening hours (for people who work full time 9-5) also annoying to bring physical prescription from GP which combined with limited hours means sometimes I hold on to prescriptions for a long time before I get a chance to go (e.g. Asthma inhalers) "
"(See mini 'rant' above haha!) With regards to opening times, it's unclear which pharmacy is open on the weekends (is there a rota?) and I work 12hr days, so I can sometimes only pick up prescriptions after 7pm, or otherwise wait until either someone else can pick them up for me or until my day off in the week (Wed). "
"Our most local Pharmacy owned by [name removed] was totally hopeless from day one and has now closed (no surprise to me). 9 times out of ten they could not give me my HRT or simple Iron tablets and couldn't even promise how long delivery was either. Not a pharmacy i could trust to provide me with meds i need to take daily without inconvenience It is the most local pharmacy located right next to a [name removed] (previously owned by [name removed]). It is highly needed to re-open asap with a reliable company that can source meds effectively, as a 45 bedroom later living apartment will be opening in the next month or 2 right next to this surgery and pharmacy, so the demand on the surrounding existing pharmacies (already taking up the extra demand that [name removed] can no longer provide) will impact ability to get the meds in the timeframe needed I'm sure."
"They work tirelessly to provide excellent support"
"Closed on Saturday, would be useful to have 1 chemist in the area open on the weekend "
"Grateful for accessible pharmacies, we need more to stay open later to accommodate those working 9-5! Disappointed when all [name removed] pulled out on Sainsburys supermarket, they were extremely useful!"
"It is essential to have a pharmacy open on a Saturday "
"[name removed] staff are great when it's your turn but except for two of them you feel invisible while you are waiting the that. Off-putting."
"1. The opening hours on the website or opening hours displayed on the pharmacy door are not always correct. 2. If your GP appt runs late (after 6pm) and you are provided a prescription for ABX to fight an infection nearly all pharmacies in ABUHB are closed. We had to travel to a different locality to seek a pharmacy which took an hour in the car and were informed upon arrival there was only one other pharmacy open in ABUHB which was also an hour away. 3. Most local pharmacies display opening hours until 6.30pm, however, as

above example after travelling to at least 4 before this time they were all closed."
"Need more staff, more deliveries so we don't have "owing slips" nearly every time, and bigger stock holding"
"They’re slow and rude in [name removed]."
"Pharmacy services are excellent however some pharmacies do not offer all the services others do. I feel sorry for community pharmacy staff as they seem really busy and provide an excellent service however, I know their wages are rubbish compared to working in a supermarket. (I have seen old pharmacy staff in supermarkets and when I ask them this is their reason). The NHS would not survive without community pharmacies. "
"The service isn’t great. You often get ignored if they are chatting to each other. It sometimes seems like they don’t want to help. They lie about not receiving your prescription if it is sent from the GP. They close for a really long lunchtime; Staff breaks should be staggered so that it does not close for so long. There aren’t many businesses/shops that close at lunchtime as they can’t afford to, because they know you have no choice but to use them, they can close when they feel like it, and be as rude as they want to, it’s not run like a business would be. They don’t answer the phone either."
"The only issue I have is that there used to be a rota for weekends/eve that disappeared once the supermarkets started having pharmacies. A lot of the supermarkets no longer have pharmacies so if I did have a prescription from the out of hours doctor or the hospital, I am unsure I could get the medication until the next day, or possibly 2 days if it’s a weekend. If there is still an emergency pharmacy list it needs to be published on social media etc so people know as we used to "
"I’m concerned that this questionnaire implies you are planning to reduce an already struggling service. Please don’t. "
"Why does the pharmacy have to go to the GP to pick up paper copies of repeat prescriptions, surely, they could be sent over electronically, saving mileage, paper and pollution? It would also save money on employing people to get them!"
"Because of the increased use of the common ailments scheme, the waiting times for dispensing are becoming much bigger. The pharmacist is tied up advising people and this slows down authorising dispensing. Waiting times in general are quite big with there often being queues out of the door. You need to start having more than one pharmacist on site to alleviate these issues but also to resolve the 1hour closure at lunchtime which creates queues of people waiting for it to reopen. "
"I work full time so using my pharmacy on an evening weekday (if it was to open later) & having the option of a weekend is critical for me. "
"It’s always very busy and you often have to wait. This is because it has a great reputation locally and people would prefer to wait than go somewhere else. "

"There is not enough pharmacies that can prescribe a wide range of medications in the area. Not enough privacy. Staff can call out full name and ask address in public "
"Needs to stay open on Saturdays "
"Local pharmacy has recently been taken over by new owner. Since this, common named brand medications are not being stocked and I have had 2 occasions where I have been told this is because the medication is “out of stock” and told back to go to the pharmacy and ask for the generic rather than a particular brand or to ask them to change to a different medication. When asked if they can just order the medication and I can collect at a later date, this has been declined. It has since come to light that this is happening on multiple occasions. Pharmacy is also not stocking common over the counter medications and remedies now due to price"
"The pharmacy I use does not open on weekends which is an inconvenience but is the one that my GP sends medication to so feel no option but to visit. I try to catch them at end of work day to pick up my prescription as it is difficult to get there during work hours. It would be helpful of they opened late one evening or for a couple of hours on Saturday "
"Pharmacies should stay open over Lunchtime periods with a skeleton staff."
"The staff are amazing in [name removed] and the opening time work well as I work Mon to Friday 8-6"
"Local service with good opening times on Saturday so I can collect items as closed by time I get home on weekdays"
"[name removed] are superb, the staff are so friendly and always go above and beyond. "
"Not having your meds there and have to wait for them being ordered is not good "
"[name removed] provides a very good professional friendly service"
"Why are we not charging for prescriptions for most people so there is less waste and the money saved used to employ more doctors in Wales. Why are prescriptions given out for medicines which only cost a few pounds or less and can be purchased. Why is it so hard to get a GP appointment at [name removed] Noticed in England some pharmacies now have like a vending machine which you can collect your prescription from anytime of the night or day. The Pharmacy Team in [name removed] has vastly improved over the last 12 months - well done."
"My local pharmacy never has anything is stock, [name removed], it always multiple trips until they get what we need. Also not open on weekends."
"Too many residents now living in the area after building so many new houses that our local pharmacy can't cope. Waiting times are always long and extended. The pressure is shown through some of the staffs attitude, they can sometimes be not very pleasant or helpful. "
"Need manners"

"The staff in all local pharmacies are under huge pressure; lack of staff, stock problems, too many customers, too many delays etc. This leads to customer concerns, slow service, mistakes, repeat visits to the counter. The whole system is broken. GPs continue to prescribe medications that cannot be procured causing multiple visits by patients who are poorly having to go back and fore. It's ridiculous."
"Not enough are open on weekends or bank holidays! I've had to drive across Gwent before on a bank holiday in order to find a pharmacy that was open to get a prescription issued by out of hours GP. When you have a sick toddler, this is really not ideal!!"
"[town] pharmacies are not fit for purpose. Overburdened pharmacist is rude when you complain it has taken 4 trips to get all items on your prescription. Shop too big, need to invest in a bigger section for the pharmacist. As a result, disorganised and won't go back."
"Ridiculous that you can't phone to order prescription anymore I have to go in person to order and then again to collect crazy process"
"Our 2 local pharmacies, both in [town] have decided to close on a Saturday because the service is apparently not used. It is always queued on a Saturday and I have even been turned away because they have been so busy. My GP will send the prescription to either of those 2 pharmacies but not ones further away so it will mean having to try to get to the GP to collect the prescription after work which will be very tight because they shut at 6 and then taking it to a pharmacy that is open on a Saturday somewhere else. Pharmacies also have a wait time at the moment so likely I would have to leave it there and go back to collect another Saturday. "
"My local pharmacy supplies all my needs "
"No other way."
"Yes I do but I think you put too much on pharmacists since the pandemic."
"Not that it affects me much but weekend opening would help a lot of people. I think even sacrificing a Monday in favour of a Saturday "
"As carer who also works, I would be lost without Saturday opening. The staff know me, sometimes they are the only people I talk to about how hard it is to keep working and caring. "
"I know because I was a pharmacist before I retired"
"Shutting pharmacies on Saturdays is another example of the NHS in Wales going down the pan, once again providing a poorer service to patients which let's be honest is an ongoing trait in Wales."
"Always found them helpful and friendly"
"Not just my pharmacy, but also a lot of the others have stopped doing dossette boxes - this makes things more difficult for elderly relatives - although it doesn't apply specifically to my needs at the moment, it applies to family members. Would be great if pharmacies did these more readily."
"Always get good service."

"The local pharmacy at [name removed] is amazing. Great staff, very helpful and since the introduction of the robot dispenser system it is even better."
"Saturday opening is essential for people working full time. "
"Having the pharmacy's closed on a Saturday would make it very difficult to pick up my elderly fathers' prescriptions when I work full time Monday- Friday and need to travel down to him to pick up prescriptions on a Saturday"
"It would be helpful if they opened on a Saturday too. "
"[name removed] and [name removed] are great but understaffed. "
"I use [name removed] which has recently been taken over and no longer [name removed]. The service has hugely improved, and I am happy to go to speak to the amazing pharmacist for advice before contacting my GP, unless I feel it's an urgent matter. He goes above and beyond for all his customers. We're very lucky. "
"I use [name removed] in [town] and the staff there are wonderful. They work very hard and are always willing to help or work out a resolution for their clients. "
"The pharmacy I use are very friendly and helpful, nothing is to much trouble for them."
"We find that the staff at our local Pharmacy are very helpful and informative. They usually have the medicines we need in stock and have a private room you may need for consultations or vaccinations."
"It provides a valuable service in a place where the population is aging and is growing exponentially. It's accessible, the staff are kind, considerate and professional. It has just gone through ownership change so this information is based on past experience. Long live local services"
"9/10 I use my pharmacy on the weekend "
"The pharmacy I use go above and beyond with their care and customer service. "
"It's frustrating when both pharmacies are closed over lunchtimes because that's often the only time, I can get a prescription "
"Currently the 2 [town] pharmacies have massive queues and often don't have what people have been prescribed. They need to improve."
"It's essential that working people are catered too. I work from home a few days a week but inevitably its closed at lunch so I can't go then, which means I have to try and get there after work. 2 days I work in Chippenham and can't get to the pharmacy at all. Weekend (just one day!) opening is essential!"
"The pharmacist is the reason I stick with the pharmacy I do but they have ended up being unreliable due to being so busy it takes upwards of 5 days from ordering to collecting the prescription and they won't open on a Saturday "
"[name removed] always first class service "

"Common ailments service is not offered. You have to know already and enquire. I think the pharmacy should promote this. I paid for items I could have been able to get on common ailments scheme and nobody told me. "
"They are extremely busy, always helpful. I do get annoyed I tell them I do not require medications the following month but they are in the bag. I was told even though not removed from pharmacy they go into the bin. Which I know is not true. Maybe easier than putting back on shelf because they are so busy "
I wish there was a better open time - 9/5 is not accessible: also getting prescriptions from GP sent down after 4pm there is a long wait usually to collect and quite often I'm given an IOU. I also have a child with a lot of medications and they've "lost" their prescription as it's placed in a bag and put wherever there is space"
"Perhaps if there could be provided a tank with drinking water and access to toilet in case of emergency and in case of longer waiting time in a queue or to be seen by pharmacist."
"It's great offering these services but they are inconsistent. Opening hours are poor, wait times are too long."
"No independent prescribers in all pharmacies causing the pharmacies that do to be overrun with people wanting to use the service."
"Health board website to check services available "
"All the ones I have contact with are friendly but it is so frustrating to keep losing pay so that I spend the afternoon looking for a pharmacy that has my meds. We should be able to order them in and they all say they can't guarantee I will get my brand"
"I use [name removed] and they are amazing "
"Our local pharmacy [town] is stopping Saturday opening which is very difficult for the local people who work and cannot get their repeat prescriptions in the week "
"They are very busy and getting busier. The private appointment with the pharmacist is fab"
"In the summer I had an infected insect bite on the bank holiday weekend, and was in a lot of pain and starting to feel feverish. My usual pharmacy was closed, so I went to another one, but there was no one with the authority to provide me antibiotics (despite telling me that's what I needed) and they sent me to minor injuries. Please increase prescribing pharmacists in pharmacies to increase options of getting help quickly"
"We are concerned about medication availability. We have been unable to get the correct dosage for some of our medication due to shortages in supply."
"They are short staffed, I don't feel I can ask for information when there is a queue of people behind me, no one wants to wait longer than they have to, usually in a pharmacy as you're not feeling well, hanging around is the last thing you need. The staff are not very friendly, but they don't have the time to be ."

"GP services need to work with pharmacists to ensure medication that is required gets to the pharmacy on time "
"My local Pharmacy is [name removed] and is absolutely amazing. They provide valuable service to the community and work alongside my GP"
"Sometimes we do not have a pharmacist with an IP qualification at the only local chemist "
"They have requested to close Saturdays realistically I work in Bristol Monday to Friday so this would make it difficult for me to get there. I also struggle to understand as they are already having issues keeping up with demand, filling prescriptions etc closing on Saturdays would have a knock-on effect into weekday service meaning longer waiting there's many times I have to return multiple times due to prescriptions not being ready or items not ordered "
"It is fab, they all work very hard for us"
"If they are expanding their services to support GPs they need more support and adequate funding"
"It is imperative that small towns maintain a good pharmacy. Weekend opening hours should also be maintained due to working commitments "
"Excellent service at [name removed] with friendly, helpful staff who seem to know their patients (customers). Good communication skills added to a real understanding of patients' needs"
"Never had a problem with this pharmacy have been going there for 40+years...always have my meds waiting for me ..."
"Pharmacy is slow, why don't they use lockers like amazon for non-controlled drugs "
"I believe that my regular pharmacy has been taken over and they own all local pharmacies to [town]. They are proposing to shut on Saturdays. I work Monday-Friday, so therefore I'm unable to collect my prescription during the week. I rely on the pharmacies being open one day of the weekend so I can collect my medication. Also, because I work during the week I am unable to collect my prescription from my GP so I am worried as to how I, along with other people who work full-time are supposed to collect our repeat medication? "
"Staff are brilliant but sometimes very busy, another till near the door for items that are sold over the counter would be handy and save the sometimes-long queues."
"The communication between the GP & Pharmacy is not always great. Example is medications not being in the pharmacy when GP staff tells you that it is. Pharmacy would not dispense a new BP medication for my husband because the time I went to collect it wasn't the time that they would normally dispense, despite me not being aware of these times. So my husband had to wait until the Monday to pick up & went without important BP medication over the weekend. I was not happy about that, as the doctor had changed his medication for him as he had high BP. Lots of back & forth with GP surgery & pharmacy. Would be nice if either who was at fault accepted responsibility & communicated better. "

"Bit frustrating when you order online in advance but then still end up waiting 20+ mins at the pharmacy. Not directly the staff's problem as you can see, they are very busy but you would think it would be ready on a shelf waiting days after."
"[name removed] have always been really helpful. The staff are always cheerful and will help you always. The pharmacies opposite in [town] village never go to. It never has that relaxed friendly feel like [name removed]. You feel as if they can't be bothered. "
"As someone who works full time to know my pharmacy is closing on a Saturday means I won't be able to access services. My dad has cancer so I am collecting his prescription at the moment and don't know how we are going to do this going forward "
"Not happy that the local ones have been taken over and all the shop stock has been sold off leaving bare shelves. It was handy to have those items available in a little shop in the village instead of having to go into a supermarket. We have hardly any shops now. "
"I find when I ask to speak to the pharmacist i have never been asked to go into a room always over the counter. My pharmacy only has one counter open and other shut and often there are long queues when they are just talking. The other thing is when you have a GP appt at 5.30/6 and come out and they are shut and not able to get the medication to make you better. "
"I've been to numerous pharmacies but nowhere betters [name removed] for service. "
"The pharmacy that I use has helpful staff who try to solve any problems quickly."
"There is not enough pharmacies around that could help with ailments when you are unable to get a GP appointment and you may need antibiotics etc."
"Staff at my regular pharmacy have informed me of 'struggle' to stock a medication I have been recently been prescribed by dermatology, meaning I have to travel to different pharmacies to see if they have the medication in stock. Relatives have also struggled to collect their prescription of insulin due to the same issue."
"Sometimes they are so busy they don't have time to answer the phone making a trip to the chemist necessary. they should really answer the phone"
"The stock of medicines, especially since Covid has been shocking. I regularly have to travel out of area or miss a dose whilst waiting for my prescription to arrive. Sometimes it is out of stock everywhere. Solo elleste. Also, my son's duloxetine is difficult to source. I have had to travel up to Herefordshire before now to get my prescription. It isn't good enough. This is a regular occurrence "
"It's closed Saturdays which is unnecessary. It needs to be open Saturdays as it causes long queues during the week "
"Need to open at least one day over the weekend and additional staff required "
"Just that stock availability means I have to return there 2 or 3 times a month for our repeat medications"

"[name removed] at [town] offers excellent Customer Service"
"Collecting a prescription often takes close to one hour, there is a big queue, they can't find the medicine, they didn't order an item, they are unfriendly. "
"Need more efficient digital dispensing service for repeat prescriptions like an amazon locker system. Take the person out of this and waits. Crazy how they are so busy dispensing routine repeats but expected to support walk ins queries and support patients and no time to do this as the volume of patients accessing the service. It is the most inefficient pharmacy in [town]. "
"Pharmacies in the [town] area need to coordinate have one offering late night and weekend service"
"The opening times are too restricted. They close at lunchtime and close early. Patients would like flexibility to go during their lunch or when less traffic after work. "
"I am grateful that my pharmacy is open on the weekend. It would be nice if it was available all day on a Saturday. It's hard to get there during work hours. The only issue we do have is that they never answer the phone. A system where you could check to see if your prescription is ready to save having to drive 10-15 mins only to arrive and it's not going to be ready for another day or two is frustrating."
"They need to be open as much as possible to potentially reduce the burden on our GP surgeries and hospitals "
"It's a shame they, and GP practices are not open 7 days per week. Surely they could introduce a shift pattern?"
"My pharmacy is extremely slow and you could be in there an hour just to hand in a prescription and that's not even waiting for it. "
"My local independent community pharmacy provides an excellent service. Its popularity is such that there is often a long wait for dispensing. However, the wait is worth it. "
"Don't have Parkinson's meds have to wait. "
"I am carer and use a variety of pharmacies, depending on clients. They are all friendly and helpful and great we can access on weekend"
"Having more weekend availability would make a huge difference with the way today's world is regarding working hours etc"
"Not applicable "
"It would be good if they opened on a weekend maybe 11am to 2pm?"
"They order and dispense my prescription. Text me when available for collection. "
"It seems to be under threat as landlords want to raise rents etc "
"The Pharmacy in [town] is EXCELLENT"
"My pharmacy are brilliant and always very helpful "

"Having pharmacies owned and run by private companies on NHS contracts is not good. They're trying to make a profit. ABUHB should begin opening pharmacies that are run and staffed by ABUHB."
"No all ok thank you "
"Working full time means I am limited to getting to a pharmacy. As the one close to me is open Saturday mornings, this makes picking up my medication so much easier"
"Always receive excellent service from pharmacist and staff"
"Just that waits can be long because most of the town uses this pharmacy over the others available "
"[name removed] is excellent. [name removed] and his staff are so very helpful and friendly "
"I had needed to change pharmacy as the regular one constantly failed to complete my prescription every month so I had to keep chasing it up. "
"I use [name removed] in [town]. The staff are always extremely helpful, friendly and discreet when needed. They are always very busy but still keep smiling."
"The pharmacy I use now has limited opening. I think all pharmacy's should open earlier, later and lunchtime. Most of pharmacies are quite small units and crammed very little area to move as they fill up quickly at peak times. More needs to be done to avoid delays etc. I moved pharmacy because the nearest is so disorganised, changes pharmacists all the time, long delays and never enough stock held. Not a pleasant experience and frustrating. Why do we waste money printing out prescriptions?! I have a prescription in my bag when I collect it why? "
"My local pharmacy has a robot that is accessible 24/7 to collect medication "
"Yes, firstly stop limiting prescriptions to monthly when they are lifelong conditions, especially to healthy working people, we don't have time to spend hours going to the pharmacy on our only day off, to queue for ages every single month!! It's a waste of our time, and health time and cost to do things multiple times, all the way through the system. "
"I would like to thank my pharmacy for everything they do."
"[name removed] gives exemplary service and with [name removed] has dispensed with paper prescriptions the online transfer of prescriptions is brilliant "
"They have been a breath of fresh air following our previous experience. Over the years they have been friendly, efficient and reliable. When my husband was terminally ill they have been extremely caring and helpful, and are a trusted source of information for treatment of common ailments and treat sensitive questions with respect and privacy. Excellent!"
"I use [name removed] based in [name removed]. The staff are cheerful, extremely hard working and deliver a high-quality service. Pharmacy staff rarely receive praise (usually it's unnecessary abuse and complaints about

things out of their control) I think the staff in my branch should be commended, they are fantastic!"
"Stop being backward about nominated pharmacies in this digital world...it should be simple to be able to use one that is closest to my home "
"Wait times after ordering prescriptions are longer than I've ever experienced anywhere else - I typically have to order two weeks in advance of whenever I need it (and even then, sometimes it hasn't even been made up when I go to collect). But overall, friendly and helpful staff."
"Long waiting times regardless what time of day you go to either pharmacy, with the growing community there needs to be more public services to meet demand"
"A pharmacy needs to accommodate people who work full time and may only be able to go on a Saturday morning or at lunchtime."
"Just glad that it's here x top service and advice"
"These services are not readily advertised as available and when asked about have been sign posted back to the GP service "
"They all seem very short staffed"
"Vital service to the community "
"Often problems accessing repeat prescriptions seems to be issues between pharmacy and local surgery also most times pharmacy e mails to let us know prescriptions are ready to collect we visit the pharmacy to discover that the prescription isn't ready or not all the medicines are available and we have to visit again to collect missing items. We have to reorder repeat prescriptions 10 days into a 28-day cycle to have any chance of getting the medicines on time."
"The pharmacy always seem overwhelmed and having to order medicines up to 2 weeks in advance and still not be ready, if frustrating."
"The current situation is that the current pharmacy I use is having difficulty getting medication. This is due to being unable to get one of the medications I require. I have to travel around the area to find a pharmacy who can get the medication, but a number of pharmacies are also unable to get hold of this particular medication. Also due to short staff at my local pharmacy - prescriptions need to be submitted at the beginning of the week and collected on a Friday. So forward planning is key to ensure I am able to obtain medication in a timely manner."
"I would like the pharmacy to be open on a weekend "
"Myself and the people around our local community are sometimes forced to go to other pharmacists as the workload on ours is overstretched. Due to lost prescriptions (once), long wait on inhalers, antibiotics and creams which are for my kids I do feel frustrated as they need these as soon as but there just isn't enough pharmacists in our area (one has been shut down leaving us with two). With a new system due to come in soon where they are not using paper prescriptions anymore, I see the situation getting worse as they cannot keep up with the workload they have now."

"I hate that many Pharmacies close for an hour at lunchtimes! This does seem like a very 'outdated' practice. ALSO - OVER-PRESCRIBING! Is this part of any review? I see and know of so many people who are on 20 - 40 tablets per day! Surely, they MUST contradict each other and be counter-active? Whenever I've been to collect ONE item for someone else - every time everyone else seems to be coming out with BAGS FULL! Would people 'request' so much medication if they had to pay for it? Does 'social prescribing' even exist? ? ? I'm a former non-executive director of two community NHS Trusts and I find it very WORRYING! "
"Recently changed from [name removed] because one member of staff was rude! Such a shame, but I have now gone to another where I can collect my medication(s) on the way home from work."
"The wait times are very long in my local pharmacy, probably due to the fact that they are based in the same building as the GP surgery. We have the electronic prescription service so the GP sends the repeat prescription directly to the pharmacy but it's taking more than 24 hours after receiving the prescription from the GP for the medicines to be ready to collect, and it's not due to the medicines being out of stock"
"Unhelpful to the point of being rude. "
"My local pharmacy doesn't open at the weekend which makes collecting medication very difficult. Changing to a pharmacy that does open is challenging because they are further away, parking is more difficult (and have to pay for parking)."
"If you have a UTI and go to a pharmacy they tell you to go to your GP as they cannot give you the antibiotics "
"Why is there a shortage of pharmacies that deal with dosset / nomad boxes. People can struggle so much they miss their medicines "
"The pharmacy we use- [name removed] is brilliant, the pharmacist Mr Merrick is extremely knowledgeable and approachable, but the wider staffing group are also excellent. It is a heavily used pharmacy, due to their strong reputation, so you anticipate a wait when you go in, but it is worth it for the service you receive!"
"Does everyone really need all these meds?! We must be a sick nation with the queues waiting for tablets building up. It's difficult to get items in one go with lots of IOU slips issued. "
"They are good, but extremely, extremely busy."
"Mostly I collect all of my families repeat prescriptions (5 people), on weekdays, this is because they are often/always in work during the day. If my husband or daughter in particular have to use pharmacy to collect/or get advice they have to use at weekends or be off work for some reason."
"Customer service is great, helpful and understanding."
"They do not have a vending type machine to collect the prescription from which is good for out of hours collection "
"Sometimes queue for ages to be told only prescribing antibiotics late afternoon."

"My local pharmacy is a great place."
"The local pharmacy in the village is an important part of the community and should be available to all and on all days of the week."
"I feel it is important to continue the dispensing from my GP practice. This makes like much easier for me. "
"The pharmacy in [town] is awful. The staff are rude, they never have enough stock and you have to go back. The pharmacist won't speak to you and you have to relay symptoms through staff and then told to visit doctor. "
"Sometimes the wait time is long"
"GP prescribes cheapest medication first but talking to Pharmacist gives a better product advice"
"With the common ailments scheme some local pharmacies don't help with those conditions, twice I've been to my local pharmacy and one didn't help and the other sent me across the road for medication they sold. The scheme itself is very helpful rather than see a doctor but local pharmacies should be on board more. [name removed] are brilliant best local pharmacy in my experience"

Equality Act

Completion of this section is optional. Please confirm how you would like to proceed by selecting on of the options below

1. Completion of this section is optional. Please confirm how you would like to proceed by selecting on of the options below/	
I DO NOT wish to complete this section	353
I DO wish to complete the section	749

2. What is your Age? -Please indicate your age	
0-15 years	0
16-24 years	6
25-34 years	64
35-44 years	122
45-54 years	145
55-64 years	212
65-74 years	151
75 years and above	46

3. What is your sex?	
Male	115
Female	627
Non-binary	1
Prefer not to say	1

4. What is your ethnic group?	
White	607
British	186
English	37
Northern Irish	3
Scottish	6
Welsh	228
Irish	3
Gypsy	1
Traveller	1
Other	3
Black/Black British	0
Caribbean	0
African	0
Any other Black Background	0
Asian/Asian British	2
Indian	2
Bangladeshi	0
Pakistani	0
Chinese	0
Asian other	0
Mixed/Mixed British	0
White / Black Caribbean	3
White / Black African	0
White / Asian	2
Any other Mixed background	1
Other / Other British	1
Arab	1
Other	3
Prefer not to say	0

5. What is your sexual orientation?	
Heterosexual/Straight	659
Gay Man	10
Gay woman/Lesbian	5
Bisexual	23
Other	4
Prefer not to say	24

6. What is your religion or belief?	
Atheist	183
Christian (all denominations)	399
Buddhist	1
Hindu	2
Muslim	1
Sikh	2
Jewish	1
Prefer not to say	83
Other	65

7. Do you have a long-term illness or disability?	
Yes	403
No	317
Prefer not to say	22

8. Do you have any caring responsibilities? (e.g., for children, older people, or those with long term illness or disabilities)	
Yes	320
No	414
Prefer not to say	10

9. Gender Identity: Has your gender identity changed from that assigned at birth?	
Yes	13
No	724
Prefer not to say	6

Appendix I- Community Pharmacy Engagement Questionnaire

Aneurin Bevan University Health Board- Pharmaceutical Needs Assessment
Community Pharmacy

Aneurin Bevan University Health Board is preparing its second Pharmaceutical Needs Assessment (PNA), which is due to be published by 1 October 2026.
In order for the Health Board to develop the PNA, we need your help to gather some information. Community Pharmacy information is crucial in the PNA because it provides a comprehensive picture of pharmaceutical service provision within the Health Board area. The PNA helps to identify any gaps in pharmaceutical service provision and informs decisions about new pharmacy applications, commissioning of clinical services, and changes to existing services.

We would be grateful if you could please complete this questionnaire and submit by [insert date]. For queries relating to the information requested or the answers required please email abb.primarycaredepartment@wales.nhs.uk with a subject title of 'ABUHB PNA Community Pharmacy Questionnaire'.

It should be noted, the answers provided as part of this questionnaire will be used solely to inform the PNA.
Thank you for your continued support

ion 1 ...

Community Pharmacy Details

1. Please insert the pharmacy CP code, for example 601...: *

Enter your answer

2. Name of the pharmacy contractor (i.e. name of individual, partnership or company owning the pharmacy business): *

Enter your answer

3. Please insert the community pharmacy trading name: *

Enter your answer

4. Please insert the community pharmacy address: *

Enter your answer

5. Please insert the community pharmacy email address: *

Enter your answer

6. Please insert community pharmacy telephone number: *

Enter your answer

7. Name of the person that completed the questionnaire, job title and contact telephone number *

Enter your answer

8. Can the Health Board store the above information and use it to contact you *

- ◯ Yes
- ◯ No

Section 2

Facilities

9. Does the pharmacy comply with the Equality Act 2010? This requires public sector organisations to make changes in their approach or provision to ensure that services are accessible to disabled people as well as everybody else. *

- ◯ Yes
- ◯ No

10. Does the pharmacy premises have a consultation room? *

- ◯ Yes
- ◯ No

11. If No to Question 10, please state the reason why the pharmacy does not have a consultation room and what are the future plans of the pharmacy to have a consultation room (if not applicable, please state N/A). Please then go straight to Question 18.

Enter your answer

12. If Yes to question 10, can patients with a disability access the consultation room?

- ◯ Yes
- ◯ No

13. If Yes to question 10, can both the patient and pharmacist can sit down together in the consultation room?

- ◯ Yes
- ◯ No
- ◯ N/A

14. If Yes to question 10, can the patient, pharmacist and a chaperone sit down together in the consultation room?

- ◯ Yes
- ◯ No

15. If Yes to question 10, are the patient and pharmacist able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy?

- ◯ Yes
- ◯ No
- ◯ N/A

16. If Yes to question 10, is the consultation room distinct from the general public areas of the pharmacy premises

- ◯ Yes
- ◯ No
- ◯ N/A

17. If Yes to Question 10, is it clearly designated as an area for confidential consultations?

- ◯ Yes
- ◯ No
- ◯ N/A

18. If there is no consultation room are there alternative arrangements for confidential discussions? Please state what this is? (if non applicable, please state N/A) *

Enter your answer

Section 3 ...

Capacity and Services

19. Are any appliances dispensed from the pharmacy? Please only select one answer: *

- ◯ Yes, all types
- ◯ Yes, excluding stoma appliances
- ◯ Yes, excluding incontinence appliances
- ◯ Yes, excluding stoma and incontinence appliances
- ◯ Yes, just dressings.
- ◯ Do not dispense appliances

20. Does the pharmacy provide any of the following Non-NHS services (please select all that apply to your pharmacy): *

- [ ] Collection of prescriptions from GP practices
- [ ] Free delivery service of drugs and appliances
- [ ] Free delivery service of drugs and appliances to only a select patient group
- [ ] Free delivery service of drugs and appliances to select areas
- [ ] Charged delivery service of drugs
- [ ] Charged delivery service of appliances
- [ ] Charged delivery service of medicines to only a select patient group
- [ ] Charged delivery service of medicines to select areas

21. If the pharmacy only provide a delivery service to a select patient group or area, please state the patient criteria or area

Enter your answer

22. In your opinion is there a requirement for an existing additional service which is not currently provided in your area? If so, what is the particular requirement and why.

Enter your answer

23. 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.

Enter your answer

24. Capacity-The demand for health services in general is increasing. Thinking of your pharmacy do you: *

- ○ Have sufficient capacity within your existing premises and staffing levels to manage the increase in demand in your area?
- ○ Not have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in your area?
- ○ Not have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand?

25. Do you have any plans to develop or expand your premises or service provision? *

- ○ Yes
- ○ No

26. If Yes to Question 25, please can you provide details?

Enter your answer

Section 4

Languages

27. Apart from English, which other languages, if any, are available to patients from staff at the pharmacy every day – please list main languages spoken: *

Enter your answer

Add new question

Appendix J – Dispensing Practice Questionnaire

Aneurin Bevan University Health Board- Pharmaceutical Needs Assessment
Dispensing Practices

Aneurin Bevan University Health Board is preparing its second Pharmaceutical Needs Assessment (PNA), which is due to be published by 1st October 2026.
In order for the Health Board to develop the PNA, we need your help to gather some information. Dispensing practices information is crucial in the PNA because it provides a comprehensive picture of pharmaceutical service provision within the Health Board area. This helps the Health Board identify any potential gaps in access to medicines and ensures that any future pharmaceutical applications are considered in light of existing services.

We would be grateful if you could please complete this questionnaire and submit this by [insert date]. For queries relating to the information requested or the answers required please email abb.primarycaredepartment@wales.nhs.uk with a subject title of 'ABUHB PNA Dispensing Practice Questionnaire'.
It should be noted, the answers provided as part of this questionnaire will be used solely to inform the PNA. Thank you for your continued support.

