

Cwm Taf Morgannwg University Health Board pharmaceutical needs assessment (PNA)

October 2021

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

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Executive summary

The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 sets out the statutory duty placed upon each health board to prepare and publish a pharmaceutical needs assessment (PNA) by 1st October 2021. The purpose of the PNA is to improve the planning and delivery of pharmaceutical services in Cwm Taf Morgannwg University Health Board by considering the pharmaceutical needs of the population and aligning services more closely with them. It will allow for improvements in the quality and consistency of pharmaceutical services across the health board's area. Furthermore, it will be used to determine whether to approve applications for the opening of new pharmacies and dispensing doctor practices, based on current and future needs that have been identified in the health board's PNA, as well as applications to change existing services.

A PNA Steering Group was formed to oversee the PNA development and ensure that the PNA meets the statutory requirements. Membership of the group included a wide range of stakeholders (Appendix F). For the purposes of the PNA, localities have been defined as the eight clusters which make up Cwm Taf Morgannwg University Health Board.

In developing the PNA, several sources of information were used to gain an overview of the demographic characteristics and health profile of Cwm Taf Morgannwg University Health Board residents to determine their general health and pharmaceutical needs.

The views of residents on their use of pharmacies and dispensing doctor practices, and information provided by contractors which could not be nationally sourced, was obtained through the use of surveys. The information gained was used, in conjunction with other data sources, to inform the PNA.

In addition, a consultation, which ran from Friday 14th May until Tuesday 13th July 2021, was undertaken on the draft PNA and the feedback received was used to inform the final PNA (Appendix K).

An overview of the demographic characteristics of the residents of Cwm Taf Morgannwg University Health Board and their general health needs has been set out at the health board and local authority level. In addition, any specific groups identified as present in Cwm Taf Morgannwg University Health Board including those who share a protected characteristic under the Equality Act 2010, and their likely health needs have been included. Consideration has been given as to how these health needs can be met by the pharmaceutical contractors in the health board's area.

The current provision of pharmaceutical services has been identified and mapped. Those providers who are located outside of Cwm Taf Morgannwg University Health Board's area but who provide services to its residents, were also considered. Furthermore, there are some services which affect the need for pharmaceutical services either by increasing or reducing demand. Such services include the hospital pharmacies, the GP Out of Hours service and Minor Injury Units and these have been considered as part of the PNA.

While an overview has been considered at the health board and local authority level, a cluster level review has also been undertaken of the demographic characteristics, health needs and the current provision of pharmaceutical services to residents. This has been used to identify whether current pharmaceutical service provision meets the needs of those residents. Consideration has also been given as to whether there are any gaps in service delivery that may arise during the five year lifetime of the PNA.

There are 110 pharmacies in Cwm Taf Morgannwg University Health Board all providing the full range of essential services. In 2019 to 2020, 95.5% of all prescriptions written by GP practices in the health board were dispensed by the pharmacies in the health board's area. Pharmacies also provide a range of advanced and enhanced services.

There are three GP dispensing doctor practices in Cwm Taf Morgannwg University Health Board, who dispense to eligible patients. These dispensed or personally administered 1.2% of prescription items. Non-dispensing doctors personally administered 1.1% of prescription items.

While there is very good service provision within the health board's area, some residents may choose to access pharmaceutical contractors outside of the health board's area. In 2019 to 2020, 2.2% of prescriptions were dispensed outside of Cwm Taf Morgannwg University Health Board. Whilst many were dispensed by pharmaceutical contractors in neighbouring health boards, some were dispensed as far afield as England. This suggests that that some residents prefer to use a specific dispensing appliance contractor or a specialist provider, with some prescriptions being dispensed whilst the person is on holiday or near to their place of work.

Access to pharmaceutical services for the residents of Cwm Taf Morgannwg University Health Board is good. The vast majority of residents can access a pharmacy or dispensing doctor practice (where eligible) within 20 minutes by car. The main conclusion of this PNA is that there are currently no gaps in the provision of pharmaceutical services.

When considering whether there will be any future needs for pharmaceutical services that may arise during the five year lifetime of the PNA, consideration has been given to the predicted population growth and the capacity and distribution of service providers across the health board. The Cwm Taf Morgannwg University Health Board concludes that the current provision will be sufficient to meet the future needs of the residents and the health board has not identified any services that would secure improvements, or better access, to the provision of pharmaceutical either now or within the lifetime of the PNA.

1 Introduction

1.1 Purpose of a pharmaceutical needs assessment

The purpose of the pharmaceutical needs assessment (PNA) is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a health board's area for a period of up to five years.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to the health board, in whose area the premises are to be located, to be included in its pharmaceutical list. Their application must offer to meet a need that is set out in that health board's PNA. There are however some exceptions to this e.g. change of ownership applications.

If a GP wishes to dispense to a new area or from new or additional premises, they are also required to apply to the health board to be included in its dispensing doctor list or for a new area or new or additional premises to be listed in relation to them. Their application must also offer to meet a need that is set out in that health board's PNA.

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

1.2 Health board duties in respect of the pharmaceutical needs assessment

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

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

1.3 Pharmaceutical services

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

Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the health board;
- A dispensing appliance contractor who is included in the pharmaceutical list held for the area of the health board; and
- A doctor or GP practice that is included in a dispensing doctor list held for the area of the health board.

Each health board is responsible for preparing, maintaining and publishing its lists. In Cwm Taf Morgannwg University Health Board there are 110 pharmacies, and 3 dispensing doctor practices.

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

1.3.1 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, Cwm Taf Morgannwg University Health Board does not hold contracts with the pharmacy contractors in its area. Instead, they provide services under a contractual framework, sometimes referred to as the community pharmacy contractual framework, details of which (the terms of service) are set out in schedule 5 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020, the Pharmaceutical Services (Advanced and Enhanced Services) (Wales) Directions 2005, and the Pharmaceutical Services (Advanced Services) (Appliances) (Wales) Directions 2010.

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

- Essential services – all pharmacies must provide these services
 - Dispensing of prescriptions, including urgent supply of a drug or appliance without a prescription
 - Dispensing of repeatable prescriptions
 - Disposal of unwanted drugs
 - Promotion of healthy lifestyles
 - Signposting, and
 - Support for self-care
- Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements and must also be fully compliant with the essential services and clinical governance requirements.
 - Medicines use review and prescription intervention services (more commonly referred to as the medicines use review or MUR service)
 - Discharge Medicines Review (DMR) service
 - Stoma Appliance Customisation (SAC) service

- Appliance use review (AUR) service
- Enhanced services – service specifications for this type of service are developed by the health board and then commissioned to meet specific health needs.
 - Anticoagulation monitoring
 - Care home service
 - Disease specific medicines management service
 - Gluten free food supply service
 - Home delivery service
 - Language access service
 - Medication review service
 - Medicines assessment and compliance support service
 - Minor ailment scheme
 - Needle and syringe exchange
 - On demand availability of specialist drugs service
 - Out of hours service
 - Patient group direction service
 - Prescriber support service
 - Schools service
 - Screening service
 - Stop smoking service
 - Supervised administration service
 - Prescribing service
 - An anti-viral collection service
 - An emergency supply service

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

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

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

Pharmacies are required to open for not less than 40 hours per week, and these are referred to as core opening hours, but many choose to open for longer and these additional hours are referred to as supplementary opening hours. Under the NHS (Pharmaceutical Services) (Wales) Regulations 2020 it is possible for pharmacy contractors to successfully apply to open a pharmacy with a greater number of core opening hours in order to meet a need identified in a PNA.

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

1.3.2 Pharmaceutical services provided by dispensing appliance contractors

As with pharmacy contractors, Cwm Taf Morgannwg University Health Board does not hold contracts with dispensing appliance contractors. Their terms of service are set out in schedule 6 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020 and the Pharmaceutical Services (Advanced Services) (Appliances) (Wales) Directions 2010.

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

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

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

- Stoma Appliance Customisation (SAC) service
- Appliance Use Reviews (AURs) 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 to successfully apply to open premises with a greater number of core opening hours in order 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 PNA to determine whether to agree to the change in core opening hours or not.

1.3.3 Pharmaceutical services provided by doctors

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

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

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

1.4 Other NHS services

Other services which are commissioned or provided by Cwm Taf Morgannwg University Health Board, which affect the need for pharmaceutical services are also included within the PNA.

1.5 How the assessment was undertaken

1.5.1 PNA steering group

Cwm Taf Morgannwg University Health Board has overall responsibility for the publication of the PNA, and the Director of Primary Care, Community and Mental Health is accountable for its development. Cwm Taf Morgannwg University Health

Board established a PNA steering group whose purpose was to ensure that the development of a robust PNA that complies with the NHS (Pharmaceutical Services) (Wales) Regulations 2020 and meets the needs of the local population. The membership of the steering group ensured all the main stakeholders were represented and can be found in appendix F.

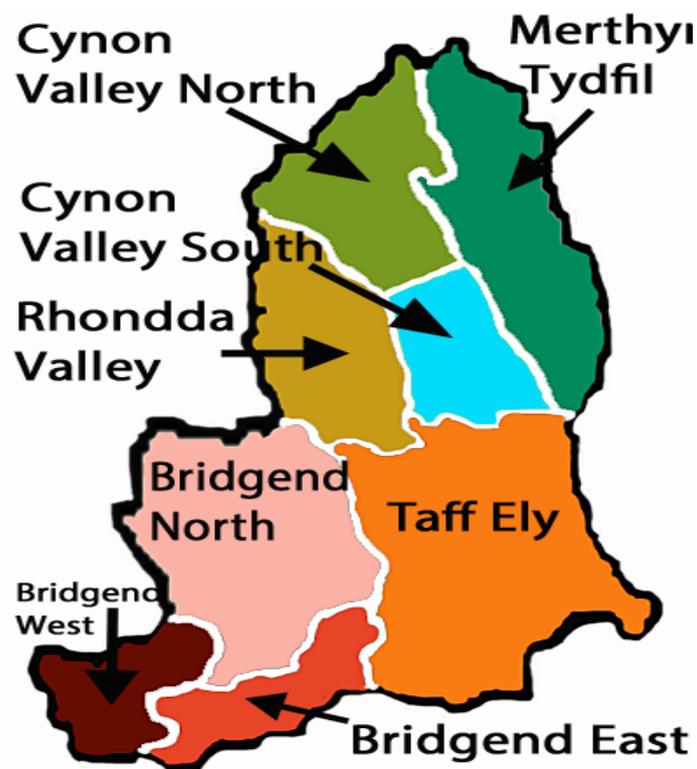
1.5.2 PNA localities

In Wales there are 64 clusters, tasked with improving access to and the quality of primary care to deliver improved local health and wellbeing and reduced health inequalities.

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

There are eight Primary Care One clusters in Cwm Taf Morgannwg University Health Board as shown in Map 1.1:

Map 1.1: Eight Primary Care One clusters within Cwm Taf Morgannwg University Health Board



The eight Primary Care One clusters sit within and work closely with the three Borough Councils or local authorities as follows:

Table 1.1: Clusters by local authority within Cwm Taf Morgannwg University Health Board

Cwm Taf Morgannwg University Health Board		
Bridgend Local Authority	Merthyr Tydfil Local Authority	Rhondda Cynon Taf Local Authority
Bridgend East Bridgend North Bridgend West	Merthyr	Rhondda North Cynon South Cynon Taff Ely

The PNA localities for the purpose of this PNA have been referred to as clusters to utilise familiar terminology given the geographical similarity with Primary Care One clusters although boundaries are not necessarily aligned with the Primary Care One clusters. The PNA locality clusters may differ to reflect the historical data available, which was used and analysed for the purpose of this PNA.

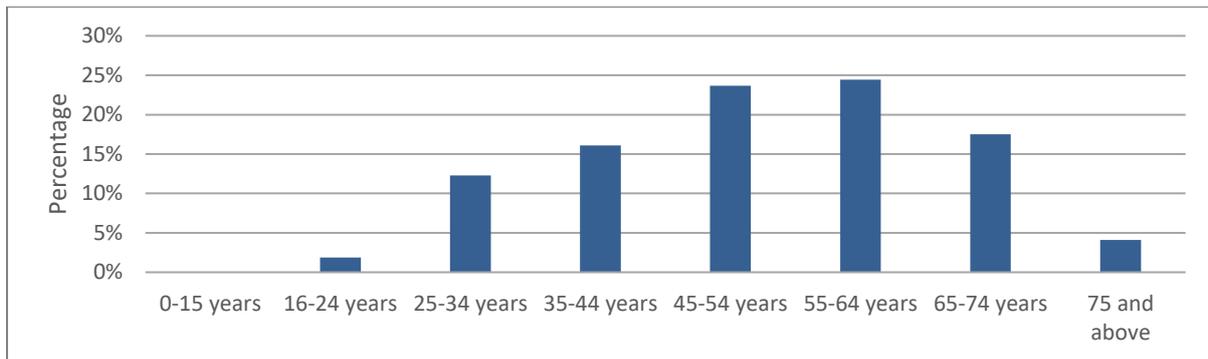
1.5.3 Patient and public engagement

In order to gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and made available from 21st December 2020 to 31st January 2021. The questionnaire was promoted on the Cwm Taf Morgannwg University Health Board website, both in the news section and pharmacy page. It was also shared with the cluster managers to promote within their internal websites and communication channels. As many staff at the health board are patients themselves, the questionnaire was promoted internally through inclusion in the Chief Executive Officer’s staff messages and staff Facebook page. It was also shared with political stakeholders, local authorities and Community Health Councils. Wider social media was used to promote the questionnaire with the public such as regular update posts on Facebook, Twitter and Instagram.

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

A total of 637 people or respondents completed the questionnaire. However, not every question was answered by all 637 respondents. 84% of respondents (536 out of 635 people) were female and 14% (89 people) were male. 2% of respondents (10 people) preferred not to say. All respondents who provided information about their age (634 people) were over 16 years old. Almost half of the respondents were aged between 45 to 64 years, with the age group 55 to 64 years (155 people) being marginally higher than the age group 45 to 54 years (150 people).

Figure 1.1: Age range of respondents



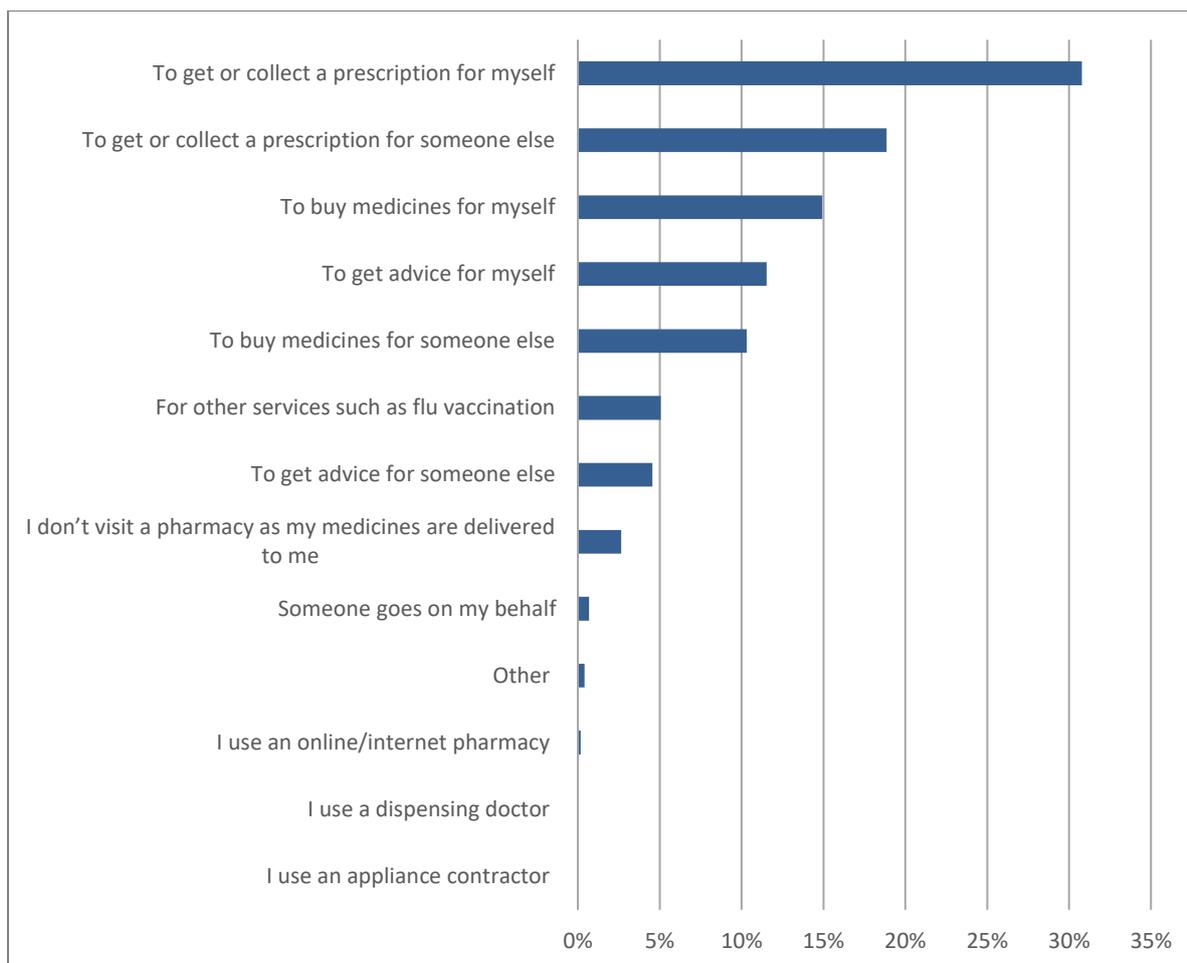
98% (620 out of 630 people) said their preferred language was English when accessing services at a pharmacy or GP practice. Only 1% (7 people) said their preferred language was Welsh. Of the five people who responded other, one respondent preferred British Sign Language (BSL) and two respondents preferred both languages to be used. One respondent commented:

- “English but I like them to talk to my daughter in Welsh as this is her first language.”

When asked why they usually visit a pharmacy, 624 people answered the question and a total of 1735 responses were received. Multiple answers could be given to this question, and the number of responses received indicates that some people chose more than one reason. The majority of responses received show that people visit a pharmacy to get or collect a prescription for themselves (31%, 534 responses) or to get or to collect a prescription for someone else (19%, 327 responses). Of the 7 people who responded other, two commented about visiting a pharmacy for other members of the family. Five people commented about having their medicines delivered, with three comments specifically relating to the Coronavirus (COVID-19) pandemic, for example:

- “Due to shielding I now have my medication delivered but before shielding I collected my prescription weekly.”

Figure 1.2: Reasons for visiting a pharmacy



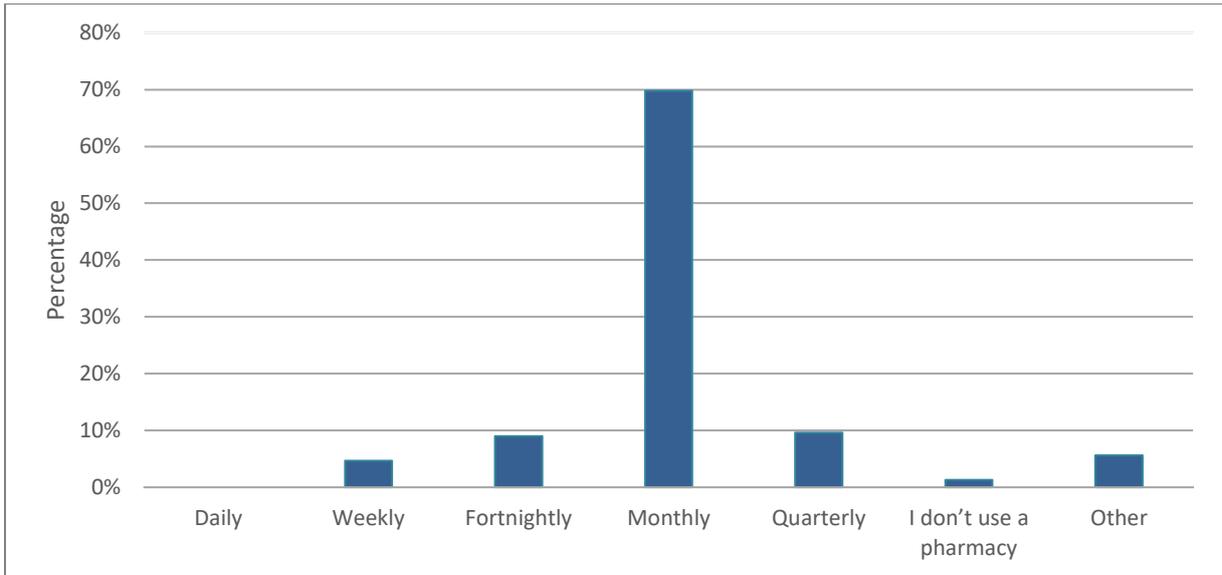
Most respondents (70%, 435 out of 623 people) visit a pharmacy on a monthly basis, reflecting the length of their prescription. Of the 35 people who responded other, 8 people visited a pharmacy to collect their 2 monthly repeat prescription and 21 people visited a pharmacy rarely or whenever needed. Reasons given for the frequency of using a pharmacy included:

- “Since having a baby I have used the pharmacy for him more frequently.”
- “This will depend on whether the correct prescription is sent to the pharmacy from the GP in the first place e.g. correct medication documented, has GP signed prescription.”

In one case, the respondent was not visiting the pharmacy in person but was utilising the ordering and delivery service offered by the pharmacy:

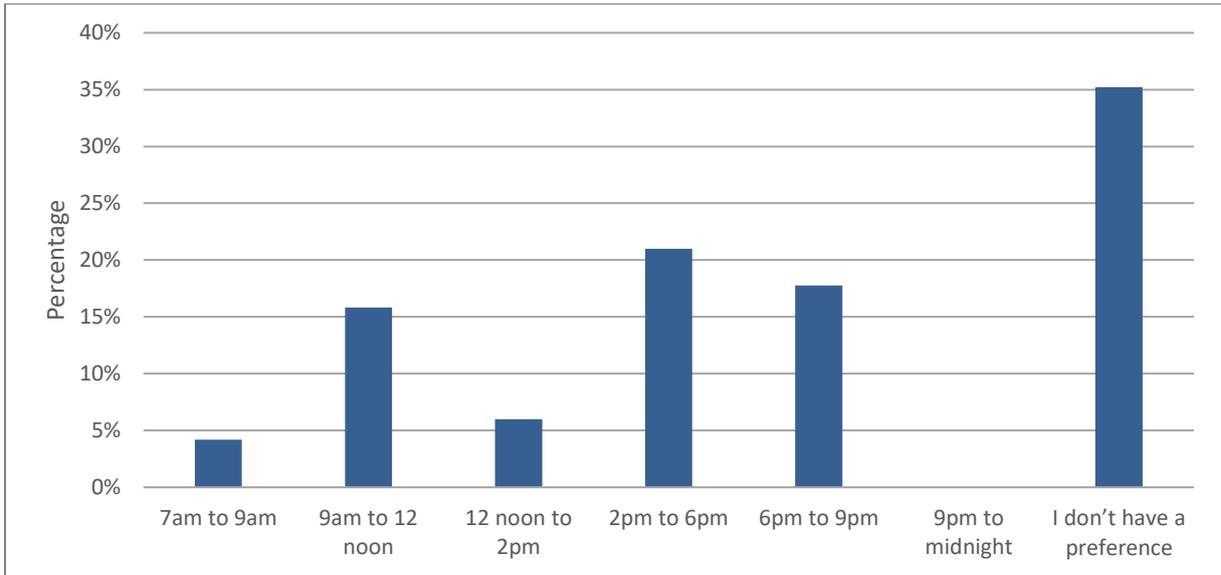
- “I order my tablets over phone line then the chemist delivers to my home. I'm 81 and find this a good way to access my tablets as there is no chemist in my village and I don't drive.”

Figure 1.3: Frequency of using a pharmacy



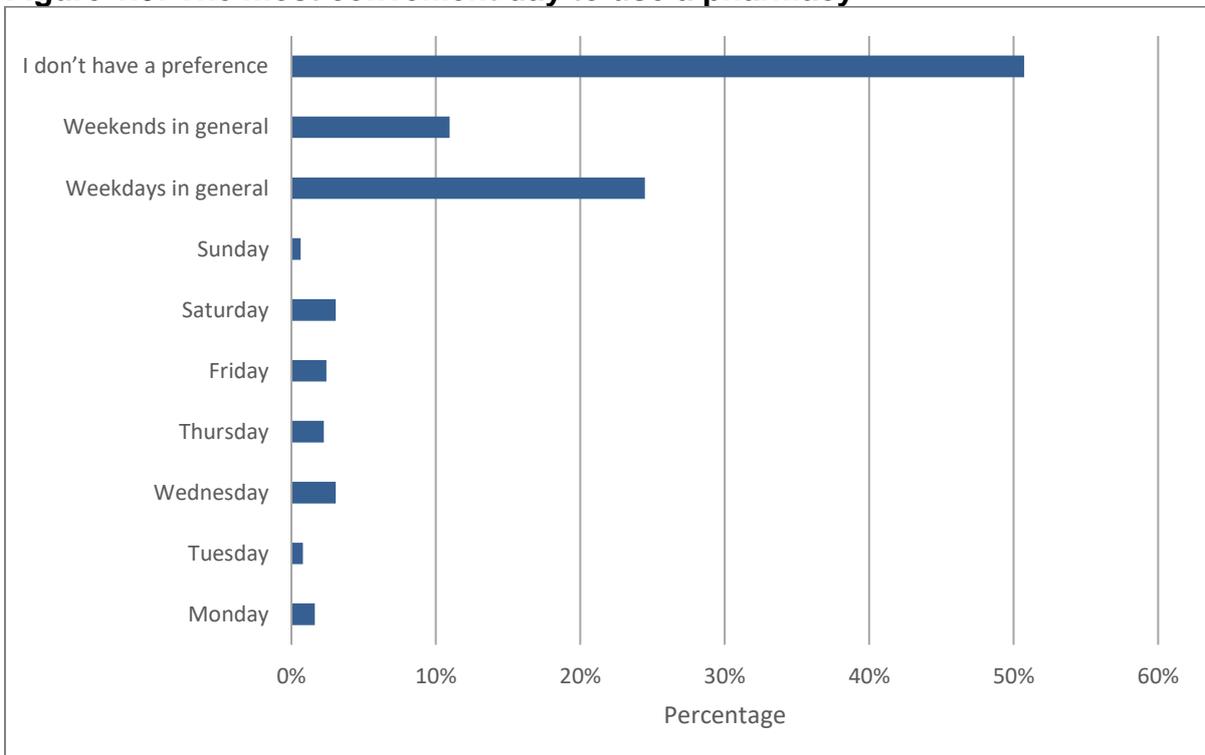
The majority of respondents (35%, 218 out of 619 people) did not have a preference about when is the best time to use a pharmacy. Of the remaining responses, 42% preferred to use a pharmacy between 9am and 6pm, with 2pm to 6pm being the most popular choice (21%).

Figure 1.4: The most convenient time to use a pharmacy



Similarly, the majority of respondents (51%, 315 out of 621 people) did not have a preference about the most convenient day to use a pharmacy. Of the remaining responses, 25% (152 people) found the weekdays in general the most convenient time to access a pharmacy and 11% (68 people) found the weekends in general the most convenient time to access a pharmacy. Other respondents preferred a specific day of the week.

Figure 1.5: The most convenient day to use a pharmacy



When asked about whether there had been a recent time when they were not able to use their normal pharmacy, 20% (126 out of 621 people) responded 'yes', 76% (470 people) responded 'no' and 4% (25 people) said the question was 'not applicable'.

When asked what they did, 126 people answered the question and a total of 144 responses were received. Multiple answers could be given to this question and the number of responses indicates that some people chose more than one answer. The majority of responses received show that people went to another pharmacy (44%, 63 responses) or waited until the pharmacy was open (30%, 43 responses). Two respondents went to A&E (figure 1.6).

Of the 22 people who responded other, the majority of comments were related to the Coronavirus (COVID-19) pandemic situation: either the need to shield and have someone else collect the medicines on their behalf or arranging for delivery. Three comments were related to social distancing measures in place, resulting in the need to queue outside pharmacies on occasions:

- “Queue was too long and couldn’t wait in the rain with a toddler.”
- “I had to go to a supermarket – 10 minute drive and 25 minute wait to get inside. If I had no car I would have no access to medicine.”

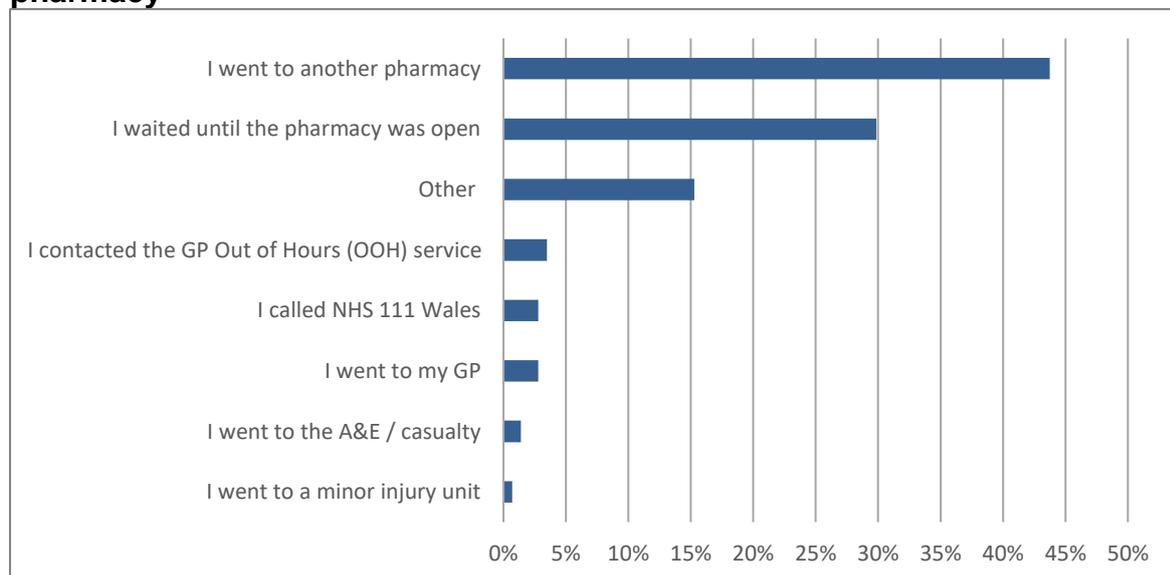
Two comments were about incomplete prescriptions regarding stock availability:

- “Mine didn’t have part of my prescription.”

Other comments included:

- “I used an internet pharmacy.”
- “Using BSL on NHS 111. Chemist don’t provide BSL interpreter.”

Figure 1.6: What respondents did when they weren't able to use their normal pharmacy



Most respondents prefer to use the same pharmacy. Of the 622 responses received, 486 people (78%) said they always use the same pharmacy and 121 (19%) said they use different pharmacies but prefer to visit one most often. Four respondents said that they always use different pharmacies and 11 respondents said they rarely use a pharmacy.

There are many reasons that influence the choice of pharmacy. Multiple answers (3118 responses) were given by the 622 respondents as to what influences choice of pharmacy. The most popular reasons were close to home (14%, 445 responses)

followed by close to my doctor (10%, 310 responses) and the location of the pharmacy is easy to get to (8%, 258 responses).

Figure 1.7: Most popular reasons that influence choice of pharmacy



Of the 26 people who replied other, 12 comments were related to the repeat prescription service:

- “I can order my repeat medication on the telephone and get a text message when it is ready.”
- “They collect from surgery & text when ready.”

Three comments were related to where the GP sends the prescription:

- “It’s the pharmacy my surgery sends my prescriptions to.”

Five comments praised the pharmacy and staff they use for their services:

- “The staff there are fantastic and go above and beyond to help.”
- “The owner is a trusted and caring member of the community.”

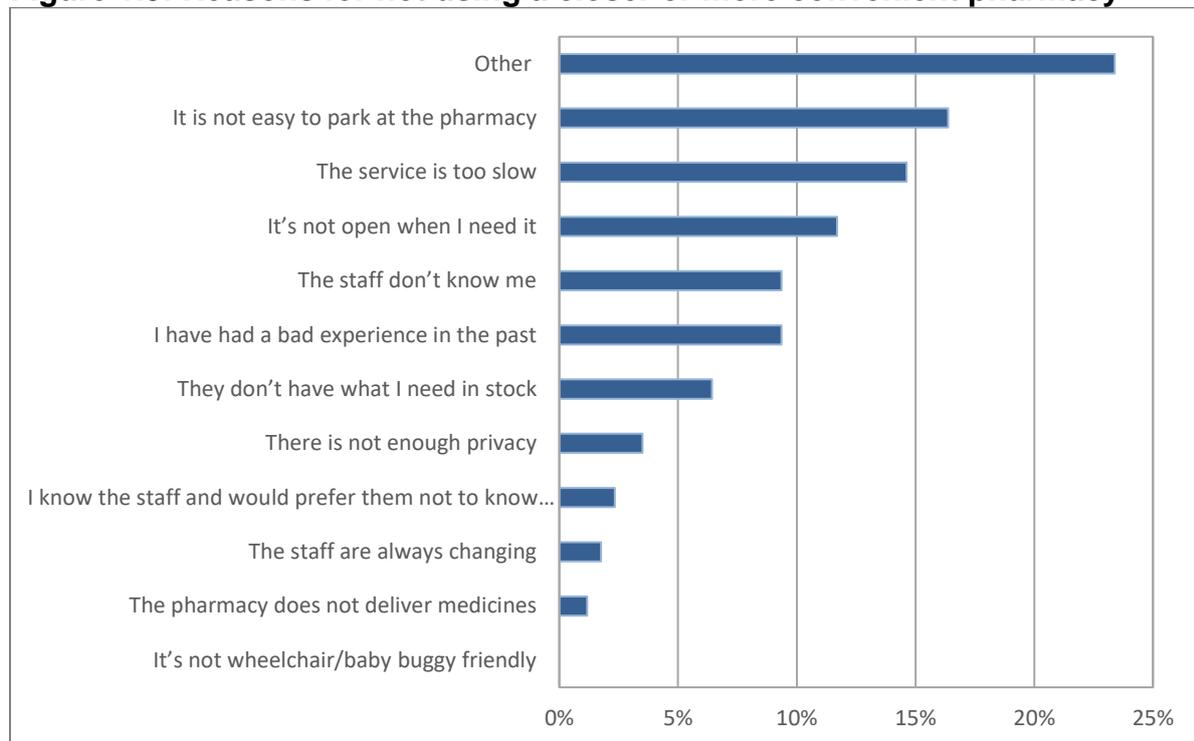
Other comments received for reasons for choosing a particular pharmacy were around opening hours (one comment), pharmacy being in the supermarket (two comments) and being accessible on foot (one comment). Others included:

- “I have had disappointing service from one on more than one occasion so avoid that one now.”
- “They were only pharmacy to dispense special orders at the time.”

The majority of respondents (69%, 428 out of 618 people), use the pharmacy that is closest or most convenient for them to use. 21 respondents (3%) did not know whether there was a closer or more convenient pharmacy. However, for 27% of respondents (169 people) there was a more convenient or closer pharmacy that they were choosing not to use. When asked why they did not use that pharmacy, 171 people responded, 2 more than the initial 169 respondents. The top three reasons

provided were around ease of parking (28 people), speed of service (25 people) and opening times (20 people).

Figure 1.8: Reasons for not using a closer or more convenient pharmacy



40 people (23%) selected other when responding to this question. The reasons given included:

Two responses were related to the Coronavirus (COVID-19) pandemic and trying to avoid crowded areas, which had led to a change in the choice of pharmacy used.

Seven responses were based around loyalty and having built up a relationship with that particular pharmacy or being satisfied with the service received from the pharmacy they were using or both:

- “My pharmacy provides an excellent service. I am a loyal and happy customer.”
- “Because the one I use satisfies my needs.”

Seven responses were related to the pharmacy staff not being as approachable or a personable as those in the pharmacy they were choosing to use:

- “The staff are not as approachable as my preferred pharmacy.”
- “It's not as personal as the one I use.”

Five responses were related to the quality of service offered, with one being positive about the service offered and four less positive:

- “My pharmacy collects the prescription from the gp when I ring them to request it.”
- “Always have to go back and forth always one or more items out of stock.”

Ten responses were related to convenience in relation to either opening times, parking or location; with four responses preferring the convenience of a pharmacy near the GP surgery:

- “The pharmacy I use is right next door to the dr so is easier to access if there is a problem with my prescription.”
- “Because I would need to contact the chemist or GP each month to request my repeat prescription each month which seems unnecessary as it rarely changes. They don't deliver and opening times are not convenient (I could only collect on weekends as working).”

Four responses were related to where the GP surgery sends the prescription:

- “Doctors automatically send prescriptions into the one pharmacy so we use that one.”

Two responses were related to the lack of awareness of either a nearer pharmacy or being able to choose another pharmacy:

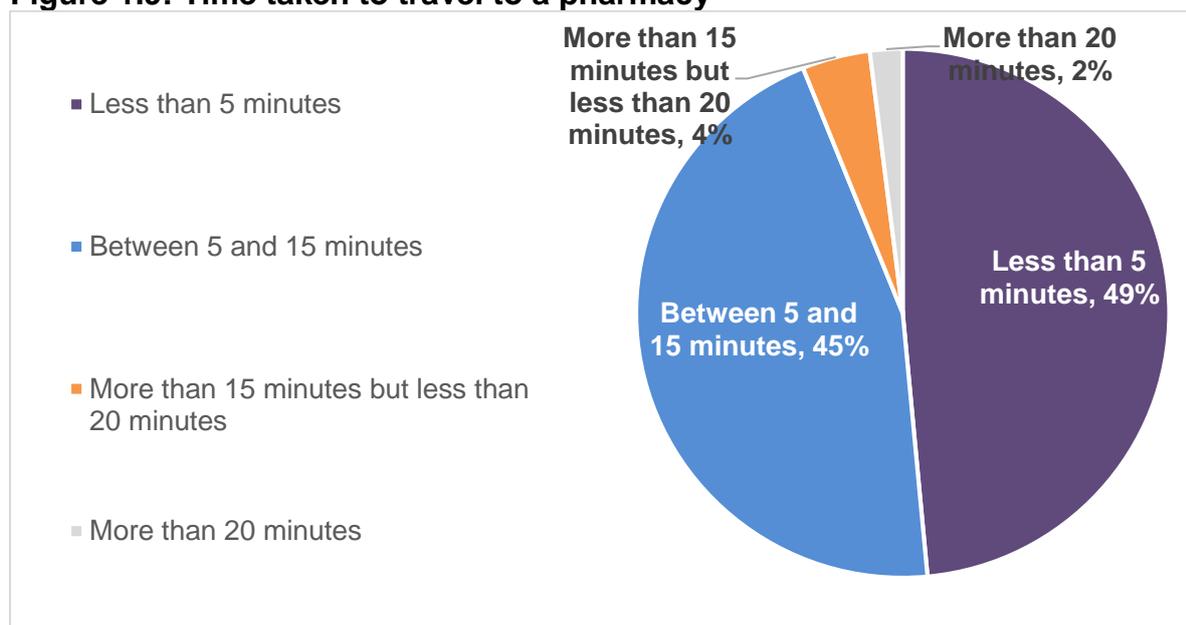
- “Never thought to use another pharmacy.”

The most popular ways of travelling to a pharmacy are by car (65%, 408 out of 624 people) and then on foot (27%, 171 people). 1% (9 people) travelled by bus and 4 people by taxi. One person cycled. Of the ten people who selected other, most comments received were related to using two methods of travelling to the pharmacy depending on the circumstances:

- “On foot if it dry weather by car if not.”

Nearly all respondents (594 out of 606) could get to a pharmacy in less than 20 minutes. Only for 2% of respondents (12 people) did it take more than 20 minutes to get to a pharmacy. The majority of respondents, 49% (294 people) could get to a pharmacy in less than 5 minutes.

Figure 1.9: Time taken to travel to a pharmacy



The majority of respondents (93%, 575 out of 620 people) said they didn't have difficulty getting to a pharmacy. Only 5% (28 people) replied that they did and 3% (17 people) said the question was not applicable. Of the 31 people who selected other:

Just over half of the comments received (16 responses) were related to poor health or mobility issues due to a disability, injury or a health condition, being the main reason which made getting to a pharmacy difficult:

- "I'm a full time carer to me terminally ill mother, and ill myself, so it's difficult to get out."
- "Mobility issues, need to be accompanied. Most occasions."

Seven comments mentioned opening times often in relation to work commitments:

- "My job required me to work from 7am until 7pm. The pharmacy is closed when I get home."

Three comments mentioned parking difficulties and a further three mentioned difficulties with public transport links:

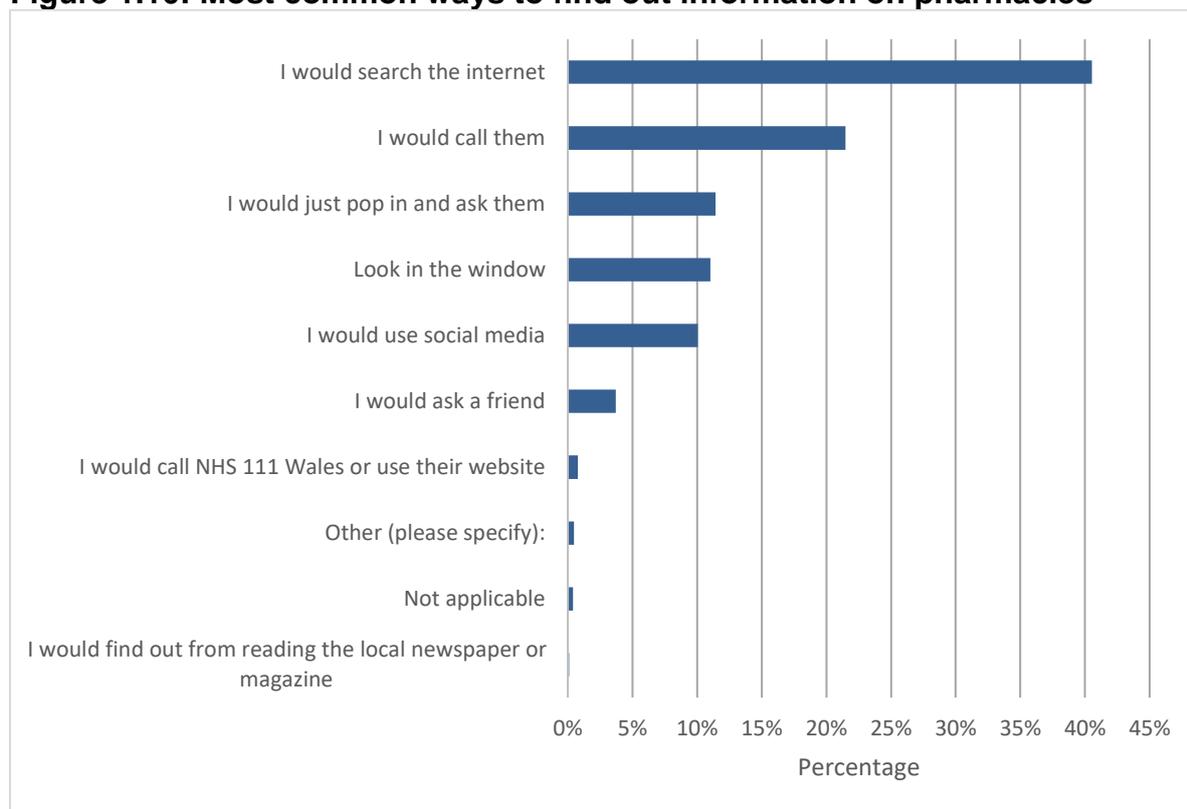
- "I don't drive so would have to catch two buses."

Two comments mentioned difficulty getting to a pharmacy due to shielding due to the Coronavirus (COVID-19) pandemic.

When asked about the methods or resources used to find out information about a pharmacy such as opening times or the services being offered, 550 people answered the question and a total of 1024 responses were received. Multiple answers could be given to this question and the number of responses received indicates that some people used more than one method. Overall, the internet (41%, 415 responses) was the most popular way people used to find out information. 10% (103 responses) used social media and 1 person used local newspapers and magazines. This mirrors the wider trend of people switching to the internet and social media as the main source of news and information and the declining reach of printed newspapers. Of the five people who responded other, one said the GP provided information on the pharmacy. Another commented on the need for British Sign Language appropriate communication methods:

- "Need communication in BSL via video call online interpreter. I want information in BSL eg leaflet Welsh and English, why not add QR code for BSL?"

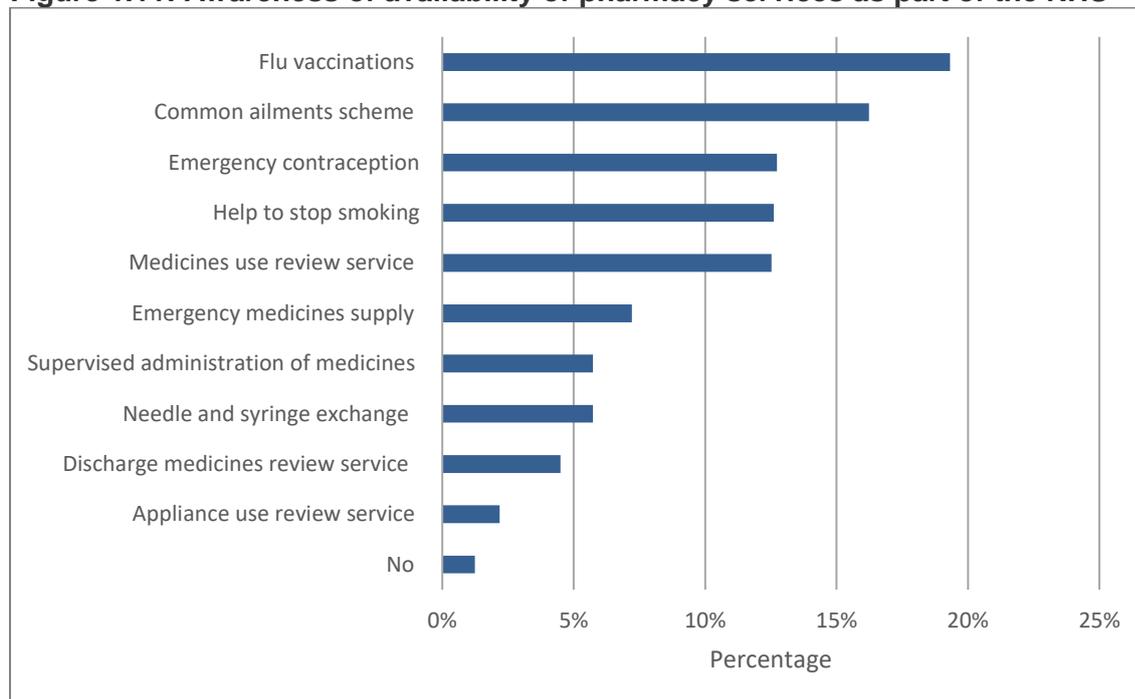
Figure 1.10: Most common ways to find out information on pharmacies



11% (63 out of 557 people) didn't feel able to discuss something private with their pharmacist as opposed to 57% (319 people) who did feel able to discuss something private with their pharmacist. 28% (156 people) had never needed to and 3% (19 people) responded that they didn't know.

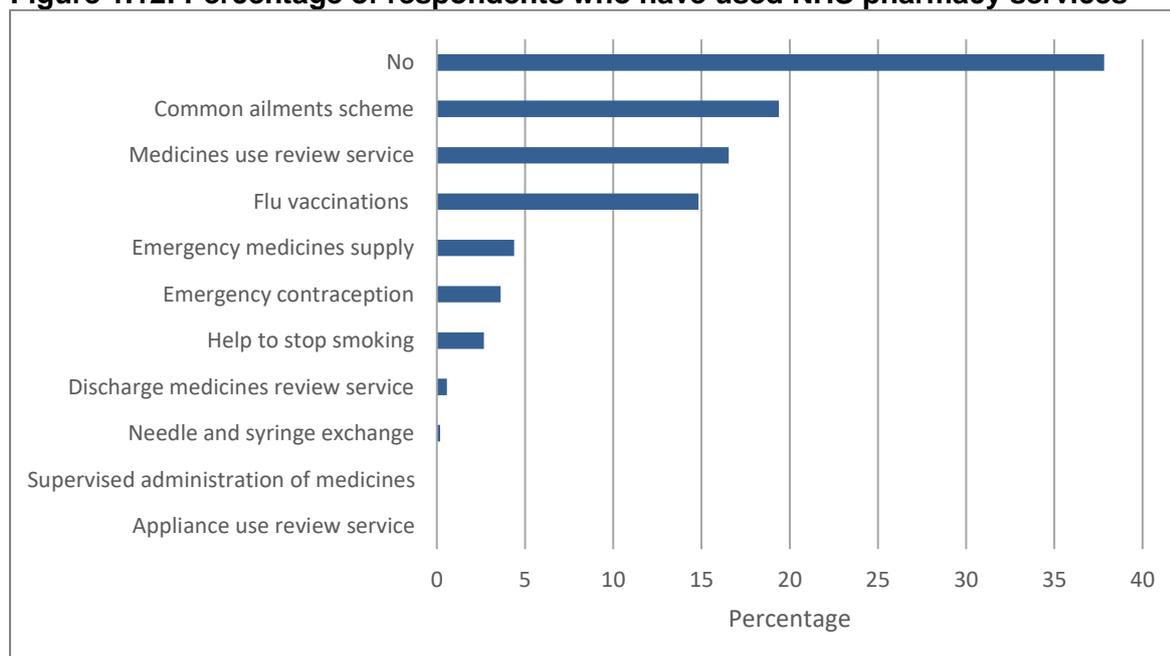
When asked whether they were aware that they may be able to access certain services from pharmacies as part of the NHS, 551 people responded to the question and a total of 2427 responses were received. Multiple answers could be given to this question and the number of responses received indicates that some people were aware of more than one service. Flu vaccinations (19%, 469 responses) followed by the Common Aliments Scheme (16%, 394 responses) are the services most respondents are aware of as being offered by pharmacies as part of the NHS. In general, there was limited awareness of the Appliance Use Review service (2%, 53 responses); however, this specialist service would only be used by those in need of appliances such as stomas and colostomies rather than the wider patient group. 1% of respondents (30 people) were not aware of any of the services offered from pharmacies as part of the NHS

Figure 1.11: Awareness of availability of pharmacy services as part of the NHS



The most popular service that respondents said they had used was the Common Ailments Scheme (19%, 102 out of 526 people) followed by Medicines Use Review service (17%, 87 people). However, the majority of respondents, 38% (199 people) said they had never used any of these services. Please note that respondents were only offered the option of selecting one service for this question, so it is not possible to determine if more than one service was being used by those who responded positively to this question.

Figure 1.12: Percentage of respondents who have used NHS pharmacy services



Some people living in rural areas will collect their prescription medicines from the dispensary at their dispensing doctor practice. Out of the total 637 respondents, 12 said they had their medicines dispensed by one of the three dispensing doctor practices in the health board area. However, up to 156 people answered the questions relating to dispensing doctor practices. This is most likely due to a lack of awareness of the difference between a dispensing doctor practice (see section 1.3.3 and Appendix E) and a GP practice which has a community pharmacy attached or within the practice premises.

Of those 12 respondents identified as having their medicines dispensed by a dispensing doctor practice, ten answered the related questions while two skipped the questions.

An equal number of respondents (4 out of 10 people) said that they either did not have a preference about the most convenient time to use the dispensary at their dispensing doctor practice or preferred between 2pm and 6pm. Similarly, one respondent preferred between 9am to 12 noon and another respondent between 12 noon to 2 pm. When it came to the most convenient day to use the dispensary at their dispensing doctor practice, seven people responded that they had no preference and three responded weekdays in general.

Two out of the 10 respondents said that there had been a time recently when they were not able to use the dispensary at their dispensing doctor practice. As a result, one respondent contacted the GP Out of Hours (OOH) service. The other respondent commented:

- “No one in the surgery to make up the prescription.”

When asked how they usually get to the dispensary at their dispensing doctor practice to pick up their medicines, five respondents said they went on foot and four by car. One commented:

- “I order my prescription online and it’s transferred to the pharmacy automatically.”

Nine respondents travelled less than five minutes to their dispensing doctor practice, and one travelled between five and fifteen minutes. All ten respondents said they had no difficulty getting to the dispensary at their dispensing doctor practice.

When asked if there was anything else respondents would like to share about their experience of their local pharmacy or GP dispensing practice, a total of 210 comments were received. 17 of these comments said no, nothing or not applicable. Several main themes emerged from the remaining comments, with some comments containing more than one theme. These were:

78 people made positive comments about the pharmacy services:

- “I always get a good service from my pharmacy the staff are very helpful. Would not hesitate in asking for advice if I needed it.”
- “They have been excellent throughout the pandemic and are always professional and efficient.”

- “My local pharmacy is excellent. Friendly, helpful, caring. I trust them all they’ve always been excellent.”

Eight people commented about opening hours. The majority of comments related to the preference for pharmacies to be open after working hours:

- “Pharmacy should be open more when people are not at work - especially Saturdays and Sundays.”
- “I prefer pharmacies that are open on weekdays after regular working hours and on weekend days.”
- “Very annoying no Pharmacist until after 10.”

Seven comments received were overall positive about the repeat prescribing system in place:

- “Receive a text when medication is ready after ordering on line and pick up at my convenience.”
- “I have recently used the SMS service at my local [name of pharmacy] & found it to be very good.”
- “They have a text system to let you know that the prescription is ready which is really useful but it doesn’t seem to work consistently.”

Eight people commented about the miscommunication between the pharmacy and GP practice:

- “There have been times recently where the GP have not issued repeat prescriptions when requested by the pharmacy and this has resulted in getting emergency supply. This has been down to breakdown in communication between the GP review and updating their systems or admin errors. This causes stress and anxiety when you rely on a service and don’t find out that the prescription is not available until you need it - the GP then takes 72 hours to get it issued and another 24 hours for pharmacy to process and dispense.”
- “Usually provide a good monthly service but on occasions part of my medication has not been dispensed due to a breakdown in communication between the GP surgery and the pharmacy.”
- “Poor communication between pharmacy and GP at times. Passing the buck when things go wrong. Pharmacy unable to be contacted by phone, or nobody answered for an entire morning.”

Six comments directly addressed issues with pharmacies not having enough medicines in stock:

- “They never seem to have enough stock of medicines. Usually get an 'owing' slip. Very annoying when you work full time for the NHS and have to make an additional trip to collect the remainder of your medication”.
- “Often have problems with regular supplies of medication for type 1 diabetes.”
- “The ongoing frustration of not being able to get prescribed medication, and having to make pointless journeys to the pharmacy to see if they have been able to source any supplies. This has been an ongoing problem for 18 months but far more stressful during the pandemic when you need to visit multiple times and still left without medication.”

Fourteen comments were related to having the prescription medicine ready on time and / or speed of service:

- “Very poor on getting medication on time. No matter how long I leave it I always have to call back because something is short.”
- “My local pharmacy does not make the best use of their time, my routine medication is never available straight away on the day of collection. It still is waiting to be checked and authorised.”
- “Very slow. Visit to collect my father's repeat monthly prescription but is never put up before, always have to wait at least 20 minutes in the shop.”

Seven comments were related to the convenience of the service:

- “You have to telephone a week before your medication is needed which is too long and not convenient. If regular medication is needed there must be a better way.”
- “Have to get repeat prescriptions to the doctor, so physically have to make a journey. In these days it would make sense to phone the order, and allow patients to remain at home.”
- “It’s frustratingly difficult to get through and order a repeat prescription. I have called 17 times today so will visit the pharmacy in person tomorrow. And it is usually like this at any time of the year.”

Eleven comments were related to how personable and efficient the pharmacy staff are perceived to be:

- “Too much talking amongst themselves leaving customers waiting.”
- “Had very poor service recently counters staff were rude.”
- “Why when same medication is prescribed month after month the pharmacy I HAVE to use refuses to hold it and have to order it in each month. Will not ask them for advice as their attitude is offhand verging on rude.” My preferred pharmacy who I will return to as soon as possible always reordered each month ready for me. They were polite, caring and efficient and I would ask them for advice if needed.”

Seventeen comments were related to pharmacy staff being under pressure, understaffed or extremely busy:

- “Services in many [name of location] pharmacies are very slow, always very busy and seem understaffed.”
- “The dispensary that I use is exceptionally busy and it can be frustrating to wait but they are efficient.”
- “They are extremely understaffed. You can be waiting ages at their checkout before they serve you. They see you but don’t acknowledge you.”

Other comments mentioned the lack of privacy amongst other things:

- “Long queues. Little privacy. Pleasant staff.”

Three comments were related to the size of the pharmacy or the size of the population they serve having grown:

- “Since two GP surgeries have rolled into one the pharmacy is too small.”
- “Local Pharmacies are usually small with limited space and little privacy. There isn’t any signage or notices of services they can offer under the NHS, those they do offer seem to suggest it’s a private service you will need to pay for. Home delivery is critical to many local residents who struggle to get out of their homes

and communication between GP practices and pharmacies needs to improve to ensure timely distribution of medication to these groups.”

- “Our village has grown very much with thousands of new houses built. The gp services and pharmacy are not fit for purpose due to the growth in population. the elderly have to catch a train or a bus to go to the gp. We are a commuter town now and most people I know access services in Cardiff and bridgend near where they work or they go without healthcare.”

Two comments were related to the medicines received being in the wrong form:

- “I am prescribed one of my items in tablet form but despite asking for the tablet form, they prescribe caplets instead despite my gp having altered my script to tablet instead of caplets.”

Seven comments were received about other services offered by pharmacies on the NHS, with three being about the lack of flu injection availability this year:

- “Have used the tonsillitis test in a pharmacy and was really good.”
- “Local pharmacies are reluctant to prescribe anything for children for minor illness (which they are able to prescribe) and will often refer back to the gp. I feel this area could be improved and will take the pressure off out of ours /gp services.”
- “Despite being aware of common ailment scheme pharmacy does not promote this or discuss this with you during your visit. Instead they just charge you for your item and that being overpriced.”

Several comments mentioned the lack of privacy.

When asked whether there any barriers to accessing services from a pharmacy or dispensary at a dispensing doctor practice, a total of 149 people answered this question, of which 85 people replied with either a response of no, not applicable or none. Of the 64 other comments received, some comments included more than one of the main themes identified. These where:

Ten comments were related to opening times:

- “Pharmacy shuts for lunch between 12 and 2, which is when I’d normally have a break and be able to collect.”
- “If GP surgery has one specific pharmacy next door/in close proximity, the pharmacy should be open until after the last appointment in the GPs. This will then allow any prescriptions issued at the end of the day to be picked up with ease.”
- “I work 7-6 Monday to Friday so find it hard to ring to sort out my prescription as weekends are much more convenient to me.”

Seven comments were related to parking, with one also mentioning public transport:

- “Parking is difficult and one of the prescriptions I collect is heavy.”
- “No legal parking areas.”
- “Transport links are poor. Parking is poor near all local pharmacies. When I didn't have a car I realised how shocking access is. We feel forgotten as a part of rct and feel that access to services would be better if we were classed as bridgend.”

Two comments were related to how the pharmacy had moved out of the community and into the GP practice:

- “My G P s pharmacy is attached to the main surgery which is 3 miles away and not convenient to collect my medication which is the reason I use my local pharmacy.”
- “It is now in the gp practice instead of on the community.”

Three comments were related to how busy the pharmacies are:

- “How busy they often are, waiting times can be excessive even with pre ordered prescription.”
- “My local pharmacy is usually very busy [name of pharmacy] and the staff always look run off their feet. So I would never approach them about the services offered in Q.27 [pharmacy services offered as part of the NHS] as they seem to busy. If there was a way in which I could book an appointment with the pharmacist online to discuss any of the services in Q.27 [pharmacy services offered as part of the NHS], that would be really helpful and would be something I would use.”

Four comments were received around the difficulties with contacting the pharmacy by phone, with two making the following suggestions:

- “The phone system is awful. I’d there any way there can be an automated ordering system for repeat prescriptions? An online order for example? I have diabetes and I am pregnant therefore my medication is necessary. However, I have had countless difficulties when trying to reorder my supplies either because the pharmacy won’t issue them or because I cannot get through to them.”
- “Getting through on the telephone to request my monthly repeat prescription. Pharmacies need to reorganise to modern standards having more phone lines and dedicated staff answering them.”

Six comments were received around the communication between the pharmacy and the GP practice:

- “The challenge I experience is the gap in communication between the pharmacy and the GP surgery regarding repeat prescriptions, more issues with accessing services from the GP surgery than the pharmacy.”
- “Delays / mistakes in prescriptions. Please use an electronic system for issuing prescriptions e.g. e-consult. This would enable the patient to check they have the correct medicines prescribed before collection at the Pharmacy. They could use ID when collecting. It will also enable less wastage of medication thus saving the NHS millions in costs.”
- “Yes the prescription is wrong a lot, the pharmacy and doctors surgery next door dont seen to communicate well?”

Five comments were received around privacy:

- “I would like more privacy.”
- “Conversations in the private consulting room can be heard by other customers.”
- “Unable to use the private consultation room due to covid so can no longer discuss medical issues with the pharmacist in the store, and is usually too busy when I ring.”

Five comments were received about services pharmacies are offering on the NHS:

- “The common Ailment Scheme is NOT promoted and is therefore chronically underused. Pharmacists are frequently changed some are not qualified to provide

this service. Pharmacy is understaffed and everything is rushed. discussions are not encouraged.”

- “They could advertise more about what they offer.”
- “It’s not clear what kind of problems can be treated by a pharmacist. An example list of these minor ailments should be published, so people have a better idea of the type of ailments and conditions pharmacists can treat.”

Four comments were received around how respondents would like services to be in the future:

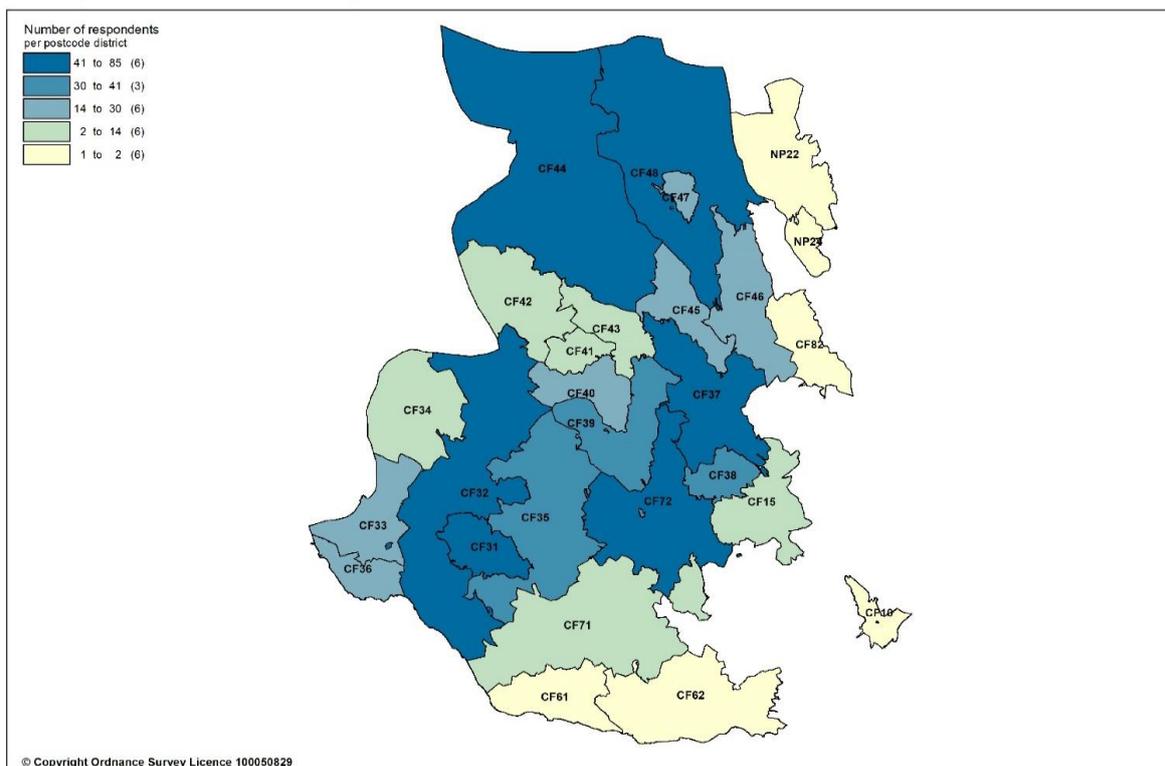
- “I would like to be able to order my repeat prescriptions online as my mother can in England. Then I would never need to go to the pharmacy at all!”
- “Systems changing. Need a consistent way of ordering and dispensing for staff and patients alike.”
- “Would like to use pharmacy services more as an alternative to a GP (very rarely use either!) but the set-up in a pharmacy is not conducive to consultation on private matters.”
- “As above the regular prescription service still relies on patients being able to remember and order scripts this won’t work for elderly or people with memory issues. More support needed.”

Seven comments were related to shielding due to the Coronavirus (COVID-19) pandemic.

Responses to the questionnaire were received from people living across the health board’s area as can be seen from the map below. The least number of responses came from CF61, CF62 and CF82. Two postcodes provided were invalid.

Map 2: Location of respondents

Pharmacy Needs Assessment public survey results



1.5.4 Contractor engagement

An online questionnaire for pharmacies was undertaken via the All Wales Pharmacy Database validation exercise, and the approach was taken to only ask contractors for information that could not be sourced elsewhere.

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

The questionnaire was open from 18 November to 20 December 2020 and the results are summarised below. 110 pharmacies in the health board's area responded, a response rate of 100%. Cwm Taf Morgannwg University Health Board is grateful for the support of Community Pharmacy Wales in agreeing to both incorporating the questions into the All Wales Pharmacy Database validation exercise and bringing the exercise forward.

97% (107) of pharmacies said that their premises were accessible by wheelchair and three pharmacies said they were not accessible by wheelchair.

All (100%) community pharmacies in Cwm Taf Morgannwg University Health Board responded that they have a consultation room on the premises:

- 84% (92 pharmacies) confirmed the presence of a consultation room with wheelchair access.
- 16% (18 pharmacies) confirmed the presence of a consultation room without wheelchair access.

When considering whether the consultation room met the minimum requirements:

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

Eight languages, in addition to English, are spoken across 10 pharmacies in the area. These are:

- Bahasa
- Cantonese
- Farsi
- Gujarati
- Hindi
- Mandarin
- Urdu
- Welsh (8 pharmacies)

It should be noted that two pharmacies listed more than one language.

101 pharmacies (92%) confirmed that prescriptions for all types of appliances are dispensed from the premises. The remaining responses were as follows:

- Five pharmacies only dispense dressings.

- One pharmacy only dispenses prescriptions for stoma bags, catheters and dressings.
- Three pharmacies do not dispense appliances.

When asked whether they collect prescriptions from GP practices, 109 community pharmacies responded that they did. 70 pharmacies said that they provide a free delivery service for dispensed medicines on request. 31 pharmacies said they provided a free delivery service to selected patients such as those with clinical and mobility issues, the elderly, housebound, and care homes and those self-isolating or shielding due to the Coronavirus (COVID-19) pandemic, in line with national guidance. One pharmacy said they provided a free delivery service to selected areas and two pharmacies said they delivered to select patients and areas. Five pharmacies said they charged but further analysis showed that one also offered a free delivery service. However, this again may be in line with national guidance due to the Coronavirus (COVID-19) pandemic.

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

When asked whether there is a requirement for an existing enhanced service, which is not currently provided in the area, 10 pharmacies replied positively, providing the following examples:

- Water for injection
- Contraceptive service
- Impetigo treatment
- Smoking cessation level 3
- Sore throat test and treat
- Medicine Administration Records (MAR) charts
- Sharps bin distribution and collection
- Needle exchange
- Independent prescribing (four pharmacies)
- Palliative care (two pharmacies)

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

It should be noted that water for injection, impetigo treatment and sharps bin distribution and collection are provided outside of the NHS commissioning framework.

When asked if there is a requirement for a new service that is currently not available, five pharmacies replied positively, providing the following examples:

- Payment for deliveries
- Monitored Dosage System (MDS) trays (two pharmacies)
- Emergency Medication Service (it should be noted that the Emergency Medicines Supply service is an existing enhanced service)

One pharmacy said they were open to any new service the health board wishes to commission.

The demand for pharmaceutical services in general is increasing. Pharmacies contractors were asked about their ability to meet the needs. The responses were as follows:

- 88% (97) of pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.
- 10% (11) of pharmacies don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in the area.
- 2% (2) of pharmacies don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand in the area.

When asked whether pharmacies have any plans to develop or expand their premises or service provision, 28 pharmacies responded positively with 27 pharmacies providing further details. The themes of the responses are as follows:

Five pharmacies responded that they planned to update or expand their existing pharmacy premises. In addition, one pharmacy also planned to expand their workforce to support the management of enhanced services. One pharmacy planned to relocate to a larger premise in the near future.

A total of 19 pharmacies planned to expand their service provision. Seven pharmacies responded about independent prescribing, with four pharmacies planning on having an independent prescribing service in place in the near future. One pharmacy planned to expand the existing independent prescribing service to increase scope of unscheduled care and contraceptive service. Fourteen pharmacies provided details of the enhanced services they planned to provide. The services included:

- Weigh management
- Flu vaccination (two pharmacies)
- Covid vaccinations
- Smoking Cessation (three pharmacies)
- Sore Throat Testing (five pharmacies)
- General vaccinations
- Needle exchange
- Emergency Medicines Supply
- Emergency contraception
- Expand service provision in line with the local health board (seven pharmacies)

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

One pharmacy was in further discussion about plans to develop or expand premises or service provision and another felt limited by the amount of staff available.

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

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

The questionnaire was open initially between 4th December 2020 to 4th January 2021. The closing date was further extended to the 19th January 2021 to encourage participation and in acknowledgement of the increased work pressures all healthcare staff and providers were facing as a result of the ongoing Coronavirus (COVID-19) pandemic. Of the three dispensing practices in Cwm Taf Morgannwg University Health Board, none of the practices responded. Cwm Taf Morgannwg University Health Board is grateful for the support the Medical Secretary of the Bro Taf Local Medical Committee in encouraging contractors to complete the questionnaire.

1.5.5 Other sources of information

Cwm Taf Morgannwg University Health Board provided information on:

- Services provided to residents of the health board area.
- Changes to current service provision.
- Background information on the health needs of the population.

Information on the population, employment and labour market and health needs of the population was also obtained through:

- Public Health Wales - Welsh Cancer Intelligence Unit, Cover of Vaccination Evaluation Rapidly Report (COVER), screening programmes, and Influenza.
- Public Health Wales Observatory – public health information and data, including key public health topics and the Public Health Outcomes framework.
- Office of National Statistics (ONS) - a wide range of statistics relating to the population, economy and society at national, health board and local level.
- StatsWales – statistical data.
- Welsh Government - National Survey for Wales.
- Health Maps Wales – mortality data.
- Quality and Outcomes Framework – GP practice register informed disease prevalence.

Information on pharmaceutical contractors and services was also obtained through:

- NHS Wales Shared Partnership Services – dispensing data, prescribing data, dispensing contractor activity by service.
- Community Pharmacy Wales – community pharmacy contract, service details and supporting the contractor questionnaire.

Maps were produced by NHS Wales Informatics Service (NWIS). Cwm Taf Morgannwg University Health Board would like to thank them for their support.

1.5.6 Consultation

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

The statutory 60 day consultation on the draft pharmaceutical needs assessment commenced on Friday 14th May and ran until Tuesday 13th July 2021. The statutory consultees were written to regarding the consultation, provided with a link to the health board's website where the draft pharmaceutical needs assessment was published and invited to respond online.

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

2 Overview of Cwm Taf Morgannwg University Health Board

2.1 Introduction

Cwm Taf Morgannwg University Health Board is ideally situated between Wales' capital city Cardiff to the south, the coastal town of Porthcawl to the west, and the stunning scenery in the Brecon Beacons National Park to the north. Many of the South Wales Valleys run north to south through the health board's area, with their hills and mountains acting as natural dividers between many of the villages and towns, some of which originated as part of the area's historic iron and coal mining industry. The M4 corridor cuts across Bridgend and Rhondda Cynon Taf, providing road access to London through Cardiff, Newport and Bristol.

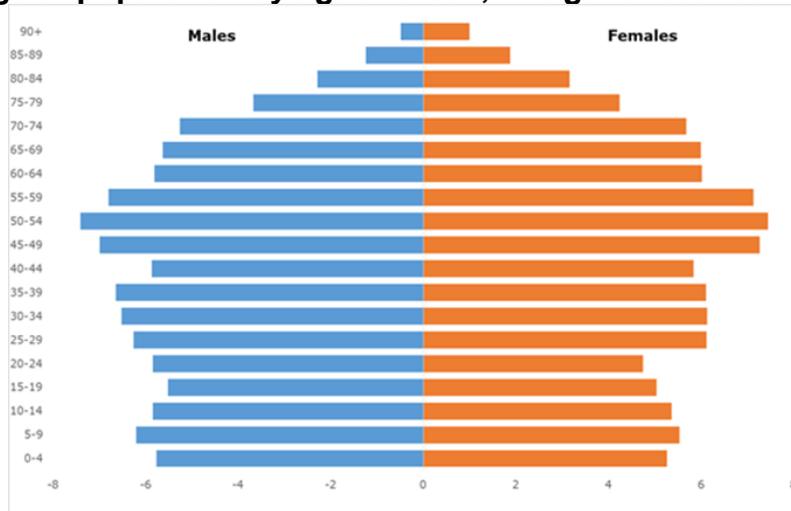
Cwm Taf Morgannwg University Health Board is the fourth largest health board in Wales. It was formed in April 2019, following the transfer of Bridgend local authority from the former Abertawe Bro Morgannwg University Health Board. Cwm Taf Morgannwg University Health Board is responsible for the planning and delivery of NHS services to residents. The health board's central philosophy is 'Cwm Taf Cares', which puts patients and the delivery of quality services at the heart of all it does. Reducing health inequalities remains the single largest challenge for the health board and its local partners.

2.2 Population

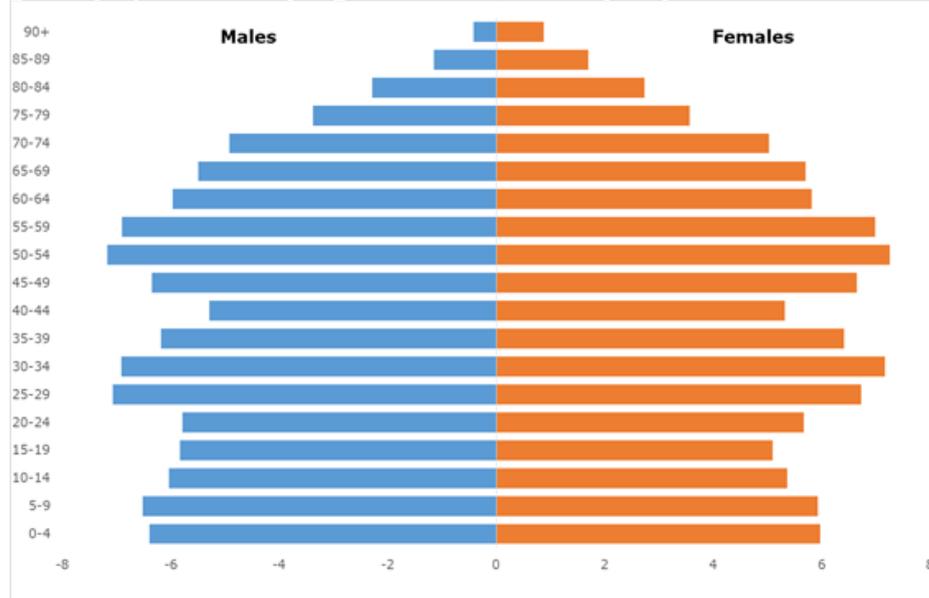
Merthyr Tydfil is the smallest local authority in Cwm Taf Morgannwg University Health Board and in Wales in terms of population, with an estimated 60,326 residents in 2019. Rhondda Cynon Taf is the largest local authority in the health board area with a population of 241,264 followed by Bridgend with a population of 147,049.

Figure 2.1: Population pyramids for Bridgend, Merthyr Tydfil and Rhondda Cynon Taf local authorities, 2018

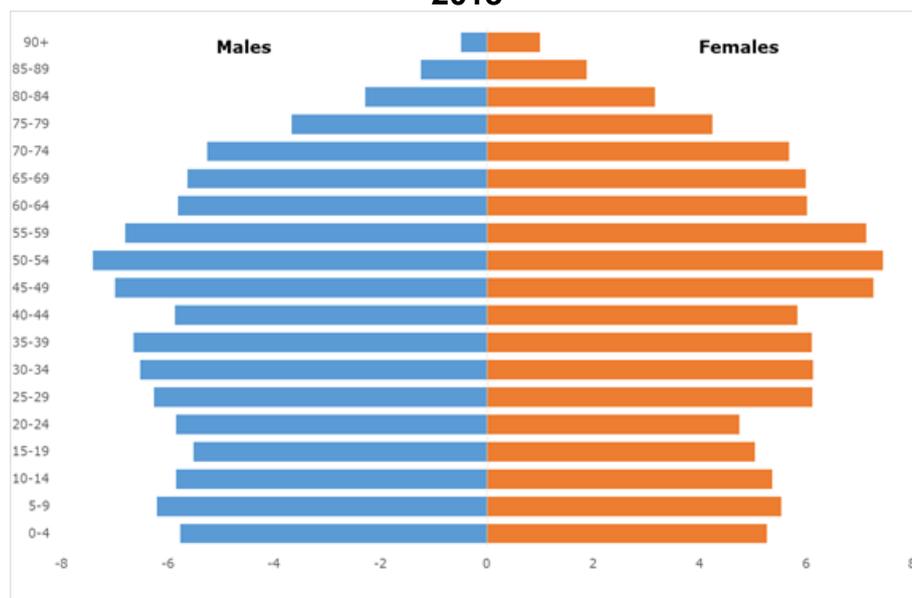
Percentage of population by age and sex, Bridgend local authority, 2018



Percentage of population by age and sex, Merthyr Tydfil local authority, 2018



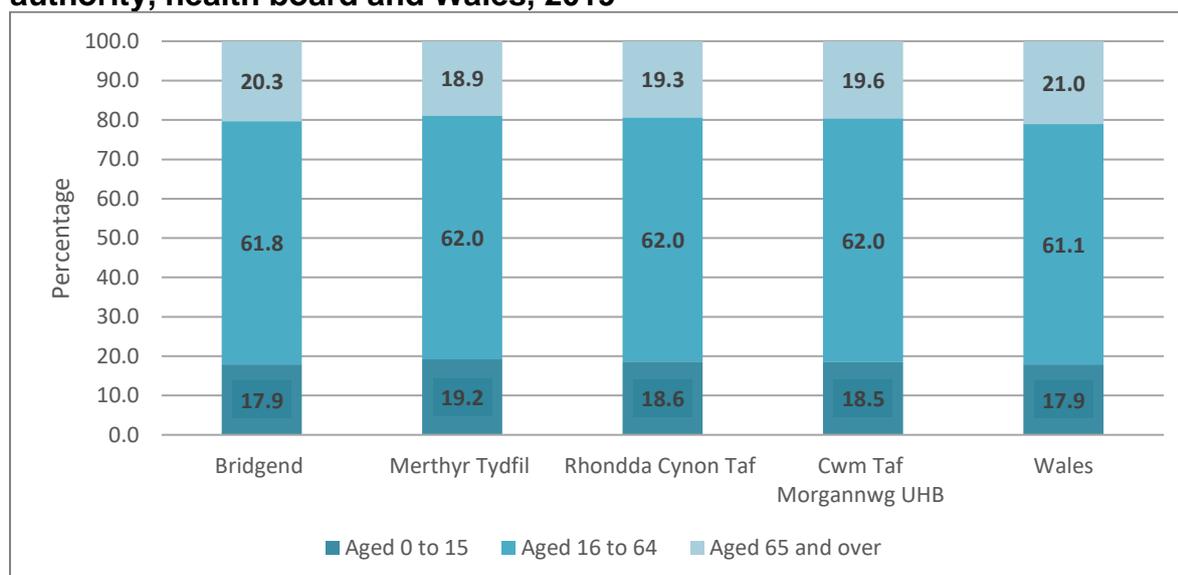
Percentage of population by age and sex, Rhondda Cynon Taf local authority, 2018



In Bridgend, the median age (the age at which half the population is older than and half the population is younger than) is 42.9 years, above the average for Wales at 42.5 years. The median age for Rhondda Cynon Taf is 40.6 years and for Merthyr Tydfil 40.4 years, which is 1.9 years and 2.1 years lower than the average for Wales respectively.