Section 1

Dispensing Practice Details

1. Please insert the name of the practice you are completing the questionnaire on behalf of: *

Enter your answer

2. Please insert the address or addresses of the premises for which the practice has premises approval to dispense from: *

Enter your answer

3. Please provide us with your contact details: Name, Job Title, Email address and Telephone Number *

Enter your answer

Section 2

Opening Hours of the Dispensary

4. Please state the opening and closing times of the dispensary using the 24 hour clock for Monday, Tuesday, Wednesday, Thursday and Friday. For example Monday 08:00 to 18:30, Tuesday 09:00 to 12:00 *

Enter your answer

5. If your dispensary is open at the weekend, please state the days and times: *

Enter your answer

Section 3

Capacity and Services

6. Are appliances dispensed from the premises? Please only select one answer: *

- ◯ Yes, all types
- ◯ Yes, excluding stoma appliances
- ◯ Yes, excluding incontinence appliances
- ◯ Yes, excluding stoma and incontinence appliances
- ◯ Yes, just dressings,
- ◯ Do not dispense appliances

7. Does the practice provide any of the following services (please select all that apply to your practice): *

- ◯ Free delivery service of drugs and appliances
- ◯ Free delivery service of drugs and appliances to only a select patient group
- ◯ Free delivery service of drugs and appliances to select areas
- ◯ Charged delivery service of drugs
- ◯ Charged delivery service of appliances
- ◯ Charged delivery service of medicines to only a select patient group
- ◯ Charged delivery service of medicines to select areas

8. If the practice only provide a delivery service to a select patient group or area, please state the patient criteria or area

Enter your answer

9. Capacity-The demand for health services in general is increasing. Thinking of your dispensing service only, do you: *

- ◯ Have sufficient capacity within your existing premises and staffing levels to manage the increase in demand in your area?
- ◯ Not have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in your area?
- ◯ Not have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand?

10. Other dispensing related services: Please can you provide details of any other services that you provide related to your dispensing service

Enter your answer

11. In your opinion is there a requirement for a new dispensing service that is currently not available? If so, what is the particular requirement and why.

Enter your answer

12. In your opinion, do you feel your dispensing area in the controlled locality in which you operate needs to change (within existing regulations). If Yes, please state the reason why and what area it needs to be extended too:

Enter your answer

13. Does the practice comply with the Equality Act 2010? This requires public sector organisations to make changes in their approach or provision to ensure that services are accessible to disabled people as well as everybody else.

Enter your answer

Section 4 ...

Lauguages

14. Apart from English, which other languages, if any, are available to patients from staff at the premises every day – please list main languages spoken: *

Enter your answer

Add new question

Appendix K – Consultation Changes

Introduction

As part of the Pharmaceutical Needs Assessment (PNA) process the Health Board is required to undertake a consultation of at least 60 days with certain organisations. The purpose of the consultation is to establish if the pharmaceutical providers and services supporting the population of the Health Board's area are accurately reflected in the final PNA document. This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

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
- Llais
- 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

- Neighbourhood care networks
- The five public service boards
- Nye's Community Champions
- Community groups
- Carers groups
- 50+ forums
- Gwent Association of Voluntary Organisations
- Torfaen Voluntary Alliance
- People First
- Gwent Citizens Panel
- BAME

The consultation version of the PNA 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 PNA 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 PNA Consultation Draft, a Summary Document and Easy Read version were also produced to support the consultation.

Consultees were given the opportunity to respond by completing a set of questions. 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 2 July to 31 August 2026.

This report outlines the considerations and responses to the consultation. It should be noted that participants in the consultation were not required to complete every question.

Summary of questions, responses and the Health Board's considerations

For the Aneurin Bevan University Health Board Draft Pharmaceutical Needs Assessment consultation, 14 responses were received through the online questionnaire. A separate detailed written response was received from

Community Pharmacy Wales, bringing the overall number of consultation responses to 15. The responses comprised members of the public, pharmacy contractors, professional bodies and a GP practice:

Group	Response Rate- Count	Percentage of all consultation responses
Members of the Public	8	53%
Pharmacy Contractors	4	27%
Professional Bodies	2 (Gwent LMC and CPW)	13%
GP Practice	1	7%
Total	15	100%

Summary of online responses and Health Board considerations

The online consultation received 14 responses, which identified as follows. Relevant free-text comments from the online questionnaire are reproduced as submitted. Limited redactions have been made where necessary to reduce the risk of identifying an individual, organisation or location, and minor presentational corrections have been made where required for readability. The separate Community Pharmacy Wales submission is summarised in this report and appended in full.

Question 1.

1. Has the purpose of the Pharmaceutical Needs Assessment been sufficiently explained?	
Yes	12
No	1
Don’t know	1

Verbatim comments in relation to the question above;
“Enough information provided for the purpose of PNA”
“Easy to read document”
“I have read the Summary Document of the Pharmaceutical Needs Assessment and it explained things in detail which I understood.”
“all documented”
“I have checked the details of the Pharmaceutical Needs Assessment and I understand the document.”
“Don't understand”

“If the question is intended to attract ‘a meaningful response’ from members of the public then it should be made far easier for the public to access more, and meaningful information. about the pharmaceutical Needs Assessment, and its impact on the users, i.e. Member of the Public, as presumably, the purposes of this consultation depends usefulness in a PATIENT CENTERED FACILITY. ”
“I’ve read the supporting paperwork”
“I have read and understand the pharmaceutical Needs Assessment document.”

Health Board consideration and response

The Health Board notes the respondent's comment about attracting a meaningful response from members of the public. The purpose of the consultation was to seek views on the draft PNA and its assessment of pharmaceutical service provision across the Health Board area. To support public engagement, the consultation materials, including the draft PNA and accompanying information, were made publicly available throughout the consultation period.

Question 2

2. In your opinion, does the Pharmaceutical Needs Assessment reflect the current provision of pharmaceutical services within your area	
Yes	11
No	2
Don’t know	1

Verbatim comments in relation to the question above;
“It covers the need for pharmacy community services in local community especially IP pharmacists are improving their service provision and scopes.”
“I’m lucky to live in a town with two excellent independent pharmacy branches. I don’t understand why GPs are allowed to dispense. They do not have pharmacists in the dispensary or supervising GPs (risk), they provide no additional pharmacy services and patients have to travel to the practice to get their drugs, driving past community pharmacies. We all know it’s a money-making operation for the GPs, who I understand get paid more than community pharmacies per script. So poorer service costing more. Madness!”
“The results of the Assessment regarding my local area are accurate.”
“We have no pharmacies open on a Saturday.”

“More pharmacies need to be open on Saturdays at least and more on Rota on Sundays.”
“Covered all aspects”
“The number of pharmacies serving the area is accurate”
“Because it will depend on the supervision of the various pharmaceutical public services providers, by THE ABHB Pharmaceutical provision leaders. particularly to the extent that proper enforcement, of the regulations, of independent `CHEMIST SHOPS, of the eventual agreed policies, so that its eventual impact of the continued proper dispensing of patients necessary medication continues, and that there is no diluting of what should already be, but is not always the case, of the one important `job` they should be doing and that is the proficient dispensing of "prescribed` medications.”
“The current provision of services in my area is reflected in the Needs Assessment.”

Health Board consideration and response

The Health Board notes the comments regarding pharmacy opening hours and while the PNA considers whether pharmaceutical services are adequate to meet population need, minimum core opening hours for pharmacies are agreed nationally through regulation, and operational matters such as staffing arrangements and breaks are the responsibility of individual contractors and are outside the scope of the PNA or beyond the direct control of the Health Board.

Question 3

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?	
Yes	7
No	2
Don’t know	3

Two of the respondents to the questionnaire did not answer this question. Those who answered ‘No’ were asked to provide comments;

“I am happy to provide appliance use review and stoma appliance customisation however I have never had opportunity to discuss what services and expertise we can provide in community.”
“I answered no because the ABHB undertake a regular ‘appliance use review’ each time BEFORE any repeat services are (or at least that appears to be the case because every time a patient requires to use these external services or equipment, `and currently these services are provided by contractors outside the area of the ABHB. HOWEVER, in order to access then in `repeat form because of a patients continued needs, each patient has to make contact with agents working in, and for, the ABHB, already and currently none of those regular continued, repeat services can be activated UNTILL they are REGULARLY sanctioned and I presume by the ABHB direct. Patients do not have direct access to the `providers` of stoma and bowel, equipment. ”

Health Board consideration and response

The Health Board notes the comments about willingness to provide Appliance Use Reviews and Stoma Appliance Customisation and about repeat appliance-authorisation pathways. The PNA assesses whether population need is met rather than determining individual referral or repeat-authorisation arrangements. Current dispensing evidence indicates that most appliance prescriptions are supplied by out-of-area contractors, many of whom provide associated review and customisation support. No evidence of unmet need, delay or inability to access these services was identified through consultation. The Health Board therefore retains its conclusion that current need is met through existing out-of-area provision, while access and utilisation will remain under review.

Question 4

4. In your view, are there any gaps in service provision that the Pharmaceutical Needs Assessment has not identified?	
Yes	5
No	8
Don’t know	1

Verbatim comments in relation to the question above;
“Scope of IP services provided by Pharmacist”

“Covid, pneumonia and RSV vaccination - why can’t pharmacists do these vaccines? They did during the pandemic when GP practices were more or less closed……. More cash for GPs? It’s like a cartel or monopoly”
“Need a pharmacy delivery service in [town removed] and a more helpful pharmacy,7 days wait for tablets is not acceptable.”
“Weekend opening times and availability of pharmacies which are open.”
“The introduction and best use of NHS IT to benefit patients was not mentioned (as far as I can see). The promotion of the use of the NHS App and take up of the EPS system should underpin future needs. EPS is well rolled out now, but it still has much more potential to reduce patient frustration and inefficiency - for example, alerts when medicines are ready, better planning to reduce medicines out of stock... This improvement should be front and centre of the strategy. (There must be benefits to surgeries and pharmacies too, but I am looking only at patient benefits). User-facing IT should seek to integrate diverse systems to the tangible benefit of patients - improving systems, not just digitizing them.”

Health Board consideration and response

The Health Board recognises the points raised above. In relation to Pharmacist Independent Prescribing (PIPS) any expansion of services would be dependent on changes to the National Directed Service specification and associated commissioning arrangements. As these matters are determined nationally, they are outside the scope of the PNA.

Consultation respondents identified COVID-19 booster, pneumococcal and respiratory syncytial virus vaccination as potential future community pharmacy services. Any expansion would be subject to national policy, assessed need, workforce capacity, clinical governance and sustainable commissioning. These services are not identified as current gaps in pharmaceutical provision.

Digital developments, including continued implementation of the Electronic Prescription Service and development of the NHS Wales App, may improve access to and experience of pharmaceutical services over the lifetime of the PNA. Potential benefits include improved communication between patients, prescribers and pharmacies, clearer prescription-status information, notification when medicines are ready for collection and fewer unsuccessful journeys. Digital systems are enabling infrastructure rather than pharmaceutical services in their own right and do not alter the statutory

assessment of need. They should complement appropriate support for people who cannot or choose not to use digital services.

As detailed above, pharmacy core opening hours are determined through national contractual arrangements. A routine medicines home-delivery service is not identified as a nationally commissioned pharmaceutical service for the purposes of this PNA. Individual contractors may offer delivery arrangements outside the scope of their NHS pharmaceutical-service obligations. The availability of such arrangements does not, by itself, determine whether a statutory gap in pharmaceutical provision exists.

Question 5

5. Do you feel that the draft Pharmaceutical Needs Assessment reflects the needs of your area's population?	
Yes	9
No	3
Don't know	2

Verbatim comments in relation to the question above;
"Local community requires services fairly efficiently hence they are willing to see pharmacist and their team as doctor appointments are difficult to manage."
"In [town removed] the pharmacy service is diabolical considering all the new houses built"
"I HOPE IT DOES, after all the pharmaceutical services have ONE job to do, and that it continue to provide access to those once prescribed by a fully qualified clinician after considerable consideration by the Doctor after a full and qualified interaction with a patient, PHARMACIST are, in my opinion demonstrating they do not ALL have the personal qualities to interact with patients, in fact some already demonstrate they do not, and will not, or find it impossible to follow current guidelines produced by the ABHB to protect the care and interests of patients."
"Torfaen North and South."

Health Board consideration and response

The Health Board acknowledges that some comments relate principally to individual service experience rather than evidence of a population-level gap in pharmaceutical provision. The consultation evidence did not demonstrate a current systemic or geographical gap or a specific future need for additional pharmaceutical premises in the areas referenced.

However, the comments concerning housing growth, access, prescription turnaround, medicine availability and provider capacity informed the additional monitoring provisions included in Chapter Six.

Individual service-quality concerns will continue to be considered through the appropriate contractual, governance or service-management route.

Question 6

6. In your view, has the draft Pharmaceutical Needs Assessment provided enough information to support decision making i.e. decisions on applications for new pharmacies and dispensing appliance contractor	
Yes	9
No	2
Don't know	3

Verbatim comments in relation to the question above;
"Not enough detail about the application process and who makes the decision."
"The public cannot easily access the draft Pharmaceutical Needs Assessment DRAFT. there has been no public centred publicity about this issue and proposed ABHB actions."
"We don't have any additional needs for pharmacist in our area as we are already have sufficient number in our community."

Health Board consideration and response

The purpose of the PNA is to assess the current and future need for pharmaceutical services and identify any gaps in provision. Whilst the PNA informs decisions on applications for new pharmacy premises and relocations, the application process itself is governed by the NHS

(Pharmaceutical Services) (Wales) Regulations 2020 and is therefore outside the scope of the PNA.

The draft PNA was made available on the Health Board's website, with information shared through a number of channels, including social media, Llais and community groups.

The Health Board notes that the detailed procedural requirements for submitting and determining an application are set out in the NHS (Pharmaceutical Services) (Wales) Regulations 2020 and are not replicated in full within the PNA. However, the Executive Summary, Chapter One, Chapter Seven and Appendix A have been amended to explain more clearly that the PNA provides an important evidential basis for market-entry decisions, that it does not itself approve a new pharmacy or determine an application, and that each application must be determined separately under the applicable regulatory provisions and the evidence prevailing at that time.

Question 7

7. In your view, has the draft Pharmaceutical Needs Assessment provided sufficient information to inform how pharmaceutical services in the Health Board's area may be commissioned in the future?	
Yes	7
No	1
Don't know	6

Verbatim comments in relation to the question above;
"Not much new information provided"
"With the development of North Torfaen in Mamilhad it is planned that there will be a pharmacy built? If so this would have implications on dispensing practices who have dispensing patients within 1.7km. This would likely destabilise local GP dispensaries"

Health Board consideration and response

The Health Board has considered the comments concerning Mamhilad Urban Village and the possible effect of future pharmacy provision on dispensing-doctor arrangements. The fixed requirements for new pharmacy

premises previously proposed for Mamhilad have been removed. The detailed locality assessment describes Mamhilad Urban Village as a matter requiring monitoring. The area has not been defined as a current gap, and Chapter Seven concludes that no specific future need for additional pharmaceutical provision has been identified on the evidence presently available.

Monitoring will consider construction and occupation, population growth, access, service use, provider capacity and alternative pharmaceutical and other NHS services. Any future application would be determined separately under the applicable regulations and the evidence prevailing at that time, including relevant controlled-locality and distance provisions. The PNA does not itself determine any change to dispensing eligibility.

In response to Questions 7 and 8, the final PNA has been amended to distinguish current gaps, conditional future needs and matters requiring monitoring. The detailed locality assessment now describes Mamhilad Urban Village as a matter for monitoring. Chapter Seven now concludes that no specific future need for additional pharmaceutical provision has been identified on the evidence presently available. The final PNA also explains the action available under regulation 6 if a significant change in pharmaceutical need or service availability occurs.

Question 8

8. In your opinion, has the draft Pharmaceutical Needs Assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies, dispensing appliance contractors	
Yes	7
No	1
Don't know	6

Verbatim comments in relation to the question above;
"With the development of North Torfaen in Mamilhad it is planned that there will be a pharmacy built? If so this would have implications on dispensing practices who have dispensing patients within 1.7km. This would likely destabilise local GP dispensaries"

“The population of Chepstow continues to increase and the pharmacies we currently have appear to be at capacity in that the repeat prescription turnaround time keeps increasing. This has been noticeable since the development of a housing estate near Tesco in Chepstow.”

Health Board consideration and response

The Health Board has considered the comments concerning Mamhilad Urban Village and the possible effect of future pharmacy provision on dispensing-doctor arrangements. The fixed requirements for new pharmacy premises previously proposed for Mamhilad and Glan Llyn have been removed.

The detailed locality assessment has been amended to describe Glan Llyn and Mamhilad Urban Village as matters requiring monitoring. Neither is identified as a current gap, and Chapter Seven concludes that no specific future need for additional pharmaceutical provision has been identified on the evidence presently available.

Regarding increasing populations. Ongoing monitoring will consider construction and occupation, population growth, access, service use, provider capacity and alternative pharmaceutical and other NHS services. Any future application would be determined separately under the applicable regulations and the evidence prevailing at that time, including relevant controlled-locality and distance provisions. The final PNA also explains the action available under regulation 6 if a significant change in pharmaceutical need or service availability occurs

Question 9

9. In your opinion, are there any pharmaceutical services that could be provided in the pharmacy setting in the future that have not been highlighted within the draft Pharmaceutical Needs Assessment?	
Yes	4
No	6
Don’t know	4

Verbatim comments in relation to the question above;
“Covid, pneumonia and RSV vaccination”

“Friendly staffed pharmacy needed in [town removed].”
“A proper and meaningful ENFORCMENT of a pharmacists’ activities in respects to ensure members of the public continue to have proper access to Necessary medication, and to prevent pharmacist from taking an independent position and ignoring ABHB patient safety provisions, and this would only be the case if the ABHB ensured a proper inspection and audit of a pharmacist `ACTIVITIES and prevented ANY local sweetheart deals in respect to public concerns at anytime.”
“Vaccinations for Covid boosters, RSV vaccinations.”

Health Board consideration and response

Consultation respondents identified COVID-19 booster, pneumococcal and respiratory syncytial virus vaccination as potential future community pharmacy services. Any expansion would be subject to national policy, assessed need, workforce capacity, clinical governance and sustainable commissioning. These services are not identified as current gaps in pharmaceutical provision.

The Health Board acknowledges the other comments, including those concerning staff approach, oversight and enforcement. These matters do not demonstrate a population-level gap in pharmaceutical provision and therefore do not alter the Schedule 1 assessment. Service-quality, professional-regulation and individual-contractor concerns will continue to be considered through the appropriate complaints, contractual, governance and regulatory routes

Question 10

10. Are you aware of any developments that will arise within the lifetime of the Pharmaceutical Needs Assessments that have not been identified? For example, housing developments, regeneration projects?	
Yes	4
No	8
Don’t know	2

Verbatim comments in relation to the question above;
“There are number of new developments approved by council in the area however we don’t have any plans for new services for community reflect that.”
“LDPs and pharmacy’s going bust due to the contract and rising cost of drugs and staff costs”
“I refer you to my response in the previous question, and refers to the basic `control` of a pharmacist to ensure the BASIC quality of the service is properly SECURED for all current and future USERS of the patient lead service.”
“See answer to question 8” (regarding the population of Chepstow)

Health Board consideration and response

Local Development Plans and other relevant population developments across the Health Board area were reviewed during preparation of the PNA. This included identified strategic developments in Newport and Torfaen. The consultation evidence did not establish an additional current gap or a specific future need for new pharmaceutical premises arising from the further developments mentioned by respondents.

However, Chapter Six has been amended to record explicitly the concerns relating to housing growth, weekend access, prescription turnaround, medicine availability and perceived provider-capacity pressures, including comments concerning Magor and Chepstow.

These matters will be monitored through dwelling completions and occupation, registered-population change, prescription and service activity, contractor capacity, opening hours, weekend and bank-holiday access, travel considerations, turnaround times and the availability of alternative pharmaceutical and other NHS services.

Question 11

11. Do you agree with the conclusions of the draft Pharmaceutical Needs Assessment?	
Yes	9
No	0

Don’t know	5

No additional comments were received in respect of this question

Question 12

12. Do you have any other comments in respect of the draft Pharmaceutical Needs Assessment?	
Yes	2
No	12
Don’t know	0

Verbatim comments in relation to the question above;
“The ABHB HAVE to ensure that the proper enforcement and inspection regulatory function of pharmacy’s and individual pharmacist takes place, and that any observations or formal submissions by PATIENTS have a proper role within the process to ensure the high quality of pharmaceutical services in GWENT is maintained. I do not know if such a provision is considered AT ANY TIME" by the AGHB even currently.?”
“Far greater need for old age pensioner services as there is nothing apart from voluntary organisations and charities. Far more provision for patients with serious long term health conditions especially at weekends.”

Health Board consideration and response

In response the comments above, the Health Board recognises the importance of ensuring that pharmaceutical services are delivered in a safe, effective and high-quality manner and that patients have opportunities to provide feedback on the services they receive. However, the inspection, regulation and enforcement of pharmacy services and individual pharmacists are the responsibility of national regulatory and professional bodies and are not matters that are considered as part of the PNA.

A comprehensive population needs assessment was undertaken as part of the development of the PNA. This included consideration of current and projected population changes, demographic characteristics, health needs, life expectancy, deprivation, disability and other factors that may influence the future need for pharmaceutical services across the Health Board area.

The findings of this assessment have informed the conclusions within the PNA. Following consideration of this evidence, no additional pharmaceutical service needs were identified beyond those set out in the document.

Summary of Written Response and Health Board Considerations

A detailed written response was received from Community Pharmacy Wales (CPW). CPW acknowledged the work undertaken in preparing the draft PNA and broadly supported its description of current community pharmacy provision. However, CPW raised concerns about the evidential basis for some draft conclusions concerning future pharmaceutical need, hypothetical changes in service availability, controlled localities and the sustainability of provider capacity. The response is summarised below.

Question 1

1. Has the purpose of the pharmaceutical needs assessment been explained?	
Community Pharmacy Wales response	Yes, with qualifications

Summary of comments
CPW considered that the draft correctly described the PNA as a statutory assessment of current and future pharmaceutical need.
CPW recommended that the Executive Summary and Introduction give greater prominence to the PNA's role as an important evidential basis for decisions under the pharmaceutical market-entry framework, because the evidence, methodology and conclusions may affect subsequent regulatory decisions.

Health Board consideration and response

The Health Board accepted this recommendation. The Executive Summary, Chapter One, Chapter Seven and Appendix A have been amended to give greater prominence to the PNA's role as an important evidential basis for market-entry decisions, while clarifying that the PNA does not itself approve a new pharmacy or determine an application.

Question 2

2. Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within the area?	
Community Pharmacy Wales response	Yes, with qualifications

Summary of comments
CPW considered that the draft broadly reflected current community pharmacy provision and drew on an appropriate range of contractual, dispensing, service-activity and local intelligence data.
CPW advised that contractor questionnaire findings on capacity should be treated as a point-in-time assessment rather than evidence of future resilience. It stated that continued capacity and service delivery depend on contractual funding and workforce sustainability.

Health Board consideration and response

The Health Board accepted the qualification. Contractor questionnaire findings are treated as point-in-time evidence and considered alongside premises, workforce, activity, accessibility and local intelligence. The final PNA does not treat reported capacity as a guarantee of future resilience and recognises its dependence on workforce availability, contractual arrangements, clinical governance and sustainable resources.

Question 3

3. Is the need for Appliance Use Reviews and Stoma Appliance Customisation being met through providers outside the Health Board area?	
Community Pharmacy Wales response	Yes

Summary of comments
CPW considered it reasonable, in the absence of evidence to the contrary, to assume that the need for Appliance Use Reviews and Stoma Appliance Customisation is being met through existing out-of-area provision.

Health Board consideration and response

The Health Board agreed that available evidence supports the conclusion that current need is met through out-of-area provision. A local contractor's willingness to provide a service does not itself establish an unmet need. Appliance-service access and utilisation will remain under review.

Question 4

4. Are there gaps in service provision that have not been identified in the pharmaceutical needs assessment?	
Community Pharmacy Wales response	Unable to confirm

Summary of comments
CPW considered that the PNA included much of the relevant information about the location, opening hours and range of pharmaceutical services.
CPW was not in a position independently to verify the completeness or accuracy of that information and therefore could not confirm whether additional gaps existed.

Health Board consideration and response

The Health Board reviewed provision data, opening hours, locations, activity, contractor feedback and consultation evidence. No additional current systemic or geographical gap was identified. Any material change in availability, access or capacity identified during the lifetime of the PNA will be considered under regulation 6.

Question 5

5. Does the draft pharmaceutical needs assessment reflect the needs of the area's population?	
Community Pharmacy Wales response	No

Summary of comments
CPW considered that the draft did not sufficiently evidence proposed future pharmacy requirements in Newport East and Torfaen North, or the

Summary of comments
consequences attributed to pharmacy closure, reductions in Saturday opening and cessation of dispensing-doctor services.
For Glan Llyn and Mamhilad Urban Village, CPW questioned whether the development thresholds would be reached during the PNA period and highlighted the accessibility of existing pharmacies. It recommended monitoring unless evidence showed that relevant development and population changes would occur and existing provision could not meet demand.
CPW opposed assumptions that loss of a pharmacy, supplementary Saturday hours or dispensing-doctor provision would automatically create a like-for-like replacement need. It considered that any change should prompt a fresh assessment of access, alternative provision, service use, population need, controlled-locality requirements and network capacity.
CPW also cautioned that inadequately evidenced market-entry needs could create over-provision and adversely affect the sustainability of existing pharmacies.

Health Board consideration and response

The Health Board accepted the concern in part. The fixed requirements for new pharmacy premises previously proposed for Glan Llyn and Mamhilad Urban Village have been removed. The detailed locality assessment describes Glan Llyn and Mamhilad Urban Village as matters requiring monitoring. Neither is identified as a current gap, and Chapter Seven identifies no specific future need for additional pharmaceutical provision on the evidence presently available.

Statements implying that pharmacy withdrawal, loss of supplementary Saturday hours or cessation of dispensing-doctor services would automatically create replacement need have been removed.

Statements that any future change will be managed in line with the conditions set out in regulation 6 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020 have been incorporated at relevant points.

Question 6

6. Has the pharmaceutical needs assessment provided sufficient information to inform market-entry decisions?	
Community Pharmacy Wales response	No

Summary of comments
CPW considered that the concerns raised under question 5 should be resolved before the PNA was relied upon for market-entry decisions.
CPW also raised concerns about controlled-locality determinations, dispensing-doctor outline-consent areas and mapping. It requested prioritised clarification around Abergavenny and clarification of the position relevant to Mamhilad Urban Village before any future application was considered.

Health Board consideration and response

The final PNA strengthens the explanation of its market-entry function and clarifies that applications are determined separately under the applicable regulatory tests and current evidence.

Chapter One now explains that eligibility for doctor dispensing is governed by the statutory controlled-locality framework and cannot be extended through the PNA. The Schedule 1 map identifies pharmaceutical and dispensing premises but does not determine or reproduce controlled-locality boundaries. The consultation concerns relating to controlled-locality information, including those concerning Abergavenny and the status relevant to Mamhilad Urban Village, have been recorded.

The underlying controlled-locality and mapping position is not resolved by publication of the PNA and will require consideration through the appropriate statutory, regulatory and Health Board governance process. Before determining any affected application, the Health Board will need to establish and consider the applicable controlled-locality, distance, outline-consent and other regulatory evidence prevailing at that time.

Question 7

7. Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?	
Community Pharmacy Wales response	Qualified response

Summary of comments
CPW recognised that the PNA provides a five-year planning framework but referred back to its concerns about the evidence supporting the current and future needs identified in the draft.

Health Board consideration and response

The PNA remains a five-year assessment of pharmaceutical need but is distinguished from subsequent commissioning decisions. Future commissioning must be considered alongside national policy, assessed need, workforce capacity, clinical governance, contractual arrangements and sustainable funding. Monitoring provisions have been included accordingly.

Question 8

8. Has the pharmaceutical needs assessment provided enough information to inform future service provision and plans for pharmacies, appliance contractors and dispensing doctors?	
Community Pharmacy Wales response	No

Summary of comments
CPW considered that the draft did not demonstrate that a need for new pharmacy provision in Newport East or Torfaen North would arise during the PNA period, given uncertainty about development timing, occupation, population growth, access, demand, existing capacity and future general medical services.
CPW recommended continued review using clearer evidence on development progress, occupancy, access and network capacity. It also

Summary of comments
stated that capacity conclusions should recognise financial and workforce pressures and the need for recurrent funding and contractual support.

Health Board consideration and response

The detailed locality assessment has been amended to describe Glan Llyn and Mamhilad Urban Village as matters for monitoring. Neither location is identified as a current gap, and Chapter Seven now concludes that no specific future need for additional pharmaceutical provision has been identified on the evidence presently available. Statements have been included to describe that monitoring will include dwelling completions and occupation, population growth, access, service use, opening hours, provider capacity and alternative pharmaceutical and NHS services. If evidence shows that existing provision can no longer meet need, the Health Board will consider action under regulation 6.

Question 9

9. Are there pharmaceutical services that could be provided in the pharmacy setting in future that have not been highlighted?	
Community Pharmacy Wales response	Yes

Summary of comments
CPW suggested that pharmacy-based weight-management services could contribute to addressing the prevalence of overweight and obesity identified in Chapter Two.
CPW stated that such services would require investment beyond the existing Community Pharmacy Contractual Framework and recommended development in line with Community Pharmacy by Design principles and sustainable recurrent funding.

Health Board consideration and response

Chapter Two now records weight-management support as a potential future community pharmacy service. Any development would be subject to national policy, a separate assessment of need, workforce capacity, clinical governance, Community Pharmacy by Design principles and sustainable commissioning. No current Schedule 1 gap has been identified.

Question 10

10. Are there developments likely to arise during the lifetime of the pharmaceutical needs assessment that have not been identified?	
Community Pharmacy Wales response	No

Summary of comments
CPW was not aware of additional developments but noted that contractors, members of the public and other stakeholders with local knowledge might identify further developments through consultation.

Health Board consideration and response

No additional developments were identified by CPW. The final PNA continues to consider material population or service changes, through ongoing monitoring. Any future change will be managed in line with the conditions set out in regulation 6 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

Question 11

11. Do you agree with the conclusions of the pharmaceutical needs assessment?	
Community Pharmacy Wales response	No

Summary of comments
CPW did not agree with the draft conclusions because it considered that the identified unmet and future needs had not been sufficiently demonstrated, principally for the reasons set out in its response to question 5.

Health Board consideration and response

Following consultation, the conclusions have been substantially revised. The final PNA identifies no current systemic or geographical gap and no specific future need for additional pharmaceutical provision on the evidence presently available. Strategic developments and changes in service availability are treated as matters for monitoring, with significant changes

considered under regulation 6. The Health Board retains responsibility for its final statutory assessment.

Question 12

12. Do you have any other comments?	
Community Pharmacy Wales response	No

Summary of comments
CPW made no additional comments.

Health Board consideration and response

No additional comments were made under this question. The response as a whole nevertheless informed revisions to the Executive Summary, Chapter One, Chapters Two, Six and Seven, Appendix A and this amendment record.

Summary of principal points raised by Community Pharmacy Wales

- CPW broadly supported the description of current community pharmacy provision and agreed with the assessment of appliance-related services obtained from out-of-area providers.
- CPW did not agree with the draft's overall conclusions because it considered that several identified future needs and hypothetical replacement requirements were insufficiently evidenced.
- CPW recommended clearer recognition of the PNA's market-entry role; evidence-led monitoring of strategic developments; removal or revision of speculative future-need statements; clarification of controlled-locality information; recognition of funding and workforce dependencies; and consideration of pharmacy-based weight-management services subject to assessed need and sustainable commissioning.

Health Board consideration and response to summary points

The Health Board accepted that hypothetical changes arising during the lifetime of the PNA should not automatically be treated as established future needs.

The Executive Summary, Chapter One, Chapter Seven and Appendix A have been amended to clarify and explain the Health Board's duties under regulation 6, including consideration of a revised assessment under regulation 6(2) and, where the statutory conditions are met, publication of a supplementary statement under regulation 6(3).

Summary conclusions

Consultation responses broadly supported the description of current pharmaceutical provision but raised concerns about the evidence supporting some proposed future needs and hypothetical replacement requirements. The Health Board accepted those concerns in part.

The final PNA identifies no current systemic or geographical gap and no specific future need for additional provision on the evidence presently available. Strategic housing growth, weekend access, service availability, prescription turnaround, medicine availability and provider capacity will be monitored, with significant changes considered under regulation 6 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

The final PNA removes speculative statements that provider withdrawal, reduction in supplementary Saturday hours or cessation of dispensing-doctor services would automatically create replacement need. The detailed locality assessment describes Glan Llyn and Mamhilad Urban Village as matters for monitoring; neither is identified as a current gap, and Chapter Seven identifies no specific future need on the evidence presently available.

Potential vaccination and weight-management services are future commissioning considerations, subject to policy, assessed need, workforce capacity, clinical governance and sustainable funding, and are not current gaps.

The Health Board will continue to make proportionate use of the existing pharmaceutical network and place-based models of care, while recognising that reported capacity is point-in-time evidence and may depend on workforce availability and sustainable contractual support.

Equalities monitoring

Eleven of the 14 online respondents completed the equality monitoring section and provided demographic information, Of these:

- Eleven respondents stated that their preferred language is English.

- One respondent is aged 35 to 44 years, two are aged 45 to 54 years, two are aged 55 to 64 years, four are aged 65 to 74 years and two are aged 75 years or older.
- Three respondents are male and eight are female.
- Five respondents described their ethnic group as White, three as Welsh, two as British and one as Indian.
- Nine respondents stated that they are heterosexual or straight and two preferred not to say.
- Eight respondents are Christian, one is Atheist, one is Hindu and one preferred not to say.
- Six respondents stated that they did not have a long-term illness or disability and five stated that they did.
- Eleven respondents stated that their gender identity has not changed from that assigned at birth.
- Five respondents confirmed that they have caring responsibilities, five stated that they did not and one preferred not to say.

Amendments to the PNA following consultation

- The Executive Summary, Chapter One, Chapter Seven and Appendix A were amended to emphasise the PNA's role as an important evidential basis for market-entry decisions while clarifying that applications are determined separately.
- Chapter One and Appendix A were expanded to explain regulation 6 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020 including revised assessments under regulation 6(2) and supplementary statements under regulation 6(3).
- The dispensing-doctor sections were corrected and expanded to explain controlled localities, the 1.6 kilometre test, the distinction between controlled-locality mapping and the Schedule 1 premises map, and the need to establish relevant status before determining an affected application.
- Vaccination text was amended to record COVID-19 booster, pneumococcal and respiratory syncytial virus vaccination as potential future services subject to policy, assessed need, workforce capacity, clinical governance and sustainable commissioning, not as current gaps.