All three local authorities had the same percentage of their population in the age group 16 to 65 years (62%). They varied only slightly between the other age groups with Bridgend having the highest population percentage aged 65 and over (20.3%) and the lowest percentage aged 15 and under (17.9%). In contrast, Merthyr Tydfil had the highest percentage in the age group 15 and under (19.2%) and the lowest in the age group 65 years and over (18.9%).

Figure 2.2: Population percentages, all persons by age group and by local authority, health board and Wales, 2019



Source: StatsWales - Mid-year population estimates, Office for National Statistics

Since 2018, the population of Cwm Taf Morgannwg University Health Board increased by 3,449 (0.8%) from 445,190 to 448,639. At the local authority level, Bridgend had the largest populations increase of 2,173 (1.5%) followed by Rhondda Cynon Taf, with a population increase of 1,133 (0.5%). Merthyr Tydfil had the smallest population increase of 143 (0.2%) from 60,183 to 60,326.

Across all the local authorities, the main reason for the population increase was internal migration; with more people moving into the three local authority areas from other regions within Wales or countries within the United Kingdom, than moving out. In addition, in Rhondda Cynon Taf, international migration (more international immigrants than emigrants) was an almost equal contributing factor. Natural change (more births than deaths) was the smallest contributing factor, with Bridgend having more deaths than births (-165), similarly to Wales.

Table 2.1: Components of population change by local authority, health board and Wales, 2018 to 2019

Area	Population 2018	Natural change	Internal migration	International migration	Population 2019
Bridgend	144876	-165	2298	83	147049
Merthyr Tydfil	60183	19	77	43	60326
Rhondda Cynon Taf	240131	30	550	532	241264
Cwm Taf Morgannwg UHB	445190	-116	2925	658	448639
Wales	3138631	-2437	8685	7812	3152879

Source: Mid-year population estimates, Office for National Statistics

2.2.1 Population projections 2018 to 2028 (2018 based)¹

Between 2018 to 2028, the population of Bridgend is projected to increase by up to 4.6%, the third largest percentage increase of all the 22 local authorities within Wales. It is expected to have a population of around 151,600 by 2028, making it the eighth largest local authority in Wales. The increase in population will mainly be driven by net migration i.e., more people moving into the area than out. The number of births is expected to decrease and the number of deaths to increase, resulting in a negative natural change (more deaths than births). The population is expected to increase across all broad age groups. Overall, there will be a small increase in the number of children and young people aged 0 to 15 years old and in the working-age population aged 16 to 64 years old. The largest population increases will be in the over 65 age group followed by the 75 or over age group. The population is projected to continue to age in the local authority.

Over the same period, the population of Merthyr is projected to increase by up to 2.6%, the ninth largest percentage increase of all the 22 local authorities in Wales. It is expected to have a population of around 61,700 by 2028 making it the smallest local authority in Wales. The increase in population will mainly be driven by net migration i.e., more people moving into the area than out. The number of births is expected to decrease and the number of deaths to increase, resulting in a negative natural change (more deaths than births). The largest population increase is expected in the over 65 age group followed by the over 75 age group. The working-age population aged 16 to 64 years is expected to decrease slightly and a slight increase is predicted in the 0 to 15 years old group over this period. The population is projected to continue to age in the local authority.

Between 2018 to 2028, the population of Rhondda Cynon Taf is projected to increase by up to 2.5%, the tenth largest percentage increase of all the local authorities within Wales. It is expected to have a population of around 246,100 by 2028, making it the third largest local authority in Wales. The increase in population will mainly be driven by net migration i.e., more people moving into the area than out. The number of births is expected to decrease and the number of deaths to increase, resulting in a negative natural change (more deaths than births). The population is expected to increase across all broad age groups, except for children and young people aged 0 to 15 years old where it is expected to decrease. The largest population increases will be in the over 65 age group followed by the 75 or over age group. The population is projected to continue to age in the local authority.

¹ Local authority population projections for Wales: 2018-based (revised). Statistical first release. Welsh Government. From: [Local authority population projections for Wales: 2018-based \(revised\)](https://gov.wales/local-authority-population-projections-for-wales-2018-based-revised) (gov.wales)

Table 2.2: Percentage population change by broad age groups based on 2018 projections by local authority, 2018 to 2028

Age group	Bridgend			Merthyr Tydfil			Rhondda Cynon Taf		
	Estimated population 2018	Estimated population 2028	% change	Estimated population 2018	Estimated population 2028	% change	Estimated population 2018	Estimated population 2028	% change
Under 16	26109	26507	1.50	11553	11559	0.10	44855	43314	-3.40
16 to 64	89388	90731	1.50	37406	37225	-0.50	149282	151614	1.60
Over 65 years	29379	34347	14.50	11224	12941	15.30	45994	51220	11.40
All ages	144876	151585	4.60	60183	61726	2.60	240131	246147	2.50

Source: StatsWales

The individual Local Development Plans (LDPs) for Bridgend, Merthyr Tydfil and Rhondda Cynon Taf County Borough Councils, identify the planned housing needs required to meet any future predicted population growth or area development. At the time of writing the PNA, the LDPs for Bridgend and Rhondda Cynon Taf, covering the life time of the PNA, were not yet published. The LDP for Merthyr Tydfil (2016 to 2031), outlines plans to improve transport connections, in particular by the 'South Wales Metro', the dualling of the A465 and the development of 'Active Travel' routes. It also outlines a number of housing developments to ensure the sustainable population growth and focuses on regeneration opportunities at the 'Hoover Strategic Regeneration Area' as well as other locations within the main settlement of Merthyr Tydfil and connecting valley settlements. The table below shows the sites and indicative delivery timescale for dwellings that are 100 or more in size, expected to be built over the lifetime of the PNA until October 2026².

Table 2.3: House dwelling over 100 expected to be built by 2026, Merthyr Local Authority

Site Name	Dwellings	Indicative Delivery Timescale
Hoover Factory	440	2024 to 2031
Adjacent to Manor View, Trelewis	248	2017 to 2029
South of Castle Park	160	2026 to 2031
Project Riverside, Merthyr Vale	153	2020 to 2023
Twynyrodyn	120	2021 to 2024
Former Mardy Hospital, Twynyrodyn	114	2017 to 2022

2.2.2 Population density

Bridgend is the most densely populated local authority in Cwm Taf Morgannwg University Health Board with 586.4 persons per square kilometre. It also had the highest change in population density between 2018 and 2019 and fourth highest between 2014 and 2018 of all the local authorities. Rhondda Cynon Taf (568.8) and Merthyr Tydfil (541.3) are less densely populated. All areas are over three times as densely populated as the average for Wales.

² Merthyr Tydfil County Borough Council Replacement Local Development Plan (2016 - 2031)

Table 2.4: Population density (persons per square kilometre) and percentage change by local authority and Wales between mid-year 2014 to 2018 and 2018 to 2019

Area	2014	2018	% Increase	2019	% Increase
Bridgend	563.4	577.7	2.5	586.4	1.5
Merthyr Tydfil	529.9	540.0	1.9	541.3	0.2
Rhondda Cynon Taf	558.5	566.1	1.4	568.8	0.5
Wales	149.1	151.4	1.5	152.0	0.5

Source: StatsWales - Mid-year population estimates, and Standard area measurements, Office for National Statistics

2.3 Ethnicity

Cwm Taf Morgannwg University Health Board has a less ethnically diverse population than the average for Wales. At the local authority level, Rhondda Cynon Taf has the most ethnically diverse population in the health board with 3.6% of its population estimated to be Black, Asian and minority ethnic. Merthyr Tydfil (2.2%) has the lowest proportion.

Table 2.5: Ethnicity by ethnic group and by local authority, health board and Wales, June 2020

Area	White	Black, Asian and minority ethnic	Total	% of Black, Asian and minority ethnic
Bridgend	137300	4700	142000	3.3
Merthyr Tydfil	58100	1300	59400	2.2
Rhondda Cynon Taf	230300	8600	238900	3.6
Cwm Taf Morgannwg UHB	425700	14600	440300	3.3
Wales	2934100	184500	3121500	5.9

Source: Stats Wales – Annual Population Survey

2.4 Household language

In Cwm Taf Morgannwg University Health Board, 18.3% of residents aged three years and over speak Welsh, lower than the average for Wales (28.5%). At the local authority level, the lowest proportion of Welsh speakers are in Bridgend (16.7%) and the highest are in Merthyr Tydfil (20.3%).

Table 2.6: People aged 3 or more who say they can speak Welsh by local authority, health board and Wales, June 2020

Area	All aged 3 or over	Yes, can speak Welsh	Percentage of people who say they can speak Welsh
Bridgend	138000	23100	16.7
Merthyr Tydfil	58200	11800	20.3
Rhondda Cynon Taf	231400	43300	18.7
Cwm Taf Morgannwg UHB	427600	78200	18.3
Wales	3030700	861700	28.5

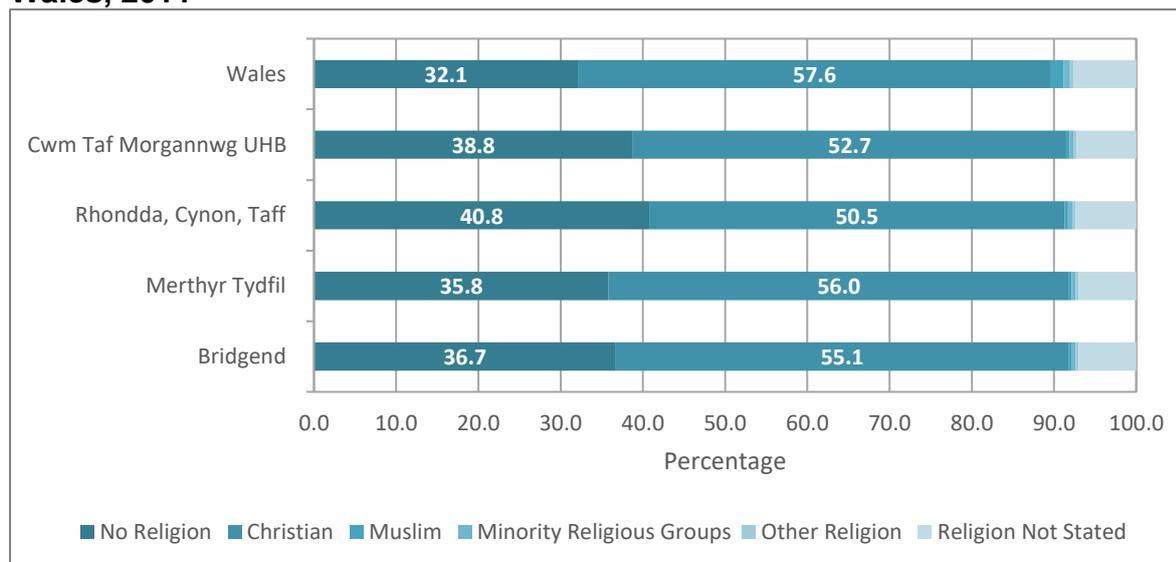
Source: Stats Wales – Annual Population Survey

2.5 Religion

In Cwm Taf Morgannwg University Health Board, 52.7% identify themselves as Christian. 38.8% identify as having no religion, 0.4% identify as Muslim, 0.5% as other minority religious groups and 0.4% as other religions.

Similarly, at the local authority level, around a half of the population are estimated to be Christian. Muslim is the second most common religion.

Figure 2.3: Religion of Welsh residents by local authority, health board and Wales, 2011



Source: StatsWales, 2011 Census: Religion of Welsh residents

2.6 Index of multiple deprivation

Deprivation is the lack of access to opportunities and resources which might be expected in society. The Welsh Index of Multiple Deprivation (WIMD) 2019, is the method used in Wales to identify the small areas of Wales that are the most deprived. It brings together eight different types of deprivation: income, employment, health, education, access to services, housing, community safety and physical environment, to produce a set of indices and an overall index. This allows for the ranking of small areas according to their relative deprivation score to determine whether an area is more or less deprived compared to all other small areas in Wales. There are 1,909 small areas or Lower layer Super Output Areas (LSOAs) in Wales, which are ranked from 1 (most deprived) to 1,909 (least deprived).³

278 LSOAs are in Cwm Taf Morgannwg University Health Board. Of all the health boards, it has the highest proportion of LSOAs (15%) within the 10% most deprived LSOAs in Wales. Compared to the other health boards, it also has the highest proportion of LSOAs within the most 30% and 50% deprived LSOAs in Wales.

³ Welsh Index of Multiple Deprivation (WIMD) 2019 Results report. From: [Welsh Index of Multiple Deprivation \(WIMD\) 2019: Results report \(gov.wales\)](https://gov.wales/wimd-2019-results-report)

Within the health board area, Merthyr Tydfil has the highest level of deprivation with 22% of LSOAs in the most deprived 10% of LSOAs in Wales. Compared to other local authorities, it has the second highest proportion of LSOAs within the most 10%, 30% and 50% deprived LSOAs in Wales. 78% of all LSOAs in Merthyr Tydfil lie within the 50% most deprived LSOAs in Wales. The most deprived LSOAs in Merthyr Tydfil are Penydarren 1 (rank 7) and Merthyr Vale 2 (rank 34). The least deprived small area is Cyfarthfa 4, ranked 1746 out of 1,909.

Rhondda Cynon Taf has 18% of its LSOAs in the most deprived 10% of LSOAs and 71% within the 50% most deprived LSOAs in Wales, just behind Merthyr Tydfil. The most deprived LSOAs in Rhondda Cynon Taf are Tylorstown 1 (rank 4) followed by Penrhiwceiber 1 (rank 6). The least deprived area is Church Village 3, rank 1907. Bridgend is the least deprived local authority in Cwm Taf Morgannwg University Health Board. It has 7% of its LSOAs in the most deprived 10% of LSOAs and 56% within the 50% most deprived LSOAs in Wales. The most deprived LSOAs in Bridgend are Caerau (Bridgend) 1 (rank 5) followed by Caerau (Bridgend) 2 (rank 46). The least deprived area is Bryntirion Laleston and Merthyr Mawr 4, rank 1902.

Table 2.7: Number and percentage of LSOAs by deprivation fifth by local authority and health board, 2019

Area	Total LSOAs	% LSOAs in most deprived 10% (ranks 1-191)	% LSOAs in most deprived 20% (ranks 1 - 382)	% LSOAs in most deprived 30% (ranks 1 - 573)	% LSOAs in most deprived 50% (ranks 1 - 955)
Bridgend	88	6	18	35	49
	5%	7%	20%	40%	56%
Merthyr Tydfil	36	8	11	18	28
	2%	22%	31%	50%	78%
Rhondda Cynon Taf	154	27	44	70	110
	8%	18%	29%	45%	71%
Cwm Taf Morgannwg UHB	278	41	73	123	187
	15%	15%	26%	44%	67%

Source: StatsWales - Welsh Index of Multiple Deprivation 2019, Welsh Government

The health domain of the Welsh Index of Multiple Deprivation 2019 captures deprivation relating to the lack of good health. Merthyr Tydfil has 25% of its LSOAs within the 10% most deprived LSOAs in Wales and 89% within the 50% most deprived LSOAs, the highest in Wales. Rhondda Cynon Taf has 17% of its LSOAs within the 10% most deprived LSOAs and 79% within the 50% most deprived LSOAs in Wales. Bridgend has 16% of its LSOAs within the 10% most deprived LSOAs and 64% within the 50% most deprived LSOAs in Wales.

2.7 Births

There were 4,499 live births in Cwm Taf Morgannwg University Health Board in 2019, a decrease of 4.3% since 2018.

In 2019, the total fertility rate (the average number of children a woman gives birth to during reproductive years) for Wales was 1.54 children per women. This was a decrease from 1.63 children per women in 2018 and the lowest since records began

in 1982.⁴ When considering the age-specific fertility rates, the rates decreased in all age groups except for women aged 40 years and over, where it increased from 11.2 to 11.6 births per 1,000 women. This suggests that women may be delaying childbearing to older ages and reflects the trend seen in the UK.

The total fertility rate for all local authorities in the Cwm Taf Morgannwg University Health Board was higher than the average for Wales in 2019. Merthyr Tydfil had the highest total fertility rate at 1.64 children per women, a decrease from 1.73 in 2018. When considering the age-specific fertility rates, the decrease was in all age groups except for women aged under 20 years and those aged between 30 to 39 years. Rhondda Cynon Taff's total fertility rate decreased from 1.60 children per women in 2018 to 1.56 children per women in 2019. When considering the age-specific fertility rates, the decrease was in all age groups except for women aged 30 years and over. Over the same period, the total fertility rate for Bridgend decreased to 1.56 children per women from 1.78 children per women from the previous year. When considering the age-specific fertility rates, the decrease was across all age groups except for women aged 40 years and over and those aged under 18 years.

In 2019, the standardised mean age of mother at childbirth was 28.4 years in Merthyr Tydfil, 29.2 years in Bridgend and 29.3 years in Rhondda Cynon Taf. All were lower than the average for Wales at 29.9 years.

Table 2.8: Percentage change in live births, and total fertility rate (TFR) by local authority and Wales, 2018 and 2019

Area	2018		2019		Live births Percent change
	Live births	TFR	Live births	TFR	
Bridgend	1,491	1.78	1,371	1.56	-8.0
Merthyr Tydfil	678	1.73	647	1.64	-4.6
Rhondda Cynon Taff	2,534	1.60	2,481	1.56	-2.1
Wales	31,274	1.63	29,704	1.54	-5.0

Source: Nomis – Office of National Statistics

⁴ Births in England and Wales (2019). Office of National Statistics. From: [Births in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/births-in-england-and-wales)

2.8 Life expectancy

In Wales, the average life expectancy for females at birth was 82.3 years and 78.3 years for men between 2016 to 2018. The gap between local authorities across Wales was 4.5 years for men (80.8 years to 76.3 years) and 3.6 years for females (84.2 years to 80.6 years).

The average life expectancy at birth in Cwm Taf Morgannwg University Health Board is 81.0 years for females and 77.6 years for males, a difference of 3.4 years between genders. The average life expectancy at birth is significantly lower than the average for Wales. Life expectancy at 65 in Cwm Taf Morgannwg University Health Board is 19.6 years for females and 17.7 years for males. Again, this is significantly lower than the average for Wales.

On average, females in Bridgend, Merthyr Tydfil and Rhondda Cynon Taf have a shorter life expectancy than the average for Wales. This was significantly lower across all areas and both age groups.

Overall, males in Bridgend, Merthyr Tydfil and Rhondda Cynon Taf also have a shorter life expectancy than the average for Wales. This was significantly so for men at birth in Rhondda Cynon Taf and men at 65 for Merthyr Tydfil and Rhondda Cynon Taf.

Table 2.9: Life expectancy at birth and age 65 by local authority, health board and Wales, 2016 to 2018

Area	Females at birth Years	Males at birth Years	Females at 65 Years	Males at 65 Years
Bridgend	81.1	77.7	19.7	17.8
Merthyr Tydfil	80.6	77.4	19.2	17.3
Rhondda Cynon Taf	81.1	77.5	19.6	17.8
Cwm Taf Morgannwg UHB	81.0	77.6	19.6	17.7
Wales	82.3	78.3	20.6	18.2

Source: Office of National Statistic- Life expectancy, healthy life expectancy and disability-free life expectancy at birth and age 65 by sex, UK, 2016 to 2018

Further details on life expectancy, healthy life expectancy and the inequalities gap for 2015 to 2017, can be found in the cluster level chapters.

2.9 Deaths

For Wales, the age standardised mortality rate per 100,000 population was higher for both females (915.9) and males (1,231.0) compared to the UK in 2018.

In the health board area, all three local authorities had higher age standardised mortality rates per 100,000 population for males and females compared to the average for Wales. When compared to other local authorities in Wales, Merthyr Tydfil (1,140.0) had the highest age standardised mortality rate per 100,000 population for females of all the 22 local authorities. Bridgend (1069.2) had the fourth highest rate for females. Merthyr Tydfil (1402.4) also had the third highest age

standardised mortality rate per 100,000 population for males of all the local authorities. Rhondda Cynon Taf (1316.3) had the seventh highest rate for males.

Table 2.10: Age standardised mortality rate per 100,000 population by local authority, health board, Wales and UK, 2018

Area	Age standardised mortality rate per 100,000		
	Persons	Females	Males
Bridgend	1170.0	1069.2	1274.5
Merthyr Tydfil	1259.3	1140.0	1402.4
Rhondda Cynon Taf	1157.8	1030.8	1316.3
Wales	1058.7	915.9	1231.0
UK	981.2	852.9	1138.4

Source: Office of National Statistics – Death registered by area of usual residence, 2108

The avoidable mortality rate (deaths defined as either preventable or treatable) for females in Wales was 206.1 deaths per 100,000 female population and for males it was 330.5 deaths per 100,000 male population, between 2016 to 2018. In Wales, 57.3% of avoidable deaths in women were attributed to preventable conditions (through effective public health and primary prevention interventions) and 67.5% in males.

Merthyr Tydfil and Rhondda Cynon Taf had the highest avoidable and preventable mortality rates for females of all the local authorities, which were significantly higher than the average for Wales. Bridgend had the fourth highest avoidable and preventable mortality rate of all the local authorities, both of which was significantly higher than the average for Wales.

Merthyr Tydfil had the highest treatable mortality rate for males of all the local authorities, which was significantly higher than the average for Wales. It had the fourth highest avoidable mortality rate for males of all local authorities. Rhondda Cynon Taf had the fifth highest avoidable and preventable mortality rate for males of all local authorities, both of which were significantly higher than the average for Wales. Bridgend had lower avoidable and preventable mortality rates for males compared to Wales.

Table 2.11: Number and age-standardised avoidable, preventable and treatable mortality rates per 100,000 population by sex, and local authority and Wales, 2016 to 2018

		Avoidable		Preventable		Treatable	
		Rate	Deaths	Rate	%	Rate	%
Female	Bridgend	241.7	506	141.1	58.2	100.6	41.8
Male	Bridgend	307.1	602	207.2	67.3	99.9	32.7
Female	Merthyr Tydfil	268.5	222	164.7	61.3	103.8	38.7
Male	Merthyr Tydfil	374.8	294	237.9	63.4	137.0	36.6
Female	Rhondda Cynon Taf	251.0	833	151.4	60.3	99.7	39.7
Male	Rhondda Cynon Taf	364.3	1,152	247.7	67.8	116.6	32.2
Female	Wales	206.1	9316	118.1	57.3	88.0	42.7
Male	Wales	330.5	14,124	223.9	67.5	106.6	32.5

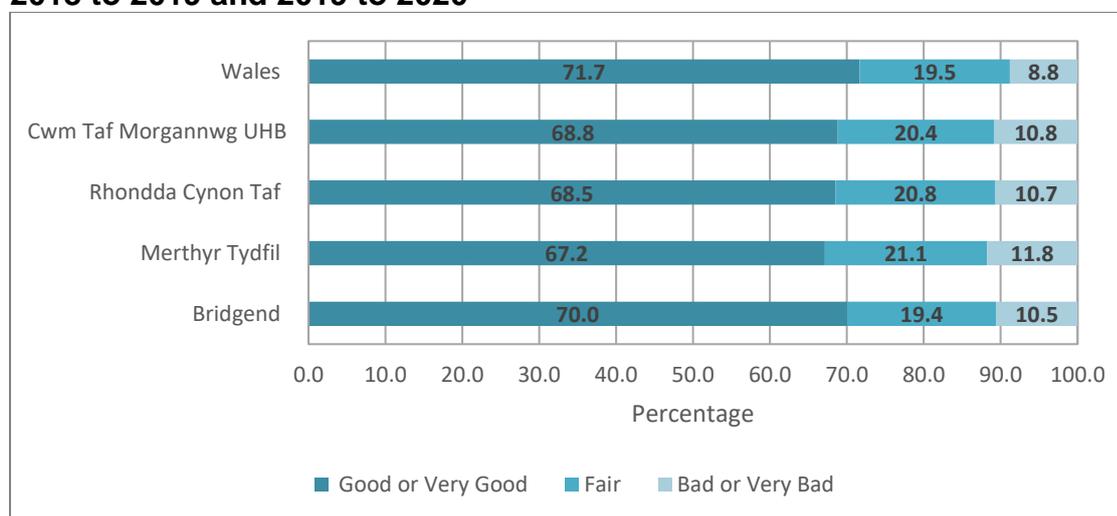
Source: Office of National Statistics – avoidable mortality in the UK

2.10 People with disabilities

The National Survey for Wales (NSW) collects self-reported data on the general health and illness among adults. It provides estimates of population characteristics rather than exact measures.

For the combined year of 2018 to 2019 and 2019 to 2020, 10.8% of adults in the Cwm Taf Morgannwg University Health Board reported being in ‘bad or very bad’ health, the highest of all the seven health boards and significantly higher than the average for Wales (8.8%). At the local authority level, 11.8% in Merthyr Tydfil self-reported to be in ‘bad or very bad’ health, the third highest of all the 22 local authorities and was also significantly higher than the average for Wales. In Rhondda Cynon Taf, 10.7% of adults reported being in ‘bad or very bad’ health and 10.5% in Bridgend, both of which were also higher than the average for Wales.

Figure 2.4: Adult general health by local authority, health board and Wales, 2018 to 2019 and 2019 to 2020



Source: StatsWales – National Survey for Wales

In Cwm Taf Morgannwg University Health Board, 46.6% reported having a longstanding illness, similarly to the average for Wales, and 20.6% reported having two or more longstanding illnesses. In Merthyr Tydfil, 16.0% of respondents said they have two or more longstanding illnesses, which was the only local authority to be significantly lower than the average for Wales (19.7%). Rhondda Cynon Taf (22.4%) was significantly higher than the average for Wales.

The most commonly reported complaints in Cwm Taf Morgannwg University Health Board were, musculoskeletal disorders (17.4%), heart and circulatory related illnesses (12.4%) and mental health disorders (10.8%). There were some differences between the local authorities with respiratory system complaints being the third highest reported in Bridgend, and mental health disorders being more common than heart and circulatory related illnesses in Merthyr Tydfil.

Table 2.12: Adult general illness by local authority, health board and Wales, 2018 to 2019 and 2019 to 2020

Area	Any	2 or more	Longstanding illness	
			Limited at all by	Limited a lot by
Bridgend	47.1	19.6	36.3	21.9
Merthyr Tydfil	44.4	16.0	35.0	19.9
Rhondda Cynon Taf	46.9	22.4	35.2	19.8
Cwm Taf Morgannwg UHB	46.6	20.6	35.6	20.5
Wales	46.6	19.7	34.1	18.4

Source: StatsWales – National Survey for Wales (September 2020)

In Cwm Taf Morgannwg University Health Board (20.5%) and Bridgend (21.9%) a significantly higher proportion of adults reported having an illness which limited their activity a lot, compared to Wales (18.4%).

2.11 Households

Around 23,858 people aged 65 years and over live alone in Cwm Taf Morgannwg University Health Board, around 13% of the population. This is lower than the average for Wales.

Table 2.13: Household composition, number and percentage of one person households by age group, local authority, health board and Wales, 2011

Area	One Person household			
	Aged 65 years and over		Aged under 65 years	
	Number	Percentage	Number	Percentage
Bridgend	7,659	13.1	8,813	15.1
Merthyr Tydfil	3,026	12.5	3,533	14.6
Rhondda Cynon Taff	13,173	13.2	16,702	16.8
Cwm Taf Morgannwg UHB	23,858	13.1	29,048	15.9
Wales	178,334	13.7	222,434	17.1

Source: Nomis – Census, 2011

2.12 Car ownership

Just over a quarter of households in Cwm Taf Morgannwg University Health Board do not have a car or van. Merthyr Tydfil (29.7%) has the highest percentage of households with no cars or vans. Bridgend (21.9%) has a lower percentage than the average for Wales.

Table 2.14: Number & percentage of households with no cars or vans by local authority, health board and Wales, 2011

Area	Number of households with no cars or vans	Percentage of households with no cars or vans
Bridgend	12,819	21.9
Merthyr Tydfil	7,213	29.7
Rhondda Cynon Taff	26,978	27.1
Cwm Taf Morgannwg UHB	47,010	25.8
Wales	298,519	22.9

Source: Nomis – Census, 2011

2.13 Economic activity

For the year ending June 2019, Rhondda Cynon Taf had the highest unemployment rate in Wales at 6.8 % followed by Merthyr Tydfil at 5.7%.

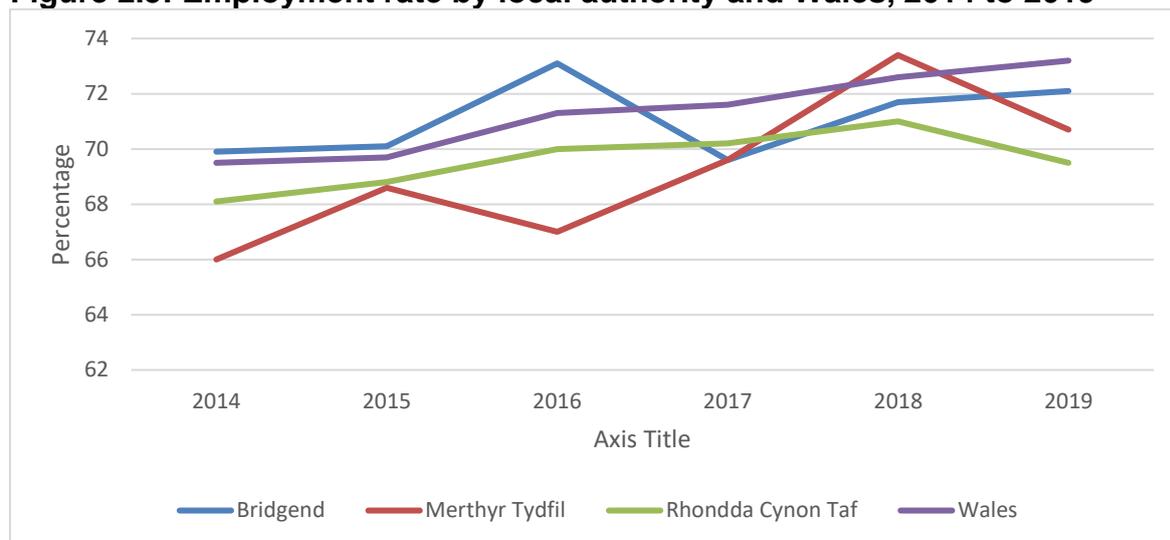
Table 2.15: Summary of economic activity by local authority and Wales, year to June 2019

Area	Population aged 16 years and over		Population aged 16 to 64 years	
	Unemployment Rate (percentage)	Employment level (number of people)	Employment Rate (percentage)	Inactivity (excluding students) (percentage)
Bridgend	3.6	64700	72.1	22.5
Merthyr Tydfil	5.7	26800	70.7	21.5
Rhondda Cynon Taf	6.8	106200	69.5	22.3
Wales	4.2	1459700	73.2	19.8

Source: StatsWales - Annual Population Survey / Local Labour Force Survey, Office of National Statistics

Merthyr Tydfil had the lowest level of employment (the total number of people aged 16 and over that are in employment) in Wales at 26800. This reflects the fact it has the lowest population in Wales. When considering the employment rate (the percentage of the population aged 16 to 64 years that is in employment), Rhondda Cynon Taf (69.5%) has the third lowest rate in Wales and Merthyr Tydfil (70.7%) has the sixth lowest rate. The graph below shows the change in employment rates between the years ending June 2014 to June 2019. Overall, each local authority has shown an increase in employment rate since 2014, with Merthyr Tydfil showing the greatest increase between 2014 and 2018.

Figure 2.5: Employment rate by local authority and Wales, 2014 to 2019



Source: StatsWales – Annual Population Survey, Office of National Statistics, Dec 2020

The economic inactivity rate is the percentage of the population aged 16 to 64 years who are not working and not seeking nor available to work. Economically inactive people include people looking after the family and / or home, retirees and people with a sickness or disability. It does not include students. For the year ending June 2019, Bridgend (22.5%) had the third highest economic inactivity rate and Rhondda Cynon Taf (22.3%) had the fourth highest economic inactivity rate of all the local authorities.

2.14 Sexual orientation

In the UK, 94.6% of people aged 16 and over identified as heterosexual/straight in 2018. Of the 2.2% who identified as lesbian, gay or bisexual (LGB):

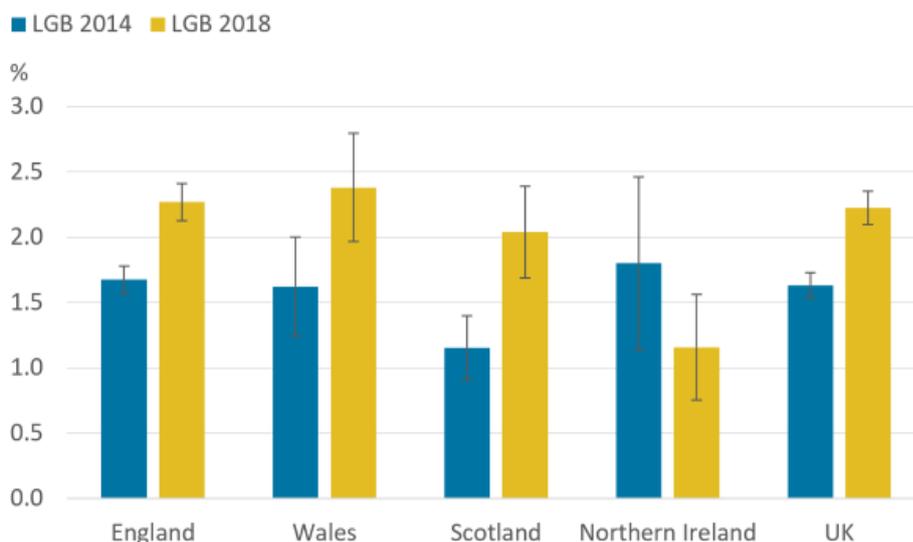
- Men (2.5%) were more likely to identify as LGB than women (2.0%).
- Younger people (aged 16 to 24 years) were most likely to identify as LGB (4.4%).
- More than two-thirds (68.7%) of people who identified as LGB were single (never married or in a civil partnership).⁵

In 2018, 95.2% of people in Wales aged 16 and over identified as heterosexual/straight. This compares to 1.5% who identified as gay/lesbian, 0.8% who identified as bisexual, and 0.8% who identified as other. 1.7% responded that they didn't know or refused to say.

The chart below shows that in 2018, the percentage of people who identified as lesbian, gay or bisexual (LGB) was similar for England (2.3%), Wales (2.4%), Scotland (2.0%) and the UK (2.2%).

⁵ Source: Office of National Statistics (2020). Sexual Orientation UK, 2012 - 2018 edition. Annual Population Survey (APS), Office for National Statistics From: [Sexual orientation, UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/sexualorientationandgender/articles/sexualorientationuk2012-2018edition)

Figure 2.6: UK constituent countries by lesbian, gay or bisexual population, 2014 and 2018



Source: Office for National Statistics – Annual Population Survey

When considering sexual orientation at the local authority level, data from the Annual Population Survey 3-year pooled dataset for 2016 to 2018, showed that Merthyr Tydfil (97.1%) had the highest proportion in the health board area, identifying as heterosexual or straight. Rhondda Cynon Taf (1.6%) had the highest proportion identifying as gay or lesbian. The percentage of people who identified as lesbian, gay or bisexual (LGB) was highest in Rhondda Cynon Taf (2.0%), followed by Bridgend (1.6%) and Merthyr Tydfil (1.2%) respectively.

Table 2.16: Sexual orientation by local authority, 2016-2018

Area	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Don't know or refuse
Bridgend	96.8	1.3	0.3	0.9	0.8
Merthyr Tydfil	97.1	0.6	0.6	0.4	1.4
Rhondda Cynon Taf	94.7	1.6	0.4	0.6	2.7

Source: Annual Population Survey (APS), Office for National Statistics

2.15 Carers

Carers are individuals who may not see themselves as carers, but consider themselves above all a parent, wife, husband, partner, son, daughter, friend or neighbour. Carers' circumstances vary enormously, as can the type and amount of support they give. Caring can be a gradual process as over time someone becomes more frail and needs more support or it can happen suddenly, for example if someone has an accident or a health problem like a stroke. Young carers often have adult caring responsibilities while having the legal status of children. Whilst it is also rewarding, caring can be both physically tiring and emotionally stressful. Carers often

feel isolated, unsupported and alone, with poorer health, less financial security and fewer opportunities to participate in day to day life outside of their caring role.⁶

In Cwm Taf Morgannwg University Health Board, the percentage of unpaid carers providing 50 or more hours of unpaid care a week is higher than the average for Wales for all three local authorities. As many people do not always recognise themselves as carers and the true level of informal caring is most likely higher.

Table 2.17: Number of unpaid carers and percentage that provides 50 or more hours of unpaid care a week.

Area	Total of unpaid carers	Percentage that provides 50 or more hours unpaid care a week
Bridgend	17,855	31
Merthyr Tydfil	7,419	32
Rhondda Cynon Taff	29,619	32
Wales	369,186	28

Source: Nomis – Census 2011

2.16 Traveller and gypsy communities

In January 2020, there were 90 Gypsy and Traveller caravans and 15 sites (11 sites authorised and four sites unauthorised) reported in Cwm Taf Morgannwg University Health Board. Of the total number of caravans, 87% (78 caravans) were on authorised sites. Of these, 41 (53%) were on local authority sites and 37 (47%) were on private sites.

At the local authority level, Merthyr Tydfil had the highest number of caravans (39), with 33 on the one available authorised site and 6 on an unauthorised ‘tolerated’ site, where removal of the encampment had not been sought by the authority. Out of the 27 caravans in Rhondda Cynon Taf, 23 caravans were on the four available authorised sites and four caravans were on two unauthorised sites, which were ‘not tolerated’. Bridgend had 24 caravans, 22 of which were on the six available authorised sites. Two caravans were on an unauthorised ‘tolerated’ site.

Table 2.18: Count of Gypsy and Traveller Caravans by local authority, health board and Wales, January 2020.

Area	Local Authority	Private	Authorised Sites	Unauthorised Sites	All Caravans
Bridgend	0	22	22	2	24
Merthyr Tydfil	33	0	33	6	39
Rhondda Cynon Taf	8	15	23	4	27
Cwm Taf Morgannwg UHB	41	37	78	12	90
Wales	614	358	972	120	1092

Source: StatsWales - Gypsy and traveller caravan count, Welsh Government

In the Cwm Taf Morgannwg University Health Board area, Merthyr Tydfil had the highest number of pitches with 24 residential pitches, 22 of which were occupied

⁶ Cwm Taf Population Assessment (2017). From: [Download.aspx \(ourcwmtaf.wales\)](#)

(92%). This is slightly less than 2019, when there were 27 pitches, 25 of which were occupied (93%). Rhondda Cynon Taf had six pitches, all of which were occupied (100%). Bridgend had no pitches.

Table 2.19: Number of pitches by residential status, occupied status and local authority, January 2019 and January 2020

Area	January 2019			January 2020		
	Residential occupied	Residential vacant	Total of all pitches	Residential occupied	Residential vacant	Total of all pitches
Bridgend	0	0	0	0	0	0
Merthyr Tydfil	25	2	27	22	2	24
Rhondda Cynon Taf	6	0	6	6	0	6

StatsWales: Gypsy and traveller caravan count, Welsh Government

2.17 Offenders⁷

The following information is taken from a 'The Prisoner ACE Survey', which was conducted at HMP Parc Prison between February and June 2018.

In June 2018, HMP Parc Prison had 1,566 inmates. Of those aged between 18 and 69 (1,502 inmates), 8.5% were between ages 18 to 20 years, 32.2% were aged 21 to 29 years, 29.4% were aged between 30 to 39 years and 29.8% were aged between 40 and 69 years. The ethnicity of all prisoners was recorded as 85% white and 15.5% other.

The Prisoner Adverse Childhood Experience (ACE) Survey interviewed 468 adults (aged 18-69) at the prison. Participants were asked about their exposure to 11 ACEs in childhood, their offending history and recent involvement in violence. The following results were obtained:

Household ACES's: Parenteral separation (58%), Mental illness (28%), Domestic violence (40%), Alcohol abuse (31%), Drug abuse (32%), Incarceration (33%).

Maltreatment ACES's: Verbal abuse (50%), Physical abuse (41%), Emotional neglect (19%), Sexual abuse (18%), Physical neglect (12%).

In total, 468 male participants completed the survey. Almost seven in 10 reported their nationality as Welsh. Over six in 10 (63.5%) reported that they had fathered children. Almost a third (31.0%) of the sample reported that they had no educational qualifications, with only a third (32.5%) reporting they had attained a further (e.g., college/sixth form) or higher (e.g. university) education qualification. Before entering the prison, less than half of all individuals who completed the survey had been in employment (48.5%; full/part-time or self-employed), with over one in 10 (11.1%) reporting that they had not been in employment due to a long-term sickness or disability.

⁷ Understanding the prevalence of adverse childhood experiences (ACEs) in a male offender population in Wales: The Prisoner ACE Survey. Kat Ford et al. From: <https://phw.nhs.wales/files/aces/the-prisoner-ace-survey/>

Over 8 in 10 prisoners reported at least 1 ACE, and nearly half had 4 or more ACEs. Prisoners with 4 or more ACEs were 4 times more likely to have ever served a sentence in a young offender institution (YOI) than those with no ACEs. Compared with prisoners with no ACEs, those with 4 or more ACEs were: 3 times more likely to have ever been convicted of criminal damage and three times more likely to have ever been convicted of violence against the person, three times more likely to have ever been convicted of theft and two times more likely to have ever been convicted of drugs offences. Those with 4 or more ACEs were also 3.5 times more likely to be prolific offenders. The proportion of individuals reporting 4 or more ACEs increased with number of times in prison. ACEs substantially increased the risks of recent violence involvement.

2.18 Homeless and rough sleepers

The national rough sleeper monitoring exercise consists of a one night snapshot count, as well as data collected over a two week period, to gain a better understanding of rough sleeping across Wales. A range of factors can impact on the monitoring exercise, especially on the single night count, including location, timing, weather and service engagement and it is important to bear this in mind when considering the results.

The estimated count is based on data collected over a two week period, between 14th and 27th October 2019, with assistance from the voluntary sector, faith groups, local businesses/residents, health and substance misuse agencies, and the police. Over this period, Bridgend (15) had the highest estimated number of rough sleepers within the health board, which was an increase of nine persons since 2018. Rhondda Cynon Taf had an estimate seven rough sleepers, an increase of four since 2018. Merthyr Tydfil had an estimated six rough sleepers an increase of three since 2018.

The one night snapshot count was carried out between the hours of 10pm on Thursday 7th November and 5am on Friday 8th November 2019. Bridgend had the highest total count of rough sleepers with seven. It also has the highest number of emergency bed spaces (10), with only two available on the night of the count period. Rhondda Cynon Taf had a total count of one rough sleeper and Merthyr Tydfil had none. Neither had any emergency bed spaces.

Table 2.20: Rough sleeper count by local authority, health board, Wales, 2019 to 2020

Area	Total count of rough sleepers	Total number of emergency bed spaces	Number available on the count night	Estimated number of rough sleepers
Bridgend	7	10	2	15
Merthyr Tydfil	0	0	0	6
Rhondda Cynon Taf	1	0	0	7
Cwm Taf Morgannwg UHB	8	10	2	28
Wales	176	210	16	405

Source: StatsWales - National Rough Sleeper Count, Welsh Government

3 General health needs of Cwm Taf Morgannwg University Health Board

Throughout this chapter, rates have been age-standardised unless otherwise stated, to adjust for the effect of age between areas and allow for better comparison. Where age-standardised rates are presented, the rates are directly standardised to the European standard population 2013.

Where Quality and Outcomes Framework (QOF) data has been used, caution should be taken when interpreting the data. Reported QOF data is dependent on diagnosis and recording within the general practice. It is also dependent on the social and demographic characteristics of the population and their readiness to seek healthcare services. This may therefore be an underestimate of 'true' prevalence.

3.1 Chronic disease

3.1.1 Chronic conditions

The Global Burden of Disease Study is a comprehensive research study of disease burden that assesses mortality and disability from major diseases, injuries, and risk factors. Welsh data from the 2016 study was used to estimate the burden associated with disability-adjusted life years (DALYs). These are a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death. Almost half of all years lost are attributable to three conditions: cancers, cardiovascular disease and musculoskeletal disorders with mental and substance misuse disorders in fourth place. A large proportion of these health conditions are caused by modifiable risk factors (see table 3.1).⁸

Based on QOF 2019 reported GP practice data, Cwm Taf Morgannwg University Health Board has a higher estimated prevalence of chronic health conditions, except for heart failure, than the average for Wales.

At the local authority level, Bridgend has a higher estimated prevalence rate for chronic diseases than the average for Wales. It has the highest estimated prevalence rate within the health board area except for chronic obstructive pulmonary disease (COPD), which is higher in both Rhondda Cynon Taf and Merthyr Tydfil. Merthyr Tydfil has a lower estimated prevalence rate for asthma and heart failure compared to the average for Wales. Rhondda Cynon Taf has a lower estimated prevalence rate for heart failure compared to the average for Wales.

⁸ Cwm Taf Morgannwg UHB Director of Public Health Annual Report 2017

Table 3.1: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by local authority, health board and Wales, 2019

Area	Percentage					
	Asthma	Coronary heart disease	COPD	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Bridgend	7.8	4.1	2.5	6.6	1.2	2.7
Merthyr Tydfil	7.0	3.7	3.0	6.4	0.9	2.1
Rhondda Cynon Taf	7.2	3.8	2.8	6.6	0.9	2.1
Cwm Taf Morgannwg UHB	7.4	3.9	2.7	6.6	1.0	2.3
Wales	7.1	3.6	2.4	6.1	1.1	2.1

Source: QOF 2019

The estimated prevalence of musculoskeletal disease in Merthyr Tydfil (15.0%) and Bridgend (16.0%) was lower than the average for Wales (17.0%). The estimated prevalence of musculoskeletal disease in Rhondda Cynon Taf (17.0%) was the same as Wales.

Table 3.2: Estimated percentage prevalence of musculoskeletal disease based on National Survey for Wales self-reporting data by local authority, health board and Wales, 2017 to 2019

Area	Estimated percentage prevalence of musculoskeletal disease
Bridgend	16.0
Merthyr Tydfil	15.0
Rhondda Cynon Taf	17.0
Wales	17.0

Source: National Survey for Wales, Welsh Government

3.1.2 Mental health

In 2012 the Welsh Government published a ten-year strategy called Together for Mental Health. Its overall aim was to improve the mental health of everyone across Wales and ensure that people can get the right support at the right time and in the right place.⁹ Mental well-being is linked to conditions in which people are born, grow, live, work and age. Mental ill-health is linked with unemployment, less education, low income as well as poor physical health and difficult life events.

Based on QOF 2019 reported prevalence rates, the percentages of patients registered as having a mental health condition in Cwm Taf Morgannwg University Health Board is the same as the average for Wales. Rhondda Cynon Taf (0.9%) has a slightly lower estimated prevalence and Bridgend (1.1%) a slightly higher estimated prevalence.

⁹ Welsh government (2012). "Together for Mental Health – A Mental Health and Wellbeing Strategy for Wales". From: [DRAFT v3 \(gov.wales\)](#)

Table 3.3: Percentage of patients registered as having a mental health condition by local authority, health board and Wales, 2019

Area	Estimated % prevalence of mental health
Bridgend	1.1
Merthyr Tydfil	1.0
Rhondda Cynon Taf	0.9
Cwm Taf Morgannwg UHB	1.0
Wales	1.0

Source: QOF 2019

Mental wellbeing is an important factor in an individual’s overall health. The National Survey for Wales uses the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) to measure mental well-being. It contains 14 self-assessed questions. Scores range from 14 to 70, where higher scores suggest higher mental well-being. In 2018-2019, Cwm Taf Morgannwg University Health Board had a reported mean WEMWBS score of 50.8 out of 70, which was lower than the average for Wales at 51.4. At the local level, Bridgend had the highest mean WEMWBS score of 51.6, which was higher than the average for Wales. Rhondda Cynon Taf had the lowest mean WEMWBS score of 50.3 out of 70. This suggests that people in Bridgend have the highest mental well-being in the health board area.

Table 3.4: National Survey for Wales – age standardised mean Warwick-Edinburgh Mental Well-being Scale (WEMWBS) for adults aged 16 years and over, by local authority, health board and Wales, 2016 to 2019

Area	2016 to 2017	2018 to 2019
Bridgend	51.3	51.6
Merthyr Tydfil	49.2	50.5
Rhondda Cynon Taf	50.1	50.3
Cwm Taf Morgannwg UHB	50.3	50.8
Wales	50.9	51.4

Source: StatsWales - National Survey for Wales, Welsh Government

The National Survey for Wales also measures levels of loneliness in Wales. Between the years 2016 to 2017 and 2017 to 2018, 15.7% of people aged 16 year and over in Cwm Taf Morgannwg University Health Board reported they were lonely. This was lower than the average for Wales (16.7%). Merthyr Tydfil (20.9%) had the highest proportion of all the local authorities self-reporting loneliness and Bridgend (11.8%) had the lowest, which was significantly lower than the average for Wales. 17.4% of people in Rhondda Cynon Taf reported they were lonely.

Raising awareness of and reducing suicide and self-harm has been a priority in Wales since the launch of the national action plan, Talk to Me in 2009 followed by Talk to Me 2, five years later. Over the period 2014 to 2018, the age standardised rate of suicide in Wales was 12 per 100,000 persons aged 10 years and over. Cwm Taf Morgannwg University Health Board had a higher age standardised rate of 13.8 per 100,000 persons aged 10 years and over, the second highest of all the health boards. At the local authority level, Merthyr Tydfil (15.5 per 100,000 persons) had

the highest rate of all the local authorities and Bridgend (15.2 per 100,000 persons) the second highest rate. Rhondda Cynon Taf had a rate of 12.7 per 100,000 persons aged 10 years and over.¹⁰ Caution should be used when interpreting suicide rates due to the small numbers involved.

3.2 Risk factors

3.2.1 Clinical risk factors

Atrial fibrillation and hypertension are both important public health priorities.

Hypertension is a major risk factor for heart disease, stroke, kidney disease, peripheral arterial disease and vascular dementia. Early detection and effective management can prevent progression to cardiovascular disease. Although hypertension is classed as more of a clinical risk factor, its prevention or reduction is affected by life-style choices such as excessive salt intake, poor diet and obesity, excess alcohol consumption, lack of physical activity, mental well-being and stress. The burden of high blood pressure is greatest among individuals from low-income households and those living in deprived areas¹¹.

Based on QOF 2019 reported prevalence rates, Cwm Taf Morgannwg University Health Board (16.9%) has a higher prevalence of hypertension than the average for Wales (15.8%). All three local authorities also have higher prevalence rates, similar to the health board, with Merthyr Tydfil having a slightly higher prevalence rate of 17.0%.

Atrial fibrillation is the most common sustained cardiac arrhythmia and is a significant risk factor for stroke and other morbidities. Men are more commonly affected than women and the prevalence increase with age. Hypertension is a risk factor for atrial fibrillation and is the most common cardiovascular condition associated with it.¹²

The prevalence rate for atrial fibrillation in Cwm Taf Morgannwg University Health Board (2.4%) was higher than the average for Wales (2.3%). Within the health board area, Bridgend (2.6%) had the highest prevalence rate and Merthyr Tydfil (2.2%) the lowest rate.

¹⁰ Public Health Wales Observatory (2019). Suicide rates 2014 to 2018, age standardised rates (EASR) per 100,000 persons aged ten years and over, using PHMY and MYE(ONS)

¹¹Public Health England (2017). Guidance Health matters: combating high blood pressure. From: <https://www.gov.uk/government/publications/health-matters-combating-high-blood-pressure/health-matters-combating-high-blood-pressure>

¹² Atrial fibrillation: management (2014). Clinical guideline [CG180]. From: [Overview | Atrial fibrillation: management | Guidance | NICE](#)

Table 3.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by local authority, health board and Wales, 2019.

Area	Atrial Fibrillation percentage prevalence	Hypertension percentage prevalence
Bridgend	2.6	16.9
Merthyr Tydfil	2.2	17.0
Rhondda Cynon Taf	2.3	16.9
Cwm Taf Morgannwg UHB	2.4	16.9
Wales	2.3	15.8

Source: QOF 2019

3.2.2 Adult lifestyle behaviours

Chronic disease is often preventable. The long-term health and social implications of engaging in harmful behaviours are wide ranging. Previous work in Cwm Taf Morgannwg University Health Board for the Cwm Taf Wellbeing assessment in 2017 indicated the following:

Figure 3.1: Unhealthy behaviours, chronic diseases and early deaths



3.2.2.1 Smoking

Both smoking and passive smoking are linked to a range of serious illnesses including cancers and heart disease. The Welsh Government has introduced a number of policies and legislations in its commitment to reduce the number of smokers and the risks of passive smoking. These include the smoking ban in 2007, the smoking in vehicles with children ban in 2015 and the Tobacco Control Delivery Plan for Wales 2017-20. From March 2021, new legislation will extend the smoke free requirements to include hospital grounds, school grounds and public playgrounds, as well as outdoor day care and child-minding settings. Furthermore, from March 2022, smoking bedrooms in hotels, guest houses, self-contained holiday accommodation will be required to be smoke-free. In addition, Mental Health Units will be required to phase out any smoking rooms by 1 September 2022, and

amendments will be made to who can use designated smoking rooms in adult care homes and adult hospices.¹³

Based on data collected between 2018 to 2019 and 2019 to 2020 as part of the National Survey for Wales, 18.6% of adults self-reported that they smoke in Cwm Taf Morgannwg University Health Board, which was higher than the average for Wales (17.4%) and higher than all other health boards. At the local authority level, Merthyr Tydfil (22.7%) had the higher rate of smokers, second highest in Wales. Rhondda Cynon Taf (18.2%) and Bridgend (17.9%) had rates which were also higher than the average for Wales.

Merthyr Tydfil (9.0%) reported the third highest use of e-cigarettes out of all the local authorities in Wales.

Table 3.6: Adult smoking patterns by local authority, health board and Wales, 2018 to 2020

Area	Percentage Smoker	Percentage Ex-smoker	Percentage Never smoked	Percentage E-cigarette user
Bridgend	17.9	23.2	58.9	6.5
Merthyr Tydfil	22.7	29.2	48.1	9.0
Rhondda Cynon Taf	18.2	25.1	56.7	6.3
Cwm Taf Morgannwg UHB	18.6	24.7	56.7	6.7
Wales	17.4	29.4	53.2	6.4

Source: Source: StatsWales – National Survey for Wales

Results taken from School Health Research Network (SHRN) health and wellbeing survey for the academic year 2017 to 2018, showed that Cwm Taf Morgannwg University Health (3.1%) had a significantly lower prevalence of adolescent smokers than the average for Wales (3.6%). At the local authority level, Rhondda Cynon Taf (2.6%) also had a significantly lower prevalence than the average for Wales. The prevalence for Bridgend and Merthyr Tydfil were 3.6% and 3.8%, respectively.

For e-cigarettes, Cwm Taf Morgannwg University Health Board (3.6%), Bridgend (4%) and Merthyr Tydfil (5.2%) all had significantly higher prevalence of adolescent use than the average for Wales (3.3%). Rhondda Cynon Taf had a lower rate of 2.9%.

¹³ Welsh Government (December 2020). Smoke-free law: guidance on the changes from March 2021, Welsh Government. <https://gov.wales/smoke-free-law-guidance-changes-march-2021-html>

Table 3.7: Percentage of adolescent smokers and E-cigarette users by local authority, health board and Wales, 2017 to 2018

Area	Percentage smoker Children aged 11 to 16	Percentage E cigarette user Children aged 11 to 16
Bridgend	3.6	4.0
Merthyr Tydfil	3.8	5.2
Rhondda Cynon Taf	2.6	2.9
Cwm Taf Morgannwg UHB	3.1	3.6
Wales	3.6	3.3

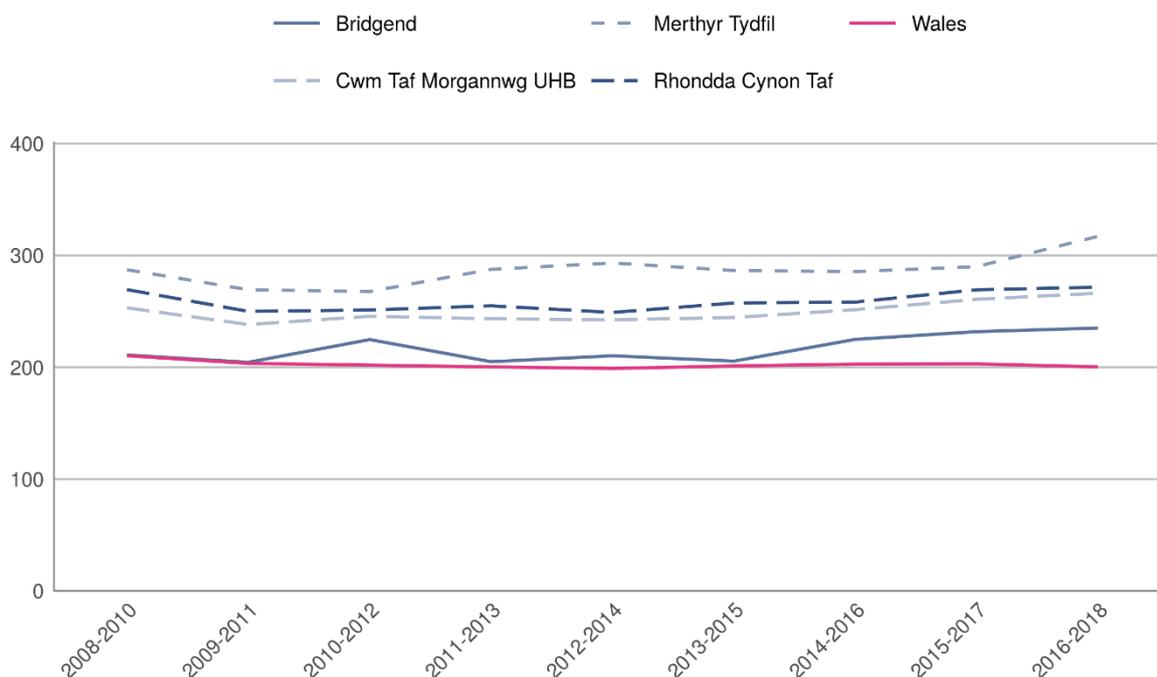
Source: Public Health Observatory Wales – HBSC and SHRN (DECIPHer)

Smoking-attributable mortality has decreased over time in Wales for both males and females, though the rate remains higher for men when compared to females. For Cwm Taf Morgannwg University Health Board, smoking attributable mortality is significantly higher than the average for Wales for both males and females. However, for females the gap has been widening over recent years for the health board and all three local authorities.

Figure 3.2: Smoking-attributable mortality, EASR per 100,000, females aged 35 years and over, by local authority, health board and Wales, 2008 to 2010 and to 2016 to 2018

Smoking-attributable mortality, EASR per 100,000, females aged 35+, user selected areas, 2008-2010 to 2016-2018

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



As well as changes to legislation, smoking cessation services have contributed to the lowering of the burden of disease due to smoking. The Welsh Level 3 pharmacy based smoking cessation service has the highest percentage of treated smokers (50.6%) and CO-validated quitters (46.2%).

Table 3.8: Treated smokers and those achieving a 4 week CO-validated quit, count and percentage, persons aged 16+, Wales, 2018 to 2019

Service	CO-validated quitters	Percentage CO-validated quitters	Treated smokers	Percentage Treated Smokers
All services	6753		15599	
In house GP based services	58	0.9	110	0.7
In house hospital-based services	824	12.2	1703	10.9
Level 3 pharmacy-based services	3117	46.2	7889	50.6
Specialist Maternity Service	71	1.1	238	1.5
Stop Smoking Wales	2683	39.7	5659	36.3

Source: Produced by Public Health Wales, using Smoking Cessation Services Data Collection (WG)

3.2.2.2 Obesity, Diet and Physical Activity

Being overweight or obese increases the risk of a wide range of chronic diseases, principally type 2 diabetes, hypertension, cardiovascular disease including stroke, as well as some types of cancer. It can also impair a person's well-being, quality of life and ability to earn. Poor diet and a sedentary lifestyle are the main causes of overweight and obesity.¹⁴

Based on combined data for 2018 to 2019 and 2019 to 2020 collected from the National Survey for Wales, 35.6% of the adult population in Cwm Taf Morgannwg University Health Board self-reported they were of a healthy weight, with a Body Mass Index between 18.5kg/m² and under 25kg/m². Around two thirds (63.6%) of the adult population reported they were obese or overweight, with just over a quarter (26.7%) being obese. This was the second highest of all the health boards in Wales.

Within the health board area, Rhondda Cynon Taf (28.5%) had the highest proportion self-reporting to be obese followed by Bridgend (25.4%). Only Merthyr Tydfil (23.1%) had a lower proportion of its population reporting to be obese compared to the average for Wales (24.1%). All local authorities had a lower proportion of their population reporting to be of a healthy weight compared to the average for Wales, meaning a greater proportion were overweight or obese compared to the Welsh average.

¹⁴ Public Health Wales Observatory. Obesity. From: [Public Health Wales Observatory | Obesity in Wales \(2019\)](#)

Table 3.9: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by local authority, health board and Wales, 2018 to 2019 and 2019 to 2020

Lifestyle Area	Fruit & vegetables (the previous day)		Physical activity (the previous week)		Body mass index (kg/m ²)		
	Ate no fruit & veg	Ate at least 5 portions fruit & veg	Active less than 30 minutes	Active at least 150 minutes	BMI 18.5 - under 25 (healthy weight)	BMI 25+ (overweight or obese)	BMI 30+ (obese)
Bridgend	7.0	26.0	47.9	41.3	34.7	64.8	25.4
Merthyr Tydfil	10.9	15.1	48.5	39.6	36.2	62.4	23.1
Rhondda Cynon Taf	11.7	20.6	45.8	42.3	36.4	62.8	28.5
Cwm Taf Morgannwg UHB	10.1	21.6	46.7	41.7	35.6	63.6	26.7
Wales	7.9	24.3	33.0	53.2	38.2	59.9	24.1

Source: StatsWales – National Survey for Wales

Poor diet and nutrition are recognised as major contributory risk factors for ill health and premature death. Within the health board area, Bridgend (26%) had the highest proportion self-reporting to have had at least five portions of fruit and vegetables in the previous day, which was higher than the average for Wales (24.3%). Merthyr Tydfil (15.1%) had the lowest proportion of all 22 local authorities and was significantly lower than the average for Wales. When looking at the proportion of the population who reported eating no fruit or vegetables the previous day, Rhondda Cynon Taf (11.7%) was the fourth highest of all the local authorities and was significantly higher than the average for Wales (7.9%). Merthyr Tydfil (10.9%) was the fifth highest.

In general, the more time spent being physically active, the greater the health benefits. For adults, at least 150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous intensity activity are recommended each week. It is also recommended that adults should do activities to develop or maintain strength in the major muscle groups and should aim to minimise the amount of time spent being sedentary.¹⁵

When it comes to physical activity, Cwm Taf Morgannwg University Health Board performs significantly worse than other health boards. Less than half (41.7%) report they were active for at least 150 minutes in the previous week. Merthyr Tydfil (39.6%) had the lowest proportion in Wales reporting to meet the recommended weekly activity level, with Bridgend (41.3%) and Rhondda Cynon Taf (42.3%) a close second and third. All were significantly lower than the average for Wales (53.2%). Similarly, in Cwm Taf Morgannwg University Health Board, almost half (46.7%) reported that they were active less than 30 minutes in the previous week. Again, Merthyr Tydfil (48.5%) had the highest proportion in Wales reporting they were active less than 30 minutes in the previous week, followed by Bridgend (47.9%) and

¹⁵ Department of Health and Social Care (2020). UK Chief Medical Officers' Physical Activity Guidelines.

Available at: [Physical activity guidelines: UK Chief Medical Officers' report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/physical-activity-guidelines)

Rhondda Cynon Taf (45.8%). All were significantly higher than the average for Wales (33.0%).

3.2.2.3 Alcohol

Alcohol use remains a major public health challenge in Wales. It is associated with the development of many health conditions such as high blood pressure, heart disease, cirrhosis of the liver and cancers of the mouth, throat and breast cancer. Alcohol misuse is a cause of falls, accidents, and injuries as well as social problems such as assaults and crimes.

In 2016, the UK Chief Medical Officer published new guidelines that advise drinking no more than 14 units of alcohol a week to keep health risks low.¹⁶ Based on combined data for 2018 to 2019 and 2019 to 2020, collected from the National Survey for Wales, nearly one in five adults (18.6%) nationally drink more than the recommended weekly limit of 14 units of alcohol a week. Of all the health boards, Cwm Taf Morgannwg University Health Board (16.5%) had the lowest proportion of its population who drank above the recommended weekly units. Merthyr Tydfil (14.8%) was the fourth lowest of all the local authorities and Bridgend (15.5%) was the sixth. All three local authorities had a lower proportion, than the average for Wales, reporting to drink above the recommended weekly units.

Table 3.10: Weekly average alcohol consumption above the recommended guidelines by local authority, health board and Wales, 2018 to 2020

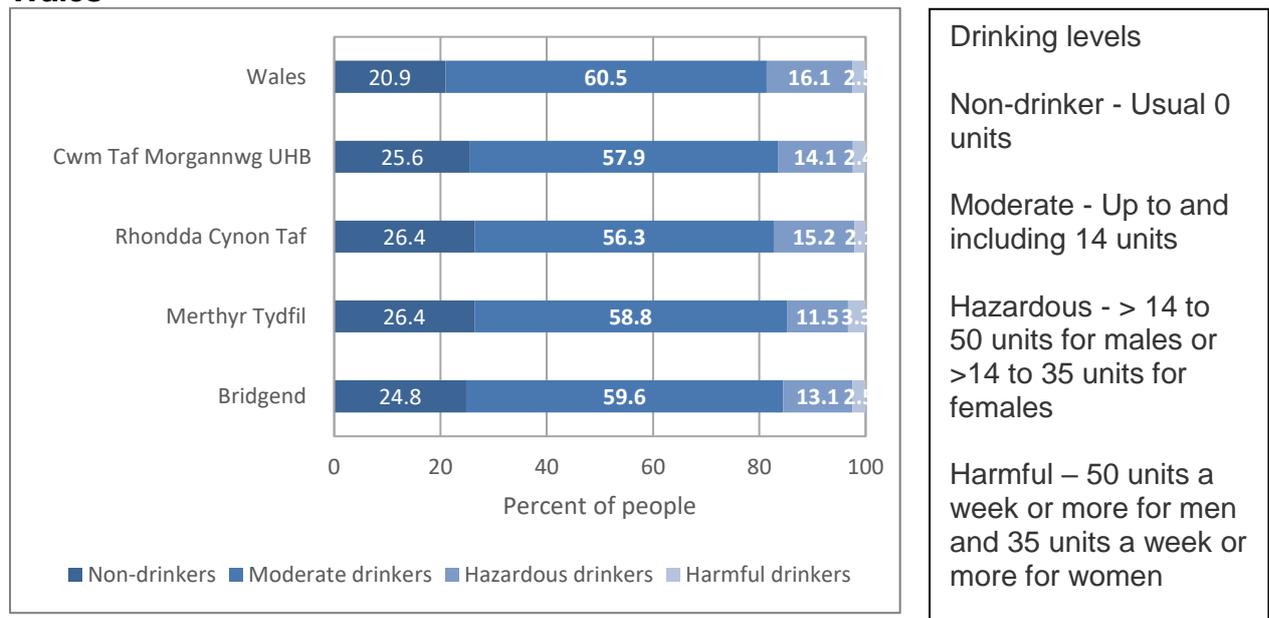
Area	Average weekly alcohol consumption - above 14 units (over guidelines)
Bridgend	15.5
Merthyr Tydfil	14.8
Rhondda Cynon Taf	17.3
Cwm Taf Morgannwg UHB	16.5
Wales	18.6

Source: StatsWales – National Survey for Wales

Figure 3.3 highlights the reported drinking patterns in the Cwm Taf Morgannwg University Health Board area compared to the average for Wales.

¹⁶ Department of Health and Social Care (2016). Guidance: Alcohol consumption: advice on low risk drinking. Available at: [UK Chief Medical Officers' Low Risk Drinking Guidelines \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/531127/low_risk_drinking_guidelines.pdf)

Figure 3.3: Adult weekly drinking levels by local authority, health board and Wales



Cwm Taf Morgannwg University Health Board (25.6%) and Rhondda Cynon Taf (26.4%) both had a significantly higher percentage of non-drinkers than the average for Wales (20.9%). Merthyr Tydfil (11.5%) had a significantly lower percentage of hazardous drinkers than the average for Wales (16.1%).

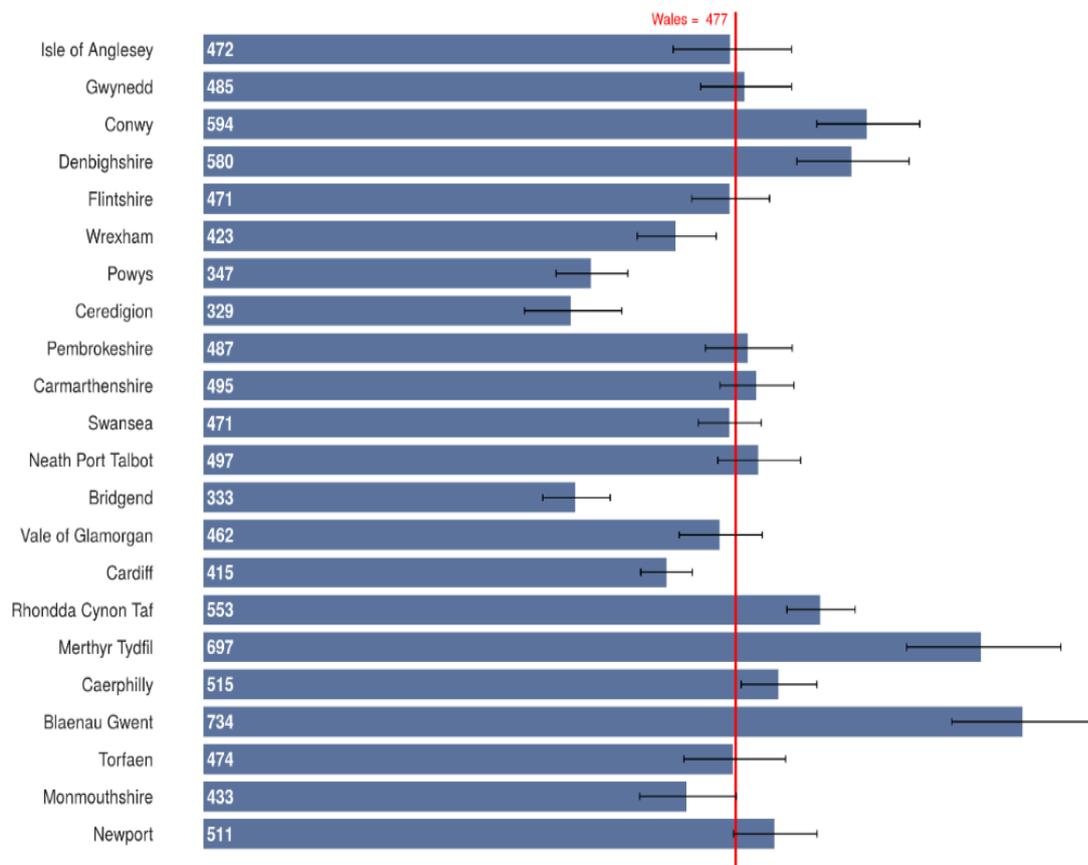
Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of the population. In 2017 to 2018, there was around 14,600 alcohol-specific hospital admissions (wholly attributable to alcohol) in Wales, with almost double the number of admissions being for men than women. At the local authority level, Merthyr Tydfil (697 per 100,000 persons) and Rhondda Cynon Taf (553 per 100,000 persons) had alcohol-specific admission rates which were significantly higher than the average for Wales (477 per 100,000 persons), despite having a lower percentage of adults drinking above the weekly recommended levels. This may be due to the ‘harm paradox’, whereupon drinkers from poorer, deprived communities experience higher risks of disease and injury despite total alcohol consumption not differing from affluent counterparts. The ‘harm paradox’ has been widely acknowledged if not fully understood. In Bridgend (333 per 100,000 persons) the alcohol-specific hospital admissions rate was significantly lower than the average for Wales.

Figure 3.4: Alcohol-specific admissions (wholly attributable to alcohol - either as a primary or secondary diagnosis), European age-standardised rates per 100,000 persons by local authority, 2017 to 2018

Alcohol-specific admissions, European age-standardised rates per 100,000, persons, Wales local authorities, 2017/18

Produced by Public Health Wales Observatory, using PEDW(NWIS) and MYE(ONS)

— 95% confidence interval



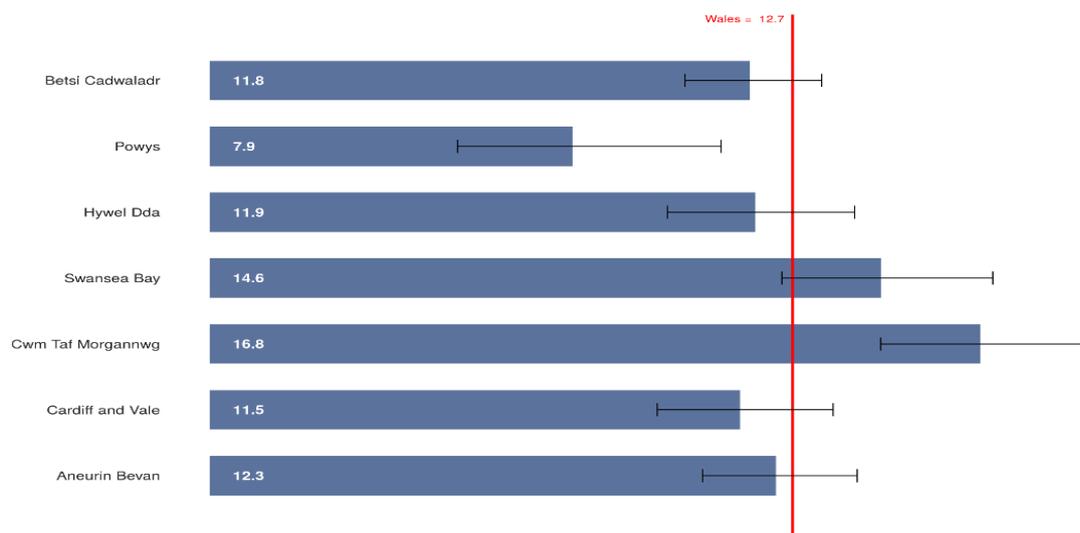
Alcohol-specific mortality represents deaths which are considered to be entirely caused by alcohol. The overwhelming majority of the 1,170 alcohol-specific deaths in Wales in 2015 to 2017 were caused by alcoholic liver disease - nearly 9 in 10 males and over 8 in 10 females. Other causes include mental and behavioural conditions and accidental poisoning by/and exposure to alcohol.¹⁷

In 2015 to 2017, Cwm Taf Morgannwg University Health Board (16.8 per 100,000 persons) had the highest alcohol-specific mortality rate of all the health boards. Its alcohol-specific mortality rate was significantly higher than the average for Wales (12.7 per 100,000 persons) and higher than all the health boards, but not significantly so than Swansea Bay University Health Board (14.6 per 100,000 persons).

¹⁷ Public Health Observatory Wales (2019). Alcohol in Wales. From: [Public Health Wales Observatory Alcohol in Wales \(2019\)](#)

Figure 3.5: Alcohol-specific mortality European age-standardised rates per 100,000 persons by health board and Wales, 2015 to 2017.