- Weight-management support was recorded as a potential future community pharmacy service, subject to national policy, assessed need, workforce capacity, clinical governance and sustainable commissioning, and not as a current gap. This terminology should be read consistently with the corresponding PNA reference to weight-loss support.
- Contractor capacity evidence was qualified as point-in-time information rather than a guarantee of future resilience.
- Chapter Six was amended to record consultation concerns about weekend access, prescription turnaround, medicine availability, housing growth and perceived capacity pressures, including Magor and Chepstow, and to establish the related monitoring framework.
- The fixed future pharmacy requirements previously proposed for Glan Llyn and Mamhilad Urban Village were removed. The detailed locality assessment describes Glan Llyn and Mamhilad Urban Village as matters for monitoring; Chapter Seven concludes that no specific future need for additional pharmaceutical provision has been identified on the evidence presently available.
- Statements implying automatic replacement need following pharmacy withdrawal, reduced supplementary Saturday hours or cessation of dispensing-doctor services were removed. Material changes will be managed in according to regulation 6 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020.
- The conclusions within individual NCN assessments in Chapter Six were revised to state that existing pharmaceutical services, including provision accessed in neighbouring localities, are currently sufficient to meet identified need. This replaces more absolute statements that no current or future need exists.
- Chapter Seven was amended to distinguish current gaps, conditional future needs and matters requiring monitoring, and to conclude that no specific future need for additional provision is identified on the evidence presently available.
- Appendix K was updated to provide a Health Board consideration and response to each principal consultation issue and a traceable record of the resulting amendments.

Appendix L - Protected Characteristics and Vulnerable and inclusion groups Data

Ethnic groups by percentage by local authority and Wales[110]					
Local authority	White	Asian/ Asian British	Mixed/ Multiple ethnic groups	Black/ African Caribbean /Black British	Other ethnic group
Blaenau Gwent	97.7	1.0	0.8	0.1	0.3
Caerphilly	97.6	1.0	0.9	0.2	0.2
Monmouthshire	96.9	1.3	1.2	0.2	0.4
Newport	85.6	7.6	2.8	2.3	1.7
Torfaen	97.0	1.3	1.1	0.2	0.2
Wales	93.8	2.9	1.6	0.9	0.9

Welsh language skills by local authority[111]					
%	Blaenau Gwent	Caerphilly	Monmouthshire	Newport	Torfaen
No skills in Welsh	90.2	84.8	87.3	88.6	88.2
Can speak, read and write Welsh	4.7	8.5	6.8	5.7	6.5
Can understand spoken Welsh only	2.3	3.1	2.5	2.5	2.3
Can speak and other combinations of skills in Welsh	0.1	0.2	0.1	0.2	0.1
Can speak but cannot read or write Welsh	0.9	1.2	1.2	1.2	1.1
Can speak and read but cannot write Welsh	0.5	0.6	0.5	0.5	0.6

[110] Ethnic group, England and Wales - Office for National Statistics

[111] 2021 Census

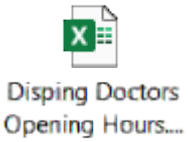
Religion at local authority and Wales level[112]					
Religion	Blaenau Gwent	Caerphilly	Monmouthshire	Newport	Torfaen
No religion	56.4	56.7	43.4	43.0	50.8
Christian	36.5	36.4	48.7	42.8	41.5
Buddhist	0.2	0.2	0.4	0.3	0.3
Hindu	0.1	0.1	0.2	0.5	0.3
Jewish	0.0	0.0	0.1	0.1	0.0
Muslim	0.4	0.3	0.5	7.1	0.4
Sikh	0.2	0.1	0.1	0.3	0.1
Other religion	0.5	0.4	0.6	0.5	0.5
Not answered	5.8	5.7	6.2	5.6	6.1

Percentage of Gypsy or Irish Traveller ethnic groups who lived in each lower tier local authority in England and Wales, Census 2021[113]
Blaenau Gwent - 0.0% of the population
Caerphilly - 0.1% of the population
Monmouthshire - 0.0% of the population
Newport - 0.4% of the population
Torfaen – 0.0% of the population

[112] Nomis 2021 - Religion

[113] Gypsy or Irish Traveller populations, England and Wales - Office for National Statistics

Appendix M - Dispensing Practice Opening Hours

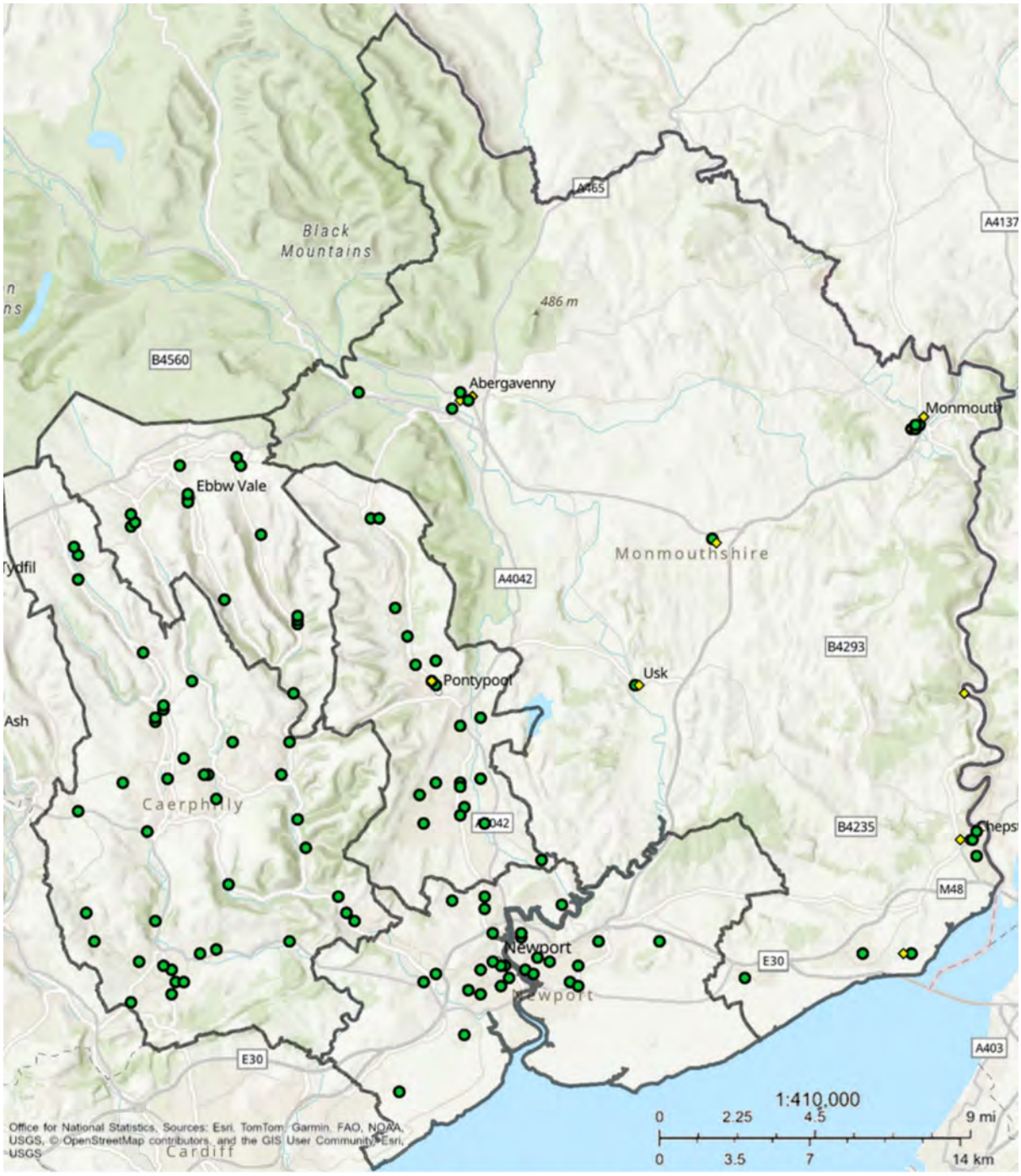


Appendix N - Community Pharmacy Opening Hours



Appendix O – Maps for the purposes of Schedule 1 of the NHS Pharmaceutical Services Regulations

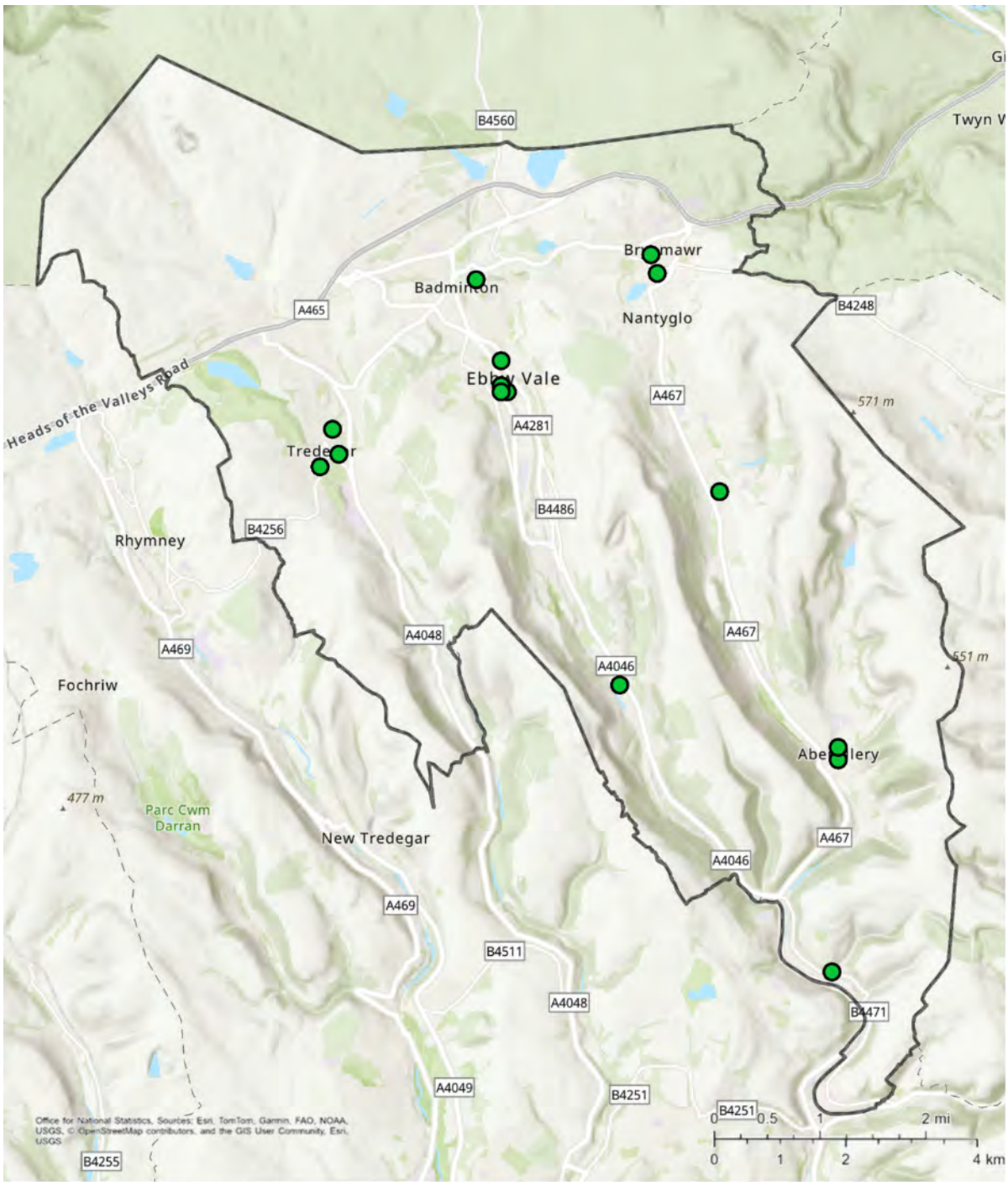
Overall map of Aneurin Bevan University Health Board showing pharmacy and dispensing doctor locations



Pharmaceutical Services Distribution: Pharmacy Dispensing Doctor

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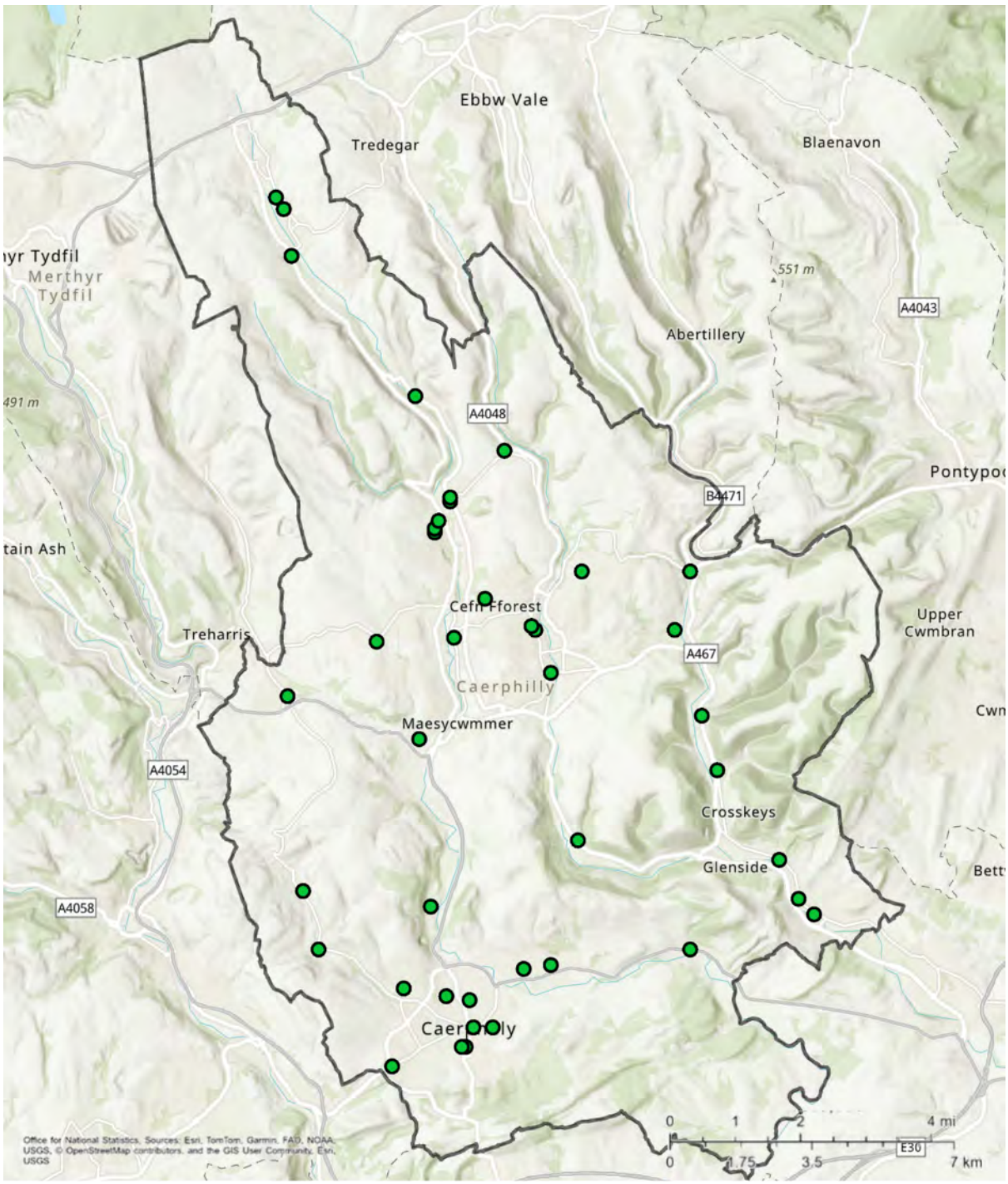
Map of Blaenau Gwent - Showing Pharmacy Locations in Blaenau Gwent East and Blaenau Gwent West NCNs



Pharmaceutical Services Distribution: Pharmacy Dispensing Doctor

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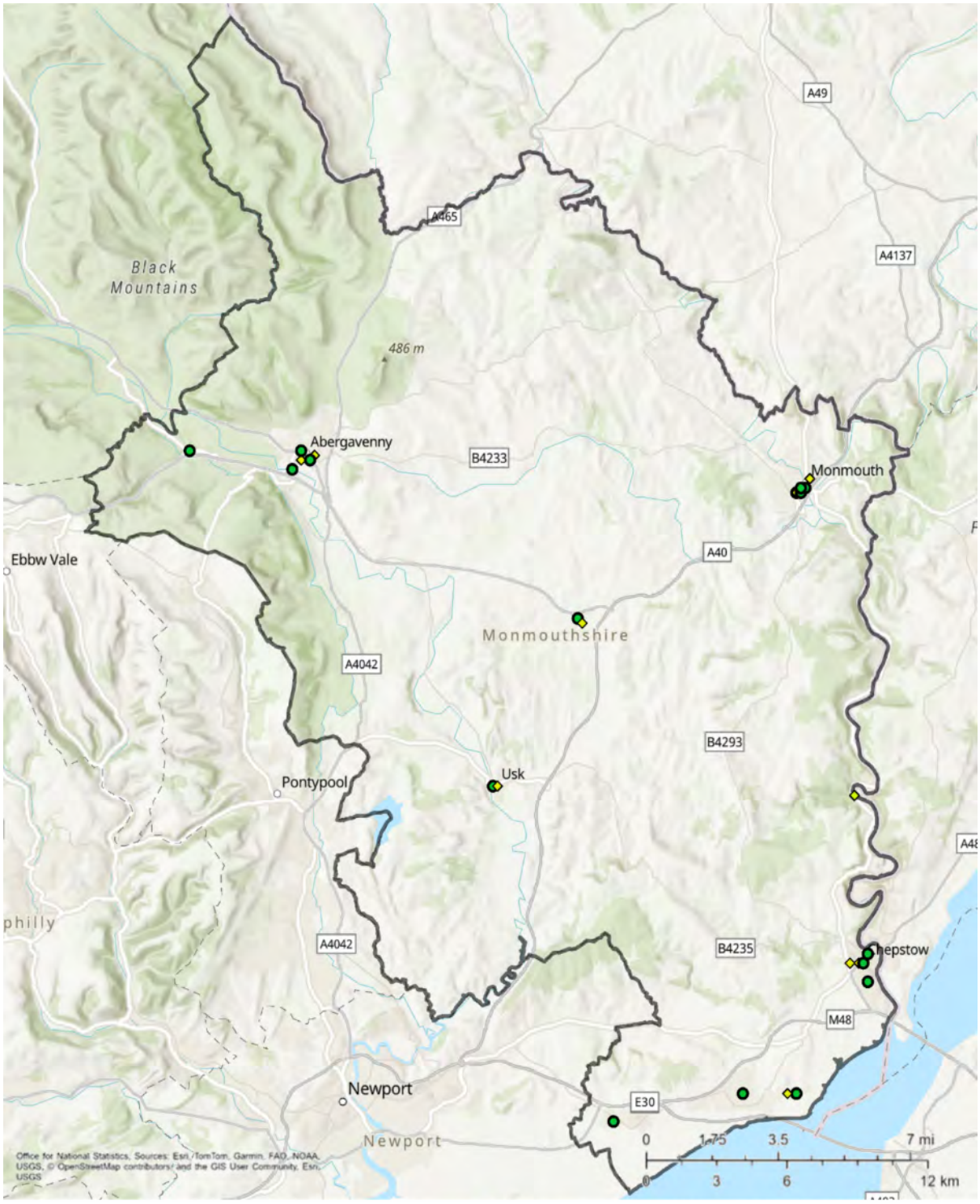
Map of Caerphilly - Showing Pharmacy Locations in Caerphilly East, Caerphilly North and Caerphilly South NCNs



Pharmaceutical Services Distribution: Pharmacy Dispensing Doctor

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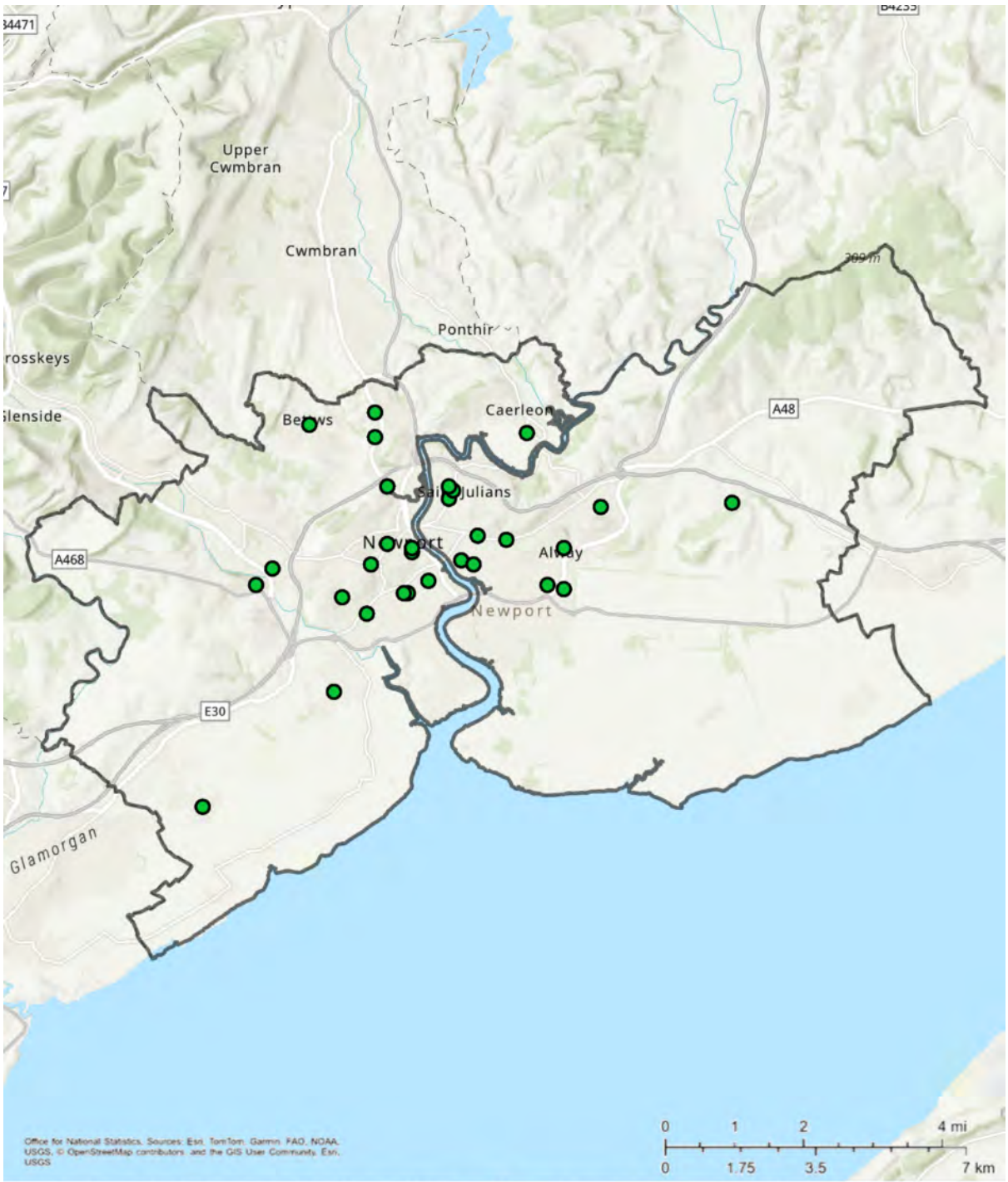
Map of Monmouthshire - Showing Pharmacy and Dispensing Doctor Locations in Monmouthshire North and Monmouthshire South NCNs



Pharmaceutical Services Distribution: ● Pharmacy ◆ Dispensing Doctor

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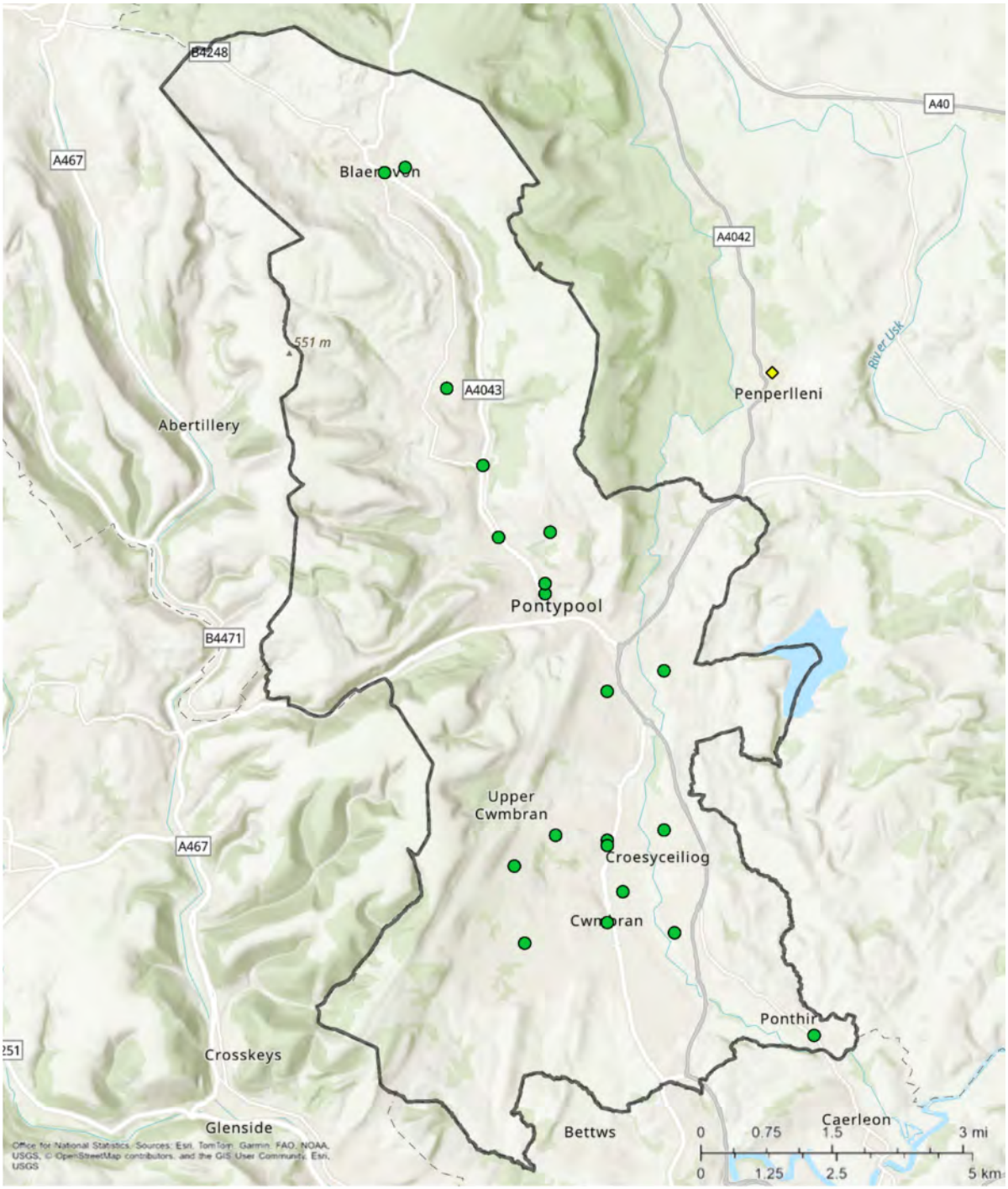
Map of Newport - Showing Pharmacy Locations in Newport East and Newport West NCNs



Pharmaceutical Services Distribution: Pharmacy Dispensing Doctor

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Map of Torfaen – Showing Pharmacy and Dispensing Doctor Locations in Torfaen North and Torfaen South NCNs



Pharmaceutical Services Distribution: Pharmacy Dispensing Doctor

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Aneurin Bevan University Health Board Key Issues Report			
Board Date:	28 September 2026		
Period of:	02 July 2026 to 03 September 2026	Report of:	The Executive Committee
Quoracy met:	N/A		

The Executive Committee meets on a weekly basis and focusses on the breadth of the organisation's business. These formal meetings are supplemented by:

- Informal Executive Team Sessions, which are used to focus on strategic developments, information sharing and Executive Team engagement.
- A weekly formal meeting which enables the Executive Team to oversee implementation of the Board's strategic priorities, take decisions and resolve issues which may be impacting delivery.
- A monthly Executive Committee Performance Meeting, which enables the Executive Team to monitor the Health Board's integrated performance to enable a focus on quality, workforce, activity and financial performance.
- Regular Executive Team development sessions focussing on the effectiveness of the Executive Team and its way of working.

Much of the business of the Executive Committee informs onward reporting to the Board's assurance committees, providing assurance to the Board on the effective management of the organisation and achievement of the Board's strategic objectives. The Executive Committee's business also informs much of the Board's formal meeting agendas, given the Executive Team's responsibility for strategy development and its implementation.

The Workplan of the Executive Committee is based on five key areas to ensure appropriate focus, oversight of the organisation's business, and enable the Chief Executive Officer and Executive Team members to discharge their responsibilities effectively:

- Quality, Safety and Culture
- Delivery, Performance and Efficiencies
- Strategic Planning and Service Development

• Strategic Partnership Arrangements • Transformational programmes. During the period 02 July 2026 - 03 September 2026 the following matters were some of the issues considered by the Executive Committee.		
1	Quality, Safety and Culture	Prevention and Population Health The Committee endorsed the Gwent Suicide Prevention and Self-Harm Framework and supported progression of its Delivery Plan. In addition, the Committee also approved the Gwent Tuberculosis Elimination Plan and supported development of delivery plans, outcome measures and any associated business cases. These decisions provided assurance that coordinated multi-agency arrangements had been established for key population health priorities. The Committee further supported closer alignment of impact assessment processes to strengthen consideration of health inequalities, access, oral health and the population impact of service changes. The Committee did not support derogation from national consent-stage requirements for the Schools Influenza Vaccination Programme and requested further assurance on the professional, regulatory and patient safety implications. Maternity, Neonatal and Clinical Quality The Committee received assurance on oversight of Nationally Reportable Incidents and wider maternity and Neonatal quality indicators. Assurance remained under devlopment in relation to neonatal workforce engagement, leadership and quality and safety arrangements, and further evidence of progress was requested. The Learning from Deaths Report and Mortality assurance arrangements were reviewed. The Committee identified that intelligence and outcome measures for community settings required further development to provide a complete whole-system view of quality and patient outcomes. Mental Capacity, Safeguarding and Statutory Compliance The Committee reviewed preparations for legislative

		changes affecting the Mental Capacity Act and Deprivation of Liberty Safeguards and endorsed development of a Health Board-wide model to strengthen governance, accountability, statutory compliance and organisational resilience. Further implementation planning was required to address workforce, resource and transition arrangements. Digital Clinical Safety and Information Governance The Committee supported the continued decision not to implement the Opera Artificial Intelligence Ophthalmology Referral System until outstanding clinical safety and operational concerns had been resolved. The Committee approved the revised Clinical Assurance Standard Operating Procedure, strengthening risk assessment, multidisciplinary oversight and monitoring of digital and artificial intelligence-enabled systems. In addition, further rollout of the Digital Patient Communications Programme was paused pending an independent review and strengthened controls following operational concerns. In response to unauthorised access to records at Health Board sites, immediate corrective action had been taken and no evidence of a reportable personal data breach had been identified. Further work was required to strengthen storage, digitisation, records management and compliance arrangements. Patient Safety and Organisational Learning The Committee received assurance on measles surveillance, vaccination and escalation arrangements and supported phased implementation of the Call for Concern programme to strengthen recognition and escalation of deteriorating patients. The Health, Safety and Fire Annual Report provided assurance of improvements in governance, risk management, audit, workplace inspection and regulatory compliance. Clinical Investment and Quality Impact The Committee approved investment in the Diabetic

		Pump Programme, subject to robust financial mitigation and benefits realisation arrangements. It required proposals affecting patients, staff or services to be supported by appropriate risk assessment, governance review and, where required, a Quality Impact Assessment. Proposals affecting radiology services, workforce establishments and clinical pathways remained subject to further clinical review.
2	Delivery, Performance and Efficiencies	Urgent and Emergency Care The Committee maintained close oversight of Urgent and Emergency care performance. Performance remained below national expectations in some areas, particularly ambulance handovers and Emergency Department waiting times. Improvement had been achieved in patient flow, discharge performance and system resilience following implementation of the Urgent and Emergency Care Improvement Programme and Rapid Release Protocol. Enhanced monitoring arrangements were introduced to strengthen scrutiny of performance, clinical safety and delivery. The Committee recognised that sustained improvement remained dependent on discharge activity, escalation management, hospital occupancy, workforce capacity and resilience during periods of increased demand. The Winter Plan remained aligned with the wider improvement programme. Financial Performance and Recovery The Committee received regular assurance on the financial position and delivery of the financial recovery plan. Confidence remained in achievement of the overall savings target; however, material risks remained in relation to cost pressures, income shortfalls, non-recurrent savings and operational challenges. Enhanced scrutiny was applied to expenditure, recruitment, vacancies, discretionary spending and non-pay costs. The Committee supported strengthened financial controls while protecting patient services and workforce sustainability. The Committee recognised and agreed that further work was required to validate savings opportunities, commissioning assumptions, income recovery and

		recurrent benefits, and the limited resilience within the financial position required continued close oversight. Workforce and Organisational Sustainability The Committee supported workforce savings measures in principle, subject to implementation planning, risk assessment, communication and appropriate governance. Enhanced vacancy scrutiny was approved to support affordability while maintaining safe service delivery. Phased implementation of the Healthcare Support Worker Framework was endorsed to enable evaluation of staffing, affordability, equity and operational impact before wider implementation. Capital Investment and Operational Continuity The Committee approved a revised delivery timetable for the Emergency Department Phase 2 redevelopment in recognition of the operational risks associated with construction during winter pressures. The Digital Dictation Business Case was supported, subject to confirmation of affordability, completion of the required governance review and development of a comprehensive benefits realisation framework. Continuation of critical pharmacy stock management arrangements was also approved. Primary Care and Community Services The Committee noted the outcome of procurement processes for vacant General Medical Services contracts and supported progression to contract award, subject to due diligence and Welsh Government approval. Progression of the Ardwyn Development Programme, a strategic investment to increase local specialist supported living capacity for people with Learning Disabilities, was also supported in response to increasing demand, costs and sustainability pressures.
3	Strategic Planning and Service Development	Strategic Workforce Planning The Committee considered the workforce and financial implications of the new Resident Doctor Contract. Further consideration was required following clarification of national funding and completion of a detailed financial assessment. Senior workforce structures and vacancy

		arrangements were reviewed, with further benchmarking and organisational design work supported to test affordability, value for money and opportunities for simplification. A postgraduate medical training pathway was supported in principle to strengthen the long-term recruitment pipeline, subject to further planning on supervision, organisational capacity and quality assurance. Risks arising from nationally funded programmes and uncertainty regarding Regional Integration Fund support required continued oversight. Annual Planning and Strategic Priorities The Committee supported continuation of the strategic priorities and the proposed tiered approach to the Annual Plan. Priority areas included patient safety, urgent and emergency care, financial sustainability, prevention, Place Based Care, cancer services, mental health transformation, estates and planned care improvement. Local plans were expected to remain aligned with national requirements, with investment directed towards areas of greatest risk, need and measurable improvement. Service Model Redesign The Committee supported continued development of a sustainable model for Child and Adolescent Mental Health Services neurodevelopment pathways, subject to further assessment of demand, affordability, workforce and capacity. Continuation of the centralised stroke rehabilitation model was supported following public engagement. Proposed staffing model changes at Ysbyty Ystrad Fawr Birth Centre were supported in principle, subject to further assurance on clinical safety, engagement, organisational change and the appropriate approval route. The scope and sequencing of the therapies review required further refinement. Capital, Infrastructure and Service Capacity The Committee supported progression of the Llantrisant Health Park Business Case and Regional Arthroplasty Plan through the appropriate governance processes. Final proposals were expected to address strategic benefits, workforce implications, financial impact, risks and long-

		term utilisation. Further assessment of capacity and utilisation at Online House was requested. Recruitment to a joint nephrology consultant post was approved in recognition of identified service risks, subject to due diligence on capacity, activity, commissioning, governance and recurrent funding. Risk Management and Regulatory Readiness The Committee reviewed development of the Corporate Risk Register and received assurance that directorate-level assessments were improving visibility and management of operational risk. Preparations for the Health Impact Assessment (Wales) Regulations were also reviewed, and a detailed implementation plan was requested.
4	Strategic Partnership Arrangements	Regional and National Collaboration The Committee reviewed partnership activity with Welsh Government, NHS Wales organisations, regional bodies and local authorities. Engagement continued in relation to escalation, planning expectations and improvement support across vaccination, diagnostics, planned care recovery, urgent and emergency care and service transformation. Regional Commissioning and Statutory Services The Committee extended the Independent Mental Health Advocacy contract to maintain continuity of a statutory service while national legislative and commissioning arrangements were clarified, with review mechanisms and contractual safeguards incorporated. Recommissioning of the Mental Health Crisis Support House was also agreed to maintain community-based crisis support. Section 33 Partnership Arrangements The Committee considered emerging options for future Section 33 arrangements with local authority partners. Potential financial implications remained unresolved. Further work was commissioned to assess financial, legal and organisational impacts and develop a coordinated Health Board position. The Committee reaffirmed that partnership arrangements should not result in financial detriment to participating organisations.

		National Funding, Policy and Digital Dependencies Uncertainty regarding future Regional Integration Fund arrangements represented a risk to services, workforce capacity and financial sustainability. Transition planning and engagement with Welsh Government continued, and the Committee sought clarification of the effects of nationally driven workforce, vaccination and service developments. The Committee also received updates on national digital funding, the Laboratory Information Management System programme and infrastructure risks managed through national governance arrangements.
5	Transformational Programmes	Value and Sustainability Programme The Committee maintained oversight of workforce efficiencies, vacancy management, use of organisational assets, non-pay controls and operational processes. Savings initiatives were required to be supported by risk assessment, mitigation and governance arrangements to protect patient safety, statutory duties and service quality. Staff-led improvement was endorsed as a means of reducing waste and improving value. Urgent and Emergency Care Transformation The Committee received assurance that the Rapid Release Protocol remained a significant element of the Urgent and Emergency Care Improvement Programme and that monitoring arrangements had been established to assess performance, quality, patient outcomes and learning. Early implementation had demonstrated improved collaboration and operational outcomes, while workforce resilience and operational capacity remained material dependencies. The principal performance position was reported under Delivery, Performance and Efficiencies. Workforce, Leadership and Mental Health Transformation The postgraduate medical training partnership with the University of South Wales was supported in principle to improve recruitment, retention and workforce resilience. The strategic direction of a leadership development programme for the System Leadership Group was also endorsed. The Committee recognised the contribution of

		Ty Cynnal to community-based mental health crisis support and reduced reliance on inpatient services, and requested continued monitoring of performance, utilisation and value for money. Digital Infrastructure and Organisational Efficiency The Committee supported progression of the microbiology component of the Laboratory Information Management System programme, with mitigations agreed for implementation risks. It also supported initiatives to improve use of facilities and resources, rationalise non-clinical expenditure and manage diagnostic demand, subject to delivery without adverse impact on service quality. The specific records management assurance position was reported under Quality, Safety and Culture to avoid repetition.
6	Other Formal Business	As standing agenda items, the Executive Committee receives: • Quality and Safety Performance Report • Workforce Performance Dashboard • Strategic Risk Report • Financial Performance Report • Activity & Performance Report, including Ministerial Priorities In this reporting period the following other items of Formal Business was considered. • Charitable Funds bids and small grants. • Routine consent agenda matters.

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 September 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Regional Partnership Board Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans – Executive Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Amy Dolben – Assistant Director of Partnership & Integration Rebecca Stanton – Regional Children & Families Transformation Lead

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Gwybodaeth/For Information

1. Sefyllfa / Situation

This report highlights the work of the Regional Partnership Board (RPB) during July and August 2026.

It provides the current revenue and capital funding position including slippage and transition planning being undertaken for the potential cessation of the current Regional Integrated Fund.

Updates are provided on the RPB's statutory requirements including the published Annual Report for 2025/26 as an Appendix and some of the work of the Children and Families Strategic Partnership.

This report is provided to the Board for information only to ensure consistent messaging and updates between the RPB and the Health Board.

2. Cefndir / Background

2.1. Welsh Government Updates

On 1 September 2026, Welsh Government officials advised that Ministers had collectively agreed a preferred option for future RPB funding. The recommendation is undergoing financial clearance, with officials continuing to work towards confirmation during September. The clearance timetable has been affected by the wider 'zero-based' budget review.



In parallel, Welsh Government officials are reviewing the findings of the Institute of Public Care report. This was a rapid review of RPB arrangements in Wales with a view to develop advice for Ministers on short, medium and longer-term next steps. Whilst the report has not yet been shared with RPBs, Welsh Government officials have advised that its contents focussed on practical levers to improve integration – this included: planning; budgeting; accountability; inspection; and the effective use of existing legislative powers. Culture, leadership and collective working were also recognised as critical to success.

2.2. Gwent RPB Statutory Requirement Updates

The RPB publishes an Annual Report which provides an overview of the work carried out during the previous financial year. It highlights the progress made in delivering integrated health and social care services, celebrates achievements, and reflects on the experiences of people and communities across the region. The 2025/26 Annual Report is included within Appendix A.

Looking forward, the RPB is undertaking preparatory work to support the development of a new Population Needs Assessment (PNA) and Market Stability Report (MSR), due for publication in April and September 2027, respectively. A range of sources will be used to determine current and future population for health and care services, alongside market capacity, strengths and challenges – this includes: citizen engagement via drop-in events and an online survey; and the Gwent Joint Strategic Assessment (JSA). The PNA and MSR will inform the priorities and actions set out in the next five-year Area Plan, which will be published in April 2028.

Previously the RPB (and the PSB) have agreed that the JSA should be the single source of the information on need. This position was tested again at the RPB in September and accepted noting that to complete the PNA there would be some additional data sets to those in the JSA required.

3. Asesiad / Assessment

3.1. 2026/27 RPB Revenue Funding

As of Month 4, £45K of Regional Integration Fund (RIF) slippage remains unallocated. With the ambition of progressing Place-Based Care, the RPB has supported the recommendation that this slippage is distributed to the locality-based Integrated Services Partnership Boards via the Primary and Community Care Heads of Service. It is intended that the slippage is utilised to support delivery of preventative priorities over the winter period, focussing on: increasing vaccination update; supporting warm homes initiatives; and falls prevention.

3.2. Post-March 2027 RPB Revenue Planning

Whilst the RPB awaits further clarity on future funding as per 2.1., all revenue-funded projects have been required to undertake transition planning for the potential cessation of RPB funding post-March 2027. The majority of transition plans across health, social care and the third sector indicate that services would cease should RPB funding be withdrawn. At the recent RPB, clarity and transparency on the impact of withdrawing services was raised and the expectation set by the RPB that this is clear. In addition



Llais restated the requirement of engagement should there be material changes to service provision. These actions will be picked up through the Leadership Group.

3.3. 2026/27 RPB Capital Funding

Despite an anticipated overcommitment in Month 1, £493k of RPB capital in Housing with Care Fund (HCF) resources is unallocated as of Month 4 as a result of in-year slippage. This is an improved utilisation position compared with the previous financial year, with a projected total RPB capital investment of £10.2m in Gwent in 2026/27 across both major and minor schemes. This includes £946k of Integration and Rebalancing Capital Funding (IRCF) in 2026/27, complemented by a small revenue allocation to support the development of feasibility studies in alignment with the Strategic Capital Plan.

Major schemes under HCF make up a large proportion of this spend. A summary of this investment is set out below:

Project Ref	Scheme Name	Delivery Organisation	Locality	Fund Utilisation 2026/27 £
HCF-GWE-23	Caerphilly Children's Home Rhymney College site	CCBC	CCBC	1,094,001
HCF-GWE-50	Monmouth Supported Accommodation Redevelopment (Firle House)	MCC	MCC	890,450
HCF-GWE-55	Penrhos	NCC	NCC	798,456
HCF-GWE-51	Penallta Colliery (Winding Wheel Lane)	UWHA	CCBC	684,216
HCF-GWE-41	Park Street Children's Transitional Accommodation MCC	MCC	MCC	625,578
HCF-GWE-43	Children's Residential Home Catsash	NCC	NCC	484,169
HCF-GWE-52	Mental Health Step Down Accommodation (4 flats)	CODI	CCBC / NCC	416,304
HCF-GWE-13	Dual Diagnosis Supported Housing Provision	Bron Afon Community Housing	CCBC	387,979
HCF-GWE-34	Independent Living Pod (Myst Torfaen)	Myst	TCBC	372,722
ICF-GWE-31	Stanley Road NOE	CODI (POBL)	NCC	371,414
HCF-GWE-18	Homeleigh, Childrens, CCBC, Newbridge	CCBC	CCBC	371,342
HCF-GWE-47	Budden Crescent	POBL	MCC	333,087
HCF-GWE-48	Ardwyn	FCHA	MCC	311,705
HCF-GWE-01	Bungalows Crick Road	Hedyn	MCC	125,747
HCF-GWE-42	Tirnant 4 Bed Children's Home	CCBC	CCBC	56,395
HCF-GWE-46	Refurbishment Of Residential Children's Home	Hedyn	TCBC	26,277
TOTAL				**7,349,842**

From a Health Board perspective, in 2026/27, the Health Board has been awarded:

- £122k of HCF Minors funding in 2026/27 across three schemes
- £946k of IRCF funding as the lead delivery partner for both IRCF schemes
- £250k of IRCF Revenue funding for feasibility studies and regional capital programme resource.

3.4. Children and Young People Update

As the RPB seeks to build on its successes in coproduction and citizen engagement, a new Youth Forum has been established to ensure that children and young people have the opportunity to inform regional planning and decision-making. Members have helped shape a more accessible RPB induction programme, co-developed the Forum's Terms of Reference, and identified priorities for broadening participation and representation. A



Youth Forum representative will also attend future Children and Families Strategic Partnership meetings, strengthening the involvement of children and young people in regional governance and planning.

Alongside this work, and reflecting the RPB's commitment to improving outcomes for children and young people with complex needs, progress continues on strengthening the regional approach for this cohort through improved coordination and partnership working. Planning is underway for a second regional Community of Practice, whilst development of a Strategic Coordination Group is advancing to provide leadership, oversight and delivery of agreed priorities. Engagement with Integrated Services Partnership Boards will further inform a comprehensive regional picture of need, opportunities and areas where greater collaboration can add value.

4. Argymhelliad / Recommendation

The Board is asked to note the updates included in this report.

Appendices	
Appendix A	2025/26 Annual Report GWENT RPB Annual Report 25-26.pdf

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life Getting it right for children and young adults Adults in Gwent live healthily and age well Older adults are supported to live well and independently Dying Well as part of life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers



Strategic Equality Objectives 2020-24	Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	HCF Housing with Care Fund ICCS Integrated Community Care System IRCF Integration and Rebalancing Care Fund RIF Regional Integration Fund RLG Regional Leadership Group RPB Regional Partnership Board SCP Strategic Capital Plan
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Involvement - The importance of involving people with an interest in achieving the well-being goals,



	and ensuring that those people reflect the diversity of the area which the body serves



Gwent Regional Partnership Board








Annual Report 2025/26

Working together for a Healthier Gwent,
for the right care and support, in the right place,
at the right time.

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

Report Prepared by the Gwent Regional Partnership Team

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A Message from the Gwent RPB Chair

I am pleased to present the Gwent Regional Partnership Board Annual Report for 2025/2026, outlining how partners across Gwent have continued to work together to support the health, wellbeing, and care of our communities during a period of sustained challenge.

Work this year has taken place against a backdrop of increasing demand, growing complexity of need, and ongoing capacity pressures across health, social care, housing, and the third sector. These pressures have reinforced the importance of strong partnership working and the resilience and dedication of our workforce, with staff and volunteers continuing to go above and beyond to support people in our communities.

Throughout the year, the partnership has remained focused on enabling people to live well, maintain independence, and access the right care and support at the right time. Collaboration between local authorities, the health board, housing, and the third sector community partners, has strengthened how services are planned and delivered, with a clear focus on prevention, early intervention and support closer to home. Listening to lived experience, has remained central, ensuring our priorities reflect what matters most and lead to meaningful improvements in people's lives.

This report sets out the breadth of activity delivered against the Gwent Area Plan, demonstrating progress in integration, communication, accessibility, and inclusion, while recognising the realities of a system under pressure.

I would like to extend my thanks to all partners, staff, volunteers and community members for their continued commitment and contribution. Looking ahead, the Board will build on this progress by further strengthening integrated community care, making best use of collective resources, and responding proactively to emerging needs to improve outcomes for people of all ages.



Councillor David Daniels, Elected Member for Torfaen County Borough Council and Chair of the Gwent Regional Partnership Board.

Highlights and Achievements During 2026/26

During 2025/2026 the Gwent Regional Partnership Board (RPB) worked in partnership to help more people remain independent, access support earlier and receive care closer to home. Significant progress was achieved against the Area Plan priorities, with a shared focus on prevention, early intervention, inclusive engagement, and support within communities, informed by the Marmot principles and a commitment to tackling the wider social, economic and environmental factors that affect health and wellbeing. Together, this is helping people live well and independently, while creating a more joined-up, responsive, and sustainable system for the future.

Gwent Citizens Network

- We have improved citizen engagement and growth of the Gwent Citizen Network from **200** members in 2024/2025, to more than **300** members in 2025/26. This work has been developed through wider use of accessible engagement approaches, and stronger coproduction, through developing a clear citizen role and involvement documents and RPB induction programme.
- We have improved communication, Information, Advice and Assistance (IAA), on care and support services available in Gwent, through in person events and **48 weekly** RPB newsletters, accessed more than **6,100 times**.

Early Intervention and Prevention

- Across priority workstreams over **65,000 individuals** were reached through community-based care and early intervention and prevention activity.
- There has been continued growth in the RPB's digital presence, and improvements to accessible support information through platforms such as Dewis, Melo and advocacy services.

Workforce Development Board

- Workforce support pathways across Gwent have been strengthened, with more than **50** college learners securing third sector placements and **35** learners placed within local authority social care teams.
- We supported long-term workforce resilience through sponsorship and development routes, including **63** newly qualified social workers across the region.

Gwent Adult Strategic Partnership

- The Hospital to a Healthier Home scheme received **1,772** referrals and safely discharged patients faster for **1,066** people.
- **942** falls incidents were responded to in 2025/2026, with 65% of people able to remain at home.

Direct Payments

- We improved consistency of Direct Payments information and delivery.
- A regional Direct Payments Portal is being created to improve recruitment of Personal Assistants and strengthen choice and control for recipients.

Children and Families Strategic Partnership

- We strengthened early intervention and emotional wellbeing support for children and families with **296** new families supported through the Family Intervention Team and **570** individuals reached through **2,306** sessions.
- We improved coproduction through the development of a joint youth board and continued work to embed the NEST/NYTH principles.

Mental Health and Learning Disability Strategic Partnership

- We expanded access to early mental wellbeing support through Melo, now used by almost **185,000** people.
- The Gwent Connect 5 Mental Health and Wellbeing training programme has trained over **2,500** people in Module 1, and more than **1,000** have completed all three modules since its inception.

Neurodivergence Strategic Partnership

- We improved access to earlier support through the Neurodiversity Early Support Hub, which received **4,014** referrals.
- We extended early support for families on assessment waiting lists through community led projects funded through the Neurodevelopmental Improvement Fund, reducing isolation and improving wellbeing support.

Carers Strategic Partnership

- We strengthened practical and emotional support for unpaid carers, including **1,121** carers supported through Bridging the Gap Gwent short breaks.
- Hospital-based support was improved with over **2,200** carers accessing help through hospital IAA hubs and almost **1,000** carer assessment referrals made.

Dementia Strategic Partnership

- The Dementia Friendly Gwent Network expanded to over **420** members and supported **1,874** people through the Gwent Dementia Hubs.
- We improved access to assessment and post-diagnostic support, including over **27,000** Memory Assessment Service appointments and **26** Dementia Advisors embedded across Gwent.

Health, Social Care and Housing Strategic Partnership

- We supported safer discharge and tenancy sustainment through housing-based interventions, including Hospital to Healthier Home and wider rapid rehousing activity.
- We delivered early housing-related support to **11,335** (increased from **10,106** in 2024/2025) individuals through Housing Support Grant funded services.

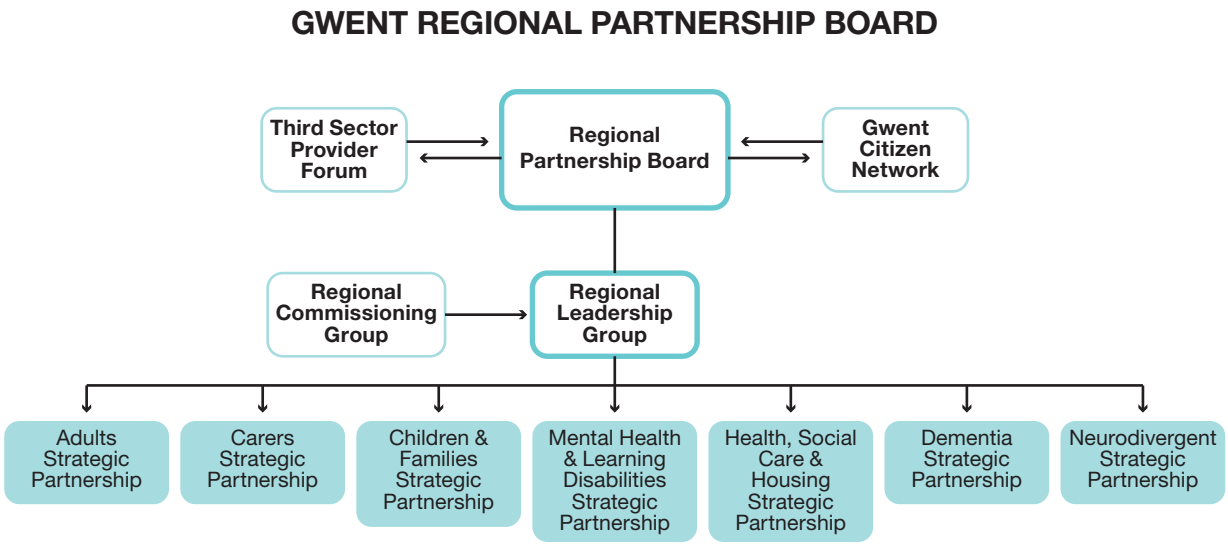
Role and Purpose of the Regional Partnership Board

The Gwent Regional Partnership Board (RPB) works in line with the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act. These set out key principles; long-term thinking, prevention, integration, collaboration, and involvement - which shape everything we do. The Board brings partners together to deliver joined-up, person-centred support, with the aim of improving health, wellbeing, and outcomes for people across Gwent.

The RPB's vision is to strengthen integrated, preventative and community-based health and social care across Gwent, so people can start well, live and grow well, and age well.

This report shows how the Board is delivering that vision and meeting its statutory duties. It brings together the work happening across prevention, coproduction, commissioning, investment, communication, provider engagement and strategic partnerships.

Together, these areas support better outcomes for people, help reduce escalation of need, support independence, and contribute to a more joined-up Integrated Community Care System for Wales.



3.1 Population Needs Assessment (PNA) and Area Plan

The Gwent Population Needs Assessment (PNA) was developed to better understand the health and social care needs of people across the region. It highlights what is working well, where improvements are needed, and where there are gaps in health and social care support.

Work is now underway to develop a refreshed PNA for 2027 to ensure we are meeting both the current and emerging needs of our population. We are engaging with people across Gwent through surveys, face-to-face events, and targeted work with partners, alongside analysing local data. The findings will shape the Gwent Area Plan, setting out our shared priorities and actions for improving care and support services.

The refreshed PNA will make stronger use of the Gwent Joint Strategic Assessment and Gwent Indicator Framework, which is a tool that provides a shared intelligence base of data, on the health and wellbeing of the population of the Gwent region.

Gwent's work as a Marmot region means recognising that health and social care needs are shaped by more than services alone. People's outcomes are influenced by the conditions in which they are born, grow, live, work and age, including housing, income, education, employment, transport, digital access, community connection, discrimination, and the quality of local environments.

Viewing health and social care through a Marmot lens helps us understand the wider factors that shape people's need for support, including housing, income, education, employment, transport, digital access and community connection. The Gwent Regional Partnership Board and Gwent Public Services Board will continue to work together to strengthen prevention, tackle inequalities and address the social and economic causes of poor health across the region.

3.2 Market Stability Report (MSR)

This report looks at how sufficient and sustainable local social care services are, with a focus on regulated services like care homes and home care. It helps the Regional Partnership Board (RPB) identify any gaps and make sure there is the right range of support available, now and in the future, to meet the needs of people across Gwent.

3.3 Self-Assessment

Regional Partnership Boards (RPBs) carry out a self-assessment every two years to review how well they are meeting their statutory responsibilities. We are currently undertaking a structure self-assessment of the Gwent RPB, to make sure we are working effectively to meet people's health and social care needs.

What we did in 2025/2026:

- Reviewed the RPB priorities through a series of workshops to support people through the life course lens of, Starting Well, Living and Growing Well and Ageing Well.
- Reviewed the RPB structure to support stronger integrated working across health and social care. Further work is underway to improve communication and connect cross-cutting priorities across the RPB and partnerships.
- Continued to improve joined-up care across the region through themed meetings and partnership working with Welsh Government, supported by integrated models of care.
- Following an independent review, we continued to implement the Governance Review Action Plan and updated the Terms of Reference.
- Raised the profile of the RPB and improved our communication channels, working alongside our Communication and Engagement Steering Group.
- Reviewed partner resources, including funding arrangements, to recognise contributions and strengthen processes.
- Reviewed support roles, skills, and capacity to ensure we can meet RPB objectives.

Engagement and Coproduction at The Heart of Our Work

Always improving and learning:
We are strengthening how people can get involved and influence the work of the RPB, creating more accessible and inclusive opportunities at both local and regional levels. We engage regularly through community events, local groups, and public forums, helping us hear a wide range of experiences. We are also improving how we communicate and connect with communities, particularly with groups whose voices are less often heard. By listening to what people tell us, we aim to make sure their views shape the decisions and improvements we make together.

Working together:
Working closely across health, social care and the third sector is key to improving outcomes for people in Gwent. Partnership working runs through everything we do, helping us respond to challenges like increasing demand, limited resources, and workforce pressures. By working together, we can share expertise, develop more effective solutions, and deliver joined-up services that better meet people's needs. This approach ensures different voices are heard and helps us create lasting, positive change for our communities.

4.1 Gwent Citizen Network: What We Do and Our Successes

The Gwent Citizens' Network is made up of community members who live in Gwent and work with us to tell us what matters to them. People share their experiences and expertise to help improve how we create support and services, to meet local needs. During 2025/2026, we have grown our regional network to over **420** members from a diverse range of backgrounds.

Coproduction Luncheons:
We hosted community-based events across the region, creating space for people to share ideas and feedback on what is working well and what could change.

"Lovely to meet you and the team in person this week. Thanks for a great morning, I found it very useful and feel as if I have more of an understanding of the RPB and the Gwent Citizens Network."

Citizen Network Member

Virtual Network Meetings:
We held **2** virtual network meetings using a Community of Enquiry approach, bringing together over **60** people to explore ideas and how services can work more effectively together.

4.2 Decisions Made Together: One Year On

From Listening to Action:
The Decisions Made Together: One Year On reflects the progress made by the Gwent RPB following the original Decisions Made Together: Inclusion and Experience Conference in May 2024, which set out a clear commitment to strengthen citizen voice, coproduction, and shared decision-making across Gwent. The original conference created a strong mandate for change, with citizens, carers, professionals, and partners highlighting what meaningful involvement should look like in practice. One year on, the focus has shifted from listening and learning to embedding action, structure, and accountability across RPB activity.

Strengthening Citizen Involvement and Leadership:
A key area of progress has been the move to formalise and support citizen involvement. In direct response to conference feedback, the RPB has co-designed and developed a Citizen Role Description and Involvement Programme, creating clearer pathways for citizens to contribute meaningfully. This includes working towards supporting citizen representatives, not just at the RPB but across strategic partnerships, ensuring citizen voice is not tokenistic but embedded across all decision making.

Improving Communication, Accessibility and Transparency:
The conference highlighted the importance of clear, accessible communication and feedback loops. Over the past year, there has been a sustained focus on using plain language and accessible formats, improving consistency in communication, and introducing "you said, we did" approaches to demonstrate impact and progress. Information Accessibility Event Packs and refreshed engagement materials have been developed to support both citizens and professionals to participate with confidence.

Building Skills, Confidence and Learning:
Responding directly to recommendations around learning and support, the RPB has focused on building confidence for everyone involved. This includes ongoing learning and training opportunities, improved induction and information for new citizen and partner members and stronger links to good practice, lived experience, and coproduction networks.

4.3 Embedding Coproduction and Evaluation for 2026/2027

A significant shift has been the move to embed evaluation and reflection into engagement and coproduction activity. This represents a move from one-off engagement to ongoing partnership and shared accountability.

Building on conference recommendations, the RPB has proposed a coproduction evaluation framework that:

- Supports a shared, citizen-led definition of success.
- Embeds learning and reflection into strategic planning.
- Ensures equity of voice within governance arrangements.
- Commitment to annual review and reflection with citizens

The RPB has shifted from exploratory engagement to:

- Developing and maintaining structured citizen involvement
- Clear roles and support
- Improved communication and transparency
- Embedded evaluation and learning
- Shared ownership of progress and outcomes
- Continued network growth
- Increasing our accessibility

The proposed Coproduction Evaluation Framework will provide a consistent way of understanding the quality, reach and impact of coproduction across RPB activity. It is intended to support both RPB-funded projects and wider partnership activity by helping teams demonstrate how citizens, carers, providers and communities have influenced design, delivery and evaluation. Learning from the framework will also inform the RPB's annual self-assessment, helping the Board evidence how involvement and citizen voice are embedded in decision-making, not treated as a separate engagement exercise.

This work lays strong foundations for continued culture change, ensuring that decisions across Gwent are increasingly made together, with citizens as equal partners in shaping health and social care.

Communication and Information, Advice and Assistance (IAA)

We are continuing to improve the way we communicate, so that everyone can stay informed, supported, and work together to strengthen community care. By sharing clear and consistent messages across partners, we can reduce confusion, work more efficiently, and speak with one shared voice. Our aim is to make sure that RPB communications are easy to understand, inclusive, accessible, and genuinely helpful for partners and local communities.

Good communication has consistently been highlighted by partners and community members, as essential, to making things work well. In response, the Communications and Engagement steering group was set up to improve how we communicate and engage with people, making sure work is joined-up and makes the best use of time and resources.

Communication activity across the region operates at several connected levels. Public-facing communications raise awareness of support and opportunities to get involved; partner communications support consistency of messaging and shared understanding; and targeted information, advice and assistance helps people find the right help earlier. Together, these channels support the RPB's prevention and integration agenda by making information clearer, reducing duplication, strengthening feedback loops and helping partners speak with one shared regional voice.

5.1 Digital Content

The Gwent RPB website helps us raise awareness of our work with both the public and professionals. It provides a central place to share updates, highlight partner activity, and encourage people to get involved in shaping services and decisions.

We regularly review the site to ensure it is accessible and easy to use, following Web Content Accessibility Guidelines and offering tools like Reach Deck to support reading, translation, and speech.

We continue to promote national and regional campaigns through our social media, sharing information, advice, and support about services across Gwent, and build stronger engagement with our online community.

5.2 RPB Newsletters

As part of our information, advice, and support offer, we shared **48 weekly newsletters** with our Citizen Network, RPB partners and wider networks. This brought together news, events, service updates, and engagement opportunities into one easy-to-access resource. During 2025/2026, the newsletter was **accessed 6,102 times** and feedback shows its value in keeping people informed and connected to the support and services available that can help them.

"I just wanted to say what an outstanding newsletter, with material and accessibility."

Disability Inclusion Officer

"What an amazing resource to have. My thanks to all for the hard work that goes into producing this newsletter, it is appreciated. "

Citizen Network Member

Contributions from partners such as Newport City Council Community Connectors, Llais and Torfaen Voluntary Alliance (TVA) helped ensure that information reflected what matters to communities locally and across the region. This joined-up approach makes communication clearer, more consistent, and easier for people to access information and get involved.

5.3 Dewis Cymru

Dewis Cymru
Have choice and take control

Dewis Cymru is the national wellbeing website and service directory for Wales, supported by the 22 local authorities under the Social Services and Wellbeing (Wales) Act 2014. Individuals, families, and professionals use Dewis to find trusted information, advice and resources related to well-being.

Dewis aims to help people with their wellbeing, by providing information on support, services, and community resources, giving people greater choice and control, enabling individuals to access their own wellbeing support information.

Over the next 2 years Dewis is being redesigned to improve the platform, making it easier to navigate and more user-friendly based on feedback from professionals and community members using the site. Partners are working to bring together multiple existing directories into one National Directory of Service (DOS) for Wales.

"I used Dewis to find local support for an individual with Fibromyalgia who needed someone to talk to that understood his situation. Through Dewis, I found him a group in Rhymney. He was so happy with that!"

Duty Officer, Caerphilly County Borough Council



We have attended **27** engagement events to raise awareness of the platform in the community. This has supported an increase in resources listed on Dewis in Gwent this year and a significant increase in resource views, widening choice to help people find the right service for them.

2,600
Resources across Gwent

13,000
Total Dewis Resources

2,300
Registered users across Gwent

694,400
Resource views in Gwent 2025/26 (average per month: 57,800)

5.4 Advocacy Support



Gwent Access to Advocacy (GATA) is a helpline supporting people in Gwent to access Independent Professional Advocacy (IPA) or other appropriate services around care and support needs.

"Thank you, I really appreciate and value your advice and the time taken to talk me through this."

GATA caller

The Gwent Access to Advocacy helpline continues to provide:

- an independent single point of access to adult advocacy services to ensure that individuals receive the most appropriate form of advocacy.
- advocacy awareness for both the public and Social Care and Health professionals.
- increased capacity for the advocacy sector to manage demand.
- accurate data to support commissioners to identify gaps in provision and plan for future advocacy demand more accurately.

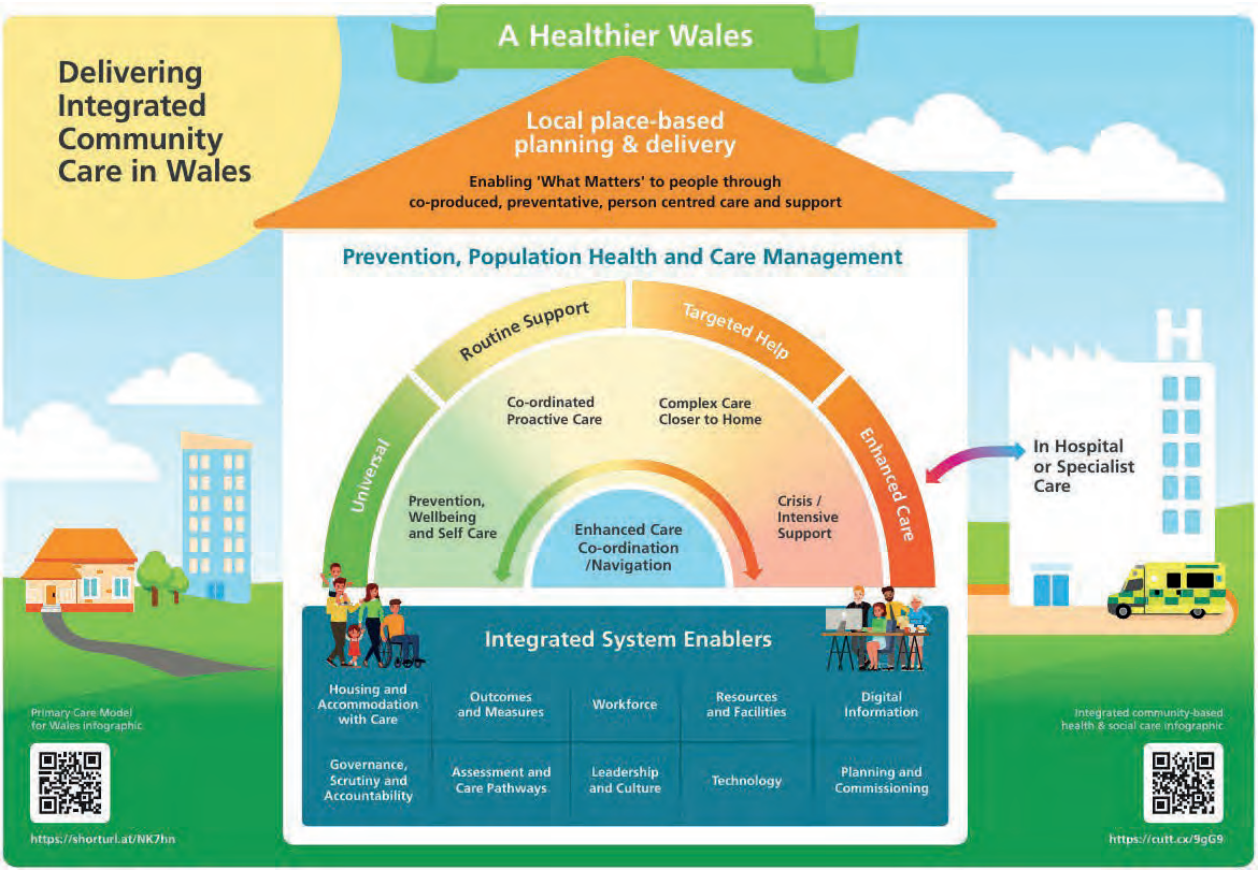
During 2025/2026, the GATA Helpline received a total of **572** calls, showing consistent demand for advice and support. Of these enquiries, **248** progressed into more detailed casework, requiring additional follow-up. This reflects the often-complex nature of the issues people present with and the need for ongoing support beyond initial advice. From this work, **71** Independent Professional Advocate (IPA) cases were generated, ensuring individuals received more tailored and specialist support where it was most needed.