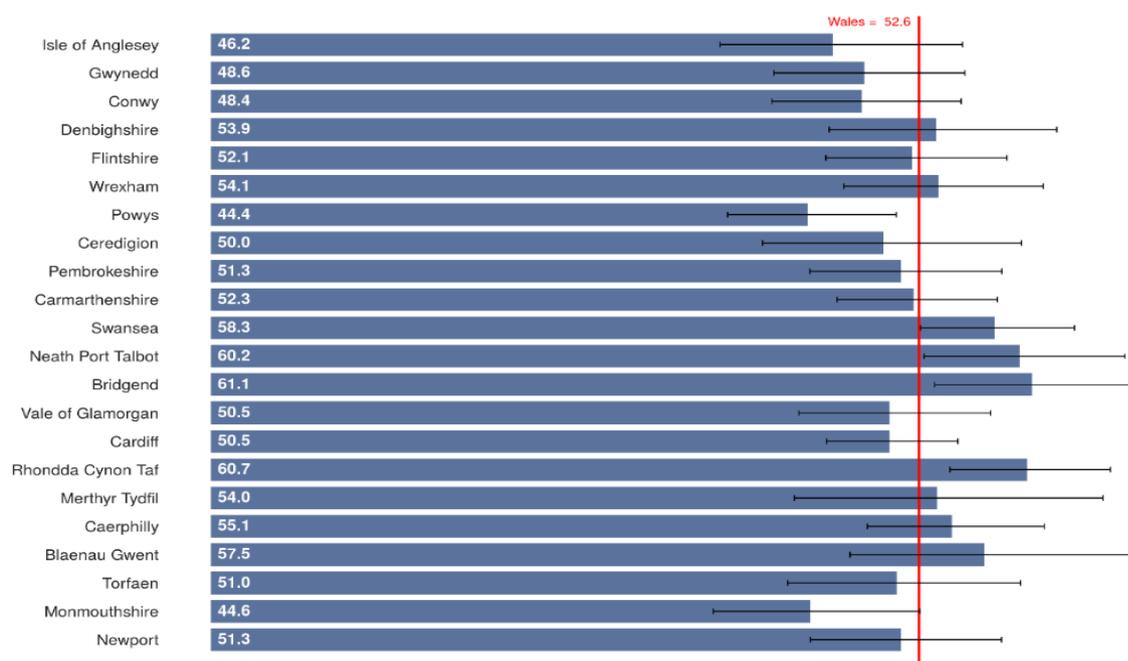
Alcohol-specific mortality, European age-standardised rates per 100,000, persons, Wales health boards, 2015-17
 Produced by Public Health Wales Observatory, using PHM and MYE (ONS)
 ┆ 95% confidence interval



Alcohol-attributable mortality captures deaths which can be partially attributed to alcohol use, based on the underlying cause of death. Both Bridgend (61.1 per 100,000 persons) and Rhondda Cynon Taf (60.7 per 100,000 persons) had alcohol-attributable mortality rates which were significantly higher than the average for Wales (52.6 per 100,000 persons).

Figure 3.6: Alcohol-attributable mortality European age-standardised rates per 100,000 persons by health board and Wales, 2015 to 2017.

Alcohol-attributable mortality, European age-standardised rates per 100,000, persons, Wales local authorities, 2015-17
 Produced by Public Health Wales Observatory, using PHM and MYE (ONS)
 ┆ 95% confidence interval



3.3 Healthy Aging

3.3.1 Low birth weight

Low birth weight is influenced by maternal lifestyle issues such as smoking. Birth weight is inversely associated with infant mortality, life expectancy, and is predictive of the onset of chronic conditions in adult life.¹⁸

In 2018, Merthyr Tydfil (8.4%) had the highest level of low-birth-weight births of all the local authorities, which was significantly higher than the average for Wales (5.6%). Bridgend (5.3%) had the lowest percentage within the health board area and was lower than the average for Wales.

Table 3.11: Percentage of low birth weight births (below 2500g) by local authority, health board and Wales, 2018

Area	Percentage
Bridgend	5.3
Merthyr Tydfil	8.4
Rhondda Cynon Taf	6.7
Wales	5.6

Source: Public Health Wales Observatory

3.3.2 Children living in poverty

In Cwm Taf Morgannwg University Health Board, all local authority areas have a higher proportion of people aged under 18 years living in poverty compared to the average for Wales. Of the 22 local authorities, Merthyr Tydfil (29%) had the second highest and Rhondda Cynon Taf (28%) the fourth highest of people aged under 18 years living in poverty.

Table 3.12: Percentage of persons aged 0 to 18 years living in poverty by local authority and Wales, 2017

Area	Percentage
Bridgend	25
Merthyr Tydfil	29
Rhondda Cynon Taf	28
Wales	24

Source: Public Health Wales Observatory

3.3.3 Oral health

Tooth decay in young children is largely preventable. It can lead to pain, infections, and difficulties with eating, sleeping and socialising. It is associated with poor nutrition and obesity and is closely linked to social and economic disadvantage. Oral

¹⁸ Public Health Wales (2014). Low Birth Weight Review of risk factors and interventions Summary Report. From: [Low Birth Weight summary v1.pdf \(wales.nhs.uk\)](#)

health is an important aspect of a child’s overall health status and of their school readiness.¹⁹

Bridgend (1.1) has a lower average number of decayed, missing or filled teeth in children aged five years than the average for Wales (1.2). Merthyr Tydfil (2.1) had the second highest average number of decayed, missing or filled teeth in children aged five years of all local authorities and was significantly higher than the average for Wales. Rhondda Cynon Taf (1.5) was also significantly higher than the average for Wales.

Table 3.13: The average number of decayed, missing or filled teeth in children aged five years, by local health authority and Wales, 2015 to 2016

Area	Average number of decayed, missing or filled teeth in 5-year-olds
Bridgend	1.1
Merthyr Tydfil	2.1
Rhondda Cynon Taf	1.5
Wales	1.2

Source: Public Health Wales Observatory

3.3.4 Sexual health

In 2018, Merthyr Tydfil had the highest teenage pregnancy rate within the health board area with 26.4 conceptions per 1,000 females under 18, which was higher than the average for Wales (18.9 conceptions per 1,000 females under 18). Rhondda Cynon Taf (24.4 conceptions per 1,000 females under 18) also had a higher teenage pregnancy rate than the average for Wales.

Table 3.14: Teenage pregnancies, crude rate per 1,000 females aged 15 to 17 year by local authority, health board and Wales, 2018

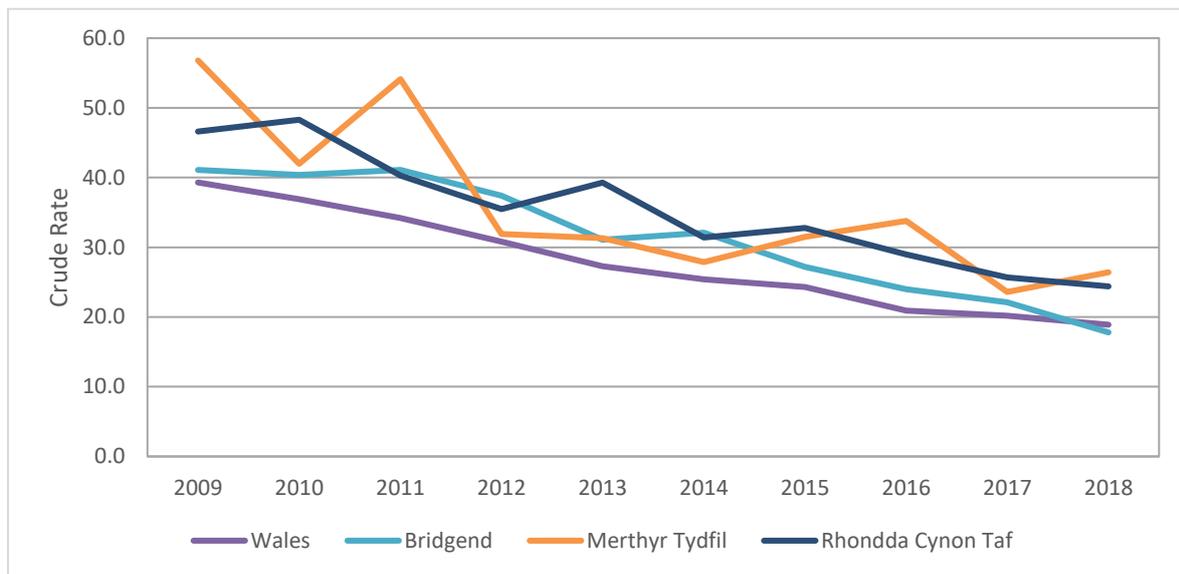
Name	Conception rate per 1,000 women aged under 18
Bridgend	17.8
Merthyr Tydfil	26.4
Rhondda Cynon Taf	24.4
Wales	18.9

Source: Office of National Statistics - Conception Statistics, England and Wales, 2018

Bridgend (17.8 conceptions per 1,000 females under 18) had the lowest teenage pregnancy rate, which was lower than the average for Wales for the first time for at least ten years. However, due to the small numbers involved the rates are prone to fluctuate each year. Overall, rates in Cwm Taf Morgannwg University Health Board area have continued to decrease over the last 10 years.

¹⁹ Public Health England. Health Matters: Child dental health. From: [Health Matters: Child dental health - Public health matters \(blog.gov.uk\)](https://www.blog.gov.uk/2018/05/24/health-matters-child-dental-health-public-health-matters/)

Figure 3.7: Conceptions per 1,000 females aged under 18 by local authority, 2009 to 2018



Source: Office of National Statistics

There is continued transmission of sexually transmitted infections in Wales. Between 2011 and 2017, there were increases in syphilis, gonorrhoea, chlamydia, HIV, and herpes, whilst warts decreased. Between 2016 and 2017, the diagnoses of syphilis and gonorrhoea increased markedly, whilst diagnoses of chlamydia and HIV remained stable and first episodes of warts and first episode of genital herpes decreased.

Within Wales, there is geographical variation in the incidence of sexually transmitted infections, as well as in the rates of testing. For chlamydia, the percentage positivity was highest in those living in the Vale of Glamorgan, Wrexham, and Merthyr Tydfil during 2017.²⁰

3.3.5 Frailty and falls in older people²¹

Older people are more likely to fall. They are also more likely to suffer significant consequences, such as a loss of independence and confidence, leading to physical and mental deterioration and frailty. Frailty itself can cause falls. Frailty can be either physical or psychological, or a combination of the two. It typically means a person is at a higher risk of a sudden deterioration in their physical and mental health. Identifying people who may be living with frailty is a key intervention in the prevention of falls.

In the UK, almost a third of people aged over 65 fall at least once and there are an estimated 500,000 fragility fractures each year. Osteoporosis is a condition which

²⁰ Communicable Disease Surveillance Centre Public health Wales (Sept 2018). HIV and STI trends in Wales Surveillance Report [4th quarterly report 1994 \[WP\]](https://www.wales.nhs.uk/4th-quarterly-report-1994) (wales.nhs.uk)

²¹ NICE (2018). NICE impact falls and fragility fractures. From: <https://www.nice.org.uk/media/default/about/what-we-do/into-practice/measuring-uptake/nice-impact-falls-and-fragility-fractures.pdf>

causes bones to weaken and become more fragile. People with osteoporosis are more likely to suffer a fragility fracture.

Cwm Taf Morgannwg University Health Board (0.2%) has a lower prevalence of osteoporosis than the average for Wales (0.3%). Both Merthyr Tydfil (0.1%) and Rhondda Cynon Taf (0.2%) also have a lower percentage of patients registered with osteoporosis compared to the average for Wales.

Table 3.15: Percentage of patients registered as having osteoporosis by local authority, health board and Wales, 2019

Area	Percentage of patients registered with Osteoporosis
Bridgend	0.3
Merthyr Tydfil	0.1
Rhondda Cynon Taf	0.2
Cwm Taf Morgannwg UHB	0.2
Wales	0.3

Source: QOF 2019

A hip fracture is one of the most common fragility fractures. It is a major public health issue due to an ever-increasing ageing population. The National Hip Fracture Database (NHFD) reported that in 2016, 6.7% of people had died within 30 days of presentation with a hip fracture. Up to a third of people die within a year. This is in part because many of these people have other long-term conditions or may be living with frailty, rather than the hip fracture itself.

Cwm Taf Morgannwg University Health Board (678.8 per 100,000 population) has a significantly higher rate of hip fractures for persons aged 65 and over than the average for Wales (579.0 per 100,000 population). Merthyr Tydfil (781.8 per 100,000 population) and Bridgend (727.2 per 100,000 population) have the highest hip fracture rate of all local authorities, which are significantly higher than the average for Wales.

Table 3.16: Hip fractures, European age-standardised rate per 100,000 population, all persons aged 65 years and over by local authority, health board and Wales, 2018 to 2019

Area	Rate
Bridgend	727.2
Merthyr Tydfil	781.8
Rhondda Cynon Taf	619.1
Cwm Taf Morgannwg UHB	678.8
Wales	579.0

Source: Public Health Observatory Wales

3.3.6 Dementia

Dementia is a term used to describe a collection of symptoms including memory loss, problems with reasoning, perception and communication skills. It is caused by different brain diseases, most commonly Alzheimer's disease. Dementia is a significant health and social care issue which impacts not only on those living with dementia, but on their families, friends and carers too. It is more common in older people.

Cwm Taf Morgannwg University Health Board (0.6%) has a slightly lower prevalence of dementia than the average for Wales (0.7%), as does.

Table 3.17: Percentage of patients registered as having dementia by local authority, health board and Wales, 2019

Area	Percentage of patients registered with Dementia
Bridgend	0.7
Merthyr Tydfil	0.6
Rhondda Cynon Taf	0.6
Cwm Taf Morgannwg UHB	0.6
Wales	0.7

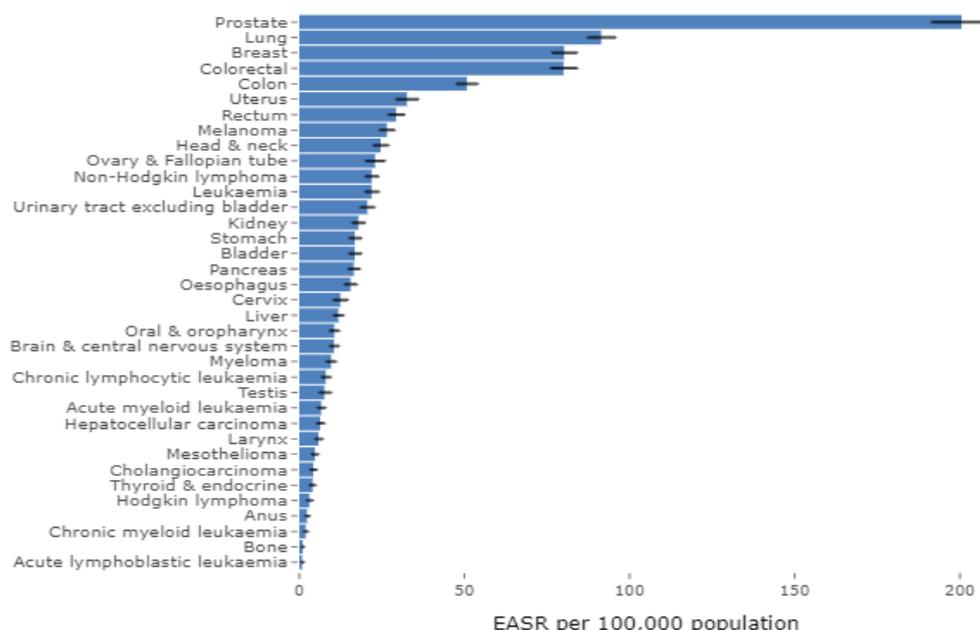
Source: QOF 2019

3.4 Cancer and screening

3.4.1 Cancer

Between 2013 and 2017, the most common forms of cancer in Wales were prostate, breast, lung, colorectal and colon. In Cwm Taf Morgannwg University Health Board, the incidence of lung cancer was higher than breast cancer (see figure 3.8 below). This was driven by the much higher incidence rates of lung cancer compared to the much lower incidence rates of breast cancer in Merthyr Tydfil and Rhondda Cynon Taf. Lung cancer has the strongest link to deprivation of all the most common cancers, mainly due to the link with smoking.

Figure 3.8: Cancer Incidence European Age Standardised Rates (EASR) by cancer types in Cwm Taf Morgannwg University Health Board, 2013 to 2017



Source: Welsh Cancer Intelligence and Surveillance Unit's cancer registry

In Wales, Cwm Taf Morgannwg University Health Board and its local authorities, the most common forms of cancer in women between 2013 and 2017, were breast, lung, colorectal, colon and uterus.

- Merthyr Tydfil (130.8 per 100,000 females) and Cwm Taf Morgannwg University Health Board (159 per 100,000 females) had the lowest rate of breast cancer of all the local authorities and health boards, which was significantly lower than the average for Wales (174.2 per 100,000 females). Rhondda Cynon Taf had the fifth lowest rate (162.4 per 100,000 females).
- Merthyr Tydfil had the highest rate of lung cancer (96.9 per 100,000 females) of all the local authorities followed by Rhondda Cynon Taf (83.9 per 100,000 females). Cwm Taf Morgannwg University Health Board (80.3 per 100,000 females) had the highest rate of all the health boards. All were significantly higher than the average for Wales (69.1 per 100,000 females).
- When considering all malignancies excluding nonmelanoma skin cancer (NMSC), Rhondda Cynon Taf (575.9 per 100,000 females) had the fourth highest incidence rate of all the local authorities and Merthyr Tydfil (572.1 per 100,000 females) had the sixth highest incidence rate.

The most common cancers for men in Cwm Taf Morgannwg University Health Board and its local health authorities were prostate, lung, colorectal, colon and rectal. This differed from Wales where colorectal cancer was the second highest cancer followed by lung cancer.

- Rhondda Cynon Taf (208.7 per 100,000 males) had the third highest incidence of prostate cancer of all local authorities, which was significantly higher than the average for Wales (184.5 per 100,000 males). Cwm Taf Morgannwg University

Health Board (200.5 per 100,000 males) had the second highest rate of all the health boards, which was also significantly higher than the average for Wales.

- Merthyr Tydfil (115.8 per 100,000 males) had the highest rate of lung cancer and Rhondda Cynon Taf (104.6 per 100,000 males) had the fourth highest incidence rate of all the local authorities. Cwm Taf Morgannwg University Health Board (102.5 per 100,000 males) had the highest rate of all the health boards. All had significantly higher rates than the average for Wales (92.4 per 100,000 males).
- Merthyr Tydfil had the highest rate of rectal cancer (49.3 per 100,000 males), which was significantly higher than the average for Wales (35.8 per 100,000 males).
- When considering all malignancies excluding nonmelanoma skin cancer (NMSC), Rhondda Cynon Taf (761.3 per 100,000 males) and Merthyr Tydfil (754.3 per 100,000 males) had the highest rates of all local authorities, which was significantly higher than the average for Wales (699 per 100,000 males). Cwm Taf Morgannwg University Health Board (749.7 per 100,000 males) had the highest rate of all the health boards and was also statistically significantly higher than the average for Wales. Bridgend had the fifth highest rate (728.4 per 100,000 males).

Between 2017 to 2019, Merthyr Tydfil (76.1 per 100,000 population) had a significantly higher death rate for trachea, bronchus and lung cancer than the average for Wales (59.7 per 100,000 population). Rhondda Cynon Taf (156.6 per 100,000) had a significantly higher death rate for all cancers for those aged under 75 years compared to the average Wales (144.4 per 100,000 population).

Table 3.18: Cancer death rates (age-standardised per 100,000) for all cancers, colorectal cancer, female breast cancer, prostate cancer and trachea, bronchus and lung cancer by local authority, health board and Wales, 2015 to 2017

Area	Death Rates (Age-Standardised) per 100,000 population					
	All cancers	All cancers (aged under 75 years)	Colorectal cancer	Female breast cancer	Prostate Cancer	Trachea, bronchus and lung cancer
Bridgend	292.7	151.8	28.9	37.1	48.5	57.2
Merthyr Tydfil	274.8	146.6	25.2	26.8	35.4	76.1
Rhondda Cynon Taf	291.1	156.6	32.8	35.6	36.6	66.8
Wales	278.6	144.4	28.9	33.9	45.5	59.7

Source: Health Maps Wales

3.4.2 Screening

Bowel screening has the lowest uptake rate of the national screening programmes across Cwm Taf Morgannwg University Health Board. The largest inequalities are found in Bowel Screening.

In line with Wales as a whole, there has been a decline in young women attending their first cervical smear across Cwm Taf Morgannwg University Health Board.

Table 3.19: Percentage uptake of screening, by health board and Wales, 2018 to 2019

Area	Uptake of screening		
	Bowel	Breast	Cervical
Cwm Taf Morgannwg UHB	57.6	73.3	73
Wales	57.3	72.5	73.2
National Target	60.0	70.0	80.0

Source: Public Health Wales screening 2020

3.5 Prevention of infectious diseases

3.5.1 Childhood vaccination uptake

The national target for the '6 in 1' DTaP/IPV/Hib/HepB1 vaccine uptake (all three doses) in children reaching their first birthday is 95%. Cwm Taf Morgannwg University Health Board had the highest uptake of all the health boards (97.2%), meeting the national target. Within the health board area, Rhondda Cynon Taf (97.2%) had the highest uptake. All three local authorities had a higher uptake than the average for Wales and met the national target.

The percentage of children who were up to date with their routine vaccinations by four years of age varied across the health board area with both Rhondda Cynon Taf (89.8%) and Merthyr Tydfil (88.8%) having a higher uptake than the average for Wales (88.0%). In Wales, the percentage of children up to date with their routine immunisations by four years of age also varied according to the national quintile of deprivation of the LSOA in which they resided. It ranged from 84.0% in the most deprived quintile of LSOAs to 91.7% in the least deprived quintile of LSOAs. The difference in uptake between the least deprived quintile and the most deprived quintile was 7.7%.²²

Rhondda Cynon Taf (92.6%) had the highest uptake of two doses of MMR in children at five years in the health board, which was higher than the average for Wales (92.1%). Similarly, for two doses of MMR in teenagers turning 16 years of age during the 2019 to 2020 school year, Rhondda Cynon Taf (92.4%) had the highest uptake, which was again higher than the average for Wales (91.5%). Both Bridgend and Merthyr Tydfil were below the average for Wales for two doses of MMR in both age groups.

²² Cover Annual Report (2020). Vaccine Uptake in Children in Wales. From: [cover report Feb 95 \[WP\] \(wales.nhs.uk\)](https://www.wales.nhs.uk/cover-report-feb-95)

Table 3.20: Percentage vaccine uptake in children by local authority, health board and Wales, 2019 to 2020

Area	Immunisations			
	6 in 1'	Update	MMR 2	MMR 2
	1 years	4 years	5 years	16 years
Bridgend	96.5	86.4	91.7	89.6
Merthyr Tydfil	96.1	88.8	91.2	90.1
Rhondda Cynon Taf	97.9	89.8	92.6	92.4
Cwm Taf Morgannwg UHB	97.2	88.6	92.1	91.2
Wales	95.8	88.0	92.1	91.5

Source: COVER – Vaccine update in children in Wales. Annual report 2020

3.5.2 Flu vaccination uptake

In 2019 to 2020, the uptake of influenza vaccine in those aged 65 years and older in Wales was 69.4%, an increase compared to 68.3% in 2018 to 2019. Of all influenza immunisations given to those aged 65 years and over, 90% were delivered by the week ending 1st December 2019.²³ In Cwm Taf Morgannwg University Health Board, uptake was lower at 68.9%. This was an increase compared to 67.1% in the previous year. Bridgend (71.5%) had the highest uptake in the health board area. The national target of 75% was not met by any of the health boards or local authorities in Wales.

In Wales, the uptake in those aged six months to 64 years in a clinical risk group was 44.1%, the same as 2018 to 2019. Of all immunisations given to those aged six months to 64 years in clinical risk groups, 90% were delivered by the week ending 5th January 2020.⁷ In Cwm Taf Morgannwg University Health Board uptake was lower at 40.3%, a slight increase compared to 40.0% the previous year. Bridgend (41.3%) had the highest uptake in the health board area. The national target of 55% was not met by any health board or local authority in Wales.

Of a total 68,022 children aged two and three years old (as of 31 August 2019), 50.7% (34,504) were immunised against influenza in general practice between 1st Sept 2019 and 31st March 2020. Both Rhondda Cynon Taf (52.9%) and Merthyr Tydfil (52.1%) had higher uptakes than the average for Wales (50.7%).

²³ Public Health Wales (2020): Seasonal influenza in Wales 2019/20 Annual Report. From: [Table \(wales.nhs.uk\)](https://www.wales.nhs.uk)

Table 3.21: Percentage uptake of influenza immunisation by age group, by local authority, health board and Wales, 2019 to 2020

Area	Patients 65 years and older		Patients 6 months to 64 years at risk		Patients 2 and 3 years	
	Number	Percentage	Number	Percentage	Number	Percentage
Bridgend	23,324	71.5	9,812	41.3	1,599	46.0
Merthyr Tydfil	7,678	67.9	3,824	40.8	744	52.1
Rhondda Cynon Taff	33,619	67.4	14,805	39.6	2,899	52.9
Cwm Taf Morgannwg UHB	64,621	68.9	28,441	40.3	5,242	50.5
Wales	469,497	69.4	197,481	44.1	34,504	50.7

Source: Public Health Wales - Seasonal influenza in Wales 2019 to 2020 Annual Report

4 Identified patient groups – particular health issues

The following patient groups have been identified as living within, or visiting Cwm Taf Morgannwg University Health Board's area:

- Those sharing one or more of the following Equality Act 2010 protected characteristics:
 - Age
 - Disability, which is defined as a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities
 - Pregnancy and maternity
 - Race, which includes colour, nationality, ethnic or national origins
 - Religion (including a lack of religion) or belief (any religious or philosophical belief)
 - Sex
 - Sexual orientation
 - Gender re-assignment
 - Marriage and civil partnership
- Offenders and children and young people in contact with the Youth Justice System
- Homeless and rough sleepers
- Traveller and gypsy communities
- Asylum seekers, refugees and migrants
- Military veterans
- University students
- Visitors to tourist attractions e.g., Porthcawl area

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

4.1 Age²⁴

Health issues tend to be greater amongst the very young and the very old.

The predicted increase in the number of older people in Cwm Taf Morgannwg University Health Board over the coming years is likely to result in an increase in dementia and chronic conditions such as cardiovascular, respiratory diseases and cancers. It will result in more people needing help, care and support from services. The Joint Commissioning Statement for Older People ²⁵ seeks to ensure that 'older people live longer, healthier, fuller and happier lives; where they are encouraged and supported to maintain their independence for as long as possible, whilst recognising that some may become ill, frail or vulnerable, and ensuring that these people receive the respect, care and support they want and need at the right time and in the right place'.

²⁴ Cwm Taf Population Assessment (2017). From: [Cwm Taf Population Assessment - Our Cwm Taf](#)

²⁵ Cwm Taf, Joint Commissioning Statement for Older People's Services – 2015 to 2025.

For older people:

- Older people are more likely to suffer with illnesses or injuries that can stop them from being able to do as much for themselves.
- Falls prevention is a key issue in the improvement of health and wellbeing amongst older people. Falls are a major cause of disability and death in older people in Wales, and result in significant human costs in terms of pain, loss of confidence and independence. It is estimated that between 230,000 and 460,000 people over the age of 60 fall in Wales each year. Between 11,500 and 45,900 of these suffer serious injury: fracture, head injury, or serious laceration. ²⁶
- Older people, particularly those who are frail, often suffer with a combination of problems that have an impact on the way they connect with others. This could be because they have problems walking steadily, remembering things, or hearing and seeing well. All these things affect people's confidence and ability to get out and about and live their lives.
- Feeling lonely or unconnected to friends can have a very negative effect on wellbeing and health. It is associated with poor mental health and conditions such as cardiovascular disease, hypertension and dementia. Loneliness also has a much wider public health impact too, as it is associated with a number of negative health outcomes including mortality, morbidity, depression and suicide. Lonely people tend to make more use of health and social care services and are more likely to have early admission to residential or nursing care. Looking at different ways of making sure that older people stay in touch with the things that matter to them and that there are opportunities for older people to stay active and connected are important.
- Information from the Census 2011 showed that round 23,858 people aged 65 years and over live alone in Cwm Taf Morgannwg University Health Board, around 13% of the population. Without the means to leave their homes, or with fewer visits from community workers and service providers, an increasing number of older people will feel lonely and isolated resulting in damaging effects to their mental health.
- Depression is the most common mental health need for older people and prevalence rises with age. Women are more often diagnosed with depression than men. At any one time, around 10% to 15% of the over 65s population nationally will have depression and 25% will show symptoms of depression. The prevalence of depression among older people in acute hospitals is 29% and among those living in care homes is 40%. More severe depression is less common, affecting 3-5% of older people.
- Increasing age is the greatest risk for dementia. In 2013 there was an estimated 45,529 people living with dementia in Wales, of those people, only 17,661 had received a formal diagnosis. By 2021 it is estimated that over 55,000 people in Wales will have dementia. Developing dementia supportive communities is crucial to the wellbeing of older people, especially the thousands of people living with dementia, regardless of official diagnosis, and the people around them that are also affected. ²⁷

²⁶ [Ageing Well: Falls Prevention \(ageingwellinwales.com\)](http://ageingwellinwales.com)

²⁷ [Ageing Well: Dementia Supportive Communities \(ageingwellinwales.com\)](http://ageingwellinwales.com)

- Good physical health has a significant beneficial impact on health and well-being in older age, the ability to be physically active improves muscle strength and emotional health whilst reducing risk of falls and isolation.
- The World Health Organisation identifies that older people are at most risk of disease as they age and that the following are notable areas that increase those risks:
 - Smoking,
 - Alcohol,
 - Poor oral health,
 - Poor nutrition,
 - Medication (compliance and review),
 - Adherence to therapy/treatment,
 - Psychological factors (depression/cognitive function),
 - Hearing loss,
 - Vision loss,
 - Access within the physical environment

For young people:

- There is evidence that the first one thousand days of life (this includes before the child is born, up until they are two years old) have a significant effect on the rest of the child's life. As Cymru Well Wales has explained it; "these years have a long-lasting impact on individuals and families. They shape the destiny for children as they grow up: their educational achievements, their ability to secure an income, their influences on their own children, and their health in older age."²⁸
- Children born into poverty are more likely to be adults with poor health than those born into affluence.
- The importance of breast feeding is well evidenced to provide health benefits for both mother and baby and to promote attachment; however, young mothers are among the groups least likely to breast feed.
- Being born to a mother who is obese and smokes throughout pregnancy, puts a baby at greater risk of developing unhealthy lifestyle behaviours in the future and serious chronic conditions. This will impact on their quality of life and life expectancy.
- There are also certain 'groups' of children who are more likely to need care and support services in their lives. These include children from families where there are other care and support needs, children who have been separated from their families and children with disabilities.
- Some children go through physical, emotional, or sexual abuse or live in families where there is parental separation, substance misuse, domestic violence, or mental illness. These are called Adverse Childhood Experiences (ACEs) and 47% of adults in Wales have experienced at least one ACE during childhood. These experiences cause long lasting health harms which continue into adulthood and older age.
- Making sure that children are supported to take control of their own lives and well-being, will help them to live their best possible lives. Providing clear and easily accessible information about how young people and their families can find out more about what early help is available in their area is important.

²⁸ Cymru Well Wales. First 1000 days

- Teenage years are also important and there is strong evidence that teenage lifestyle behaviours impact on future longer-term health and social care outcomes. Many children are developing unhealthy behaviours in terms of physical activity and diet. Over a quarter of children in Wales are overweight or obese, including 12.4% who are obese. 40% of adult smokers started smoking regularly before the age of 16.
- Untreated sexually transmitted infections can have a longer term health impact including infertility. Young people's sexual behaviour may also lead to unplanned pregnancy which has significant health risks and damages the longer-term health and life chances of both mothers and babies. Furthermore, it is known that low birth weight can be linked to teenage pregnancy and mothers who smoke while pregnant. To reduce the risk of babies being born early, with a low birth weight, and the risk of disabilities that this brings, it is important that help is available to those who may be at risk.
- Around 50% of lifetime mental illness starts by the age of 14. Children and young people who are at greater risk of mental health problems include those going through family breakdown; those in the Looked After System; those showing behavioural problems; and children who have experienced trauma.
- Influencing positive lifestyle choices in teenagers will impact on health outcomes for young people and on future demand for a wide range of services by adults.

4.2 Disability²⁹

There are many different types of disabilities. A person with a 'health or physical disability including sensory impairment', may have difficulty carrying out everyday activities as their movement and senses may be limited. Sensory impairment is reduced or loss of sight, hearing or both. Those included are the blind, partially sighted, Deaf, and hard of hearing. A disability may be present from birth or occur during a person's lifetime. Health disabilities can include chronic conditions, for example obesity. For people who have suffered, for example, a stroke there may be long term effects on their movement, speech, hearing and sight.

For people with physical disabilities or sensory impairments, the world around them may especially be a barrier to leading a full life. People who have physical disabilities or sensory impairment may find it difficult to get around or carry out everyday tasks.

People with learning disabilities are more likely to develop both physical and mental health problems when compared with the general population. For example, there is a high prevalence of dementia in people with Down's syndrome. Research suggests people with learning disabilities are 58 times more likely to die before the age of 50. They are also more likely to have diabetes, sensory impairments, mental health problems or epilepsy and to have an increased mortality from conditions associated with their learning conditions. People with learning disabilities may also have poorer health resulting from lifestyle issues such as diet and exercise for which they have not received enough advice and support.³⁰

²⁹ Cwm Taf Population Assessment (2017). From: [Cwm Taf Population Assessment - Our Cwm Taf](#)

³⁰ NICE guideline (2018): Care and support of people growing older with learning disabilities. From: www.nice.org.uk/guidance/ng96

People with learning disabilities are now living longer and as a result, the number of older people with a learning disability is increasing. Older people with a learning disability need more support to age well, to remain active and healthy for as long as possible.

Social isolation and feeling lonely is an issue for people with physical disabilities including sensory impairment and people with learning disabilities.

4.3 Pregnancy and maternity

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

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

4.4 Race

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

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

Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, Human Immunodeficiency Virus, tuberculosis, and diabetes.

The Ethnicity and Health in Wales³¹ report provides a description of the ethnic make-up of Wales, together with information on the determinants of health and health outcomes they experience, using 2011 Census as the data source. It identifies that:

- The White British or Irish population account for almost 94% of the population.
- The age structure of the White British or Irish population is much older than the other groups. The younger age structures in other groups reflect patterns of immigration and, in some cases, higher birth rates.
- After accounting for age, the White British or Irish group has a higher percentage of its population reporting limiting illness than the other groups with the exception of the Mixed multiple ethnic group.
- The Mixed multiple ethnic group reported the highest levels of bad or very bad general health, but the differences between groups were not stark.
- The White British or Irish group were more likely to be providing unpaid care than those in other ethnic groups. This reflects the older age structure of this group.

4.5 Religion and belief ³²

Beliefs about health, illness and healthcare can vary between religions and cultures and within any given religious or cultural group. Religious belief may affect the acceptability of aspects of medical care, for example diagnostic procedures and certain types of treatment, and of the potential impact of religious observances on health and treatment plans such as periods of fasting.

It should never be assumed that an individual belonging to a specific religious group will necessarily be compliant with or completely observant of all the views and practices of that group. Individual patients' reactions to a particular clinical situation

³¹ Public Health Observatory Wales (2015). Ethnicity and Health in Wales. From: www.publichealthwalesobservatory.wales.nhs.uk/ethnicity

³² Government UK: Culture, spirituality and religion: migrant health guide. Advice and guidance on the health needs of migrant patients for healthcare practitioners. From: [Culture, spirituality and religion: migrant health guide - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/444444/Culture_spirituality_and_religion_migrant_health_guide_-_GOV.UK.pdf)

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

Beliefs, rites and rituals around pregnancy and birth, 'coming of age', menstruation, marriage, and death are highly variable between religions and cultures, and may all impact on health and health seeking behaviours.

Female genital mutilation is related to cultural, religious, and social factors within families and communities although there is no direct link to any religion or faith. It is an illegal practice that raises serious health related concerns.

'Honour based violence' which is a type of domestic violence motivated by the notion of honour, occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals.

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

4.6 Sex

- The average life expectancy at birth in Cwm Taf Morgannwg University Health Board is 81.0 years for females and 77.6 years for males, a difference of 3.4 years between genders.
- Men tend to use health services less than women and present later with diseases than women do. Consumer research by the Department of Health and Social Care³³ into the use of pharmacies in 2009 showed men aged 16 to 55 tend to be 'avoiders' i.e., they actively avoid going to pharmacies, feel uncomfortable in the pharmacy environment as it currently stands due to perceptions of the environment as feminised/for older people/lacking privacy and of customer service being indiscreet. Results from the patient and public questionnaire showed that 84% of responders were female and 14% were male.
- Men are more likely to die from coronary heart disease prematurely and are also more likely to die during a sudden cardiac event. Women's risk of cardiovascular disease in general increases later in life and women are more likely to die from stroke.
- The percentage of adults reporting to be overweight or obese is higher in men than women for each age group.
- Women are more likely to report, consult for and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men, as are all forms of substance abuse.
- 19% of adults in Wales were drinking above the weekly guidelines in 2018 to 2019 and 2019 to 2020. Drinking above guidelines was more prevalent in males than females.
- Morbidity and mortality are consistently higher in men for virtually all cancers that are not sex specific.

³³ [Pharmacy consumer research. Pharmacy usage and communications mapping – Executive summary. June 2009](#)

4.7 Sexual orientation

The public health white paper 'Healthy Lives, Healthy People' identified poor mental health, sexually transmitted infections, problematic drug, and alcohol use and smoking as the top public health issues facing the UK. All these disproportionately affect lesbian, gay, bisexual transgender (LGBT) populations:

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

4.8 Gender re-assignment ³⁴

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

³⁴ Gender Identity Research and Education Society [Trans Health Factsheets](#)

4.9 Offenders and children and young people in contact with the Youth Justice System ³⁵

Children and young people in contact with the youth justice system can have more health and well-being needs than other children of their age. A recent report based on experimental statistics of the assessed needs of sentenced children in the Youth Justice System in England and Wales (March 2020), showed that the number of concerns each child had increased with the severity of the type of sentence received. For five of the 19 concerns, 71% of children were assessed to have a concern present. These were:

- Safety and Wellbeing (90%),
- Risk to Others (87%),
- Substance Misuse (76%),
- Mental Health (72%)
- Speech, Language and Communication (71%).

Furthermore, over half of children were assessed to be a current or previous 'Child in Need'; almost a third as having a high or very high risk of serious harm; and almost half as having a high or very high Safety and Wellbeing rating.

4.10 Homeless and rough sleepers

Sleeping rough is dangerous and is seriously detrimental to a person's physical and mental health. Research by the homeless charity Crisis³⁶, found that people who sleep rough are 17 times more likely to be victims of violence than the general public. More than one in three people sleeping rough have been deliberately hit or kicked or experienced some other form of violence whilst homeless. Homeless people are over nine times more likely to take their own life than the general population.

The mean age at death for someone who is homeless in England and Wales is 45 years for men and 43 for women compared to the mean age at death for the general population of England and Wales which is 76 years and 81 years respectively (2018). Two in five deaths of homeless people were related to drug poisoning in 2018 (294 estimated deaths), and the number of deaths from this cause has increased by 55% since 2017. The majority of identified deaths were in urban areas (95%), consistent with data showing higher concentrations of rough sleeping in urban areas of England and Wales.³⁷

³⁵ Youth Justice Board / Ministry of Justice (2019/2020). Assessing the needs of sentenced children in the Youth Justice System, England and Wales. From: [Microsoft Word - Assessing the needs of sentenced children in the Youth Justice System 2019-20.docx \(publishing.service.gov.uk\)](#)

³⁶ Crisis Sanders, B. & Albanese, F. (2016) "It's no life at all": Rough sleepers' experiences of violence and abuse on the streets of England and Wales. From: [crisis_its_no_life_at_all2016.pdf](#)

³⁷ Office of National Statistics (2018). Deaths of homeless people in England and Wales. From: [Deaths of homeless people in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

In Wales, the national rough sleeper monitoring exercise is undertaken to provide a better understanding of rough sleeping. In 2019, it showed that Bridgend had the highest estimated number of rough sleepers within the health board area with 15 rough sleepers followed by Rhondda Cynon Taf with an estimated seven rough sleepers. Merthyr Tydfil had an estimated six rough sleepers. Although numbers are relatively low, all showed an increase since the previous year.

According to report by Centrepoin³⁸, homeless young people are amongst the most socially disadvantaged in society. Previous research has shown that many have complex problems including substance misuse, mental and physical health problems, and have suffered abuse or experienced traumatic events. 42% of homeless young people have a diagnosed mental health problem or report symptoms of poor mental health, 18% have attempted suicide, 31% have a physical health problem (such as problems with their breathing, joints and muscles, or frequent headaches), 21% have a history of self-harm, 52% report problems with their sleep, 55% smoke, and 50% use illegal substances.

4.11 Traveller and gypsy communities ³⁹

Gypsies and Travellers are among the UK's longest established minority ethnic populations. Romani Gypsies and Irish Travellers are recognised racial groups under Equality Act 2010. An estimated 2,785 Gypsies and Travellers live in Wales. This is 0.1% of the total population and they live within just over 1,000 households (Census 2011).

In Wales, Gypsies and Travellers are entitled to access GP treatment as a permanent or temporary resident. Studies have shown that Gypsies and Travellers face challenges in accessing services, which may be due to:

- Transient nature of being in the area.
- Location of sites
- Transport – particularly related to women who often cannot drive.
- Low levels of health literacy of what services they are entitled to use or how to access them.

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

- Live shorter lives.
- Suffer from chronic ill health such as cardio-vascular disease, cancers, diabetes asthma and other respiratory conditions. There are also higher rates of stroke.
- Have poorer mental health, from mild to moderate to severe and enduring conditions.
- Have poorer dental health.

³⁸ [Toxic Mix: The health needs of homeless young people, Centrepoin 2014](#)

³⁹ Welsh Government (2015). Travelling to Better Health Policy Implementation Guidance for Healthcare Practitioners on working effectively with Gypsies and Travellers. From: [travelling-to-better-health.pdf \(gov.wales\)](#)

- Have higher rates of stillbirths, perinatal mortality and post-natal depression.
- Have higher rates of hereditary conditions as a result of consanguineous marriages.
- Have lower levels of childhood vaccinations/immunisations.
- Smoke and drink more.
- Have poorer diets.
- Have higher rates of accidents; and
- Have higher rates of domestic violence.

These issues are representative of various lifestyle factors alongside issues of poor education, lack of integration with mainstream support services and a lack of trust in such institutions.

Being Gypsy, Roma or Traveller is usually an important part of someone's identity. Cultural beliefs include considering that health problems should be dealt with by household members or kept within the extended family unit. There is also a strong gender divide in Gypsy and Traveller culture and a value of privacy.

4.12 Asylum seekers, refugees and migrants ^{40,41}

An asylum seeker is a person who has come to the UK to exercise his or her right to claim asylum under the 1951 Convention relating to the Status of Refugees and is waiting for a decision about whether they will be granted refugee status. Examples of people claiming asylum are those who have left a country at war or where they are persecuted because of their place in society. A refugee is a person who has been recognised by the UK Government as needing protection under the 1951 Convention and has been granted leave to remain in the UK, initially for a period of five years although this may be extended indefinitely. There are many ways to interpret the term 'migrant' and there is no definition of a 'migrant' in law.

Issues of immigration and asylum are not devolved powers to Wales; however, the Welsh Government has responsibilities over many areas of life that will affect asylum seekers based in Wales, one of which is their access to health services.

Refugees and Asylum Seekers often arrive in Wales following traumatic experiences in their countries of origin. Many of their health requirements are the same as those of the local community though they may also have different health and health related problems. These may include:

- specific problems arising from their experiences and circumstances that may have led to their asylum application e.g., experienced or witnessed torture/abuse.
- health issues such as:
 - incomplete immunisations

¹⁷ [Asylum Seekers and Refugees | Public Health Network Cymru](#)

⁴¹ Welsh Government (2015). Nation of Sanctuary – Refugee and Asylum Seeker Plan. From: [Nation of Sanctuary Refugee and Asylum Seeker Plan \(gov.wales\)](#)

- communicable diseases such as tuberculosis, HIV/AIDS and other sexually transmitted diseases
- vulnerability to specific conditions
- chronic disease
- mental health problems which may be related to past experiences or pre-existing problems and potentially exacerbated by current circumstances e.g., post-traumatic stress disorder (PTSD).
- dental health.⁴²

In 2019, the Welsh Government launched Nation of Sanctuary Refugee and Asylum Seeker Plan, which looks to address key issues of refugees and asylum seekers:

- Refugees and asylum seekers can access health services (including mental health services) which they require throughout the 'asylum journey'. This includes health assessments on arrival and during the dispersal and post-trauma phases.
- Refugees and asylum seekers are provided with the information and advice they need to begin to integrate into Welsh society from day one.
- Asylum seekers are not prevented from accessing appropriate Welsh Government schemes which would support their integration.
- New refugees and asylum seekers are less likely to fall into destitution.
- All refugees and asylum seekers (particularly unaccompanied asylum-seeking children) are properly safeguarded and can access advocacy support.
- Refugees and asylum seekers can access educational opportunities, including language skills, to help them rebuild their lives and fulfil their potential.

4.13 Military veterans ⁴³

Veterans are defined as anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserved) or Merchant Mariners or who have seen duty on legally defined military operations. In 2020, there are an estimated 21,810 veterans living in Cwm Taf Morgannwg University Health Board⁴⁴. The age distribution of the ex-service population is currently skewed towards those over retirement age. However, the predicted decline in this group, and the changes currently occurring in the UK Armed Forces, mean that a greater proportion of the veteran population will be made up of younger people. As such their health needs are likely to be different than those of the older veteran population.

Most veterans report their time in the services as a positive experience and do not suffer adverse health effects as a result of the time they have served. Overall, the general health of the military population is good, especially round physical fitness. However, conditions attributable to military service include higher rates of

⁴² Welsh Asylum Seeker and Refugee Health Advisory Group (2008). Healthcare for asylum seekers in Wales

⁴³ Ministry of Defence (2017): Veteran Key Facts. From: [Veterans: Key Facts \(armedforcescovenant.gov.uk\)](https://armedforcescovenant.gov.uk)

⁴⁴ Public Health Wales. Health and Wellbeing Needs of Armed Force Veterans. From: <https://abuhb.nhs.wales/files/news/veterans-needs-eng-pdf/>

depression, back problems, limb problems, heart problems, diabetes, hearing and sight problems, than the general population. Some of the differences can be largely explained by the older age profile of veterans. About one in five veterans with a long-term illness attribute it to military service, particularly musculoskeletal problems, hearing and mental illness (Atenstaedt and Jones, 2016). In the over 75 age group, the other issues reported are loneliness and isolation, mobility problems and self-care issue.

Most veterans do not experience mental health problems while they are in service or when they transition into civilian life. The most common mental health problems experienced are substance misuse (mainly alcohol problems), depression and anxiety disorder. Post-traumatic stress disorder (PTSD) rates in ex-Service personnel have often been cited in the media as being higher than those in the general population. However, a study of 10,000 ex-service personnel conducted by the King's Centre for Military Health Research (KCMHR) found that PTSD prevalence rates were 4% in deployed personnel and 6% in combat troops. While the proportion affected with PTSD in the ex-Service community are thought to be only slightly higher than in the general population, the severity in some veteran cases has been found to be much more profound. Exposure to combat and post deployment mental health problems have been found to be risk factors for violence both inside and outside the family environment.

Lord Ashcroft's Review in 2014 of Veterans Transition found that ex-Service personnel as a group are no more likely to take their own lives than the general population.

Another recent study found that UK ex-Service personnel are no more likely than non-veterans to experience gambling problems but further research in this area is needed.

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

- Accessing suitable housing and preventing homelessness.
- Supporting veterans into employment.
- Accessing appropriate financial advice and information about relevant benefits.
- Accessing health and support services.
- Supporting veterans who have been in the criminal justice system.
- Loneliness and isolation.
- Supporting a veteran's wider family.

4.14 University students ⁴⁵

For many university students, this will be the first time they have moved away from home to live independently. It is a time of transition and the challenges of university life can impact on health care. Health needs identified include:

⁴⁵ [Unite Students Insight Report 2019](#)

- Screening for, and treatment of, sexually transmitted diseases.
- Smoking cessation.
- Meningitis vaccination.
- Alcohol and substance use support.
- Contraception, including emergency contraception, provision.
- Mental health problems are increasing within the student population. 94% of universities in the UK have experienced a sharp increase in the number of people trying to access support services, with some institutions noticing a threefold increase.
- According to Unite Students Insight report 2019⁴⁶, the percentage of students who consider that they have a mental health condition has risen, and now stands at 17%. This has risen from 12% in 2016 when the question was first asked. As in previous years, anxiety and depression – often both – were the most commonly reported conditions.
- The number of students dropping out of university with mental health problems has more than trebled in recent years.

4.15 Visitors to tourist attractions

Visitors and holiday makers to the area are likely to have the same health needs as the general population of the health board's area. As they may only be in the area for a short stay, their health needs are likely to be:

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

5 Provision of pharmaceutical services

The maps used in this chapter combined with the full list of pharmacy contractors by cluster found in Appendix L and the GP dispensing sites at 5.1.5 identify the premises at which pharmaceutical services and GP dispensing services are provided in the area of Cwm Taf Morgannwg University Health Board. In subsequent chapters and in particular those providing cluster level information, any maps should be considered indicative of premises locations and read in conjunction with relevant data. It should be noted that due to the size of the area covered by the health board, and the small scale of these maps, many of the premises are not separately identifiable.

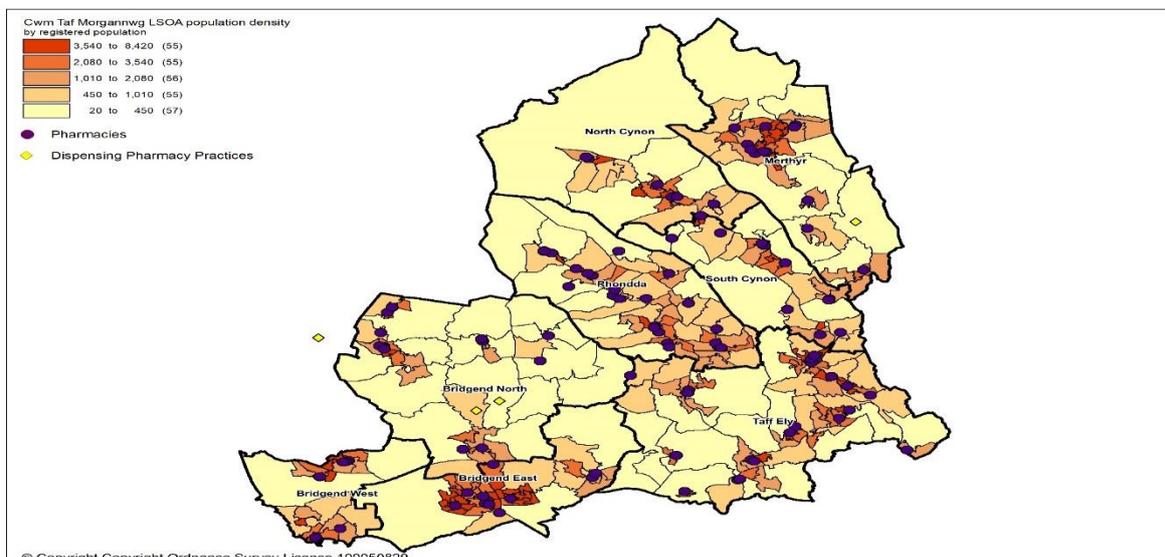
5.1 Current provision within Cwm Taf Morgannwg University Health Board

There are 110 pharmacies included in the pharmaceutical list for the area of the health board as of November 2020, operated by 26 different contractors.

Of the 51 GP practices in the health board area, three GP practices dispense to eligible patients. Two of the GP practices dispense from 3 sites within the health board's area and one practice dispenses from premises that is outside of the health board's area. As of December 2020, the GP practices dispensed to 4705 of their registered patients; 26% of the total list size for all three practices. The percentage of dispensing patients at practice level varied between 6% to 58% of registered patients.

The map below shows the location of the pharmacies and dispensing practice premises within the health board's area compared to population density. As can be seen from the map, all pharmacies are located in or near areas of higher population density. The dispensing doctor practices, as can be expected, can be found in the more rural areas with lower population density.

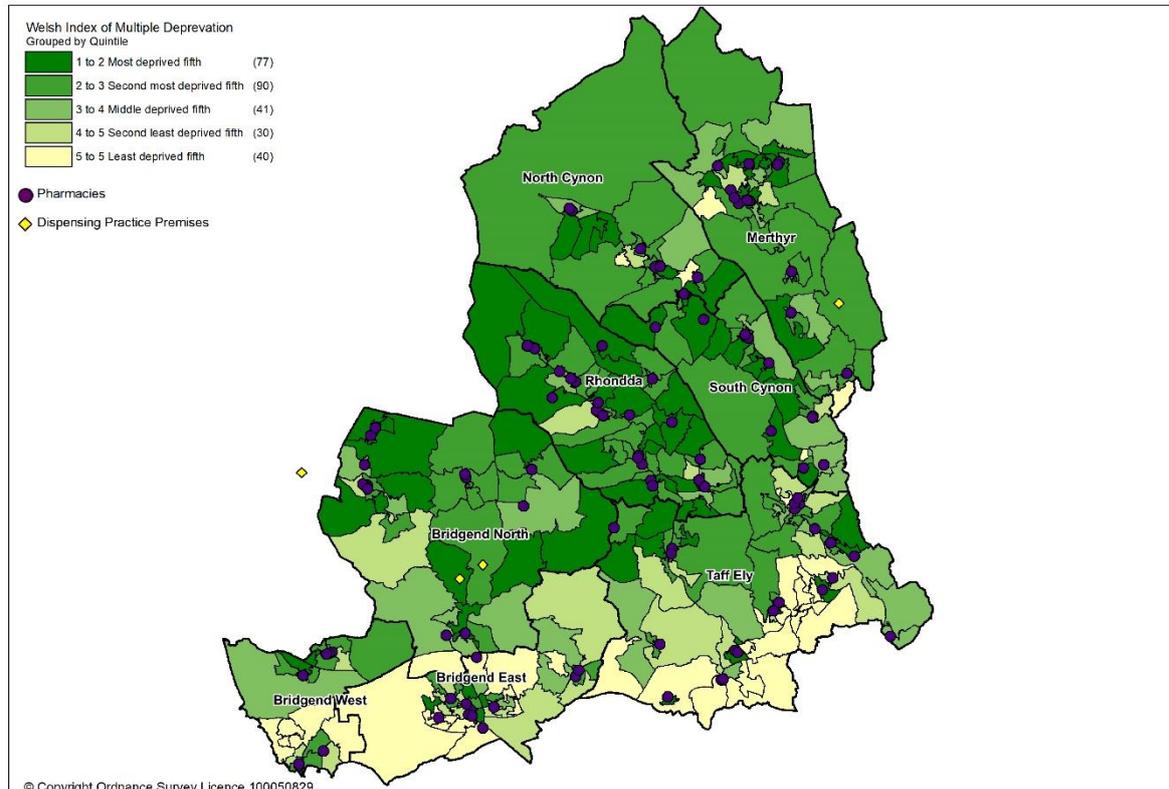
Map 5.1: Location of pharmacies and dispensing practice premises compared to population density



The map below shows the locations of the pharmacy and dispensing practice premises within the health board's area compared to levels of deprivation. All of the pharmacies and dispensing doctor practices are situated in or close to areas of higher levels of deprivation.

Map 5.2: Location of pharmacies and dispensing practice premises compared to levels of deprivation

Cwm Taf Morgannwg University Health Board



In 2019 to 2020, 95.5% of items prescribed by GP practices in the health board's area were dispensed by pharmacies within the health board's area. It is not possible to quantify the total number of items that were personally administered by GP practices in Wales as the published figures include items which have been either personally administered or dispensed by dispensing practices. Therefore, the three GP dispensing practices in the health board's area dispensed or personally administered 1.2% of items and the non-dispensing practices personally administered 1.1%.

5.1.1 Access to premises

The access to services domain in the Welsh Index of Multiple Deprivation captures deprivation as a result of a household's inability to access a range of services considered necessary for day-to-day living, including an average return travel time (in minutes) to a pharmacy from the residential dwelling to the nearest pharmacy by public transport (bus, train, foot or coach) or private transport i.e., by car. In Wales, the average return travel time to a pharmacy by public transport is 38 minutes. This reduces to 7 minutes for private transport. All three local authorities in Cwm Taf

Morgannwg University Health Board have a shorter return travel time to a pharmacy than the average for Wales.

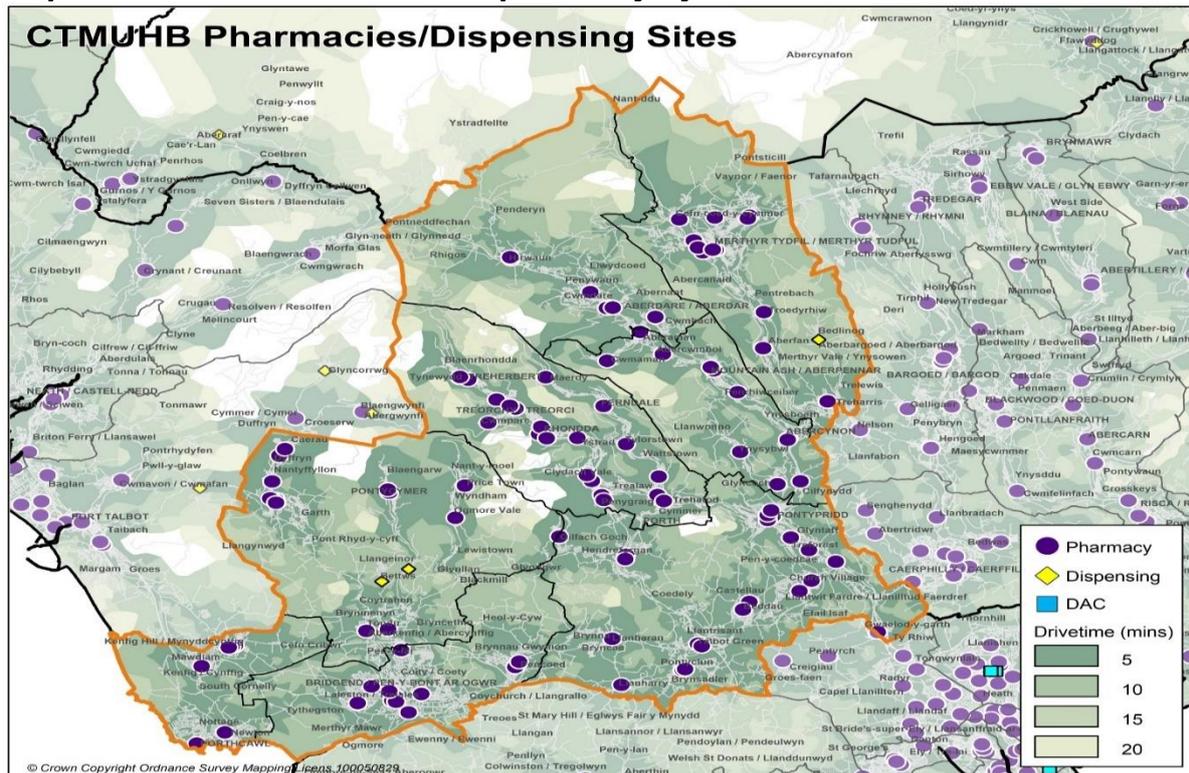
Table 5.1: Travel time to a pharmacy by public and private transport by local authority, health board and Wales, 2019

Area	Average return travel time by public transport	Range of return travel time by public transport	Average return time by private transport	Range of return travel time by private transport
Bridgend	30 minutes	15 to 115 minutes	6 minutes	2 to 17 minutes
Merthyr Tydfil	28 minutes	18 to 71 minutes	6 minutes	2 to 18 minutes
Rhondda Cynon Taf	24 minutes	15 to 43 minutes	5 minutes	1 to 11 minutes
Cwm Taf Morgannwg UHB	27 minutes		5 minutes	
Wales	38 minutes		7 minutes	

Source: StatsWales - WIMD 2019 Indicator Data Local Authority

In order to assess whether residents are able to access a pharmacy within the standard 20 minutes drive time, drive time and distance analyses were undertaken using the RouteFinder plugin for MapInfo Professional and the Ordnance Survey Highways transport network, with a custom average road speed file estimated using a study by Ordnance Survey and South Central Ambulance Service. As can be seen from the map below, the vast majority of residents can access a pharmacy within 20 minutes or less by car. The small white areas on the map, are areas which do not meet the standard time; however, these are areas of very low population density. These areas are explored further at the cluster level within the cluster chapters. Therefore, the number of residents who cannot access a pharmacy in Cwm Taf Morgannwg University Health Board within 20 minutes by car is very small.

Map 5.3: Time taken to access a pharmacy by car



Responses to the public and patient questionnaire provide the following insights into accessing pharmacies. Overall, the most popular ways of travelling to a pharmacy are by car (65%) and then on foot (27%) with only 1% of respondents travelling by bus. Based on information from the 2011 Census, just over a quarter of households in Cwm Taf Morgannwg University Health Board do not have a car or van. Merthyr Tydfil (29.7%) has the highest percentage of households with no cars or van, followed by Rhondda Cynon Taf (27.1%). Bridgend (21.9%) has a lower percentage than the average for Wales (22.9%).

Responses to the public and patient questionnaire also showed that nearly all respondents (98%), could get to a pharmacy in less than 20 minutes. 49% of respondents could get to a pharmacy in less than 5 minutes and for only 2% did it take more than 20 minutes to get to a pharmacy. For those where it took longer than 20 minutes to get a pharmacy, it wasn't possible to determine the mode of transport used or the reason why. However, the majority of respondents (93%) said they didn't have difficulty getting to a pharmacy. Only 5% replied that they did and 3% said the question was not applicable. Of the 31 people who selected other, the reasons provided for having difficulty in getting to a pharmacy were:

- Just over half (16 responses) were related to mobility issues, either due to a disability, injury or health condition.
- Seven comments mentioned opening times, with work commitments being a major factor.
- Three comments mentioned parking difficulties and a further three mentioned difficulties with public transport links.

- Two comments were related to shielding due to the Coronavirus (COVID-19) pandemic.

5.1.2 Access to essential services

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

The patient and public engagement questionnaire showed that most respondents do not have a preference about when is the best time or day to use a pharmacy. Of the remaining responses, 42% preferred to use a pharmacy between 9am and 6pm, with 2pm to 6pm being the most popular choice (21%). Where a day was indicated, the weekdays was the most convenient time for respondents to visit a pharmacy, followed by the weekends in general rather than a specific day.

Appendix L provides information on the pharmacies opening hours as of March 2021 (excluding bank and public holidays), and at that point in time there were:

- 10 pharmacies open seven days a week.
- 13 pharmacies open Monday to Saturday.
- 65 pharmacies open Monday to Friday, and part of Saturday.
- 22 pharmacies that open Monday to Friday.

Furthermore, the health board commissions a pharmacy Sunday rota service, in addition to the existing dispensing service provided within the essential service, to ensure that at least one pharmacy is open in Merthyr, Cynon and Rhondda, at various times over the Sunday period. Those residents living near the border areas with other clusters or health boards may also access extended hour pharmacies in those areas. Further details can be found in 5.1.4.7.

GP practices are contracted to provide services between 8.00am and 6.30pm, Monday to Friday, excluding bank and public holidays. GP dispensaries will generally be open at the same time as the GP practice and dispense prescriptions issued as part of a consultation during this time as well as dispensing repeat prescriptions.

In addition, Ysbyty Cwm Rhondda and Ysbyty Cwm Cynon Minor Injuries Units are open Monday to Friday (excluding bank holidays), between 9am to 4.30pm.

The health board has the ability to invite and/or direct existing pharmaceutical contractors to adjust their opening hours to meet any future needs as necessary.

5.1.3 Access to advanced services

5.1.3.1 Medicines Use Review (MUR) service

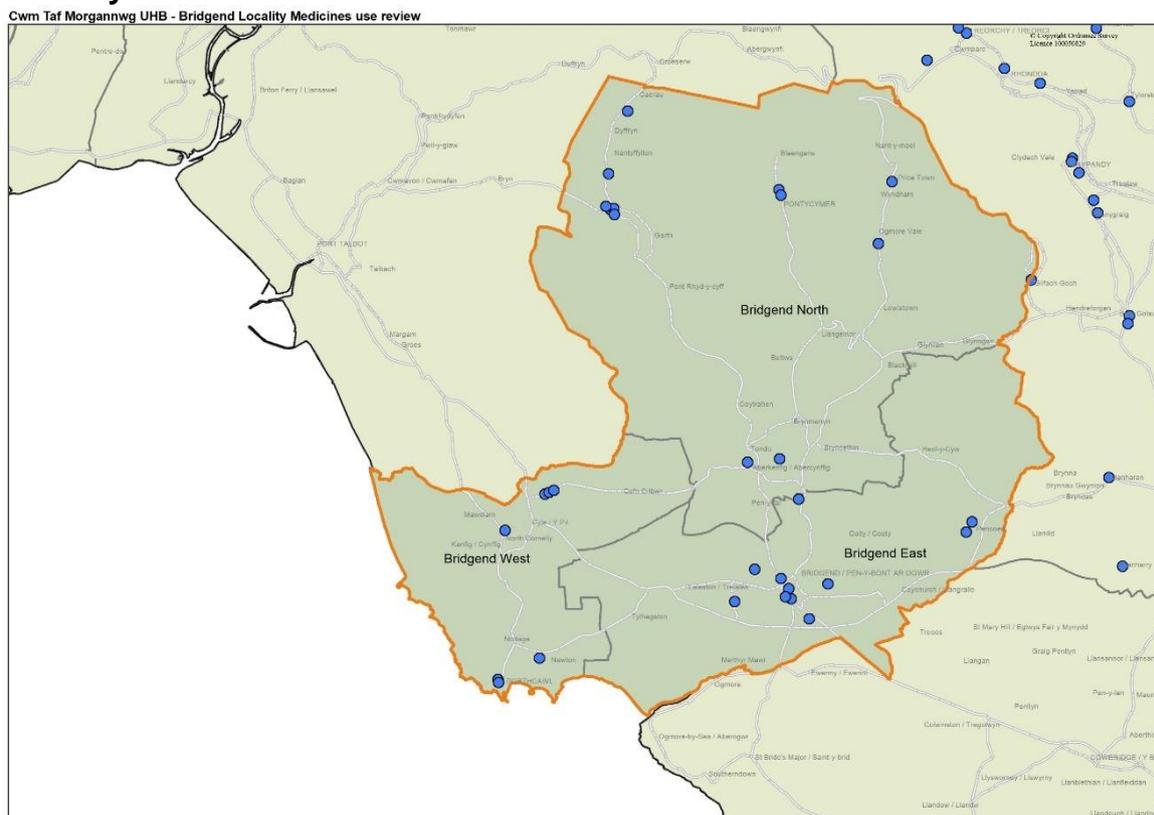
The underlying purpose of the MUR service is to improve the patient's knowledge and use of medicines. In 2018 to 2019, a total of 24,060 MURs were provided by 77 of the 110 pharmacies. Up to 400 MURs can be provided at each pharmacy per year, giving a potential maximum number of 44,000 per annum. However, with 33 pharmacies not providing the service, the actual number of MURs that could have been undertaken is 30,800. Only 41 pharmacies claimed the maximum number of 400 MURs in 2018 to 2019.

In 2019 to 2020, a total of 32,948 eligible MURs were provided by 107 of the pharmacies. Up to 400 MURs can be provided at each pharmacy per year, giving a potential maximum number of 44,000 per annum. However, with three pharmacies not providing the service the actual number of MURs that could have been undertaken is 42,800. Only 23 pharmacies claimed for the maximum number of 400 MURs in 2019 to 2020.

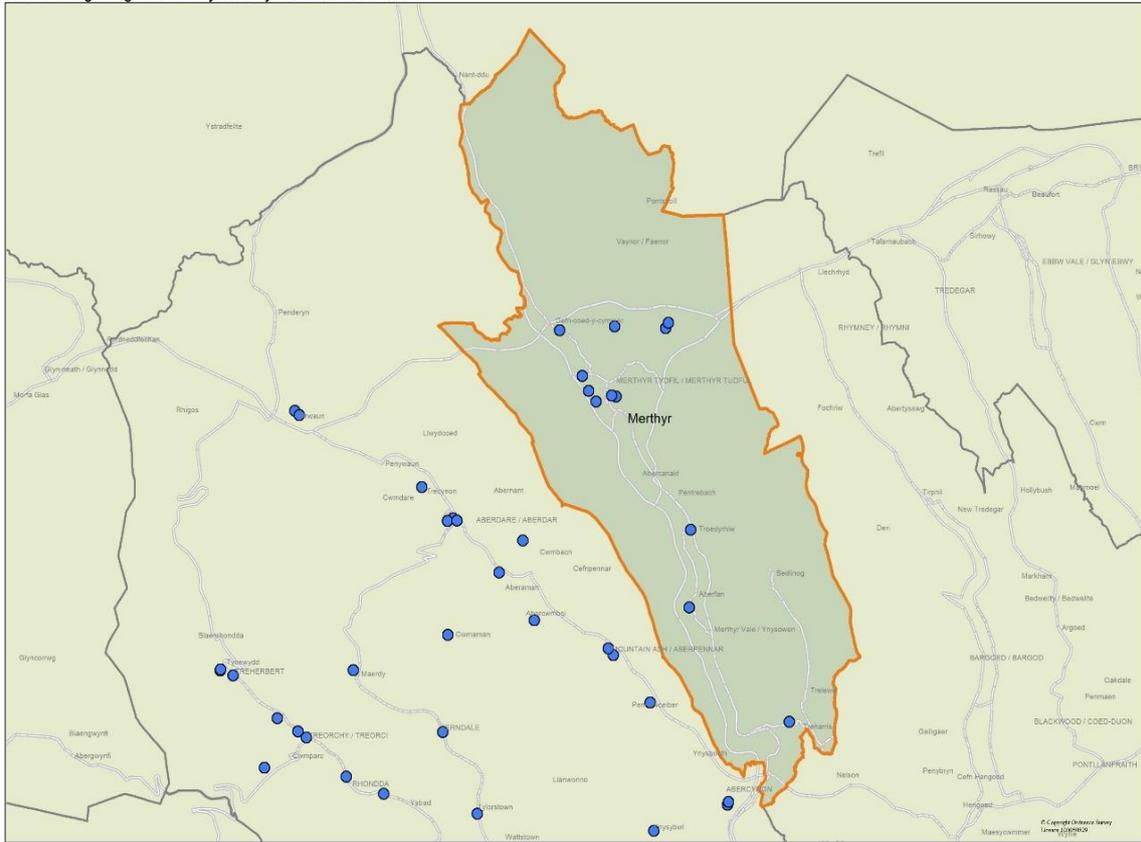
The Welsh Government formally suspended the MUR service on 13 March 2020. At the time of writing, it is not known when the service will re-commence.

The map below shows the location of those pharmacies that provided the service in 2019 to 2020.

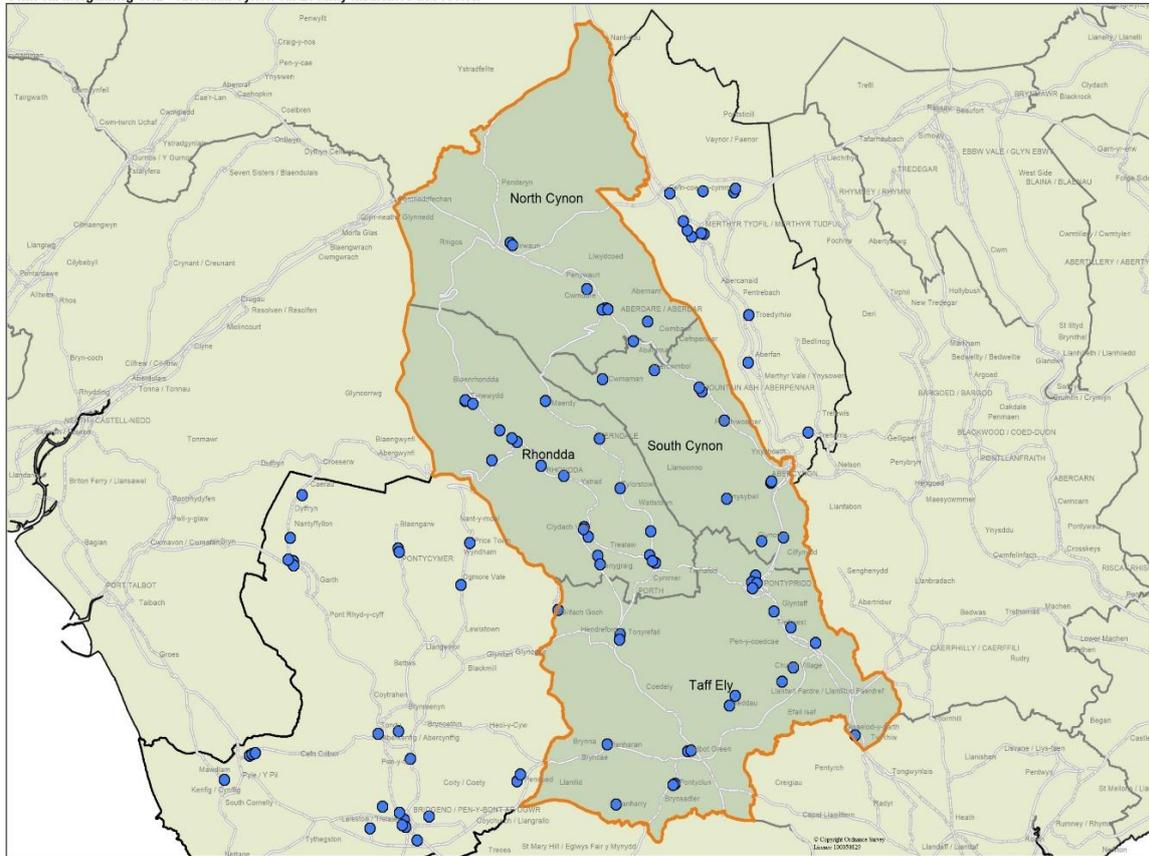
Map 5.4: Location of the pharmacies providing MURs in 2019 to 2020 by local authority



Cwm Taf Morgannwg UHB - Merthyr Locality Medicines use review



Cwm Taf Morgannwg UHB - Rhondda Cynon Taf Locality Medicines use review



Based upon the level of provision in 2018 to 2019 and 2019 to 2020, Cwm Taf Morgannwg University Health Board is satisfied that there is sufficient capacity within existing contractors to provide more MURs:

- In 2019 to 2020, three pharmacies did not provide the MUR service.
- Of the 107 pharmacies that did provide the service, 84 pharmacies (79%) provided less than the maximum annual number of 400 MURs of which 20 pharmacies provided less than 200 MURs.

However, this may not be the case at the cluster level and further analysis is undertaken within the cluster chapters.

5.1.3.2 Access to the Discharge Medicines Review (DMR) service

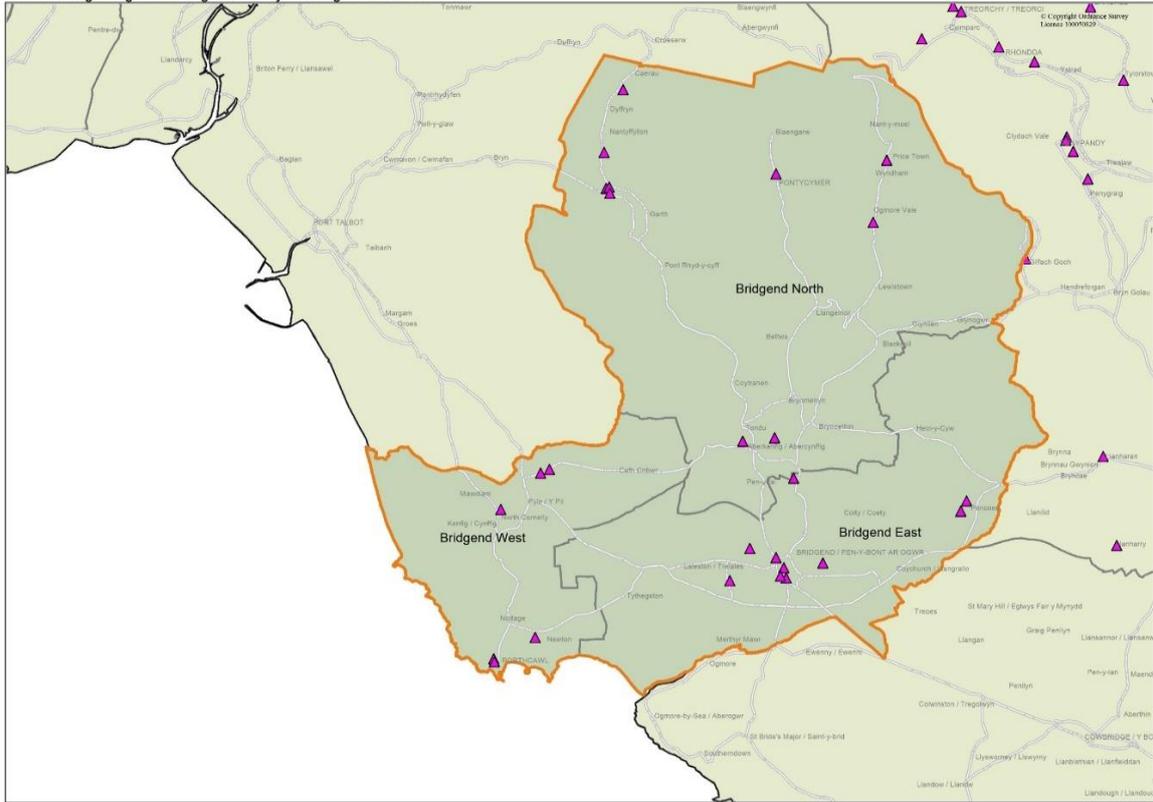
The DMR service aims to provide support to patients recently discharged from hospital by ensuring that changes made to their medicines are enacted as intended in the community. In 2018 to 2019, 85 of the 110 pharmacies provided this service, and a total of 1,907 full service interventions were claimed over the year. Up to 140 DMRs can be provided at each pharmacy per year, giving a potential maximum number of 15,400 per annum. However, with 25 pharmacies not providing the service the actual number of DMR interventions that could have been undertaken is 11,900. Only two pharmacies provided the maximum number of 140 DMR service interventions.

In 2019 to 2020, 84 pharmacies provided this service, and a total of 2,226 full service interventions were claimed over the year. Up to 140 DMRs can be provided at each pharmacy per year, giving a potential maximum number of 15,400 per annum. However, with 26 pharmacies not providing the service the actual number of DMR interventions that could have been undertaken is 11,760. Only one pharmacy provided the maximum number of 140 DMR service interventions.

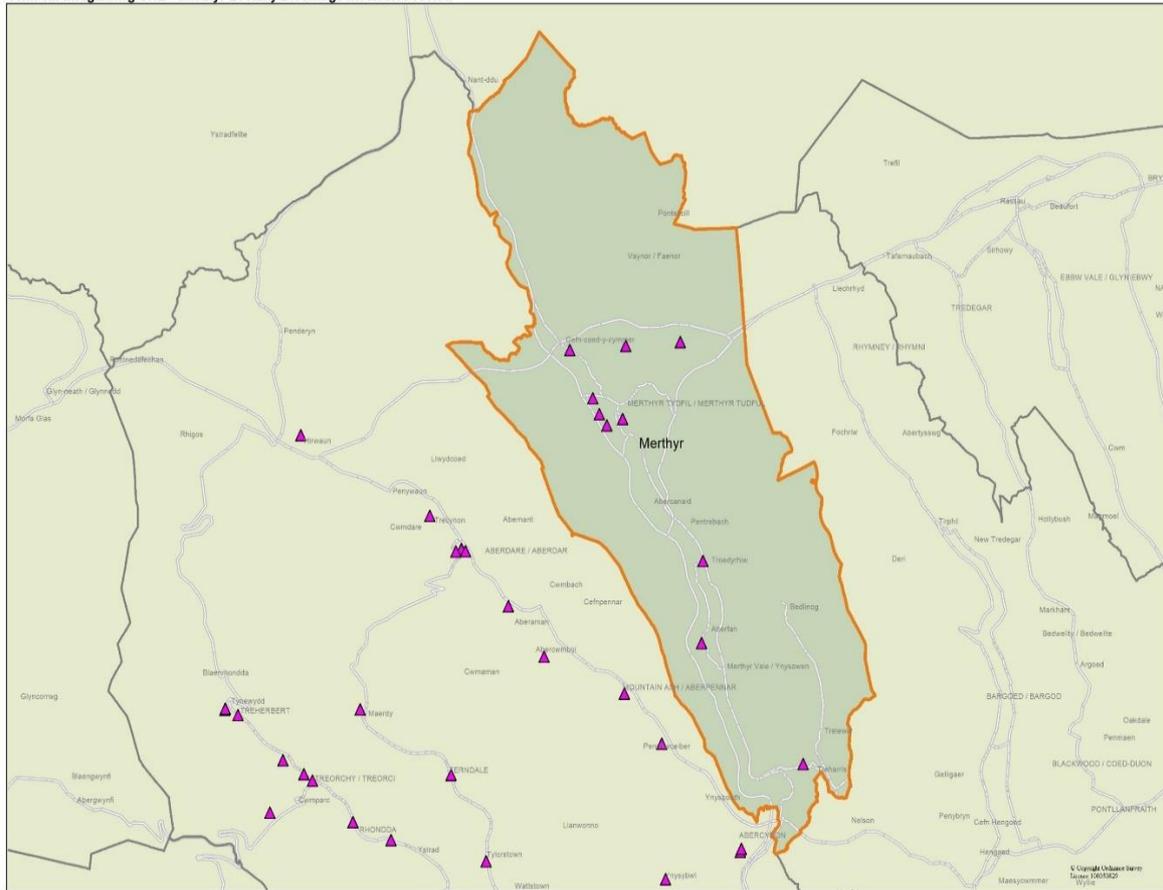
The map below shows the location of those pharmacies that provided the service in 2019 to 2020.

Map 5.5: Location of the pharmacies providing DMRs in 2019 to 2020

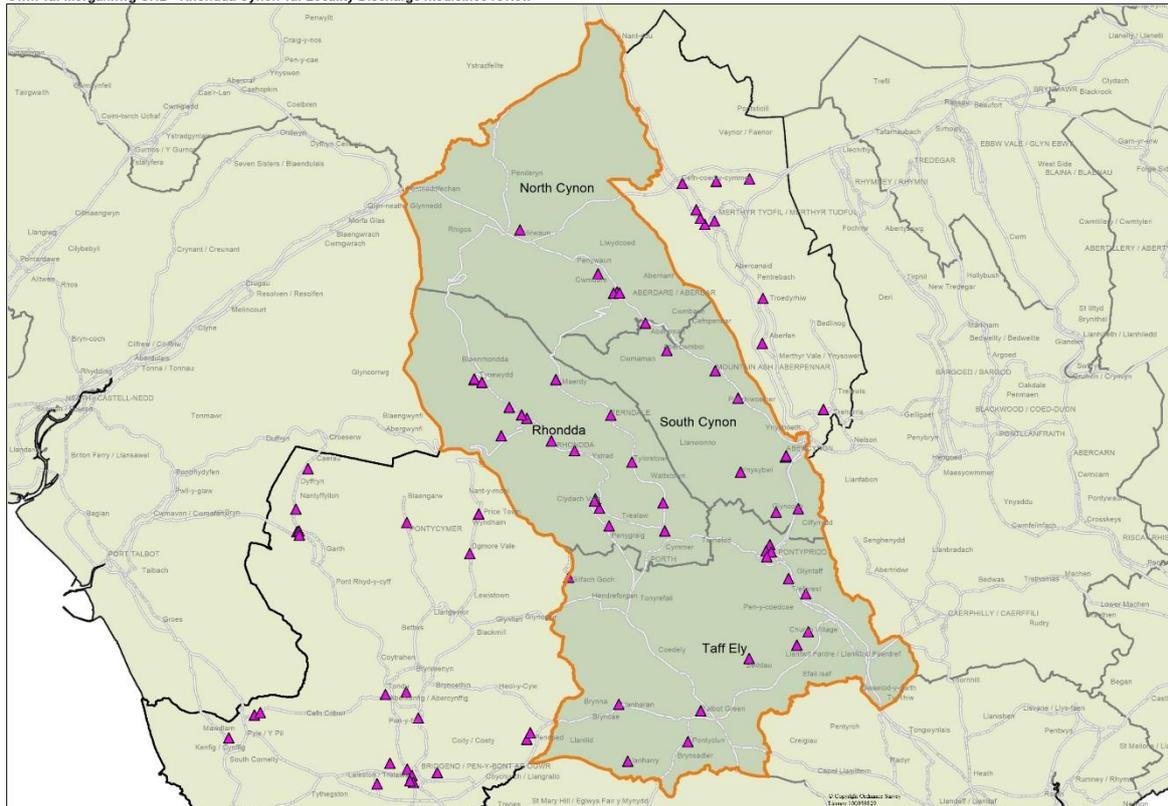
Cwm Taf Morgannwg UHB - Bridgend Locality Discharge medicines review



Cwm Taf Morgannwg UHB - Merthyr Locality Discharge medicines review



Cwm Taf Morgannwg UHB - Rhondda Cynon Taf Locality Discharge medicines review



Based upon the level of provision in 2018 to 2019 and 2019 to 2020, Cwm Taf Morgannwg University Health Board is satisfied that there is sufficient capacity within existing contractors to provide more DMRs:

- In 2019 to 2020, 26 pharmacies did not provide the DMR service.
- Of the 84 pharmacies that did provide the service, 83 pharmacies (99%) provided less than the maximum annual number of 140 DMRs of which 79 pharmacies (94%) provided less than 70 DMRs.

There is no reason to suggest that service capacity has changed during 2020 to 2021. Furthermore, as part of the changes to the Community Pharmacy Contractual Framework for 2021, the cap for the number of paid DMRs has now been removed enabling pharmacies to provide more than 140 DMRs each year. However, it is acknowledged that the Coronavirus (COVID-19) pandemic will have affected the provision and need for this service during 2020 to 2021. Further analysis is undertaken within the cluster chapters.

5.1.3.3 Access to Appliance Use Reviews (AURs) service

The AUR service aim to improve the patient's knowledge and use of any specified appliance by:

- Establishing the way the patient uses the appliance and the patient's experience of such use.
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
- Advising the patient on the safe and appropriate storage of the appliance.

- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home.

Between April 2018 and August 2020, none of the pharmacies in Cwm Taf Morgannwg University Health Board provided this service. There are four appliance contractors in Wales that provide appliances across Wales and England, one of which offers the AUR service. However, due to the way the data is collated and published it is not known how many of these were provided for the health board's residents.

5.1.3.4 Access to Stoma Appliance Customisation (SAC) service

The SAC service aims to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

Between April 2018 and August 2020, none of the pharmacies in Cwm Taf Morgannwg University Health Board provided this service. There are four appliance contractors in Wales that provide Stoma Appliances across Wales and England and offer the SAC service. However, due to the way the data is collated and published it is not known how many of these were provided for the health board's residents.

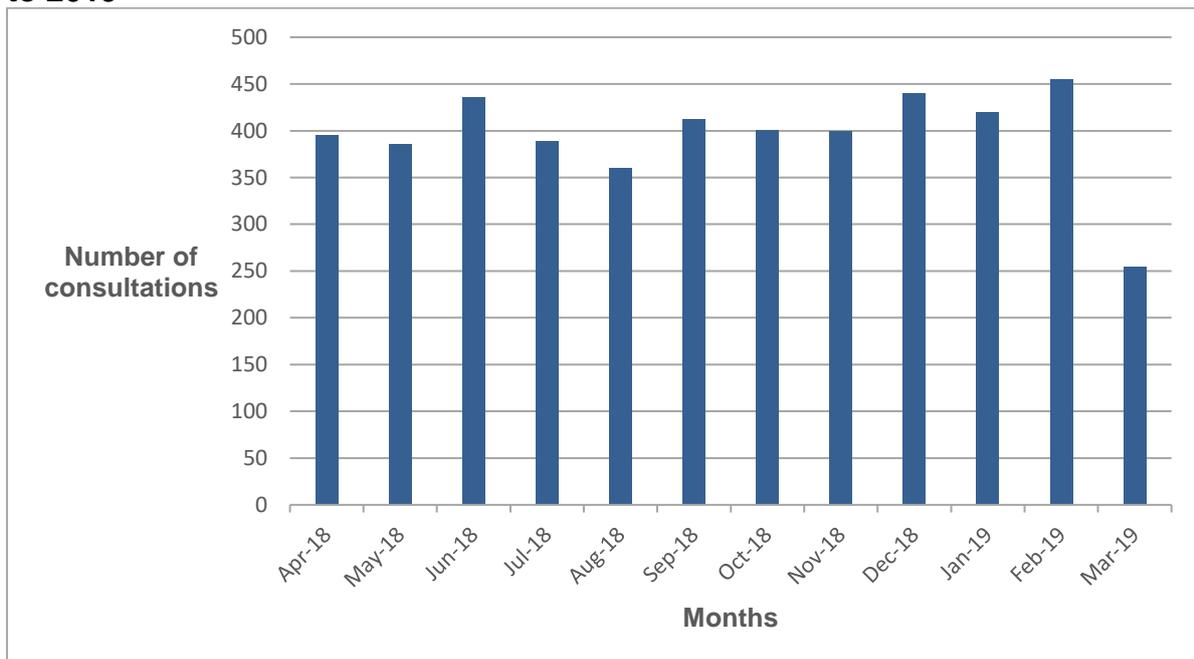
5.1.4 Access to enhanced services

5.1.4.1 Access to the Emergency Contraception enhanced services

In 2011, a national Emergency Contraception service was commissioned from community pharmacies. This allows levonorgestrel to be obtained by women and girls from the age of 13 years free of charge under a patient group direction (PGD). In April 2015, the service was extended to allow ulipristal acetate to be supplied between 72 and 120 hours after unprotected sexual intercourse (UPSI).

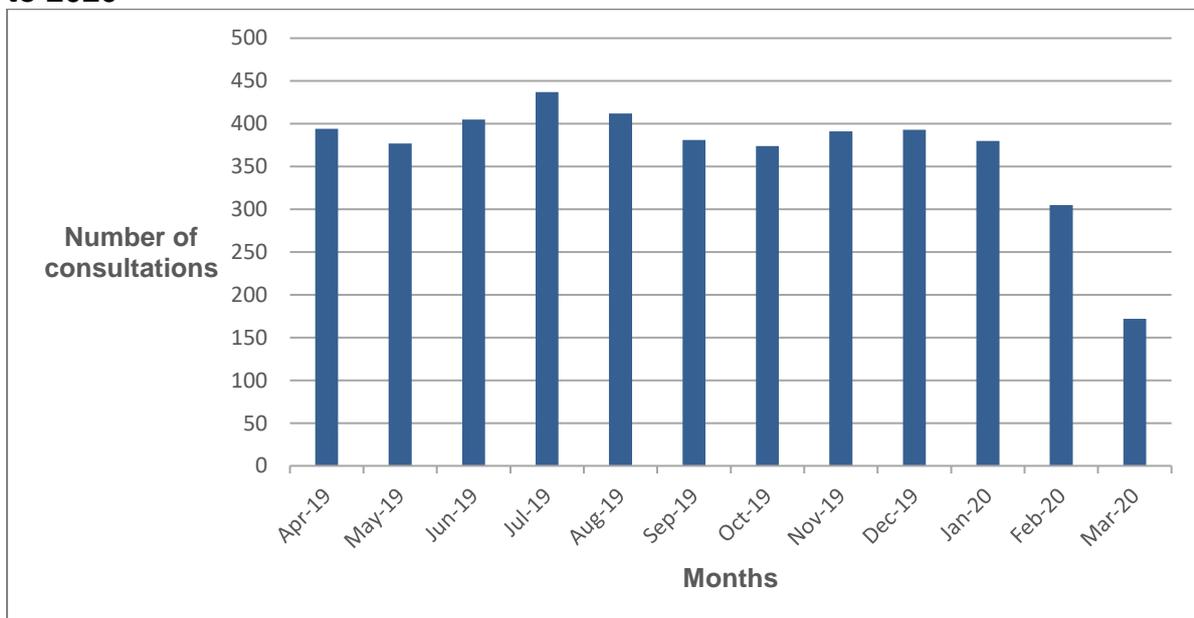
In 2018 to 2019, 97 of the 110 pharmacies provided a total of 4746 consultations under this service over the year. The figure below shows the total number of consultations claimed under the service by pharmacies in the health board's area over this period.

Figure 5.1: Number of emergency contraception consultations claimed in 2018 to 2019



In 2019 to 2020, the same number of pharmacies provided a total of 4,421 consultations under this service over the year. The figure below shows the total number of consultations claimed under the service by pharmacies in the health board's area over this period.

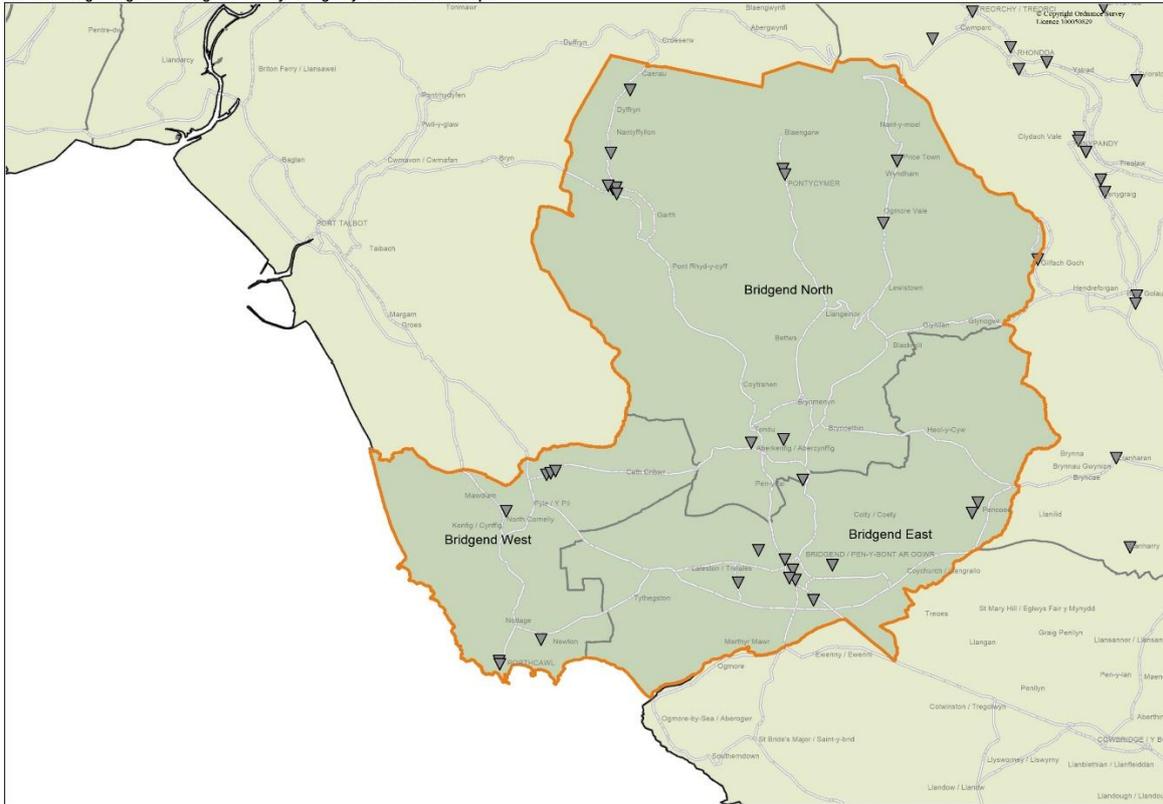
Figure 5.2: Number of emergency contraception consultations claimed in 2019 to 2020



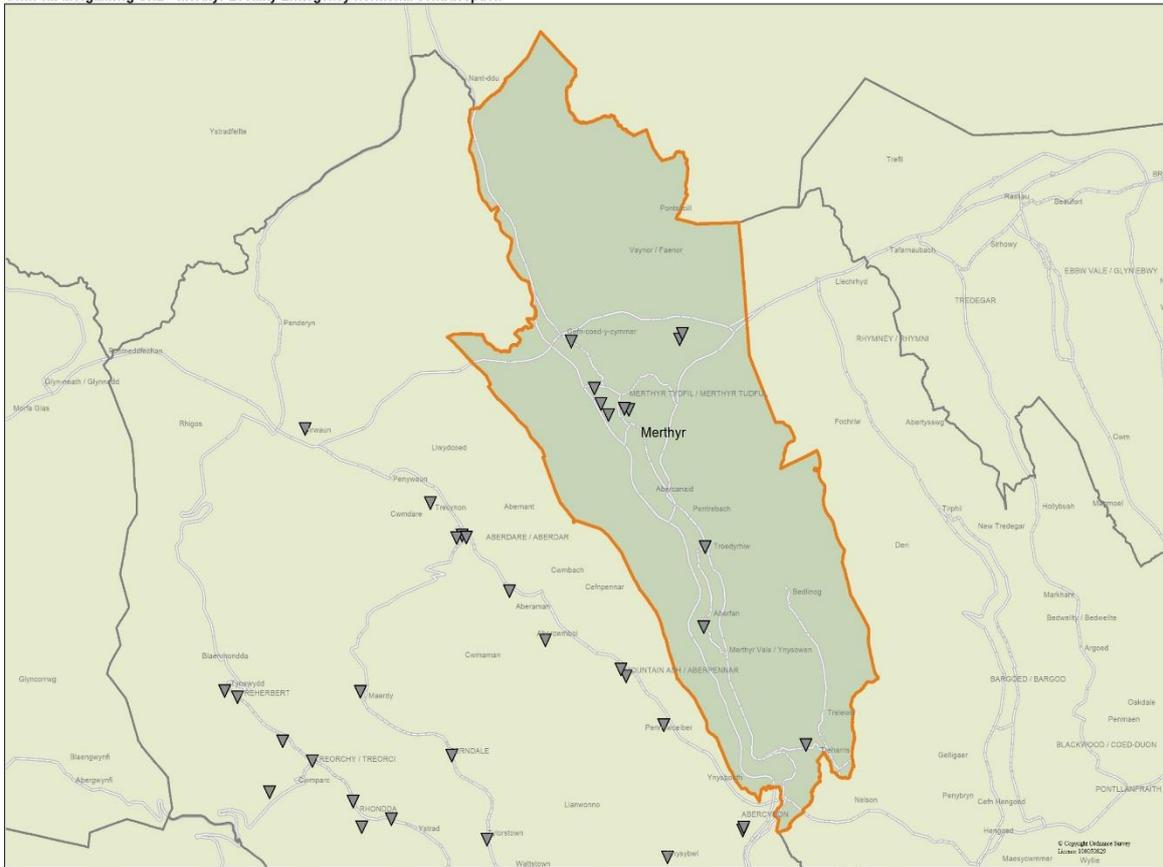
The map below shows the location of those pharmacies that provided the service in 2019 to 2020.

Map 5.6: Location of pharmacies providing emergency contraception in 2019 to 2020

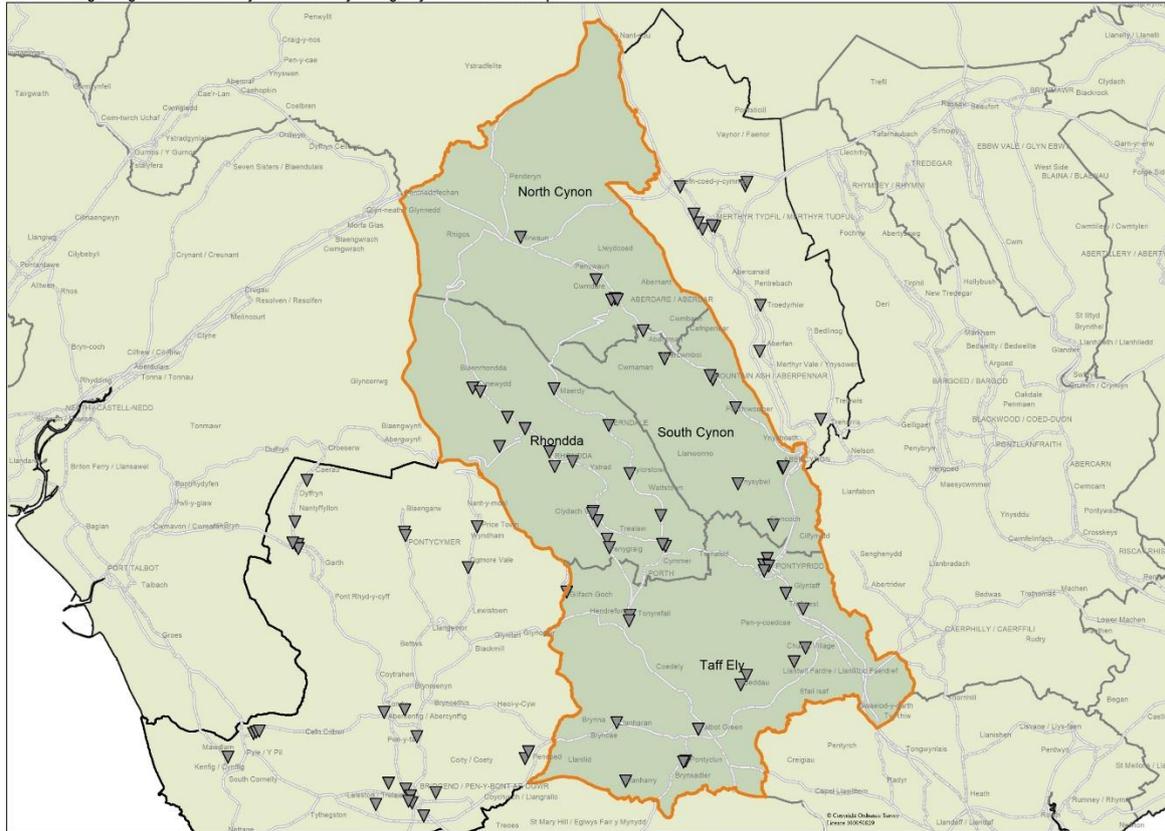
Cwm Taf Morgannwg UHB - Bridgend Locality Emergency hormonal contraception



Cwm Taf Morgannwg UHB - Merthyr Locality Emergency hormonal contraception



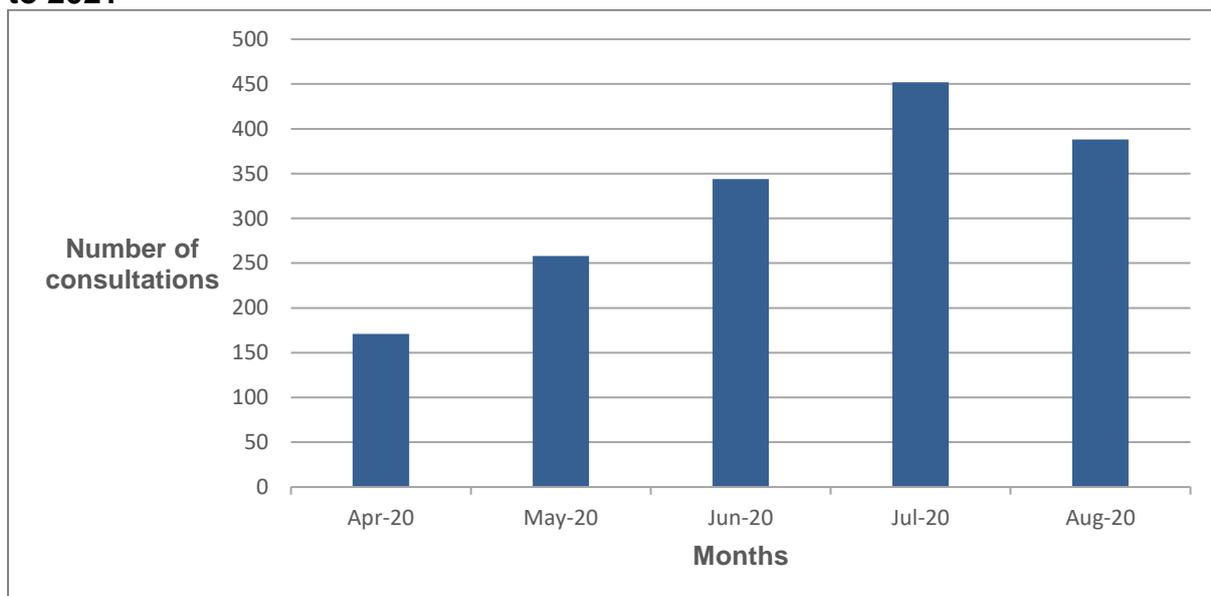
Cwm Taf Morgannwg UHB - Rhondda Cynon Taf Locality Emergency hormonal contraception



In the first five months of 2020 to 2021, 93 of the 110 pharmacies provided a total of 1,613 consultations under this service.

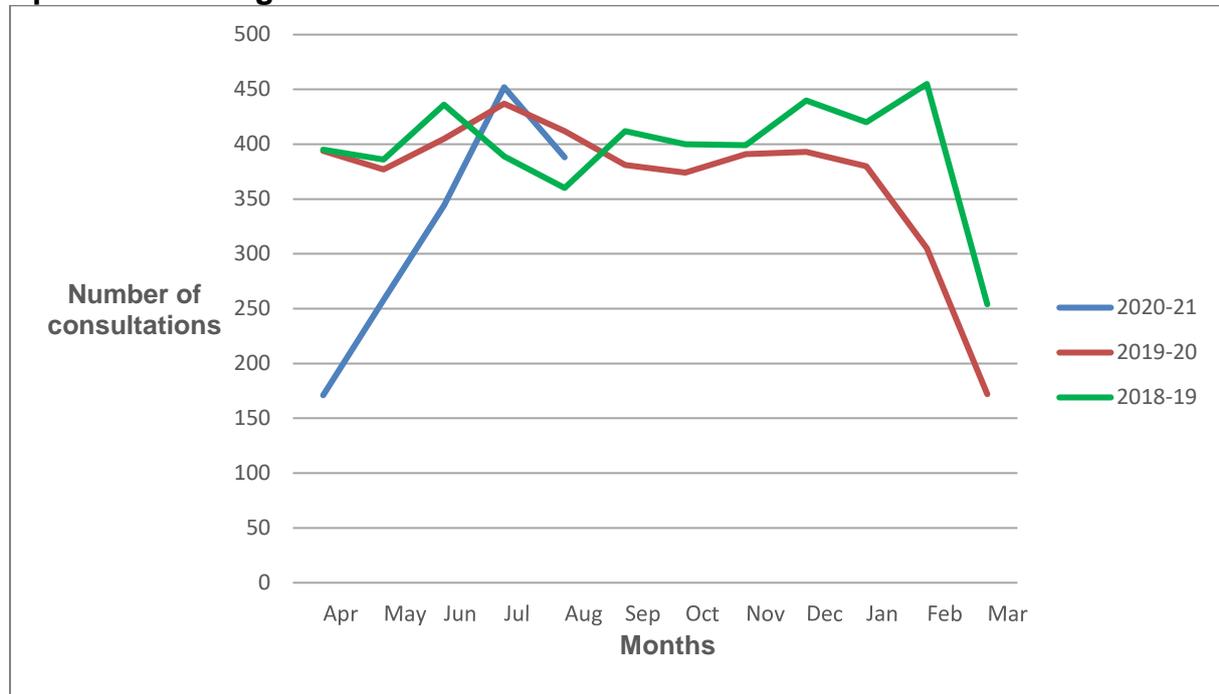
The figure below shows the total number of emergency contraception consultations claimed under the service by pharmacies in the health board’s area in the first five months of 2020 to 2021.

Figure 5.3: Number of emergency contraception consultations claimed in 2020 to 2021



The figure below compares provision of the service over the last three financial years.

Figure 5.4: Number of emergency contraception consultations by year from April 2018 to August 2021



Based upon the level of provision in 2018 to 2019 and 2019 to 2020, Cwm Taf Morgannwg University Health Board is satisfied that there is sufficient capacity within existing contractors to provide more emergency contraception consultations.

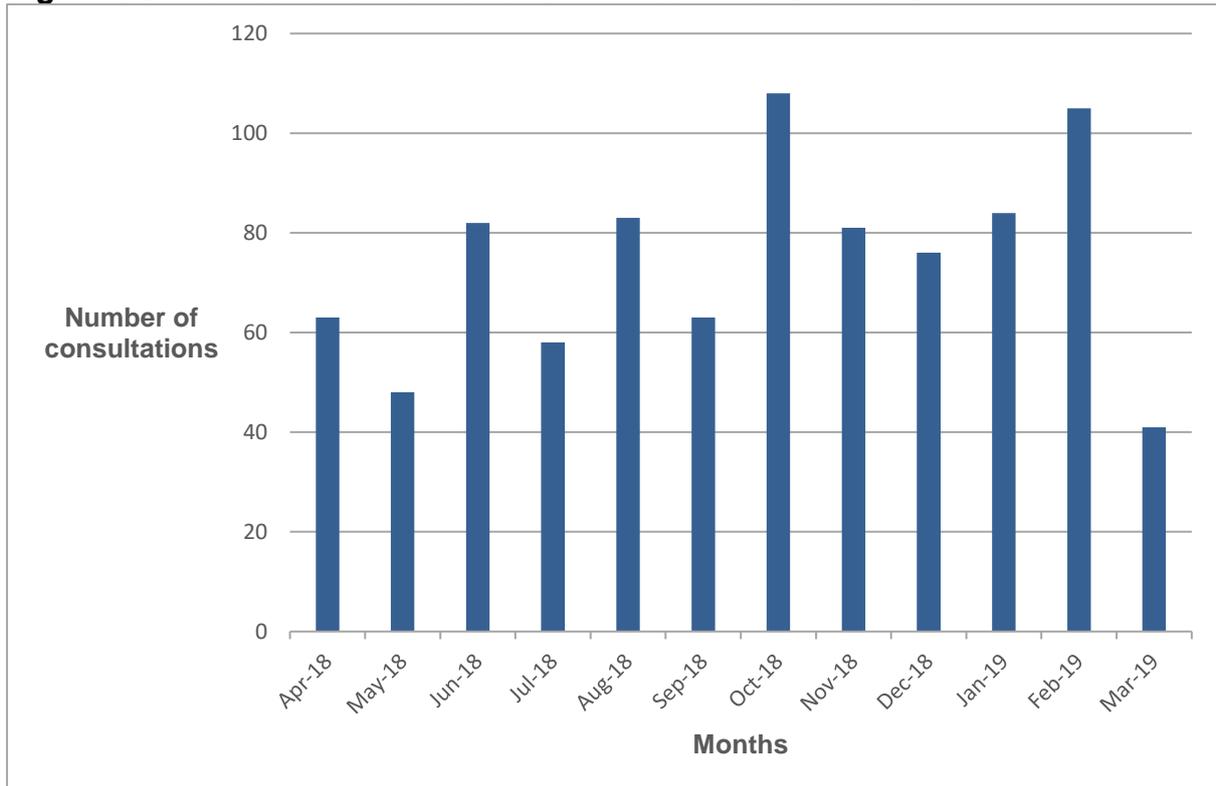
From the data available for 2020 to 2021, there is no evidence to support a different conclusion. However, it is acknowledged that the Coronavirus (COVID-19) pandemic will have affected the provision and need for this service during 2020 to 2021. Further analysis is undertaken within the cluster chapters.

5.1.4.2 Access to the smoking cessation level 2 enhanced service

The smoking cessation level 2 service links pharmacies with the intensive behavioural support service provided by Help Me Quit (HMQ). Under this arrangement, pharmacy contractors supply nicotine replacement therapy to smokers who are receiving smoking cessation behavioural support from Help Me Quit, in response to a referral letter or appointment card that indicates the client's dependence on nicotine. Following successful completion of the six weeks programme, Help Me Quit will issue a discharge referral letter to a pharmacy for a further six week supply of nicotine replacement therapy to be supplied at fortnightly intervals.

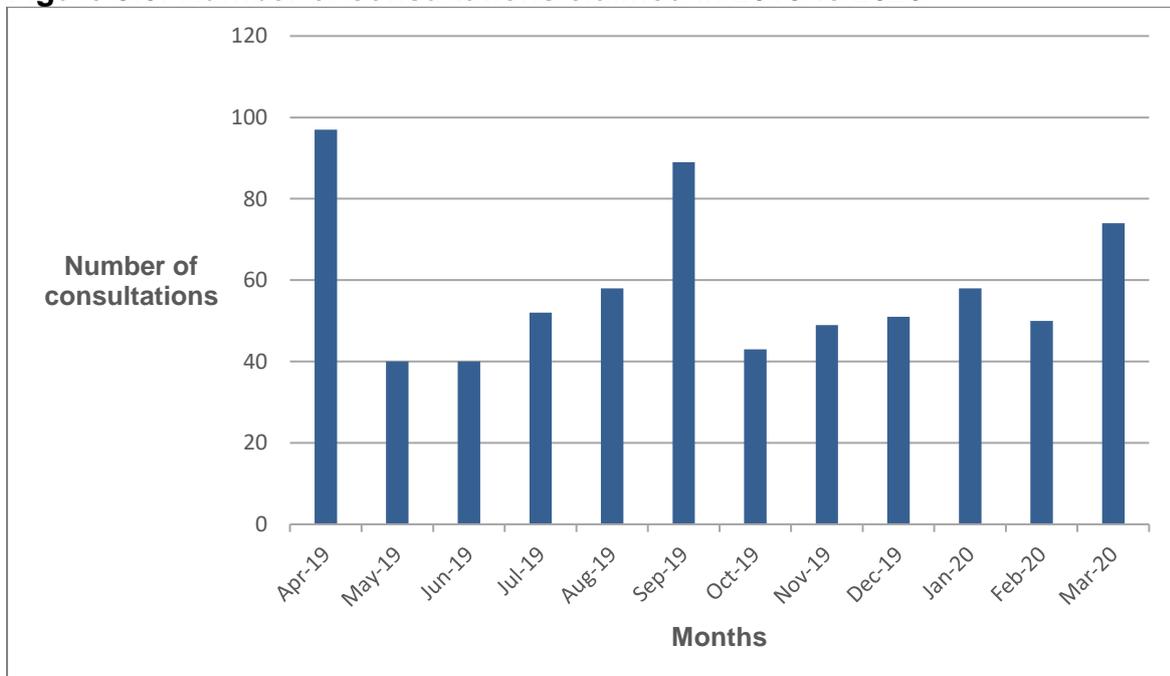
In 2018 to 2019, 74 of the 110 pharmacies provided a total of 892 consultations over the year. The figure below shows the total number of consultations claimed under the service by pharmacies in the health board's area over this period.

Figure 5.5: Number of consultations claimed in 2018 to 2019



In 2019 to 2020, 65 of the 110 pharmacies provided a total of 701 consultations over the year. The figure below shows the total number of consultations claimed under the service by pharmacies in the health board's area over this period.

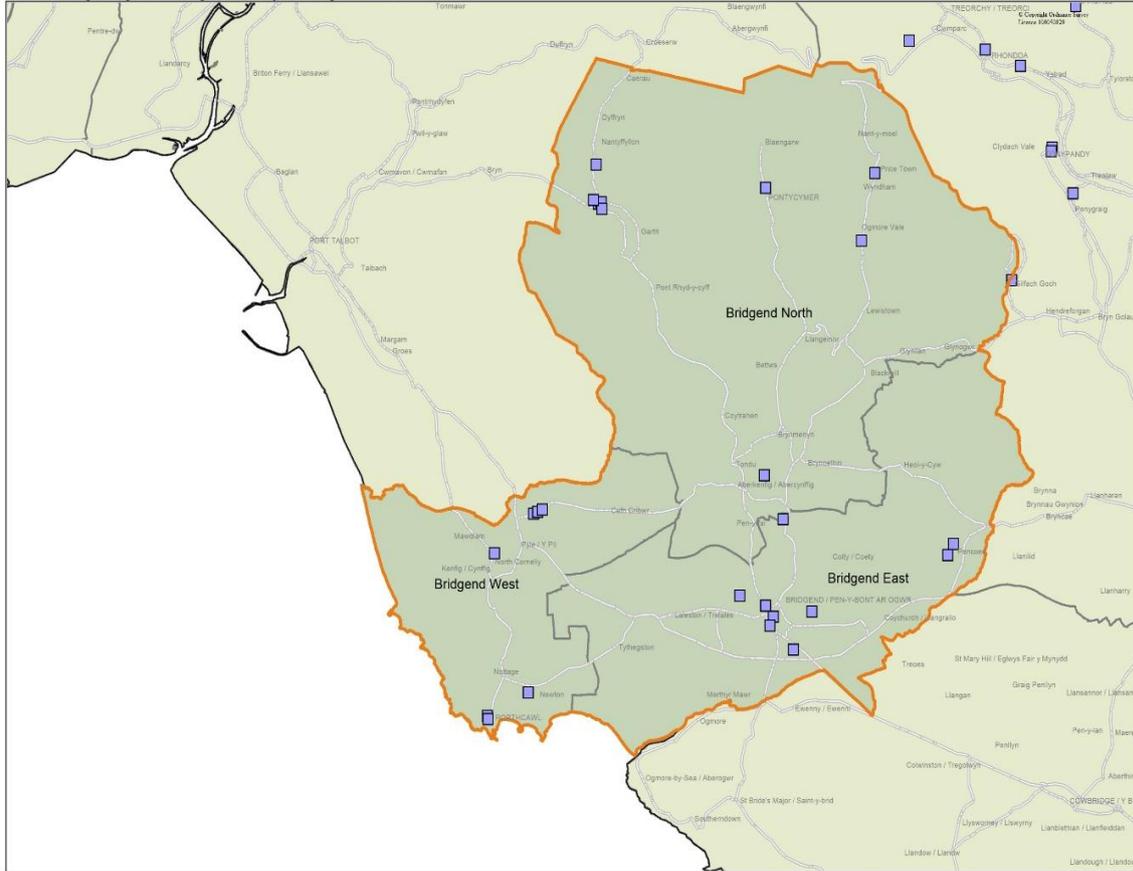
Figure 5.6: Number of consultations claimed in 2019 to 2020



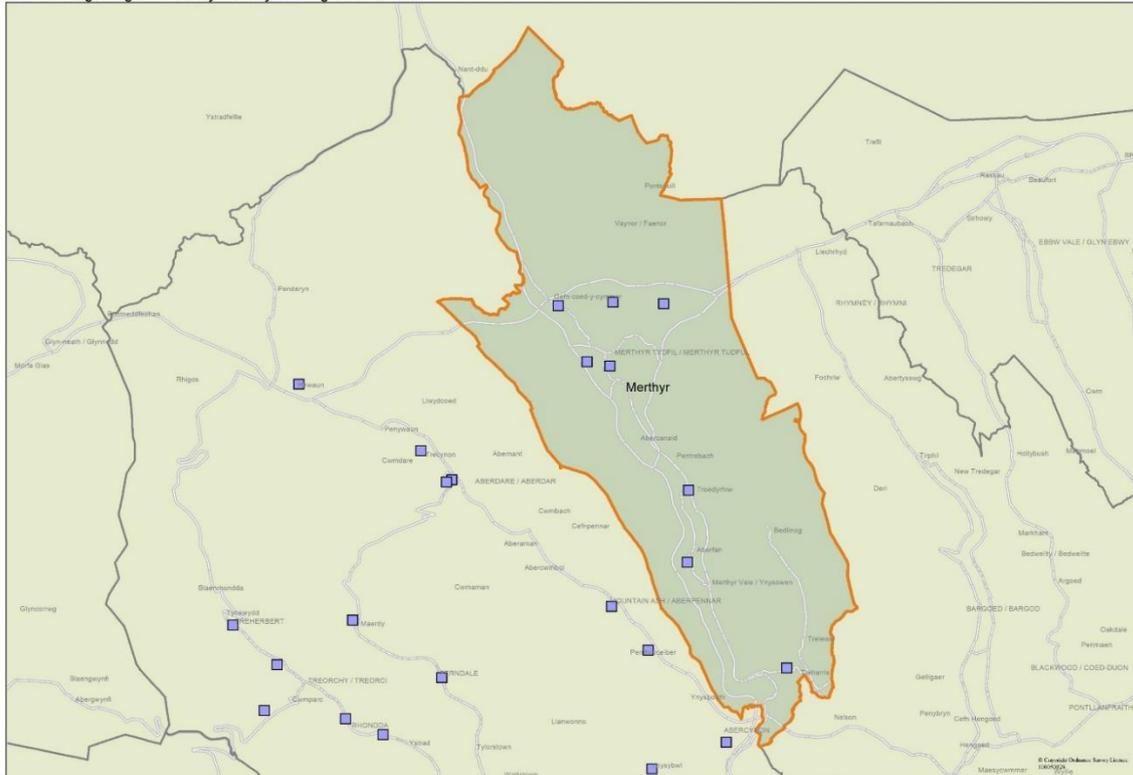
The map below shows the location of those pharmacies that provided the service in 2019 to 2020.

Map 5.7: Location of pharmacies providing the smoking cessation level 2 enhanced service in 2019 to 2020

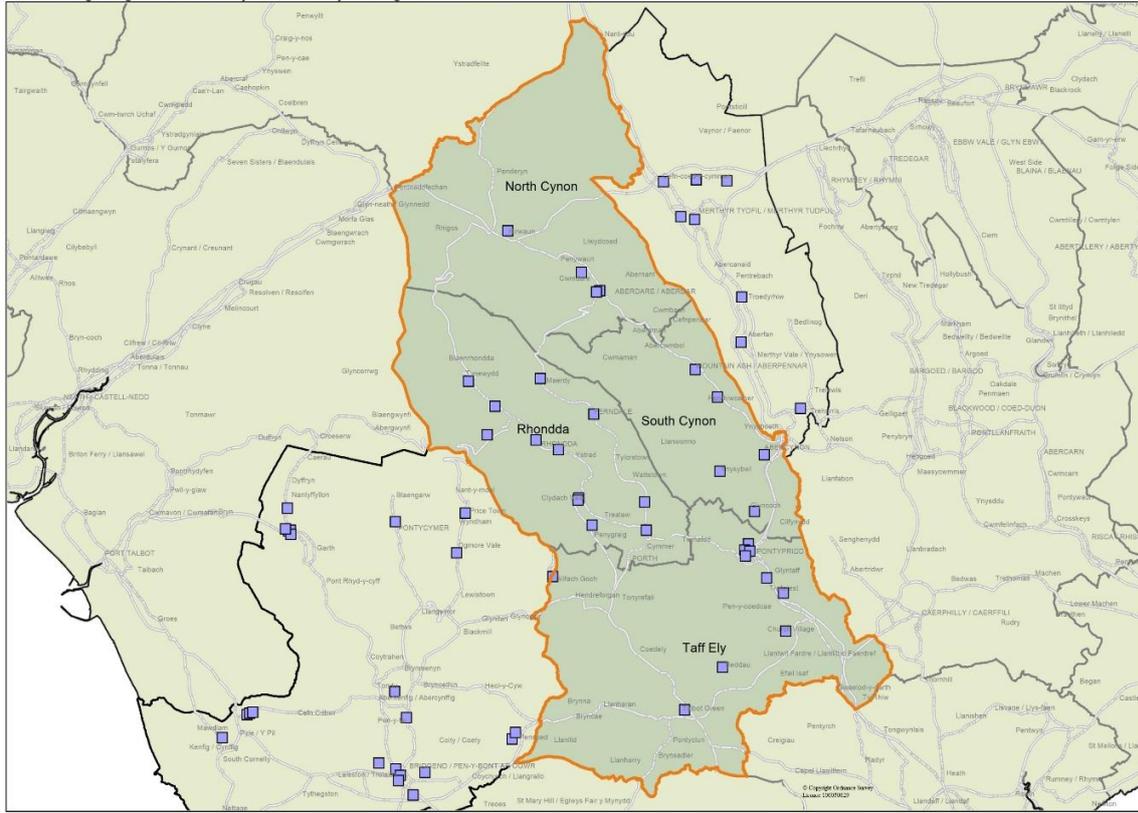
Cwm Taf Morgannwg UHB - Bridgend Locality Smoking cessation level 2



Cwm Taf Morgannwg UHB - Merthyr Locality Smoking cessation level 2



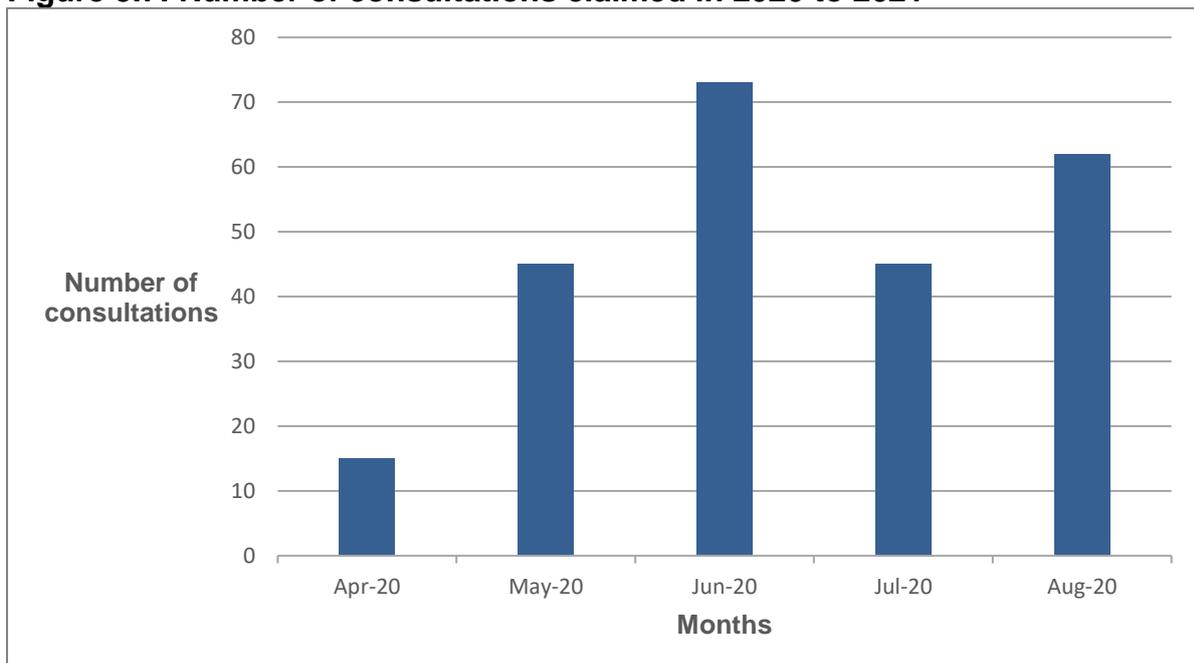
Cwm Taf Morgannwg UHB - Rhondda Cynon Taf Locality Smoking cessation level 2



60 pharmacies provided a total of 240 consultations in the first five months of 2020 to 2021.

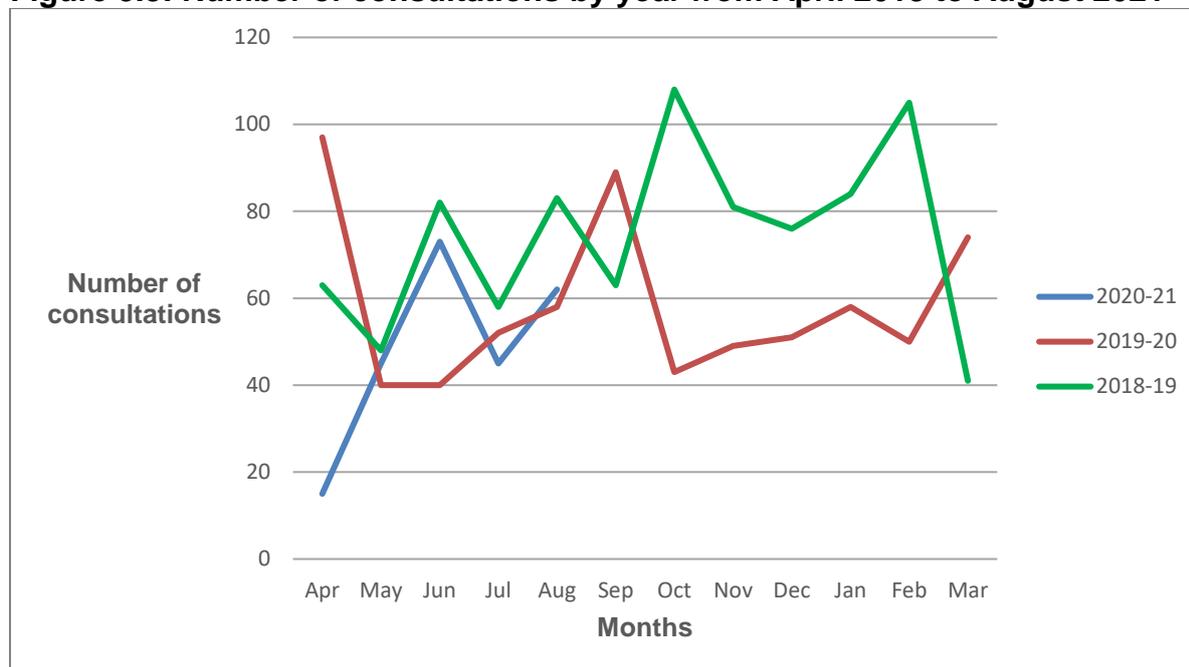
The figure below shows the total number of consultations claimed under the service by pharmacies in the health board's area in the first five months of 2020 to 2021.

Figure 5.7: Number of consultations claimed in 2020 to 2021



The figure below compares provision of the service over the last three financial years.

Figure 5.8: Number of consultations by year from April 2018 to August 2021



Based upon the level of provision in 2018 to 2019 and 2019 to 2020, Cwm Taf Morgannwg University Health Board is satisfied that there is sufficient capacity within existing contractors to provide more smoking cessation level 2 service.

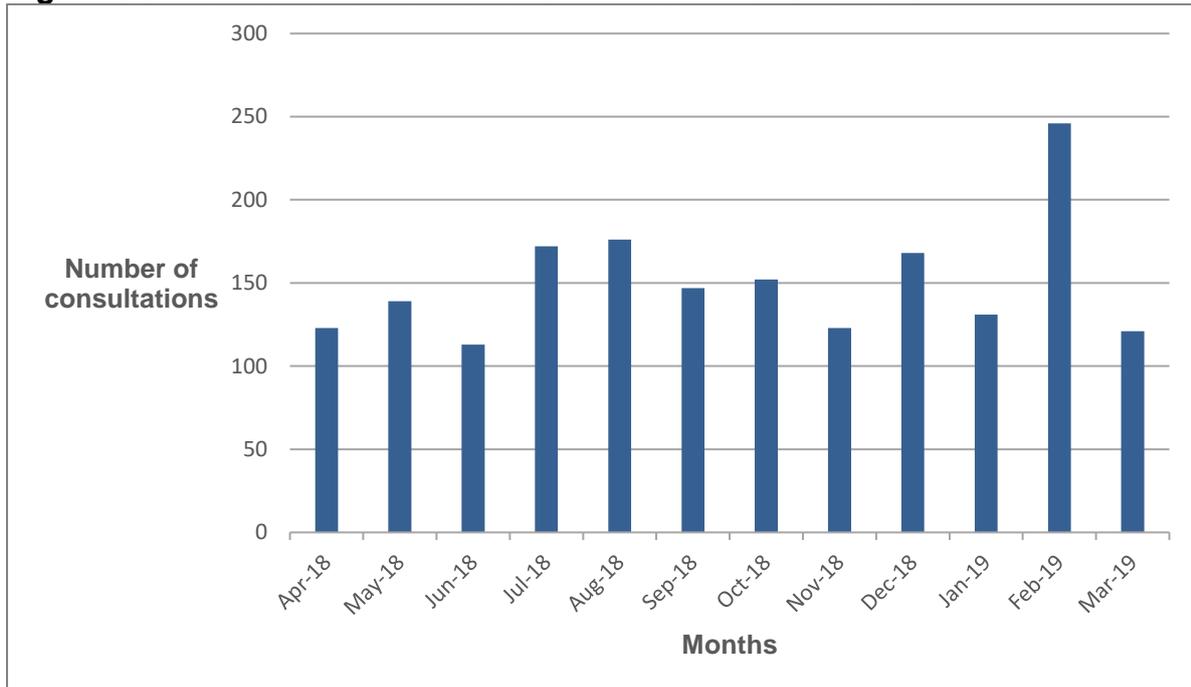
From the data available for 2020 to 2021 there is no evidence to support a different conclusion. However, it is acknowledged that the Coronavirus (COVID-19) pandemic will have affected the provision and need of this service during 2020 to 2021. Further analysis is undertaken within the cluster chapters.

5.1.4.3 Access to the smoking cessation level 3 (Help Me Quit @ Pharmacy) enhanced service

The Help Me Quit @ Pharmacy service is designed to provide patients with a comprehensive support and treatment service to help them stop smoking over a 12 week programme, involving eight consultations with an accredited pharmacist. The service involves an initial assessment to determine the client's readiness to stop smoking; motivational interviewing techniques to assist clients in their attempt to stop smoking; supply and support in use of nicotine replacement therapy to maximise therapeutic benefits and Carbon monoxide monitoring to support a stop smoking attempt.

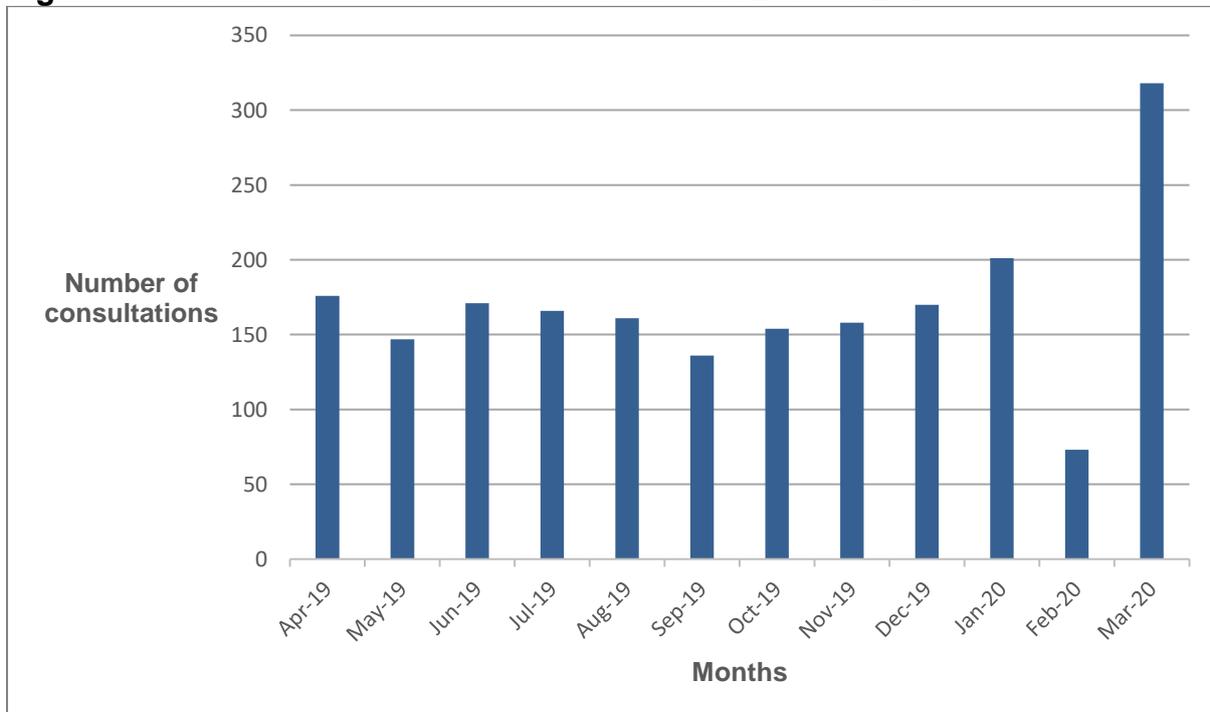
In 2018 to 2019, 71 of the 110 pharmacies provided a total of 1,811 consultations over the year. The figure below shows the total number of consultations claimed under the service by pharmacies in the health board's area over this period.

Figure 5.9: Number of consultations claimed in 2018 to 2019



In 2019 to 2020, 80 of the 110 pharmacies provided a total of 2,031 consultations over the year. The figure below shows the total number of consultations claimed under the service by pharmacies in the health board's area over this period.

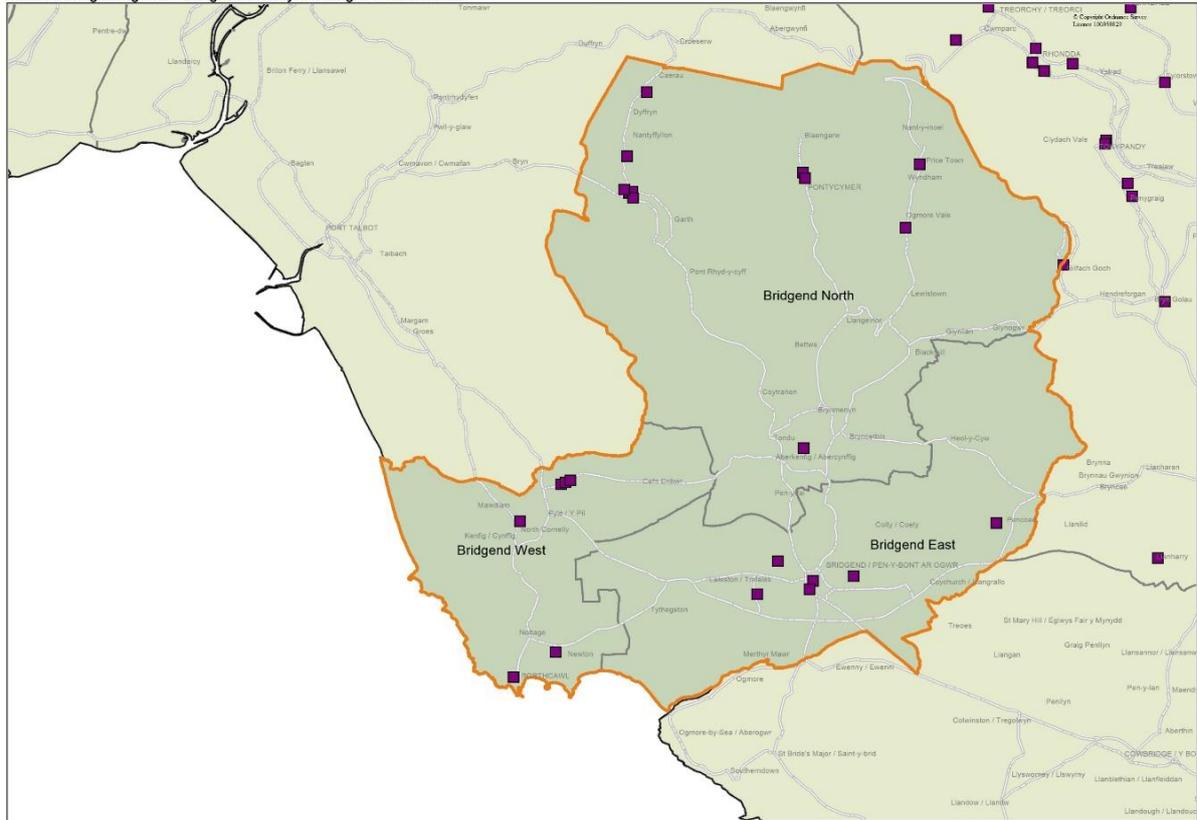
Figure 5.10: Number of consultations claimed in 2019 to 2020



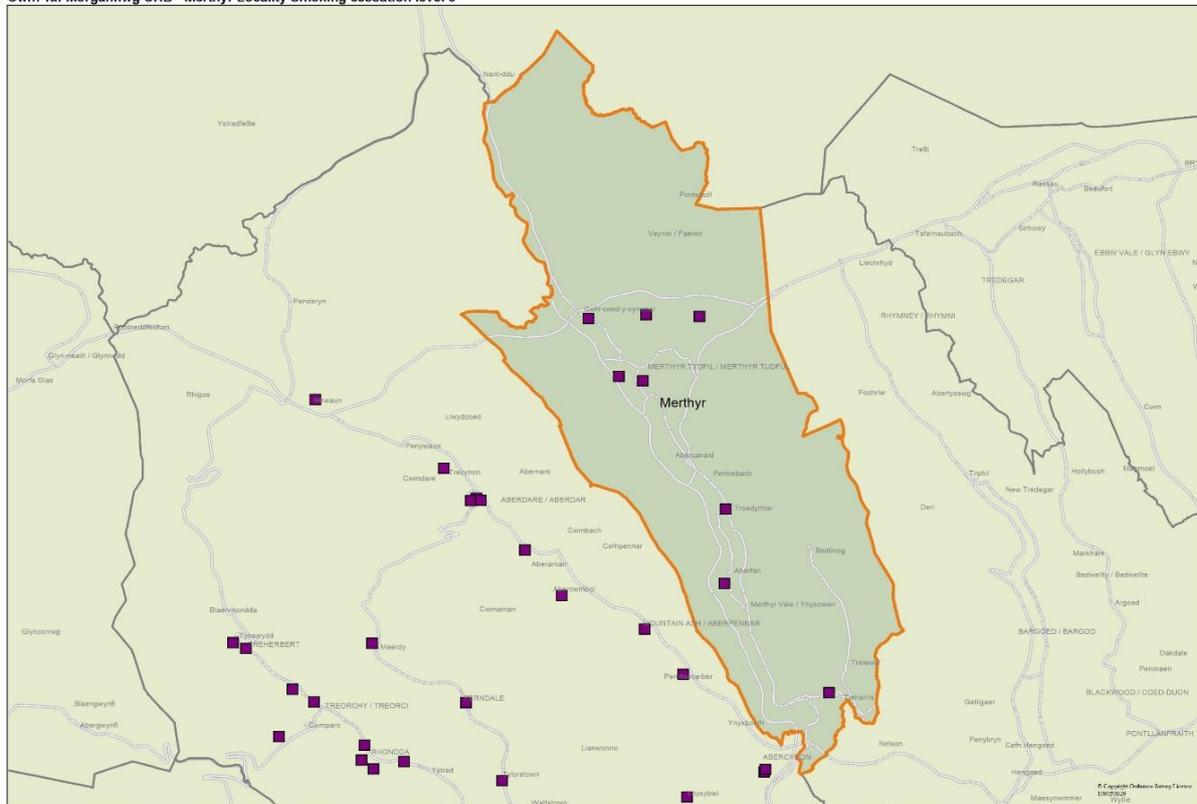
The map below shows the location of those pharmacies that provided the service in 2019 to 2020.

Map 5.8: Location of pharmacies providing the smoking cessation level 3 enhanced service in 2020 to 2021

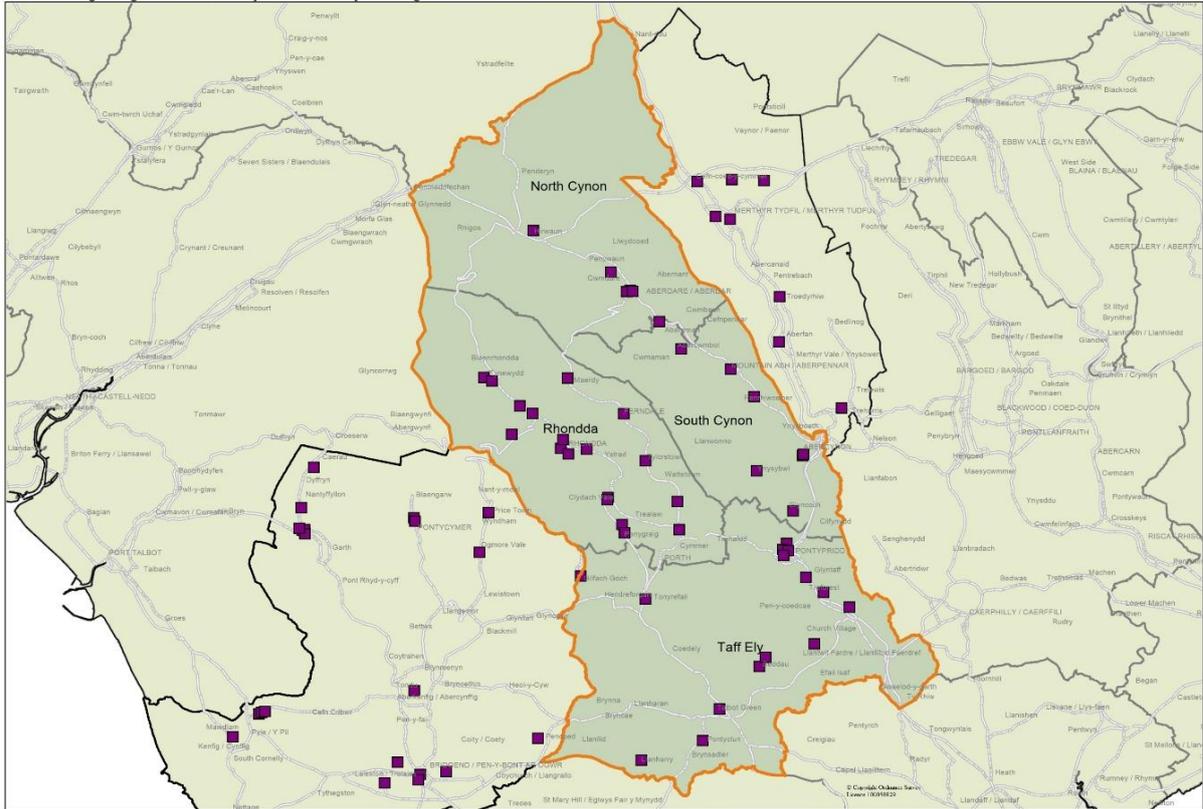
Cwm Taf Morgannwg UHB - Bridgend Locality Smoking cessation level 3



Cwm Taf Morgannwg UHB - Merthyr Locality Smoking cessation level 3



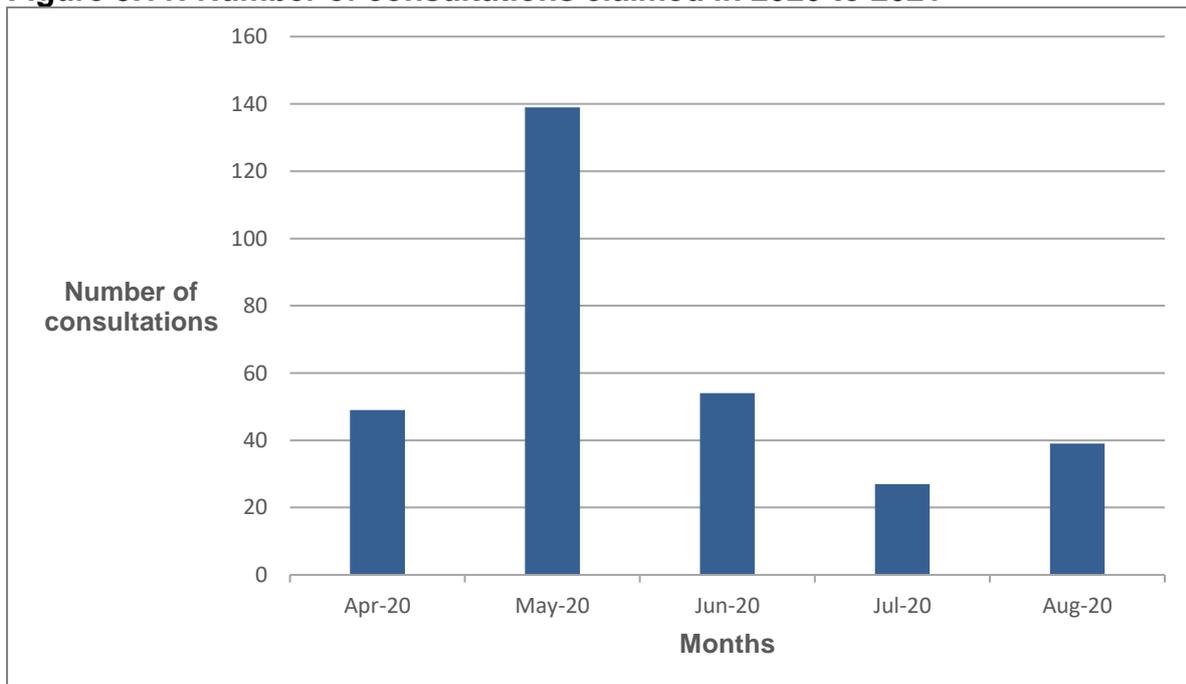
Cwm Taf Morgannwg UHB - Rhondda Cynon Taf Locality Smoking cessation level 3



53 pharmacies provided a total of 308 consultations in the first five months of 2020 to 2021.

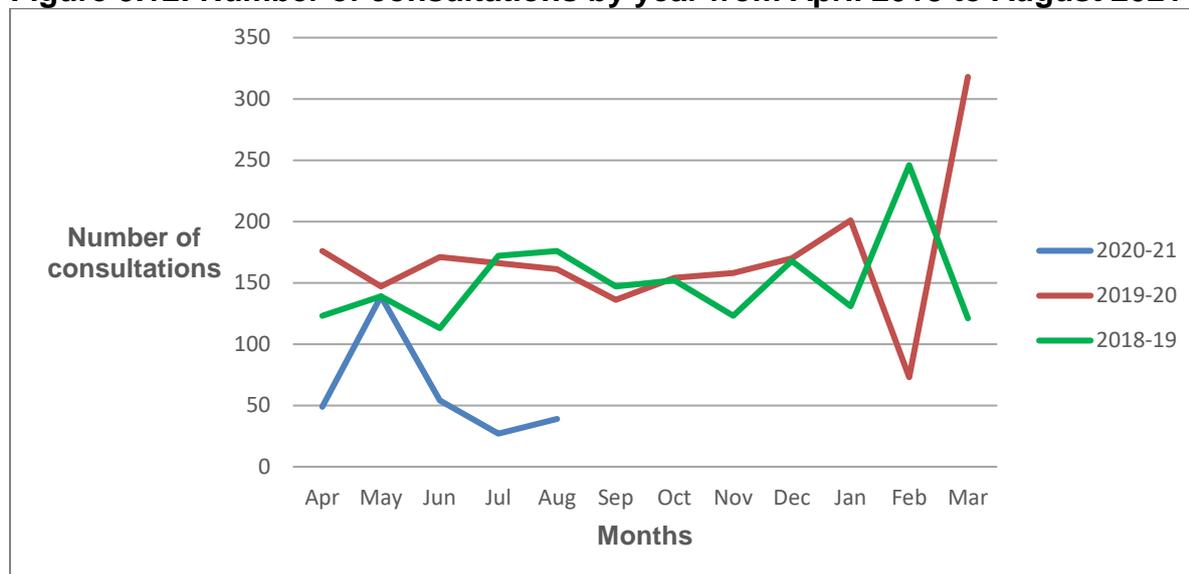
The figure below shows the total number of consultations claimed under the service by pharmacies in the health board's area in the first five months of 2020 to 2021.

Figure 5.11: Number of consultations claimed in 2020 to 2021



The figure below compares provision of the service over the last three financial years.

Figure 5.12: Number of consultations by year from April 2018 to August 2021



Based upon the level of provision in 2018 to 2019 and 2019 to 2020, the Cwm Taf Morgannwg University Health Board is satisfied that there is sufficient capacity within existing contractors to provide more smoking cessation level 3 consultations.

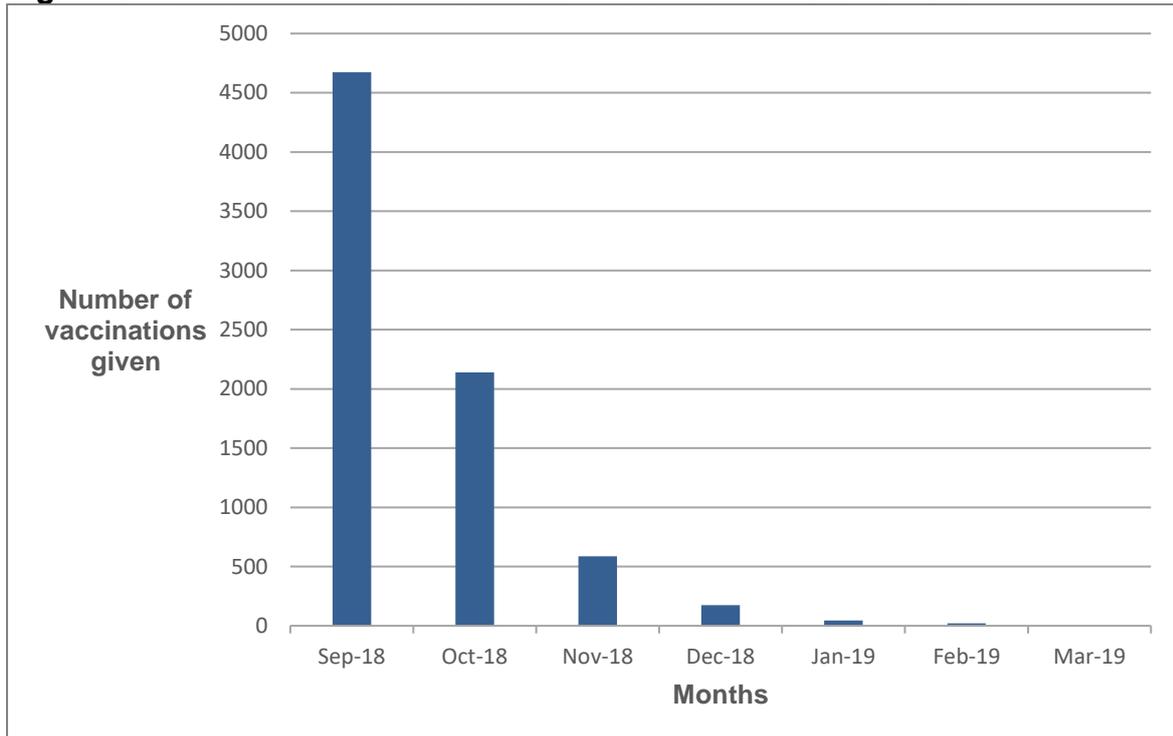
From the data available for 2020 to 2021 there is no evidence to support a different conclusion. However, it is acknowledged that the Coronavirus (COVID-19) pandemic will have affected the provision and need for this service during 2020 to 2021. Further analysis is undertaken within the cluster chapters.

5.1.4.4 Access to the flu vaccination enhanced service

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

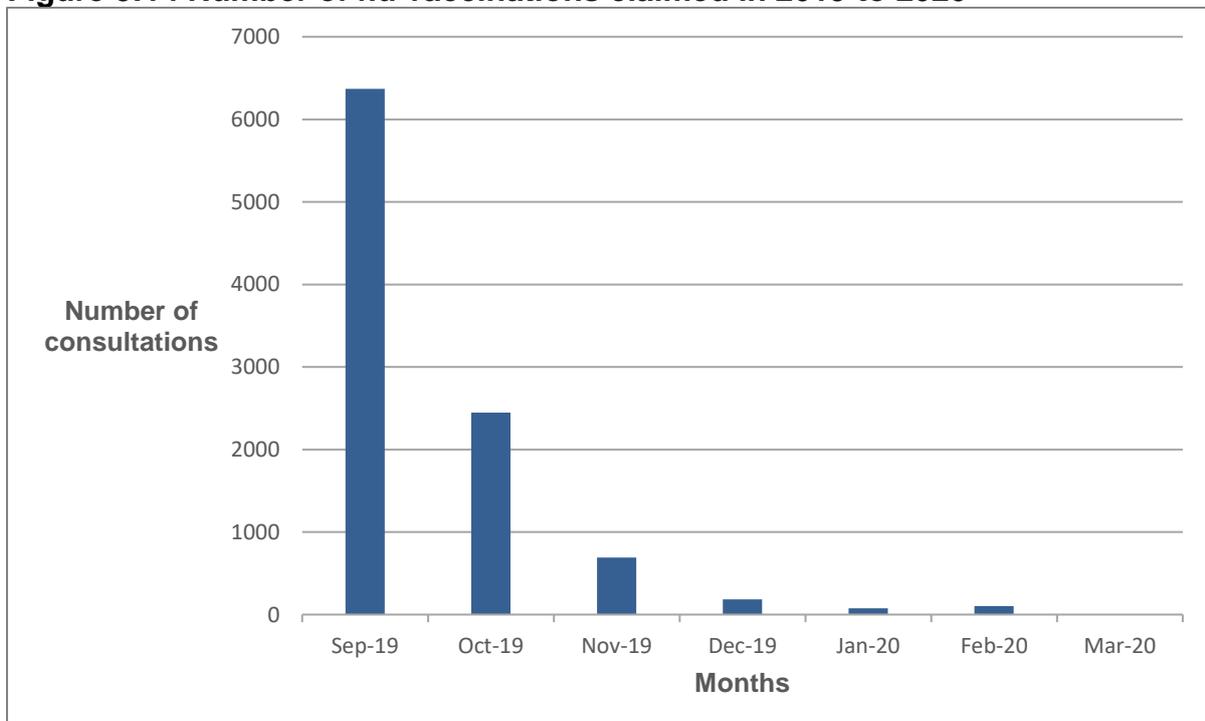
In 2018 to 2019, 79 pharmacies provided a total of 7,715 vaccinations during the flu season. The figure below shows the total number of vaccinations claimed under the service by pharmacies in the health board’s area over this period.