Early Intervention and Prevention

The RPB's approach to early intervention and prevention is rooted through a life-course lens, supporting people to start well, live and grow well, and age well, while applying the Marmot principles to tackle the wider social, economic and environmental factors that shape health, wellbeing and inequality across Gwent.

We support a wide range of preventative activity that helps people access the right support earlier, maintain independence and resilience, and avoid escalation into crisis or more intensive services.

The Integrated Community Care System (ICCS) is a strategic framework in Wales designed to join up health, social care, housing and third sector services to people receive care when they need it closer to home. The ICCS builds a single unified system around their individual and their local community.



Prevention is central to the RPB's vision and we are always working to strengthen this work to help people get the right support at the right time and as close to home as possible. Helping people to stay well, access help earlier and receive joined-up community support, helps avoid unnecessary escalation of needs into hospital or specialist services.

Community Connections and Well-being

The RPB has continued to strengthen local, preventative support by helping people access community activities, wellbeing information, transport, social groups, and more personalised one-to-one support, before needs escalate. This includes practical support through Community and Wellbeing Connectors, place-based Integrated Well-being Networks, Monmouthshire's Wellbeing Links and the Bridges Befriending and Community Car Scheme.

Newport Community Connectors provided **3,702** people with preventative, or early-intervention support. Caerphilly Wellbeing Connectors supported **888** residents through home visits, GP-based sessions, telephone, digital and community support. In Monmouthshire, local engagement events helped people access information, advice, and community resources and the Community Car Scheme provided around **430** journeys per month, supporting older people to attend appointments and social activities to stay independent.

Torfaen Community Connectors, part of the Early Intervention and Prevention Hub recorded **6,525** individuals accessing support and **8,829** contacts across the year. In addition, Torfaen's Opening Doors network now has **35** community hubs. In Blaenau Gwent, **77** settings are signed up to the Blaenau Gwent network and **57** community buildings are engaged in the Community Well-being Hub Network.

Community Health Inclusion and Prevention

A wide range of preventative support has been delivered, from direct care in local communities to using insights and data to plan services more effectively. A common focus across all projects is reaching people earlier, especially those who may be at risk of declining health, losing independence, feeling isolated, or facing barriers to accessing support.

The Health Inclusion Service has strengthened outreach for people experiencing homelessness, asylum seekers, refugees, Gypsy, Roma and Traveller communities and people involved in sex work, working closely with third sector partners and wider NHS services, to provide assessments, drop-ins, vaccination support, and signposting. Place Based Care in Newport has also shown clear system impact, with **293** virtual ward multidisciplinary meetings, supporting **2,583** people through more coordinated and integrated, preventative care. Balanced Lives from Action for Elders, supported older adults at risk of falls and early frailty to improve confidence, mobility, and social connection, while Sight Cymru's Eye Clinic Liaison Officer (ECLO) support, helped people with sight loss access advice, rehabilitation, and practical solutions.

Community Mental Health Support

Community mental health support has continued to provide both regional prevention and more targeted community-based support. The programme has continued its "Leave No One Behind" focus, recognising that while digital support is important, it must be supported by accessible options for people who may be offline or at greater risk of poor mental health.

The Mind Counselling Service in Caerphilly has provided additional counselling capacity for residents with mild to moderate mental health needs, working closely with ABUHB, Psychological Health Practitioners and the Primary Care Mental Health Team. The service offers up to six one-to-one sessions, helping to reduce pressure on primary care and provide support closer to home. Monthly data shows a steady flow of referrals and clients, **51** active clients and **148** filled counselling sessions were reported in March.

The reporting data highlights that across the prevention and community coordination work, 89.7% of respondents felt less isolated, 88.3% maintained or improved emotional wellbeing, 84.9% maintained or improved independence and 86.9% said support helped prevent escalation.

Working Together: Our Regional Care and Support Forums

7.1 Third Sector Provider Forum (Section 16)

The RPB works closely with the Wales Council for Voluntary Action (WCVA) and local County Voluntary Councils (CVCs) to run the Gwent Section 16 Third Sector Provider Forum. The forum brings together commissioners and third sector providers to support collaboration and highlight the important role of the voluntary sector in delivering care and support services across Gwent.

Attendance at the forum has increased significantly, reflecting a stronger, more proactive approach to engaging the third sector and community groups. The forum is helping to improve coordination, strengthen community-based support, and ensure voluntary organisations play a key role in prevention and early help.



This year, the forum has had a significant impact upon expanding and strengthening third sector representation across the RPB and its strategic partnerships. The Third Sector Representative role ensures the voice of the voluntary sector is not only heard but meaningfully influences decisions about health and social care in Gwent.

Further Faster funding from Welsh Government has an emphasis on community-based care and support, and initiatives to improve social outcomes to reduce hospital admissions and promote more equitable provision. In Gwent, the Small Grants Scheme element was led by County Voluntary Council (CVC) partners, Torfaen Voluntary Alliance (TVA) and Gwent Association of Voluntary Organisations (GAVO). Wider Further Faster activity is described in the Adult support and system-flow sections of this report.

"The Small Grants Scheme and Further Faster funding continue to play a vital role in supporting the resilience, responsiveness, and innovation of the third sector, enabling community organisations to respond quickly to emerging local needs. The flexibility and accessibility of the funding have allowed organisations to deliver targeted, quality interventions at pace, reducing pressure on health and social care services. The continued investment in these funding streams demonstrates the importance of the third sector as a key partner within the wider health and social care system."

tephen Tiley, GAVO Chief Executive Officer and Gwent Regional Partnership Board Vice Chair

Through the scheme, **80** locally driven projects have been supported, improving access to services, reducing isolation, and boosting wellbeing, confidence, and independence. Collectively, they have supported over **9,783** individuals, delivered **3,949** activities, and created more than **650** volunteering opportunities.

Funding has enabled TVA and GAVO to commission research into the value and impact of the third sector in Gwent. The research highlights the essential contribution the sector is making to the wellbeing of individuals and communities with a particular focus on prevention, early help, and community-based support. The study identifies the substantial social and financial value generated by the sector, alongside its important role beyond formally commissioned services. This has led to the development of a Grassroots Impact Toolkit to help organisations evidence impact and demonstrate social value.

Further Faster funding has also supported a range of projects across Gwent to help people stay well at home and avoid unnecessary hospital visits. This includes improved weekend community nursing, more specialist palliative and end-of-life care, better future care planning for those most at risk, and stronger Acute Frailty Response and Community Resource Team (CRT) services. In Monmouthshire, the funding has also boosted rapid response services, delivering over 1,000 referrals and more than 1,000 hours of Emergency Care at Home support.

7.2 Gwent Regional Domiciliary Care Forum

The Gwent Regional Domiciliary Care Provider Forum is a well-established forum, jointly led by the Gwent Regional Partnership Team and Aneurin Bevan University Health Board (ABUHB), which provides support to domiciliary care providers. The forum meets quarterly and brings together local authorities and ABUHB to address current issues affecting providers. It also delivers agreed workstreams, including the development of a regional approach to joint monitoring processes.

During 2025/2026, the Domiciliary Care Forum focused on strengthening provider engagement, improving consistency in monitoring, supporting implementation of regional commissioning arrangements and creating a shared space to identify pressures affecting home care delivery. This forum aims to improve communication between commissioners and providers, earlier identification of workforce and capacity pressures, greater consistency in quality assurance, and stronger regional responses to issues affecting people receiving care at home.

7.3 Gwent Care Homes Engagement Forum

The RPB engages with care home providers through a dedicated forum that meets quarterly to address key challenges, including recruitment and retention and the impact of the cost-of-living crisis. The forum supports a range of collaborative workstreams, such as regional framework and contract reviews, a consistent approach to care home monitoring, access to specialist equipment, and development of a bariatric pathway. It also provides a regular mechanism for provider engagement, ensuring RPB priorities are informed by provider perspectives from across Gwent.

The Care Homes Engagement Forum has supported work on regional contracts, contract monitoring, equipment access, fee-setting communication, bariatric pathway development and shared learning across care home providers. These workstreams are intended to improve provider confidence, strengthen quality and safety oversight, support more consistent commissioning practice, and ensure care home perspectives inform regional planning and delivery.

Joint Commissioning

The Regional Commissioning Group (RCG) plays a key role in identifying and securing funding opportunities, promoting access to core and supplementary funding streams such as the Housing Support Grant (HSG) and Regional Integration Funding (RIF). Following implementation of the National Framework, the region continues to embed its values across commissioning activity, with a strong emphasis on co-production and collaboration. Feedback from citizens, gathered through the Gwent Citizen Network, informs long-term planning, alongside ongoing engagement with the third sector, care providers, and forums to share best practice and address challenges. In 2025/2026, the RCG focused on delivering strategic priorities, including responding to recommendations from the Market Stability Report (MSR) and preparing for its next iteration in 2027. Commissioning is further strengthened through joint working, with established regional arrangements including GWICES for equipment procurement, a Gwent-wide Children's Statutory Advocacy service, and joint domiciliary care framework (Caerphilly and Blaenau Gwent). The RCG also works closely with the Gwent Workforce Board, and a Regional Care Home Contract remains in place.

Each local commissioning organisation regularly reviews the quality and performance of contracted providers through robust processes. For older people's care homes and domiciliary care homes, this is supported by a regional contract monitoring policy linked to the service specification. All registered providers are also inspected annually by CIW, with monthly meetings between CIW and commissioners to address performance issues, an additional safeguard unique to Gwent. A consistent regional approach to fee setting, data collection and provider engagement supports transparency, alongside regular monitoring with Care Inspectorate Wales (CIW) to identify and address issues early. Equalities and human rights requirements are embedded in all commissioned services. The region also continues to explore opportunities for pooled funding arrangements, with existing collaborative arrangements such as the Gwent Frailty Service Section 33 Agreement under review.

What we did in 2025/2026

- Regional contracts for care homes for older people have been finalised and are reviewed annually through the RCG.
- A regional approach to fee-setting has been implemented, including agreed communication and data collection timescales with providers.
- Joint contract monitoring frameworks for care homes and domiciliary care services are established, supported by a monthly regional monitoring meeting with CIW.
- The Gwent Care Homes Engagement Forum, Registered Managers Forum and Domiciliary Care Services Forum continue to meet regularly, supporting collaboration and shared learning.
- Work continues to explore further pooled budget arrangements and joint commissioning opportunities.

Next Steps for 2026/2027

- Continued support to the domiciliary care and care home sectors.
- Strengthen engagement with the Third Sector through the Section 16 Forum, and further development of social value activity.
- Maintain links with the Workforce Development Board and delivery of the Regional Workforce Strategy.
- The RCG will oversee development of the Gwent MSR, which will inform local and regional commissioning strategies.

Achievements Aligning to the Area Plan

The Area Plan outcomes are delivered and monitored through our strategic partnerships and subgroups. The focus areas are:

- Children and young people with complex needs
- Older adults
- People living with dementia.
- People with sensory impairment and/or physical disabilities
- People with poor mental health and/or emotional support needs
- People with learning disabilities
- Autism and Neurodevelopmental Conditions
- Unpaid carers
- Housing or homelessness
- Workforce development
- People experiencing Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

The RPB work closely with other key partnerships across Gwent. This includes the Area Planning Board, which leads the work on substance misuse and supports delivery of the Welsh Government strategy Working Together to Reduce Harm. The Safeguarding Board, which leads the work to protect children and adults at risk, in line with Welsh Government safeguarding guidance, under the Social Services and Well-being (Wales) Act 2014 and the Gwent Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Board.

The RPB also works closely with the Gwent Public Services Board (PSB), which delivers the objectives of the Well-being of Future Generations (Wales) Act. This helps ensure that the RPB Area Plan and PSB Regional Wellbeing Plans are aligned, mutually reinforcing, and focused on improving wellbeing across Gwent.

The selection of achievements in this section show that the RPB is making progress against the Area Plan priorities by responding to identified population need through earlier help, prevention, community-based support, timely discharge, improved access to information, and more integrated partnership working. Stronger evidence of impact is already visible in areas such as families receiving earlier emotional wellbeing support, people returning home sooner from hospital, carers accessing short breaks and financial advice, people living with dementia receiving local hub and post-diagnostic support, neurodivergent children and families accessing needs-led help while waiting for assessment, and housing support helping people sustain independence.

9.1 Children & Families Strategic Partnership

"The refreshed capital investment strategy for children looked after, and the development of our Community of Practice for children with complex needs demonstrates our drive to create place based, integrated, and supportive services across Gwent. The ongoing co-production within the NEST/NYTH programs and the development of a youth forum ensures that what matters most to children and families in Gwent continues to shape our work."

Jane Rodgers Director of Social Services Monmouthshire County Borough Council, and Chair of Children and Families Strategic Partnership

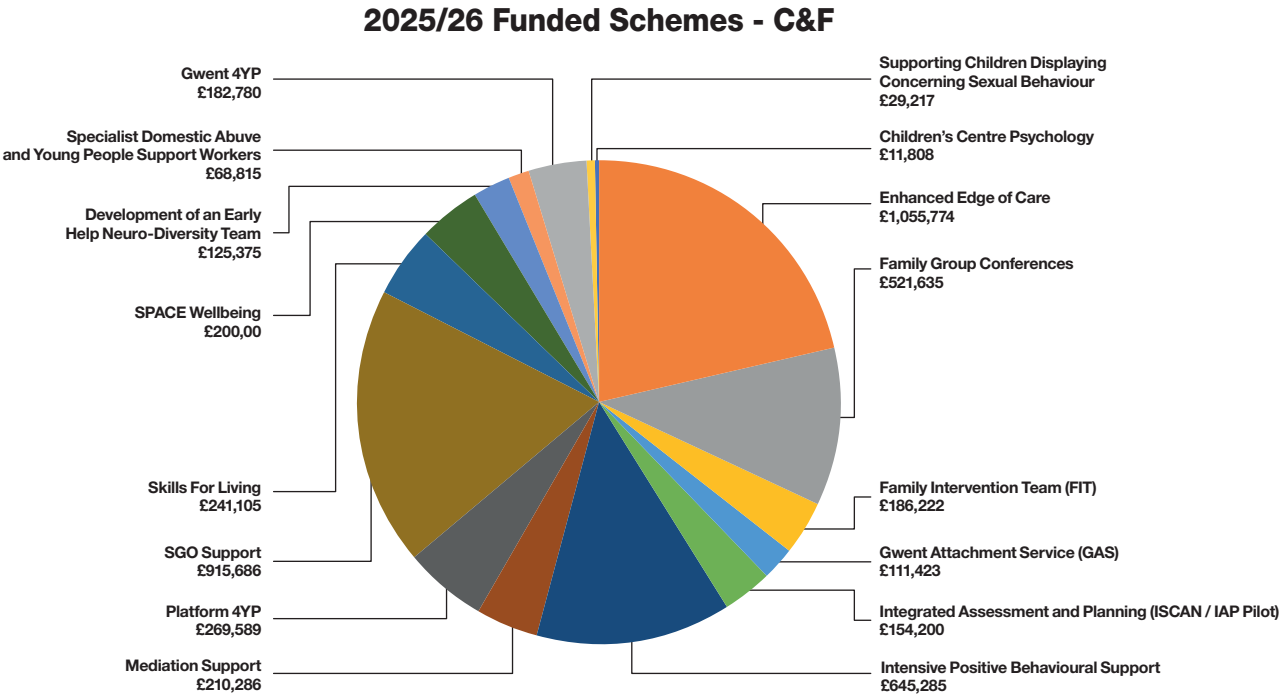
What the data tells us:

The Gwent Joint Strategic Assessment reinforces citizen feedback for the need for earlier, joined-up support for children and families, particularly where emotional wellbeing, complex needs, placement stability and access to community-based help are affecting outcomes.

Area Plan Priorities

- Improve outcomes for children and young people with complex needs through earlier intervention, community-based support, and placements closer to home.
- Ensure good mental health and emotional wellbeing.

What we did in 2025/2026:



Emotional Support and Wellbeing:

The Family Intervention Team provides psychological and emotional wellbeing services and supported **296** new families; **570** individuals and delivered **2,306** support sessions. Platfform delivered **750** secondary school workshops in Gwent to breakdown mental health stigma and teach emotional resilience. Reported outcomes showed 90.1% maintained or improved emotional wellbeing, 80.9% felt less isolated, and 88.6% said support prevented escalation of their needs. Feedback from support highlights that 91.5% of respondents felt less isolated, 94.5% maintained or improved emotional wellbeing, 96.9% maintained or improved independence and 90.7% said that support helped prevent escalation of needs.

Children with Developmental Needs:

This workstream has progressed in building emotionally informed support around children and families. The Gwent Attachment Service has widened trauma and attachment-informed practice across Gwent, including early years settings, while intensive positive behaviour support team reported 100% placement and education stability over six months, alongside stronger multiagency working, and consistent positive training feedback.

Eliminating Profit from the Care of Children Looked After:

We are adopting several key strategies to meet the Welsh Government's "eliminate profit" agenda. This includes developing internal provision to reduce reliance on private providers, increasing internal fostering provision and regional collaboration to ensure a consistent transition to not-for-profit care. This is allowing more children to be placed closer to their homes and communities, with less disruption to their services and support networks.

The Gwent Regional Partnership Board has continued to invest in local, community-based support for children, young people and families through the Housing with Care Fund and Integration and Rebalancing Care Fund.

This investment has helped more children and young people access the right support closer to home, reducing the need for placements away from their families, schools and communities. To date, 22 properties have been acquired or refurbished, creating 94 bedspaces and supporting 138 children through residential, transitional, respite and crisis accommodation. The placements developed have supported Gwent Local Authorities to improve placement sufficiency for Children Looked After using not-for-profit models in keeping with the ambitions of the Health and Social Care (Wales) Act.

The programme is strengthening local provision for children with complex needs and supporting a more joined-up, sustainable care system across Gwent. Further work is being developed, including children and family hubs, perinatal mental health support and integrated neurodiversity and learning disability services. Together, these developments are improving local choices, supporting earlier help and helping children and young people remain connected to the people and places that matter to them.

Capital Investment Strategy for Children:

The Strategic Capital Plan has been refreshed, setting out a 10-year investment strategy for children and families across Gwent. Key priorities include expanding residential provision, strengthening respite and short breaks, and developing integrated assessment and therapy hubs ensuring children with complex needs can access high-quality support within their local communities.

No Wrong Door:

The region has adopted a comprehensive "no wrong door" approach to supporting the mental health and wellbeing of children and young people, with SPACE Wellbeing acting as the central coordinating hub.

NEST/NYTH:

The NEST/NYTH principles continue to be embedded across education, frontline services, and community planning. There has been a stronger focus on co-producing NEST/NYTH approaches, ensuring the voices of children and young people are central to shaping and evaluating the framework.

Family Group Conference

A referral was received for an emergency Family Group Conference (FGC) involving a 14-year-old girl who did not want to return home following allegations of emotional and physical harm. The FGC was requested to explore how the family could support her return home safely. Two FGC workers visited the girl at school (the same day of referral) to explain the process and check if she had advocacy support. The FGC was held the same day, with parents and siblings, grandparents, an advocate, and a school representative in attendance.

The FGC was structured to ensure everyone could contribute. The children, supported by their advocate and a school staff member, were given space in a separate room to speak openly and meaningfully contribute. Family plans were developed and shared with family members, before being agreed and finalised together. The involvement of the advocate and school staff ensured their voices were heard and supported throughout. As a result, the girl felt able to return home.

The parents agreed to attend the Circle of Security Programme, and clear boundaries were put in place between family members. Both children are now living at home. Following a review meeting, the family plan was confirmed to be working with some minor updates. The children have also been supported to better understand how their mother's MS affects family life. This case demonstrates the importance of timely intervention, strong teamwork, and meaningful involvement of children in decision-making.

Supporting Accessibility

The Children and Families Strategic Partnership is working to improve accessibility by making support easier to understand, easier to reach and more flexible to individual need. This includes using tailored communication, assistive technology, virtual and in-person options, and person-centred approaches, so that children, young people, and families are supported in a way that meets their needs.

Engagement and Coproduction:

A Community of Practice (CoP) has been established to support children with complex needs, promoting shared learning and integrated approaches across partners, parents, carers, and young people. As it develops, it will embed lived experience to inform service design and delivery. Work is also underway to scope a dedicated strategic group for 2026/2027 to complement the CoP and drive improvement. In parallel, a joint youth forum is being developed with Pro-Mo Cymru to strengthen co-production and support a child-led approach to embedding the NEST/NYTH principles.

Next Steps for 2026/2027

- Taking a place-based approach to services, making sure children's voices shape planning, and aligning work with the NEST/NYTH framework to support a clear long-term vision.
- Strengthening links with the Best Start in Life group to clarify roles, reduce duplication, and focus more on prevention using strengths-based approaches.
- Building a shared understanding across partners of new legislation, policy, and national frameworks, so we can stay aligned and respond proactively to change.
- Continuing to prioritise children with complex needs, with a stronger focus on joined-up, place-based care.
- Growing the Community of Practice and youth forum to create more opportunities for children and young people to shape services, keeping their voices at the heart of support.

9.2 Adult Strategic Partnership

"The Adults Strategic Partnership continues to make good progress in its aims to align its resources to improve hospital flow, further increase prevention of hospital admissions and to support new and innovative ways to address the needs of the population of Gwent."

Jo Williams, Director of Adult Services,
Caerphilly County Borough Council and Chair of the Adult Strategic Partnership

What the data tells us:

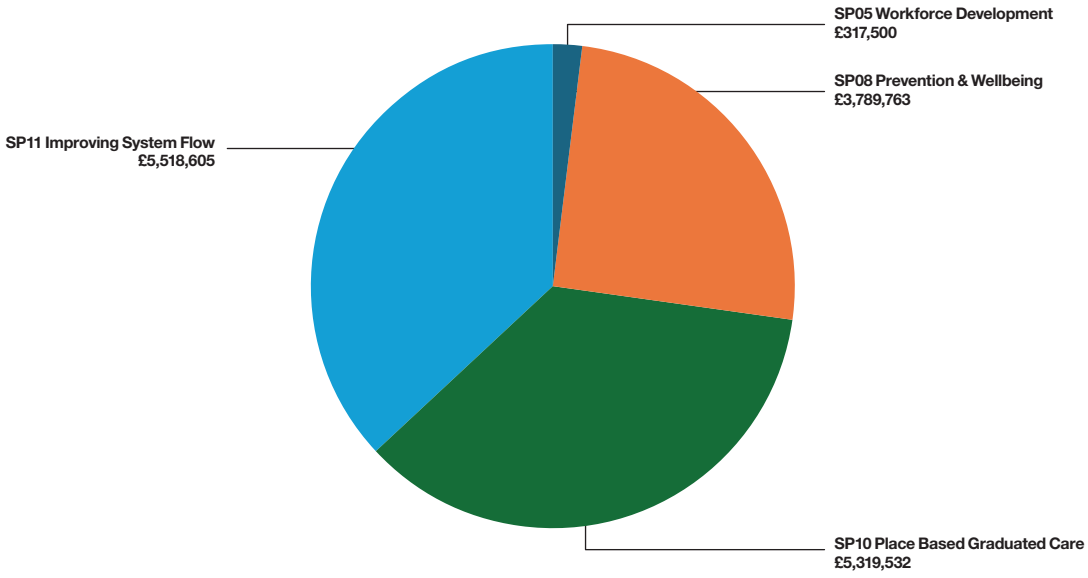
The Gwent Joint Strategic Assessment reinforces citizen feedback, highlighting the increasing demand for support linked to an ageing population, frailty, long-term conditions and pressure on hospital and community services, highlighting the importance of prevention, timely discharge and support closer to home.

Area Plan Priorities

1. System flow and timely hospital discharge.
   > Analysis of high-level longer-term trends.
   > Developing and evaluating systems to support effective and timely discharge.
   > Ensuring 'good enough' community support to enable early hospital discharge.
2. Early intervention prevention to reduce hospital admission.
   > Developing and evaluating systems to prevent unnecessary hospital admission.
   > Creating and commissioning effective partnerships to support hospital avoidance.
   > Supporting and enabling better community resilience to reduce the impact of negative determinants of ill-health.
3. Identifying and testing innovation to develop effective pathways of care.
   > Ensuring the best use of RIF funding and to identify and exploit other sources of funding to support innovation.
   > Supporting the development and rigorous evaluation of new and novel service responses.
   > Identifying and supporting effective staff training and development opportunities to support the above.

What we did in 2025/2026:

2025/26 Funding Allocations by Programme - GASP



In 2025/2026, we improved hospital flow, strengthened prevention, and supported more people to remain safe and independent at home.

Community Health Inclusion and Prevention supported **2,583** people, with no hospital readmissions recorded in the post-discharge safety-net cohort, showing the value of earlier, joined-up support for people at greater risk. Integrated discharge and community support services also made a clear difference. Home from Hospital supported **118,804** people Home from Hospital respondents reported strong outcomes, with **99%** maintaining or improving emotional wellbeing, **99.6%** maintaining or improving independence and 88% saying support prevented escalation, while Hospital to a Healthier Home received **1,772** referrals and helped **1,066** people return home sooner, contributing to **7,176** bed days saved. Falls response services attended **942** incidents and enabled 65% of people to remain at home, reducing avoidable admissions and supporting recovery in familiar surroundings.

Falls Response Service

Mum was found on the floor by her carers, unable to get up. As a result, we reluctantly called 999. Although we did not believe she was injured, we were not there in person and felt we had no choice. The ambulance team assessed Mum and confirmed she was medically well but suggested a review from the Falls Response Service.

The Falls Response team visited the same day, assessing Mum's mobility, including walking, using the stairs, and getting in and out of bed. They were professional but also warm and personable, which really helped put Mum at ease, particularly as she can feel anxious following her recent Alzheimer's diagnosis. The therapist made practical recommendations, including repositioning furniture, removing wheels from the bed to improve stability and suggesting equipment to self-purchase. The same-day response was particularly valuable, and we appreciated receiving timely advice. The support helped improve Mum's safety and mobility, and gave us clear, tailored guidance based on her wish to remain at home for as long as possible. It felt like a very personalised service that supported both Mum and the family to work towards that goal. We have gained important knowledge and confidence from this experience, including how to safely help Mum if she falls, how to check for injury, and when an ambulance is needed. We also learned about the risks of long periods on the floor and the importance of pressure relief and hydration. This has helped us feel more confident in managing some situations independently.

As a result, Mum is now able to move around her room and transfer between her bed and commode more safely. We continue to support her with strength exercises, helping maintain her mobility and independence at home. Overall, the assessment was thorough, professional, compassionate, and clearly focused on Mum's needs and goals. One key takeaway is the importance of raising awareness about when it is appropriate to call an ambulance, which could help others in similar situations.

Hospital to Home

A 90-year-old woman who was immobile and housebound was supported by the Frailty Consultant-led Virtual Ward service in Torfaen. She had been experiencing shortness of breath, tiredness, and reduced quality of life, often falling asleep during the day. She also had nerve pain and was taking medication to alleviate symptoms. Following a multi-disciplinary team review, the pharmacy team visited her at home to support changes to her medication. The pharmacist identified that the medication doses may have been too high and contributing to her drowsiness.

A plan was made to reduce doses, and a Pharmacy Technician created a clear medicines reminder chart. Initially, the patient was hesitant due to past pain, but reassurance was provided and follow-up support arranged. The pharmacy team made further visits, adjusting doses as required. They also removed outdated medication to avoid confusion and provided advice on taking oral iron correctly to help manage anaemia. Through this personalised and supportive approach, the patient became more confident managing her medication. By the time she was discharged, she was more alert, less tired, and able to enjoy her home environment again.

'Sincere gratitude to all, absolutely amazing, very patient!'

This case highlights the value of multi-disciplinary working, particularly the role of the pharmacy in delivering tailored, person-centred care. Home visits enabled support for someone who may otherwise have struggled to access services, improving both understanding and confidence. As a result, there was a clear improvement in alertness and overall quality of life, demonstrating meaningful outcomes for individuals with complex needs and limited mobility.

Supporting Accessibility

The Adult Strategic Partnership has improved accessibility by backing practical services that help people get the right support sooner and closer to home. This includes helping more people receive support at home, strengthening community-based services, improving referral pathways, and reducing barriers to discharge through integrated health, social care and third sector provision.

Engagement and Coproduction:

Adults with lived experience are actively involved in service design and review, programme development, and the evaluation of funded projects. The Partnership has embedded co-production across its work by actively engaging adults, carers and communities through consultations and lived experience involvement including an active citizen member sitting at strategic partnership meetings. This has ensured services are shaped by real needs, leading to more accessible, person-centred, and preventative support across Gwent.

Next Steps for 2026/2027

- Continue to develop our integrated working practices to support more timely discharge and community-based support packages, including reablement and interim care, to enable earlier discharge.
- Keep reviewing how people move through services and where delays happen, so we can spot pressure points and improve the system.
- Develop and test better ways to improve hospital discharge, supporting joined up working to enable faster discharge and better community support, including reablement and short-term care.
- Strengthen early help and prevention so more people can stay safe and independent at home.
- Use data and local service information more effectively to track discharge performance and respond quickly when delays happen.
- Keep reviewing targeted support for people most at risk of deterioration, especially those living with frailty, long-term conditions, or complex needs.
- Continue testing new ways of working that improve people's outcomes, helping to improve system flow, and the experience of care and support.
- Further support staff training, learning and development opportunities, to enable new ways of working and further support service transformation.

9.3 Dementia Strategic Partnership

"Over the past year, the Dementia Strategic Partnership and Dementia Friendly Gwent have continued to build on the good work happening across Gwent. By working closely with communities, partners, and people with lived experience, we are strengthening dementia-friendly approaches that reflect what really matters to people affected by dementia. Listening to people's experiences is helping to shape our work and create more inclusive, supportive communities"

Amanda Whent, Lead Dementia Nurse ABUHB and Chair of the Dementia Strategic Partnership

What the data tells us:

The Gwent Joint Strategic Assessment reinforces citizen feedback, highlighting that as the population ages, more people are likely to be affected by dementia, increasing the need for earlier assessment and diagnosis, accessible information, post-diagnostic support, carer support and dementia-friendly communities.

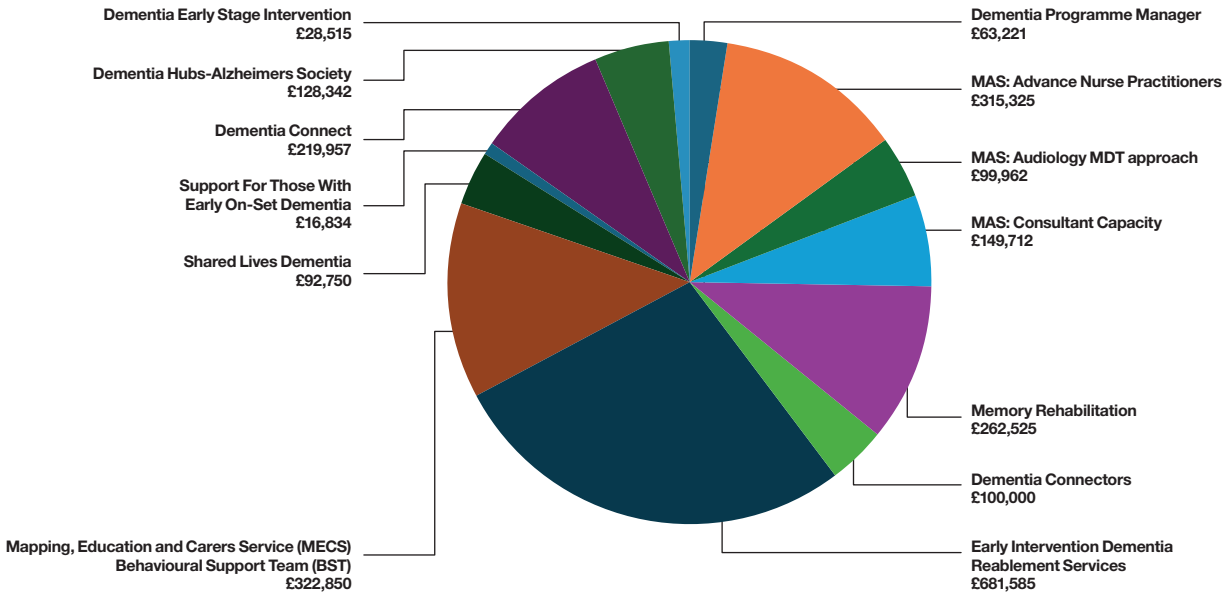
Area Plan Priorities

Improve outcomes for people living with dementia and their carers through:

1. Increase Information, Advice and Assistance, to support signposting & information sharing, cognitive wellbeing and inform of risk factors of dementia, to improve understanding & awareness.
2. Increase the proportion of people receiving a dementia assessment, diagnosis, and support.
3. Increase learning and development opportunities for both staff and anyone affected by dementia, to reduce stigma, provide further awareness and increase opportunities for social inclusion.