Figure 5.13: Number of flu vaccinations claimed in 2018 to 2019



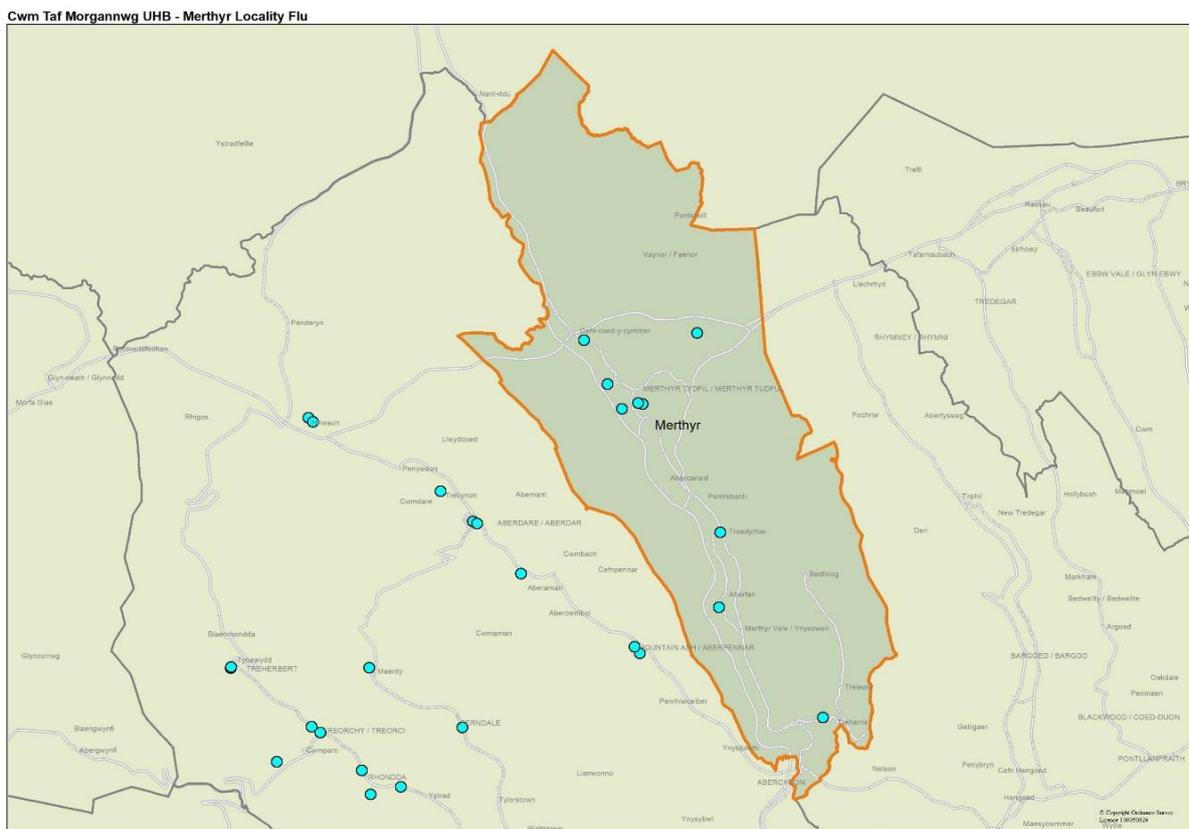
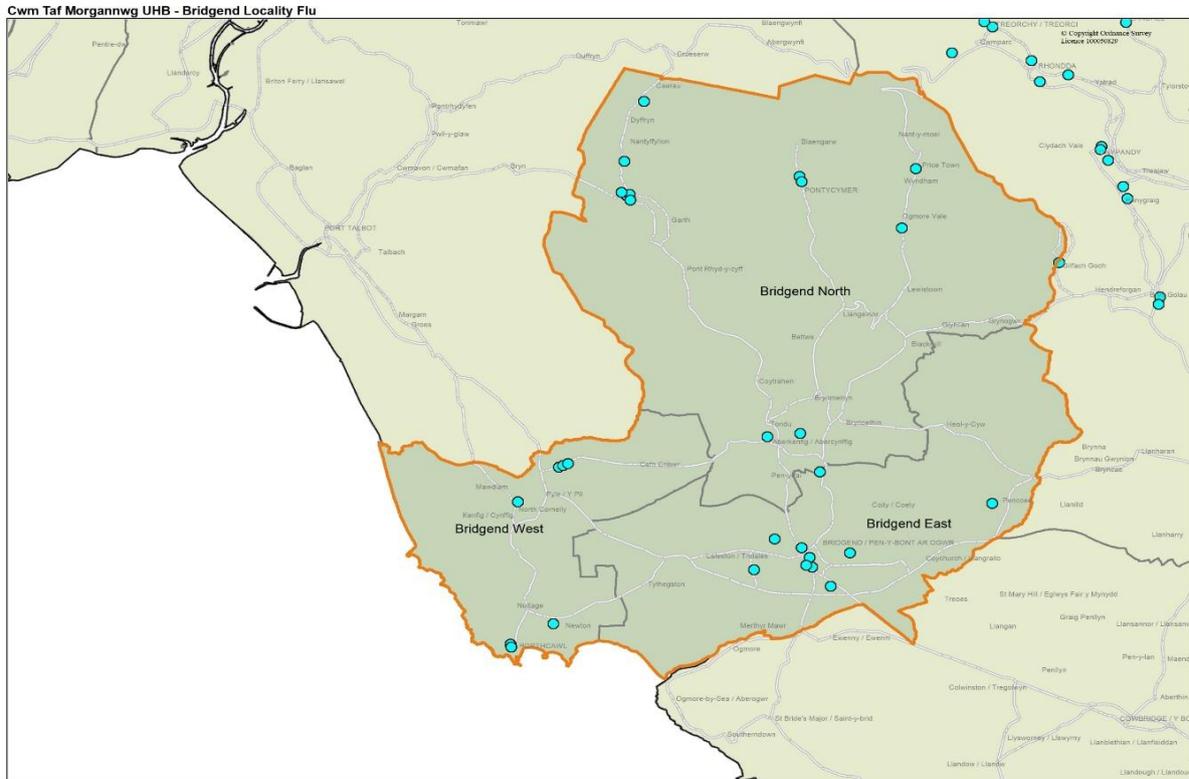
In 2019 to 2020, 83 of the 110 pharmacies provided a total of 9,873 vaccinations during the flu season. The figure below shows the total number of vaccinations claimed under the service by pharmacies in the health board's area over this period.

Figure 5:14 Number of flu vaccinations claimed in 2019 to 2020

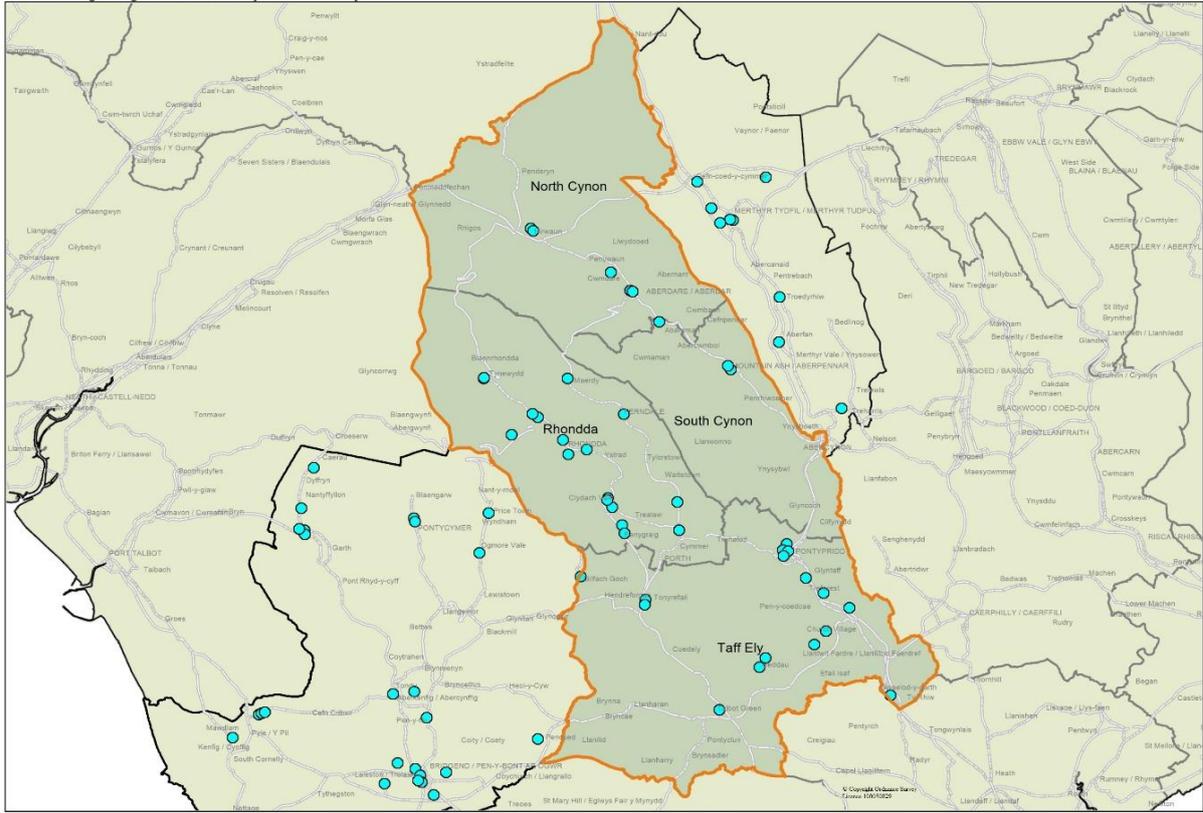


The map below shows the location of those pharmacies that provided the service in 2019 to 2020.

Map 5.9: Location of pharmacies providing the flu vaccination enhanced service in 2019 to 2020

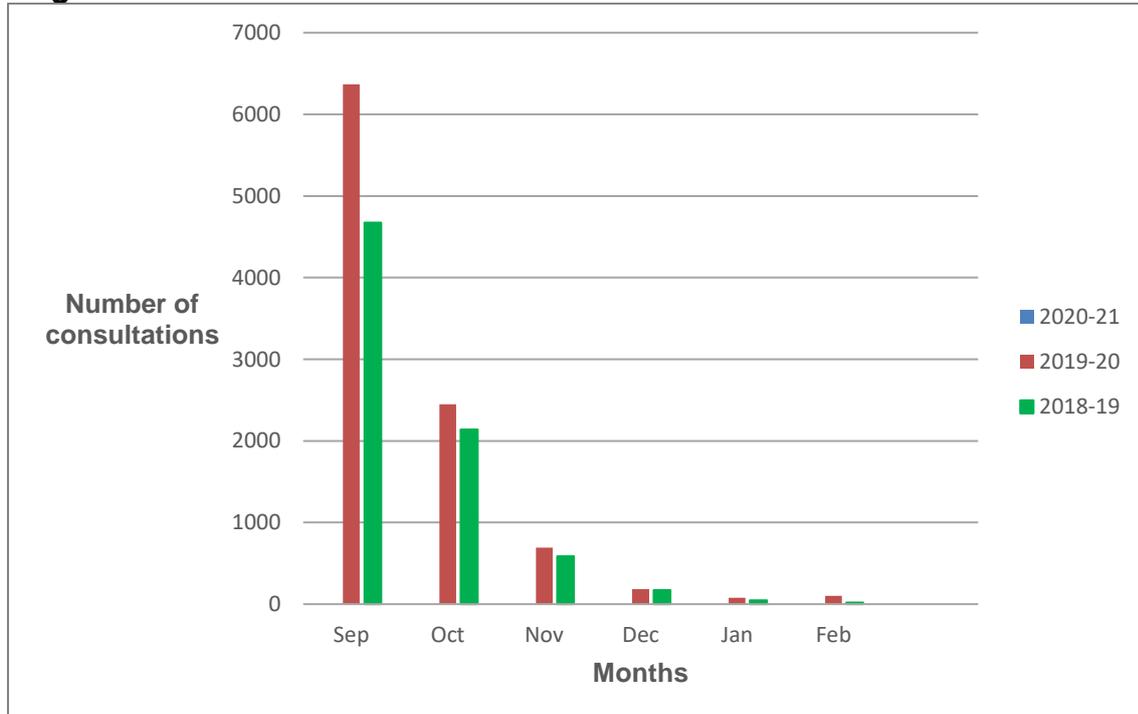


Cwm Taf Morgannwg UHB - Rhondda Cynon Taf Locality Flu



The figure below compares provision of the service over the last two financial years.

Figure 5.15: Number of vaccinations claimed each year from April 2018 to August 2020



Based upon the level of provision in 2018 to 2019 and 2019 to 2020, Cwm Taf Morgannwg University Health Board is satisfied that there is sufficient capacity within existing contractors to provide more flu vaccination consultations.

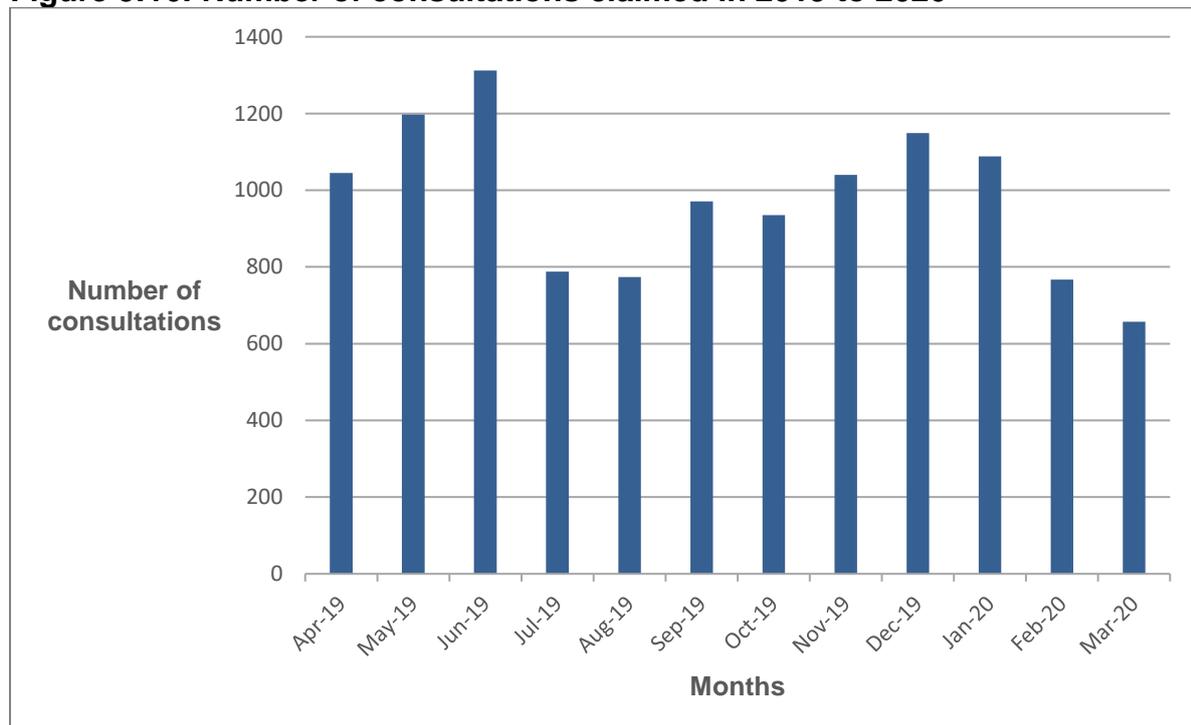
From the data available for 2020 to 2021 there is no evidence to support a different conclusion. However, it is acknowledged that the Coronavirus (COVID-19) pandemic will have impacted on the provision and need of this service during 2020 to 2021. Further analysis is undertaken within the cluster chapters.

5.1.4.5 Access to the Common Ailment Service (CAS)

The Common Ailment Service encourages patients to consult a pharmacy first for advice and treatment on a defined range of common ailments. Patients are required to register with a pharmacy to receive a consultation with a pharmacist and advice on management and treatment of the common ailment free of charge where required. A referral is made if necessary.

In 2019 to 2020, 108 of the 110 pharmacies provided a total of 11,723 consultations over the year. The figure below shows the total number of consultations claimed under the service by pharmacies in the health board's area over this period.

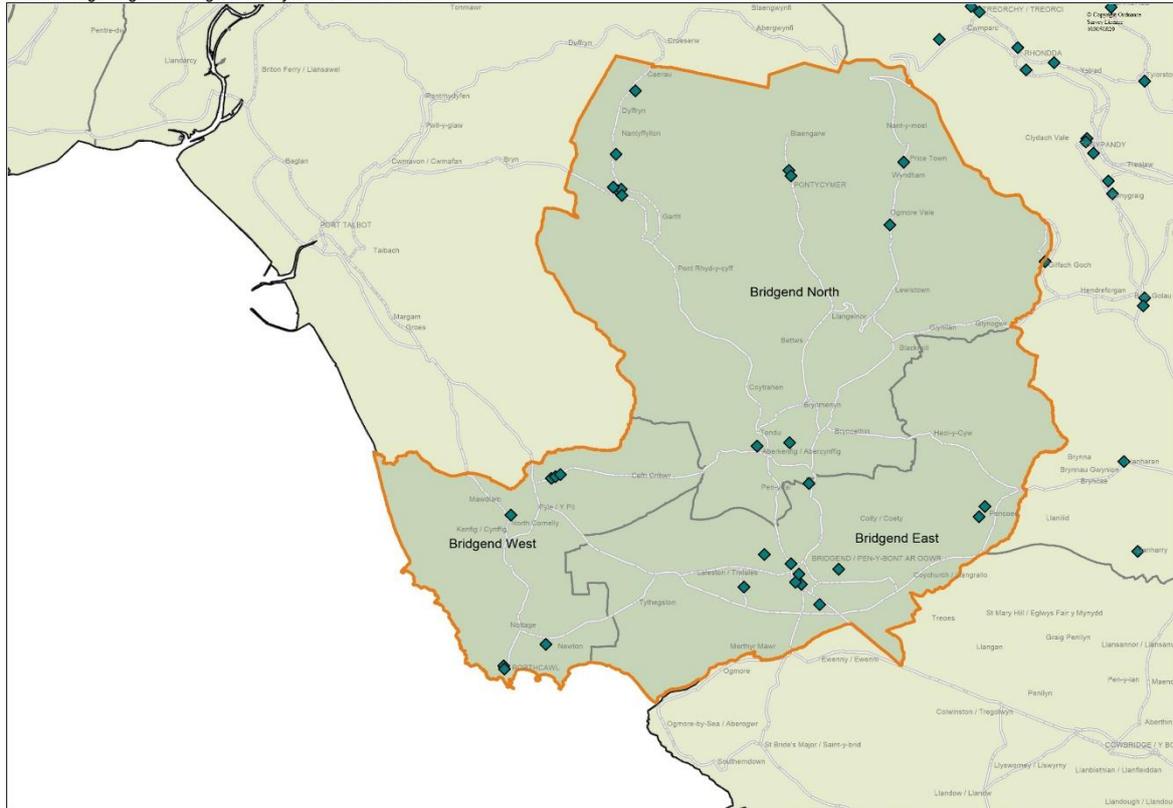
Figure 5:16: Number of consultations claimed in 2019 to 2020



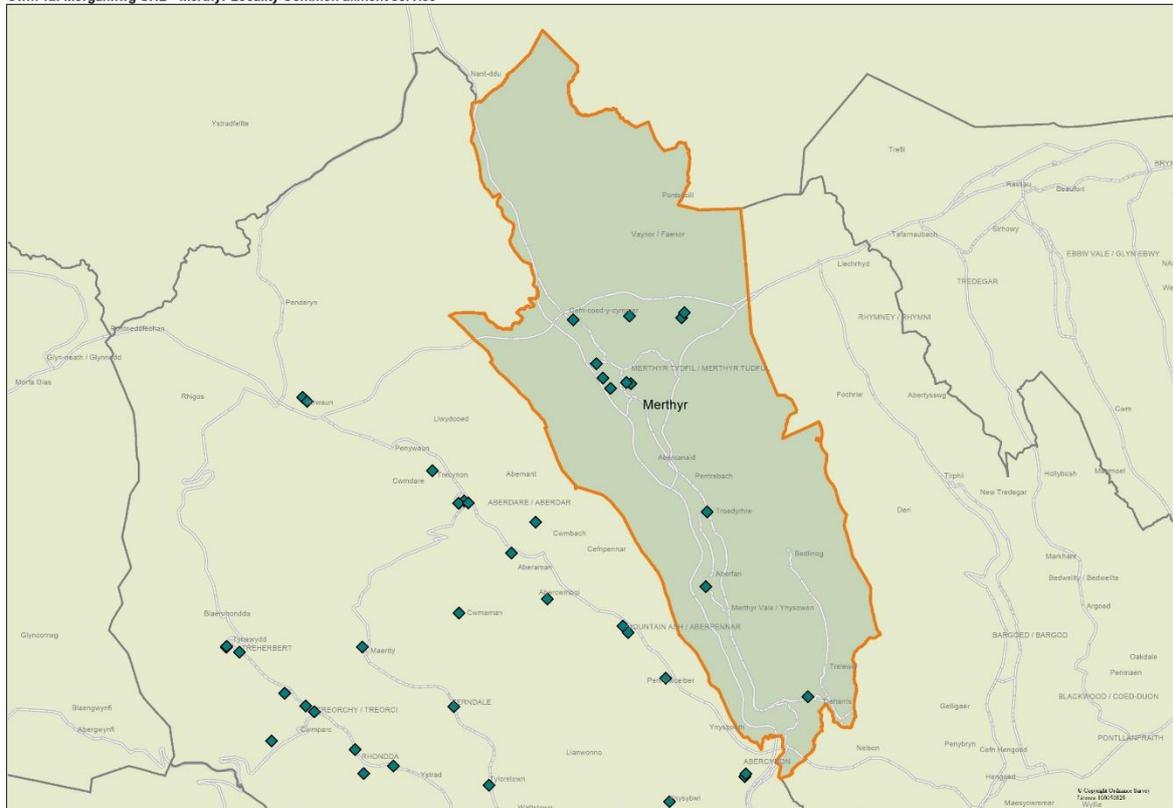
The map below shows the location of those pharmacies that provided the service in 2019 to 2020.

Map 5.10: Location of pharmacies providing the CAS enhanced service in 2019 to 2020

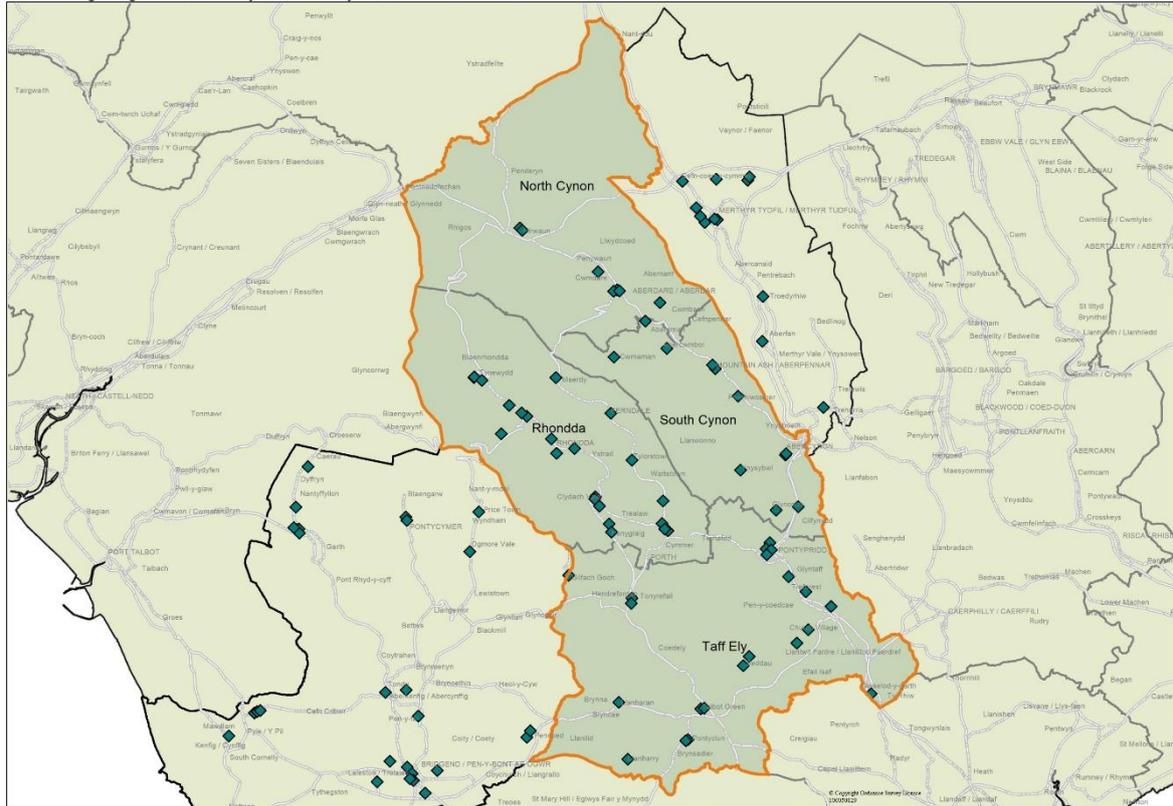
Cwm Taf Morgannwg UHB - Bridgend Locality Common ailment service



Cwm Taf Morgannwg UHB - Merthyr Locality Common ailment service

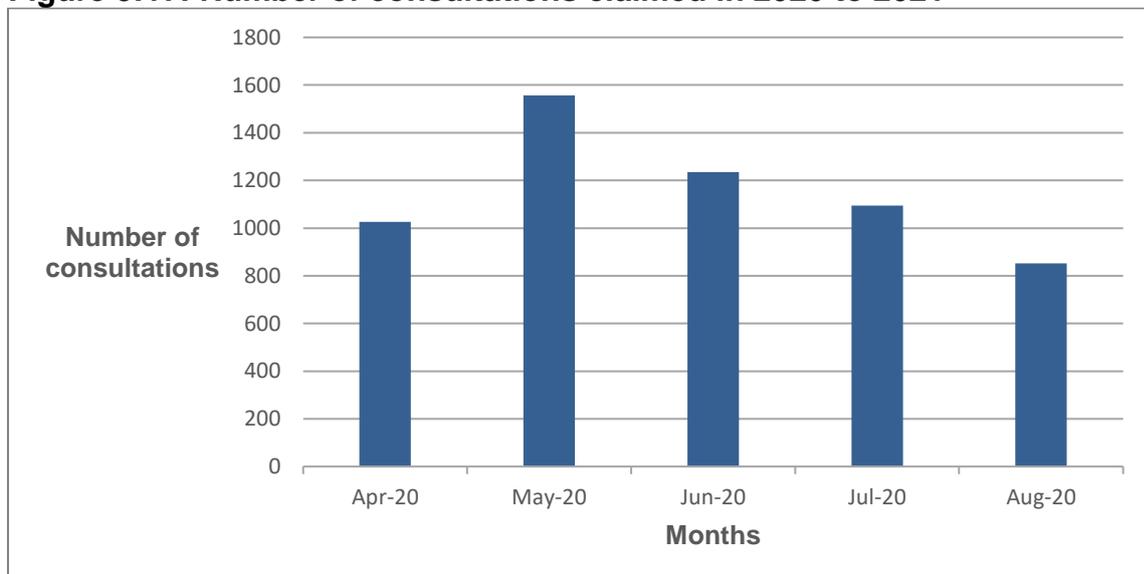


Cwm Taf Morgannwg UHB - Rhondda Cynon Taf Locality Common ailment service



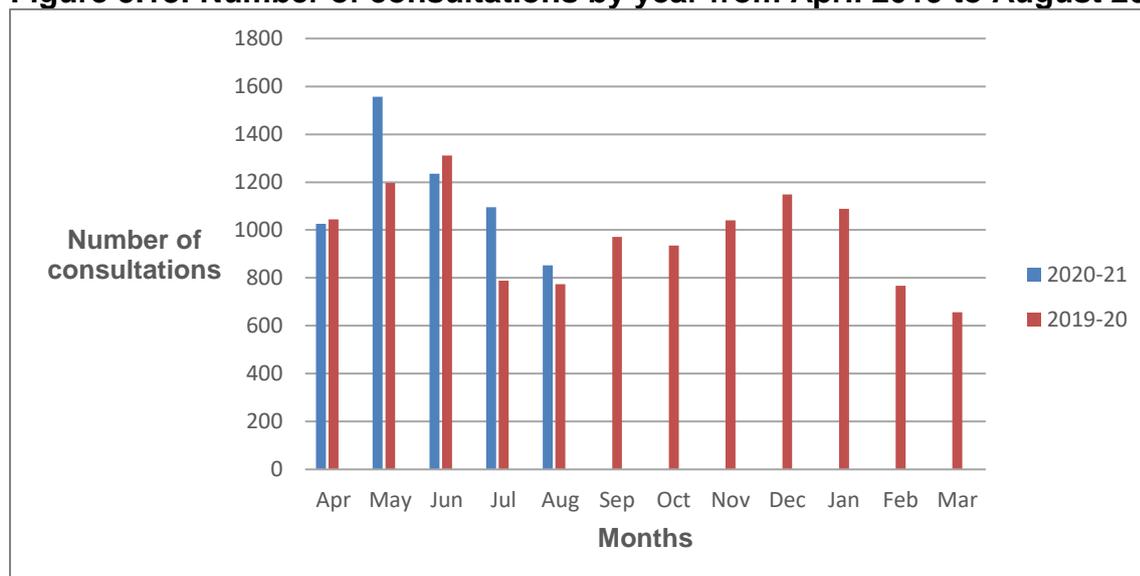
108 pharmacies provided a total of 5,765 consultations in the first five months of 2020 to 2021. The figure below shows the total number of consultations claimed under the service by pharmacies in the health board’s area over this period.

Figure 5:17: Number of consultations claimed in 2020 to 2021



The figure below compares provision of the service over the last three financial years.

Figure 5.18: Number of consultations by year from April 2019 to August 2021



Based upon the level of provision in 2019 to 2020, Cwm Taf Morgannwg University Health Board is satisfied that there is sufficient capacity within existing contractors to provide the CAS service.

From the data available for 2020 to 2021, there is no evidence to support a different conclusion. However, it is acknowledged that the Coronavirus (COVID-19) pandemic will have affected the provision and need for this service during 2020 to 2021. Further analysis is undertaken within the cluster chapters.

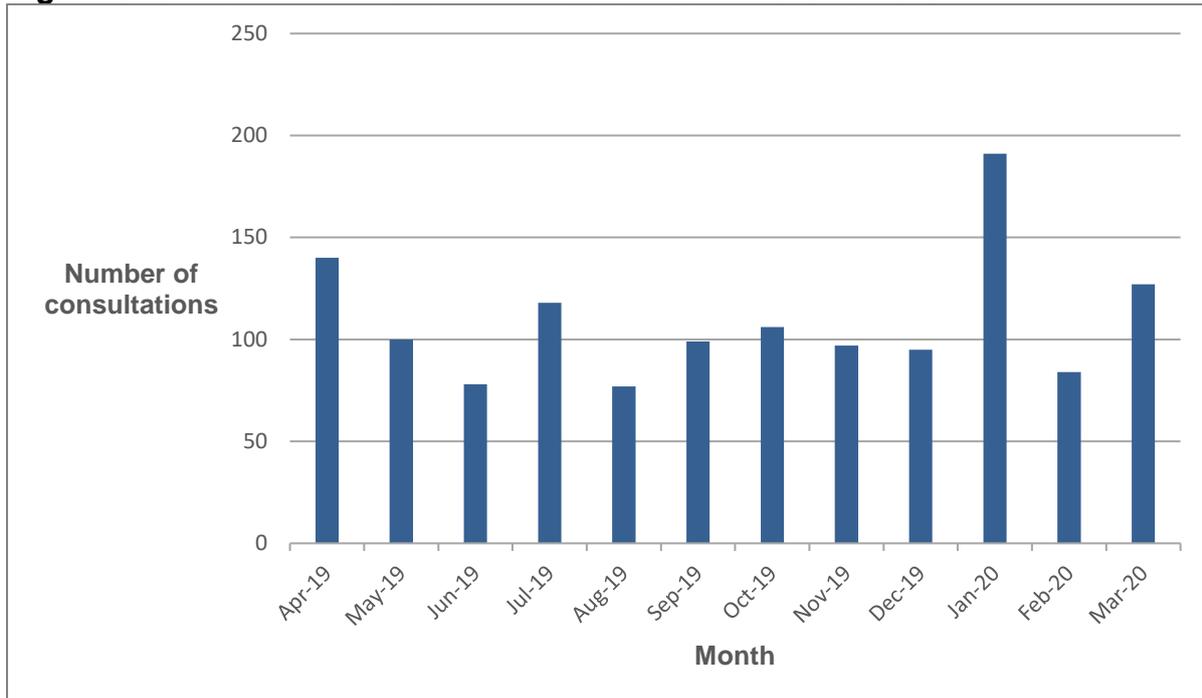
5.1.4.6 Access to the Emergency Medicines Supply (EMS) enhanced service

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

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

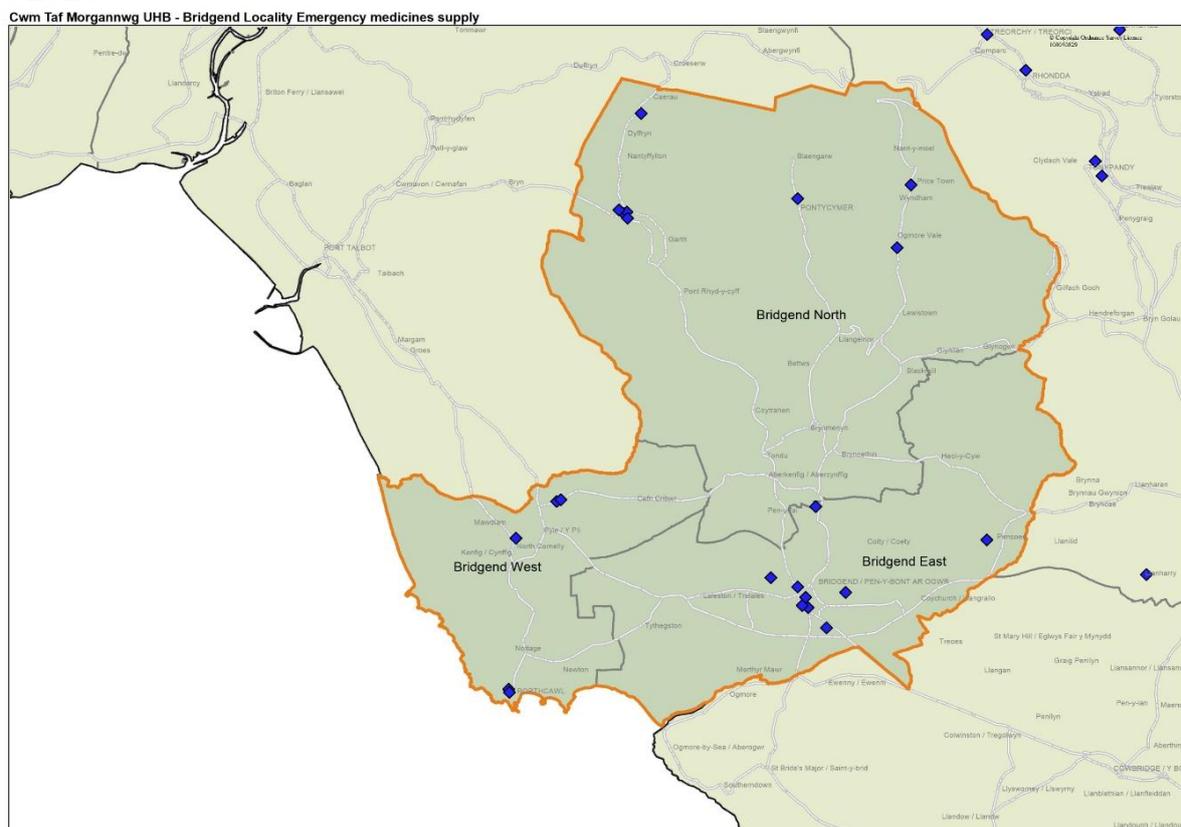
In 2019 to 2020, 42 of the 110 pharmacies provided a total of 1,312 consultations over the year. The figure below shows the total number of consultations claimed under the service by pharmacies in the health board's area over this period.

Figure 5.19: Number of consultations claimed in 2019 to 2020

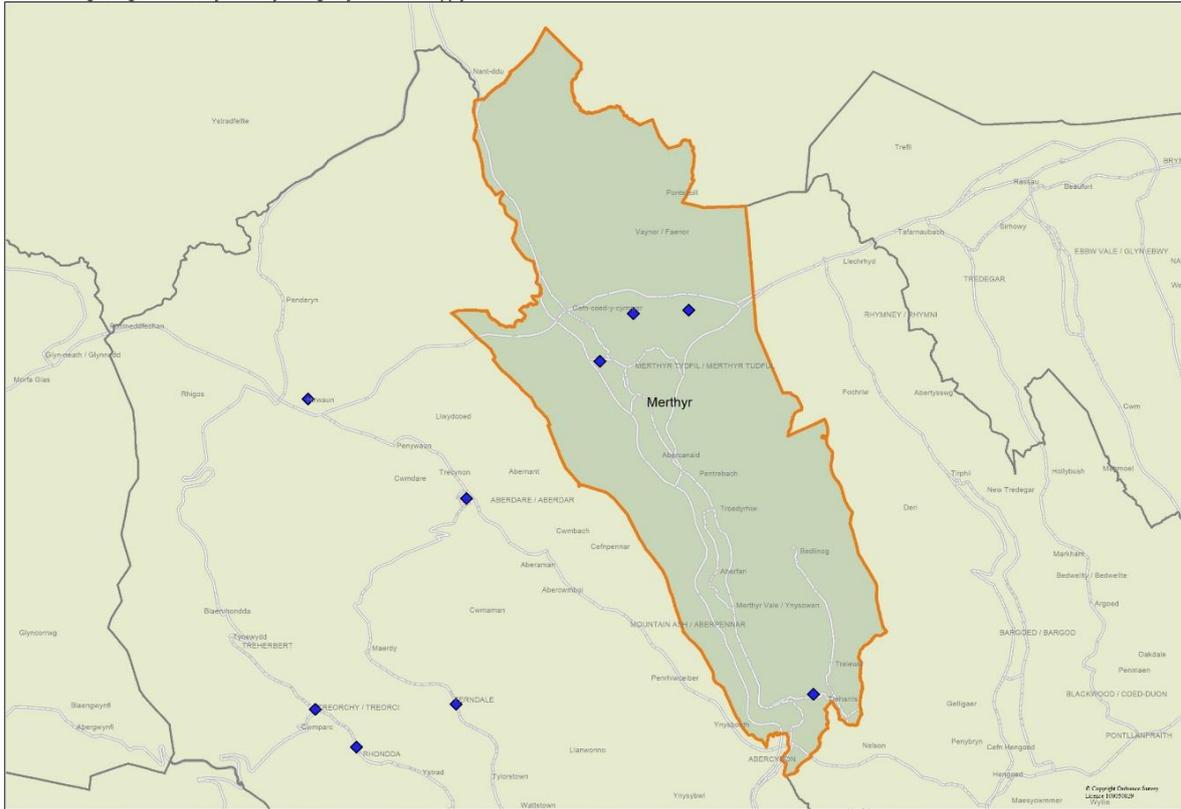


The map below shows the location of those pharmacies that provided the service in 2019 to 2020.

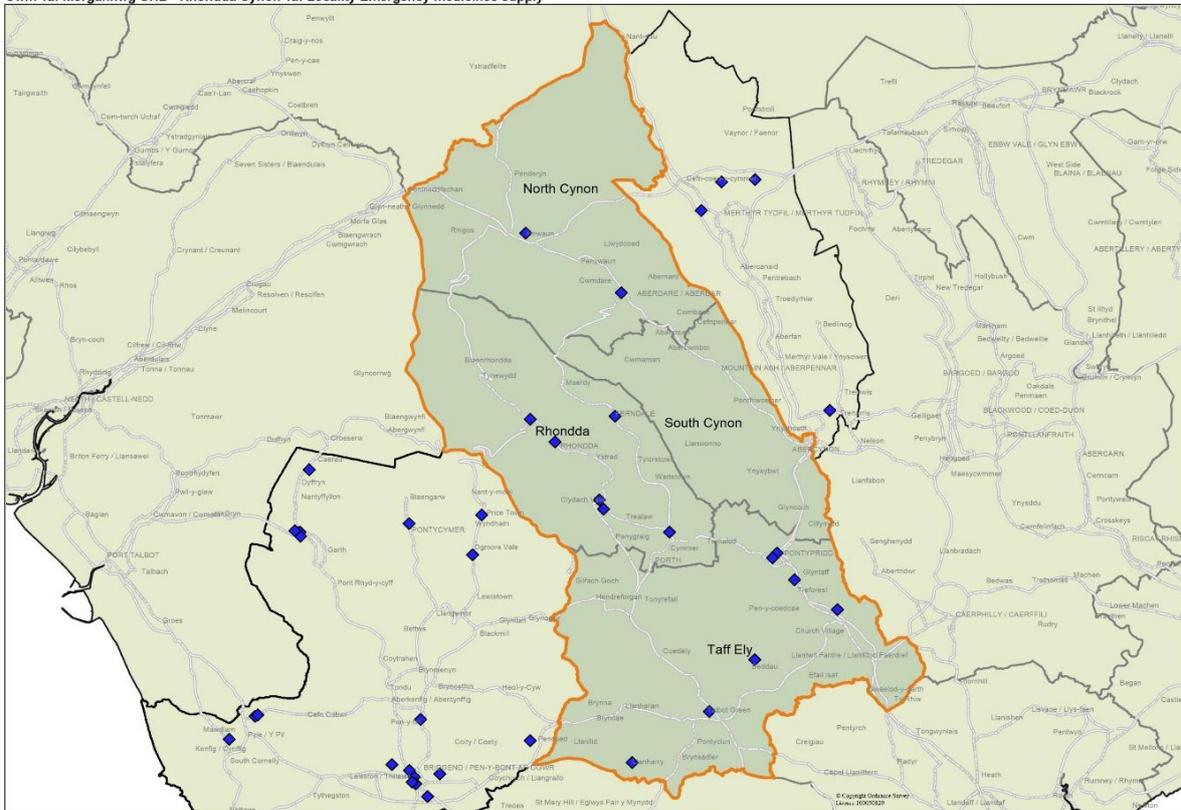
Map 5.11 Location of pharmacies providing the EMS enhanced service in 2019 to 2020



Cwm Taf Morgannwg UHB - Merthyr Locality Emergency medicines supply

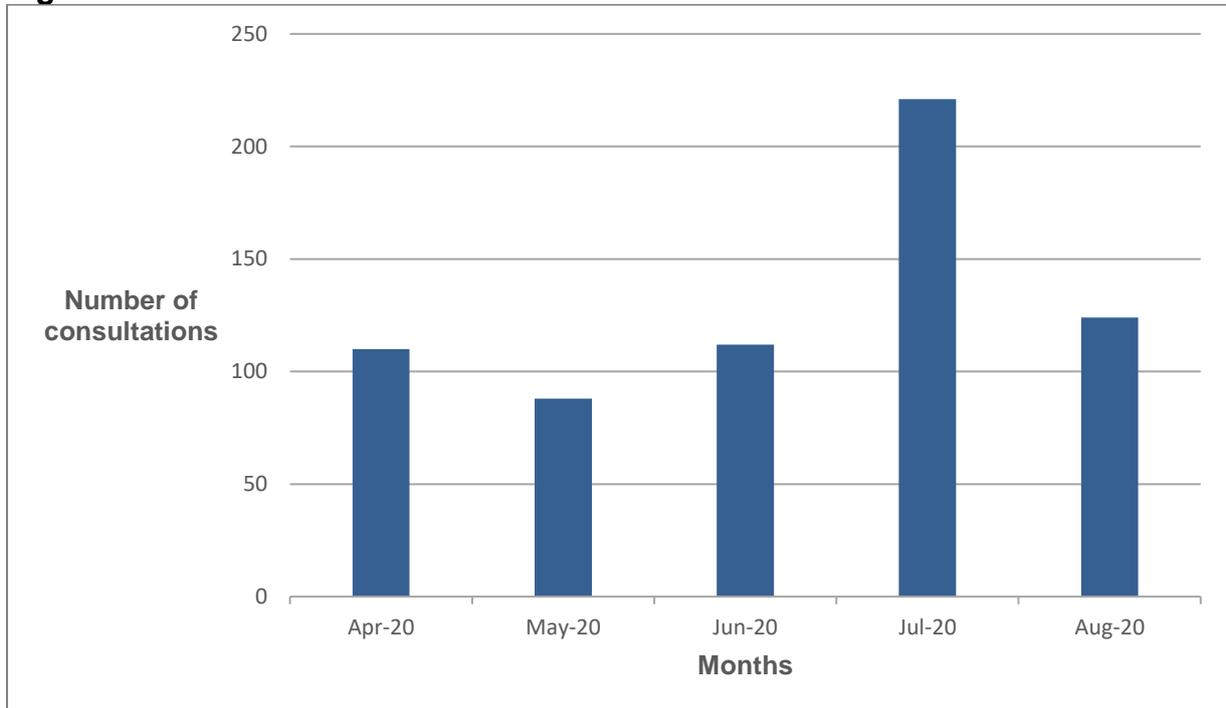


Cwm Taf Morgannwg UHB - Rhondda Cynon Taf Locality Emergency medicines supply



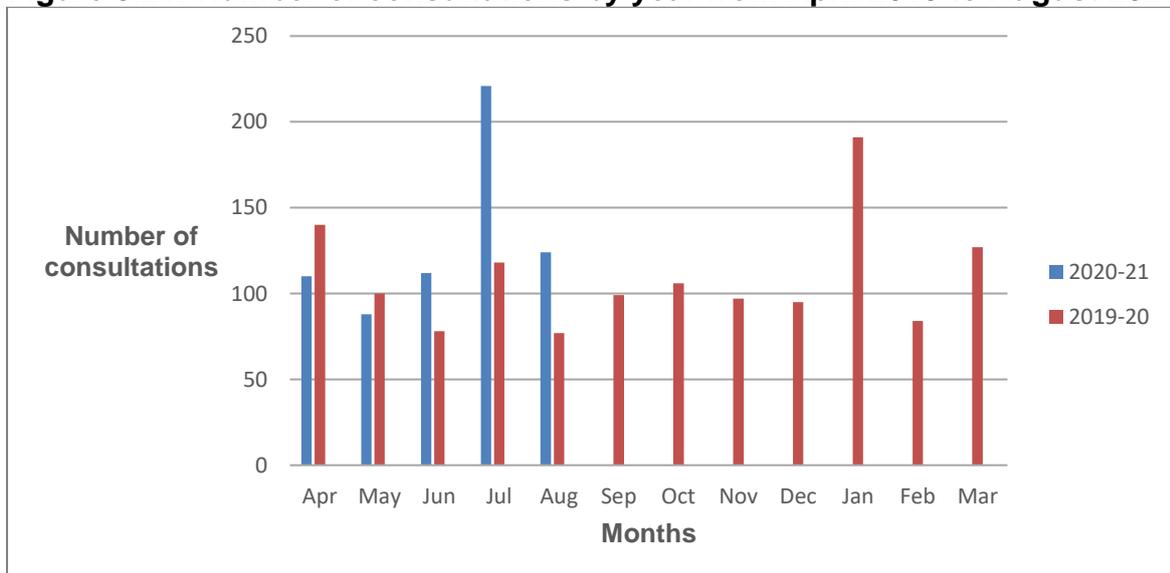
The figure below shows the total number of consultations claimed under the service by pharmacies in the health board's area in 2020 to 2021.

Figure 5.20: Number of consultations claimed in 2020 to 2021



The figure below compares provision of the service over the last three financial years.

Figure 5.21: Number of consultations by year from April 2019 to August 2021



Based upon the level of provision in 2019 to 2020, the Cwm Taf Morgannwg University Health Board is satisfied that there is sufficient capacity within existing contractors to provide more EMS consultations.

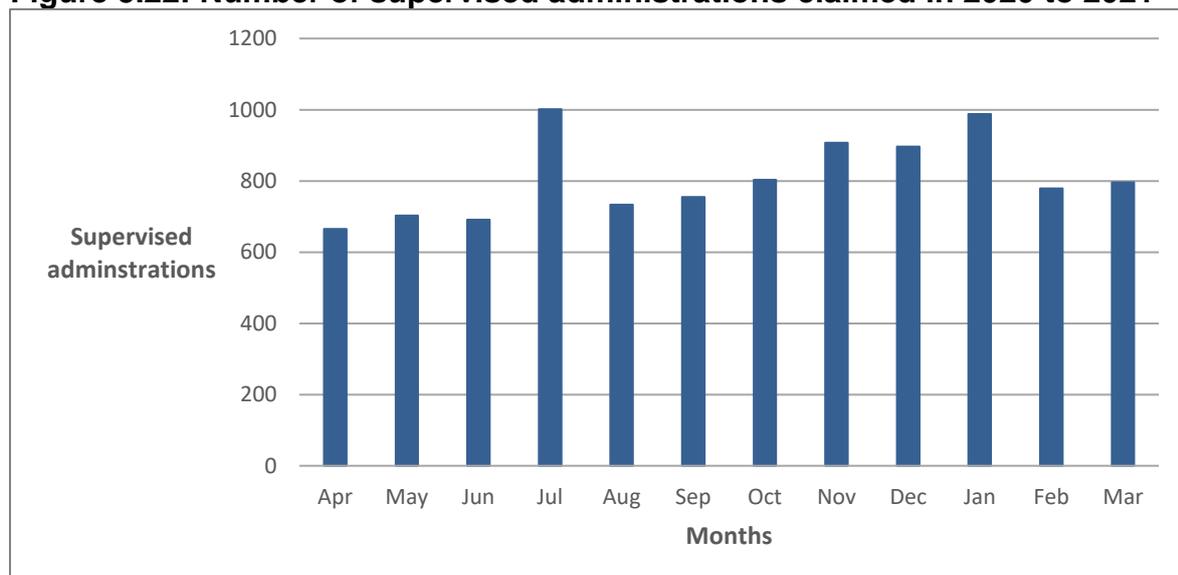
From the data available for 2020 to 2021 there is no evidence to support a different conclusion. However, it is acknowledged that the Coronavirus (COVID-19) pandemic will have affected the provision and need for this service during 2020 to 2021. Further analysis is undertaken within the cluster chapters.

5.1.4.7 Supervised administration service

Cwm Taf Area Planning Board, acting on expert advice, has developed a local strategy for the treatment of clients who are dependent on illicit opioid drugs. A key component of this strategy is to commission from pharmacies a Supervised Consumption Service for methadone and Buprenorphine. The aim of the service is to provide, in accordance with an appropriate prescription, supervised administration of medication, contributing to a reduction in risks associated with inappropriate use or diversion of prescribed medicines.

In 2019 to 2020, 88 of the 110 pharmacies provided a total of 9,717 supervised administrations over this year. The figure below shows the total number of supervised administrations claimed under the service by pharmacies in the health board's area over this period.

Figure 5.22: Number of supervised administrations claimed in 2020 to 2021



Based upon the level of provision in 2019 to 2020, the Cwm Taf Morgannwg University Health Board is satisfied that there is sufficient capacity within existing contractors to provide more supervised administrations of methadone and Buprenorphine if required.

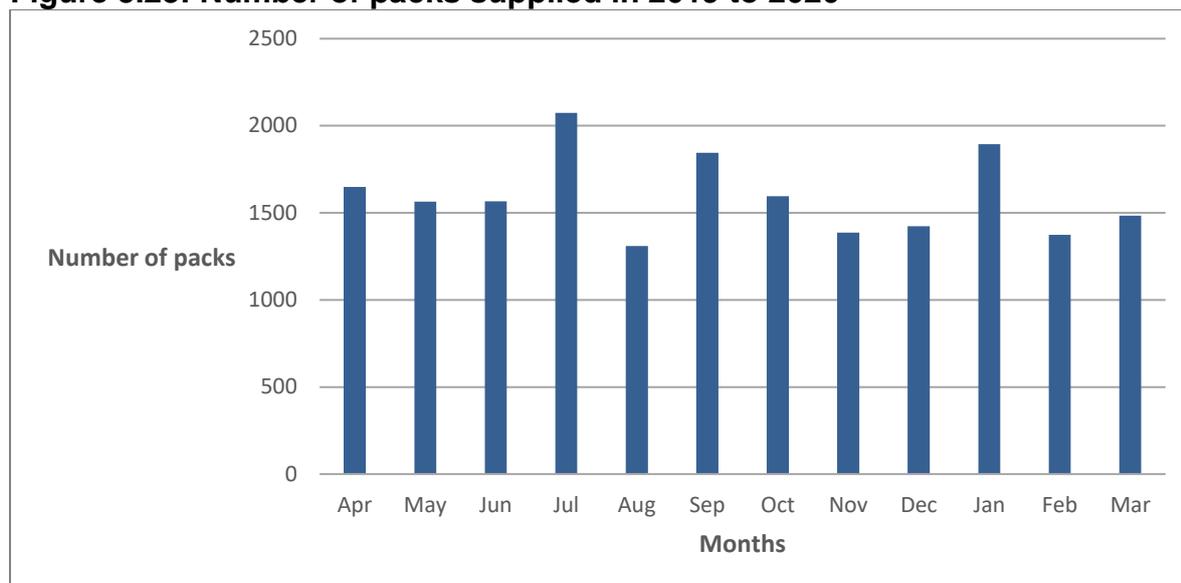
5.1.4.8 Needle exchange service

The needle exchange enhanced service aims to reduce the spread of HIV, Hepatitis C and other blood borne diseases amongst injecting drug misusers by providing

service users with convenient access to sterile injecting equipment and a facility for the safe disposal of used equipment. To be effective the scheme must operate on an exchange basis and participating pharmacies must make all efforts to encourage service users to return used equipment in exchange for new kits.

In 2019 to 2020, 29 pharmacies offered the service and 28 pharmacies provided a total of 19,163 needle and syringe packs over this year. The figure below shows the total number of packs provided under the service by pharmacies in the health board's area over this period

Figure 5.23: Number of packs supplied in 2019 to 2020



Based upon the level of provision in 2019 to 2020, the Cwm Taf Morgannwg University Health Board is satisfied that there is sufficient capacity within existing contractors to provide more needle and syringe exchange packs if required.

5.1.4.9 Access to pharmaceutical services on Sundays and public and bank holidays

The health board has a duty to ensure that residents of its area are able to access pharmaceutical services every day. Pharmacies are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. As GP practices are contracted to provide services between 8.00am and 6.30pm, Monday to Friday (excluding bank and public holidays), it is not expected that prescriptions will be written over these periods other than by the GP Out-of-Hours Service, who hold a supply of emergency medicines. In most instances, the GP Out-of-Hours service can therefore provide treatment if clinically necessary during pharmacy closing times.

The health board commissions a pharmacy out of hours service or rota service, in addition to the existing dispensing service provided within the essential service, to ensure that at least some pharmacies are open at various times over the public and bank holiday periods. This allows for prompt access to medicines during the out of

hours period. Details of the pharmacy rota service are made available on the health board's website and through social media channels.

Similarly, there is also a Sunday rota in place within the health board's area, which ensures that at least one pharmacy in Merthyr, Cynon and Rhondda is open at various times over the Sunday period. Further to this, the rota is extended to allow one pharmacy in Ogmore Vale, Bridgend to open the last Sunday of the month.

5.1.4.10 Sore Throat Test and Treat (STTT) service

The Community Pharmacy Sore Throat Test and Treat Service (STTT) is a service building on the existing Sore Throat service available within the NHS Wales Common Ailments Service. The service will enable eligible patients (registered to an NHS Wales GP practice or living within Wales, including temporary residents) to access clinical assessment and the provision of advice and appropriate medication.

- The service will enable patients requiring assessment of sore throat symptoms via the Common Ailments Service (CAS) to access appropriate clinical screening and assessment and receive appropriate treatment.
- The service will be available to children and adults over the age of 6, subject to exclusion criteria as specified in the Common Ailments Formulary for Sore Throat.

The service was initially commissioned at the end of 2018. Prior to the service being suspended due to the Coronavirus (COVID-19) pandemic, 48 pharmacies provided the service. The planned re-launch of the service will commence from the 1st April 2021 in a limited number of pharmacies in the first instance.

Cwm Taf Morgannwg University Health Board is satisfied that there is sufficient capacity within existing contractors to provide more needle and syringe exchange packs if required.

5.1.4.11 Blood Borne Virus

The pharmacy setting can provide an accessible and convenient place for the screening for Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV) in the population. Cwm Taf Morgannwg University Health Board has commissioned a Hepatitis B, Hepatitis C and HIV screening service from pharmacies for clients accessing the pharmacy Needle Exchange Service, supporting the wider preventative programmes in decreasing the proportion of blood borne virus infections which are undiagnosed.

There are currently six pharmacies providing this service in Cwm Taf Morgannwg University Health Board; however, at the time of writing the service is currently suspended due to the Coronavirus (COVID-19) pandemic.

5.1.4.12 Palliative care service

The palliative care service ensures prompt and effective access to a range of palliative care medicines within normal working hours with minimal inconvenience to patients and professionals, by identifying key pharmacies that have agreed to hold a specific stock list of palliative care medicines. This enables the proactive planning for the care of patients whose condition is deteriorating.

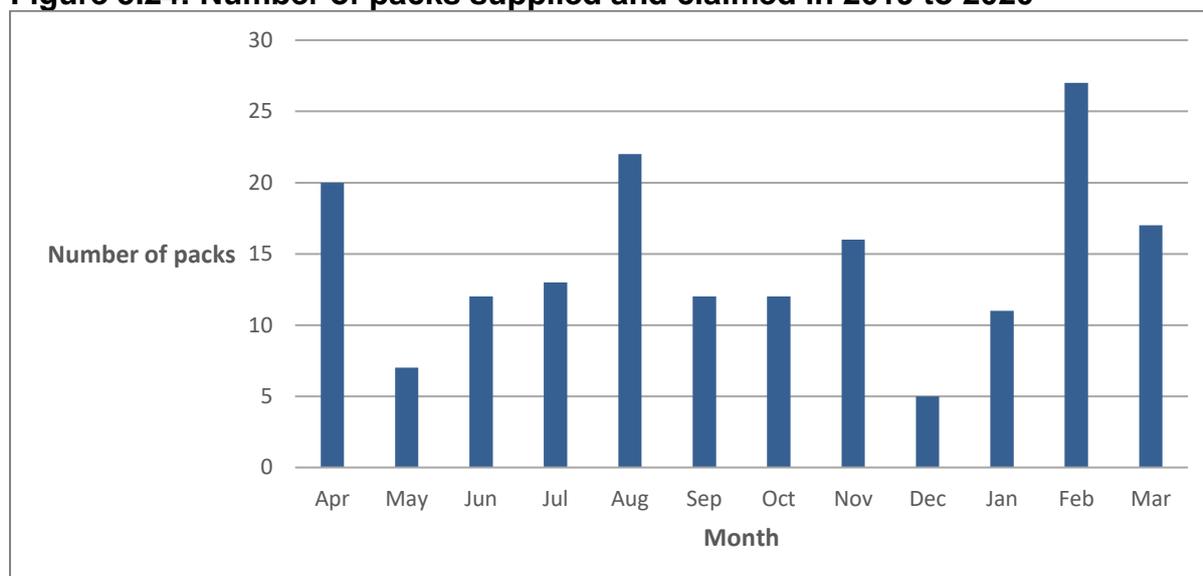
There are currently 17 pharmacies across Cwm Taf Morgannwg University Health Board providing this enhanced service.

5.1.4.13 Just In case packs

The service aims to provide, where clinically appropriate, a palliative care emergency medicine pack (Just In Case Pack) to patients for whom it is anticipated that their medical condition may deteriorate into the terminal phase of illness.

There are currently 36 pharmacies across Cwm Taf Morgannwg University Health Board providing this enhanced service and a total of 174 packs were provided in 2019 to 2020.

Figure 5.24: Number of packs supplied and claimed in 2019 to 2020



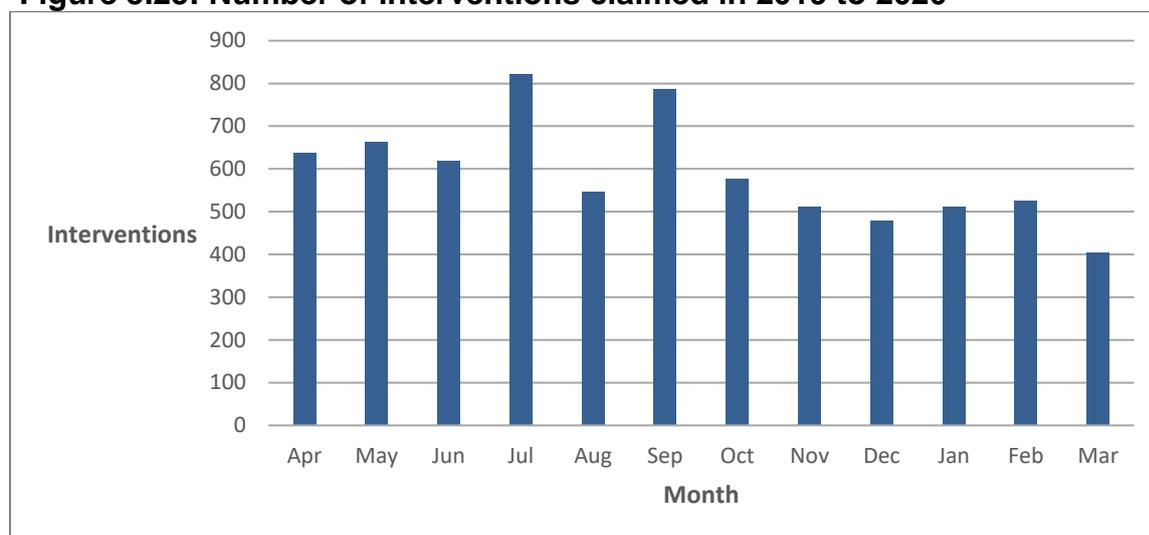
5.1.4.14 Waste Reduction service

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

There are currently 64 pharmacies across Cwm Taf Morgannwg University Health Board providing this enhanced service and a total of 7081 interventions were

provided in 2019 to 2020. Bridgend pharmacies were commissioned to provide the service from September 2019.

Figure 5.25: Number of interventions claimed in 2019 to 2020



5.1.4.15 Care home support and medicines optimisation service (levels 1 and 2)

As part of this enhanced service, the pharmacy provides a range of medicines management support services to care homes located within Cwm Taf Morgannwg University Health Board. Usually this will be the pharmacy providing NHS dispensing services to the Care Home. Services will be delivered via a tiered approach with all care homes receiving Level 1 support as a minimum, with the further option for pharmacies to provide level 2 support. The service levels include:

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

Level 2: The purpose of this level is to highlight and review therapeutic risk areas of prescribing which have regularly shown to occur in care homes.

There are currently 18 pharmacies offering this service in Cwm Taf Morgannwg University Health Board.

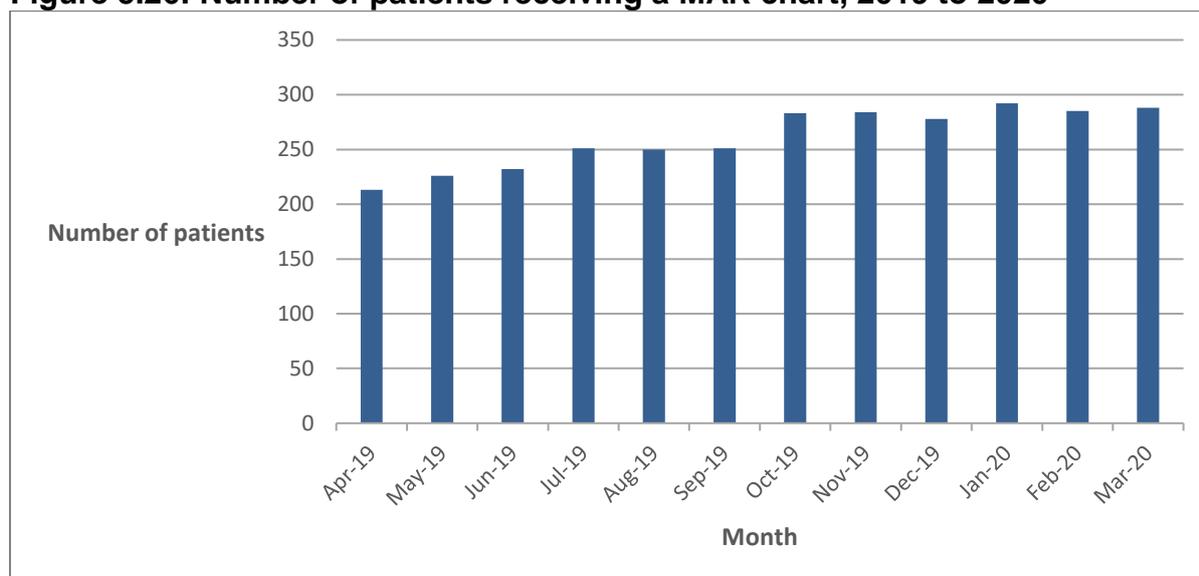
5.1.4.16 Medicine Support @Home service

This service commissions participating pharmacies to provide MAR (medication administration record) charts to individuals receiving medication administration provided by a care provider agency commissioned under the Medicines Support@Home service and underlying policy. The service aims to improve

individual safety within the domiciliary care setting with a particular focus on the safe administration and disposal of medication, by appropriately trained staff.

In 2019 to 2020, there were 60 pharmacies providing the services in Cwm Taf Morgannwg University Health Board. As the service runs alongside Merthyr Tydfil and Rhondda Cynon Taf local authorities, the only pharmacies in Bridgend commissioned to provide the service are those located on the border of the two counties.

Figure 5.26: Number of patients receiving a MAR chart, 2019 to 2020



5.1.5 Dispensing service provided by some GP practices

Dispensing GP practices will provide the dispensing service during their core hours which are 8.00am to 6.30pm from Monday to Friday excluding public and bank holidays. The service may also be provided during any extended opening hours provided by the practices.

As of December 2020, 4705 people were registered as a dispensing patient with their practice, 26 % of the total list size for all 3 practices. The percentage of dispensing patients at practice level varied between 6% to 58% of registered patients. The three dispensing doctor practices are:

1. Llynfi Surgery (Maesteg)
 - Bryn Surgery, Bryn, Port Talbot SA13 2RW (dispensing practice site)
2. Cwm Garw Practice (Pontycymmer)
 - Heol Arfyn, Bettws, CF32 8TP (dispensing practice site)
 - Heol Gellilodrau, Llangeinor, CF32 8PS (dispensing practice site)
3. Oaklands Surgery, Bedlinog, Treharris, CF46 6TE (dispensing practice site)

5.2 Current provision outside Cwm Taf Morgannwg University Health Board area

5.2.1 Access to essential services and dispensing appliance contractor equivalent services

Patients have a choice of where they access pharmaceutical services; this may be close to their home, their GP practice, their place of work or where they go for shopping, recreational or other reasons. Consequently, not all the prescriptions written for residents of the health board's area are dispensed within the same area although as noted in the previous section, the vast majority of items are. In 2019 to 2020, 2.2% of items were dispensed outside of the health board's area, of which 1.9% were dispensed elsewhere in Wales by 441 different contractors (trading at any time during that period). 0.3% were dispensed in England.

Of the 245,741 items dispensed elsewhere in Wales:

- 78,433 were dispensed by 122 contractors in Aneurin Bevan University Health Board's area,
- 187 were dispensed by 34 contractors in Betsi Cadwaladr University Health Board's area,
- 158,297 were dispensed by 108 contractors in Cardiff and Vale University Health Board's area,
- 1,809 were dispensed by 71 contractors in Hywel Dda University Health Board's area,
- 347 were dispensed 19 contractors in Powys Teaching Health Board's area, and
- 6,668 were dispensed by 87 contractors in Swansea Bay University Health Board's area.

The following types of pharmaceutical contractors dispensed the 42,352 items in England:

- Pharmacies
- Dispensing appliance contractors
- Distance selling premises (also known as an internet pharmacy)

The most likely reasons for a prescription to be dispensed outside of the health board's area are:

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

5.2.2 Access to advanced services

Information on the type of advanced services provided by pharmacies outside the health board's area to its residents is not available. When claiming for advanced services contractors merely claim for the total number provided for each service. The exception to this is the stoma appliance customisation service where payment is made based on the information contained on the prescription. However even with this service just the total number of relevant appliance items is noted for payment purposes. It can be assumed however that residents of the health board's area will access these services from contractors outside of the area.

5.2.3 Access to enhanced services

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

5.2.4 Dispensing service provided by some GP practices

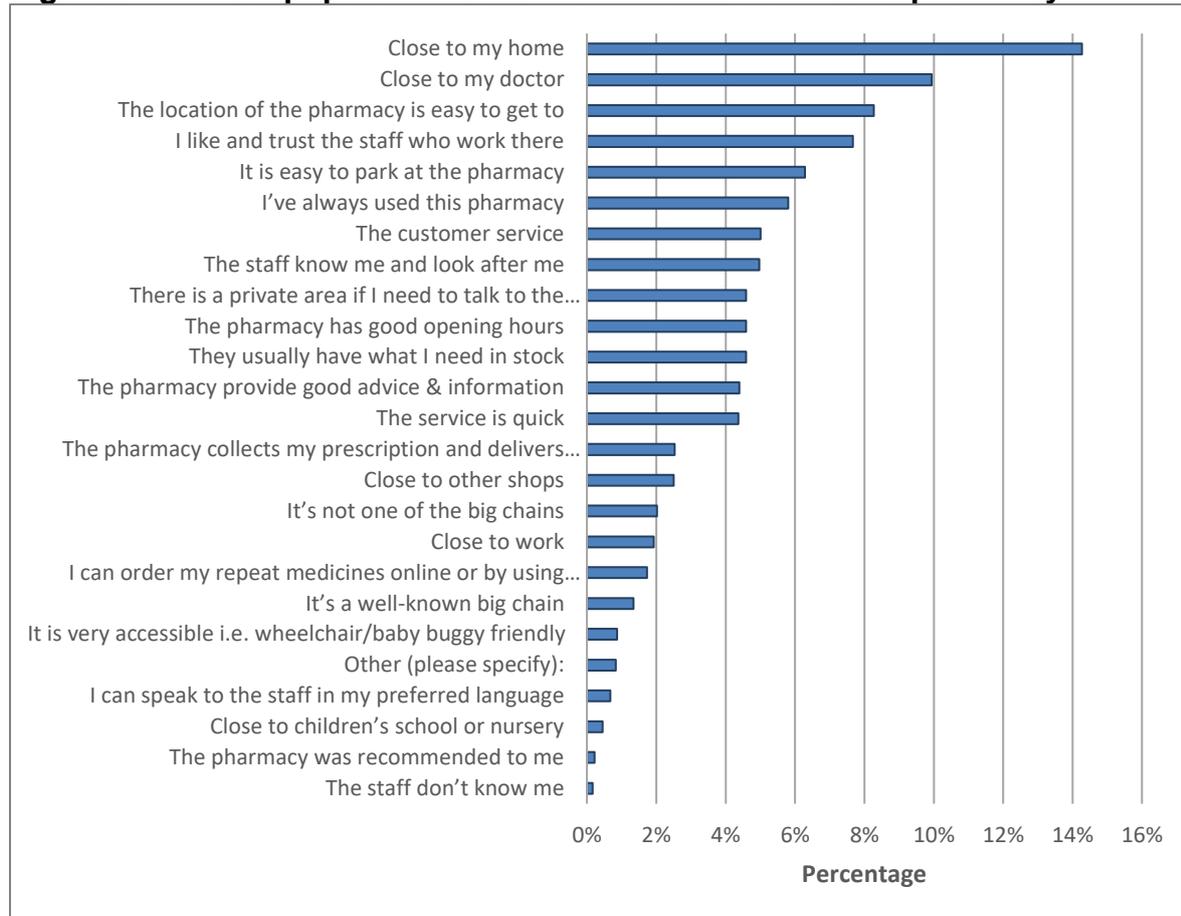
Some residents of the health board's area will choose to register with a GP practice outside of the area and will access the dispensing service offered by their practice.

5.3 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 5.1 and 5.2, the residents of the health board's area currently exercise their choice of where to access pharmaceutical services to a considerable degree. Within the health board's area, they have a choice of 110 pharmacies, operated by 26 different contractors. Outside of the health board's area residents chose to access a further 441 contractors in Wales alone, although many are not used on a regular basis.

When asked what influences their choice of pharmacy the most common responses in the patient and public questionnaire were close to home (14%) followed by close to my doctor (10%) and the location of the pharmacy is easy to get to (8%). Please note that more than one option could be provided to this question.

Figure 5.27: Most popular reasons that influence choice of pharmacy



Of the 26 people who replied other, 12 comments were related to the repeat prescription service:

- "I can order my repeat medication on the telephone and get a text message when it is ready."
- "They collect from surgery & text when ready."

Three comments were related to where the GP sends the prescription and suggests that patients are not given a choice by their GP practice:

- "It's the pharmacy my surgery sends my prescriptions to."

Five comments praised their chosen pharmacy and staff for their services:

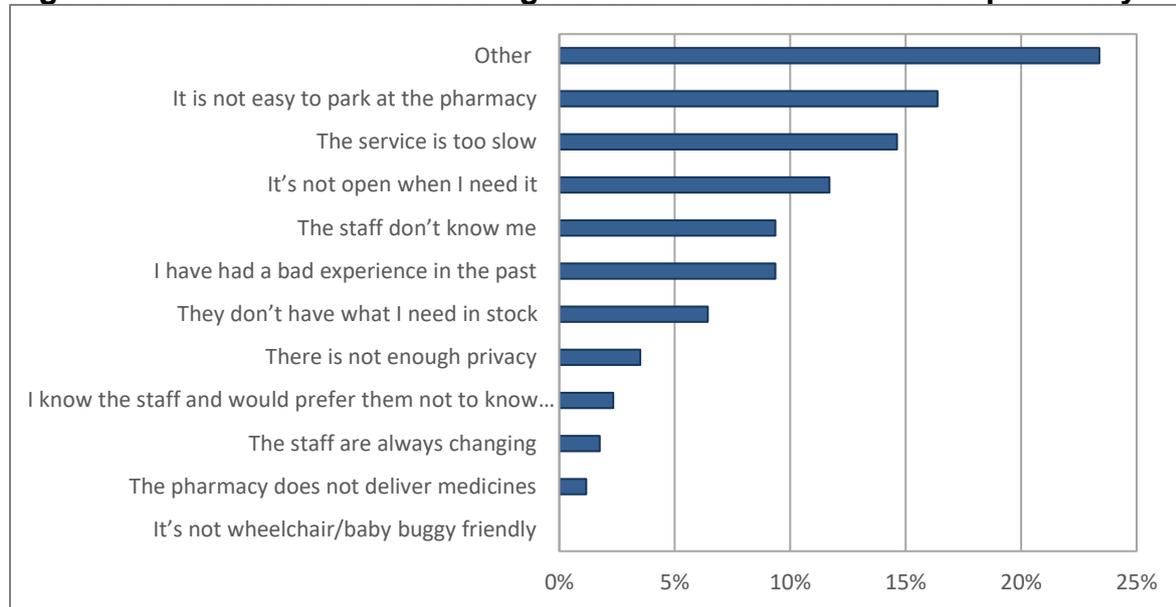
- "The staff there are fantastic and go above and beyond to help."
- "The owner is a trusted and caring member of the community."

Other comments received for reasons for choosing a particular pharmacy were around opening hours (one comment), pharmacy being in the supermarket (two comments), being accessible on foot (one comment), a previous disappointing service (one comment) and that the pharmacy was able to dispense a special order (one comment).

The majority of respondents (69%, 428 out of 618 people), use the pharmacy that is closest or most convenient for them to use. However, for 27% of respondents (169 people) there was a more convenient or closer pharmacy that they were choosing

not to use. 21 respondents (3%) did not know. When asked why they did not use that pharmacy, 171 people responded, 2 more than initially 169 respondents. The top three reasons provided were around ease of parking (28 people), speed of service (25 people) and opening times (20 people).

Figure 5.28: Reasons for not using a closer or more convenient pharmacy



40 people (23%) selected other when responding to this question. The reasons given included:

Two responses were related to the Coronavirus (COVID-19) pandemic and trying to avoid crowded areas, which had led to a change in choice of pharmacy used.

Seven responses were based around loyalty; having used that service for some time and being satisfied with the service provided:

- “My pharmacy provides an excellent service. I am a loyal and happy customer.”

Seven responses were related to the pharmacy staff not being as approachable or a personable as those in the pharmacy they were choosing to use:

- “The staff are not as approachable as my preferred pharmacy.”

Five responses were related to the quality of service offered, with one being positive about the service offered and four less positive:

- “My pharmacy collects the prescription from the gp when I ring them to request it.”
- “Always have to go back and forth always one or more items out of stock.”

Ten responses were related to convenience, either opening times, parking or location: with four responses preferring the convenience of a pharmacy near the GP surgery:

- “The pharmacy I use is right next door to the dr so is easier to access if there is a problem with my prescription.”

- “Because I would need to contact the chemist or GP each month to request my repeat prescription each month which seems unnecessary as it rarely changes. They don't deliver and opening times are not convenient (I could only collect on weekends as working).”

Four responses were related to where the GP surgery sends the prescription, which suggest that patients are not given a choice by their GP practice:

- “Doctors automatically send prescriptions into the one pharmacy so we use that one.”

Two responses were related to the lack of awareness of either a nearer pharmacy or being able to choose another pharmacy:

- “Never thought to use another pharmacy.”

6 Other NHS services

The following NHS services are deemed, by Cwm Taf Morgannwg University Health Board, to affect the need for pharmaceutical services within its area:

- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written in hospitals are dispensed by the hospital pharmacy service. However, if the potential for outpatient dispensing to move towards community dispensing for outpatients is realised over the PNA timeframe, this may have implications for the essential service of dispensing.
- Personal administration of items by GPs – similar to hospital pharmacies this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and other clinicians at the practice thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered.
- NHS 111 and GP Out-of-Hours – whether a patient is given a full or part course of treatment after being seen by the out of hours service will depend on the nature of their condition. This service will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing. Furthermore, as patients are directed to the right services through the one call system, this also has the potential to increase the need for all pharmaceutical services.
- The minor injuries units at Ysbyty Cwm Cynon and Ysbyty Cwm Rhondda may generate prescriptions which need to be dispensed in the community.
- Prison pharmacies - reduce the demand for the dispensing of essential service as prescriptions written in HMP & YOI Parc prison are not dispensed by community pharmacies or dispensing appliance contractors. However, services to the prison are likely to change from 2022.
- Independent prescribers – are likely to increase in number over the next five years. It is expected that initially, this may not affect the need for pharmaceutical services. However, with the opportunity of better access and the potential for more patients to be seen, this may in the longer term have a subsequent effect on the need for pharmaceutical services, in particular the essential service of dispensing.
- The Online Non Prescription Ordering Service (ONPOS) dressings system – this will reduce the need for dressings on prescriptions for many patients and therefore the demand for the dispensing essential service. However, non-formulary dressings will still need to be prescribed.