What we did in 2025/2026:

2025/26 Funded Schemes - Dementia Board



In 2025/2026, the Dementia Strategic Partnership improved access to information, diagnosis, support, and community connection for people living with dementia and their carers across Gwent. The Dementia Friendly Gwent Network grew to over **420** members, while Dementia Hubs, delivered by Alzheimer's Society in partnership with local authorities, health services and community organisations, have supported **1,874**

people between September 2025 and March 2026, providing accessible local help that families described as a '**lifeline**'.





There are now 26 Alzheimer's Society Dementia Advisors, providing practical and emotional support across Gwent. Mobile pop-up hubs offering increased access to support have been introduced and there are plans to start volunteer recruitment and involvement throughout 2026, providing extended hub hours and peer to peer support for visitors. This community-based support is helping people access advice and support earlier, reducing escalation of need and supporting independence for longer.

Feedback continues to show improved confidence for carers, reduced isolation, and increased ability to manage at home following access to support.

Over the past year, Dementia Friendly Gwent has delivered a 4-episode podcast series in partnership with Torfaen Talks CIC. The series explored key dementia themes featuring honest conversations, practical information, and local expertise. The series highlighted the range of support available across Gwent, while encouraging understanding, compassion, and community action for people living with dementia and their carers.



The network has also created a Padlet to function as a 'virtual hub,' bringing together information and resources that support people living with dementia, their families, carers, and communities across Gwent. Since January 2026, the Padlet has grown into an active and valued resource, with **345 posts**, **849 views**, and **370 visitors in just 3 months**.

In 2025, Memory Assessment Services (MAS) across Aneurin Bevan University Health Board delivered a record **27,297** appointments, **an increase of 757**. To help people better understand what to expect from the assessment and diagnosis process, a MAS pathway leaflet has been developed, alongside a dedicated MAS webpage on the Aneurin Bevan University Health Board website. Work is now underway to explore a centralised MAS "front door," which aims to support referrals more effectively and improve the timeliness of assessment and diagnosis for patients. Following a diagnosis, dementia advisor support is now also embedded within the memory assessment pathway.

The Mapping, Education and Carers Service (MECS) Team delivers an informal 6-week Carers Information Course providing dementia specific information, practical guidance, and peer support, receiving **354 referrals** in 2025/2026. Sessions are facilitated by MECS practitioners, with guest speakers contributing specialist knowledge, and referrals supported through collaborative working with the Memory Assessment Team. During one session, a carer became visibly distressed, expressing that she felt "**lonely, scared and daunted by the future**," highlighting the emotional impact of caring and the importance of a safe, supportive environment.

A key strength of the course was the combination of professional guidance and peer support, which carers consistently described as invaluable. Carers reported feeling able to speak openly in a non-judgemental space: "**I felt comfortable to open up about the difficulties experienced at home because the group felt safe and supportive.**" Practical strategies shared, included information about Piper alarms, the Herbert Protocol, door alarms and tracking devices, gave carers greater confidence in maintaining safety while supporting independence.

Feedback has highlighted the value of accurate, accessible information and connection with others: "**It made me feel I was not alone. I could express my concerns without being judged,**" and "**Knowing there is support and advice available has enabled me to continue in my caring role.**" Carers reported increased confidence, reduced isolation, and a greater willingness to seek help. Many felt the course should continue beyond the six weeks, suggesting follow up catch-up sessions to provide ongoing support as caring circumstances evolve.

Significant improvements to hospital environments have included dementia-friendly signage and lighting, enhanced outdoor spaces, and a meaningful engagement programme, resulting in measurable improvements in patient wellbeing. Dementia Champions are embedded in every department, with **42 dementia volunteer companions** providing dedicated support to people with dementia while in hospital.

Using Outdoor Garden Spaces to Improve Meaningful Engagement in Dementia Care

This practice-change initiative was introduced within an inpatient dementia assessment unit to explore how access to an outdoor garden could enhance meaningful engagement and wellbeing for people living with dementia. Using Dementia Care Mapping to guide reflection and evaluation, staff, patients, carers, and families worked together to reimagine the ward's secure garden as a therapeutic, person-centred space.

People living with dementia experienced increased sensory stimulation, calm and enjoyment, with early data showing a reduction in reportable incidents during the first six weeks of use. Staff reported greater confidence in delivering meaningful engagement, supported by training and the introduction of accessible evaluation tools that enabled wider team involvement. The success of the pilot has led to the garden becoming an integral part of therapeutic activity on the ward, with plans underway to extend to a second inpatient setting. Thoughtfully designed outdoor environments can improve wellbeing, reduce distress, and strengthen person-centred practice in dementia care. With wider work exploring how the benefits of nature-based engagement can be brought into indoor environments, ensuring equitable access for all people living with dementia is in development.

Learning and development opportunities continue to be made available across the region. Aneurin Bevan University Health Board has maintained an 83% mandatory dementia awareness rate across their staff and has trained **1,500** people in dementia-specific education during 2025/2026.

We partnered with Dementia Friendly Communities Swansea to develop a Train the Trainer programme to deliver Dementia Aware sessions across sectors, organisations, and communities - this has resulted in **50 Session Leaders** across Gwent. Since October 2025, **242** people have attended a session to improve their understanding and awareness of dementia. Throughout the year, we have also created **1,060 Dementia Friends**.

"Incredibly informative and clearly passionate about supporting people with dementia." – Dementia Aware participant

In addition, a series of Bitesize sessions across a range of specialist areas including Mental Capacity Act, Audiology, Oral Health Care, Hydration & Nutrition, Future Care Planning was delivered to **232** participants. Dementia Experience learning days have provided immersive learning, facilitated by specialist clinicians to help provide staff from organisations across Gwent with insight into the effects of dementia.

Supporting Accessibility

Over the past year, we have made meaningful strides towards more accessible dementia services and information across Gwent. This includes ensuring information and support is accessible in alternate languages and is culturally appropriate. We have also continued to strengthen accessibility through the promotion of environmental audits, helping to shape more inclusive spaces and services.

We are exploring ongoing specialist support and links with organisations like RNIB and Sight Cymru. Improvements include:

- Dementia-friendly lighting and signage across hospital sites.
- Enhanced Memory Assessment Service and Dementia Hub materials, including alternative languages and easy read resources.
- Providing reasonable adjustments across dementia services.
- Staff have accessed British Sign Language (BSL) sessions to better understand the needs of people with hearing loss.
- Working with the Dementia Friendly Gwent network we have ensured the information Padlet is accessible for screen readers and digital abilities.

Engagement and Coproduction

Engagement continues across Gwent, reaching over **1,360 people** through group **visits, events, and online and in-person sessions**.

Our engagement has focused on understanding what matters to people in relation to dementia care.

We continue to strengthen relationships with seldom-heard communities, ensuring their voices and experiences also help shape service planning and improvement.



The Dementia Friendly Gwent Network plays a central role in this work, regularly gathering views on services, support, and pilot projects.

People living with dementia and unpaid carers are active members, supporting co-production and shaping the dementia care pathway for Gwent. We also work closely with partners, communities, and schools to deliver awareness sessions and capture real-life experiences through both virtual and face-to-face engagement.

Together, feedback, collaboration, and co-production continue to guide improvements, helping to make information and support more accessible for everyone affected by dementia.

Next Steps for 2026/2027

- To implement the Dementia Action Plan and the All-Wales Pathway of Dementia Care Standards through the 4 workstreams; Engagement, Memory Assessment and Diagnosis, Carers and Learning and Development.
- Secure sustainable learning and development funding to support a capable, confident, and compassionate dementia workforce.
- Further develop the Dementia Aware train the trainer programme and it's Session Leaders to strengthen understanding and awareness across communities including creating a school friendly Dementia Aware session for children and young people.
- Support the future development of Dementia Hubs across Gwent.
- Progress work towards a centralised referral approach for Memory Assessment Services.
- Strengthen the Meaningful Engagement and Activity Program across Gwent.
- Develop a dementia-specific carer support plan to better respond to carers' needs.
- Enhance data monitoring, using feedback, lived experience, and partnership collaboration to inform and deepen co-production across all areas of work including the dementia capital programme, with a particular focus on respite and housing support.

9.4 Mental Health and Learning Disability Strategic Partnership

"Mental health and learning disability partners are working to improve the lives of our residents through integrated working practices to maximise person-centred care and support. We want to ensure that people can access the right support early, and responsive care when in crisis. We work alongside people with lived experience who share their stories with us to help shape and improve the support and services we offer and to help us understand emerging needs in communities. By working as one, we are constantly improving and building on the work we do, to truly reflect the needs of the people we support."

Louise Turner, ABUHB Mental Health and Learning Disability Divisional Director and Mental Health and Learning Disability Strategic Partnership Chair

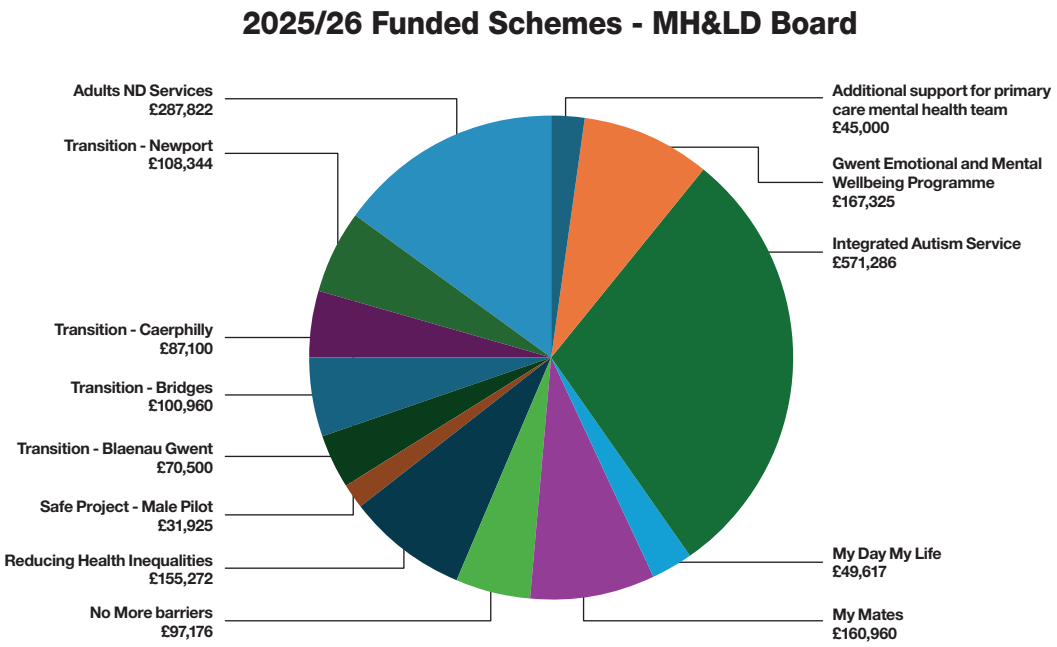
What the data tells us:

The Gwent Joint Strategic Assessment reinforces citizen feedback, highlighting the need for for earlier mental wellbeing support, suicide and self-harm prevention, reduced stigma and better access to reasonable adjustments and community-based support, for people with learning disabilities.

Area Plan Priorities

1. Increase public understanding and awareness of mental health to reduce stigma and promote early help-seeking.
2. Improve emotional wellbeing through early intervention and community support.
3. Support people with learning disabilities to live independently with appropriate community-based support.

What we did in 2025/2026:



In 2025-2026, the Partnership strengthened early mental wellbeing support, improved access to clear information, and helped more people with learning disabilities live independently in their communities. This enabled people to get support sooner, built confidence among staff and communities, and promoted more inclusive, accessible services shaped by lived experience, helping reduce stigma, support independence, and improve person-centred care.

Gwent Emotional and Mental Wellbeing Foundation Tier Programme

The Melo website is a central point of access for free self-help resources, to help people look after and improve their mental wellbeing. The website contains 37 topic pages, more than 350 resources, 70 courses and information on over 80 helplines and services.

In 2025/2026 the following progress was made:

- Development of new topic pages on Hoarding, Neurodivergence and Smoking and Mental Wellbeing.
- Production of an easy-to-follow navigation video to demonstrate how users can move through the website and find information easily.
- Significantly improved and streamlined the ‘Suicidal Thought’s,’ ‘Find Urgent Help’ and ‘For Professionals’ sections of the website, to provide even more resources for professionals to support them in their work.

“I found out how to understand Post Traumatic Stress Disorder (PTSD) a little more. I am an ex Royal Marine; I have done 3 operational tours of Iraq and understanding PTSD helps me understand a little bit more what is going on with my body and my emotions”

Community Member

The website has now received almost **185,000** users. Of those who provided feedback through the Melo website, **84%** found the content helpful. The impact of Melo goes beyond the number of users reached - it gives people earlier access to trusted information, practical self-help tools, and clear routes to support. This helps people manage their wellbeing sooner, supports professionals to signpost consistently, and helps reduce stigma around mental health and suicide prevention.

"I meet individuals who may have been referred for Mental Health support but are currently on lengthy waiting lists to access the services... I make sure that they have relevant information regarding what is available through self-help and helplines in the interim and MELO is always one of those... I recently worked with a Chinese lady who was trying to support her mother who spoke very little English so I was able to show her the available language options, so her mother could then access the information in her own language – this made a real difference to them both."

Wellbeing Links Advisor

A Melo Champion Charter Will be piloted in 2026-2027 to encourage partner organisations with practical actions to raise awareness of mental health and wellbeing and suicide prevention. Caerphilly County Borough Council have agreed to pilot the scheme, and discussions are ongoing with other councils in Gwent.

Gwent Connect 5

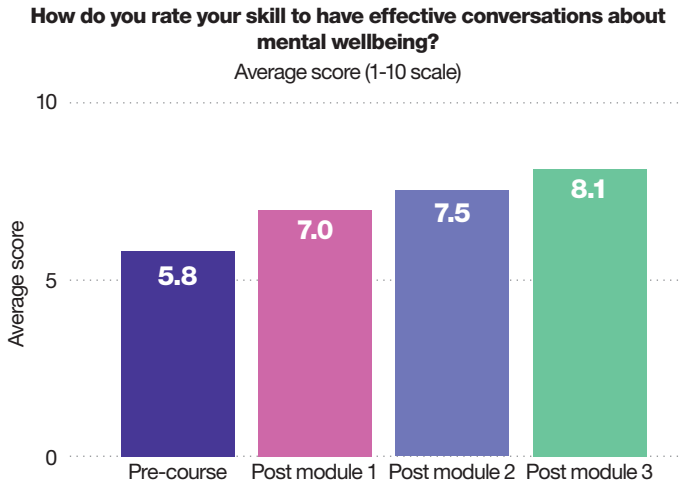
Gwent Connect 5 is an evidence-based mental health training programme that helps frontline staff feel more confident and skilled in having supportive mental wellbeing conversations.

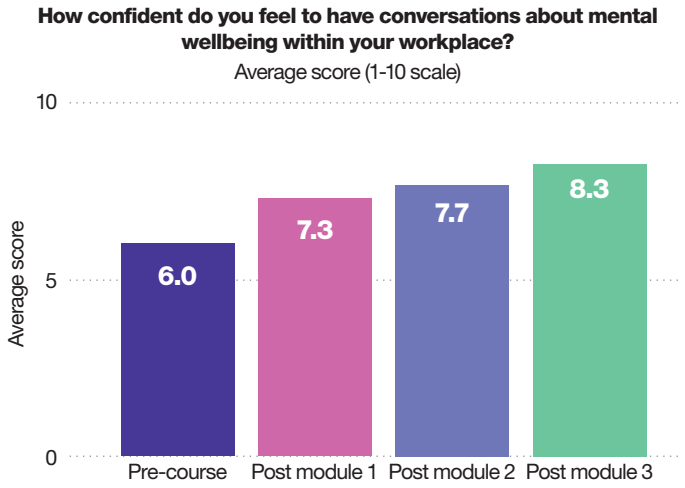
The programme consists of three half-day modules, delivered either in person or online, which build on each other to support learning and reflection. Evaluations show strong positive impact, with people reporting increased confidence, new skills, greater motivation, and improved mental wellbeing. Since the programme began, over **2,500 people have completed Module 1**, and more than 1,000 have completed all three modules. This is helping to reduce stigma, encourage earlier conversations, and build confidence across the wider workforce.

"Mental health and wellbeing are often a taboo subject; by opening up conversations we are removing the stigma."

This year, coordination by a Third Sector provider has enabled the introduction of a Trainer Apprenticeship Model, helping to grow training capacity in a sustainable way. Since the programme began, over 2,500 people have completed Module 1, and more than 1,000 have completed all three modules.

"I am now able to ask people if they are ok and have more conversations without fearing I am not going to be able to help with whatever problems they have."





Suicide and Self Harm Prevention

The Gwent Suicide and Self Harm Expert Advisory Group oversees the Gwent Suicide Prevention and Self-Harm Framework and Delivery Plan and reports to the Mental Health and Learning Disability Strategic Partnership. This year, the Delivery Plan includes prevention activities such as free online training, over **30** Suicide First Aid courses for frontline staff, and Padlet bringing together services, training, and events.

Partnership working between the Gwent Public Health Team and the Mental Health and Learning Disabilities Division has also led to the development and implementation of a new suicide prevention service pilot. The pilot accepts referrals through NHS 111 Press 2 and supports people who may be at risk of suicide but do not meet the criteria for specialist mental health services, including those affected by financial pressures, relationship difficulties and other life challenges. The service provides timely, evidence-based support to individuals, as well as family members, friends and others impacted by suicide risk. An evaluation of the pilot is planned during 2026/27 to assess its impact and inform future service development.

The group also has oversight of a local Specialist Suicide Bereavement Support Service, which is provided by a local Third Sector partner and managed by the Health Board.

Gwent also has an Expert Advisory Group that brings together organisations with specialist knowledge and people with lived experience to help ensure local plans are informed by evidence and real-world insight.

Supporting People with a Learning Disability

Learning disability work has focused on improving independence, community inclusion, and access to health support. Supported living and community-based provision have helping more people live in homes that meet their needs, build daily living skills, and stay connected to local communities. Work on Annual Health Checks has also highlighted the importance of tackling health inequalities through proactive follow-up, better communication, and consistent reasonable adjustments, so people with learning disabilities can access the right support with confidence. This also links to wider partnership work around friendship, day opportunities, transitions, and supported employment, which helps people build confidence, reduce isolation, develop skills, and participate more fully in their communities.

No More Barriers

A woman with a physical impairment, low self-esteem, and depression, who had spent many years in a hospital setting, became involved in Growing Space through a gardening group. After showing interest in where the produce was sold, she began engaging in the No More Barriers social enterprise shop. The shop provided opportunities to build confidence, develop customer service and money-handling skills, and work alongside others in a supportive environment.

"I have enjoyed meeting with my peers in the role and I enjoy serving customers...I have gained confidence speaking with customers especially when being asked about plants as I have a particular interest in that field."
"I cannot thank the people within Growing Space enough... I thought I was on the scrap heap, old, depressed, and unwanted."

The impact on her wellbeing has been significant. She is now more confident, actively contributing to the team and even covering for other volunteers. Staff reflected **"I am so happy that this lady has the belief in herself now, that I had when I met her. She is a valued help… this is apparent in her beaming smile and confident conversation."** This case highlights how supported, real-world opportunities can rebuild confidence, improve wellbeing, and support progression towards volunteering and employment.

Reducing Health Inequalities

The Primary Care Learning Disability Liaison Team led a co-produced Hackathon event to explore ongoing health inequalities, barriers to accessing Annual Health Checks (AHCs), and identify practical ways to improve services. The event brought together 160 attendees, including 105 people with a learning disability, alongside carers, providers, and professionals. It included facilitated discussions, accessible workshops, and creative sessions focused on understanding barriers, improving experiences, and identifying necessary reasonable adjustments.

Contributions helped to clearly identify barriers, including lack of awareness, communication challenges, and confidence issues. The event also generated practical, realistic solutions, and creative resources to support ongoing awareness. The event highlighted the need for continued engagement beyond a single activity. As a result, 105 individuals who had not accessed an AHC have been identified for follow-up. This approach has improved awareness of AHCs, strengthened links between individuals and services, and reinforced the importance of people feeling listened to, respected and involved in their healthcare. It highlighted that barriers are not only practical, but also linked to communication and past experiences, and that co-production provides valuable insight that traditional approaches may miss. Improving access to AHCs requires proactive engagement, better communication, and consistent use of reasonable adjustments. The learning from this work will continue to inform service development, supporting a more accessible and responsive system, and reinforcing the key role of the Liaison Team in supporting individuals and driving improvements

Supporting Accessibility

The Partnership has focused on making support easier to access through the Open Access model, stepped care, community-based services, and supported living provision. These approaches aim to provide flexible support based on individual need, improve independence, reduce reliance on more intensive or hospital-based services, and ensure mental health and learning disability services are better aligned to the needs of local communities. The intended impact is that people are supported earlier, receive help at the right level, and experience smoother routes into advice, community support, and specialist services when needed.

Engagement and Coproduction at The Heart of Our Work

We value hearing from people with learning disabilities and use their experiences to improve support. By working together, we aim to remove barriers, make healthcare easier to access, and create services that are inclusive, respectful, and responsive. This matters because everyday challenges, like unclear information,

poor communication, lack of confidence, or missed reasonable adjustments, can lead to health inequalities. People with lived experience play an active role in the Mental Health and Learning Disability Strategic Partnership, helping shape priorities and improve services. Their insights strengthen the voice of people with mental health needs, unpaid carers, people with learning disabilities, and neurodivergent people. To build on this, the Partnership will make it easier for people to get involved through clearer, more flexible routes, including community groups, third sector networks, and options beyond formal meetings.

Next Steps for 2026/2027

- Expand third sector and lived experience involvement through defined routes that support influence across service design, delivery, and strategic priorities, with clearer feedback loops so people can see how their involvement has shaped decisions.
- Implement the Open Access and stepped care model across Gwent with agreed measures of impact, including access, experience, outcomes, earlier support, and reduced escalation of need.
- Improve outcome reporting for funded projects, using data, evidence and lived experience to show what difference support is making.
- Strengthen learning disability health inequality actions, including Annual Health Check follow-up, reasonable adjustments, accessible information, and clearer reporting on what changes as a result for people with learning disabilities.
- Further develop community-based and preventative support, including suicide and self-harm prevention and early intervention approaches to reduce reliance on crisis services.
- Strengthen reporting from funded projects so future updates clearly distinguish activity, outputs and outcomes, including confidence, wellbeing, independence, inclusion, and access to support.

9.5 Neurodivergence Strategic Partnership

"Although new to the role of Chair, it is clear how much commitment and collaboration has shaped the Neurodivergent Strategic Partnership over the past year. Across Gwent, partners have worked together to improve access to support, strengthen pathways, and increase understanding of neurodiversity in our communities. Our shared focus remains on ensuring people receive the right support at the right time, and that neurodivergent individuals and their families feel heard, valued, and included. Thank you to all partners, practitioners, and those with lived experience whose insight and commitment continue to shape our ambition for neurodivergent people to thrive."

Tracey Smith, ABUHB, Chair of the Neurodivergence Strategic Partnership

What the data tells us:

The Gwent Joint Strategic Assessment reinforces citizen feedback, highlighting increasing demand for neurodevelopmental assessment and support, with families needing practical help while waiting, and services needing to better recognise sensory, communication and accessibility needs.

Area Plan Priorities

1. Provide more timely assessment, diagnosis, and support of Autistic Spectrum Disorder (ASD) and access to support services and information.
2. Increase awareness, understanding and acceptance of Autism and Neurodiversity.
3. Increase opportunities for learning, training, volunteering, and employment to support independent living.

What we did in 2025/2026:

In 2025/2026, the partnership improved earlier access to support, strengthened community-based provision and increased understanding of neurodiversity across Gwent.

The Neurodivergence Improvement Programme (NDIP) is a Welsh Government Programme improving services for people with neurodivergent conditions addressing demand, capacity, and design of services. In 2025, a £13.7 million investment was announced to strengthen attention deficit hyperactivity disorder (ADHD) and autism services and extend the NDIP through to 2027.

In 2025/2026, NDIP slippage supported 4 third sector projects across Gwent to deliver short-term, preventative, community-based support for children, young people, and parent and carers on neurodevelopmental waiting lists.

Growing Space:

The Making Time Project provides one to one coaching and group support for parents and carers. Participants report reduced isolation and improved wellbeing. Engagement has been impacted by limited referrals via health pathways, but the project has adapted its delivery approach by moving towards community led engagement to reach carers that may not be accessing other services.

Gwent Carer Parent Network:

The Pre-Diagnosis Support Project provides information, peer support groups, and practical guidance for parents and carers of children and young people who are currently awaiting a neurodevelopmental assessment. Both parents and carers reported increased confidence in supporting their neurodivergent child. Delivery has been successful, with group sessions helping to provide timely peer support while families remain on neurodevelopmental waiting lists.

Hope GB:

The Waiting Well Project provides neurodiversity focused clubs and activities for children and young people on waiting lists, and their families. The project focuses on early intervention, supporting children's wellbeing, and reducing escalation of need during long waiting periods. The project met delivery targets, with positive parent and carer feedback and improved wellbeing outcomes.

Torfaen Talks CIC:

The Neuro-Inclusive Community Support Project offers counselling and peer support hubs for parents, carers, and neurodivergent individuals. While initial delivery was impacted by delays, counselling support is now established, and peer hubs are scaling up towards full delivery. Participants reported the counselling support reduced isolation, improved wellbeing, and all participants stated the support helped avoid an escalation of need.

Support Across Local Authority Areas:

Torfaen County Borough Council is continuing to make a real difference for neurodivergent residents by rolling out the Autism Education Trust framework in schools, creating more autism-friendly spaces, and leading supported employment work for people with learning disabilities and autism, informed by research. The council has also taken part in regional ND training and supported NDIP-funded third sector activity, including Torfaen Talks CIC.

Blaenau Gwent County Borough Council has strengthened local information and engagement through new autism-specific web content and plans for stakeholder groups. The council has contributed to the Diverse Matters Group, used Trailblazer funding to support employment for people with autism and learning disabilities, and hosted outreach activity such as the autism empathy bus.

Monmouthshire County Borough Council has been supporting workforce development and early help for neurodivergent children and families by delivering autism training across schools and early years settings, while also promoting Early Bird Plus programmes.

Newport City Council has been advancing neurodiversity-inclusive practice across education and children's services, including helping schools become more autism-friendly. Its Newport Virtual School pilot is supporting young people with emotionally based school avoidance through online learning, with the aim of helping them reintegrate or gain qualifications. Workforce training and awareness have also continued.

Caerphilly County Borough Council has been building awareness and strengthening workforce development through autism reality sessions and a neurodiversity information day. The council has also progressed parent and carer advice sessions with Neurodivergence Wales, improved community-based support and signposting, and strengthened training across teams and partner organisations.

Gwent Parent Carer Network

A family with a young child at the early stages of a potential neurodevelopmental diagnosis pathway was referred to the Gwent Parent Carer Network (GPCN) by another family. At the time, they were not accessing any support and were at risk of social isolation, feeling disconnected from other families at school and unsure where to turn.

"We did not know that we could access anything as parents before our son had his diagnosis. We were feeling a little adrift at the time so when a friend mentioned GPCN we thought it sounded like a good place to look. When we joined the group one of the first things I saw was the post about the information for autism diagnosis, it was exactly what I needed! The pack came in the post

a couple of days later along with more info about the group. It has helped us understand what was going to happen and the page with all the different terms was a real help! ...I feel like we went from nothing to everything!"

The parent later attended a community drop-in session where they received further advice, were introduced to additional support opportunities, and went on to attend a family event and book onto local parent carer activities. This early intervention helped the parent feel more informed, confident, and connected whilst reducing feelings of isolation and uncertainty. Peer support also provided a safe space to ask questions and build confidence.

The service has had a wider impact by providing timely, preventative support to families helping reduce pressure on statutory services. It has also supported improved understanding of the diagnostic process and encouraged engagement with community-based support.

ABUHB Family and Therapies Division continued to build on earlier improvements to neurodevelopmental pathways and expanded the Neurodiversity Early Support Hub (NESH), launched in April 2025. The service is moving away from a solely diagnostic model, introducing a more needs-led approach. This enables earlier access to support with referrals now processed within 4-6 weeks. The Gwent Profiling Tool remains embedded across services and work has continued to sustain performance against Referral to Treatment standards for diagnostic assessments, despite a significant rise in demand.

The Neurodiversity Early Support Hub (NESH) received **4,014** referrals. 93% of referrals relate to children and young people aged 5-18. Key developments have included the launch of the Neurodiversity website which provides a single, accessible source of information and early support resources for families and professionals.

The Integrated Autism Service (IAS) and Adult ADHD Service: demand has remained high, particularly within adult ADHD services, leading to increased waiting times. These pressures have been compounded by staffing reductions and ongoing funding uncertainty. Despite this, the IAS and Adult ADHD teams have strengthened joint working and streamlined pathways between services. A range of support has continued to be delivered, including post-diagnostic courses, peer support, wellbeing workshops, advice appointments, and targeted one-to-one support. The service was also recognised through a nomination at the ABUHB Staff Awards for its contribution to education, research, and innovation.

Supporting Accessibility

The Neurodivergence Strategic Partnership has improved accessibility across Gwent by promoting flexible, needs-led support that recognises the sensory, communication, and individual needs of neurodivergent people.

NDIP-funded community provision has expanded accessible support, including specialist clubs, peer groups, counselling, and one-to-one support for children, young people, and families awaiting assessment, helping to reduce isolation and improve wellbeing.

The Gwent Integrated Autism Service has further strengthened accessibility through workshops on sensory needs, sleep and burnout, alongside flexible delivery such as virtual and face-to-face courses, peer groups, and personalised support.

Engagement and Co-production

Engagement and co-production have been strengthened and continues to grow across Gwent, ensuring services are shaped by the experiences of individuals, families, and carers. People with lived experience continue to play an active role in contributing to strategic discussions and decision-making. Going forward, the partnership will broaden engagement by introducing more flexible and accessible ways to get involved beyond formal meetings, alongside stronger links with community and third sector networks.

Next Steps for 2026/2027

- Apply what we have learned from NDIP-funded projects in the third sector to shape future services, making sure timescales are realistic, referral routes are clear, reporting is manageable, and outcomes clearly show the difference these services make.
- We will continue to develop the Neurodiversity Early Support Hub so people can get help earlier and have a more consistent experience across services.
- We will improve how we involve people, making sure services are shaped together with those who use them and continue to improve over time.
- Increase opportunities for learning, training, volunteering, and employment through stronger links with local businesses and third sector partners.

9.6 Carers Strategic Partnership

"We remain committed to supporting all unpaid carers, building on the significant work already taking place across our region. We welcome the Welsh Government's review of the National Delivery Plan as an important opportunity to further strengthen and progress the key priorities that support carers, and we will continue to explore how these can be delivered locally."

Jason O'Brien, Strategic Director, Children and Family Services, Torfaen County Borough Council and Chair of the Carers Strategic Partnership

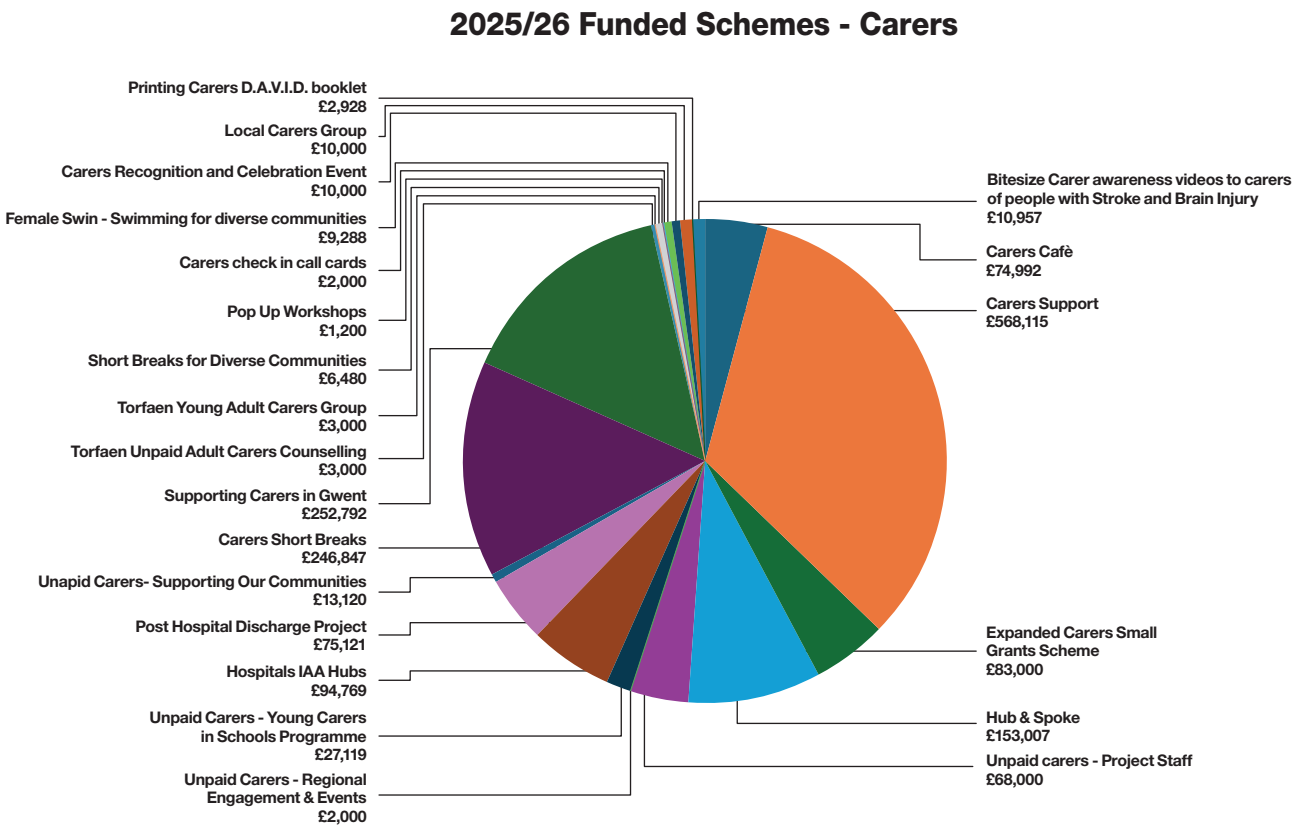
What the data tells us:

The Gwent Joint Strategic Assessment reinforces citizen feedback, highlighting the scale and often hidden nature of unpaid caring, including impacts on wellbeing, isolation, finances, education and the ability to sustain caring roles without timely recognition and support.