6.1 Hospital pharmacies

There are three major acute hospitals in Cwm Taf Morgannwg University Health Board:

- Prince Charles Hospital - Merthyr Tydfil, Mid Glamorgan, CF47 9DT
- Princess of Wales Hospital - Comity Road, Bridgend, Mid Glamorgan CF31 1RQ

- Royal Glamorgan Hospital - Ynysmaerdy, Pontyclun, Llantrisant, CF72 8XR

All three hospitals provide a full range of general acute services including maternity, outpatients, day surgery, intensive care and accident and emergency services (A&E) to the surrounding area. All three hospitals have an inhouse pharmacy department.

In general, inpatients at Prince Charles Hospital, Princess of Wales Hospital and Royal Glamorgan Hospital will have their medicines dispensed by the hospital pharmacy dispensary. On discharge, patients usually receive up to four weeks supply of their medicines. Patients attending the hospitals for outpatient appointments will also usually receive up to a 12 week supply of medicines.

There are also several community hospitals and health facilities in the health board area, which offer a range of inpatient, day care and outpatient clinics. For example:

Community hospitals

- Ysbyty Cwm Cynon, New Road, Mountain Ash, Rhondda, Cynon Taff, CF45 4BZ.
- Ysbyty Cwm Rhondda, Partridge Road, Llwynypia, CF40 2LX.
- Dewi Sant Hospital, Albert Road, Pontypridd, Mid Glamorgan, CF37 1LB.
- Maesteg Community Hospital, Maesteg, Bridgend, CF34 9PW.

Mental Health inpatient units

- Cefn Yr Afon 71A Quarella Road, Bridgend, CF31 1JS.
- Glanrhyd Hospital, Bridgend, Mid Glamorgan, CF31 4LN.
- Ysbyty George Thomas, Treorchy, Mid Glamorgan, CF42 6YG.

Health parks

- Keir Hardie University Health Park, Merthyr Tydfil, CF48 1BZ.

Patients attending these hospitals or health facilities on either an inpatient or outpatient basis, may require prescriptions to be dispensed in the community. Where the hospital or health facility has a pharmacy department, inpatient and outpatient prescriptions will be dispensed by the pharmacy department in the majority of cases. A supply of up to four weeks is usually provided on discharge from the hospital. A supply of up to 12 weeks is usually provided for outpatients.

Outpatient clinics and the emergency department (A&E) may issue patients with a hospital issue prescription (WP10HP), which patients can take to a community pharmacy to be dispensed. This usually occurs when there is no pharmacy department on site or when seeing patients outside of the hospital pharmacy department operating hours. In 2019 to 2020, the number of WP10HP items dispensed by community pharmacists was 193,674. For the first six months of 2020 to 2021, the number of items was 80,520. It is worth noting that the reduction may be as a result of the Coronavirus (COVID-19) pandemic.

In the future, there is a potential for outpatient dispensing to move towards community dispensing wherever possible across all hospital sites where outpatients are seen, including community hospitals.

6.2 Personal administration of items by GPs

Under their primary medical services contract with the health board there will be occasion where a GP or other healthcare profession at the practice personally administers an item to a patient.

Generally, when a patient requires a medicine or appliance their GP will give them a prescription which is dispensed by their preferred pharmacy or dispensing appliance contractor. In some instances, however, the GP or practice nurse will supply the item against a prescription, and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or the nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures.

For these items, the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered. Instead, the practice will retain the prescription and submit it for reimbursement to the NHS Wales Shared Services Partnership at the end of the month.

It is not possible to quantify the total number of items that were personally administered by GP practices in Wales as the published figures include items which have been either personally administered or dispensed by dispensing practices. However, as a minimum in 2019 to 2020, 135,939 of items were personally administered by practices that do not also dispense.

6.3 NHS 111 and GP Out-of-Hours service

Since November 2020, all residents of Cwm Taf Morgannwg University Health Board are now able to use a free telephone number 111 to access non-emergency healthcare 24 hours a day, seven days a week. The NHS 111 service provides a single point of entry to:

- Urgent care
- Out of hours services
- Advice
- Health information

The service does not replace emergency care offered by the three emergency departments (A&E).

The NHS 111 service is clinically led, with trained call handlers working together with clinicians, such as GPs, nurses, advanced nurse practitioners and pharmacists. Callers are asked a series of questions to determine the nature and urgency of their health concern and what medical care is needed. By ringing 111 patients are signposted to 'the right place, to get the right treatment at the right time', which may include:

- Attending a GP Out-of-Hours centre
- Home visit if clinically indicated
- Advice regarding self care
- Attending a pharmacy or optometrist
- Making an appointment with their own GP

The GP Out-of-Hours service is available for those requiring urgent medical treatment outside normal GP practices opening hours. It is for urgent care only and not for routine medical matters or emergency care.

The service is available:

Monday to Friday 6:30pm to 8:00am and 24 hours on Saturdays, Sundays and Bank Holidays

All appointments for the GP Out-of-Hours service are arranged through NHS 111, following an initial telephone assessment. If, after an assessment it is decided that any medication is required, a prescription may be issued for dispensing at a community pharmacy.

6.5 Minor injury units

There are two Minor Injury Units (MIUs) in the health board area. These units treat people with minor injuries only such as fractures, joint dislocations, wounds, minor back and neck injuries, bites, and eye, ear and nose injuries. They are unable to deal with primary care problems, chronic conditions or acutely ill patients or life-threatening injuries. The units are:

1. Ysbyty Cwm Rhondda - Partridge Road, Llywnypia, CF40 2LX

The service is available: Monday to Friday (excluding Bank Holidays) from 9am - 4.30pm

The unit operates a phone first policy. It is worth noting that the onsite pharmacy does not provide a dispensing service for this unit.

2. Ysbyty Cwm Cynon - New Road, Mountain Ash, Rhondda, Cynon Taff, CF45 4BZ

The service is available: Monday to Friday (excluding Bank Holidays) from 9am - 4.30pm

At present no appointments are necessary at Ysbyty Cwm Cynon. The unit has full x-ray facilities. It does not have a pharmacy on site.

6.6 Prisons

HMP & YOI Parc is the only privately run prison in Wales and is based in Bridgend. It is a Category 'B' men's prison for sentenced and remanded adults and young offenders (aged 18 to 21). In addition, there is a separate Young Persons Unit for juvenile offenders (aged 15 to 17). It is currently operated by G4S Care and Justice Services, which has a 25- year contract to manage the prison on behalf of Her Majesty's Prison and Probation Service (HMPPS) in Wales. G4S provides a range of primary health services to the prison, including an in-house pharmacy service. Other services are subcontracted such as medical and dental services. Cwm Taf Morgannwg University Health Board provides secondary care level services.

The current operating contract with G4S Care and Justice Services expires in 2022. It is likely that the healthcare service to the prison will then become the responsibility of the health board, in line with the other five public sector male prisons in Wales. If this is the case, there may be future implications for community pharmacy.

6.7 Online Non Prescription Ordering Service (ONPOS) dressings system

ONPOS is a wound dressing procurement system and was introduced in Cwm Taf Morgannwg University Health Board to improve the management of wound care and to reduce wastage. It allows nurses and other authorised practitioners to order formulary agreed dressings through an online portal for supply through participating community pharmacies, without the need for a prescription. It allows nurse teams to keep a stock of dressings at their base. This allows for patients to be treated more efficiently. It also prevents wastage as, unlike prescribed dressings, wound care products sourced through ONPOS can be used on any patient within the team's caseload. This prevents the need for part used boxes of dressings to be thrown away if they are not suitable for the patient, as is the current practice with prescribed dressings.

6.8 Non-medical prescribers

The Welsh Government's 'Our plan for a primary care service for Wales up to March 2018' (2014), encouraged non-medical healthcare professionals working in primary care to train as independent prescribers. Further to this, the more recent Welsh Pharmaceutical Committee plan 'Pharmacy: Delivering a Healthier Wales (2019)', sets the goal that by 2030, there will be an independent prescriber in every community pharmacy and an increased focus on prevention and early detection of illness. The plan is aligned with and supports the long-term vision for health and social care set out in the Welsh Government's A Healthier Wales (2018).

In line with these national plans, the number of independent prescribers within Cwm Taf Morgannwg University Health Board, is expected to increase over the next five years.

7 Health needs that can be met by pharmaceutical services

In Wales, over 11,000 advice consultations occur every day across the community pharmacy network.⁴⁷ These provide a valuable opportunity to support behaviour change through making every one of these contacts count. Making healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight and reducing alcohol consumption could make a significant contribution to reducing the risk of disease, improving health outcomes for those with long-term conditions, reducing premature death and improving mental wellbeing. Pharmacies are ideally placed to encourage and support people to make these healthy choices as part of the provision of pharmaceutical services.

7.1 Need for drugs and appliances

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

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

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

7.2 Substance misuse

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

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

A needle and syringe exchange enhanced service will assist in the reduction of the sharing of needles (and equipment) which can consequently result in blood-borne viruses and other infections (such as Human Immunodeficiency Virus (HIV), hepatitis B and C) being transmitted. In turn this could lead to a reduction in the prevalence of blood-borne viruses, therefore also benefiting wider society.

⁴⁷ Community Pharmacy Wales (2020). Pharmacy advice audit, Richard Brown.

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

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. They are usually undertaken over a four-week period but some can be extended. The topics for these campaigns are selected by the health board and could include drug and alcohol abuse. Public health campaigns could include raising awareness about the risks of alcohol consumption through discussing the risks of alcohol consumption over the recommended amounts, displaying posters and distributing leaflets, scratch cards and other relevant materials. It is worth noting that at the time of writing, the public health campaigns were suspended due to Coronavirus (COVID-19) pandemic.
- Where the pharmacy does not provide the enhanced services of needle and syringe exchange and the supervised consumption of substance misuse medicines, signposting people using the pharmacy to other providers of the services.
- Signposting people who are potentially dependent on alcohol to local specialist alcohol treatment providers.
- Using the opportunity presented by Medicines Use Reviews, e.g., for anti-hypertensive medicines and medicines for the treatment of diabetes, to discuss the risks of alcohol consumption and in particular, during public health campaigns or in discussion with customers requesting particular over the counter medicines, to raise awareness of the risks of alcohol misuse.
- Providing healthy living advice during Medicines Use Reviews consultations.

7.3 Cancer

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

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

7.4 Long-term conditions

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

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

Provision of the MURs, AUR, stoma appliance customisation and DMRs advanced services, and the flu vaccination enhanced service will also assist people to manage their long-term conditions in order to maximise their quality of life.

7.5 Overweight and obesity

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

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

7.6 Sexual health

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

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics

for these campaigns are selected by the health board and could include sexually transmitted infections and HIV.

- Where the pharmacy does not provide the enhanced service for chlamydia screening, signposting people using the pharmacy to other providers of this service.
- Providing healthy living advice during MUR consultations.

7.7 Teenage pregnancy

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

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

7.8 Smoking

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

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

7.9 Support for self-care

Support for self-care is both an essential and enhanced service, with the latter referred to as the common ailment service. The common ailment service is a scheme whereby patients are encouraged to consult a participating pharmacy, rather

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

Ailments covered by the enhanced service include:

- Acne
- Athletes foot
- Back pain
- Colic
- Conjunctivitis
- Constipation
- Diarrhoea
- Dry eyes
- Dry skin
- Haemorrhoids
- Hay fever
- Head lice
- Indigestion and reflux
- Intertrigo/ringworm
- Mouth ulcers
- Nappy rash
- Oral thrush
- Scabies
- Sore throat
- Teething
- Threadworms
- Vaginal thrush
- Verrucae

The Community Pharmacy Sore Throat Test and Treat Service (STTT) is a service building on the existing Sore Throat service available within the NHS Wales Common Ailments Service. The service will enable eligible patients to have access to clinical assessment and the provision of advice and appropriate medication, at the expense of the NHS, when presenting with symptoms of acute sore throat. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their GP or out of hours (OOH) provider or accident and emergency.

7.10 Blood Borne Virus

The enhanced service supports the detection and early diagnosis of those at risk from blood borne viruses such as HIV, hepatitis B and C and ensures treatment is commenced at an early stage, preventing further virus transmission. The group of clients considered to be at risk of infection are regularly accessing services provided by pharmacies such as needle and syringe provision and supervised consumption.

7.11 Care home support & Medicines Optimisation Service Level 1&2

The enhanced service supports the safe ordering, supply, storage and administration of medicines and appliances within care homes. It involves a systematic review of all medicine management processes in the care home and the development of medicines protocols and procedures to support effective use of medicines, reduction of risk and reductions of avoidable waste. It also involves reviewing therapeutic risk areas of prescribing shown to occur in care homes.

7.12 Palliative care service

The palliative care service ensures prompt and effective access to a range of palliative care medicines within normal working hours with minimal inconvenience to patients and professionals, by identifying key pharmacies that have agreed to hold a specific stock list of palliative care medicines. This enables the proactive planning for the care of patients whose condition is deteriorating.

7.13 Independent Prescribing

Pharmacist independent prescribers may prescribe any licensed medicine for any medical condition, within their therapeutic area of competence. This currently excludes three controlled drugs for the treatment of addiction. The Welsh Pharmaceutical Committee plan 'Pharmacy: Delivering a Healthier Wales (2019)', sets the goal that by 2030, there will be an independent prescriber in every community pharmacy and an increased focus on prevention and early detection of illness.

8 Bridgend East cluster

Overview

Bridgend East cluster serves a practice population of 72,545 (Source: shared services 2020) in a predominantly urban environment. There are 11 pharmacies in the cluster and five GP practices, with two branch surgeries.

The population of Bridgend local authority is predicted to grow by up to 4.6% between 2018 to 2028, the third largest percentage increase of all the local authorities in Wales. It is expected to have a population of 151,600 by 2028, making it the eight largest local authority in Wales. It is also projected to continue to age.

Bridgend East cluster has a lower life expectancy at birth for females and a higher life expectancy at birth for males when compared to the average for Wales.

Bridgend East cluster has a lower level of deprivation and poverty than the Welsh average.

In general, there is a lower estimated prevalence of chronic conditions in the cluster when compared to the local authority and Cwm Taf Morgannwg University Health Board. However, the cluster is above the average for the health board and Wales for asthma and stroke and transient ischaemic attacks and above the average for Wales for coronary heart disease.

Overall, there is a better profile of behavioural and clinical risk than the average for Wales. A continued focus on smoking cessation, obesity management and alcohol misuse prevention are required to maintain this position and improve upon the above average rate of alcohol consumption above the recommended guidelines. In addition, the estimated prevalence of atrial fibrillation is slightly higher than the average for Wales. Optimising management of this risk could help reduce the above average prevalence of stroke and transient ischaemic attack within Bridgend East cluster.

8.1 Key population features

8.1.1 Population projections 2018 to 2028

The population of Bridgend is projected to increase by up to 4.6%, the third largest percentage increase of all 22 local authorities in Wales. It is expected to have a population of 151,600 by 2028, making it the eighth largest local authority in Wales. The increase in population will mainly be driven by net migration i.e., more people moving into the area than out. The number of births is expected to decrease and the number of deaths to increase, resulting in a negative natural change (more deaths than births). The population is expected to increase across all broad age groups. Overall, there will be a small increase in the number of children and young people aged 0 to 15 years old and in the working-age population aged 16 to 64 years old. The largest population increases will be in the over 65 age group followed by the 75

or over age group. The population is projected to continue to age in the local authority, over this period.

8.1.2 Life expectancy, healthy life expectancy and the ‘inequality gap’ (2015 to 2017)

- Bridgend East cluster has a lower life expectancy at birth for females and a higher life expectancy at birth for males when compared to the average for Wales (table 8.1).
- Healthy life expectancy (the number of years a person can expect to live in good health) is only available at a local authority level. For Bridgend it is 60.9 years for males and 61.3 years for females. For Wales, healthy life expectancy is 61.4 years for men and 62 years for women.
- The differences in healthy life expectancy that exist across an area between the most and least deprived areas is referred to as the ‘inequality gap’. The inequality gap for healthy life expectancy in Bridgend is 6.1 years for males and 5.6 years for females.
(Source: Public Health Wales Observatory PHOF Tool (2017) using ONS and WG data)

Table 8.1: Life expectancy at birth for females and males, 2015 to 2017

Area	Females at birth (years)	Males at birth (years)
Bridgend East	81.9	78.5
Bridgend	81.2	77.9
Wales	82.3	78.3

Source: Public Health Wales Observatory using ONS data (PHOF Tool, 2019)

8.1.3 Deprivation

The link between deprivation and poor health is well recognised. Bridgend East cluster has the lowest concentration of most deprived areas in Wales compared to Cwm Taf Morgannwg as a whole. However, at a lower geography, pockets of deprivation exist where the population are likely to be experiencing poorest health.

Table 8.2: Estimated percentage of patients living in the most deprived 40% of areas in Wales (2015)

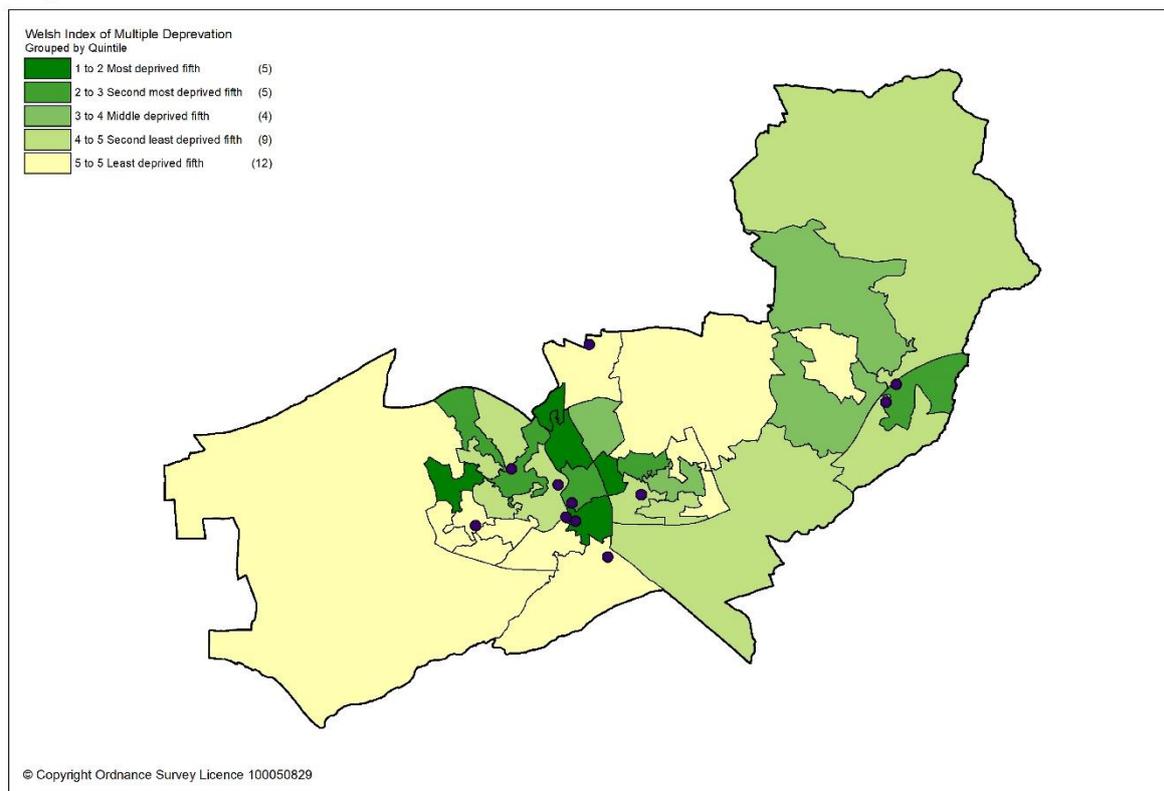
Area	Percentage
Bridgend East	24.2%
Cwm Taf Morgannwg UHB	57.1%

Source: Produced by Public Health Wales Observatory using WDS (NWIS) and WIMD 2004 (WG) data (GP Practice Population Profile, 2015)

The map below provides an indication of the levels of deprivations within the cluster. As can be seen from the map, all pharmacies are located within or near areas of higher deprivation.

Map 8.1: Deprivation by Lower Super Output Areas (LSOAs) grouped into quintiles by Welsh Index of Multiple Deprivation 2019

Bridgend East Cluster



8.1.4 Health Profile

Overall, the prevalence of chronic disease in Bridgend East cluster is lower than other areas of Bridgend and Cwm Taf Morgannwg University Health Board. It is above the average for the health board and Wales for stroke and transient ischaemic attacks (2.5%) and asthma (7.5%) and above the average for Wales for coronary heart disease (3.7%).

Table 8.3: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019

Area	Asthma	Coronary heart disease	COPD	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Bridgend East	7.5	3.7	1.9	6.1	1.0	2.5
Bridgend	7.8	4.1	2.5	6.6	1.2	2.7
Cwm Taf Morgannwg UHB	7.4	3.9	2.7	6.6	1.0	2.3
Wales	7.1	3.6	2.4	6.1	1.1	2.1

Source: QOF 2019

The percentage of patients registered as having a mental health condition is the same as for the health board and the average for Wales. The percentage of patients registered as having dementia is lower than the average for Wales.

Table 8.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, local authority, health board and Wales, 2019

Area	Mental Health	Dementia
Bridgend East	1.0%	0.6%
Bridgend	1.1%	0.7%
Cwm Taf Morgannwg UHB	1.0%	0.6%
Wales	1.0%	0.7%

Source: QOF 2019

Bridgend East cluster has a lower estimated prevalence of hypertension than the average for Wales and a higher prevalence of atrial fibrillation.

Table 8.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by local authority, health board and Wales, 2019

Area	Atrial Fibrillation	Hypertension
Bridgend East	2.4%	15.3%
Bridgend	2.6%	16.9%
Cwm Taf Morgannwg UHB	2.4%	16.9%
Wales	2.3%	15.8%

Source: QOF 2019

Many of the factors that contribute to the inequalities in health and well-being are preventable. The long term health and social implications of engaging in harmful behaviours are wide ranging. In particular, five harmful behaviours contribute to the four major causes of disease that account for 64% of early deaths: cancer, heart disease, stroke, and diabetes.

Table 8.6 shows the percentage of adults self-reporting these five harmful behaviours, where a lower percentage for smoking and drinking above the guidelines is seen as more beneficial as is a higher percentage for working age adults of healthy weight, meeting the physical activity guidelines and consuming 5 a day.

Overall, in the Bridgend East cluster the percentage of adult behaviours supporting healthy outcomes is higher than the health board and the average for Wales except for drinking above the recommended guidelines.

Table 8.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by cluster, health board and Wales, 2016 to 2018

Area	Count		Prevalence			
	GP cluster population aged 16+	Smoking	Drinking above the guidelines	Working age adults of healthy weight	Meeting physical activity guidelines	Consuming 5 a day
Bridgend East	58,231	16.9	19.9	40.8	55.5	25.4
Cwm Taf Morgannwg UHB	379,984	21.1	18.3	37.4	51.2	22.3
Wales	2,642,152	19.2	18.9	39.1	52.8	23.4

Source: Public Health Wales Observatory, using NSW (WG), WDS (NWIS) and WIMD 2014 (WG). Please note, the calculation of the healthy weight indicator only accounts for working age adults (aged 16-64)

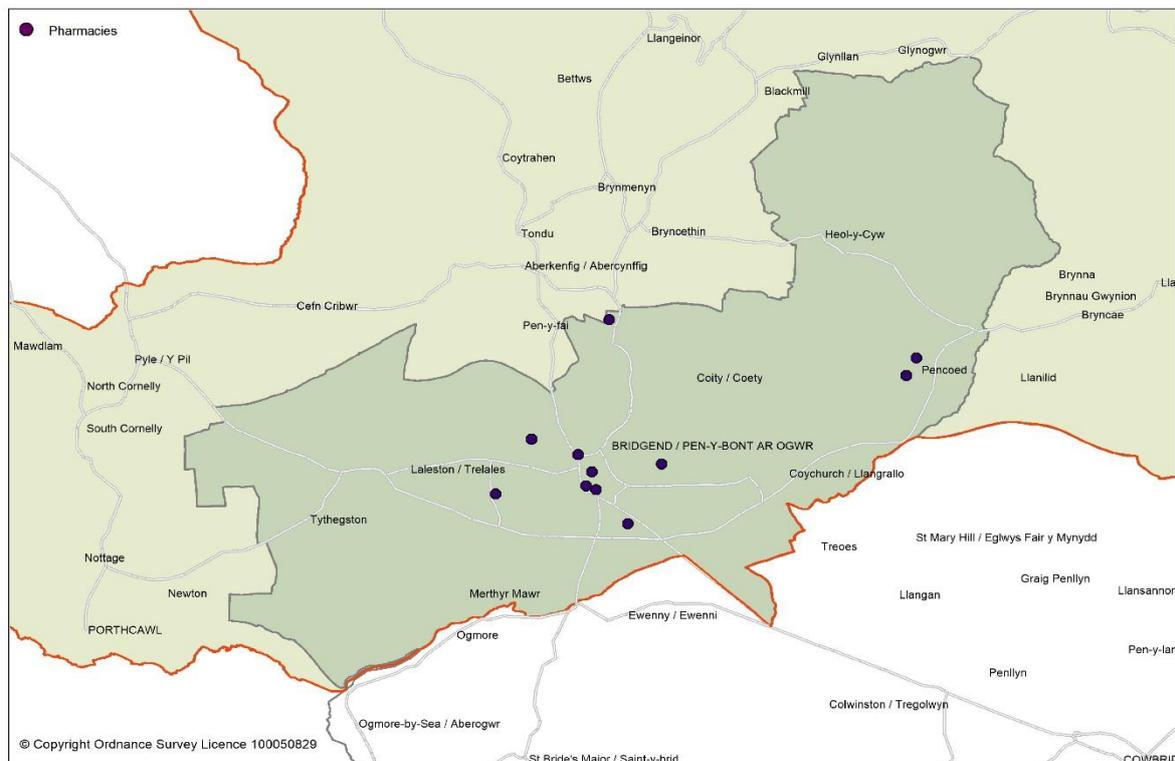
8.2 Current provision of pharmaceutical services within the cluster area

There are 11 pharmacies in Bridgend East cluster operated by five different contractors (see Appendix L for further information).

In 2019 to 2020, 76.4% of items on prescriptions written by the five GP practices in Bridgend East cluster were dispensed by one of the pharmacies within the cluster and 1.5% were personally administered items.

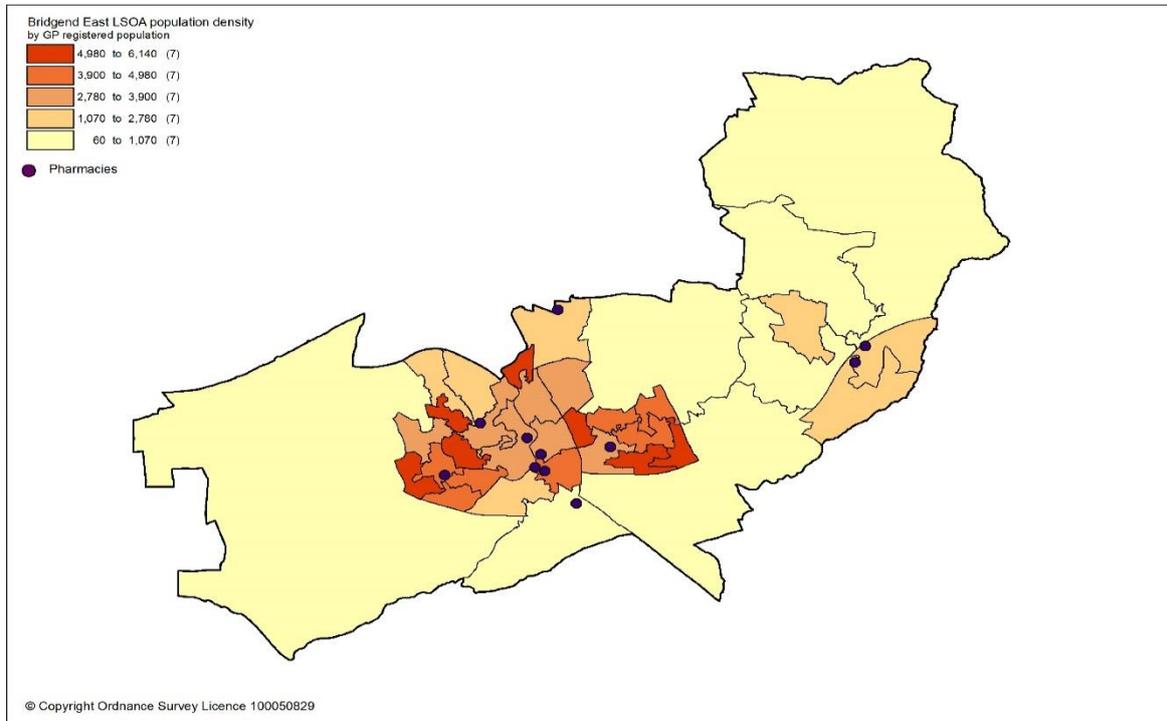
Map 8.2: Pharmaceutical service provision within the cluster area

Bridgend East Cluster - Location of pharmacies and GP dispensing practices



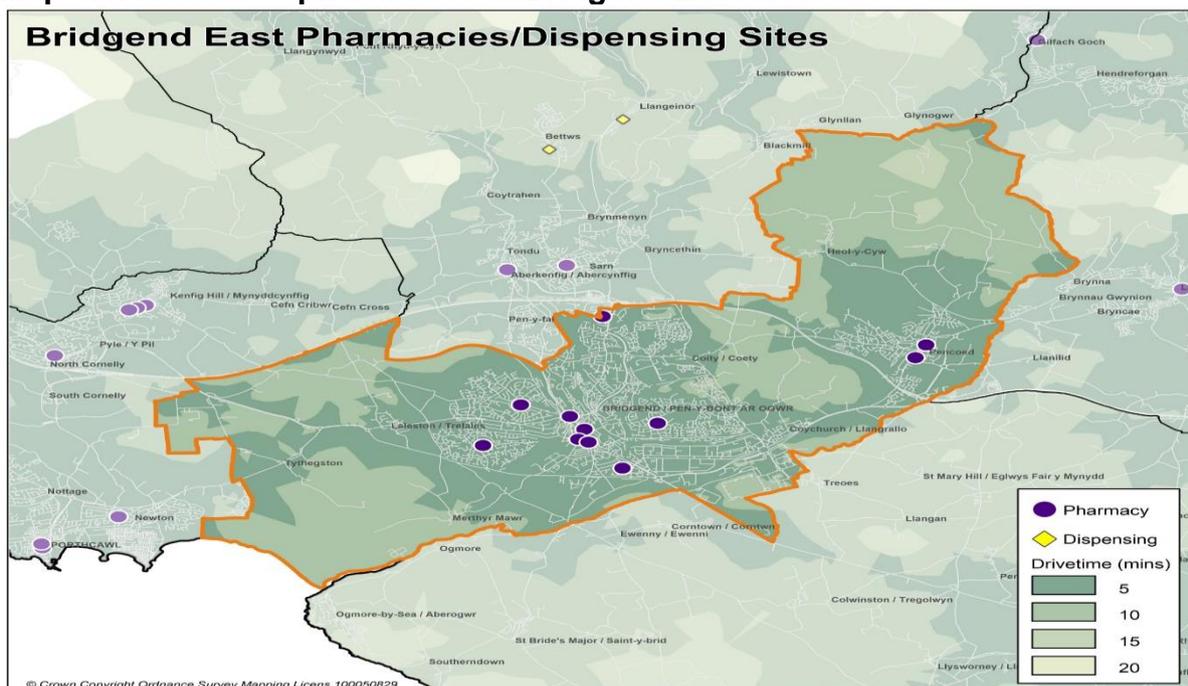
Bridgend East cluster has a mainly urban population with small rural areas. The 11 pharmacies are located in areas of greater population density as shown by the darker shaded areas in the map below.

Map 8.3: Location of pharmacy premises in the cluster compared to population density



All residents of the cluster can access one of the 11 pharmacies by car within 15 minutes. The majority can access a pharmacy within five to 10 minutes.

Map 8.4: Access to pharmacies in Bridgend East cluster



Looking at opening hours for the 11 pharmacies:

- Three pharmacies are open seven days a week.
- One pharmacy is open Monday to Saturday.
- Four pharmacies are open Monday to Friday, and part of Saturday.
- Three pharmacies are open Monday to Friday.

All pharmacies must open for their core contractual hours, which are 40 hours a week. These can only be amended with approval by the health board. All additional hours or supplementary hours can be amended by the pharmacy following the provision of 90 days' notice to the health board. Within the cluster, opening hours and closing hours range from:

Days	Opening hours range	Closing hours range
Monday to Friday	8.00am to 9.00am	5.00pm to 9.00pm
Saturday	8.00am to 9.00am	12.00pm to 9.00pm
Sunday	10.00am to 10.30am	4.00pm to 4.30pm

Full details of when pharmacies are open can be found in Appendix L.

All pharmacies responded to the contractor questionnaire, of which 10 dispense all appliances listed in Part IX of the Drug Tariff and one just dispenses dressings.

In 2019 to 2020, 11 pharmacies offered the MUR service and a total of 3,543 MURs were provided out of a possible 4,400 reviews. Three pharmacies provided the maximum number of 400 reviews.

In 2019 to 2020, eight pharmacies offered the DMR service and a total of 220 DMRs were provided out of a possible 1,120 reviews. No pharmacies provided the maximum number of 140 reviews.

In 2019 to 2020, the following enhanced services were provided by pharmacies in the cluster area:

- 11 pharmacies provided a total of 863 emergency contraception consultations, with a range of 28 to 259 consultations.
- Eight pharmacies provided a total of 121 smoking cessation level 2 consultations, with a range of one to 37 consultations.
- Five pharmacies provided a total of 226 smoking cessation level 3 consultations, with a range of 16 to 81 consultations.
- 10 pharmacies provided a total of 1567 flu vaccinations, with a range of 10 to 509 vaccinations.
- Eight pharmacies provided a total of 257 EMS consultations, with a range of two to 70 consultations.
- Six pharmacies provided a total of 343 supervised administrations
- Two pharmacies provided a total of 1282 needle exchange packs
- 10 pharmacies provided a total of 111 just in case packs

Other enhanced services provided included:

- Three pharmacies provided the palliative care service
- One pharmacy provided the Medicines Support at Home service
- One pharmacy provided the Care home Support & Medicines Optimisation Service Level 1&2
- Four pharmacies provided the waste reduction service

8.3 Current provision of pharmaceutical services outside the cluster area

Some residents choose to access contractors outside both the cluster and the health board's area in order to access services:

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

Whilst the majority of prescriptions written by the GP practices in 2019 to 2020 were dispensed by the pharmacies in the cluster, around 22% were dispensed outside the cluster, most notably:

- 13.0% by pharmacies in Bridgend West cluster
- 6.4% by pharmacies in Taf Ely cluster
- 1.8% by pharmacies in Bridgend North cluster
- 0.3% in Cardiff and Vale University Health Board
- 0.1% in Swansea Bay University Health Board
- 0.3% by contractors in England,

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

Taking into account pharmacies in the neighbouring clusters and pharmacies over the border in other health board areas in Wales, all residents in the cluster of Bridgend East can access a pharmacy by car within 15 minutes and the majority can access a pharmacy by car within five to 10 minutes.

8.4 Other NHS services

The Princess of Wales Hospital and the mental health inpatient units Cefn Yr Afon and Glanrhyd Hospital are located within this cluster, as is HM Prison Parc.

8.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 8.2 and 8.3, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the

health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 354 contractors that were trading in Wales during 2019 to 2020, dispensed items written by one of the GP practices in the Bridgend East cluster, of which 261 were outside of the health board's area. 5509 prescription items were dispensed in England.

8.6 Gaps in provision

All 11 pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from any future housing developments in the locality. Their responses were as follows:

- Seven pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.
- Three pharmacies do not have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in the area.
- One pharmacy does not have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand in the area.

Whilst not an NHS service, seven pharmacies provide a free delivery service. In addition, three pharmacies said that they deliver to certain patient groups depending on clinical need and mobility issues, to housebound patients with no one to collect on their behalf, tray patients and those self-isolating due to Coronavirus (COVID-19). Therefore, for those who are unable to access a pharmacy they could have their medicines delivered either by a pharmacy within the cluster or another pharmacy in a neighbouring area.

The Cwm Taf Morgannwg University Health Board has noted the location of pharmacies across the cluster, and the fact that the population can access a pharmacy by car within 15 minutes, with the majority within five to 10 minutes. Whilst noting that not all households have access to a car throughout the day, the nature of the cluster means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.

The Cwm Taf Morgannwg University Health Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the cluster. The Cwm Taf Morgannwg University Health Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies in the cluster.

The Sunnyside Wellness Village in central Bridgend, will provide mixed use development on the site of the former Bridgend council offices and Magistrates Court and will include a small number of homes (59) and a healthcare centre. Work on the healthcare centre is due to commence in early summer 2021. The Health Centre will include GMS services, which are likely to relocate from existing GP practice

premises in the immediate area and is scheduled for completion in September 2022. As such, at the time of publishing, the planned development will not result in an unmet current need for the provision of NHS pharmaceutical services, demand can be met by existing pharmacies in the immediate area, and there is no reason to suppose an unmet need will arise in specified future circumstances for additional pharmaceutical services.

With regard to any other housing that is due to be built during the lifetime of this document, Cwm Taf Morgannwg University Health Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The Cwm Taf Morgannwg University Health Board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies in the cluster.

Whilst none of the pharmacies provide the Appliance Use Review service or the Stoma Appliance Customisation service, it is noted that one of the reasons why prescriptions are dispensed outside of the cluster is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. The Cwm Taf Morgannwg University Health Board has therefore not identified any current or future gap or better access in relation to the provision of these two advanced services in the cluster.

The Cwm Taf Morgannwg University Health Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of advanced services and enhanced services.

The Cwm Taf Morgannwg University Health Board will keep service provision under review but has concluded that there is no current or future need identified which requires an application for new or additional premises.

9 Bridgend North cluster

Overview

Bridgend North cluster serves a practice population of 52,094 (Shared services, 2020) in rural and urban areas with beautiful countryside and natural features. There are 13 pharmacies in the cluster and eight GP practices, with three branch surgeries. Two of these GP practices are dispensing doctor practices, which dispense from three sites, one of which is outside the health board's area.

The population of Bridgend local authority is predicted to grow by up to 4.6% between 2018 to 2028, the third largest percentage increase of all the local authorities in Wales. It is expected to have a population of 151,600 by 2028, making it the eighth largest local authority in Wales. It is also projected to continue to age.

Bridgend North cluster has a higher level of deprivation and poverty compared to the average for Wales.

Bridgend North cluster has a lower life expectancy at birth for females and males when compared to the average for Bridgend and Wales.

In general, there is a higher estimated prevalence of all chronic conditions in the cluster compared to the average for Wales. The estimated prevalence of diabetes is the joint highest of all the clusters in Cwm Taf Morgannwg University Health Board. The estimated prevalence of mental health conditions is also higher than the average for the health board and Wales.

Overall, there is a poorer profile of behavioural and clinical risk, which requires a continued focus on support for smoking cessation, obesity management and alcohol misuse prevention. In addition, Bridgend North has the highest estimated prevalence of hypertension of all the clusters and a higher prevalence of atrial fibrillation than the average for Wales. Optimising management of these risks could help reduce the above average prevalence of stroke within the North Bridgend cluster.

9.1 Key population features

9.1.1 Population projections 2018 to 2028

The population of Bridgend is projected to increase by up to 4.6%, the third largest percentage increase of all the local authorities within Wales. It is expected to have a population of 151,600 by 2028, making it the eighth largest local authority in Wales. The increase in population will mainly be driven by net migration i.e., more people moving into the area than out. The number of births is expected to decrease and the number of deaths to increase, resulting in a negative natural change (more deaths than births). The population is expected to increase across all broad age groups. Overall, there will be a small increase in the number of children and young people aged 0 to 15 years old and in the working-age population aged 16 to 64 years old.

The largest population increases will be in the over 65 age group followed by the 75 or over age group. The population is projected to continue to age in the local authority.

9.1.2 Life expectancy, healthy life expectancy and the 'inequality gap' (2015 to 2017)

- Bridgend North cluster has a lower life expectancy at birth for females and males when compared to the average for Bridgend and Wales (table 9.1).
- Healthy life expectancy (the number of years a person can expect to live in good health) is only available at a local authority level. For Bridgend it is 60.9 years for males and 61.3 years for females. For Wales, healthy life expectancy is 61.4 years for men and 62 years for women.
- The differences in healthy life expectancy that exist across an area between the most and least deprived areas is referred to as the 'inequality gap'. The inequality gap for healthy life expectancy in Bridgend local authority is 6.1 years for males and 5.6 years for females.

(Source: Public Health Wales Observatory PHOF Tool (2017) using ONS and WG data)

Table 9.1: Life expectancy at birth for females and males, 2015 to 2017

Area	Females	Males
Bridgend North	79.3 years	76.4 years
Bridgend	81.2 years	77.9 years
All Wales	82.3years	78.3 years

Source: Public Health Wales Observatory using ONS data (PHOF Tool, 2019)

9.1.3 Deprivation

The link between deprivation and poor health is well recognised. There is a higher concentration of the most deprived areas in Wales in the Bridgend North cluster (65.8%) compared to Cwm Taf Morgannwg as a whole. Within the cluster, there are pockets of severe deprivation between Caerau and Pen y Fai.

Table 9.2: Estimated percentage of patients living in the most deprived 40% of areas in Wales (2015)

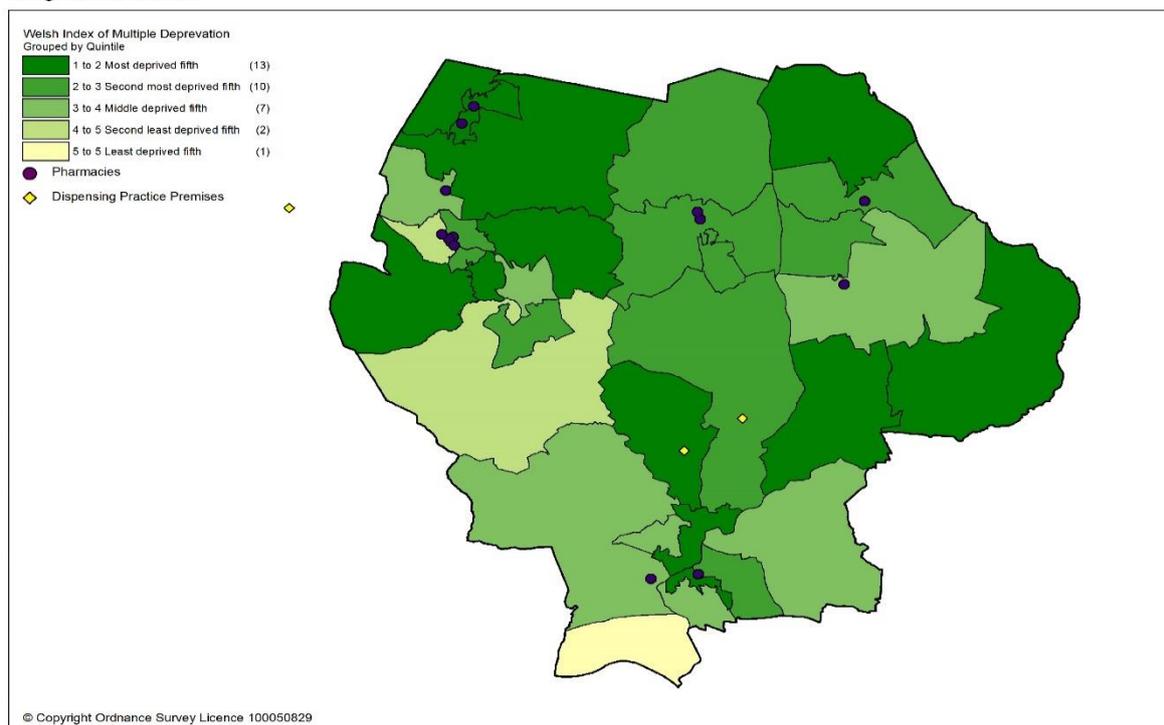
Area	Percentage
Bridgend North	65.8%
Cwm Taf Morgannwg UHB	57.1%

Source: Produced by Public Health Wales Observatory using WDS (NWIS) and WIMD 2004 (WG) data (GP Practice Population Profile, 2015)

The map below provides an indication of the levels of deprivations within the cluster. As can be seen from the map, all pharmacies and dispensing doctor practices are located within or near areas of higher deprivation.

Map 9.1: Lower Super Output Areas (LSOAs) in Bridgend North cluster grouped into quintiles by Welsh Index of Multiple Deprivation 2019

Bridgend North Cluster



9.1.4 Health profile

Bridgend North cluster has a higher estimated prevalence of chronic disease than Cwm Taf Morgannwg University Health Board and the average for Wales. The estimated prevalence for diabetes (7.2%) is the joint highest of all the clusters in the health board. Furthermore, when compared to the average for the Bridgend local authority, Bridgend North cluster also has a higher estimated prevalence for coronary heart disease (4.3%), chronic obstructive pulmonary disease (COPD) (3.1%) and heart failure (1.3%).

Table 9.3: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019

Area	Percentage					
	Asthma	Coronary heart disease	COPD	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Bridgend North	7.8	4.3	3.1	7.2	1.3	2.5
Bridgend	7.8	4.1	2.5	6.6	1.2	2.7
Cwm Taf Morgannwg UHB	7.4	3.9	2.7	6.6	1.0	2.3
Wales	7.1	3.6	2.4	6.1	1.1	2.1

Source: QOF 2019

Bridgend North cluster has a higher estimated prevalence of mental health conditions than Cwm Taf Morgannwg University Health Board and the average for Wales. It has a lower estimated prevalence of dementia than the average for Wales.

Table 9.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, local authority, health board and Wales, 2019

Area	Mental Health (percentage)	Dementia (percentage)
Bridgend North	1.1	0.6
Bridgend	1.1	0.7
Cwm Taf Morgannwg UHB	1.0	0.6
Wales	1.0	0.7

Source: QOF 2019

Bridgend North has the highest estimated prevalence of hypertension (18.7%) of all clusters in the health board's area and a higher estimated prevalence of atrial fibrillation compared to the average for Wales.

Table 9.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019

Area	Atrial Fibrillation (percentage)	Hypertension (percentage)
Bridgend North	2.5	18.7
Bridgend	2.6	16.9
Cwm Taf Morgannwg UHB	2.4	16.9
Wales	2.3	15.8

Source: QOF 2019

Many of the factors that contribute to the inequalities in health and well-being are preventable. The long term health and social implications of engaging in harmful behaviours are wide ranging. In particular, five harmful behaviours contribute to the four major causes of disease that account for 64% of early deaths: cancer, heart disease, stroke, and diabetes.

Table 9.6 shows the percentage of adults self-reporting these five harmful behaviours, where a lower percentage for smoking and drinking above the guidelines is seen as more beneficial as is a higher percentage for working age adults of healthy weight, meeting the physical activity guidelines and consuming 5 a day.

Overall, in Bridgend North cluster the percentage of adults reporting behaviours supporting healthy outcomes was lower than Cwm Taf Morgannwg University Health Board and the average for Wales, except for drinking above the recommended guidelines.

Table 9.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by cluster, health board and Wales, 2016 to 2018

Area	Count		Prevalence			
	GP cluster population aged 16+	Smoking	Drinking above the guidelines	Working age adults of healthy weight	Meeting physical activity guidelines	Consuming 5 a day
Bridgend North	42,297	22.9	17.6	35.7	49.3	21.0
Cwm Taf Morgannwg UHB	379,984	21.1	18.3	37.4	51.2	22.3
Wales	2,642,152	19.2	18.9	39.1	52.8	23.4

Source: Public Health Wales Observatory, using NSW (WG), WDS (NWIS) and WIMD 2014 (WG). Please note, the calculation of the healthy weight indicator only accounts for working age adults (aged 16-64)

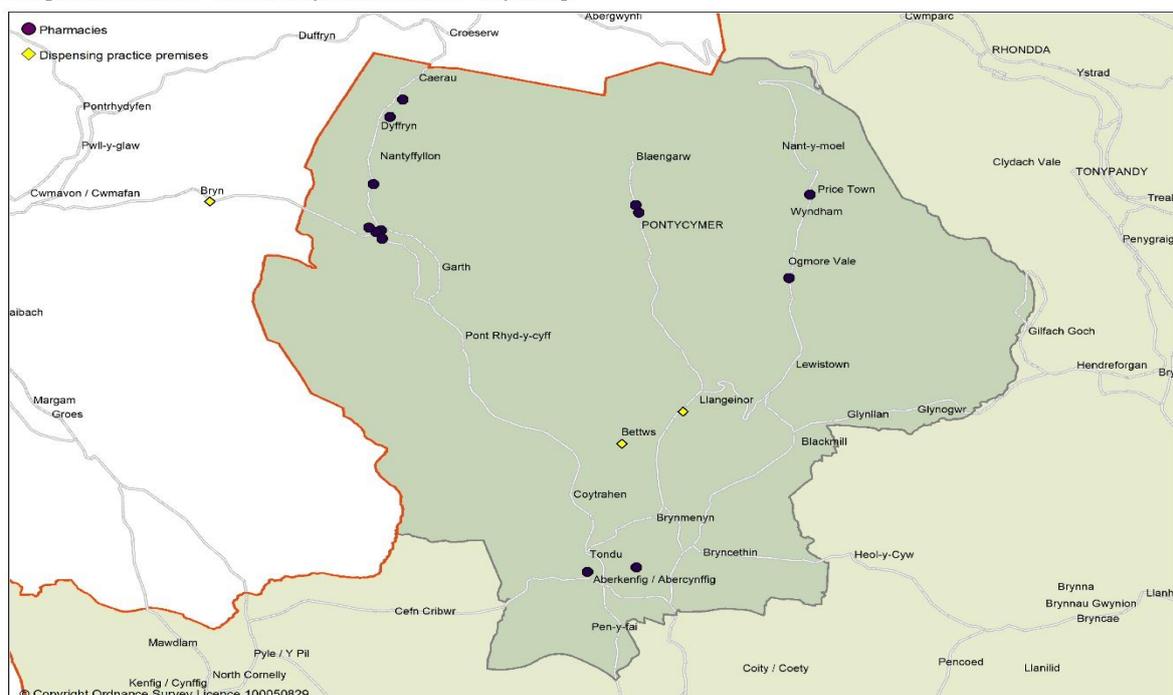
9.2 Current provision of pharmaceutical services within the cluster area

There are 13 pharmacies in Bridgend North cluster operated by six different contractors (see Appendix L for further information). There are also two dispensing doctor practices in the cluster dispensing from three sites, one of which is outside the health board's area.

In 2019 to 2020, 84.9% of prescriptions written by the eight GP practices in Bridgend North cluster were dispensed by one of the pharmacies within the cluster. The two dispensing practices in total dispensed and personally administered 7.6% and the non-dispensing practices personally administered 0.9% of item.

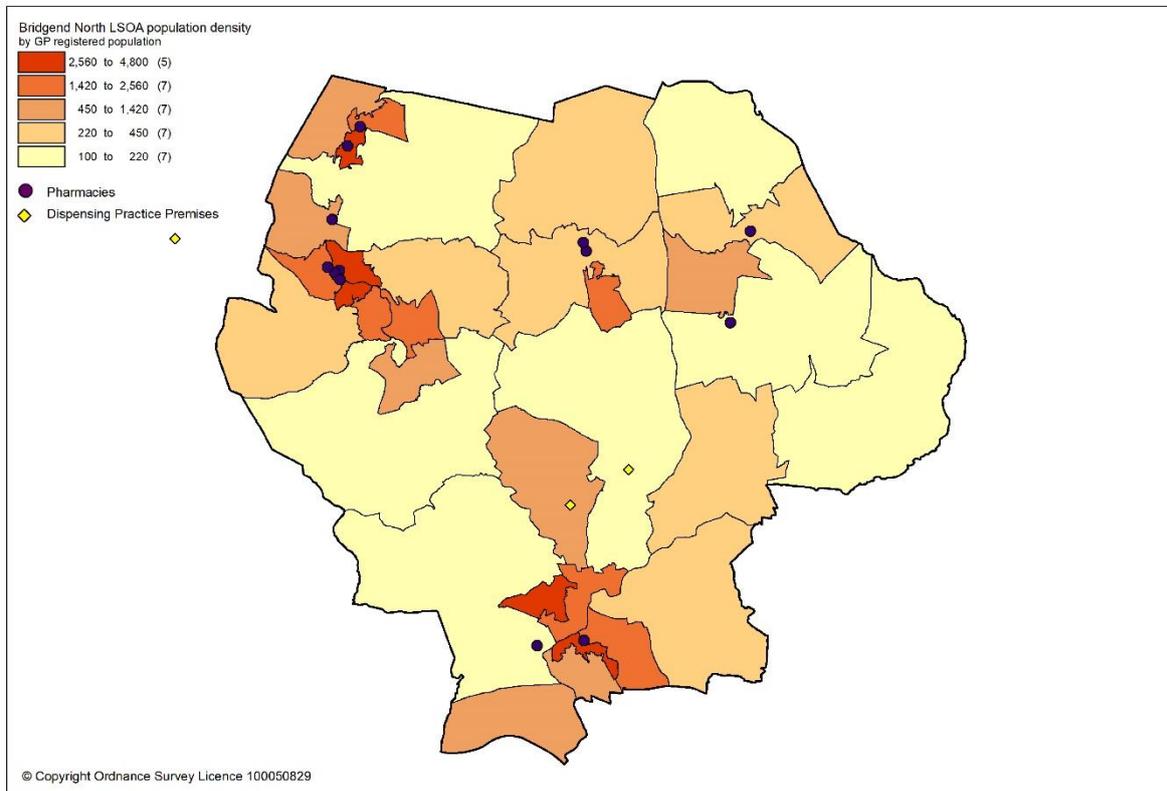
Map 9.2: Pharmaceutical service provision within the cluster area

Bridgend North Cluster - Location of pharmacies and GP dispensing



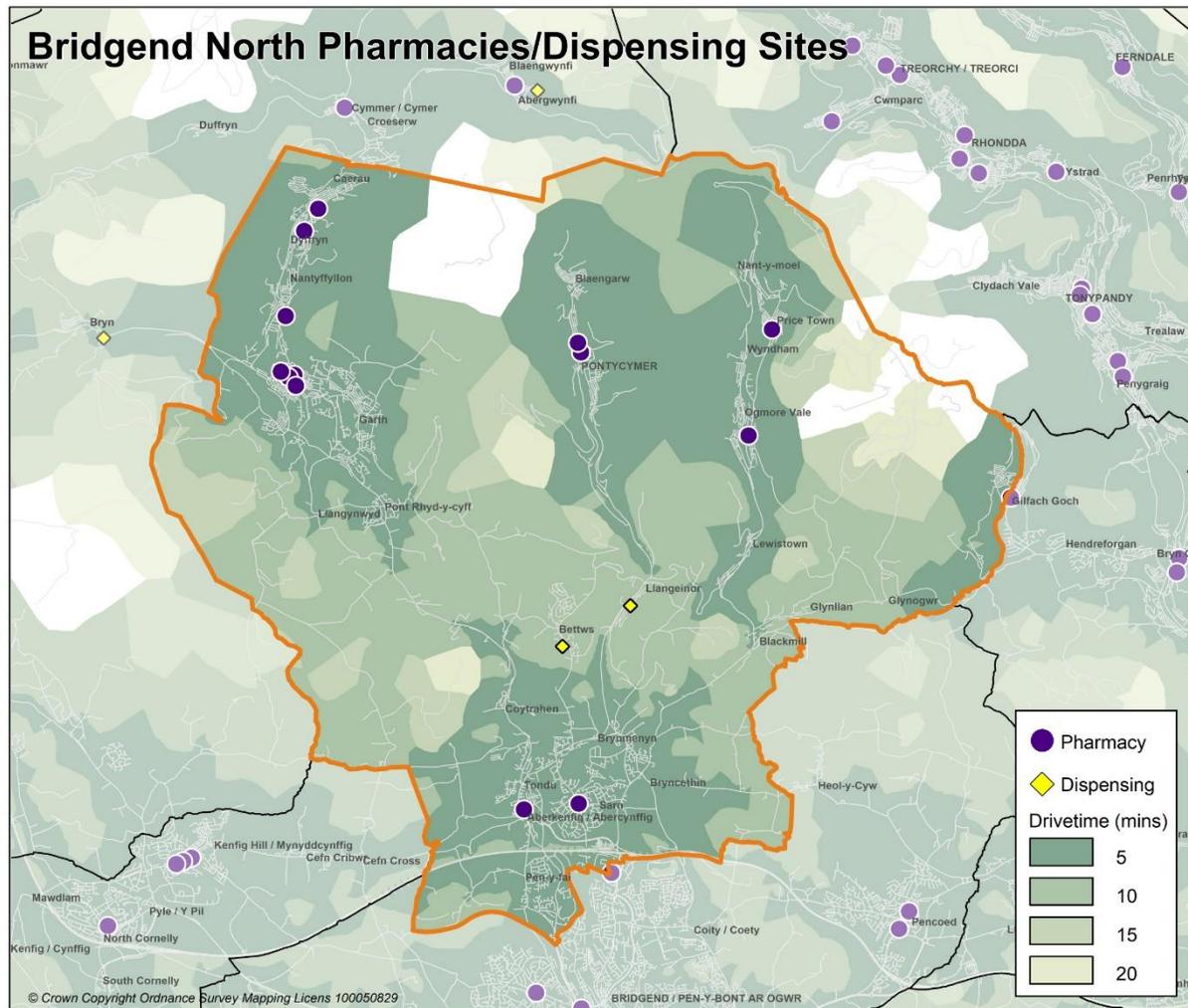
The pharmacies are located in areas of greater population density as shown by the darker shaded areas in the map below. The dispensing doctor practices, as can be expected, are located in rural, less densely populated areas.

Map 9.3: Location of pharmacies and dispensing practice premises in Bridgend North cluster compared to population density



All residents of the cluster can access one of the 13 pharmacies or dispensing doctor practices by car within 20 minutes. The majority can access a pharmacy or dispensing doctor practice within 15 minutes, as shown in Map 9.4. The two white areas on the map are where access to a pharmacy or dispensing doctor is greater than 20 minutes. Both of these areas are hilly grassland areas surrounded in part by woodlands and contain windfarms, and as such are unlikely to be populated.

Map 9.4: Access to pharmacies and dispensing doctor practices in Bridgend North cluster



Looking at the opening hours for the 13 pharmacies:

- No pharmacies are open seven day a week.
- One pharmacy is open Monday to Saturday.
- Seven pharmacies are open Monday to Friday and Saturday morning.
- Five pharmacies are open Monday to Friday.

: All pharmacies must open for their core contractual hours, which are 40 hours a week. These can only be amended with approval by the health board. All additional hours or supplementary hours can be amended by the pharmacy following the provision of 90 days' notice to the health board. Within the cluster, opening hours and closing hours range from:

Days	Opening hours range	Closing hours range
Monday to Friday	8.30am to 9.00am	5.30pm to 6.00pm*
Saturday	8.30am to 9.00am	11.00am to 5.00pm
Sunday	Closed	Closed

*One pharmacy closes at 1pm on Tuesday.

Full details of when pharmacies are open can be found in Appendix L.

Looking at the opening hours for the two dispensing doctor practices:

Cwm Garw Practice – two dispensing sites:

- Heol Gellilodrau, Llangeinor, CF32 8PS (dispensing practice site)
Monday 8.30am to 12.30pm and 2.00pm to 6.00pm
Tuesday to Friday: 10.00am to 2.00pm
- Heol Arfyn Bettws CF32 8TP (dispensing practice site)
Morning: Monday to Friday: 8.30am to 12.30pm
Afternoon: Monday: 2.30pm to 6.00pm, Wednesday: 2.30pm 5.00pm
Friday: 1.00pm to 3.00pm
The dispensary is closed to patients on Tuesday and Thursday at 12.30 pm

No opening times were provided by Bryn Surgery, Bryn, Port Talbot, SA13 2RW. However, as this dispensing practice site is based outside the health board's area, it is expected that the majority of the patients the practice dispenses to will be residents of Swansea University Health Board.

All 13 pharmacies responded to the contractor questionnaire, of which 12 pharmacies dispense all appliances listed in Part IX of the Drug Tariff and one pharmacy does not dispense any appliances.

In 2019 to 2020, 12 pharmacies offered the MUR service and a total of 3,367 reviews, out of a possible 4,800 reviews were provided. Two pharmacies provided the maximum number of 400 reviews.

In 2019 to 2020, 10 pharmacies offered the DMR service and a total of 100 reviews were provided out of a possible 1,400 reviews. No pharmacies provided the maximum of 140 reviews.

In 2019 to 2020, the following enhanced services were provided by pharmacies in the cluster area:

- 12 pharmacies provided a total of 388 emergency contraception consultations, with a range of 13 to 93 consultations.
- 9 pharmacies provided a total of 103 smoking cessation level 2 consultations, with a range of one to 30 consultations.
- 11 pharmacies provided a total of 211 smoking cessation level 3 consultations, with a range of one to 44 consultations.
- 12 pharmacies provided a total of 1230 flu vaccinations, with a range of 20 to 238 vaccinations.
- Eight pharmacies provided a total of 161 EMS consultations, with a range of four to 78 consultations.
- 11 pharmacies provided a total of 589 supervised administrations
- Six pharmacies provided a total of 3243 needle exchange packs
- Eight pharmacies provided a total of 32 just in case packs

Other enhanced services provided included:

- Two pharmacies provided the palliative care service

- Two pharmacies provided the waste reduction service

9.3 Current provision of pharmaceutical services outside the cluster area

Some residents choose to access contractors outside both the cluster and the health board's area in order to access services:

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

Whilst the majority of prescriptions written by the eight GP practices in 2019 to 2020 were dispensed by the 13 pharmacies in the cluster, around 6.6% were dispensed outside the cluster:

- 5.4% by pharmacies in Bridgend East cluster
- 0.6% by pharmacies in Bridgend West cluster
- 0.1% in Cardiff and Vale University Health Board
- 0.1% in Swansea Bay University Health Board
- 0.4% by contractors in England

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

Taking into account pharmacies in the neighbouring clusters and pharmacies over the border in other health board areas in Wales, all residents in the cluster of Bridgend North can access a pharmacy by car within 20 minutes and the majority can access a pharmacy by car within 15 minutes.

9.4 Other NHS services

Maesteg Hospital is located within the cluster.

9.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 9.2 and 9.3, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 243 contractors that were trading in Wales during 2019 to 2020, dispensed items written by one of the eight GP practices in the Bridgend North cluster, of which

168 were outside of the health board's area. This figure does not include the two dispensing doctor practices. 5,965 prescription items were dispensed in England.

9.6 Gaps in provision

All 13 pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from any future housing developments in the locality. Their responses were as follows:

- 12 pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.
- One pharmacy does not have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in the area.

Whilst not an NHS service, six pharmacies provide a free delivery service. In addition, seven pharmacies said that they deliver to certain patient groups depending on clinical need and mobility issues, and housebound patients. Therefore, for those who are unable to access a pharmacy they could have their medicines delivered either by a pharmacy within the cluster or another pharmacy in a neighbouring area.

The Cwm Taf Morgannwg University Health Board has noted the location of pharmacies across the cluster, and the fact that the population can access a pharmacy or dispensing practice (if eligible) by car within 20 minutes, with the majority within 15 minutes. Whilst noting that not all households have access to a car throughout the day, the nature of the cluster means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.

The Cwm Taf Morgannwg University Health Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the cluster. The Cwm Taf Morgannwg University Health Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies in the cluster.

The Cwm Taf Morgannwg University Health Board noted the location and the opening hours, where available, of the dispensing doctor practices and is of the opinion that they are sufficient to meet the likely needs of residents in the cluster. The Cwm Taf Morgannwg University Health Board has therefore concluded that there are no current needs in relation to the provision of essential services by dispensing doctor practices in the cluster.

With regard to any housing that is due to be built during the lifetime of this document, Cwm Taf Morgannwg University Health Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The Cwm Taf Morgannwg University Health Board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies in the cluster.

Whilst none of the pharmacies provide the Appliance Use Review service or the Stoma Appliance Customisation service, it is noted that one of the reasons why prescriptions are dispensed outside of the cluster is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. The Cwm Taf Morgannwg University Health Board has therefore not identified any current or future gap or better access in relation to the provision of these two advanced services in the cluster.

The Cwm Taf Morgannwg University Health Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of advanced services and enhanced services.

The Cwm Taf Morgannwg University Health Board will keep service provision under review but has concluded that there is no current or future need identified which requires an application for new or additional premises.

10 Bridgend West cluster

Overview

The Bridgend West cluster serves a practice population of 34,605 (Shared services, 2020) in mainly urban areas. There are nine pharmacies in the cluster and three GP practices, with two branch surgeries.

The population of Bridgend local authority is predicted to grow by up to 4.6% between 2018 to 2028, the third largest percentage increase of all the local authorities in Wales. It is expected to have a population of 151,600 by 2028, making it the eight largest local authority in Wales. It is also projected to continue to age.

Bridgend West cluster has on average, a slightly lower level of deprivation and poverty compared to the average for Wales; however, areas of deprivation do exist at a lower geography within the cluster.

Bridgend West cluster has a lower life expectancy at birth for females and for males when compared to the average for Wales, although life expectancy is higher than the average for Bridgend local authority.

In general, the estimated prevalence of chronic disease in Bridgend West cluster is higher than the average for Wales. The estimated prevalence of asthma, coronary heart disease and stroke and transient ischaemic attacks are the highest of all the clusters in Cwm Taf Morgannwg University Health Board, similarly for mental health conditions and dementia.

Bridgend West cluster has a higher estimated prevalence of hypertension than the average for Wales and the highest estimated prevalence of atrial fibrillation in Cwm Taf Morgannwg University Board.

Overall, there is a poorer profile of behavioural and clinical risk within the cluster, which requires a continued focus on smoking cessation, obesity management and alcohol misuse prevention. In addition, Bridgend West cluster has the highest estimated prevalence of atrial fibrillation of all the clusters in the health board. Optimising management of this risk could help reduce the above average prevalence of stroke within the cluster.

10.1 Key population features

10.1.1 Population projections 2018 to 2028

The population of Bridgend is projected to increase by up to 4.6%, the third largest percentage increase of all the local authorities within Wales. It is expected to have a population of 151,600 by 2028 making it the eighth largest local authority in Wales. The increase in population will mainly be driven by net migration i.e., more people moving into the area than out. The number of births is expected to decrease and the number of deaths to increase, resulting in a negative natural change (more deaths

than births). The population will increase across all broad age groups. Overall, there will be a small increase in the number of children and young people aged 0 to 15 years old and the working-age population aged 16 to 64 years old. The largest population increases will be in the over 65 age group followed by the 75 or over age group. The population is projected to continue to age in the local authority.

10.1.2 Life expectancy, healthy life expectancy and the ‘inequality gap’ (2015 to 2017)

- Bridgend West cluster has a lower life expectancy at birth for females and for males when compared to the average for Wales, although life expectancy is higher than the average for Bridgend local authority (table 10.1).
- Healthy life expectancy (the number of years a person can expect to live in good health) is only available at a local authority level. For Bridgend it is 60.9 years for males and 61.3 years for females. For Wales, healthy life expectancy is 61.4 years for men and 62 years for women.
- The differences in healthy life expectancy that exist across an area between the most and least deprived areas is referred to as the ‘inequality gap’. The inequality gap for healthy life expectancy in Bridgend is 6.1 years for males and 5.6 years for females.
(Source: Public Health Wales Observatory PHOF Tool (2017) using ONS and WG data)

Table 10.1: Life expectancy at birth for females and males, 2015 to 2017

Area	Females at birth (years)	Males at birth (years)
Bridgend West	82.1	78
Bridgend	81.2	77.9
Wales	82.3	78.3

Source: Public Health Wales Observatory using ONS data (PHOF Tool, 2019)

10.1.3 Deprivation

The link between deprivation and poor health is well recognised. There is a lower concentration of the most deprived areas in Wales in the Bridgend West cluster (54.4%) compared to Cwm Taf Morgannwg as a whole, but areas of deprivation do exist within the cluster area at a smaller geography.

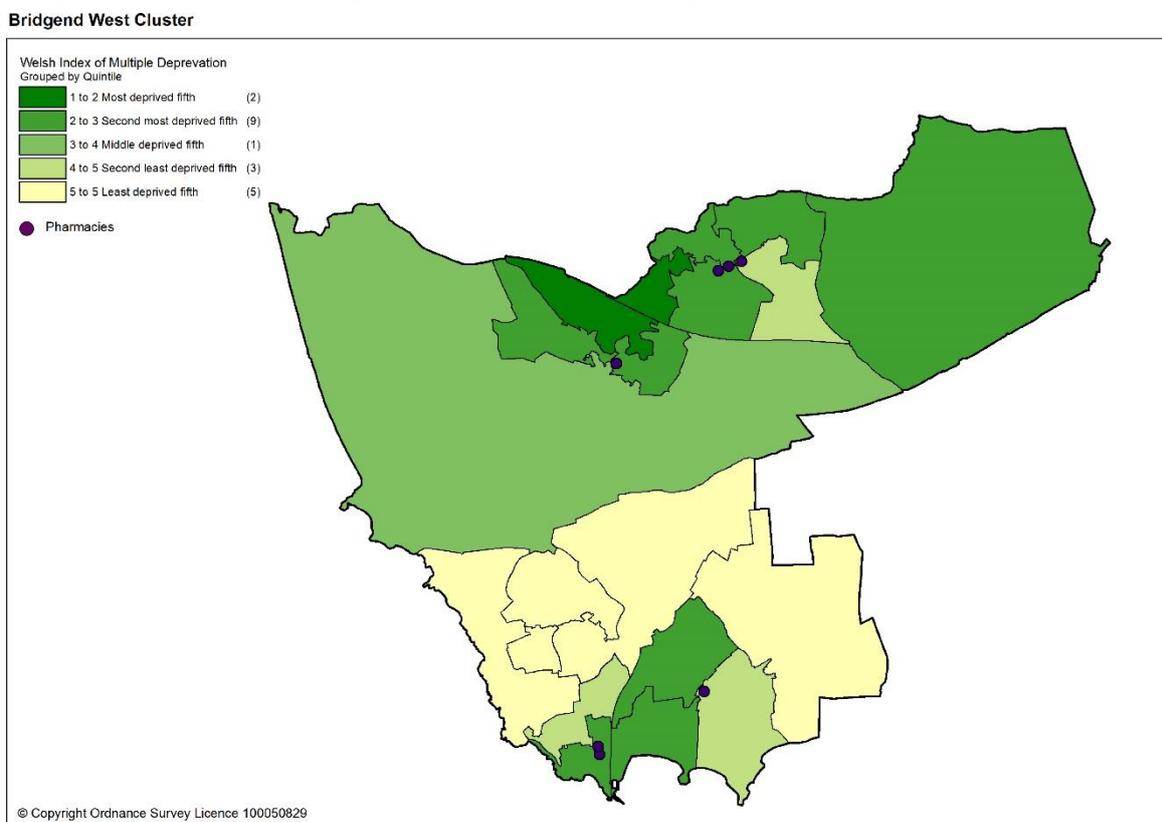
Table 10.2: Estimated percentage of patients living in the most deprived 40% of areas in the cluster and Wales (2015)

Area	Percentage
Bridgend West	54.4
Cwm Taf Morgannwg UHB	57.1

Source: Produced by Public Health Wales Observatory using WDS (NWIS) and WIMD 2004 (WG) data (GP Practice Population Profile, 2015)

The map below provides an indication of where the pharmacies are in relation to areas of higher deprivation. As can be seen from the map, all pharmacies are based within or near areas of higher deprivation.

Map 10.1 –Lower Super Output Areas (LSOAs) in Bridgend West cluster grouped into quintiles by Welsh Index of Multiple Deprivation 2019



10.1.4 Health profile

Overall, the prevalence of chronic disease in Bridgend West cluster is higher than the average for Wales. The estimated prevalence of asthma (8.4%), coronary heart disease (4.8%) and stroke and transient ischaemic attacks (3.4%) are the highest of all the clusters in Cwm Taf Morgannwg University Health Board.

Table 10.3: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019

Area	Asthma	Coronary heart disease	COPD	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Bridgend West	8.4	4.8	2.7	6.6	1.4	3.4
Bridgend	7.8	4.1	2.5	6.6	1.2	2.7
Cwm Taf Morgannwg UHB	7.4	3.9	2.7	6.6	1.0	2.3
Wales	7.1	3.6	2.4	6.1	1.1	2.1

Source: QOF 2019

Bridgend West cluster has a higher estimated prevalence of mental health conditions and dementia when compared to the average for Wales. It has the highest estimated prevalence of all clusters in Cwm Taf Morgannwg University Board.

Table 10.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, local authority, health board and Wales, 2019

Area	Mental Health (percentage)	Dementia (percentage)
Bridgend West	1.3	1.1
Bridgend	1.1	0.7
Cwm Taf Morgannwg UHB	1.0	0.6
Wales	1.0	0.7

Source: QOF 2019

Bridgend West cluster has a higher estimated prevalence of hypertension than the average for Wales and the highest estimated prevalence of atrial fibrillation in Cwm Taf Morgannwg University Board.

Table 10.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019

Area	Atrial Fibrillation (percentage)	Hypertension (percentage)
Bridgend West	3.1	17.4
Bridgend	2.6	16.9
Cwm Taf Morgannwg UHB	2.4	16.9
Wales	2.3	15.8

Source: QOF 2019

Many of the factors that contribute to the inequalities in health and well-being are preventable. The long term health and social implications of engaging in harmful behaviours are wide ranging. In particular, five harmful behaviours contribute to the four major causes of disease that account for 64% of early deaths: cancer, heart disease, stroke, and diabetes.

Table 10.6 shows the percentage of adults self-reporting these five harmful behaviours, where a lower percentage for smoking and drinking above the guidelines is seen as more beneficial as is a higher percentage for working age adults of healthy weight, meeting the physical activity guidelines and consuming 5 a day.

Overall, the percentage of adults reporting behaviours which support healthy outcomes was lower than the average for Wales except for smoking (19.0%). The cluster performed better than the health board for smoking, working age adults of health weight and consuming five a day.

Table 10.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by cluster, health board and Wales, 2016 to 2018

Area	Count		Prevalence			
	GP cluster population aged 16+	Smoking	Drinking the above guidelines	Working age adults of healthy weight	Meeting physical activity guidelines	Consuming 5 a day
Bridgend West	28,858	19.0	19.0	37.9	51.0	22.9
Cwm Taf Morgannwg UHB	379,984	21.1	18.3	37.4	51.2	22.3
Wales	2,642,152	19.2	18.9	39.1	52.8	23.4

Source: Public Health Wales Observatory, using NSW (WG), WDS (NWIS) and WIMD 2014 (WG). Please note, the calculation of the healthy weight indicator only accounts for working age adults (aged 16-64)

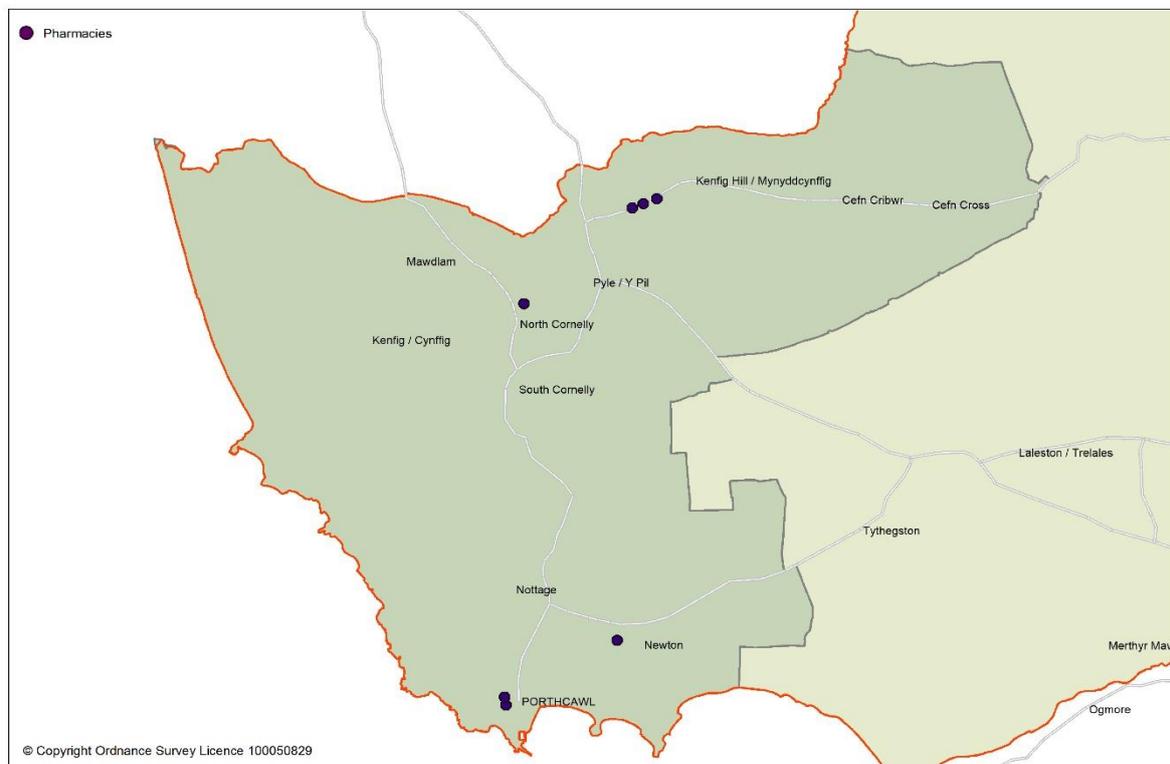
10.2 Current provision of pharmaceutical services within the cluster area

There are nine pharmacies in Bridgend West cluster operated by six different contractors (see Appendix L for further information).

In 2019 to 2020, 96.1% of prescriptions written by the three GP practices in Bridgend West cluster were dispensed by one of the pharmacies within the cluster and 1.1% were personally administered items.