Area Plan Priorities

1. Support unpaid carers through flexible respite, accurate information, peer support, effective care planning, and increased public understanding.
2. Improve wellbeing of young carers and young adult carers and mitigate long-term impacts.

What we did in 2025/2026:



In 2025/2026, the Carers Strategic Partnership strengthened practical, emotional, and financial support for unpaid carers across Gwent.

Unpaid Carers Regional Hub and Spoke

The Regional Hub and Spoke workstream helps unpaid carers across Gwent access information, advice, emotional support, practical help, and opportunities to connect with others. The workstream includes the Gwent Carers Hub, local outreach, support groups, the Young Carers in Schools Programme, small grants, counselling, creative wellbeing activity, check-in support, and targeted support for carers from diverse communities.

Support is being delivered in the community, where carers are already attending local groups and events, and via hosted support groups. The Hub and Spoke model have reported **305** outreach activities across the year, while attendance at support groups increased from 22 to 40, showing a growing community-based offer. The Small Grants Scheme also supported over **800** carers with practical help such as time out and building skills.

The Young Carers in Schools Programme engaged **99** schools across 2025/2026, helping staff identify and respond to young carers earlier. Targeted projects also widened access, including culturally appropriate swimming sessions for women from diverse communities, which grew to **93** participants by March 2026.

Unpaid Carers Hospital Discharge

The Hospital Discharge workstream supports carers when the person they care for is in hospital, preparing to leave hospital, or settling back at home. This includes Hospital IAA Hubs, post-discharge support, support for diverse communities, the DAVID booklet, and resources for carers of people with stroke and brain injury.

The Hospital IAA Hubs provide visible, practical support in hospital settings, helping carers access advice, carers assessments, benefits support, and onward signposting. Across the year the hubs recorded over **2,200** instances of carers accessing support and made almost **1,000** referrals for Carers Assessments. They also helped secure more than £166,000 in successful welfare benefit claims during 2025/2026, showing a direct practical impact for carers and families.

The post-discharge offer is also helping carers manage the first days and weeks after someone returns home. The project supported **196** carers between January to March 2026 and recorded **1,400** contacts in that time, reflecting both increased reach and the level of practical reassurance needed after discharge.

Unpaid Carers Support and Coordination

The Support and Coordination workstream brings together local authority carers support across Gwent, helping carers access assessments, advice, signposting, events, peer support, and practical help. The work helps carers understand their rights, talk through 'what matters' to them, access financial or wellbeing advice, and connect with local support before situations reach crisis point. Newport reported over **1,100** 'what matters' conversations across the year, alongside almost **600** carer assessments, showing the importance of direct conversations with carers. Torfaen recorded more than **5,400** contacts with carers across the year, while Caerphilly and Monmouthshire both showed a gradual increase in the number of carers known to or accessing support.

Unpaid Carers Short Breaks – Bridging the Gap

Bridging the Gap Gwent (BTGG) operates as a voucher system, giving eligible carers a £400 code to spend over six months with approved providers. This gives carers flexibility and choice in arranging respite care and wellbeing activities. Carers receive a short break from their caring role, supporting wellbeing and positive caring relationships. It focuses on "supporting life alongside caring" while also "identifying and

Torfaen Young Carers Service

A 15-year-old young carer was referred to the Torfaen Young Carers Service during a period of significant pressure at home. Several family members have long-term health conditions and disabilities, and she played a major role in daily care, supporting siblings, and providing emotional support to her mother. Financial hardship and lack of transport meant she was highly isolated, rarely leaving the house outside of school, and experiencing growing anxiety and emotional fatigue.

After joining the service, her main barrier of transport was removed through a free minibus provision allowing her to attend sessions and free activities regularly.

"I started to feel less trapped and more like I had something for myself... I made new friends who understand what caring is like."

Initially, she experienced challenges around guilt and anxiety about leaving home, worrying about her family. With consistent support from staff, including communication with her mother, she gradually became more comfortable.

"I felt guilty leaving home... sometimes I almost did not go..."

Unexpectedly, her confidence grew quickly, particularly through trying new experiences. For her, success meant having the chance to feel like a typical teenager. Through the project she learned she is not alone and that her wellbeing matters. The impact has been significant, resulting in increased confidence, reduced anxiety, and improved wellbeing. These positive changes have been noticed at school and home.

"Before joining, I felt stuck, overwhelmed, and cut off... Now I feel more confident, supported, and connected... It has helped me realise that I deserve support."

This case highlights the importance of removing practical barriers such as transport and cost, alongside providing emotional and peer support. Even small opportunities for respite and connection can have a profound impact on young carers, helping them build confidence, improve wellbeing, and better manage their caring roles.

"It feels good when I can laugh, make friends, and try new things."

Supporting Accessibility

Across the year, carers have told services that being recognised, listened to, and supported in familiar places makes a real difference. Support across Gwent is increasingly being offered through community groups, hospital sites, schools, local authority teams, third sector partners, and the Gwent Carers Hub, helping carers access support in ways that work for them.

Supporting our Diverse Communities

KidCare4U supports families and individuals from diverse ethnic backgrounds who face challenges due to limited English proficiency. The aim is to bridge the gap in support services available during and after the hospital discharge process, particularly when they are left to care for their loved ones. This work also recognises that language, culture, and confidence can affect whether people know about or use carers services. Trusted community organisations can help families understand what support is available and feel more comfortable asking for help.

Engagement and Coproduction

We are committed to recognising carers as equal partners in care with their experiences shaping how services are planned and delivered. An unpaid carer representative attends the Gwent Citizen Network and the RPB meetings, and the strategic partnership works closely with local carers' groups and coordinators. In 2025, the Carers Voice Panel was re-established by Adferiad through the Gwent Carers Hub, strengthening opportunities for carers to influence priorities and decisions. Carers' feedback continues to shape support across Gwent, influencing local groups, outreach, young carers provision, information resources, short breaks, and how services are promoted, helping ensure support is practical and accessible.

Next Steps for 2026/2027

- Continue to strengthen and embed recognition of unpaid carers across the RPB, including hosting dedicated engagement workshops throughout the year.
- Align regional carers priorities and delivery plans with the emerging national carers strategy and outcomes framework, as well as the recommendations from the recent Health & Social Care inquiry into carers.
- Consider the long-term sustainability of carers projects, services, and resources through collaborative partnership planning.
- Embed coproduction across partnership functions in addition to ensuring carers voice is both evident and supported across the region in the creation and evaluation of services.
- Further develop early intervention approaches to improve outcomes and wellbeing for unpaid carers e.g. young carers in schools and hospital discharge.

9.7 Physical Disabilities, Sensory Loss and Impairment

Physical disabilities, sensory loss and impairment cut across all partnership priorities, reinforcing the need for accessible information, reasonable adjustments, inclusive service design and community-based support in every area of RPB delivery.

What the data tells us:

The Gwent Joint Strategic Assessment highlights that physical disability, sensory loss and impairment can create barriers to independence, communication, transport, housing and access to services, making accessible information, rehabilitation and adaptations essential.

Area Plan Priorities

1. To support disabled people, including sensory impairment, through an all-age approach to live independently in appropriate accommodation and access community-based services, including transport.
2. Ensure people are supported through access to accurate information, assistance, and 'rehabilitation' where required.
3. Improve transition across all age groups and support services.

What we did in 2025/2026:

Disabled Facilities Grant: Welsh Government has ringfenced £580,000 for Gwent to support the Disabled Facilities Grant (DFG) programme. This builds on the successful regional DFG top-up approach. Each of the five Gwent Local Authorities will receive £116,000 to support high-cost housing adaptations identified through Occupational Therapy assessment. Adaptations such as accessible bathrooms, ramps, and stairlifts are recognised as essential interventions in maintaining dignity, improving quality of life, and reducing pressure on acute and social care services.

British Sign Language (Wales) Bill: The Bill is an important step in recognising and promoting British Sign Language (BSL) in Wales. It requires Welsh Government to address long-standing inequalities, including developing a National BSL Strategy, providing guidance to public bodies, and appointing a National BSL Adviser. Public bodies must also set out how they will promote BSL and report on progress, helping ensure BSL users' experiences shape better services.

Eye Clinic Liaison Officers (ECLOs): Four ECLOs continue to support people across Gwent from within local eye clinics. They provide immediate, person-centred support at the point of diagnosis, offering emotional reassurance, explaining conditions in accessible language, and helping people understand the impact of sight loss. They also connect people to wider support, including benefits, rehabilitation, and community services, helping maintain independence and wellbeing.

Rehabilitation Officers for Visually Impaired (ROVI): Partners have continued to grow and promote the ROVI workforce, supporting people to build confidence, regain skills, and adapt to sensory loss. This helps ensure people with visual or sensory impairment can access specialist assessment and the right support when needed.

Specialist support for sight and hearing loss: The South Wales Low Vision Clinic offers free home assessments and equipment, while the Wales General Ophthalmic Service provides free eye health

checks and mobile assessments for those unable to leave home. Additional support is available through organisations such as RNIB, RNID, Deafblind Cymru and Sense Cymru. This includes helplines, low vision and hearing advice, and help finding local services. People can access hearing checks, hearing aid support, and drop-in sessions offering practical help and signposting. Wider support is also available, including advice on benefits and financial support, workplace adjustments and rights, and help accessing healthcare and communication support. Guidance on assistive technology and communication tools helps people stay independent and connected in daily life.

Supporting Sight Loss

A 90-year-old man living alone, was referred to the Sight Cymru ECLO team after a stroke significantly reduced the vision in his remaining eye. Having lived with a prosthetic right eye since childhood, this sudden loss made everyday tasks more difficult. An ECLO visited in hospital to assess his needs. He explained he was struggling to tell the time, so the ECLO suggested practical solutions, including talking watches, and referred him to the Resource Centre Advisor. Information about available support and equipment was also shared with his family to help them support him. Recognising his longer-term needs, the ECLO referred him to a Vision Rehabilitation Officer (VRO). The referral was processed quickly, with the VRO visiting him in hospital, working closely with the family to prepare for his return home. With support from the ECLO, VRO and his family, a smooth transition home was enabled with access to practical aids and rehabilitation support to help manage vision loss, helping to maintain independence, and continue enjoying activities like listening to the radio and singing. This case highlights the value of early ECLO intervention and strong partnership working. The coordinated approach ensured tailored support, improved independence, wellbeing, and outcomes whilst adjusting to sight loss.

9.8 Direct Payments

What the data tells us:

The Gwent Joint Strategic Assessment reinforces citizen feedback regarding the importance of choice, control and personalised support for people with care and support needs, particularly where flexible arrangements can help people live independently and sustain community connections.

Area Plan Priorities

1. To research, develop (where possible) and standardise Direct Payments information, process, and systems across Gwent.

What we did in 2025/2026:

Work on Direct Payments is ongoing and is focused on improving consistency, strengthening information, and increasing choice and control for people receiving support across Gwent. Public guidance remained available, up to date, practitioner training continued, and quarterly lead officer meetings helped support a more consistent regional approach.

Development of the Gwent Direct Payments Portal also progressed, with the aim of making it easier for recipients and Personal Assistants to connect, improving recruitment and strengthening the sustainability of support arrangements. Work has also started with the health board to prepare for Direct Payments within Continuing Health Care packages, which has the potential to widen choice and flexibility for people with complex needs.

9.9 Health, Social Care and Housing Strategic Partnership

"Accommodation-based services and solutions can significantly impact health and well-being. The Health, Social Care and Housing Partnership has made good progress this year, but there is more to do, and we remain steadfast in our commitment to work in collaboration to improve the lives and experiences of people across the region."

Joanne Kirrane, Group Executive Director of Operations, Hedyn, and Chair of the Health, Social Care and Housing Strategic Partnership

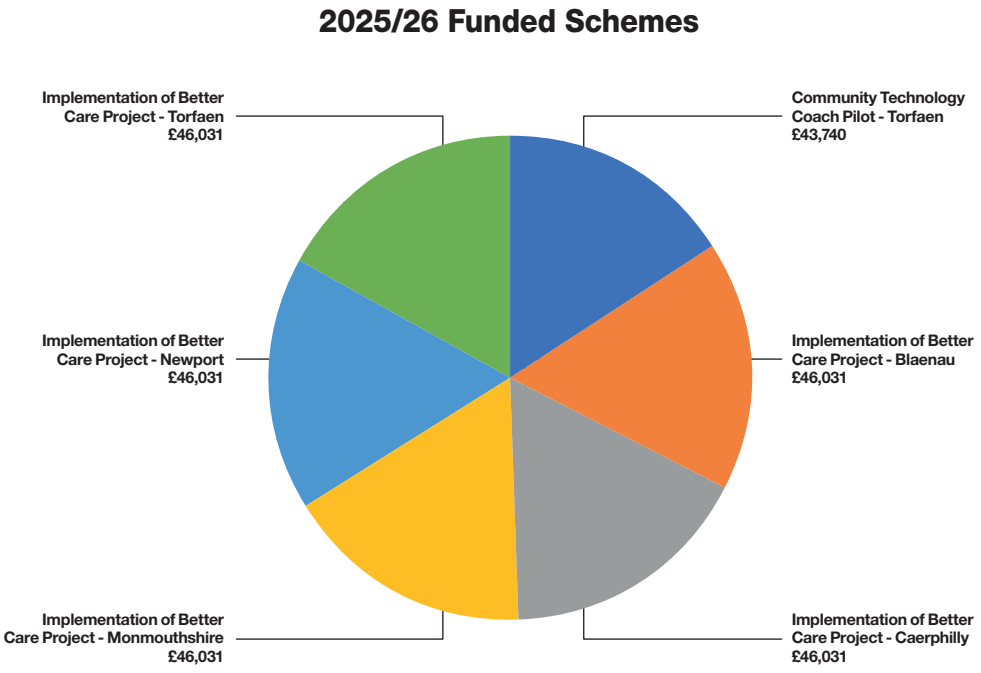
What the data tells us:

The Gwent Joint Strategic Assessment reinforces citizen feedback, highlighting that housing insecurity, homelessness, unsuitable accommodation and poor housing conditions directly affect health, wellbeing, independence and hospital discharge, making housing a key part of prevention.

Area Plan Priorities

1. Ensure appropriate housing and accommodation for older people and vulnerable citizens through a multi-agency approach.
2. Effective use of Disabled Facilities Grants.
3. Prevent homelessness and reduce reliance on temporary accommodation.

What we did in 2025/2026:



The Health, Social Care and Housing Strategic Partnership strengthened housing-based support to help people stay safe, leave hospital sooner, and sustain independent living.

Workforce Development: We have strengthened links with the Workforce Board to highlight the work of the frontline housing support teams and are working with colleagues to raise the profile of careers in housing support and identify potential training opportunities for staff. Our annual stakeholder event helped determine the training requirements and support needs of staff.

Third Sector Services and Legislation: The Strategic Partnership continued to support third sector support services through provider forums and engagement sessions including the Gwent Provider Forum, Cymorth Cymru housing support provider forums, and the Housing LIN Cymru. Partners also continue to monitor the implications of legislative changes, such as implementation of the forthcoming Homelessness and Social Housing Allocations Bill, and consider regional approaches to implementation where possible, and supporting providers where required.

Rapid Rehousing Plan: Local authorities continue to implement their Rapid Rehousing Transition Plans, focusing on holistic support to help individuals secure housing and sustain their tenancies. The overall aim is to make homelessness rare, brief, and unrepeated, with each authority setting out how this will be achieved locally. Alongside this, partners are increasingly exploring opportunities to collaborate regionally, ensuring resources are used effectively. The Gwent Region continues to deliver services that can support individuals to maintain tenancies including hoarding support services, community mental health support, domestic abuse services, and mediation.

The Hospital to Healthier Home service continues to assist safer, quicker hospital discharge and reduces re-admission rates by facilitating discharge of individuals who require home adjustments. The Gwent Region has currently invested £207,000.

Housing Schemes: Several new housing schemes across Gwent have opened; Pearl House provides supported accommodation with 24/7 support for residents who have experienced rough sleeping or homelessness. Residents live at Pearl House for up to six months and during this time they have access to support and a pathway to increase the likelihood of successful tenancies. A collaboration with Hedyn Homes provided a supported children's accommodation facility. In addition, several supported living facilities continue to progress through the planning process.

Housing Support Grant: 11,335 individuals have been supported through Housing Support Grant funded services (increased from 10,106 in 2024/2025). These include floating community support, drug and alcohol services, homelessness support, and domestic abuse support services. The Housing Support Grant has been aligned to Regional Integration Fund (RIF) Capital Fund, to maximise use across housing, homelessness, mental health, drug and alcohol misuse, domestic abuse, and Violence Against Women Sexual Violence (VAWDASAV) services.

Implementation of Better Care, Torfaen

A woman with a history of stroke and heart problems had become bedbound over the past year, with significant swelling and pain in her legs. She required increasing support from carers, often needing three or more staff to assist with personal care.

Although a gantry hoist had previously been installed, she found the slings uncomfortable and expressed a wish to be moved to her armchair. After a hospital admission, she was weighed and found to be close to the safe working limits for existing equipment. While in hospital, the plan was adapted and the hoist at home was replaced with a ceiling track hoist, and alternative slide sheets were introduced. This approach reduced the need for frequent turning which she found uncomfortable.

Despite some challenges such as differences between hospital and home environments, the occasional reluctance to engage, and the need for pain relief prior to movement, strong collaboration between health professionals, equipment providers, and care agencies, ensured a plan could be safely implemented. As a result, a return home with reduced care needs supported by two carers four times a day was enabled. She now experiences less pain during repositioning, and her care is delivered in a more dignified way.

This case highlights the importance of joint working, adaptability, and building trust with individuals. It also demonstrates the value of exploring alternative equipment and techniques to meet complex needs.

Supporting Accessibility



Jasper Tudor Crescent is a supported living project funded through Housing with Care Programme, delivered by Codi. Four residents previously resided in a property in Monmouthshire which was unsuitable due to accessibility issues and the age of the property. Jasper Tudor Crescent was purchased and adapted to better meet the needs of individuals, providing them with ensuite accommodation, more accessible shared spaces, and access to outside space. Residents provided input into the property design including the layout, colours, and facilities in each of their rooms. Quiet spaces were provided in addition to communal areas where residents could socialise. Through supporting residents to make decisions regarding their home, Jasper Tudor Crescent is meeting the changing needs of residents, recognising their preferences, and giving them a home where they feel safe, and a home they love.

Engagement and Coproduction

The Partnership continues to engage residents through a range of forums, surveys, and engagement activity, ensuring people can regularly share their views and priorities. Where possible, citizens are actively involved in the commissioning of projects, with engagement shaping investment of the Regional Integration Fund, Housing with Care Fund, and Housing Support Grant. Feedback from people using Housing Support Grant-funded services is taking place at both regional and local levels. The feedback directly informs the Partnership's work programme and priorities for the year ahead.

Next Steps for 2026/2027

- Review Partnership membership to ensure effective collaboration across Health, Social Care and Third Sector partners.
- Agree and refine shared priorities, ensuring alignment to the new iteration of the Population Needs Assessment and national legislation.
- Strengthen collaboration on workforce development and recruitment across the RPB footprint, Registered Social Landlords, Housing Associations, the Gwent College Consortium, and the Gwent Workforce Board.
- Maintain ongoing engagement with providers and partners to ensure a strong understanding of the challenges faced by frontline staff and people receiving community based, housing related support.
- Develop closer working relationships with health services to support smoother transitions between services to better meet individuals' combined health and housing needs.

9.10 Supporting the Armed Forces

The Armed Forces Covenant is a national commitment to ensure that those who serve or have served in the Armed Forces, along with their families, are treated fairly and are not disadvantaged when accessing public and community services. Since its introduction in 2011, the Covenant has increasingly shaped how public bodies consider the needs of the Armed Forces community.

The Armed Forces Act 2021 introduced a legal "Covenant Duty," requiring organisations like councils and the NHS to consider the needs of the Armed Forces community when delivering services such as healthcare, housing, and education. The UK Government plans to widen this duty to cover more services and organisations, including Regional Partnership Boards, helping to strengthen accountability and ensure the Covenant is built into everyday planning and delivery.

Existing work across partners provides a strong foundation to support the Covenant Duty, including:

- Veteran Aware accreditation (VCHA) and Employer Recognition Scheme (ERS) Gold Status.
- Advocates of the HEIW Veteran Friendly Accreditation for GP practices and dedicated Armed Forces lead and champions.
- Armed Forces staff network and engagement events.
- Partnership with third-sector organisations.

Next Steps for 2026/2027

- Work with our partners in the Gwent Public Service Board to strengthen cross sector collaboration.
- Embed Armed Forces considerations into all aspects of integrated care.
- Improve outcomes for a population that may otherwise be underserved.

9.11 Workforce Development Board

"Our partnership work is creating stronger routes into health and social care careers across Gwent. Through the College Consortium, we continue to support workforce development today while building a more sustainable workforce for the future. Strengthening links with the Housing Support Grant Group will be a key priority next year, particularly to support prevention and early intervention."

Jason O'Brien, Strategic Director of Children and Families, TCBC and Workforce Board Chair

What the data tells us:

The Gwent Joint Strategic Assessment and wider system intelligence identify workforce capacity, recruitment, retention, skills and wellbeing as key risks to sustainable health and social care delivery, particularly as demand and complexity increase.

Area Plan Priorities

1. Building the local health and social care workforce to support resilient communities and promote preventive health and social care interventions.
1. Developing the local health and social care workforce to support system flow.
1. Innovating workforce recruitment to strengthen pathways of care, creating opportunities for fair employment and good work across Gwent.

What we did 2025/2026:

The Workforce Development Board continued to strengthen routes into health and social care careers and supported longer-term workforce resilience across Gwent.

Placements with third sector partners are currently being explored via regional fora and communications: Around **50** college learners have taken up work placements or volunteered with third sector organisations across Gwent, including Eden Gate, Able Radio, Growing Space, Friend i Mi, and Llamau. Finding placements can still be challenging due to limited capacity, competition from other programmes like social work and employability schemes, and provider insurance requirements. Despite this, **35** learners were successfully placed within Gwent local authority social care teams during 2025-2026. The Gwent College Consortium continues to work with all five local authorities to widen the range of placements available. This year, they also trialled week-long block placements to help students meet their required hours, with positive outcomes; two students went on to secure part-time jobs with a local home care provider as a result.

"I learnt a lot there and this is something I want to do in the future when I have finished university. I have learnt so many new skills and they are all lovely people."

Coleg Gwent H&SC learner on placement in TCBC Adult Social Services

Actively progressed the establishment of a Gwent Regional Workforce Development service to achieve financial sustainability: During 2025-2026, we have been exploring how a new Regional Workforce Development Service could work in practice. The aim is to create a more joined-up approach across partners, making better use of shared resources, reducing duplication, and building a stronger, more resilient workforce for the future. Over the past year, teams have already begun working more closely together, with a lead local authority currently being identified to take this forward.

Continue to support the health and social care workforce across the region: Local health and social care careers have continued to be promoted through the Integrated Schools Programme. This programme was nominated as a finalist in the 'Outstanding Contribution' category of the 2025 Careers Wales Awards. The programme also delivered its first Welsh language session in 2025 to pupils at Ysgol Gyfun Is Coed. Since the programme started in 2024, 17 secondary schools, 1 pupil referral unit, and 1 training provider have taken part in the programme.

"The session had a wide range of different careers which helped expand my knowledge about the number of jobs in the sector."

Yr 10, Ebbw Fawr Pupil

We have been working to reach children who are home educated, making sure they are aware of opportunities in social care and childcare. Easy-to-use Padlet resources have been created to show different career pathways and shared through Education Welfare Officers and Careers Wales, working in partnership with Blaenau Gwent County Borough Council and WeCare Wales.

GWENT CARE AS CURRENCY PADLET'S

Gwent's Care as Currency initiative, with support from Blaenau Gwent Council and WeCare Wales, has created three Padlet's showing career pathways in adult social care, childcare and social work.

They clearly explain the values, skills and qualifications needed for each role, with links to further information and entry level learning opportunities.

Simply scan the QR codes below to view the career pathway that most interests you.

Adult Social Care

Childcare & Early Years

Social Work

Gofalwn .cymru | WeCare .wales

Blaenau Gwent County Borough Council

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Additional Social Care Wales Workforce Development Programme (SCWWDP) funding has played a vital role in the region's ability to sponsor internal staff towards qualifying as social workers. 2025/2026 sponsorship figures show there are **20** Social Worker students across first, second and final year, alongside **63** Newly Qualified Social Workers. In addition, there are **65** Social Services Practitioners (SSPs) across First Year and Second Year, including First Year Master's students and those in their final year.

Gaining Experience from Growing Space

A teenage girl joined Growing Space through a referral while studying childcare at college. She wanted practical experience supporting people with learning disabilities and mental health needs and volunteered across two enterprise shops. She supported day-to-day shop activities, including serving customers, handling money, and organising stock.

"I am involved in supporting and working alongside participants and volunteers with learning disabilities and mental health problems... I always ensure I involve everyone, and everyone is included. I adapt how I communicate with individuals to ensure that they understand and feel supported. I have helped individuals feel needed and understood... gain confidence in talking to customers and handling money."

The placement helped her develop practical skills and improve future employment prospects:

"From gaining my experience in Growing Space, it has helped me gain a part-time job."

After previously being unsuccessful in finding part-time work, this experience helped her build skills and self-belief, leading directly to employment. She plans to continue developing her experience through further learning and qualifications.

This case demonstrates how volunteering can build confidence, skills and employability while supporting and strengthening inclusive community environments.

"Supporting all kinds of different individuals... is very inspiring... It allows me to gain real life experiences by doing something I love."

Engagement and Coproduction:

The College Consortium works closely with partners to co-produce work placements and learning opportunities, helping health and social care students gain meaningful, real-world experience. The group includes Coleg Gwent, Aneurin Bevan University Health Board, the five local councils, and the University of South Wales. This programme has three main goals; it aims to bring more people into health and social care who already have an interest, helping local councils, hospitals and care providers find the staff they need and it also supports local communities by building skills and making the most of people's talents, in line with the shared vision from Health Education and Improvement Wales, and Social Care Wales. Most importantly, it works to make care roles feel valued and respected, encouraging more people to start or grow a career in health and social care.

Next Steps for 2026/2027

- Improve links with the Housing Support Grant Group and scope how workforce development within housing teams can support prevention and early intervention, potentially reducing the need for clinical intervention.
- Continue to support workforce development and recruitment for the health and social care sector across the region.
- Work to establish the Gwent Wide Social Care Workforce Development Service.

Supporting Better Integration and Delivery

10.1 Regional Integration Fund (RIF)

In 2025/2026, the RIF revenue portfolio invested £27.3m across 166 projects to improve outcomes for people and families across Gwent. Some of the areas of highest investment were in:

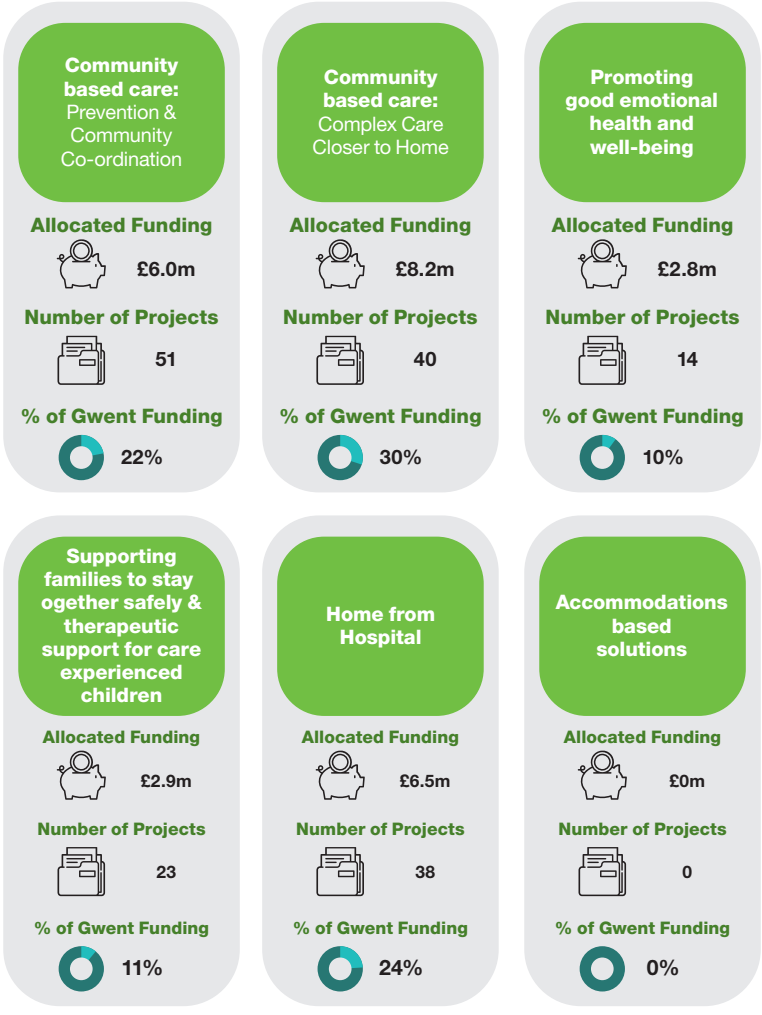
- Complex Care Closer to Home (£8.2m; 40 projects)
- Home from Hospital (£6.5m; 38 projects)
- Prevention & Community Co-ordination (£6.0m; 51 projects), reflecting the region's focus on helping people stay independent, avoid crisis, recover at home, and access support earlier.
- Supporting Families (£2.9m; 23 projects)
- Emotional Health and Wellbeing (£2.8m; 14 projects)

Delivery was at a significant scale. Prevention and Community Co-ordination supported 65,435 people, Complex Care Closer to Home 37,534, Emotional Health and Wellbeing 63,865, Supporting Families 13,190, and Home from Hospital 118,804.

Services are helping people remain independent, avoid crisis, recover at home, strengthen relationships, and improve wellbeing. Satisfaction rates were high across most programmes, including 88.6% in Prevention and Community Co-ordination, 95.9% in Complex Care Closer to Home, 97.4% in Supporting Families, and 99.1% in Home from Hospital. While satisfaction in Emotional Health and Wellbeing was lower at 78.1%, 90.1% of people still reported improved wellbeing. There is also clear benefit to the wider system. For example, 65% of 942 falls incidents were managed at home, helping people remain in familiar surroundings and reducing avoidable hospital use.

Services are reducing escalation, supporting timely discharge, avoiding some admissions, and easing pressure on health and social care. Overall, the portfolio is delivering strong outcomes for people, demonstrating the value of continued investment in integrated, preventative, and community-based support.

The Gwent Revenue Portfolio



The remaining 3% of Gwent's funding is used for infrastructure and programme management costs

10.2 Regional Capital Programme

The Capital Programme invests in the region's long-term aim of ensuring support is delivered as close to home as possible and is available when people need it, through the transformation of spaces. This is delivered via two main funding streams:

- The Integration & Rebalancing Capital Fund (IRCF) prioritises integrated health and social care hubs, rebalancing adult residential care and eliminating profit from children's residential care. £1.2 million was utilised across 8 projects.
- The Housing with Care Fund (HCF) is designed to support independent living and supported 51 projects utilising £11.6 million in 2025/2026.

Capital investment remains the primary mechanism for delivery, with schemes progressing across key priority cohorts. Within the children's portfolio, schemes including Transitional Accommodation (Stanley Road, Torfaen) and LAC Step Down provision (Stow Hill, Newport and Llanthony Road, Monmouthshire) support the development of local residential and step-down provision, reducing reliance on high-cost external placements and enabling children to remain closer to home.

For adults with learning disabilities and complex needs, schemes such as Orchard House, Newport and Dual Diagnosis Supported Housing Provision (Brynhoward Terrace, Caerphilly/ Ty Rhos, Blaenau Gwent) are progressing specialist supported accommodation within the region, enabling more appropriate placements and promoting independence. Schemes including Budden Crescent in Monmouthshire, Ardwyn in Monmouthshire and Winding Wheel Lane in Caerphilly, are contributing to increasing supported housing capacity across Gwent, addressing identified gaps in provision across a range of cohorts.

The Strategic Capital Plan (SCP) is a key document guiding investment decisions across the region and is informed by continuous engagement with communities and partners. The SCP identifies current and future need, including required provision for children, adults with additional needs, and people living with dementia. Through dedicated engagement events, we gathered insights on local needs, priorities, and lived experiences, helping to shape a more responsive and inclusive capital programme. This approach ensures that investment decisions are not only strategically aligned but also co-produced with the people and communities they are intended to support.

Transforming Lives and Supporting Independence

The former Caerphilly Police Station site on Mountain Road has been transformed into an award-winning £8.1 million residential development, delivered by Codi Group in partnership with Caerphilly County Borough Council, the Gwent Regional Partnership Board and grant support from the Integrated Care Fund, Housing with Care Fund and Social Housing Grant programmes. Completed in October 2025, the development provides 45 high-quality social housing apartments, including 12 purpose-built supported living units within Tŷ'r Orsaf for people with learning disabilities, alongside independent living and general-needs housing. By bringing housing, health and social care together on one site, the scheme is enabling adults with physical and learning disabilities to live more independently, with dignity and confidence, while maintaining community connections and access to on-site support when needed. Its energy-efficient design also helps reduce fuel poverty, supporting wellbeing, sustainability and long-term tenancy sustainment.

In February 2026, Jayne Bryant MS, the previous Cabinet Secretary for Housing and Local Government, visited the site to inspect its high-efficiency features, such as solar panels and superior insulation.





The Cabinet Secretary stated:

"Mountain Road is a strong example of how, by working collaboratively, we can deliver high-quality homes that are truly designed for the needs of residents. Seeing first-hand how these modern, energy-efficient apartments are supporting independence and transforming lives is fantastic."