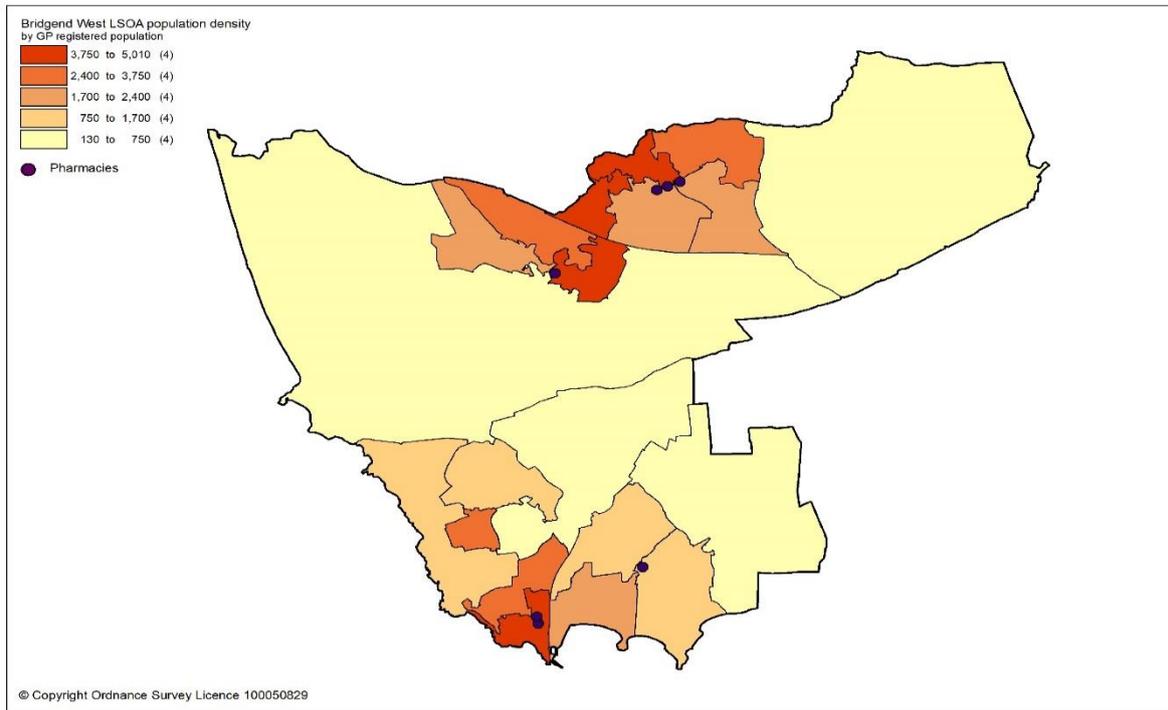
Map 10.2: Pharmaceutical service provision within the cluster area

Bridgend West Cluster - Location of pharmacies and GP dispensing practices



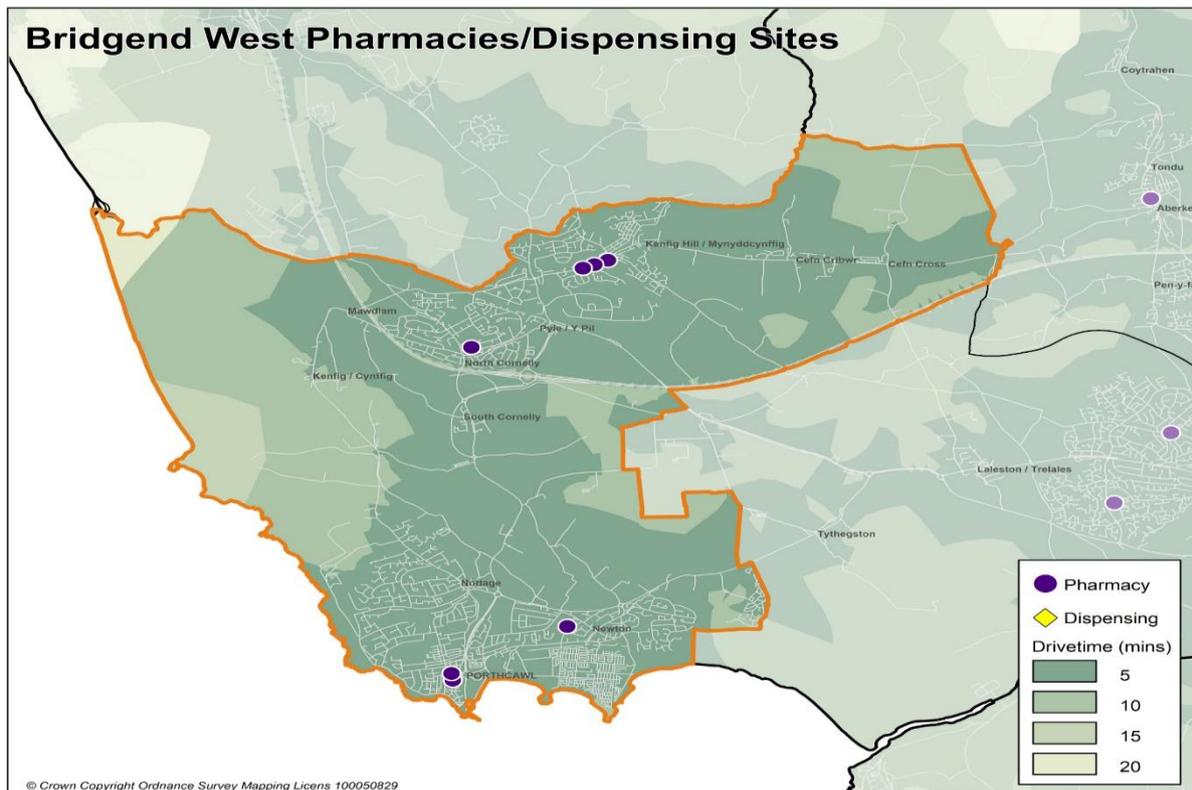
The nine pharmacies are located in areas of greater population density as shown by the darker shaded areas on the map below.

Map 10.3: Location of pharmacy premises in Bridgend West cluster compared to population density



All residents of the cluster can access one of the 9 pharmacies by car within 20 minutes. The majority can access a pharmacy within 5 to 10 minutes, as shown in Map 10.4.

Map 10.4: Access to pharmacies in Bridgend West cluster



Looking at the opening hours for the nine pharmacies:

- Three pharmacies are open seven day a week.
- One pharmacy is open Monday to Saturday.
- Four are open Monday to Friday and Saturday morning.
- One pharmacy is open Monday to Friday.

All pharmacies must open for their core contractual hours, which are 40 hours a week. These can only be amended with approval by the health board. All additional hours or supplementary hours can be amended by the pharmacy following the provision of 90 days' notice to the health board. Within the cluster, opening hours and closing hours range from:

Days	Opening hours range	Closing hours range
Monday to Friday	8.30am to 9.00am	5.30pm to 6.30pm
Saturday	8.30am to 9.00am	12.00pm to 5.30pm
Sunday	10.00am	2.00pm to 4.00pm

Full details of when pharmacies are open can be found in Appendix L.

All pharmacies responded to the contractor questionnaire, of which seven dispense all appliances listed in Part IX of the Drug Tariff, one just dispenses dressings, and one does not dispense any appliances.

In 2019 to 2020, nine pharmacies offered the MUR service and a total of 2,869 reviews were provided out of a possible 3,600 reviews. Three pharmacies provided the maximum number of 400 reviews.

In 2019 to 2020, eight pharmacies offered the DMR service and a total of 129 reviews were provided, out of a possible 1,120 reviews. No pharmacies provided the maximum number of 140 reviews.

In 2019 to 2020, the following enhanced services were provided by pharmacies in the cluster area:

- Nine pharmacies provided a total of 436 emergency contraception consultations, with a range of 16 to 96 consultations.
- Eight pharmacies provided a total of 78 smoking cessation level 2 consultations, with a range of three to 35 consultations.
- Seven pharmacies provided a total of 159 smoking cessation level 3 consultations, with a range of five to 41 consultations.
- Nine pharmacies provided a total of 1357 flu vaccinations, with a range of 23 to 309 vaccinations.
- Seven pharmacies provided a total of 206 EMS consultations, with a range of four to 134 consultations.
- Six pharmacies provided a total of 207 supervised administrations
- Two pharmacies provided a total of 1370 needle exchange packs
- One pharmacy provided a total of one just in case pack

Other enhanced services provided included:

- Three pharmacies provided the palliative care service
- One pharmacy provided the Care Home Support & Medicines Optimisation service level 1&2
- Three pharmacies provided the waste reduction service

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

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

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

Whilst the majority of prescriptions written by the eight GP practices in 2019 to 2020 were dispensed by the 13 pharmacies in the cluster, around 2.8% were dispensed outside the cluster, most notably:

- 2.2% by pharmacies in Bridgend East cluster
- 0.1% in Cardiff and Vale University Health Board
- 0.1% in Swansea Bay University Health Board
- 0.2% by contractors in England

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

Taking into account pharmacies in the neighbouring clusters and pharmacies over the border in other health board areas in Wales, all residents in the cluster of Bridgend West can access a pharmacy by car within 20 minutes and the majority can access a pharmacy by car within five minutes.

10.4 Other NHS services

No other key NHS services were identified within this cluster.

10.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 10.2 and 10.3, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 232 contractors that were trading in Wales during 2019 to 2020, dispensed items written by one of the three GP practices in Bridgend West cluster, of which 164 were outside of the health board's area. 2,459 items were dispensed in England.

10.6 Gaps in provision

All nine pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from any future housing developments in the locality. All nine have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.

Whilst not an NHS service, six pharmacies provide a free delivery service. In addition, two pharmacies said that they deliver to certain patient groups depending on clinical need and mobility issues. Therefore, for those who are unable to access a pharmacy they could have their medicines delivered either by a pharmacy within the cluster or by another pharmacy in a neighbouring area.

The Cwm Taf Morgannwg University Health Board has noted the location of pharmacies across the cluster, and the fact that the population can access a pharmacy or dispensing practice (if eligible) by car within 20 minutes, with the majority within five minutes. Whilst noting that not all households have access to a car throughout the day, the nature of the cluster means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.

The Cwm Taf Morgannwg University Health Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the cluster. The Cwm Taf Morgannwg University Health Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies in the cluster.

With regard to any housing that is due to be built during the lifetime of this document, Cwm Taf Morgannwg University Health Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The Cwm Taf Morgannwg University Health Board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies in the cluster.

Whilst none of the pharmacies provide the Appliance Use Review service or the Stoma Appliance Customisation service, it is noted that one of the reasons why prescriptions are dispensed outside of the cluster is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. The Cwm Taf Morgannwg University Health Board has therefore not identified any current or future gap or better access in relation to the provision of these two advanced services in the cluster.

The Cwm Taf Morgannwg University Health Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of advanced services and enhanced services.

The Cwm Taf Morgannwg University Health Board will keep service provision under review but has concluded that there is no current or future need identified which requires an application for new or additional premises.

11 Merthyr cluster

Overview

The Merthyr cluster serves a practice population of 60,989 (Shared services, 2020) in largely urban and rural areas, just south of the Brecon Beacons National Park. There are 14 pharmacies in the cluster and eight GP practices, one of which is a dispensing doctor practice.

The population of Merthyr is projected to increase by up to 2.6% between 2018 to 2028. It is expected to have a population of 61,700 by 2028 making it the smallest local authority in Wales. The population is also expected to continue to age.

Merthyr cluster has a higher level of deprivation and poverty than the average for Wales.

Merthyr cluster has a lower life expectancy at birth for females and for males when compared to the average for Wales.

In general, there is a higher estimated prevalence of all chronic conditions in the cluster compared to the average for Wales, with the exception of asthma and heart failure. There is a higher level of chronic obstructive pulmonary disease (COPD) compared to Cwm Taf Morgannwg University Health Board and the average for Wales.

Overall, there is a poorer profile of behavioural and clinical risk, which requires a continued focus on support for smoking cessation, obesity management and alcohol misuse prevention. In addition, Merthyr cluster has a higher estimated prevalence of hypertension than the average for Wales and early detection and optimum management is required.

There is a large Polish and Portuguese community in the cluster.

11.1 Key population features

11.1.1 Population projections 2018 to 2028

The population of Merthyr is projected to increase by up to 2.6%, the ninth largest percentage increase of all the 22 local authorities within the health board area. It is expected to have a population of 61,700 by 2028 making it the smallest local authority in Wales. The increase in population will mainly be driven by net migration i.e., more people moving into the area than out. The number of births is expected to decrease and the number of deaths to increase, resulting in a negative natural change (more deaths than births). The largest population increase is expected in the over 65 age group followed by the over 75 age group. The working-age population aged 16 to 64 years is expected to decrease slightly and a slight increase is predicted in the 0 to 15 years old group over this period.

11.1.2 Life expectancy, healthy life expectancy and the ‘inequality gap’ (2015 to 2017)

- Merthyr cluster has a lower life expectancy at birth for females and for males when compared to the average for Wales (table 11.1).
- Healthy life expectancy (the number of years a person can expect to live in good health) for Merthyr Tydfil is 58 years for males and 56.5 years for females. For Wales, healthy life expectancy is 61.4 years for men and 62 years for women.
- The differences in healthy life expectancy that exist across an area between the most and least deprived areas is referred to as the ‘inequality gap’. The inequality gap for healthy life expectancy in Merthyr Tydfil is 5.5 years for males and 4.5 years for females. (Source: Public Health Wales Observatory PHOF Tool (2017) using ONS and WG data).

Table 11.1: Life expectancy at birth for females and males, 2015 to 2017

Area	Females at birth (years)	Males at birth (years)
Merthyr North	80.6	77.0
Merthyr South	80.7	77.4
Wales	82.3	78.3

Source: Public Health Wales Observatory using ONS data (PHOF Tool, 2019)

11.1.3 Deprivation

The link between deprivation and poor health is well recognised. There is a high concentration of the most deprived areas in Wales in the Merthyr cluster.

Table 11.2: Estimated percentage of patients living in the most deprived 40% of areas in Wales (2015)

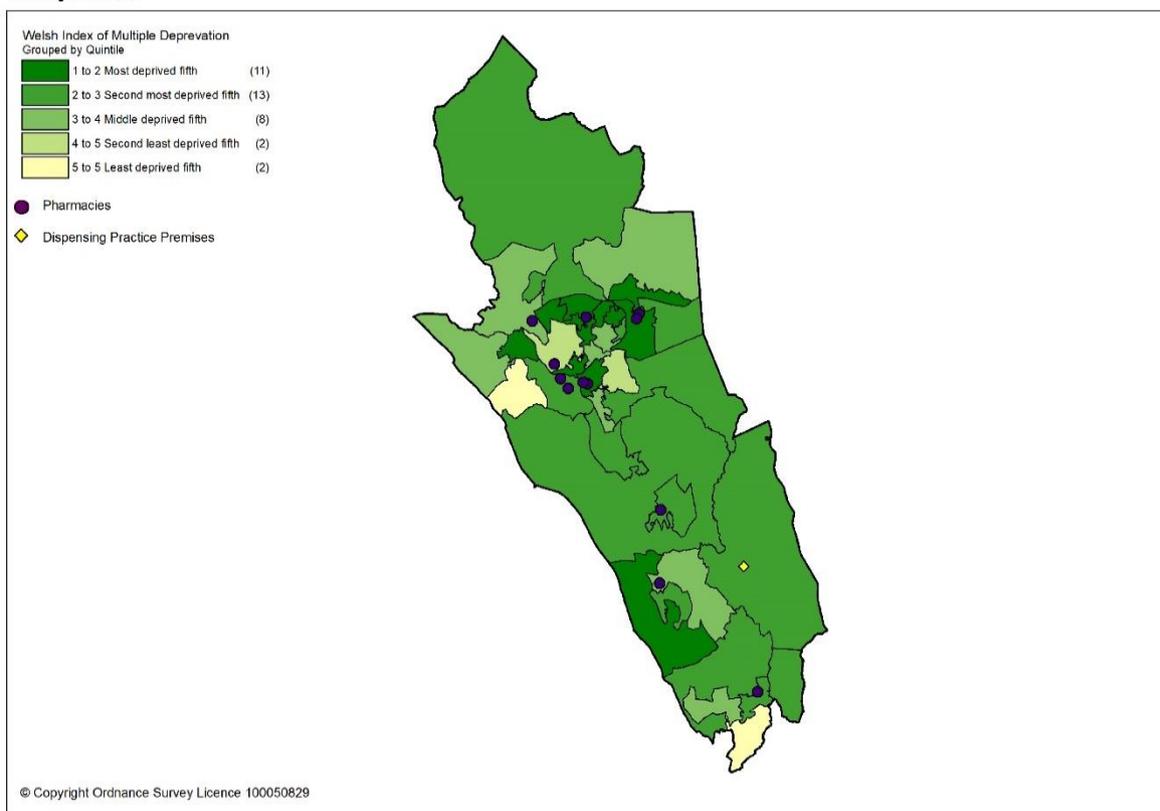
Area	Percentage
North Merthyr	66.2
South Merthyr	64.4
Cwm Taf Morgannwg UHB	57.1

Source: Produced by Public Health Wales Observatory using WDS (NWIS) and WIMD 2004 (WG) data (GP Practice Population Profile, 2015)

The map below provides an indication of the levels of deprivations within the cluster. As can be seen from the map, all pharmacies and the dispensing doctor practice are located within or near areas of higher deprivation.

Map 11.1 –Lower Super Output Areas (LSOAs) in Merthyr cluster grouped into quintiles by Welsh Index of Multiple Deprivation 2019

Merthyr Cluster



11.1.4 Health profile

Overall, the estimated prevalence of chronic disease in Merthyr is higher than the average for Wales, except for asthma and heart failure. Compared with Cwm Taf Morgannwg University Health Board, Merthyr has a higher estimated prevalence for chronic obstructive pulmonary disease (COPD) (3.0%).

Table 11.3: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, health board and Wales, 2019

Area	Percentage					
	Asthma	Coronary heart disease	COPD	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Merthyr	7.0	3.7	3.0	6.4	0.9	2.1
Cwm Taf Morgannwg UHB	7.4	3.9	2.7	6.6	1.0	2.3
Wales	7.1	3.6	2.4	6.1	1.1	2.1

Source: QOF 2019

Merthyr has a lower estimated prevalence of dementia compared to the average for Wales and a similar estimated prevalence for mental health conditions.

Table 11.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, health board and Wales, 2019

Area	Mental Health (percentage)	Dementia (percentage)
Merthyr	1.0	0.6
Cwm Taf Morgannwg UHB	1.0	0.6
Wales	1.0	0.7

Source: QOF 2019

Merthyr cluster has a lower estimated prevalence of atrial fibrillation than the average for Wales and a higher estimated prevalence of hypertension.

Table 11.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, health board and Wales, 2019

Area	Atrial Fibrillation (percentage)	Hypertension (percentage)
Merthyr	2.2	17.0
Cwm Taf Morgannwg UHB	2.4	16.9
Wales	2.3	15.8

Source: QOF 2019

Many of the factors that contribute to the inequalities in health and well-being are preventable. The long term health and social implications of engaging in harmful behaviours are wide ranging. In particular, five harmful behaviours contribute to the four major causes of disease that account for 64% of early deaths: cancer, heart disease, stroke, and diabetes.

Table 11.6 shows the percentage of adults self-reporting these lifestyle behaviours, where a lower percentage for smoking and drinking above the guidelines is seen as more beneficial as is a higher percentage for working age adults of healthy weight, meeting the physical activity guidelines and consuming 5 a day.

Overall, the percentage of adults reporting behaviours which support healthy outcomes in Merthyr is lower than Cwm Taf Morgannwg University Health Board and the average for Wales, except for drinking above the guidelines.

Table 11.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by cluster, health board and Wales, 2016 to 2018

Area	Count		Prevalence			
	GP cluster population aged 16+	Smoking	Drinking above the guidelines	Working age adults of healthy weight	Meeting physical activity guidelines	Consuming 5 a day
North Merthyr Tydfil	26,228	23.5	17.2	35.7	49.5	21.1
South Merthyr Tydfil	23,296	22.0	18.3	36.5	50.5	21.3
Cwm Taf Morgannwg UHB	379,984	21.1	18.3	37.4	51.2	22.3
Wales	2,642,152	19.2	18.9	39.1	52.8	23.4

Source: Public Health Wales Observatory, using NSW (WG), WDS (NWIS) and WIMD 2014 (WG).

Please note, the calculation of the healthy weight indicator only accounts for working age adults (aged 16-64)

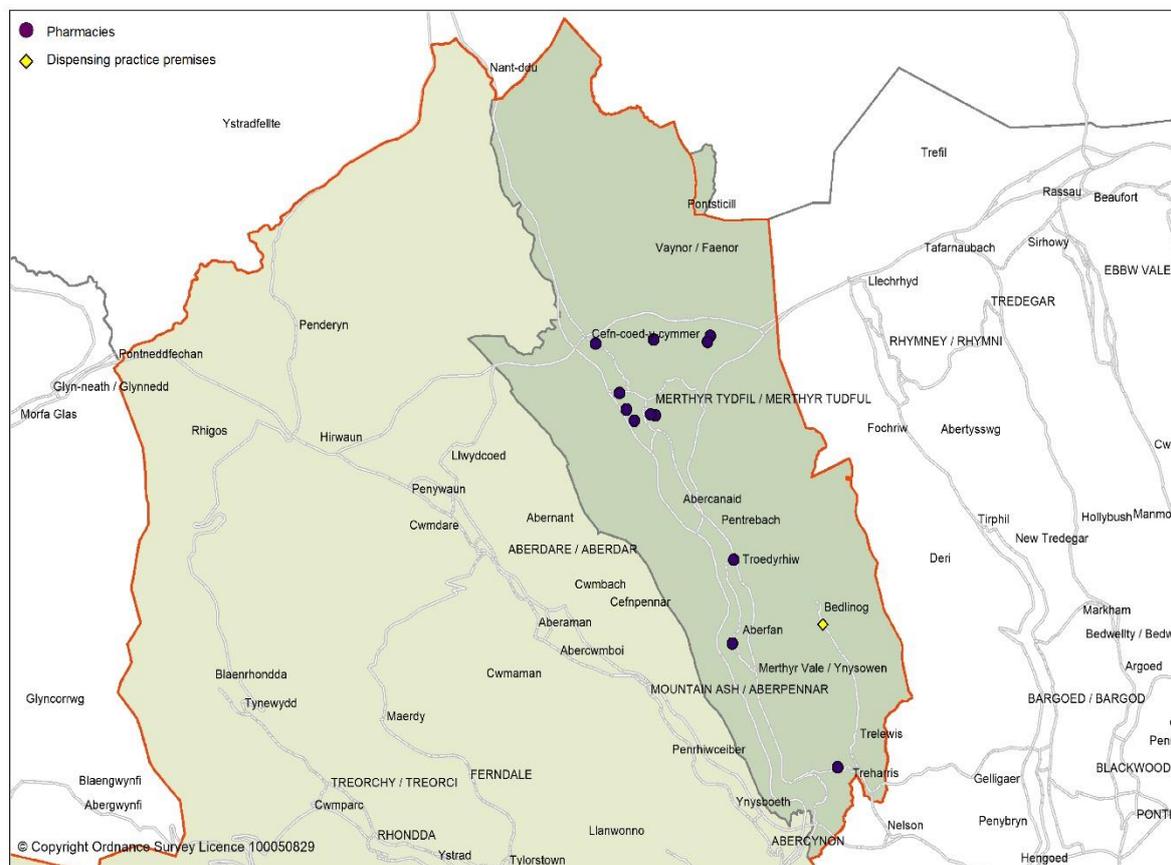
11.2 Current provision of pharmaceutical services within the cluster area

There are 14 pharmacies in Merthyr cluster operated by six different contractors (see Appendix L for further information). There is also one dispensing doctor practice.

In 2019 to 2020, 93.5% of prescriptions written by the eight GP practices in Merthyr cluster were dispensed by one of the 14 pharmacies within the cluster. The dispensing doctor practice in total dispensed and personally administered 1.6% and the non-dispensing practices personally administered 0.8%.

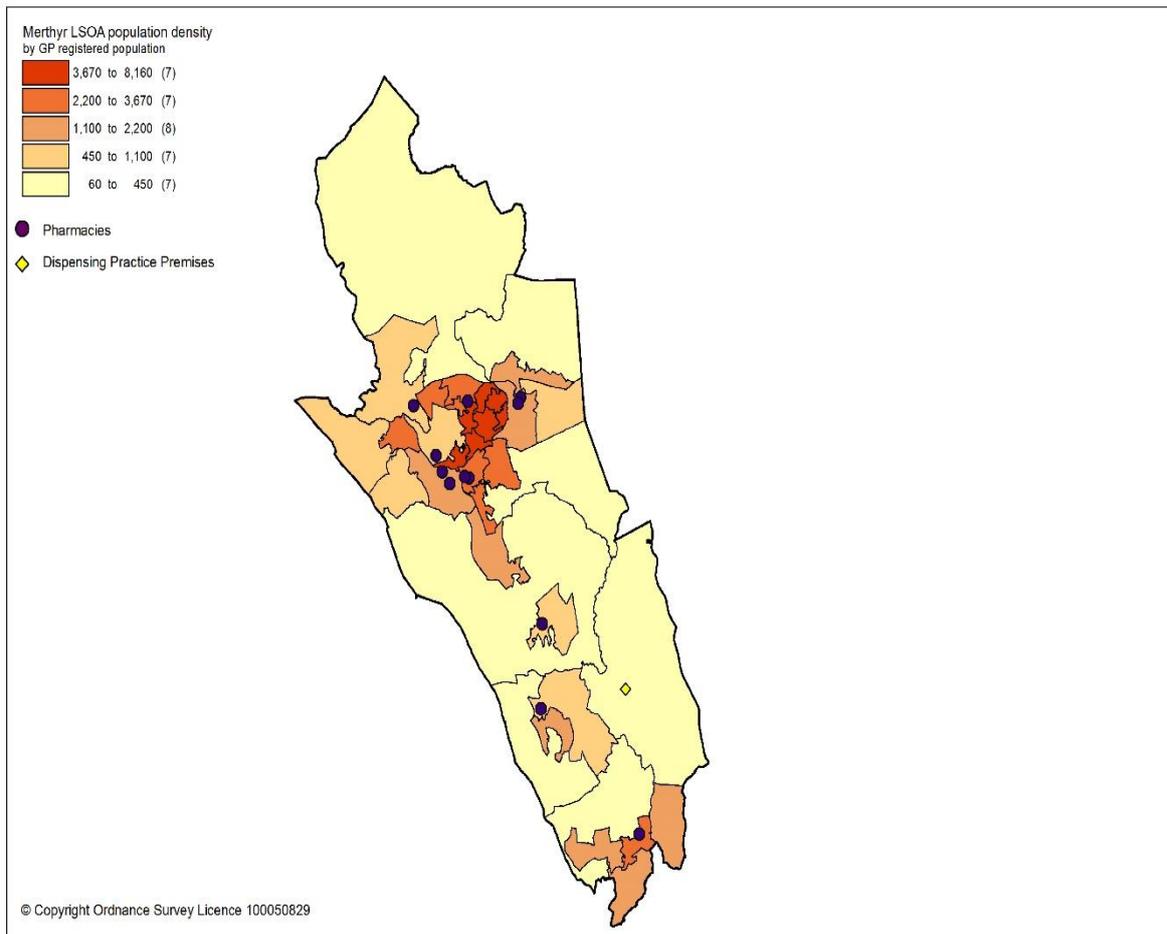
Map 11.2: Pharmaceutical service provision within the cluster area

Merthyr Cluster - Location of pharmacies and GP dispensing practices



Merthyr cluster is mainly an urban and rural area. The pharmacies are located in areas of greater population density as shown by the darker shaded areas on the map below. As can be expected, the dispensing doctor practice is located in a rural, less densely populated area.

Map 11.3: Location of pharmacies and dispensing practice premises in Merthyr cluster compared to population density



All residents of the locality can access one of the 14 pharmacies and the dispensing doctor practice by car within 20 minutes. The majority can access a pharmacy and the dispensing doctor practice within 10 minutes. The white northern area on the map is the only area where access is greater than 20 minutes. This area is a remote mountainous location leading to the Brecon Beacons National Park, and as such is unlikely to be populated.

*One pharmacy closes at 1.00pm on Thursday.
Full details of when pharmacies are open can be found in Appendix L.

No opening hours were made available for Oaklands surgery, Bedlinog, CF46 6TE.

All 14 pharmacies responded to the contractor questionnaire, of which 12 dispense all appliances listed in Part IX of the Drug Tariff and two just dispense dressings.

In 2019 to 2020, 14 pharmacies offered the MUR service in Merthyr and a total of 4,169 reviews were provided out of a possible 5,600 reviews. Four pharmacies provided the maximum number of 400 reviews,

In 2019 to 2020, 10 pharmacies offered the DMR service and a total of 218 reviews were provided out of a possible 1,400. No pharmacies provided the maximum number of 140 reviews.

In 2019 to 2020, the following enhanced services were provided by pharmacies in the cluster area:

- 13 pharmacies provided a total of 821 emergency contraception consultations, with a range of five to 245 consultations.
- Eight pharmacies provided a total of 100 smoking cessation level 2 consultations, with a range of three to 31 consultations.
- 10 pharmacies provided a total of 160 smoking cessation level 3 consultations, with a range of one to 36 consultations.
- 11 pharmacies provided a total of 1240 flu vaccinations, with a range of 18 to 218 vaccinations.
- Four pharmacies provided a total of 85 EMS consultations, with a range of one to 48 consultations.
- 10 pharmacies provided a total of 1791 supervised administrations
- Three pharmacies provided a total of 3437 needle exchange packs
- Seven pharmacies provided a total of 11 just in case packs

Other enhanced services provided included:

- Two pharmacies provided the palliative care service
- 11 pharmacies provided the Medicines Support at Home service
- One pharmacy provided the Care home Support & Medicines Optimisation Service Level 1&2
- 10 pharmacies provided the waste reduction service

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

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

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

Whilst the majority of prescriptions written by GP practices in 2019 to 2020 were dispensed by the pharmacies in the cluster, around 4.1% were dispensed outside the cluster, most notably:

- 1.6% by pharmacies in Taf Ely cluster
- 0.1% by pharmacies in South Cynon
- 1.9% in Aneurin University Health Board
- 0.4% by contractors in England,

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

11.4 Other NHS services

Princess Charles Hospital and Dewi Sant Hospital are located within this cluster as is the Keir Hardie University Health Park. The Merthyr Tydfil Mountain Bike Centre is also based here, which has a high number of incidents and referrals.

11.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 11.2 and 11.3, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

A total of 247 contractors that were trading in Wales during 2019 to 2020, dispensed items written by one of the eight GP practices in the Merthyr cluster, of which 168 were outside of the health board's area. The figure does not include the dispensing doctor practice. 6,941 prescription items were dispensed in England.

11.6 Gaps in provision

All 14 pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from any future housing developments in the cluster. All 14 pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.

Whilst not an NHS service, nine pharmacies provide a free delivery service. In addition, four pharmacies said that they deliver to certain patient groups depending on clinical need and mobility issues. Therefore, for those who are unable to access a pharmacy they could have their medicines delivered either by a pharmacy within the cluster or another pharmacy in a neighbouring area.

The Cwm Taf Morgannwg University Health Board has noted the location of pharmacies across the cluster, and the fact that the population can access a pharmacy or dispensing practice (if eligible) by car within 20 minutes, with the majority within 10 minutes. Whilst noting that not all households have access to a car throughout the day, the nature of the cluster means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.

The Cwm Taf Morgannwg University Health Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the cluster. The Cwm Taf Morgannwg University Health Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies in the cluster.

The Cwm Taf Morgannwg University Health Board noted the location and that the opening hours, where not made available for this dispensing doctor practice. The Cwm Taf Morgannwg University Health Board has therefore concluded that there are no current needs in relation to the provision of essential services by dispensing doctor practice in the cluster.

With regard to any housing that is due to be built during the lifetime of this document, Cwm Taf Morgannwg University Health Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The Cwm Taf Morgannwg University Health Board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies in the cluster.

Whilst none of the pharmacies provide the Appliance Use Review service or the Stoma Appliance Customisation service, it is noted that one of the reasons why prescriptions are dispensed outside of the cluster is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. The Cwm Taf Morgannwg University Health Board has therefore not identified any current or future gap or better access in relation to the provision of these two advanced services in the cluster.

The Cwm Taf Morgannwg University Health Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of advanced services and enhanced services.

The Cwm Taf Morgannwg University Health Board will keep service provision under review but has concluded that there is no current or future need identified which requires an application for new or additional premises.

12 North Cynon cluster

Overview

North Cynon cluster serves a population of 31,153 (Shared services, 2020) in urban and semi-rural areas. There are seven pharmacies in the cluster and three GP practices.

The population of Rhondda Cynon Taf is projected to increase by up to 2.5%, between 2018 to 2028. It is expected to have a population of 246,100 by 2028, making it the third largest local authority in Wales. The population is projected to continue to age in the local authority.

North Cynon cluster has a higher level of deprivation and poverty than the average for Wales.

North Cynon cluster has a lower life expectancy at birth for females and males when compared to Rhondda Cynon Taf local authority and the average for Wales.

In general, there is a higher estimated prevalence of chronic conditions within the cluster. The estimated prevalence of diabetes, chronic obstructive pulmonary disease (COPD) and coronary heart disease is higher than the average for Wales.

Overall, there is a poorer profile of behavioural and clinical risk, which requires a continued focus on support for smoking cessation, obesity management and alcohol misuse prevention. In addition, North Cynon cluster has the fourth highest prevalence of hypertension in the Cwm Taf Morgannwg University Health Board and the joint second highest prevalence of atrial fibrillation. Optimising management of these risks could help reduce the above average prevalence of coronary heart disease.

12.1 Key population features

12.1.1 Population projection 2018 to 2028

The population of Rhondda Cynon Taf is projected to increase by up to 2.5%, the tenth largest percentage increase of all the local authorities within the health board area. It is expected to have a population of 246,100 by 2028, making it the third largest local authority in Wales. The increase in population will mainly be driven by net migration i.e., more people moving into the area than out. The number of births is expected to decrease and the number of deaths to increase, resulting in a negative natural change (more deaths than births). The population is expected to increase across all broad age groups, except for children and young people aged 0 to 15 years old where it is expected to decrease. The largest population increases will be in the over 65 age group followed by the 75 or over age group. The population is projected to continue to age in the local authority.

12.1.2 Life expectancy, healthy life expectancy and the ‘inequality gap’ (2015 to 2017)

- North Cynon cluster has a lower life expectancy at birth for females and males when compared to Rhondda Cynon Taf local authority and the average for Wales (table 12.1).
- Healthy life expectancy (the number of years a person can expect to live in good health) is only available at a local authority level. For Rhondda Cynon Taf, it is 56.5 years for males and 60.2 years for females. For Wales, healthy life expectancy is 61.4 years for men and 62 years for women.
- The differences in healthy life expectancy that exist across an area between the most and least deprived areas is referred to as the ‘inequality gap’. The inequality gap for healthy life expectancy in Rhondda Cynon Taf is 6.7 years for males and 4.3 years for females.

(Source: Public Health Wales Observatory PHOF Tool (2017) using ONS and WG data)

Table 12.1: Life expectancy at birth for females and males, 2015 to 2017

Area	Females at birth (years)	Males at birth (years)
North Cynon	80.2	77.3
Rhondda Cynon Taf	81.0	77.5
Wales	82.3	78.3

Source: Public Health Wales Observatory using ONS data (PHOF Tool, 2019)

12.1.3 Deprivation

The link between deprivation and poor health is well recognised. There is a high concentration of the most deprived areas in Wales in the North Cynon cluster (77%).

Table 12.2: Estimated percentage of patients living in the most deprived 40% of areas in Wales (2015)

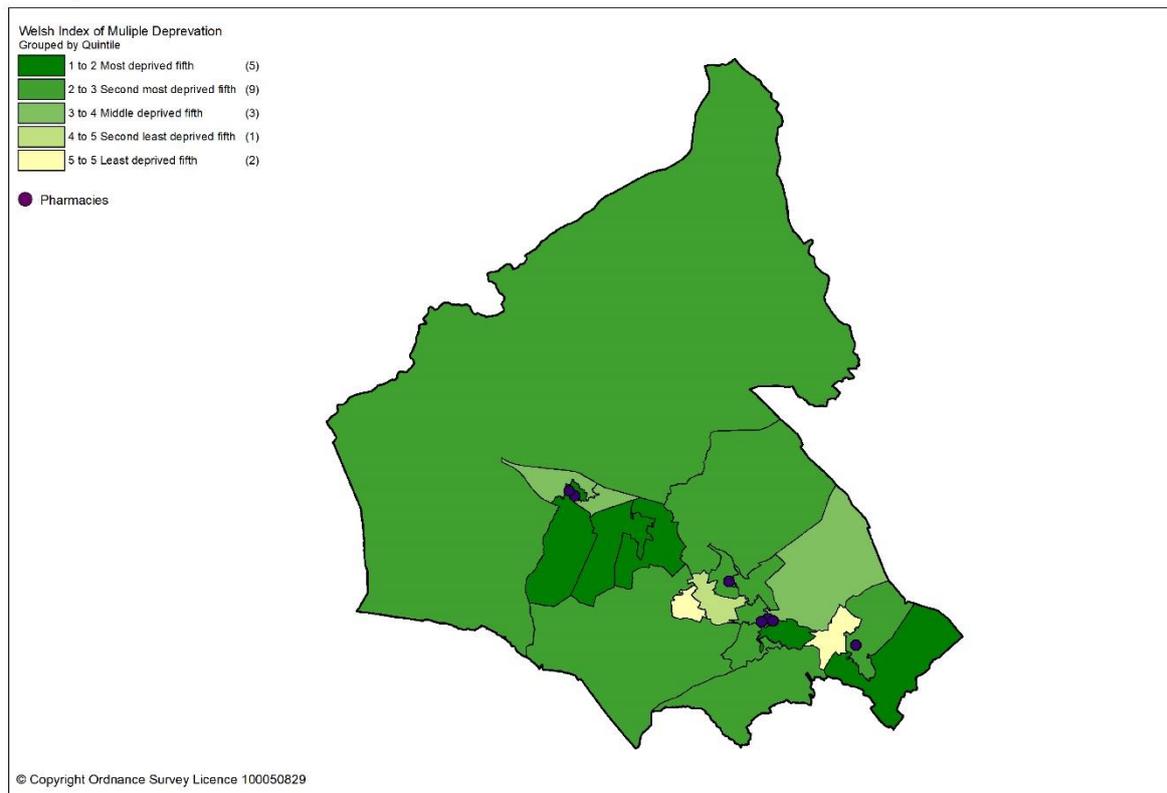
Area	Percentage
North Cynon	77.0
Cwm Taf Morgannwg UHB	57.1

Source: Produced by Public Health Wales Observatory using WDS (NWIS) and WIMD 2004 (WG) data (GP Practice Population Profile, 2015)

The map below provides an indication of the levels of deprivation within the cluster. As can be seen from the map, all pharmacies are based within or near areas of higher deprivation.

Map 12.1 –Lower Super Output Areas (LSOAs) in North Cynon cluster grouped into quintiles by Welsh Index of Multiple Deprivation 2019

North Cynon Cluster



12.1.4 Health profile

North Cynon cluster has a higher estimated prevalence of diabetes (6.8%), chronic obstructive pulmonary disease (COPD) (3.0%) and coronary heart disease (4.0%) than the average for Wales.

Table 12.3: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019

Area	Percentage					
	Asthma	Coronary heart disease	COPD	Diabetes	Heart failure	Stroke and transient ischaemic attacks
North Cynon	6.6	4.0	3.0	6.8	1.0	2.0
Rhondda Cynon Taf	7.2	3.8	2.8	6.6	0.9	2.1
Cwm Taf Morgannwg UHB	7.4	3.9	2.7	6.6	1.0	2.3
Wales	7.0	3.6	2.4	6.1	1.1	2.1

Source: QOF 2019

The percentage of patients registered as having a mental health condition is the same as for the average for Wales. The percentage of patients registered as having dementia is lower than the average for Wales.

Table 12.4: Percentage of patients registered as having a mental health condition by cluster, local authority, health board and Wales, 2019

Area	Mental Health (percentage)	Dementia (percentage)
North Cynon	1.0	0.5
Rhondda Cynon Taf	0.9	0.6
Cwm Taf Morgannwg UHB	1.0	0.6
Wales	1.0	0.7

Source: QOF 2019

North Cynon has the fourth highest prevalence of hypertension in the Cwm Taf Morgannwg University Health Board and the joint second highest prevalence of atrial fibrillation.

Table 12.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019

Area	Atrial Fibrillation (percentage)	Hypertension (percentage)
North Cynon	2.6	17.6
Rhondda Cynon Taf	2.3	16.9
Cwm Taf Morgannwg UHB	2.4	16.9
Wales	2.3	15.8

Source: QOF 2019

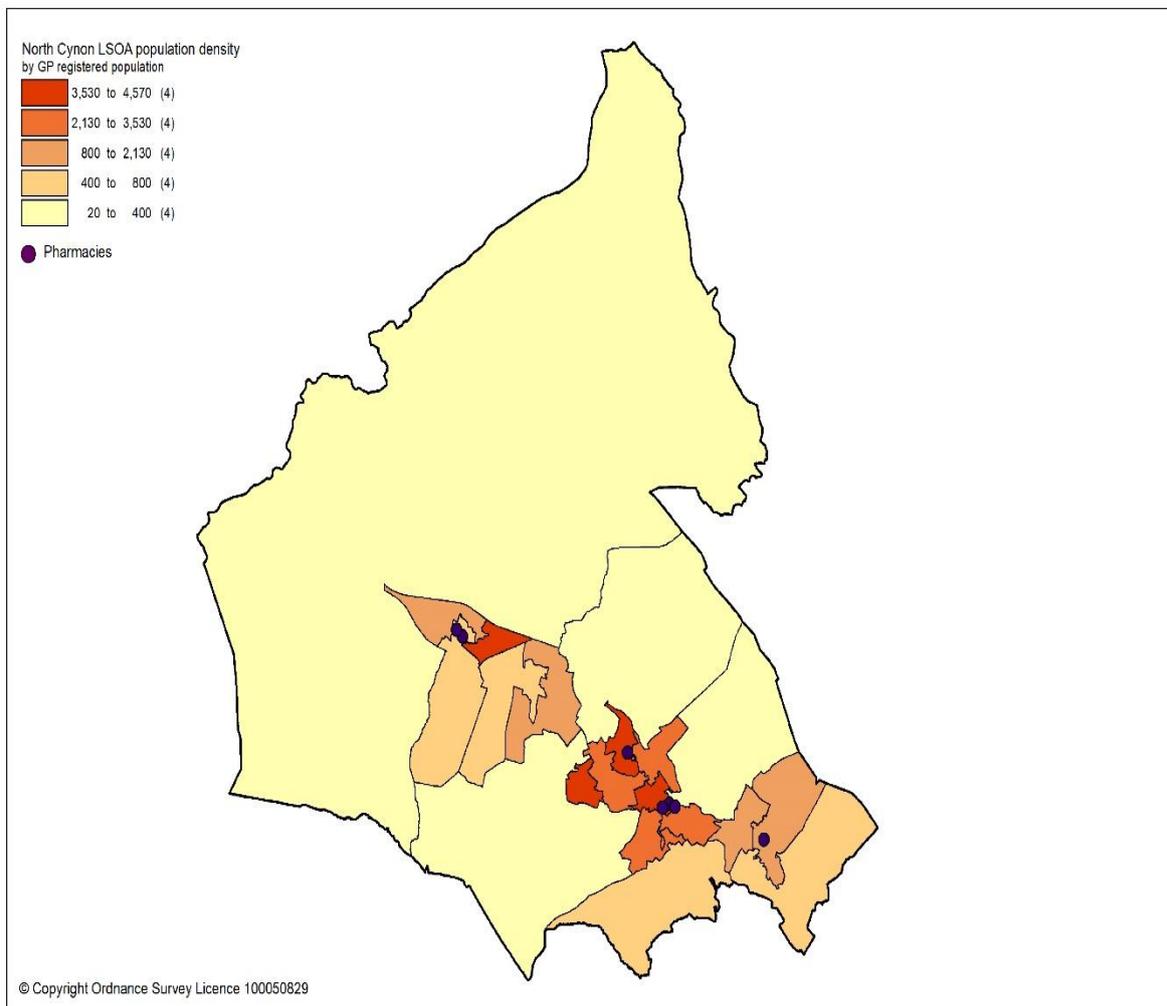
Many of the factors that contribute to the inequalities in health and well-being are preventable. The long term health and social implications of engaging in harmful behaviours are wide ranging. In particular, five harmful behaviours contribute to the four major causes of disease that account for 64% of early deaths: cancer, heart disease, stroke, and diabetes.

Table 12.6 shows the percentage of adults self-reporting these lifestyle behaviours, where a lower percentage for smoking and drinking above the guidelines is seen as more beneficial as is a higher percentage for working age adults of healthy weight, meeting the physical activity guidelines and consuming 5 a day.

Overall in North Cynon cluster, the percentage of adults reporting behaviours which support healthy outcomes is lower than Cwm Taf Morgannwg University Health Board and the average for Wales, except for drinking above the guidelines.

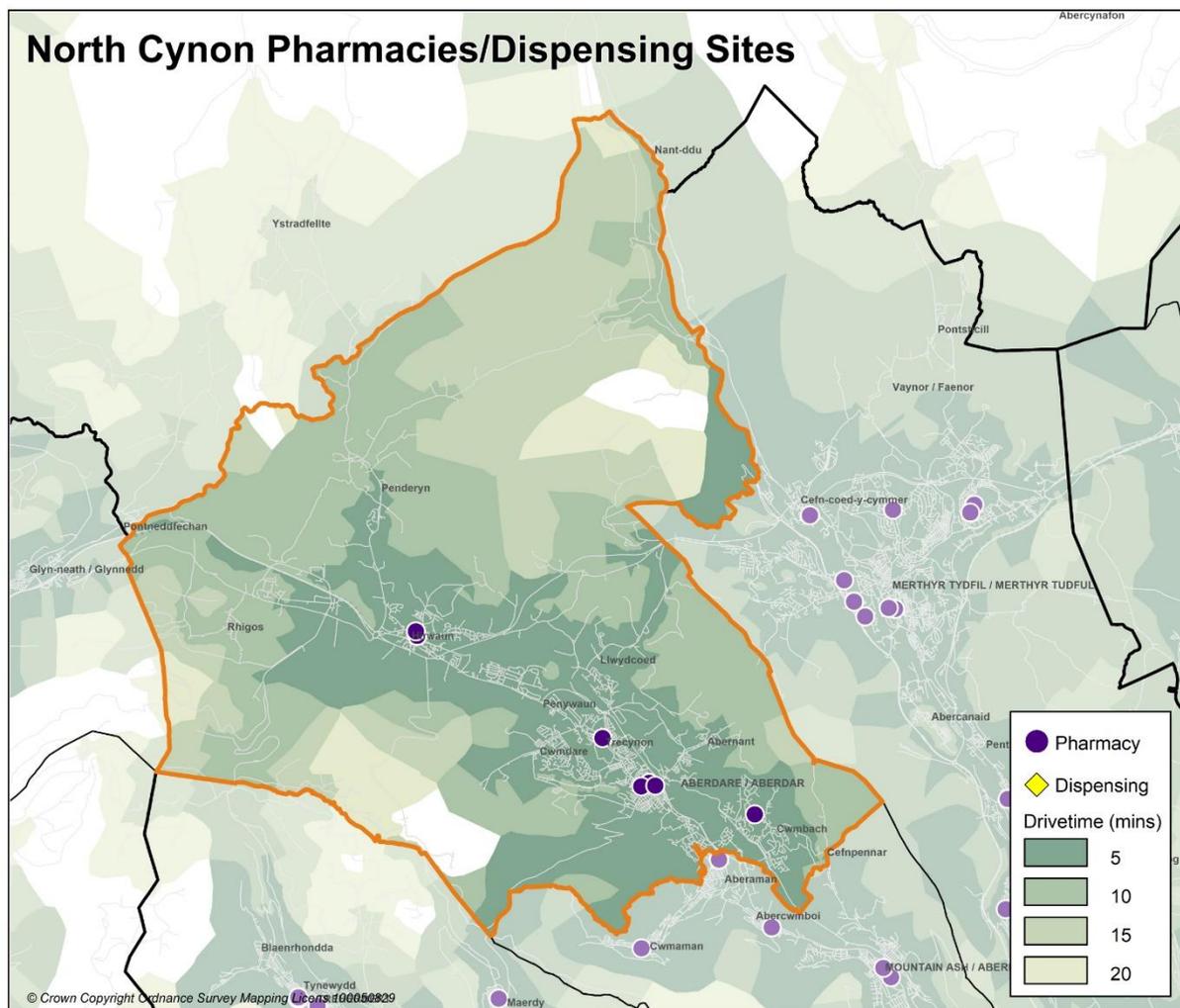
The pharmacies are located in areas of greater population density as shown by the darker shaded areas in the map below.

Map 12.3: Location of pharmacies and dispensing practice premises in North Cynon cluster compared to population density



All residents of the cluster can access one of the seven pharmacies by car within 20 minutes. The majority can access a pharmacy within 15 minutes, as shown in Map 12.4. The two white areas on the map are where access to a pharmacy is greater than 20 minutes. Both areas represent hilly or mountainous areas with patches of woodland and are unlikely to be highly populated.

Map 12.4: Access to pharmacies in North Cynon cluster



Looking at the opening hours for the seven pharmacies:

- One pharmacy is open seven day a week.
- One pharmacy is open Monday to Saturday.
- Three pharmacies are open Monday to Friday and Saturday morning.
- Two pharmacies are open Monday to Friday.

All pharmacies must open for their core contractual hours, which are 40 hours a week. These can only be amended with approval by the health board. All additional hours or supplementary hours can be amended by the pharmacy following the provision of 90 days' notice to the health board. Within the cluster, opening hours and closing hours range from:

Days	Opening hours range	Closing hours range
Monday to Friday	8.30am to 9.00am	5.30pm to 6.00pm*
Saturday	8.30am to 9.00am	13.00pm to 5.30pm
Sunday	10.30am	11.30am

*Two pharmacies close at 1.00pm on Thursday.

Full details of when the cluster pharmacies are open can be found in Appendix L.

All seven pharmacies responded to the contractor questionnaire, of which all seven dispense all appliances listed in Part IX of the Drug Tariff.

In 2019 to 2020, seven pharmacies offered the MUR service and a total of 2,491 reviews were provided out of a possible 2,800 reviews. One pharmacy provided the maximum 400 reviews.

In 2019 to 2020, eight pharmacies offered the service and a total of 306 reviews were provided out of a possible 1,120 reviews.

In 2019 to 2020, the following enhanced services were provided by pharmacies in the cluster area:

- Six pharmacies provided a total of 376 emergency contraception consultations, with a range of 12 to 211 consultations.
- Four pharmacies provided a total of 64 smoking cessation level 2 consultations, with a range of three to 31 consultations.
- Six pharmacies provided a total of 236 smoking cessation level 3 consultations, with a range of two to 161 consultations.
- Six pharmacies provided a total of 648 flu vaccinations, with a range of 78 to 175 vaccinations.
- Two pharmacies provided a total 249 EMS consultations, with a range of two to 247 consultations.
- Six pharmacies provided a total of 1216 supervised administrations
- One pharmacy provided a total of 948 needle exchange packs
- Two pharmacies provided a total of two just in case packs

Other enhanced services provided included:

- One pharmacy provided the palliative care service
- Four pharmacies provided the Medicines Support at Home service
- Two pharmacies provided the Care home Support & Medicines Optimisation Service Level 1&2
- Seven pharmacies provided the waste reduction service

12.3 Current provision of pharmaceutical services outside the cluster area

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

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

Whilst the majority of prescriptions written by the three GP practices in 2019 to 2020 were dispensed by the seven pharmacies in the cluster, around 7.6% were dispensed outside the cluster, most notably:

- 4.4% by pharmacies in South Cynon
- 2.4% by pharmacies in Taf Ely cluster
- 0.2% by pharmacies in Merthyr cluster
- 0.1% in Aneurin University Health Board
- 0.3% by contractors in England,

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

12.4 Other NHS services

No other key NHS services were identified within this cluster.

12.5 Choice with regard to obtaining pharmaceutical services

In 2019 to 2020, a total of 214 contractors dispensed items written by one of the GP practices in this locality, of which 138 were outside of the health board's area.

12.6 Gaps in provision

All seven pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from any future housing developments in the locality. Their responses were as follows:

- Six pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.
- One pharmacy does not have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand in the area.

Whilst not an NHS service, four pharmacies provide a free delivery service. In addition, three pharmacies said that they deliver to certain patient groups depending on clinical need and mobility issues, and to those shielding due to the Coronavirus (COVID-19) pandemic. Therefore, for those who are unable to access a pharmacy they could have their medicines delivered either by a pharmacy within the cluster or another pharmacy in a neighbouring area.

The Cwm Taf Morgannwg University Health Board has noted the location of pharmacies across the cluster, and the fact that the population can access a pharmacy or dispensing practice (if eligible) by car within 20 minutes, with the majority within 10 minutes. Whilst noting that not all households have access to a car throughout the day, the nature of the cluster means that walking to a pharmacy will

be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.

The Cwm Taf Morgannwg University Health Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the cluster. The Cwm Taf Morgannwg University Health Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies in the cluster.

With regard to any housing that is due to be built during the lifetime of this document, Cwm Taf Morgannwg University Health Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The Cwm Taf Morgannwg University Health Board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies in the cluster.

Whilst none of the pharmacies provide the Appliance Use Review service or the Stoma Appliance Customisation service, it is noted that one of the reasons why prescriptions are dispensed outside of the cluster is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. The Cwm Taf Morgannwg University Health Board has therefore not identified any current or future gap or better access in relation to the provision of these two advanced services in the cluster.

The Cwm Taf Morgannwg University Health Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of advanced services and enhanced services.

The Cwm Taf Morgannwg University Health Board will keep service provision under review but has concluded that there is no current or future need identified which requires an application for new or additional premises.

13 Rhondda Cluster

Overview

Rhondda cluster serves a population of 88,368 (Shared services,2020) in mainly urban areas with pockets of rurality. There are 27 pharmacies in the cluster and 12 GP practices.

The population of Rhondda Cynon Taf local authority is expected to grow by up to 2.5% between 2018 to 2028. It is expected to have a population of 246,100 by 2028, making it the third largest local authority in Wales. It is also projected to continue to age.

Rhondda cluster has a higher level of deprivation and poverty compared to the average for Wales.

Rhondda cluster has a lower life expectancy at birth for females and males when compared to the average for Wales.

In general, there is a higher estimated prevalence of all chronic conditions in the cluster compared to the average for Wales, except for heart failure. It has the third highest estimated prevalence of chronic obstructive pulmonary disease (COPD), diabetes and coronary heart disease in Cwm Taf Morgannwg University Health Board. It has the fourth highest estimated prevalence of stroke and transient ischaemic attacks.

Overall, there is a poorer profile of behavioural and clinical risk, which requires a continued focus on support for smoking cessation, obesity management and alcohol misuse prevention. In addition, the estimated prevalence of hypertension is higher than the average for Wales. Optimising the management of this risk and that of atrial fibrillation could help reduce the above average prevalence of stroke within the Rhondda.

13.1 Key population features

13.1.1 Population projections 2018 to 2028

The population of Rhondda Cynon Taf is projected to increase by up to 2.5%, the tenth largest percentage increase of all the local authorities within Wales. It is expected to have a population of 246,100 by 2028, making it the third largest local authority in Wales. The increase in population will mainly be driven by net migration i.e., more people moving into the area than out. The number of births is expected to decrease and the number of deaths to increase, resulting in a negative natural change (more deaths than births). The population is expected to increase across all broad age groups, except for children and young people aged 0 to 15 years old where it is expected to decrease. The largest population increases will be in the over 65 age group followed by the 75 or over age group. The population is projected to continue to age in the local authority.

13.1.2 Life expectancy, healthy life expectancy and the ‘inequality gap’ (2015 to 2017)

- Rhondda cluster has a lower life expectancy at birth for females and males when compared to the average for Wales (table 13.1).
- Healthy life expectancy (the number of years a person can expect to live in good health) is only available at a local authority level. For Rhondda Cynon Taf, it is 56.5 years for males and 60.2 years for females. For Wales, healthy life expectancy is 61.4 years for men and 62 years for women.
- The differences in healthy life expectancy that exist across an area between the most and least deprived areas is referred to as the ‘inequality gap’. The inequality gap for healthy life expectancy in Rhondda Cynon Taf is 6.7 years for males and 4.3 years for females.

(Source: Public Health Wales Observatory PHOF Tool (2017) using ONS and WG data)

Table 13.1: Life expectancy at birth for females and males, 2015 to 2017

Area	Females at birth (years)	Males at birth (years)
Rhondda North	81.4	76.1
Rhondda South	79.7	76.1
Rhondda Cynon Taf	81.0	77.5
Wales	82.3	78.3

Source: Public Health Wales Observatory using ONS data (PHOF Tool, 2019)

13.1.3 Deprivation

The link between deprivation and poor health is well recognised. The highest concentration of the most deprived areas in the Health Board area is in the Rhondda cluster.

Table 13.2: Estimated percentage of patients living in the most deprived 40% of areas in Wales (2015)

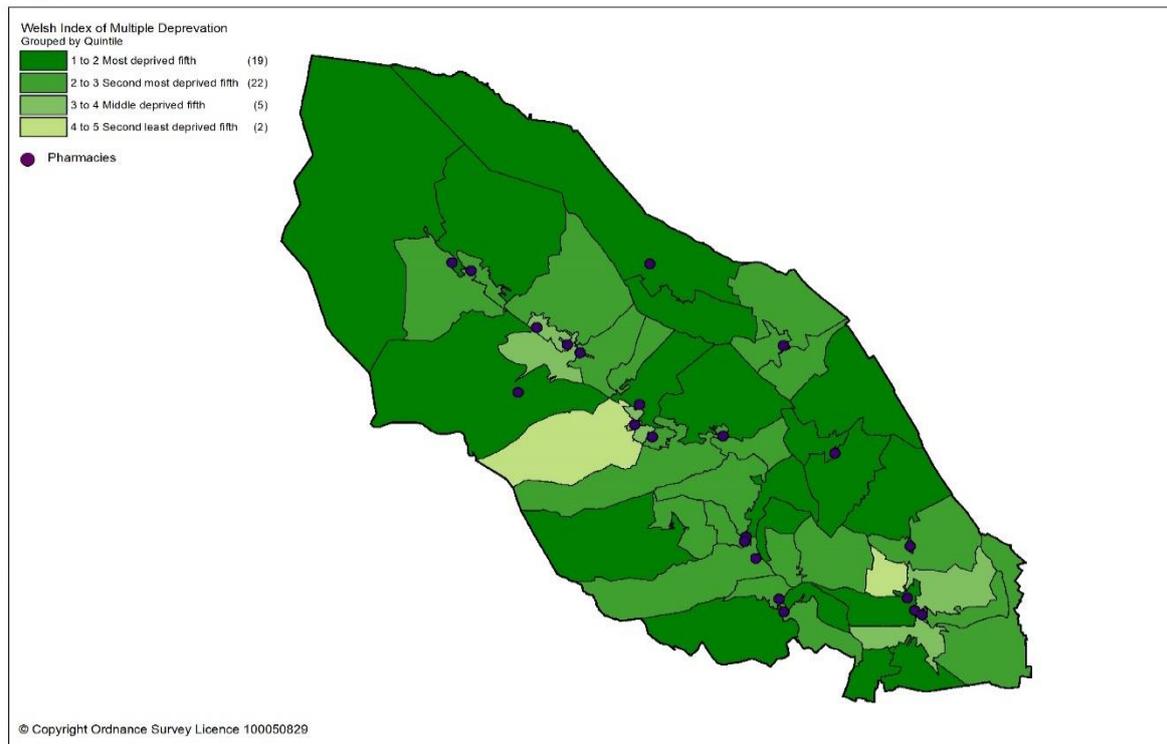
Area	Percentage
North Rhondda	82.7
South Rhondda	86.3
Cwm Taf Morgannwg UHB	57.1

Source: Produced by Public Health Wales Observatory

The map below provides an indication of the levels of deprivations within the cluster. As can be seen from the map, all pharmacies are located within or near areas of higher deprivation.

Map 13.1 –Lower Super Output Areas (LSOAs) in Rhondda cluster grouped into quintiles by Welsh Index of Multiple Deprivation 2019

Rhondda Cluster



13.1.4 Health profile

The Rhondda cluster has generally a higher estimated prevalence of all chronic conditions than the Welsh average except for heart failure. It has the third highest estimated prevalence of chronic obstructive pulmonary disease (COPD) (3.2%), diabetes (7.0%) and coronary heart disease (4.1%) in Cwm Taf Morgannwg University Health Board. It has the fourth highest estimated prevalence of stroke and transient ischaemic attacks (2.3%).

Table 13.3: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019.

Area	Percentage					
	Asthma	Coronary heart disease	COPD	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Rhondda	7.3	4.1	3.2	7.0	0.9	2.3
Rhondda Cynon Taf	7.2	3.8	2.8	6.6	0.9	2.1
Cwm Taf Morgannwg UHB	7.4	3.9	2.7	6.6	1.0	2.3
Wales	7.1	3.6	2.4	6.1	1.1	2.1

Source: QOF 2019

The percentage of patients registered as having a mental health condition is similar to the average for Wales. The percentage of patients registered as having dementia is lower than the average for Wales.

Table 13.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, local authority, health board and Wales, 2019.

Area	Mental Health (percentage)	Dementia (percentage)
Rhondda	1.0	0.6
Rhondda Cynon Taf	0.9	0.6
Cwm Taf Morgannwg UHB	1.0	0.6
Wales	1.0	0.7

Source: QOF 2019

Rhondda cluster has the third highest estimated prevalence of hypertension in the Cwm Taf Morgannwg University Health Board.

Table 13.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by local authority, health board and Wales, 2019

Area	Atrial Fibrillation (percentage)	Hypertension (percentage)
Rhondda	2.3	17.9
Rhondda Cynon Taf	2.3	16.9
Cwm Taf Morgannwg UHB	2.4	16.9
Wales	2.3	15.8

Source: QOF 2019

Many of the factors that contribute to the inequalities in health and well-being are preventable. The long term health and social implications of engaging in harmful behaviours are wide ranging. In particular, five harmful behaviours contribute to the four major causes of disease that account for 64% of early deaths: cancer, heart disease, stroke, and diabetes.

Table 13.6 shows the percentage of adults self-reporting these five harmful behaviours; where a lower percentage for smoking and drinking above the guidelines is seen as more beneficial as is a higher percentage for working age adults of healthy weight, meeting the physical activity guidelines and consuming 5 a day.

Overall in Rhondda cluster, the percentage of adults reporting behaviours which support healthy outcomes is lower than Cwm Taf Morgannwg University Health Board and the average for Wales, except for drinking above the guidelines. However, it should be noted that Rhondda Cynon Taf has a higher level of alcohol related admissions than the Welsh average and the second highest at local authority level for both alcohol specific and attributable mortality for 2015-17. (Source: PHWO 2019)

Table 13.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by cluster, health board and Wales, 2016 to 2018

Area	Count		Drinking above the guidelines	Prevalence Working age adults of healthy weight	Meeting physical activity guidelines	Consuming 5 a day
	GP cluster population aged 16+	Smoking				
North Rhondda	29,020	24.3	16.8	34.7	47.3	19.9
South Rhondda	43,526	24.4	16.9	35.2	48.0	20.3
Cwm Taf Morgannwg UHB	379,984	21.1	18.3	37.4	51.2	22.3
Wales	2,642,152	19.2	18.9	39.1	52.8	23.4

Source: Public Health Wales Observatory, using NSW (WG), WDS (NWIS) and WIMD 2014 (WG). Please note, the calculation of the healthy weight indicator only accounts for working age adults (aged 16-64)

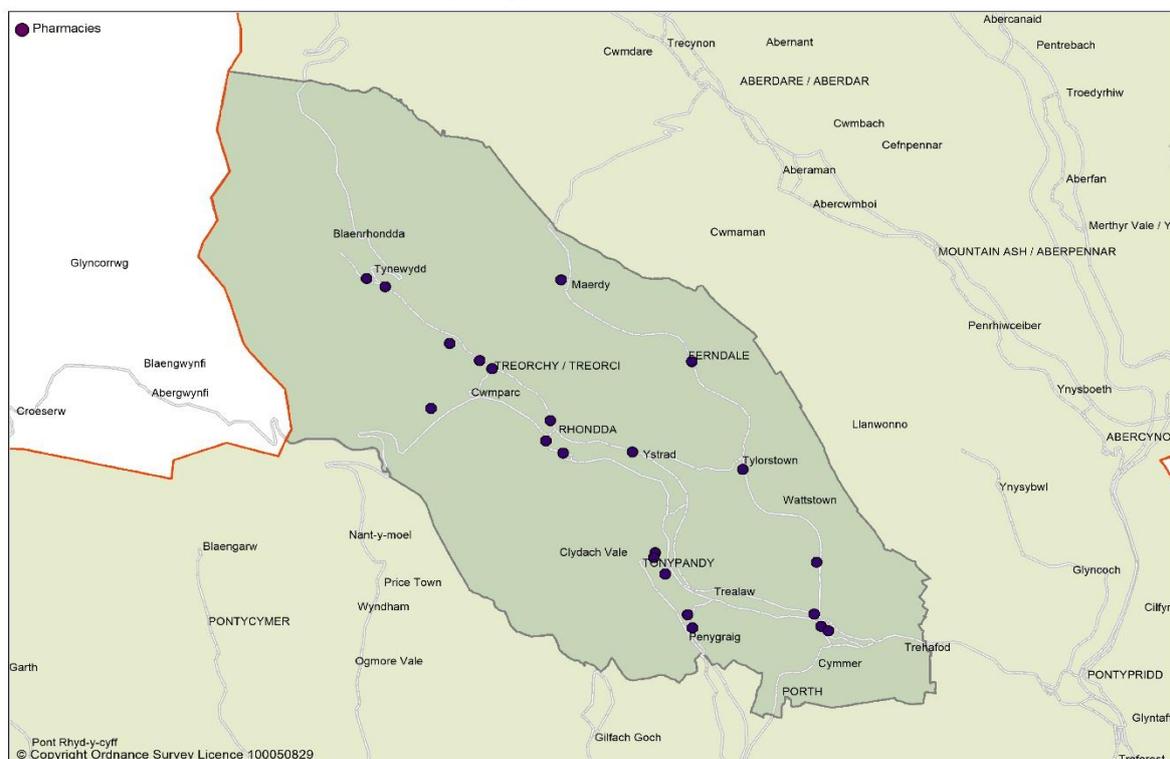
13.2 Current provision of pharmaceutical services within the cluster area

There are 27 pharmacies in Rhondda cluster operated by nine different contractors (see Appendix L for further details).

In 2019 to 2020, 96.5% of prescriptions written by the 12 GP practices in Rhondda cluster were dispensed by one of the 27 pharmacies within the cluster and 0.9% were personally administered items.

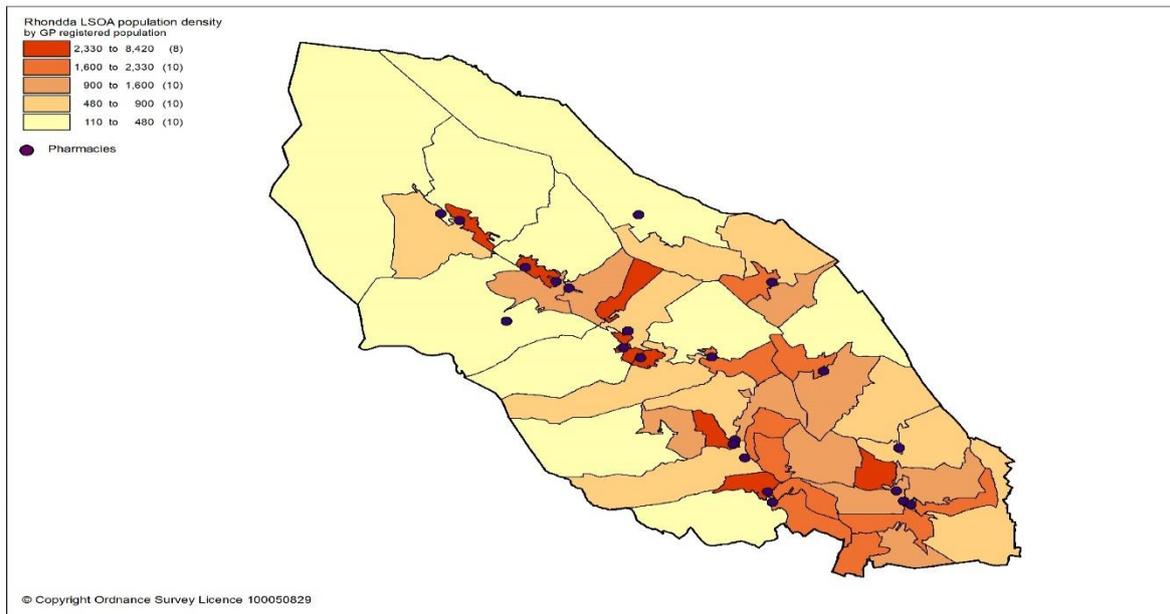
Map 13.2: Pharmaceutical service provision within the Rhondda cluster

Rhondda Cluster - Location of pharmacies and GP dispensing practices



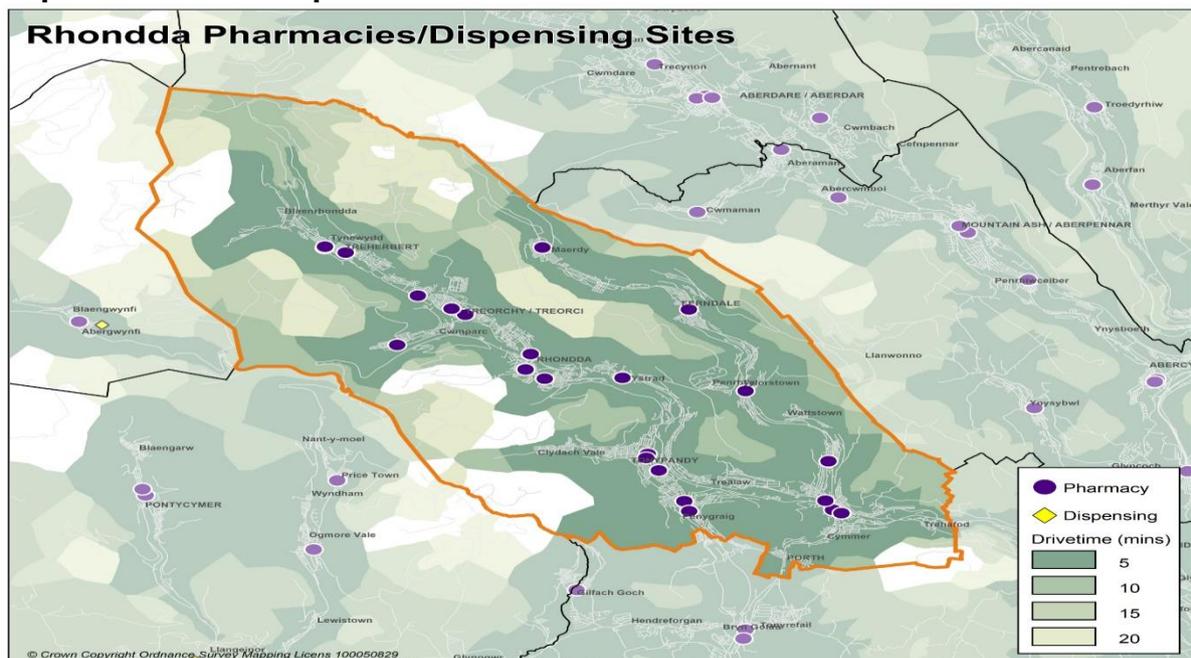
The pharmacies are located in areas of greater population density as shown by the darker shaded areas on the map below.

Map 13.3: Location of pharmacies and dispensing practice premises in Rhondda cluster compared to population density



All residents of the cluster can access one of the 12 pharmacies by car within 20 minutes. The majority can access a pharmacy within 10 minutes. The white areas on the map are where access to a pharmacy is greater than 20 minutes. Most areas are hilly or mountainous areas used as wind farms surrounded by woodland areas and as such are unlikely to be populated. The area to the south is open grassland and fields near Gelliwion woodlands and again is unlikely to be populated.

Map 13.4: Access to pharmacies in Rhondda cluster



Looking at the opening hours for the 27 pharmacies:

- There are no pharmacies are open seven day a week.
- Four pharmacies are open Monday to Saturday.
- 20 pharmacies are open Monday to Friday and Saturday morning.
- Three pharmacies are open Monday to Friday.

All pharmacies must open for their core contractual hours, which are 40 hours a week. These can only be amended with approval by the health board. All additional hours or supplementary hours can be amended by the pharmacy following the provision of 90 days' notice to the health board. Within the cluster, opening hours and closing hours range from:

Days	Opening hours range	Closing hours range
Monday to Friday	8.30am to 9.00am	5.30pm to 6.00pm*
Saturday	8.45am to 10.00am	12.00pm to 5.30pm
Sunday	Closed	Closed

*Five pharmacies close at an earlier time on Thursday between 12:30pm to 1.00pm and 12 pharmacies close between 4.00pm and 5.00pm.

Full details of when the cluster pharmacies are open can be found in Appendix L.

All 27 pharmacies responded to the contractor questionnaire, of which 26 dispense all appliances listed in Part IX of the Drug Tariff and one does not dispense any appliances.

In 2019 to 2020, 25 pharmacies offered the MUR service and a total of 8,032 reviews were provided out of a possible 10,000 reviews. Five pharmacies provided the maximum number of 400 reviews.

In 2019 to 2020, 20 pharmacies offered the DMR service and a total of 505 reviews were provided out of a possible 2,800 reviews. No pharmacies provided the maximum number of 140 reviews.

In 2019 to 2020, the following enhanced services were provided by pharmacies in the cluster area:

- 23 pharmacies provided a total of 614 emergency contraception consultations, with a range of one to 67 consultations.
- 14 pharmacies provided a total of 87 smoking cessation level 2 consultations, with a range of one to 22 consultations.
- 21 pharmacies provided a total of 591 smoking cessation level 3 consultations, with a range of two to 50 consultations.
- 21 pharmacies provided a total of 1594 flu vaccinations, with a range of two to 189 vaccinations.
- Six pharmacies provided a total 16 EMS consultations, with a range of one to seven consultations.
- 25 pharmacies provided a total of 3347 supervised administrations
- Eight pharmacies provided a total of 5869 needle exchange packs

- Three pharmacies provided a total of four just in case packs

Other enhanced services provided included:

- Two pharmacies provided the palliative care service
- 25 pharmacies provided the Medicines Support at Home service
- Six pharmacies provided the Care home Support & Medicines Optimisation Service Level 1&2
- 19 pharmacies provided the waste reduction service

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

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

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

Whilst the majority of prescriptions written by the GP practices in 2019 to 2020 were dispensed by the pharmacies in the cluster, around 2.6% were dispensed outside the cluster, most notably:

- 1.9% by pharmacies in Taf Ely cluster
- 0.1% by pharmacies in South Cynon cluster
- 0.1% in Cardiff and Vale University Health Board
- 0.3% by contractors in England,

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

13.4 Other NHS service

The Ysbyty Cwm Rhondda community hospital and Minor Injuries Unit are based in the cluster, as is the mental health inpatient unit Ysbyty George Thomas.

13.5 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 13.2 and 13.3, those living within the cluster area and registered with one of the GP practices generally choose to access one of the pharmacies in the cluster in order to have their prescriptions dispensed. Those that look outside the cluster usually do so to access a neighbouring pharmacy within the health board's area. A minority choose to have their prescription dispensed by a pharmacy or an appliance contractor outside of the health board's area.

In 2019 to 2020 a total of 301 contractors dispensed items written by one of the GP practices in this locality, of which 199 were outside of the health board's area. 7,534 items were dispensed in England.

13.6 Gaps in provision

All 27 pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from any future housing developments in the cluster. Their responses were as follows:

- 24 pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.
- Three pharmacies do not have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in the area.

Whilst not an NHS service, 18 pharmacies provide a free delivery service. In addition, seven pharmacies said that they deliver to certain patient groups depending on clinical need and mobility issues. Therefore, for those who are unable to access a pharmacy they could have their medicines delivered either by a pharmacy within the cluster or by another pharmacy in a neighbouring area.

The Cwm Taf Morgannwg University Health Board has noted the location of pharmacies across the cluster, and the fact that the population can access a pharmacy by car within 20 minutes, with the majority within 10 minutes. Whilst noting that not all households have access to a car throughout the day, the nature of the cluster means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.

The Cwm Taf Morgannwg University Health Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the cluster. The Cwm Taf Morgannwg University Health Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies in the cluster.

With regard to any housing that is due to be built during the lifetime of this document, Cwm Taf Morgannwg University Health Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The Cwm Taf Morgannwg University Health Board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies in the cluster.

Whilst none of the pharmacies provide the Appliance Use Review service or the Stoma Appliance Customisation service, it is noted that one of the reasons why prescriptions are dispensed outside of the cluster is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. The Cwm Taf Morgannwg University Health

Board has therefore not identified any current or future gap or better access in relation to the provision of these two advanced services in the cluster.

The Cwm Taf Morgannwg University Health Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of advanced services and enhanced services.

The Cwm Taf Morgannwg University Health Board will keep service provision under review but has concluded that there is no current or future need identified which requires an application for new or additional premises.

14 South Cynon cluster

Overview

South Cynon cluster serves a population of 30,983 (Shared services,2020) in mainly urban areas with pockets of rurality. There are 8 pharmacies in the cluster and 5 GP practices.

The population of Rhondda Cynon Taf local authority is expected to grow by up to 2.5% between 2018 to 2028. It is expected to have a population of 246,100 by 2028, making it the third largest local authority in Wales. It is also projected to continue to age.

South Cynon cluster has a higher level of deprivation and poverty compared to the average for Wales.

South Cynon cluster has a lower life expectancy at birth for females and males when compared to Rhondda Cynon Taf local authority and the average for Wales.

In general, there is a higher estimated prevalence of all chronic conditions in the cluster compared to the average for Wales, with the exception of stroke and transient ischaemic attacks. The estimated prevalence of chronic obstructive pulmonary disease (COPD) and heart failure is the highest of all the clusters in Cwm Taf Morgannwg University Health Board and the prevalence of diabetes is the joint highest. The estimated prevalence of mental health conditions and dementia is lower than the average for Wales.