Supported Living in the Heart of the Community

Orchard House is a £3.2 million supported living scheme delivered by Codi Group in partnership with Newport City Council and the Gwent Regional Partnership Board. The project transformed a historic Victorian building into seven self-contained apartments for adults with learning disabilities and neurodiverse needs, enabling people to live independently within their local community.

Key outcomes:

- Delivered seven high-quality supported living apartments, reducing reliance on institutional care.
- Improved independence, wellbeing and community inclusion through person-centred accommodation and shared outdoor spaces.
- Preserved and repurposed a historic local asset.
- Achieved significant energy efficiency and decarbonisation improvements through a deep retrofit and renewable technologies.
- Demonstrated the benefits of integrated working between housing, health and social care partners to deliver sustainable, community-based care.





Assistive Technology

In the Minor Projects Programme, four Assistive Technology projects have been approved, with a combined value of just over £134,000. Investment has supported the rollout of a wide range of solutions, including telecare, remote monitoring, adaptive equipment, and digital tools that enable people to remain in their own homes for longer. This has helped reduce reliance on more intensive services, supported earlier intervention, and improved outcomes for individuals with physical disabilities, sensory impairments, and long-term conditions. The programme has also enabled partners to modernise services, improve access, and ensure that support is more responsive, person-centred, and aligned to individual needs, contributing to a more sustainable and preventative system of care.

Alzheimer's Society Helpful Everyday Assistive Products

Through this project, people living with dementia are referred to Dementia Advisers across Gwent and offered an assessment to identify suitable assistive products that support independence, improve safety, and enhance quality of life. Between December 2025 and March 2026, 251 orders were placed, with each order accessing up to £130 worth of assistive products.

Common items provided included tilt-to-pour kettles, sensor lighting to reduce falls risk, big grip cutlery sets, talking button clocks to support medication compliance and appointment attendance, medication dispensers to minimise the risk of errors or overdoses, and adaptive cutlery to promote independent eating, among others. All products in the scheme have been tested and approved by people living with dementia.

"My mum looked so happy when she was handed her new cat; she started singing 'You Are My Sunshine,' which was a song she used to sing to me as a child. I cannot believe how genuinely happy she looked."

Gwent Regional Innovation Coordination Hub

The Gwent Regional Innovation Coordination Hub (GRICH) continues to support innovation across health and social care. The focus has been on practical projects that respond to what people and communities need, build strong evidence, and have the potential to grow across the region. As Welsh Government has placed greater emphasis on the 'Innovations Working at Scale Programme,' GRICH has adapted while keeping momentum locally, supporting work around prevention, digital inclusion, better use of data, and improving outcomes for people. During the year, GRICH supported three key projects.

The Direct Payments and Personal Assistants Portal, led by Torfaen County Borough Council working with all Gwent local authorities, is helping to make things more consistent across the region. The project aims to give people more voice, choice and control, make processes simpler, and improve access to clear information and workforce insights to better support individuals and families.

The Gwent Indoor Environmental Quality Monitoring and Rapid Intervention Project delivered by Warm Wales and its partners looks at how our homes and community spaces affects air quality, breathing, and overall health. The project brought together over 220 stakeholders, delivered more than 30 demonstrations of new technology, and set up monitoring in a range of local settings. Early findings show real-time monitoring can help spot hidden environmental risks, supporting earlier action to improve health.

The NHS Menstrual Health App Innovation and Feasibility Project led by Aneurin Bevan University Health Board, gathered strong local feedback with 478 responses from the public. The findings showed clear support for a free, NHS-backed app, with people highlighting the importance of trusted, NHS-approved information, clear signposting to services, strong privacy options, and the ability to share information with healthcare professionals if they choose.

The work delivered in 2025/2026 has brought partners closer together, helped us better understand what people across the region need, and created valuable learning to shape future investment and support services across Gwent and Wales.

Regional Partnership Board Priorities and Looking Ahead

Looking ahead, Gwent RPB will continue to support more joined-up care in our communities, bringing services and partners together to improve outcomes for people. By listening to people, using evidence, and working together across sectors, we aim to prevent need earlier and ensure services are easier to access and better meet the needs of communities across Gwent.

We will do this by:

- Using the Gwent Joint Strategic Assessment and Gwent Indicator Framework to help inform RPB priorities, planning and future Area Plan delivery.
- Strengthening alignment with the Gwent Public Service Board (PSB) and Integrated Service Partnership Boards (ISPBs) to support more joined-up local response to population need.
- Strengthening citizen voice, including better engagement with seldom heard groups, to shape priorities, improve outcomes, and ensure services reflect what matters to people.
- Maintaining a strong focus on prevention, early intervention, and community-based support closer to home.
- Supporting delivery of the Marmot principles and taking action to reduce health inequalities across Gwent.
- Improving access to health and social care, including information, support, and services.
- Strengthening links between health, social care, housing, climate resilience and sustainability, recognising their impact on health and wellbeing.
- Keeping a life-course approach at the centre of our work, helping people to start well, live well, and age well.
- Reducing duplication and strengthening shared planning across regional and local partnerships.
- Investing in workforce development and learning to build a resilient workforce, while continuing to address recruitment, retention, and system capacity pressures.
- Developing clearer shared outcomes to better demonstrate the impact of partnership working.

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 September 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Gwent Public Services Board Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Tracy Daszkiewicz, Executive Director for Public Health & Strategic Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Professor Tracy Daszkiewicz, Executive Director for Public Health & Strategic Partnerships

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper provides an update to Board members on key developments and discussions from the Gwent Public Services Board (PSB) meeting which took place on 21st September 2026.

Cefndir / Background

Gwent PSB brings public bodies across Gwent together to deliver against its Well-being Plan in line the requirements of the Wellbeing of Future Generations (Wales) Act.

The PSB has developed four Areas of Focus:

1. That every child has the best start in life;
2. That everyone lives in a place they feel safe;
3. That everyone has the same economic chances;
4. That everyone lives in a climate-ready community where their environment is valued and protected.

A copy of the Gwent well-being plan is available at:
https://www.gwentpsb.org/en/well-being-plan/gwent-well-being-plan/

The September meeting included:

- Presentation of the Gwent Well-being Plan Annual Report 2025/26 for approval
- Update on the production of the Gwent Well-being Assessment 2027
- Update on the Best Start in Life Area of Focus
- Proposal for taking forwards work to develop a Third Sector Partnership Agreement

The Meeting was followed by a workshop to further develop the Leading Gwent through our Climate and Nature Emergency Area of Focus, which will report back to the next PSB meeting in January 2027.

Asesiad / Assessment

Gwent Well-being Plan Annual Report 2025-2026

The third annual Well-being Plan Report was approved for publication by the PSB. The report provides an update on progress made against the PSB's four Areas of Focus and notes the particular emphasis the PSB has placed on addressing the wider determinants of health, reducing inequalities, strengthening community resilience and ensuring public services work more collaboratively.

The report also highlights case studies of projects that have had a meaningful impact on communities in Gwent including:

Fast Track Gwent – a regional partnership approach to creating the conditions needed to achieve the ambition of ending new HIV transmissions, HIV-related stigma and preventable HIV-related deaths across Gwent by 2030.

Ready to Learn Ready to Grow – A five-month project funded through the Welsh Government Child Poverty Innovation and Supporting Communities Grant that provided direct support for families living in poverty combined with wider engagement with parents, carers and practitioners to improve understanding of child development and school readiness

To and Fro – A three-year pilot to help build confidence, create communication-rich home environments and strengthen connections to local sources of support for families of babies aged 6-15 months in Gwent who may be at increased risk of poorer developmental outcomes.

Next Steps:

- PSB members noted continued challenges in understanding the impact of our collective action on outcomes and the need to work together to improve the availability and accessibility of data and intelligence across partners.

- In line with statutory reporting requirements the report will be shared with Welsh Ministers, the Future Generations Commissioner and the Auditor General for Wales.

Gwent Well-being Assessment 2027

Development of the Gwent Well-being Assessment is underway and will be published early in 2027 as part of the Gwent Joint Strategic Assessment offer. The publication will create a single version of the truth underpinning the development and delivery of evidence-based priorities across PSB partners. The Assessment will contain key health and well-being outcomes for each local authority in Gwent structured around the seven wellbeing objectives and present the priorities for action required to continue our collective progress towards building a healthier, fairer, safer and stronger Gwent for all.

Best Start in Life Area of Focus

The PSB received an update on progress of the Best Start in Life Area of Focus.

Progress:

- Improved coordination of governance arrangements across Gwent's Best Start in Life system
- Improved representation within the Area of Focus from across the third sector, enabled by support from Gwent Association of Voluntary Organisations (GAVO) and Torfaen Voluntary Alliance (TVA)
- Delivery Plan priorities have been agreed and leads identified for five of the six priorities.
- Increased investment in BSiL interventions in Gwent has been secured through successful bids for external grant funding

Impact:

- Increased support for families in Gwent to enable more babies and children to get the best start in life through the To and Fro and Ready to Learn Ready to Grow programmes.
- Greater coordination across the system to deliver and monitor progress against the Best Start in Life Area of Focus priority areas.
- Increasing system capacity and capability through development and delivery of the Best Start in Life Community of Practice.

Next Steps:

- Secure leadership for Priority 5 – Helping my family to maximise their income to meet my needs and complete associated action planning.

PSB members agreed to support the identification of a lead for this priority area, noting the need to consider action that enables families to access the support they are entitled to as well as promoting fair work as a route that can support improved family finances.

PSB members noted the challenges reported in evidencing outcomes and understanding the impact of action to support every baby and child in Gwent to have the best start in life.

Third Sector Partnership Agreement

Gwent Association of Voluntary Organisations (GAVO) presented a proposal to develop and agree a Third Sector Partnership Agreement setting out shared principles and ways of working between PSB member organisations and the voluntary sector in Gwent.

PSB members approved plans to progress development of a partnership agreement, noting a collective ambition to approve the agreement in advance of GAVO's centenary celebrations in 2027.

Future Meetings

The next PSB meeting is scheduled for January 2026 (Date TBC)

Argymhelliad / Recommendation

Board is asked to:

- Note plans for the publication of the Gwent Well-being Annual Report 2025-26
- Note progress on the development of the Well-being Assessment 2027
- Note progress of the Best Start in Life Area of Focus
- Support the development of the Third Sector Partnership Agreement
- Note continued challenges in evidencing and understanding the impact of PSB activity on outcomes in our communities and consider how the health board may be able to facilitate improved data collection, collation and sharing across partners.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Gwent well-being plan https://www.gwentpsb.org/en/well-being-plan/gwent-well-being-plan/ Gwent Joint Strategic Assessment https://abuhb.nhs.wales/health-advice/gwent-joint-strategic-assessment/
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 September 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	NHS Wales Joint Commissioning Committee (JCC) Update Report – July 2026
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad Purpose of the Report
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the NHS Wales Joint Commissioning Committee (JCC) as a Joint Committee of the Board.

Cefndir / Background

The JCC is a Joint Committee of all Health Boards in NHS Wales. Membership of the JCC consists of the Chief Executive Officer of each Local Health Board; an Independent Chair (the Chair); and not more than five Non-Officer Members (NOMs). The Chair and NOMs (to be known as Lay Members) are appointed by the Welsh Ministers. The JCC's membership also includes an Associate Member, who shall have no voting rights, who will be the Chief Commissioner of the Joint Commissioning Committee Team (JCCT). The Chief Commissioner is employed by CTMUHB as the Host Body and this individual holds the Accountable Officer status, as delegated by Welsh Government, for certain elements of their role, namely the propriety and regularity for public finances as delegated to them through the JCC from Local Health Boards.

Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of services as identified below for residents within their area.

- specialised services for: · cancer and blood disorders

- cardiac conditions
- mental health and vulnerable groups · neurosciences, and · women and children.
- services where there is agreement between the Local Health Boards that they should be arranged on a regional or national basis
- emergency medical services
- non-emergency patient transport services
- emergency medical retrieval and transfer services
- NHS 111 services
- sexual assault referral centres, and
- other services as directed by the Welsh Ministers.

Asesiad / Assessment

The Joint Committee last met on 21st July 2026. The papers for this meeting are available at Meeting Dates and Papers - NHS Wales Joint Commissioning Committee.

The Committee's Assurance Report from this meeting is attached at Appendix A.

The Committee is due to next meet on 22nd September 2026, papers for which can also be accessed at the link above. The assurance report from this meeting will be presented to the Board once made available.

Argymhelliad / Recommendation

The Board is asked to RECEIVE this report by way of an update on NHS Wales Joint Commissioning Committee (JCC) Committee activity.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Choose an item.

Glossary of Terms

- EASC – Emergency Ambulance Service Committee
- WAST – Welsh Ambulance Service Trust+

- SDEC- Same Day Emergency Care
- ICAP – Integrated Commissioning Action Plan
- ROSC – Return of spontaneous circulation
- CHARU- Cymru High Acuity Response Units
- NEPTS- Non-Emergency Patient Transport Service
- EMRTS Cymru – Emergency Medical Retrieval and Transfer Service
- CASC – Chief Ambulance Services Commissioner
- BCUHB – Betsi Cadwalader University Health Board
- CTMUHB – Cwm Taf Morgannwg University Health Board
- C&VUHB – Cardiff and Vale University Health Board
- HDUHB – Hywel Dda University Health Board
- SBUHB – Swansea Bay University Health Board
- DHCW – Digital Health and Care Wales
- SEDC – Same Day Emergency Care
- SPC – Statistical Process Control

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	21/07/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Gareth Mitchell, Corporate Governance Manager, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Juliet Brown, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Juliet Brown, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
		Choose an item.

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer Members of the Joint Commissioning Committee (JC) with a summary of the key issues considered at its public meeting on 21 July 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted July 2026 - NHS Wales Joint Commissioning Committee).

Status	Update
Alert / Escalate	The Committee Secretary highlighted the need for adequate executive attendance at Sub-Committee meetings, this was noted as a particular issue for the Quality, Safety and Outcomes (QSO) Sub-Committee, it was agreed that the use of deputies would be further discussed.
Advise	The Chief Commissioner's Report incorporated Director of Commissioning Reports to highlight performance and quality issues that had arisen since updates shared at Sub-Committee meetings in June 2026. These updates included: • JACIE Certification A response is expected imminently in relation to the certification. The Chief Commissioner has received a request to support the required capital investment. • Rural Response Options Members noted that a formal update on rural response options would be received at November's JC Meeting. In the meantime, it was agreed that there is a need to develop an information pack and an engagement plan for external stakeholders and the public. This would be a collaborative effort between the HBs, the Welsh Ambulance Services University NHS Trust and the NWJCC with consideration given by Llais. • St Andrew's Healthcare There are currently 5 remaining patients remaining within St Andrew's Healthcare. Plans have been put in place for admissions to alternative providers for 2 patients with arrangements continuing for the remaining 3. • Gender Service Review Confirmation of the initiation of an independent gender service review to be conducted by the end of December 2026 and recommendations to be produced by March 2027, with providers fully engaged in the process. A Manchester Arena Inquiry Update Report was received. Members noted the ongoing risks in relation to some recommendations due to funding constraints, the need for continued monitoring and for communication with Welsh Government. Members approved the following recommendations: • Correspondence to WG outlining the due diligence that has been undertaken in response to the WAST report, and recommendations on appropriate roles and responsibilities to respond to this, including the role of WG. • Correspondence to WAST on formal response to reports received, along with actions that will be required from the organisation following commissioner consideration, specifically including details of mutual aid explored and contributed to across the UK. A new Risk Management and Assurance Framework including a Risk Management Procedure, Joint Committee Assurance Framework (JAF), Template Report and Proposed Strategic Risks, Risk Appetite

Status	Update
	Statement and Matrix, were presented and approved by the JC. The documentation aims to support the management and review of the NWJCC's risks. All supporting appendices (documents 4.3.2.1-4.3.2.6) can be accessed here.
Assure	The Committee received the following Sub-Committee assurance reports: - Quality, Safety and Outcomes Sub-Committee - Planning, Performance and Finance Sub-Committee The NWJCC Organisational Risk Register as of 31 May 2026 was received and approved. There were 13 risks with a score of 15 or above as of 31st May 2026. The NWJCC Annual Plan 2026-27 – Progress Against Delivery at Quarter 1 Report was received. All strategic priority areas had made progress in Quarter 1 with the core foundations for delivery now in place and all Quarter 1 deliverables either on track or completed. The main risk for delivery pertains to the access to data/data analysis and the capability within the NWJCC to deliver the data analytics required for larger projects, emphasising the need to consider additional resources or expert support.
Inform	The Chair's Report summarised the cancellation of the JC Strategy Session scheduled on 16 June 2026, and the subsequent Risk Management Workshop that took place in its stead between Lay Members and the Corporate Governance Team; Lay Member Appraisals having taken place; and the scheduling of NWJCC Updates at HB Development Sessions. The Committee received the Month 03 Finance Report 26/27 and the Operational Performance Report including: • Conversation around the need for a review of the escalation process and clarification of pathways out of escalation. • Detailed conversation around modernisation and transformation with further conversation to take place at the next Collaborative Commissioning Leadership Group (CCLG) meeting. The Corporate Governance Report included updates on Welsh Health Circulars, the NWJCC Internal Audit Programme and the ongoing review of hosting arrangements between the NWJCC and CTMUHB. Further updates were provided on the sign off of the NWJCC Accountability Report, Annual NWJCC Update to HBs and the NWJCC Governance Framework. The Annual Committee Effectiveness Self-Assessment Results Report 25/26 update was received which detailed key themes across the JC and Sub-Committee meetings. Concurrent themes include, but are not limited to:

Status	Update
	• Reporting improvements (focussed on size, relevancy of content and strategic focus). • Lack of HB participation in relation to QSOC. • Focus from a commissioning perspective.
Appendices	None.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* Quality	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below:

Have you undertaken a Quality Impact Assessment Screening?		This is a summary of the latest meeting of the JCC
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* Equality *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* Resource Impact *(People / Financial)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

4. RECOMMENDATIONS

The Health Board is asked to:

- Note the highlights outlined in Section 2 of this report.

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 September 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	NHS Wales Shared Services Partnership Committee (NWSSP) Update Report – July 2026
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the NHS Wales Shared Services Partnership Committee as a Joint Committee of the Board.

Cefndir / Background

NHS Wales Shared Services Partnership Committee (NWSSP) was established in November 2010 and became operational in April 2011 and through its work delivers economies of scale; efficiencies and consistency of quality and process for the business and professional services that are directly managed and delivered by local NHS bodies.

The membership is comprised of representatives from each NHS organisation that use the services and from Welsh Government in an observer capacity. The NWSSP operates under the legal framework and Establishment Order of Velindre University NHS Trust. The Managing Director is the designated Accountable Officer for Shared Services in line with The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and is accountable to the Director General / CEO NHS Wales and Health Boards, Special Health Authorities and Trusts through the Shared Services Partnership Committee (the Partnership Committee). The Partnership Committee meets bi-monthly and is chaired by an Independent Member, Dr Susan Barnes.

Asesiad / Assessment

The Joint Committee last met on 16th July 2026 and the papers for the meetings are available at Committee Schedule and Papers - NHS Wales Shared Services Partnership . The Committee Chair's Assurance Report from this meeting is attached at Appendix A.

The Committee is next due to meet on 15th September 2026. The assurance report from this meeting will be reported to the Board once made available.

Argymhelliad / Recommendation

The Board is asked to RECEIVE this update report on NHS Wales Shared Services Partnership Committee activity.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. N/A
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Choose an item.

ASSURANCE REPORT
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Services Partnership Committee (SSPC)
Chaired by	Dr Susan Barnes, Chair
Lead Executive	Neil Frow OBE, Managing Director, NWSSP
Author and Contact Details	Roxann Davies, Corporate Services Manager
Date of Meeting	16 July 2026

Summary of key matters including achievements and progress considered by the Committee and any related decisions made

Managing Director's Update Report – The Managing Director presented an update on key NWSSP developments since the previous meeting to complement the overarching report, with particular focus on two strategic programmes: Transforming Access to Medicines Service (TrAMS) and the Future Workforce Solution (FWS).

The TrAMS South East Hub Full Business Case has been completed and was progressing through the formal approval routes within individual organisations. Construction of the South East Radiopharmacy facility had been completed, with commissioning, validation and operational readiness activities continuing. Programme momentum remained positive across all hub developments, with continued oversight required in relation to commissioning timelines, workforce capacity, funding dependencies and service continuity during transition.

In relation to FWS, the Committee noted that the Managing Director had written to the NHS Business Services Authority (NHSBSA) in June raising concerns regarding programme clarity, scope, timelines and implementation expectations. Members were advised that the go-live date remained under review by NHSBSA and Infosys through the contract review process, with further formal communication anticipated and assurances received on improved communication and benefits realisation. Members discussed the implications of a revised timeline for early adopters, later implementation waves and funding arrangements, noting that year zero and year one funding had been approved under the previous administration, with further remapping required once the revised plan was agreed. Given the scale, complexity and multi-organisational impact of FWS, Members emphasised the need for appropriate programme assurance, including Internal Audit involvement at key staging and readiness points, subject to receipt of the revised plan. A further update would be brought to the September 2026 meeting.

The Committee NOTED and DISCUSSED the Managing Director's Update Report.

Deep Dive Presentation

Foundational Economy - The Committee received a detailed presentation on the Foundational Economy programme and its contribution to wider procurement priorities, including decarbonisation, value for money, supply chain resilience, waiting list support and compliance with an increasingly complex legislative framework. Procurement activity

continued to be underpinned by a focus on patient outcomes and value.

Enhanced analytical capabilities, including new Power BI and contract pipeline reporting tools, were highlighted, providing improved visibility of supplier spend, location and future procurement opportunities. Welsh-headquartered suppliers continued to account for 42.93% of NHS Wales expenditure, with spend increasing from just over £1bn in 2019/20 to more than £2.3bn in the latest year. Members noted that around £1.1bn of contracts were due for renewal during the year, presenting opportunities to further support foundational economy objectives where market conditions allowed.

Members welcomed the improved intelligence and discussed NWSSP's role in supporting delivery of the Social Partnership and Public Procurement (Wales) Act 2023 through a collaborative all-Wales approach. Discussion focused on the need to refine measures of economic impact beyond supplier headquarters location, alongside continued supplier engagement, support for SMEs and micro-businesses, and consideration of wider economic and employment benefits. The Committee recognised NWSSP's strategic procurement role and potential to further contribute to economic growth through innovative commercial approaches and partnership models.

The Committee NOTED the update provided in relation to Foundational Economy.

Items for Approval

Scan for Safety Wales Programme – The Committee considered the three-year extension of the Scan for Safety Programme, noting forthcoming regulatory requirements for enhanced traceability of implantable medical devices and Wales' comparatively advanced position. The programme will support compliance requirements and further development of inventory management capabilities, including exploration of artificial intelligence to optimise stock management across NHS Wales. The Committee APPROVED the extension of the Scan for Safety Programme and its supporting Inventory Management Contract with Omnicell by utilising the 36 months available as per the original Full Business Case and current contract terms.

Student Awards Bursary System – The Committee considered the proposed three-year contract extension for the Student Awards Bursary System, recognising the need to maintain continuity of support for students whilst Welsh Government continues to review bursary arrangements. The Committee APPROVED the Student Bursary Award System contract extension for three (3) years with effect from 1 April 2027 to 31 March 2030 with a total cost of £382,515.

Material Handling Equipment Lease, Hire and Maintenance – The Committee considered proposals to award a five-year contract for material handling equipment and received assurance regarding procurement, supplier due diligence and risk mitigations, including consideration of the single tender response received. The Committee APPROVED the award of the contract to Toyota Material Handling UK Limited, up to a maximum estimated value of £1.04m excluding VAT over the full five-year term, and NOTED the demand-led nature of the agreement, the associated risks and mitigations, and that progression remained subject to all required approvals and procurement requirements being completed.

NWSSP Annual Review 2025-26 – The Committee received the Annual Review 2025-26, which reflected NWSSP's 15-year anniversary on 1 April 2026 and provided an overview of organisational achievements, governance arrangements, performance and future priorities. The Committee APPROVED the Annual Review.

Digital Strategy – The Committee considered the refreshed Digital Strategy, designed to support organisational priorities through strengthened digital foundations, workforce capability, data maturity, cyber resilience and innovation. Discussion highlighted alignment with national digital priorities, workforce readiness and future investment requirements. The Committee APPROVED the refreshed Digital Strategy.

Opportunities Pipeline – The Committee received an update on the Opportunities Pipeline, setting out existing, emerging and longer-term opportunities through which NWSSP could further support NHS Wales in response to financial and service challenges. Members endorsed the strategic direction, emphasising the importance of partnership working, governance and stakeholder sponsorship. Some members of the Committee were keen to explore NWSSP's ability to take forward initiatives on a local and regional basis and not be constrained by consensus on all-Wales approaches every time. The Committee NOTED the update on the NWSSP Opportunities Pipeline, including initiatives already in hand for 2026/27, and APPROVED the proposed approach to undertaking discovery work on medium to longer-term opportunities before any final decision on development and implementation.

NHS Wales Preparedness, Resilience and Response Annual Report 2025-26 – The Committee received assurance regarding the maturity of NWSSP's emergency preparedness, resilience and response arrangements and the organisation's contribution to wider NHS Wales planning and collaboration. AR commented that NWSSP would be working with the Welsh Government in response to the recently published COVID Inquiry Module 5 report on PPE Procurement. The Committee APPROVED the Annual Report for submission to NHS Performance and Improvement.

Items for Noting

Welsh Risk Pool Assurance Programme – The Committee received an update on the Welsh Risk Pool Assurance Programme, including work to strengthen forecasting, financial mitigation and learning from clinical negligence claims. Members noted ongoing engagement with NHS Wales organisations and external partners to support continuous improvement and future risk reduction. The Committee NOTED the update.

Finance, Performance, People, Programme and Governance Updates

Finance Report – The Committee received the Finance Report as at 31 May 2026, noting a year-to-date surplus of £813k, delivery of Cost Improvement Programme savings, continued vacancy controls and no agency expenditure reported in the year to date. Key risks related to digital programme funding, Future Workforce Solution implementation, Radiopharmacy transition costs and energy price volatility. The Committee also noted capital programme progress, Welsh Risk Pool expenditure monitoring and the ongoing grip and control improvement programme.

People and Organisational Development Report – The Committee received an update on workforce performance, noting improved staff turnover, stable sickness absence and continued targeted interventions in areas of higher absence. Strong mandatory training compliance, ongoing workforce planning activity and a positive Internal Audit review of attraction and retention were highlighted. Members also noted NWSSP's achievement of silver status under the Armed Forces Employer Recognition Scheme.

Performance Information Report – The Committee received the latest performance report, noting continued delivery of professional influence benefits of £57m and generally

positive organisational performance. A small number of targets remained below target relating to procurement savings delivery and timely responses to audit recommendations, with corrective actions underway. Improvements in recruitment performance were also noted.

Outcome Measures Report – The Committee received an update on performance against NWSSP's strategic outcomes, noting positive performance across key measures including employee satisfaction, customer satisfaction, professional influence benefits, decarbonisation and foundational economy objectives.

Transformation Management Office (TMO) Update Report – The Committee received an update on the transformation portfolio, comprising 21 programmes, projects and initiatives across NHS Wales and NWSSP. Progress was reported across a number of schemes, including projects reaching completion and continued strengthening of reporting, assurance and benefits realisation arrangements.

Integrated Medium-Term Plan (IMTP) Quarter 4 Report 2025-26 – The Committee received the year-end IMTP performance report, prior to its submission to Welsh Government, noting that the majority of objectives had either been completed or remained on track. Areas of slippage and external dependency were being managed through the 2026-27 planning cycle.

NWSSP Annual Governance Statement (AGS) 2025-26 – The Committee received the final Annual Governance Statement, noting its prior consideration and approval through the Audit Committee and inclusion within the annual accounts process.

NWSSP Corporate Risk Register – The Committee received the Corporate Risk Register, noting the current risk profile, of which there were eight red and ten amber risks for action. No new risks had been escalated, although key programme risks had been refined to improve oversight. Ongoing review of risk targets and organisational risk appetite was also noted.

The Committee DISCUSSED and NOTED the above Reports.

Items for Information

The Committee received several items for information, covering items 7.1 to 7.4 of Part A and items 1.1 to 1.9 of Part A2. These comprised the Finance Monitoring Returns for Months 1 and 2 of 2026-27, the Personal Protective Equipment (PPE) Report, the NWSSP Audit Committee Assurance Report from 28 April 2026, and the SSPC Forward Plan 2026-27, together with a suite of annual reports covering Audit Committee, Local Counter Fraud Services, Concerns and Complaints, Declarations of Interest and Gifts, Hospitality and Sponsorship, Health and Safety, Welsh Language, Duty of Quality, Medical Examiners Service and Surgical Materials Testing Laboratory.

Part B – Private

Transforming Access to Medicines Service (TrAMS) South East Hub Full Business Case – The Committee considered the Full Business Case for the South East TrAMS Hub, which forms part of the national programme to modernise aseptic medicines manufacturing services across Wales. Members noted the case for change, including infrastructure, regulatory and workforce challenges, and that the proposal sought £21.7m capital investment to develop a regional hub at Imperial Park (IP5). The Committee acknowledged extensive stakeholder engagement and the strategic importance of the

programme in delivering a sustainable all-Wales service model. The Committee APPROVED the Full Business Case, subject to remaining organisational approvals and submission to Welsh Government. Transforming Access to Medicines Service (TrAMS) Clean Room Design and Build Contract Change Approval – The Committee considered proposed contract changes associated with the South East TrAMS Hub development, noting that progression remained contingent upon approval of the Full Business Case, Welsh Government approval and confirmation of capital funding. Assurance was provided regarding cost validation, governance oversight, risk management and lessons learned arrangements. The Committee APPROVED the clean room design and build contract changes. Trust Board approval consideration to follow on 30 July 2026. Aseptic Isolators for the South East Transforming Access to Medicines Service (TrAMS) Project – The Committee considered the procurement of 15 aseptic isolators required to support operations within the proposed South East Hub. Members noted that the purchase formed an essential component of the overall TrAMS infrastructure programme and remained subject to Full Business Case approval, Welsh Government approval and confirmation of capital funding. The Committee APPROVED the purchase of the isolators. Trust Board approval consideration to follow on 30 July 2026.
Matters requiring Board/Committee level consideration and/or approval
The Board is asked to NOTE the work of the Shared Services Partnership Committee.

Date of Next Meeting	Tuesday 15 September 2026, 10.00am to 12.00pm

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 September 2026
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Governance Matters: Summary of Board Business held In-Committee
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Naomi Murtagh, Head of Board Business

Pwrpas yr Adroddiad
Purpose of the Report

Er Gwybodaeth/For Information

The purpose of this report is to share a summary of the formal discussion of the Board at its In Committee meeting held in July 2026, and to report any key decisions taken, in-line with good governance principles and requirements set out in the Health Board's Standing Orders.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

In accordance with its Standing Orders, Aneurin Bevan University Health Board conducts as much of its formal business in public as is possible (Section 7.5). There may, however, be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary [Director of Corporate Governance]) will schedule these issues accordingly and require that any observers withdraw from the meeting. This is sometimes known as a 'Private/Confidential Board meeting' or an 'In-Committee Board meeting.' The legal basis by which observers would be asked to withdraw from such meetings, is as set out within the *Public Bodies (Admission to Meetings) Act 1960, section 1 (2)*.

In circumstances where the Board meets in a private formal session, it shall formally report any decisions taken to the next meeting of the Board in public session.

Aneurin Bevan University Health Board is committed to carrying out its business openly and transparently, in a manner that encourages the active engagement of its citizens, community partners and other stakeholders.

The purpose of this report is to share a summary of formal discussion held by the Board In Committee meeting held in July 2026 and to report any key decisions taken.

Cefndir / Background

Summary of Discussion

Urgent and Emergency Care: Handover 45

The Board considered the proposed Rapid Release Protocol, which formed part of the Health Board's Urgent and Emergency Care Improvement Plan. The protocol provided a clinically led escalation process intended to support the safe and timely transfer of patients from ambulances into appropriate hospital care settings during periods of exceptional operational pressure. The Board considered the associated patient safety, operational and reputational risks, together with the proposed clinical oversight, monitoring and assurance arrangements.

The Board APPROVED the implementation of the Rapid Release Protocol as part of the Health Board's Urgent and Emergency Care Improvement Plan.

Financial Recovery Plan

The Board considered the proposed Financial Recovery Plan, which set out the Health Board's approach to strengthening its financial position and delivering the planned savings requirements. Members considered the proposed recovery arrangements, the importance of robust financial governance and accountability, and the need for continued monitoring and assurance regarding delivery.

The Board APPROVED the Financial Recovery Plan.

Planned Care Recovery Plan

The Board considered the Planned Care Recovery Plan, which set out the proposed approach to reducing waiting times across planned care, diagnostics and treatment. Members considered the recovery trajectories, transformation requirements, financial assumptions, risks and mitigating actions, noting that implementation would be dependent on national approval and funding.

The Board APPROVED the submission of the Planned Care Recovery Plan to Welsh Government.

Regional Orthopaedic Business Case

The Board considered the Regional Orthopaedic Business Case and Regional Orthopaedic Plan for lower limb arthroplasty services. The proposals set out a regional approach to increasing orthopaedic capacity and reducing waiting times across South-East Wales, based on the development of the Llantrisant Health Park as a regional elective orthopaedic hub. Members considered the

assumptions, risks and future implementation requirements associated with the proposals.

The Board APPROVED the submission of the Regional Orthopaedic Business Case and Regional Orthopaedic Plan to Welsh Government.

Transforming Access to Medicines Programme: South-East Wales Hub Full Business Case

The Board considered the Full Business Case for the Transforming Access to Medicines Programme South-East Wales Hub. The proposal would establish a regional facility at Imperial Park, Newport, for the preparation and supply of complex aseptic medicines. Members considered the anticipated quality, safety, resilience and workforce benefits, alongside the capital and revenue requirements and implementation risks.

The Board APPROVED the Transforming Access to Medicines Programme South-East Wales Hub Full Business Case and AUTHORISED the submission of the associated letter of support to Welsh Government.

Asesiad / Assessment

In endorsing this report the Health Board will comply with its own Standing Orders.

Argymhelliad / Recommendation

The Board is requested to NOTE this report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Enabler
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. Not applicable to this report

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	None
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. Not applicable to this report