Overall, there is a poorer profile of behavioural and clinical risk, which requires a continued focus on support for smoking cessation, obesity management and alcohol misuse prevention. South Cynon has the second highest estimated prevalence of hypertension of all the clusters in Cwm Taf Morgannwg University Health Board. Early detection and optimum management of hypertension would support the reduction in the above average prevalence of heart failure and coronary heart disease.

14.1 Key population features

14.1.1 Population projection

The population of Rhondda Cynon Taf is projected to increase by up to 2.5%, the tenth largest percentage increase of all the local authorities within Wales. It is expected to have a population of 246,100 by 2028, making it the third largest local authority in Wales. The increase in population will mainly be driven by net migration i.e., more people moving into the area than out. The number of births is expected to decrease and the number of deaths to increase, resulting in a negative natural change (more deaths than births). The population is expected to increase across all broad age groups, except for children and young people aged 0 to 15 years old where it is expected to decrease. The largest population increases will be in the over

65 age group followed by the 75 or over age group. The population is projected to continue to age in the local authority.

14.1.2 Life expectancy, healthy life expectancy and the ‘inequality gap’ (2015 to 2017)

- South Cynon cluster has a lower life expectancy at birth for females and males when compared to Rhondda Cynon Taf local authority and the average for Wales (table 14.1).
- Healthy life expectancy (the number of years a person can expect to live in good health) is only available at a local authority level. For Rhondda Cynon Taf, it is 56.5 years for males and 60.2 years for females. For Wales, healthy life expectancy is 61.4 years for men and 62 years for women.
- The differences in healthy life expectancy that exist across an area between the most and least deprived areas is referred to as the ‘inequality gap’. The inequality gap for healthy life expectancy in Rhondda Cynon Taf is 6.7 years for males and 4.3 years for females.

(Source: Public Health Wales Observatory PHOF Tool (2017) using ONS and WG data)

Table 14.1: Life expectancy at birth for females and males, 2015 to 2017

Area	Females at birth (years)	Males at birth (years)
South Cynon	80.4	76.8
Rhondda Cynon Taf	81.0	77.5
Wales	82.3	78.3

Source: Public Health Wales Observatory PHOF Tool (2017) using ONS and WG data

14.1.3 Deprivation

The link between deprivation and poor health is well recognised. There is a high concentration of the most deprived areas of Wales in the South Cynon cluster (78.9%).

Table 14.2: Estimated percentage of patients living in the most deprived 40% of areas in Wales (2015)

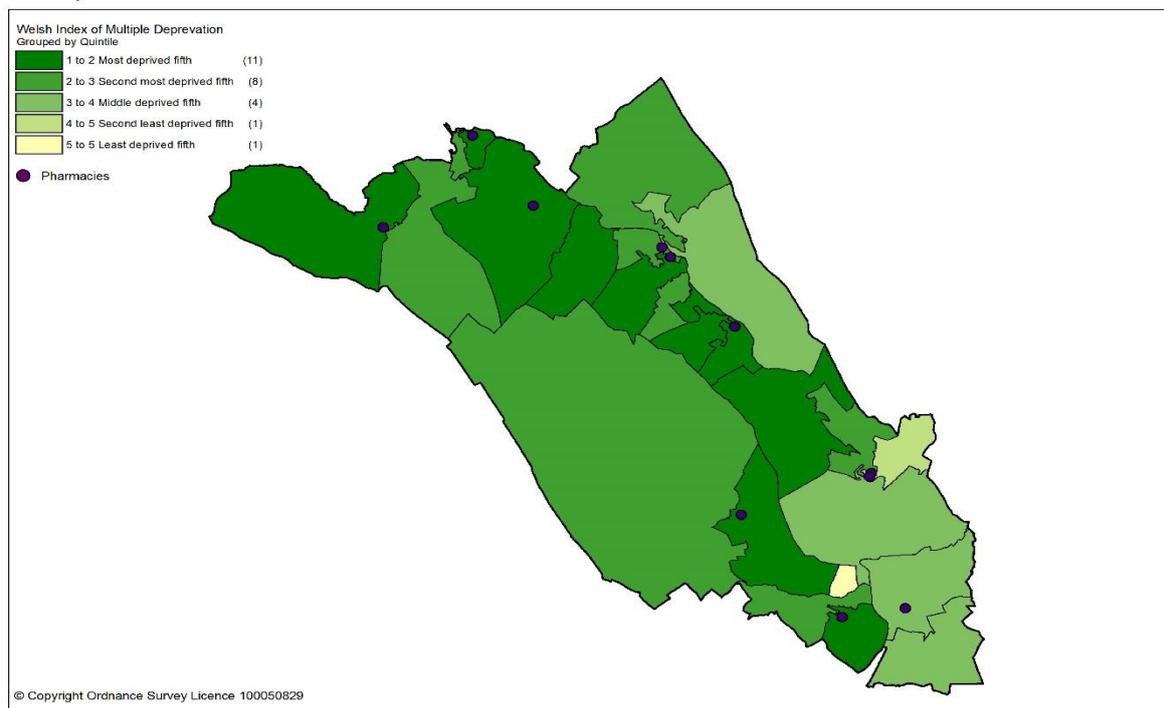
Area	Percentage
South Cynon	78.9
Cwm Taf Morgannwg UHB	57.1

Source: Produced by Public Health Wales Observatory using WDS (NWIS) and WIMD 2004 (WG) data

The map below provides an indication of the levels of deprivations within the cluster. As can be seen from the map, all pharmacies are located within or near areas of higher deprivation.

Map 14.1 –Lower Super Output Areas (LSOAs) in South Cynon cluster grouped into quintiles by Welsh Index of Multiple Deprivation 2019

South Cynon Cluster



14.1.4 Health profile

South Cynon cluster has a higher estimated prevalence of chronic disease than the average for Wales, except for stroke and transient ischaemic attacks for which it is similar. The estimated prevalence of chronic obstructive pulmonary disease (COPD) and heart failure is the highest of all the clusters in Cwm Taf Morgannwg University Health Board and the prevalence of diabetes is the joint highest.

Table 14.3: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019.

Area	Percentage					
	Asthma	Coronary heart disease	COPD	Diabetes	Heart failure	Stroke and transient ischaemic attacks
South Cynon	7.5	3.9	4.1	7.2	1.5	2.1
Rhondda Cynon Taf	7.2	3.8	2.8	6.6	0.9	2.1
Cwm Taf Morgannwg UHB	7.4	3.9	2.7	6.6	1.0	2.3
Wales	7.1	3.6	2.4	6.1	1.1	2.1

Source: QOF 2019

South Cynon cluster has the joint lowest estimated prevalence for mental health conditions and dementia in Cwm Taf Morgannwg University Health Board.

Table 14.4: Percentage of patients registered as having a mental health condition, and dementia by cluster, local authority, health board and Wales, 2019

Area	Mental Health (percentage)	Dementia (percentage)
South Cynon	0.9	0.5
Rhondda Cynon Taf	0.9	0.6
Cwm Taf Morgannwg UHB	1.0	0.6
Wales	1.0	0.7

Source: QOF 2019

South Cynon has a lower estimated prevalence of atrial fibrillation than the average for Wales. It has the second highest estimated prevalence of hypertension of all the clusters in Cwm Taf Morgannwg University Health Board.

Table 14.5: Estimated percentage prevalence of hypertension and atrial fibrillation based on patients on GP practice registers by local authority, health board and Wales, 2019

Area	Atrial Fibrillation (percentage)	Hypertension (percentage)
South Cynon	2.2	18.6
Rhondda Cynon Taf	2.3	16.9
Cwm Taf Morgannwg UHB	2.4	16.9
Wales	2.3	15.8

Source: QOF 2019

Many of the factors that contribute to the inequalities in health and well-being are preventable. The long term health and social implications of engaging in harmful behaviours are wide ranging. In particular, five harmful behaviours contribute to the four major causes of disease that account for 64% of early deaths: cancer, heart disease, stroke, and diabetes.

Table 14.6 shows the percentage of adults self-reporting these five harmful behaviours, where a lower percentage for smoking and drinking above the guidelines is seen as more beneficial as is a higher percentage for working age adults of healthy weight, meeting the physical activity guidelines and consuming 5 a day.

Overall, the percentage of adults reporting behaviours which support healthy outcomes in South Cynon is lower than Cwm Taf Morgannwg University Health Board and the average for Wales, except for drinking above the guidelines.

Table 14.6: Percentage of adults (aged 16 years and over) reporting lifestyle behaviours by cluster, health board and Wales, 2016 to 2018

Area	Count	Prevalence				
	GP cluster population aged 16+	Smoking	Drinking above the guidelines	Working age adults of healthy weight	Meeting physical activity guidelines	Consuming 5 a day
South Cynon	17,020	24.5	16.8	35.1	48.3	20.5
Cwm Taf Morgannwg UHB	379,984	21.1	18.3	37.4	51.2	22.3
Wales	2,642,152	19.2	18.9	39.1	52.8	23.4

Source: Public Health Wales Observatory, using NSW (WG), WDS (NWIS) and WIMD 2014 (WG).

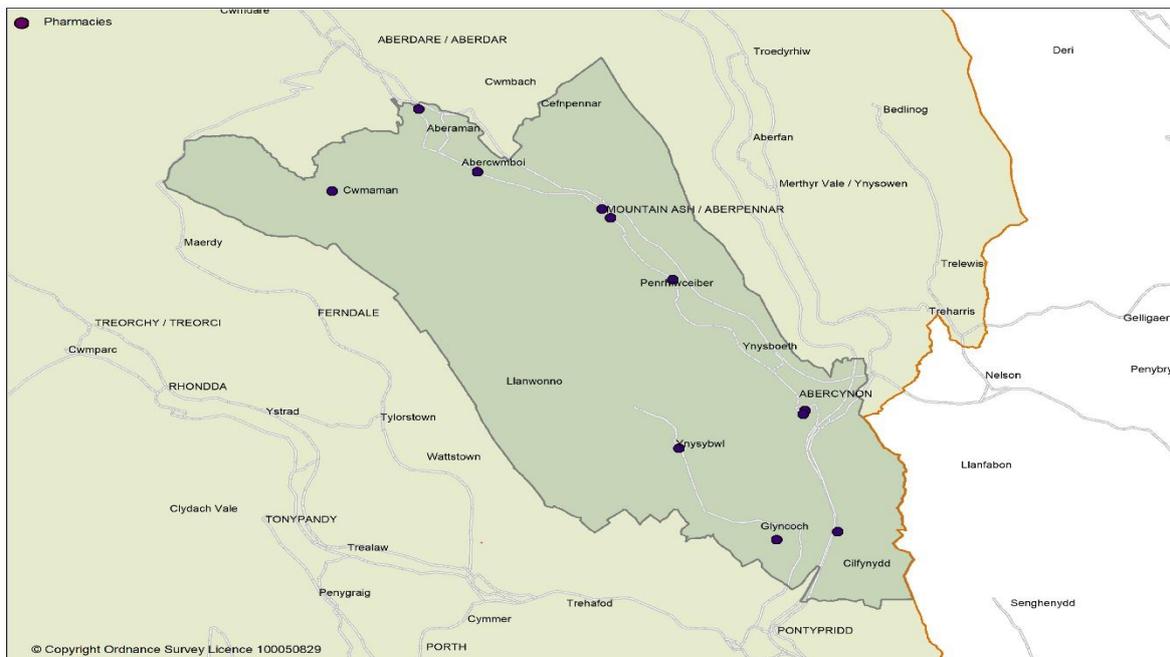
Please note, the calculation of the healthy weight indicator only accounts for working age adults (aged 16-64)

There are eight pharmacies in South Cynon cluster operated by four different contractors (see Appendix L for further detail).

In 2019 to 2020, 79.2% of prescription items written by the five GP practices in South Cynon cluster were dispensed by one of the eight pharmacies within the cluster and 1.2% were personally administered items.

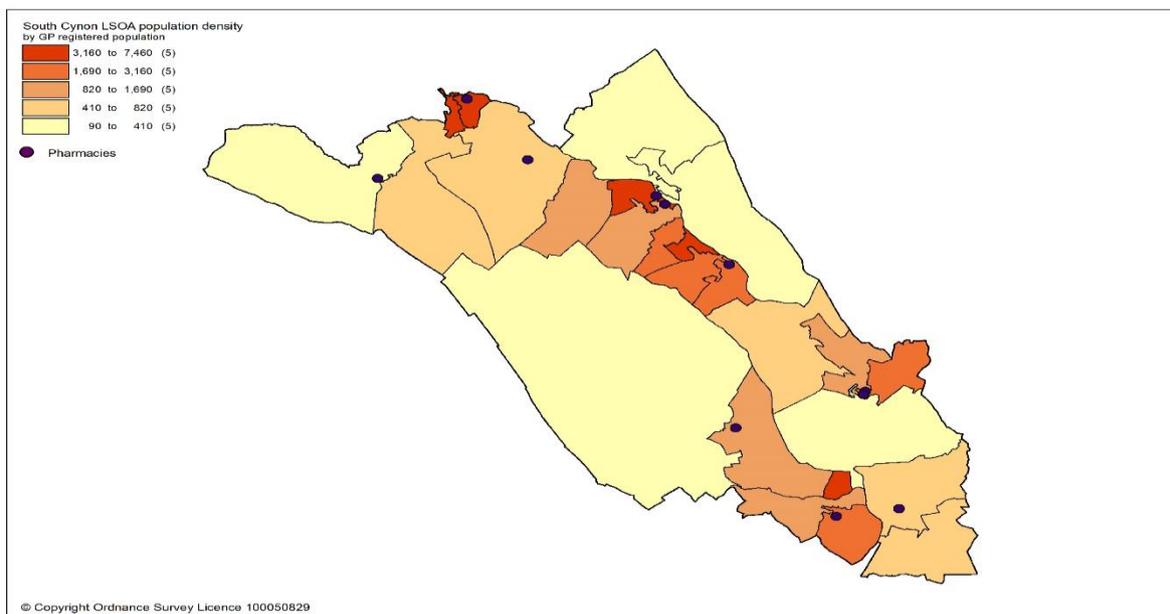
14.2 Current provision of pharmaceutical services within the cluster area

South Cynon Cluster - Location of pharmacies and GP dispensing practices



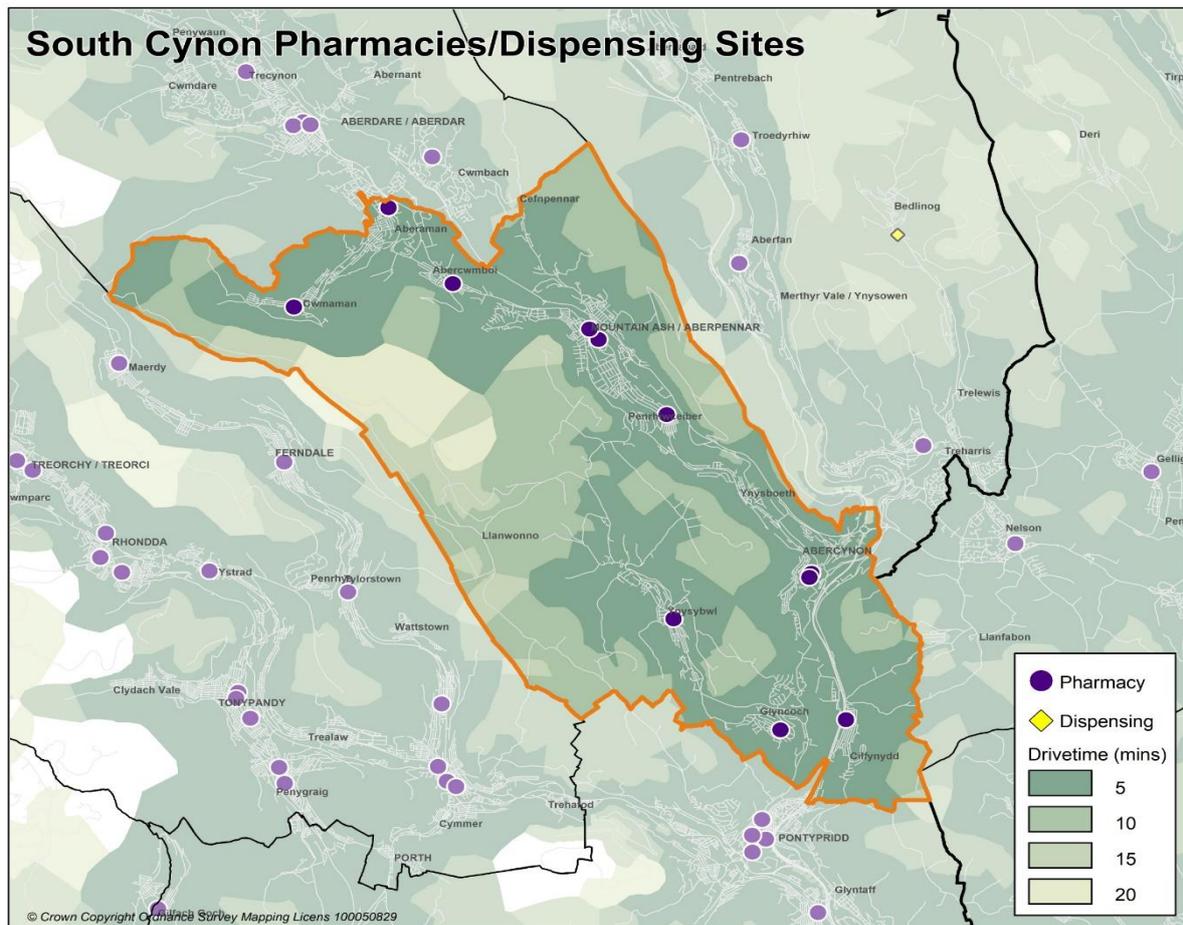
The pharmacies are located in areas of greater population density as shown by the darker shaded areas.

Map 14.3: Location of pharmacies in South Cynon cluster compared to population density



All residents of the cluster can access one of the eight pharmacies by car within 20 minutes. The majority can access a pharmacy within 10 minutes.

Map 14.4: Access to pharmacies in South Cynon cluster



Looking at the opening hours for the eight pharmacies:

- There are no pharmacies are open seven day a week.
- One pharmacy is open Monday to Saturday.
- Four pharmacies are open Monday to Friday and Saturday morning.
- Three pharmacies are open Monday to Friday.

All pharmacies must open for their core contractual hours, which are 40 hours a week. These can only be amended with approval by the health board. All additional hours or supplementary hours can be amended by the pharmacy following the provision of 90 days' notice to the health board. Within the cluster, opening hours and closing hours range from:

Days	Opening hours range	Closing hours range
Monday to Friday	9.00am	5.30pm to 6.30pm*
Saturday	9.00am	12.30pm to 5.30pm
Sunday	Closed	Closed

*It is worth noting that pharmacies close earlier on Thursday between 1.00pm to 6.00pm.

Full details of when the cluster pharmacies are open can be found in Appendix L.

All eight pharmacies responded to the contractor questionnaire, of which seven dispense all appliances listed in Part IX of the Drug Tariff and one dispenses prescriptions for stoma bags, catheters and dressings.

In 2019 to 2020, eight pharmacies offered the MUR service and a total of 2,153 reviews were provided out of a possible 3,200 reviews. No pharmacies provided the maximum of 400 reviews.

In 2019 to 2020, four pharmacies offered the DMR service and a total of 205 reviews were provided out of a possible 560 reviews. One pharmacy provided the maximum 140 reviews.

In 2019 to 2020, the following enhanced services were provided by pharmacies in the cluster area:

- Six pharmacies provided a total of 120 emergency contraception consultations, with a range of two to 41 consultations.
- Three pharmacies provided a total of 43 smoking cessation level 2 consultations, with a range of six to 31 consultations.
- Five pharmacies provided a total of 179 smoking cessation level 3 consultations, with a range of 12 to 70 consultations.
- Two pharmacies provided a total of 12 flu vaccinations, with a range of two to 10 consultations.
- Four pharmacies provided a total of 398 supervised administrations
- Two pharmacies provided a total of 267 needle exchange packs
- One pharmacy provided a total of two just in case packs

Other enhanced services provided included:

- Four pharmacies provided the Medicines Support at Home service
- Two pharmacies provided the Care home Support & Medicines Optimisation Service Level 1&2
- Five pharmacies provided the waste reduction service

14.3 Current provision of pharmaceutical services outside the cluster

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

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

Whilst the majority of prescriptions written by the GP practices in 2019 to 2020 were dispensed by the pharmacies in the cluster, around 19.6% were dispensed outside the cluster, most notably:

- 16.5% by pharmacies in North Cynon cluster
- 2.4% by pharmacies in Taf Ely cluster
- 0.1% by pharmacies in Merthyr cluster
- 0.1% in Aneurin University Health Board
- 0.1% Cardiff and Vale University Health Board
- 0.3% by contractors in England,

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

14.4 Other NHS services

Ysbyty Cwm Cynon is located within this cluster.

14.5 Choice with regard to obtaining pharmaceutical services

A total 215 contractors that were trading in 2019 to 2020, dispensed items written by one of the five GP practices in South Cynon cluster, of which 137 were outside of the health board's area. 2,285 items were dispensed in England.

14.6 Gaps in provision

All eight pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from any future housing developments in the cluster. All eight have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.

Whilst not an NHS service, eight pharmacies provide a free delivery service. Therefore, for those who are unable to access a pharmacy they could have their medicines delivered either by a pharmacy within the cluster or another pharmacy in a neighbouring area.

The Cwm Taf Morgannwg University Health Board has noted the location of pharmacies across the cluster, and the fact that the population can access a pharmacy or dispensing practice (if eligible) by car within 20 minutes, with the majority within 10 minutes. Whilst noting that not all households have access to a car throughout the day, the nature of the cluster means that walking to a pharmacy will be a realistic option for many residents and regular public transport services are available for those who are unable to undertake the whole journey on foot.

The Cwm Taf Morgannwg University Health Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the cluster. The Cwm Taf Morgannwg University Health Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies in the cluster.

With regard to any housing that is due to be built during the lifetime of this document, Cwm Taf Morgannwg University Health Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The Cwm Taf Morgannwg University Health Board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies in the cluster.

Whilst none of the pharmacies provide the Appliance Use Review service or the Stoma Appliance Customisation service, it is noted that one of the reasons why prescriptions are dispensed outside of the cluster is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. The Cwm Taf Morgannwg University Health Board has therefore not identified any current or future gap or better access in relation to the provision of these two advanced services in the cluster.

The Cwm Taf Morgannwg University Health Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of advanced services and enhanced services.

The Cwm Taf Morgannwg University Health Board will keep service provision under review but has concluded that there is no current or future need identified which requires an application for new or additional premises.

15 Taf Ely cluster

Overview

Taf Ely cluster serves a practice population of 94,862 (Shared services, 2020). The north area of the cluster is largely urban while the south area has both rural and urban areas. There are 21 pharmacies in the cluster and seven GP practices.

The population of Rhondda Cynon Taf is projected to increase by up to 2.5% between 2018 and 2028. It is expected to have a population of 246,100 by 2028, making it the third largest local authority in Wales. The population is projected to continue to age in the local authority.

Taf Ely cluster generally has a lower level of deprivation and poverty than the Welsh average. However, at a lower geography, pockets of deprivation exist where the population are likely to be experiencing poorest health.

Taf Ely cluster has a higher life expectancy at birth for females and males in the south of the cluster, which is higher than the average for Wales. The north of the cluster has a lower life expectancy at birth for females and males compared to the average for Wales.

In general, Taf Ely cluster has lower estimated prevalence of all chronic conditions compared to Cwm Taf Morgannwg University Health Board and the average for Wales, except for asthma.

Overall, there is a better profile of behavioural and clinical risk in the cluster; however, there exists a notable difference between the north and south of the cluster with the north generally having a poorer behavioural profile than the south of the cluster. The south has a much higher percentage of adults self-reporting that they drink above the recommended guidelines compared to the average for Wales, and the north of the cluster has a much higher prevalence of smoking. A continued focus on support for smoking cessation, obesity management and alcohol misuse prevention are required.

15.1 Key population features

15.1.1 Population projections 2018 to 2028

The population of Rhondda Cynon Taf is projected to increase by up to 2.5%, the tenth largest percentage increase of all the local authorities within Wales. It is expected to have a population of 246,100 by 2028, making it the third largest local authority in Wales. The increase in population will mainly be driven by net migration i.e., more people moving into the area than out. The number of births is expected to decrease and the number of deaths to increase, resulting in a negative natural change (more deaths than births). The population is expected to increase across all broad age groups, except for children and young people aged 0 to 15 years old where it is expected to decrease. The largest population increases will be in the over

65 age group followed by the 75 or over age group. The population is projected to continue to age in the local authority.

15.1.2 Life expectancy, healthy life expectancy and the ‘inequality gap’ (2015 to 2017)

- There is a higher life expectancy at birth for females and males in the south of the cluster compared to the north of the cluster and the average for Wales. The north of the cluster has a lower life expectancy at birth for females and males compared to the average for Wales (table 15.1).
- Healthy life expectancy (the number of years a person can expect to live in good health) is only available at a local authority level. For Rhondda Cynon Taf, it is 56.5 years for males and 60.2 years for females. For Wales, healthy life expectancy is 61.4 years for men and 62 years for women.
- The differences in healthy life expectancy that exist across an area between the most and least deprived areas is referred to as the ‘inequality gap’. The inequality gap for healthy life expectancy in Rhondda Cynon Taf is 6.7 years for males and 4.3 years for females.

(Source: Public Health Wales Observatory PHOF Tool (2017) using ONS and WG data)

Table 15.1: Life expectancy at birth for females and males, 2015 to 2017

Area	Female at birth (years)	Male at birth (years)
South Taf Ely	82.4	78.9
North Taf Ely	80.4	77.7
Wales	82.3	78.3

Source: Public Health Wales Observatory using ONS data (PHOF Tool, 2019)

15.1.3 Deprivation

The link between deprivation and poor health is well recognised. Overall, the concentration of the “most deprived” areas in Wales is comparably lower in the Taf Ely cluster, particularly the south of the cluster, compared to Cwm Taf Morgannwg University Health Board. However, at a lower geography, pockets of deprivation exist where the population are likely to be experiencing poorest health.

Table 15.2: Estimated percentage of patients living in the most deprived 40% areas of Wales (2015)

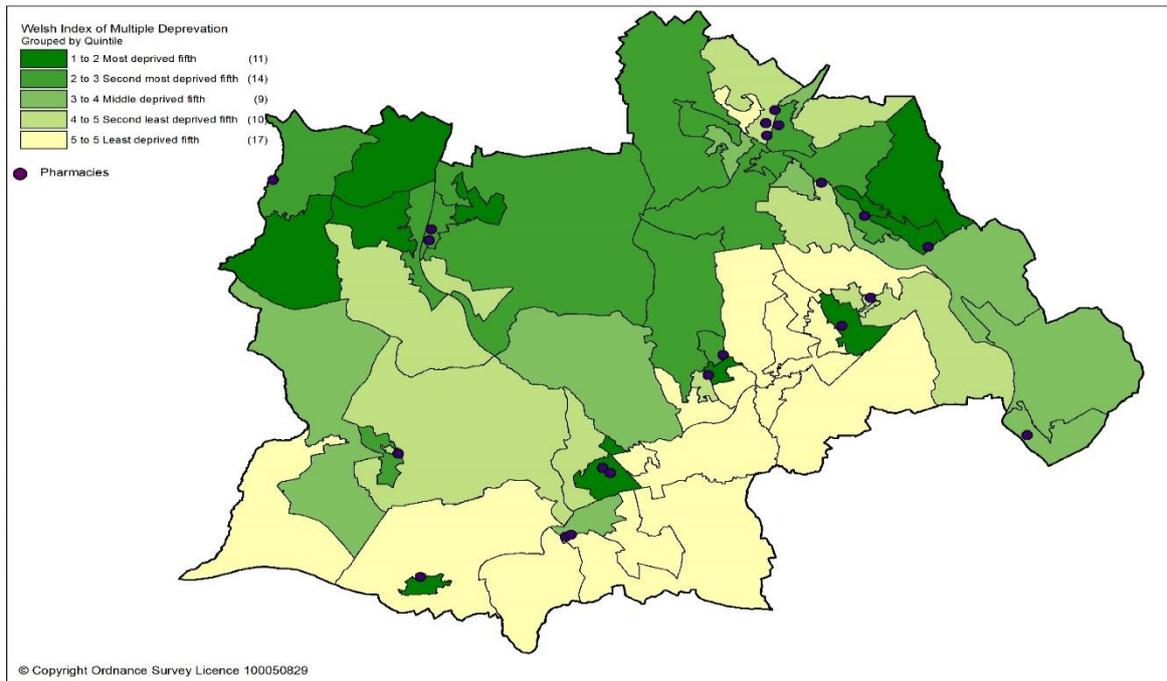
Area	Percentage
North Taf Ely	49.9
South Taf Ely	26.3
Cwm Taf Morgannwg UHB	57.1

Source: Public Health Wales Observatory using WDS (NWIS) and WIMD 2004 (WG) data

The map below provides an indication of the levels of deprivation within the cluster. As can be seen from the map, all pharmacies are located within or near areas of higher deprivation.

Map 15.1 –Lower Super Output Areas (LSOAs) in Tay Ely cluster grouped into quintiles by Welsh Index of Multiple Deprivation 2019

Taf Ely Cluster



15.1.4 Health profile

Taf Ely cluster has a lower estimated prevalence of chronic disease than Cwm Taf Morgannwg University Health Board and the average for Wales, except for asthma.

Table 15.3: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019.

Area	Percentage					
	Asthma	Coronary heart disease	COPD	Diabetes	Heart failure	Stroke and transient ischaemic attacks
Taf Ely	7.4	3.4	2.1	5.9	0.8	1.9
Rhondda Cynon Taf	7.2	3.8	2.8	6.6	0.9	2.1
Cwm Taf Morgannwg UHB	7.4	3.9	2.7	6.6	1.0	2.3
Wales	7.1	3.6	2.4	6.1	1.1	2.1

Source: QOF 2019

Taf Ely cluster has a lower estimated prevalence of atrial fibrillation and hypertension than Cwm Taf Morgannwg University Health Board and the average for Wales.

Table 15.4: Estimated percentage prevalence of chronic condition based on patients on GP practice registers by cluster, local authority, health board and Wales, 2019.

Area	Atrial Fibrillation (percentage)	Hypertension (percentage)
Taf Ely	2.2	15.3
Rhondda Cynon Taf	2.3	16.9
Cwm Taf Morgannwg UHB	2.4	16.9
Wales	2.3	15.8

Source: QOF 2019

Taf Ely has a lower estimated prevalence of mental conditions, and dementia compared to the average for Wales.

Table 15.5: Percentage of patients registered as having a mental health condition by cluster, local authority, health board and Wales, 2019.

Area	Mental Health (percentage)	Dementia (percentage)
Taf Ely	0.9	0.6
Rhondda Cynon Taf	0.9	0.6
Cwm Taf Morgannwg UHB	1.0	0.6
Wales	1.0	0.7

Source: QOF 2019

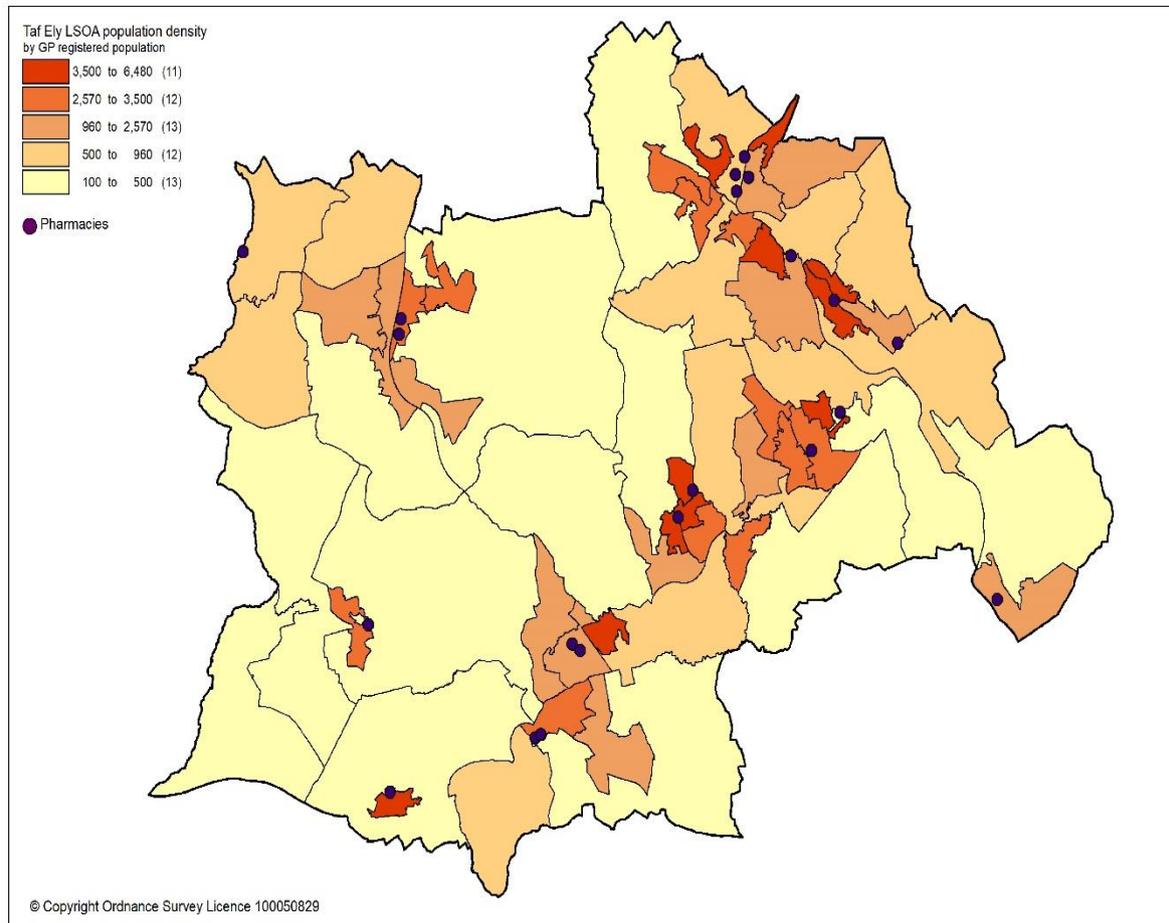
Many of the factors that contribute to the inequalities in health and well-being are preventable. The long term health and social implications of engaging in harmful behaviours are wide ranging. In particular, five harmful behaviours contribute to the four major causes of disease that account for 64% of early deaths: cancer, heart disease, stroke, and diabetes.

Table 15.6 shows the percentage of adults self-reporting these five harmful behaviours; where a lower percentage for smoking and drinking above the guidelines is more beneficial as is a higher percentage for working age adults of healthy weight, meeting the physical activity guidelines and consuming 5 a day.

Overall, the percentage of adults reporting behaviours that support healthy outcomes in Taf Ely cluster is higher than Cwm Taf Morgannwg University Health Board and the average for Wales, except for drinking above the guidelines. However, there is a notable difference between the north and south of the cluster, with the north generally having a poorer behavioural profile than the south of the cluster and the average for Wales and the south a better behavioural profile.. When it comes to smoking and drinking above the guidelines, the south of Taf Ely cluster has a much lower prevalence of smoking and a much higher percentage of adults self-reporting that they drink above the recommended guidelines compared to the north of Taf Ely and the average for Wales.

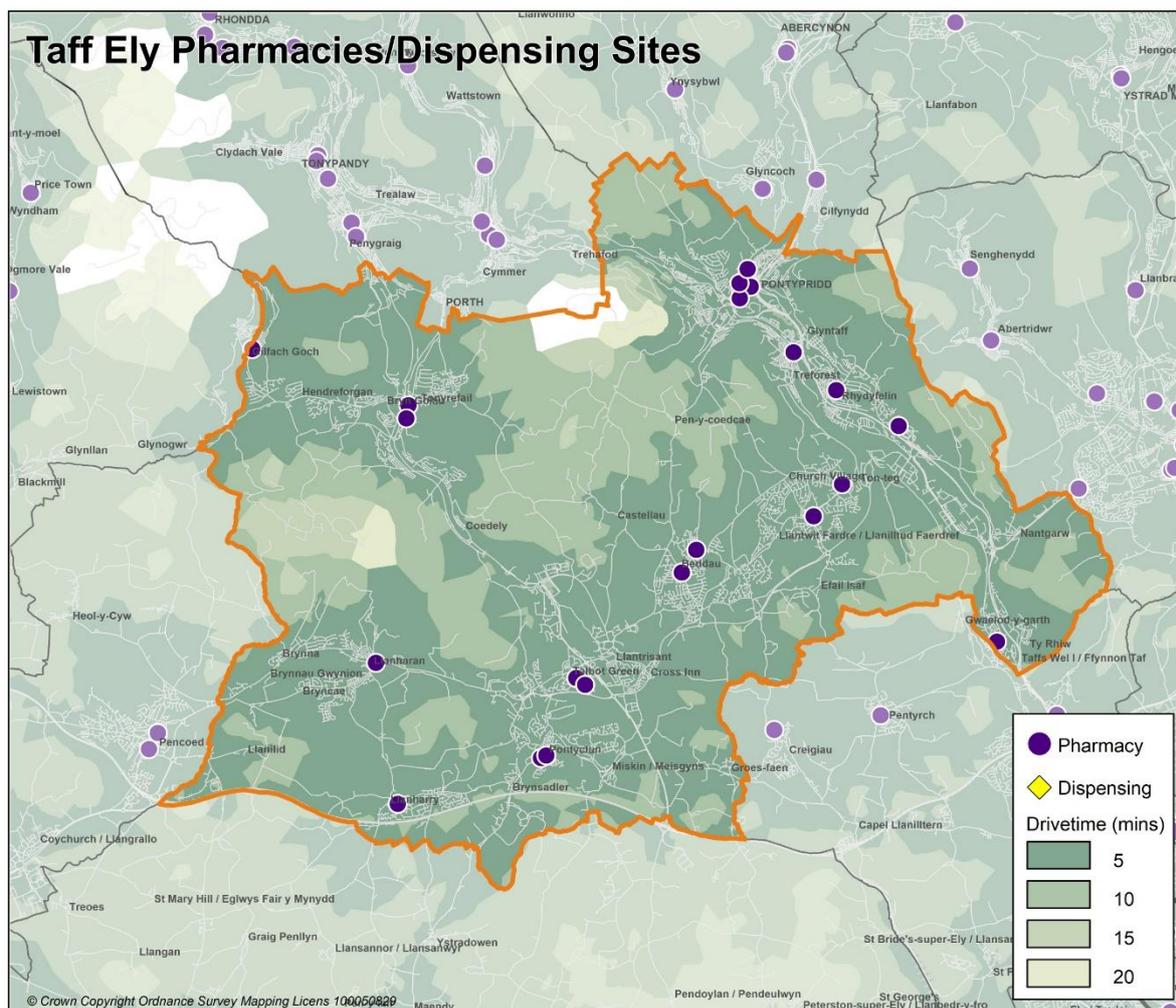
The pharmacies are located in areas of greater population density as shown by the darker shaded areas in the map below.

Map 15.3: Location of pharmacies in Taf Ely cluster compared to population density



All residents of the cluster can access one of the 21 pharmacies by car within 20 minutes. The majority can access a pharmacy within 10 minutes. The white area on the map is where access to a pharmacy is greater than 20 minutes. The area covers Gelliwion Woodlands, grassland and open fields, which are unlikely to be populated.

Map 15.4: Access to pharmacies in Taf Ely cluster



Looking at the opening hours for the 21 pharmacies:

- Two pharmacies are open seven day a week.
- One pharmacy is open Monday to Saturday.
- 15 pharmacies are open Monday to Friday and Saturday morning.
- Three pharmacies are open Monday to Friday.

All pharmacies must open for their core contractual hours, which are 40 hours a week. These can only be amended with approval by the health board. All additional hours or supplementary hours can be amended by the pharmacy following the provision of 90 days' notice to the health board. Within the cluster, opening hours and closing hours range from:

Days	Opening hours range	Closing hours range
Monday to Friday	8.00am to 9.00am	5.30pm to 8.00pm*
Saturday	8.30am to 9.00am	12:00pm to 8.00pm
Sunday	10.00am	4.00pm

*One pharmacy closes early at 1.00pm on Wednesday. Three pharmacies close early on Thursday, one at 1.00pm and two pharmacies between 3.00pm and 5.00pm. One pharmacy closes at 5pm on Tuesday.

Full details of when the cluster pharmacies are open can be found in Appendix L.

All 21 pharmacies responded to the contractor questionnaire, of which 20 dispense all appliances listed in Part IX of the Drug Tariff and one just dispenses dressings.

In 2019 to 2020, all 21 pharmacies offered the MUR service and a total of 6324 reviews were provided out of a possible 8,400 reviews. Five pharmacies provided the maximum number of reviews.

In 2019 to 2020, 16 pharmacies offered the DMR and a total of 543 reviews were provided out of a possible 2,240 reviews. No pharmacies provided the maximum number of reviews.

In 2019 to 2020, the following enhanced services were provided by pharmacies in the cluster area:

- 17 pharmacies provided a total of 803 emergency contraception consultations, with a range of five to 152 consultations.
- 11 pharmacies provided a total of 105 smoking cessation level 2 consultations, with a range of one to 29 consultations.
- 15 pharmacies provided a total of 269 smoking cessation level 3 consultations, with a range of five to 65 consultations.
- 13 pharmacies provided a total of 2225 flu vaccinations, with a range of 20 to 642 vaccinations.
- Seven pharmacies provided a total of 338 EMS consultations, with a range of three to 105 consultations.
- 20 pharmacies provided a total of 1826 supervised administrations
- Five pharmacies provided a total of 2747 needle exchange packs
- Four pharmacies provided a total of 11 just in case packs

Other enhanced services provided included:

- Four pharmacies provided the palliative care service
- 16 pharmacies provided the Medicines Support at Home service
- Five pharmacies provided the Care home Support & Medicines Optimisation Service Level 1&2
- 14 pharmacies provided the waste reduction service

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

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

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

Whilst the majority of prescriptions written by the GP practices in 2019 to 2020 were dispensed by the pharmacies in the cluster, around 8.8% were dispensed outside the cluster, most notably:

- 0.2% by pharmacies in South Cynon cluster
- 0.1% by pharmacies in Rhondda cluster
- 1.8% in Aneurin University Health Board
- 6.2% in Cardiff and Vale University Health Board
- 0.4% by contractors in England,

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

Taking into account pharmacies in the neighbouring clusters and pharmacies over the border in other health board areas in Wales, all residents in the cluster of Taf Ely can access a pharmacy by car within 20 minutes and the majority can access a pharmacy within 10 minutes.

15.4 Other NHS services

The Royal Glamorgan Hospital is based in the cluster.

15.5 Choice with regard to obtaining pharmaceutical services

In 2019 to 2020 a total of 375 contractors dispensed items written by one of the GP practices in this locality, of which 276 were outside of the health board's area.

15.6 Gaps in provision

All 21 pharmacies responded to the question in the contractor questionnaire regarding capacity to meet demand from any future housing developments in the locality. Their responses were as follows:

- 17 pharmacies have sufficient capacity within their existing premises and staffing levels to manage the increase in demand in the area.
- Four pharmacies do not have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in the area.

Whilst not an NHS service, 12 pharmacies provide a free delivery service. In addition, five pharmacies said that they deliver to certain patient groups depending on clinical need and mobility issues, elderly and housebound due to physical and medical conditions and currently to care homes and patients free on NHS shielding list due to Coronavirus (COVID-19) pandemic. One pharmacy said they delivered to certain areas and two pharmacies said they delivered to certain patient groups and areas. Therefore, for those who are unable to access a pharmacy they could have their medicines delivered either by a pharmacy within the cluster or another pharmacy in a neighbouring area.

The Cwm Taf Morgannwg University Health Board has noted the location of pharmacies across the cluster, and the fact that the population can access a pharmacy or dispensing practice (if eligible) by car within 20 minutes, with the majority within 10 minutes. Whilst noting that not all households have access to a car throughout the day, the nature of the cluster means that walking to a pharmacy will be a realistic option for many residents and public transport services are available for those who are unable to undertake the whole journey on foot.

The Cwm Taf Morgannwg University Health Board has noted the opening hours of the existing pharmacies and is of the opinion that they are sufficient to meet the likely needs of residents in the cluster. The Cwm Taf Morgannwg University Health Board has therefore concluded that there are no current needs in relation to the provision of essential services by pharmacies in the cluster.

With regard to any housing that is due to be built during the lifetime of this document, Cwm Taf Morgannwg University Health Board is satisfied, based upon the responses to the contractor questionnaire, that the demand that this will create can be met by the existing pharmacies. The Cwm Taf Morgannwg University Health Board has therefore concluded that there are no future needs in relation to the provision of essential services by pharmacies in the cluster.

Whilst none of the pharmacies provide the Appliance Use Review service or the Stoma Appliance Customisation service, it is noted that one of the reasons why prescriptions are dispensed outside of the cluster is because they have been sent to a dispensing appliance contractor. Patients will therefore be able to access these two services via those contractors. The Cwm Taf Morgannwg University Health Board has therefore not identified any current or future gap or better access in relation to the provision of these two advanced services in the cluster.

The Cwm Taf Morgannwg University Health Board is also satisfied that, based upon the information contained in the preceding sections, there are no current or future gaps in the provision of advanced services and enhanced services.

The Cwm Taf Morgannwg University Health Board will keep service provision under review but has concluded that there is no current or future need identified which requires an application for new or additional premises.

16 Conclusions for the purpose of schedule 1 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020

The PNA has considered the current provision of pharmaceutical services across the health board and specifically the demography and health needs of the population. It has analysed whether current provision meets the needs of the population of Cwm Taf Morgannwg University Health Board and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document.

16.1 Current provision

Cwm Taf Morgannwg University Health Board has identified the following services as those that are necessary to meet the need for pharmaceutical services in its area:

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

Preceding sections of this document have set out the provision of these services in each of the health board's local authority areas and clusters (PNA localities).

It has also identified the provision of the above services by contractors outside of its area, whether that is in Wales or England, as contributing towards meeting the need for pharmaceutical services in its area.

16.2 Other NHS services

In undertaking this PNA, the Cwm Taf Morgannwg University Health Board considers the following other NHS services as affecting the need for pharmaceutical services and has taken them into account:

- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written in hospitals are dispensed by the hospital pharmacy service. However, if the potential for outpatient dispensing to move towards community dispensing for outpatients is realised over the PNA timeframe, this will have implications for the essential service of dispensing.
- Personal administration of items by GPs – similar to hospital pharmacies this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and other clinicians at the practice thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered.
- NHS 111 and GP Out-of-Hours – whether a patient is given a full or part course of treatment after being seen by the out of hours service will depend on the

nature of their condition. This service will therefore affect the need for pharmaceutical services, in particular the essential service of dispensing. Furthermore, as patients are directed to the right services through the one call system, this also has the potential to increase the need for all pharmaceutical services.

- The minor injuries units at Ysbyty Cwm Cynon and Ysbyty Cwm Rhondda may generate prescriptions which need to be dispensed in the community.
- Prison pharmacies - reduce the demand for the dispensing of essential service as prescriptions written in HMP & YOI Parc prison are not dispensed by community pharmacies or dispensing appliance contractors. However, services to the prison are likely to change from 2022.
- Independent prescribers – are likely to increase in number over the next five years. It is expected that initially, this may not affect the need for pharmaceutical services. However, with the opportunity of better access and the potential for more patients to be seen, this may in the longer term have a subsequent effect on the need for pharmaceutical services, in particular the essential service of dispensing.
- The Online Non Prescription Ordering Service (ONPOS) dressings system – this will reduce the need for dressings on prescriptions for many patients and therefore the demand for the dispensing essential service. However, non-formulary dressings will still need to be prescribed.

16.3 Current gaps in provision

16.3.1 Current access to essential services

In order to assess the provision of essential services against the needs of the population, Cwm Taf Morgannwg University Health Board considered access (travelling times and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

16.3.1.1 Access to essential services during normal working hours

Cwm Taf Morgannwg University Health Board has identified that the overwhelming majority of the population is able to access a pharmacy during normal working hours within 20 minutes by car. For the small percentage that cannot, the Cwm Taf Morgannwg University Health Board is satisfied that there is not a current need for more pharmacies in those areas due to:

- The areas are mainly hilly or mountainous areas, often used as wind farms with woodland in parts. One area is open grassland and fields with woodland.
- Overall, these areas are unlikely to be populated. Any isolated houses and farms are insufficient to make a pharmacy in the area financially viable.
- Residents will leave the areas for the majority, if not all, of their day to day needs.
- Residents in the areas are likely to be dispensed to by their GP.

All pharmacy must open for a minimum of 40 hours to meet their contractual obligation. In general, these core hours fall within normal working hours.

Based on the information available at the time of developing this PNA no current gaps in the provision of essential services during normal working hours have been identified in any of the eight clusters (PNA localities).

16.3.1.2 Access to essential services outside normal working hours

There is good access to essential services outside normal working hours through the provision of extended evening and weekend opening hours offered by pharmacies throughout Cwm Taf Morgannwg University Health Board:

- 10 pharmacies open seven days a week.
- 13 pharmacies open Monday to Saturday.
- 65 pharmacies open Monday to Friday, and part of Saturday.
- 22 pharmacies that open Monday to Friday.

At the cluster level, all have at least one pharmacy that is open on a Saturday.

Cluster	Open 7 days	Open Mon-Sat	Open Mon-Fri, part Sat	Open Mon-Fri
Bridgend East	3	1	4	3
Bridgend North	0	1	7	5
Bridgend West	3	1	4	1
Merthyr	1	3	8	2
North Cynon	1	1	3	2
South Cynon	0	1	4	3
Rhondda	0	4	20	3
Taff Ely	2	1	15	3

Outside normal working hours the GP Out of Hours service will provide courses of treatment where appropriate.

The majority of respondents (35%) to the patient and public questionnaire did not have a preference about when is the best time to use a pharmacy. Of the remaining responses, 43% preferred to use a pharmacy between 9.00am to 6.00pm and 18% preferred to use a pharmacy between 6.00pm to 9.00pm. Only 4% of respondents preferred to use a pharmacy between 7am to 9am.

Similarly, the majority of respondents (51%) did not have a preference about the most convenient day to use a pharmacy. Of the remaining responses, 25% found the weekdays in general the most convenient time to access a pharmacy and 11% found the weekends in general the most convenient time to access a pharmacy. Other respondents preferred a specific day of the week.

Based on the information available at the time of developing this pharmaceutical needs assessment, no current gaps in the provision of essential services outside normal working hours have been identified in any of the eight clusters (PNA localities).

16.3.2 Current access to advanced services

Cwm Taf Morgannwg University Health Board deemed the following advanced services to be necessary:

- Medicines Use Reviews
- Discharge Medicines Review service

The Cwm Taf Morgannwg University Health Board noted that at the time of drafting the pharmaceutical needs assessment, the MUR service had been suspended by the Welsh Government due to Coronavirus (COVID-19) pandemic and it was still unclear when the service would re-commence. Although the DMR service had not been suspended, the Cwm Taf Morgannwg University Health Board noted that service provision and need for this advanced service would have been affected by the Coronavirus (COVID-19) pandemic.

Demand for the Appliance Use Review advanced service and Stoma Appliance Customisation advanced services will be lower than for the other advanced services due to the much smaller proportion of the population that may require these services. Further to this, these services are generally being provided by appliance contractors based in Wales or England.

Cwm Taf Morgannwg University Health Board Health is satisfied that there is sufficient capacity to meet the demand for advanced services.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of the Medicines Use Review and Discharge Medicines Review advanced services have been identified in any of the eight clusters (PNA localities).

16.3.3 Current access to enhanced services

The Cwm Taf Morgannwg University Health Board noted that at the time of drafting the pharmaceutical needs assessment, the provision of many enhanced services had been suspended due to Coronavirus (COVID-19) pandemic. Based on the data available, the Cwm Taf Morgannwg University Health Board Health is satisfied that there is sufficient capacity to meet the demand for enhanced services.

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of enhanced services have been identified in any of the eight clusters (PNA localities).

16.3.4 Current access to the GP dispensing service

The Cwm Taf Morgannwg University Health Board noted that NHS (Pharmaceutical Services) (Wales) Regulations 2020 allow doctors to dispense to eligible patients in certain circumstances:

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

It noted that 26% of the list size of the three dispensing doctor practices were dispensing doctor patients. It noted the opening hours that were made available and travel times.

Based on the information available at the time of developing the PNA, there is no current need identified for pharmaceutical services, or pharmaceutical services of a specified type, that would require the granting of outline consent to a doctor in any of the eight clusters (PNA localities).

16.4 Future gaps in provision

Cwm Taf Morgannwg University Health Board has taken into account the following known future developments:

- Forecasted population growth
- Pharmaceutical contractor capacity

Cwm Taf Morgannwg University Health Board has not identified any necessary services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services.

16.4.1 Future access to essential services

16.4.1.1 Access to essential services during normal working hours

An overwhelming majority of residents in Cwm Taf Morgannwg University Health Board can access a pharmacy or dispensing doctor practice (where eligible) within the 20 minutes by car. The majority can access a pharmacy within 10 minutes. Cwm Taf Morgannwg University Health Board has not identified any future circumstances that are likely to affect access to essential services during normal working hours.

Based on the information available at the time of developing this PNA no future gaps in the provision of essential services during normal working hours have been identified in any of the eight clusters (PNA localities).

16.4.1.2 Access to essential services outside normal working hours

Cwm Taf Morgannwg University Health Board considered the current provision as set out in this document and has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services.

With regards to opening times, the Health Board retains the right to invite and/or direct existing pharmaceutical contractors to adjust their opening hours to meet any future access requirements.

Based on the information available at the time of developing this PNA no future gaps in the provision of essential services outside of normal working hours have been identified in any of the eight clusters (PNA localities).

16.4.2 Future access to advanced services

From the data available not all pharmacies are providing all the advanced services. Furthermore, of those currently providing the advanced services, not all pharmacies are completing the maximum amount that they may do each year.

Demand for the Appliance Use Review advanced service and Stoma Appliance Customisation advanced services will be lower than for the other advanced services due to the much smaller proportion of the population that may require these services. Further to this, these services are generally being provided by appliance contractors based in Wales or England.

Based on the information available at the time of developing this pharmaceutical needs assessment no future gaps in the provision of the Medicines Use Reviews and Discharge Medicines Review service advanced services have been identified in any of the eight clusters (PNA localities).

16.4.3 Future access to enhanced services

Cwm Taf Morgannwg University Health Board has not identified any enhanced services that are not currently provided but that will, in specified future circumstances, need to be provided in order to secure improvements or better access to pharmaceutical services. The Cwm Taf Morgannwg University Health Board noted the willingness of the existing contractors to provide more enhanced services if required.

Based on the information available at the time of developing this pharmaceutical needs assessment, no gaps in respect of securing improvements, or better access, to enhanced services in specified future circumstances have been identified in any of the eight clusters (PNA localities).

16.4.4 Future access to the GP dispensing service

Cwm Taf Morgannwg University Health Board considered the current provision as set out in this document and has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services.

Based on the information available at the time of developing the PNA, there is no identified need for pharmaceutical services, or pharmaceutical services of a specified type, in future specified circumstances that would require the granting of outline consent to a doctor in any of the eight clusters (PNA localities).

Appendix A – policy context and background papers

Welsh Government establishes the overall structure in which community pharmacies, dispensing appliance contractors and dispensing doctors operate by providing the legislative and policy framework. Within the framework, the responsibility for planning and providing pharmaceutical services is vested in health boards who must plan health services to meet the needs of their resident populations. This includes determining the number and location of pharmacies and dispensing appliance contractors in their areas.

The general duty to ensure the provision of pharmaceutical services, as with other aspects of NHS primary care services, is conferred directly on health boards under the NHS (Wales) Act 2006 (the 2006 Act). Health boards manage local lists of approved providers, referred to as pharmaceutical lists, and the inclusion of pharmacy and dispensing appliance contractor premises on pharmaceutical lists entitles contractors to provide NHS pharmaceutical services at those premises.

These arrangements govern the provision of pharmaceutical services and not the right to open and conduct a pharmacy business in Wales. That is dealt with under separate UK-wide legislation, the Medicines Act 1968.

The Welsh Ministers have extensive powers and duties to make regulations and to issue directions to health boards, which govern the detail of the pharmaceutical services system in Wales. This includes specifying the terms of service for pharmacies and dispensing appliance contractors and the application of the control of entry test, which is the test that until 1 October 2021 had to be satisfied before a health board would grant an application for entry, or amend an entry, on the pharmaceutical list.

Under the NHS (Pharmaceutical Services) (Wales) Regulations 2013 (the 2013 Regulations), and preceding regulations, those persons wishing to provide pharmaceutical services submitted an application to the health board in accordance with the 2013 Regulations. The health board then decided whether or not the application satisfied the relevant test. The 2013 Regulations allowed for the health board's decision to be challenged by lodging an appeal with the Welsh Ministers.

The previous system of pharmaceutical services delivery was therefore driven by those who wished to provide pharmaceutical services. It is they who decided which services they wished to provide and from what location.

That meant that the system was reactive to applications and health boards were not able to plan where pharmacies or dispensing appliance contractors were located, or direct which services must be provided from those locations.

Rationale for change

In 2010 the then Minister for Health and Social Services established a Task and Finish Group to review the regulatory framework, to consider Welsh Government policy on control of entry and the provision of pharmaceutical services by health professions other than pharmacists (e.g. doctors) and to make recommendations for

changes to legislation, if appropriate, to bring about a long term, cost effective and sustainable system which would afford patients appropriate access to pharmaceutical services.

In 2011 Welsh Government consulted on the recommendations of the Task and Finish group. The consultation “Proposals to reform and modernise the National Health Service (Pharmaceutical Services) Regulations 1992” sought views on proposals to deliver a new approach for determining applications to provide pharmaceutical services in Wales based more on an assessment of local needs by health boards. However, it was recognised that to make such a change required the creation and inclusion of appropriate powers in the 2006 Act.

Following the consultation, the 2013 Regulations came into force on 10 May 2013 but did not contain provisions to introduce PNAs.

The Public Health (Wales) Act 2017 (the 2017 Act) inserted section 82A into the 2006 Act which makes provision for a new duty for health boards in Wales to prepare and publish an assessment of need for pharmaceutical services. Section 82A gave the Welsh Ministers powers to make regulations setting out the requirements for PNAs in Wales.

Intended effect and beneficial outcomes

The intended effect of introducing PNAs is to improve the planning and delivery of pharmaceutical services by ensuring the health boards robustly consider the pharmaceutical needs of their populations and align services more closely with them. This will require health boards to take a more integrated approach to identifying the pharmaceutical needs of populations, including considering the contribution of all pharmaceutical services providers (e.g., pharmacies and dispensing doctors). Health boards will use these assessments to identify where additional premises are required, where existing providers are adequately addressing pharmaceutical needs, and where additional services are required from existing premises.

The change will provide contractors with increased certainty, reducing business risk and allowing them to invest in the delivery of wider services than they do currently. Importantly, pharmacies in particular will also become more responsive to the needs of the populations they serve and provide services effectively to address identified pharmaceutical needs.

Policy, legislative framework and regulation

Section 80 of the 2006 Act places a duty on health boards to make arrangements for the provision of the pharmaceutical services that are set out in subsections 80(3)(a) to (d). These core pharmaceutical services are essentially dispensing services. There is a duty on Welsh Ministers to make regulations governing the way in which health boards make these arrangements.

Section 81 of the 2006 Act sets out the arrangements that Welsh Ministers may make for the provision of additional pharmaceutical services. ‘Additional pharmaceutical services’ are defined as services of a kind that do not fall within

section 80 i.e., advanced and enhanced services. Section 81 gives Welsh Ministers the power to give directions to a health board:

- (i) requiring it to arrange for the provision of additional pharmaceutical services, or
- (ii) authorising the health board to arrange for the provision of pharmaceutical services if it wishes.

Section 83 of the 2006 Act contains the core of the Welsh Ministers' regulation making powers in relation to the provision of the pharmaceutical services and, amongst other things, sets out the requirement for regulations to require a health board to prepare and publish a pharmaceutical list, and sets out the tests which those persons wishing to provide pharmaceutical services must pass in order to do so (known as the 'control of entry test').

Section 84 sets out a requirement for Welsh Ministers to provide for rights of appeal against decisions that are made by health boards in exercise of powers conferred upon them by regulations made under section 83.

Part 7 of the 2017 Act made provision to amend the 2006 Act in respect of pharmaceutical services. Section 111 of the 2017 Act inserted a new section 82A in to the 2006 Act conferring powers on the Welsh Ministers to make regulations in respect of PNAs. The Public Health (Wales) Act 2017 (Commencement No.4) Order 2019 brought Part 7 of the 2017 Act into force on 1 April 2019. As a result, the Welsh Ministers have now made subordinate legislation setting out requirements for PNAs in Wales.

The 2013 Regulations were revoked and replaced by the NHS (Pharmaceutical Services) (Wales) Regulations 2020. Part 2 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020 imposes the legal requirements on health boards to complete PNAs.

The NHS (Pharmaceutical Services) (Wales) Regulations 2020 came into force on 1st October 2020 and health boards have until 1 October 2021 to publish their first PNA.

In summary the NHS (Pharmaceutical Services) (Wales) Regulations 2020 set out the:

- Services that are to be covered by the PNA
- Information that must be included in the PNA (it should be noted that health boards are free to include any other information that they feel is relevant)
- Date by which health boards must publish their first PNA
- Requirement on health boards to publish further PNAs on a five yearly basis
- Requirement to publish a revised assessment sooner than on a five yearly basis in certain circumstances
- Requirement to publish supplementary statements in certain circumstances
- Requirement to consult with certain people and organisations at least once during the production of the PNA, for at least 60 days; and
- Matters the health board is to have regard to when producing its PNA.

Once a health board has published its first PNA it is required to produce a revised PNA within five years or sooner if it identifies changes to the need for pharmaceutical services which are of a significant extent. The only exception to this is where the health board is satisfied that producing a revised PNA would be a disproportionate response to those changes.

In addition, a health board may publish a supplementary statement where it identifies changes to the availability of pharmaceutical services which are relevant to the granting of applications referred to in Section 83 of the 2006 Act, and

- It is satisfied that making a revised assessment would be a disproportionate response to those changes, or
- It is in the course of making a revised assessment and is satisfied that immediate modification of its PNA is essential in order to prevent detriment to the provision of pharmaceutical services in its area.

Developing the detailed requirements

A working group was established in November 2015 to develop the detailed requirements for conducting a PNA and to review and amend the tests and procedures as they apply to the provision of NHS pharmaceutical services. The group, which met on a number of occasions, consisted health board pharmacy leads with knowledge of the previous control of entry system and expertise in community pharmacy, NHS Shared Services Partnership primary care (pharmacy) leads, who have expertise in the process of determining control of entry applications, and Welsh Government staff. The group has made a significant contribution to the development of Welsh Government's policy on PNAs, including the resultant proposals contained within the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

Appendix B – essential services

1. Dispensing of prescriptions

Service description

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:

- Providing information and advice to the patient or their representative on the safe use of their medicine or appliance
- Providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances.

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber.

This service includes requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber

- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions.

3. Disposal of unwanted drugs

Service description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from private households and people living in a residential care home. The health board is required to arrange for the collection and disposal of waste medicines from pharmacies.

Aims and intended outcomes

- To ensure the public has an easy method of safely disposing of unwanted medicines
- To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines.

4. Promotion of healthy lifestyles

Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to:

- Have diabetes; or
- Be at risk of coronary heart disease, especially those with high blood pressure; or
- Who smoke; or
- Are overweight,

and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods

Aims and intended outcomes

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.

- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

5. Signposting

Service description

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

Aims and intended outcomes

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations
- To enable people to contact and/or access further care and support appropriate to their needs
- To minimise inappropriate use of health and social care services.

6. Support for self-care

Service description

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Aims and intended outcomes

- To enhance access and choice for people who wish to care for themselves or their families
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service – promotion of healthy lifestyles service
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones
- To minimise inappropriate use of health and social care services.

Appendix C – advanced services

1. Medicines use review and prescription intervention service

Service description

This service includes MURs undertaken periodically, as well as those arising in response to the need to make a significant prescription intervention during the dispensing process. A MUR is about helping patients use their medicines more effectively.

Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

To improve patient knowledge and use of medicines by:

- Establishing the patient's actual use, understanding and experience of taking their medicines;
- Identifying, discussing and assisting in resolving poor or ineffective use of their medicines;
- Identifying side effects and drug interactions that may affect patient compliance;
- Improving the clinical and cost effectiveness of prescribed medicines thereby reducing medicine wastage.

As of November 2020 this service is currently suspended until further notice.

2. Discharge medicines review service

Service description

The DMR service will provide support to patients recently discharged between care settings by ensuring that changes to patients' medicines made in one care setting (e.g., during a hospital admission) are enacted as intended in the community helping to reduce the risk of preventable medicines related problems and supporting adherence with newly prescribed medication. The service, which builds on the existing MUR service, will provide an opportunity to support patients to improve their knowledge and use of drugs.

Aims and intended outcomes

The underlying purpose of this service is, with the patient's agreement, to contribute to a reduction in risk of medication errors and adverse drug events by, in particular –

- Increasing the availability of accurate information about a patient's medicines,
- Improving communication between healthcare professionals and others involved in the transfer of patient care, and patients and their carers,
- Increasing patient involvement in their own care by helping them to develop a better understanding of their medicines, and

- Reducing the likelihood of unnecessary or duplicated prescriptions being dispensed thereby reducing wastage of medicines.

Pharmacy contractors may claim a maximum of 140 discharge medicines reviews per pharmacy for the period commencing 1 April and ending 31 March of any financial year.

3. Stoma appliance customisation

Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- The stoma appliance to be customised is listed in Part IXC of the Drug Tariff
- The customisation involves modification to the same specification of multiple identical parts for use with an appliance; and
- Modification is based on the patient's measurement or record of those measurements and if applicable, a template.

Aims and intended outcomes

The underlying purpose of the service is to:

- Ensure the proper use and comfortable fitting of the stoma appliance by a patient; and
- Improve the duration of usage of the appliance, thereby reducing wastage of such appliances.

4. Appliance use review

Service description

An appliance use review is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

The underlying purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any specified appliance by, in particular:

- Establishing the way the patient uses the specified appliance and the patient's experience of such use
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the specified appliance by the patient
- Advising the patient on the safe and appropriate storage of the specified appliance
- Advising the patient on the safe and proper disposal of the specified appliances that are used or unwanted.

The total number of appliances use reviews that an appliance or pharmacy contractor may claim fees for is limited to one for every 35 Part IXA (qualifying items), Part IXB and Part IXC prescription items dispensed for the period commencing on 1 April and ending on 31 March in any one year.

Appendix D – enhanced services

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.
2. A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—
 - The proper and effective ordering of drugs and appliances for the benefit of residents in the care home
 - The clinical and cost effective use of drugs
 - The proper and effective administration of drugs and appliances in the care home
 - The safe and appropriate storage and handling of drugs and appliances, and
 - The recording of drugs and appliances ordered, handled, administered, stored or disposed of.
3. A disease specific management service, the underlying purpose of which is for the pharmacy contractor to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.
4. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.
5. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver drugs and appliances (other than 'specified appliances') to patients at their home.
6. A language access service, the underlying purpose of which is for the pharmacy contractor to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—
 - Drugs which they are using
 - Their health, and
 - General health matters relevant to them,and where appropriate referral to another health care professional.
7. A medication review service, the underlying purpose of which is for the pharmacy contractor to —
 - Conduct a review of the drugs used by a patient on the basis of information and test results included in the patient's care record, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,
 - Advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
 - Where appropriate, to refer the patient to another health care professional.
8. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor to —

- Assess the knowledge of compliance with and use of, drugs by vulnerable patients and patients with special needs, and
 - Offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs with a view to improving their knowledge of compliance with and use of, such drugs.
9. A minor ailment scheme, the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients complaining of a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.
10. A needle and syringe exchange service, the underlying purpose of which is for the pharmacy contractor to —
- Provide sterile needles, syringes and associated materials to drug misusers
 - Receive from drug misusers used needles, syringes and associated materials, and
 - Offer advice to drug misusers and where appropriate referral to another health care professional or a specialist drug treatment centre.
11. An on demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.
12. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).
13. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply a prescription only medicine to a patient under a patient group direction.
14. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—
- The clinical and cost effective use of drugs
 - Prescribing policies and guidelines, and
 - Repeat prescribing.
15. A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to—
- The clinical and cost effective use of drugs in the school
 - The proper and effective administration and use of drugs and appliances in the school
 - The safe and appropriate storage and handling of drugs and appliances, and
 - The recording of drugs and appliances ordered, handled, administered, stored or disposed of.
16. A screening service, the underlying purpose of which is for the pharmacy contractor to —
- Identify patients at risk of developing a specified disease or condition

- Offer advice regarding testing for a specified disease or condition
 - Carry out such a test with the patient's consent, and
 - Offer advice following a test and refer to another health care professional as appropriate.
17. A stop smoking service, the underlying purpose of which is for the pharmacy contractor to —
- Advise and support patients wishing to give up smoking, and
 - Where appropriate, to supply appropriate drugs and aids.
18. A supervised administration service, the underlying purpose of which is for the pharmacy contractor to supervise the administration of prescribed medicines at their premises.
19. A supplementary prescribing service, the underlying purpose of which is for the pharmacy contractor to prescribe medicines in circumstances specified by the relevant local health board.
20. An anti-viral collection service, the underlying purpose of which is for the chemist to supply anti-viral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (Exemption for supply in event of or in anticipation of Pandemic disease), to patients for treatment or prophylaxis.
21. An emergency supply service, the underlying purpose of which is to ensure that in cases of urgency, patients, at their request have prompt access to drugs or appliances —
- which have previously been prescribed for them in an NHS prescription but for which they do not have an NHS prescription, and
 - where in the case of prescription only medicines the requirements of regulation 225(1) of the Human Medicines Regulations 2012 (emergency sale etc by Pharmacist: at patient's request), are satisfied.

Appendix E – terms of service for dispensing appliance contractors

1. Dispensing of prescriptions

Service description

The supply of appliances ordered on NHS prescriptions, together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients, and maintenance of appropriate records.

Aims and intended outcomes

To ensure patients receive ordered appliances safely and appropriately by the dispensing appliance contractor:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the dispensing appliance contractor judges it to be clinically appropriate
- Providing the appropriate additional items such as disposable bags and wipes
- Delivering the appropriate items if required to do so in a timely manner and in suitable packaging that is discreet.

To ensure patients are able to use their appliances effectively by staff providing information and advice to the patient or carer on the safe use of their appliance(s).

2. Dispensing of repeatable prescriptions

Service description

The management and dispensing of repeatable NHS prescriptions appliances in partnership with the patient and the prescriber.

This service includes the requirements that are additional to those for dispensing, such that the dispensing appliance contractor ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed appliances directly from a dispensing appliance contractor for a period agreed by the prescriber
- To minimise wastage by reducing the number of appliances dispensed which are not required by the patient

- To reduce the workload of GP practices, by lowering the burden of managing repeat prescriptions.

3. Home delivery service

Service description

To provide a home delivery service in respect of certain appliances.

Aims and intended outcomes

To preserve the dignity of patients by ensuring that certain appliances are delivered:

- With reasonable promptness, at a time agree with the patient
- In a package that displays no writing or other markings which could indicate its content; and
- In such a way that it is not possible to identify the type of appliance that is being delivered.

4. Supply of appropriate supplementary items

Service description

The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.

Aims and intended outcomes

To ensure that patients have a sufficient supply of wipes for use with their appliance and are able to dispose of them in a safe and hygienic way.

5. Provide expert clinical advice regarding the appliances

Service description

The provision of expert clinical advice by a suitably trained person who has relevant experience in respect of certain appliances.

Aims and intended outcomes

To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.

6. Where a telephone care line is provided, during the period when the dispensing appliance contractor is closed advice is either to be provided via the care line or callers are directed to NHS Direct Wales

Service description

Provision of advice on certain appliances via a telephone care line outside of the dispensing appliance contractor's contracted opening hours. The dispensing appliance contractor is not required to staff the care line all day, every day, but when it is not staffed callers must be given a telephone number or website contact details for NHS Direct Wales who may be consulted for advice.

Aims and intended outcomes

Callers to the telephone care line are able to access advice 24 hours a day, seven days a week on certain appliances in order to manage their appliance.

7. Signposting

Service description

Where a patient presents a prescription for an appliance which the dispensing appliance contractor does not supply the prescription is either:

- With the consent of the patient, passed to another provider of appliances, or
- If the patient does not consent, they are given contact details for at least two other contractors who are able to dispense it.

Aims and intended outcomes

To ensure that patients are able to have their prescription dispensed.

Appendix F – PNA steering group membership

Name	Role	Organisation
Julie Denley	Director of Primary Care, Community and Mental Health	CTM UHB
Suzanne Scott-Thomas	Clinical Director and Head of Medicines Management	CTM UHB
Andrea Law	Comms representative	CTM UHB
Sara Thomas	Consultant in Public Health	CTM UHB
Daniel Purnell	Finance representative	CTM UHB
Claire Nelson	Assistant Director of Planning	CTM UHB
Brian Hawkins	Chief Pharmacist Medicines Management	CTM UHB
Emma Williams	Lead Pharmacist – Community Pharmacy & Primary Care	CTM UHB
Jayne Howard	Community Pharmacy Wales representative	Community Pharmacy Wales
Kevin Thomas	Bro Taf LMC representative	LMC
Cathy Moss	CHC representative	Cwm Taf Morgannwg CHC
Elaine Lewis	Project Support	CTM UHB

Supported by PCC

Appendix G – patient and public engagement survey

Patient and public survey for Cwm Taf Morgannwg University Health Board pharmaceutical needs assessment (PNA)

We are inviting you to tell us about pharmacy services in your area. This is to help us plan for services for our patients now and in the future to make sure they meet your needs, using a process called a 'pharmaceutical needs assessment'.

Your answers will help us identify if there are any service gaps, for example whether a pharmacy (also called a 'chemist') is needed in a particular area, or whether more pharmacies need to provide a particular service.

We will also look 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.

Looking to the future, we will look at what may change over the next five years and whether there will be enough pharmacies in the right places, providing the services that people need as, for example, more houses are built.

Your views are important to us so please spare a few minutes to complete this questionnaire. We estimate it will take you about 10 to 15 minutes to complete.

The questionnaire is anonymous and any information you give will not be linked to you.

If you would like more information about the questionnaire or have questions on how to complete the questionnaire, please contact CTM.PNAqueries@wales.nhs.uk with "PNA questionnaire" in the subject header.

About you

Please tell us your postcode

By providing us with the first four digits of your postcode, you are consenting for us to use this information to understand which part of Cwm Taf Morgannwg University Health Board you live in. This information will only be used for the purposes of this questionnaire so that we can identify whether we have received responses from across the health board area or from particular areas. Please do not provide us with your full postcode.

For example, if your postcode is CF45 4SN just type CF45 in the box below.

Preferred language

1. Please could you tell us your preferred language when you access services at a pharmacy or GP practice?

- Welsh
- English
- Other [text box]

Dispensing doctors

2. Some people living in rural areas will collect their prescription medicines from the dispensary at their GP practice (dispensing doctor). If you live in the Cwm Taf Morgannwg University Health Board area, please tick whether you collect your medicines from one of the following:

- Dispensary at Llynfi Surgery (Maesteg)
- Dispensary at Bryn Surgery (Bryn, Port Talbot)
- Dispensary at Cwm Garw Practice (Pontycymmer)
- Dispensary at Cwm Garw Practice (Bettws)
- Dispensary at Cwm Garw Practice (Llangeinor)
- Dispensary at Oaklands Surgery (Bedlinog)
- Not applicable (go to question 3)

If you answered yes to using a dispensing doctor, questions 3 to 16 are about pharmacies so please answer those if you also use a pharmacy. If you don't use a pharmacy for any reason, go to question 17.

How you use your pharmacy - either in person or by having someone else go there for you

3. Why do you usually visit a pharmacy? Please tick any or all that apply.

- To get or collect a prescription for myself
- To buy medicines for myself
- To get advice for myself
- For other services such as flu vaccination
- To get or collect a prescription for someone else
- To buy medicines for someone else
- To get advice for someone else
- I don't visit a pharmacy as I use an online/internet pharmacy (go to question 31)
- I don't visit a pharmacy as I use a dispensing doctor (go to question 17)
- I don't visit a pharmacy as I use an appliance contractor (go to question 31)
- I don't visit a pharmacy as my medicines are delivered to me
- I don't go to a pharmacy; someone goes on my behalf
- Other [text box]

4. How often do you use a pharmacy?

- Daily
- Weekly
- Fortnightly
- Monthly
- Quarterly
- I don't use a pharmacy
- Other [text box]

5. What time is the most convenient for you to use a pharmacy?

- 7am to 9am
- 9am to 12 noon
- 12 noon to 2pm
- 2pm to 6pm
- 6pm to 9pm
- 9pm to midnight
- I don't have a preference

6. What day is the most convenient for you to use a pharmacy?

- Monday
- Tuesday
- Wednesday

- Thursday
- Friday
- Saturday
- Sunday
- Weekdays in general
- Weekends in general
- I don't have a preference

7. Has there been a time recently when you were not able to use your normal pharmacy?

- Yes
- No (go to question 9)
- Not applicable (go to question 9)

8. If you answered 'yes' to question 7 can you tell us what you did? Please tick all statements that apply.

- I went to another pharmacy
- I waited until the pharmacy was open
- I went to my GP
- I went to the A&E / casualty
- I went to a minor injury unit
- I contacted the GP Out of Hours (OOH) service
- I called NHS 111 Wales
- Other [text box]

Your choice of pharmacy

9. Please could you tell us whether you:

- Always use the same pharmacy?
- Use different pharmacies but I prefer to visit one most often?
- Always use different pharmacies?
- Rarely use a pharmacy?
- Never use a pharmacy?

10. We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you.

- Close to my home
- Close to work
- Close to my doctor
- Close to children's school or nursery

- Close to other shops
- The location of the pharmacy is easy to get to
- It is easy to park at the pharmacy
- I can speak to the staff in my preferred language
- I like and trust the staff who work there
- The staff know me and look after me
- The staff don't know me
- I've always used this pharmacy
- The service is quick
- They usually have what I need in stock
- The pharmacy has good opening hours
- The pharmacy collects my prescription and delivers my medicines
- The pharmacy was recommended to me
- The pharmacy provide good advice & information
- The customer service
- It is very accessible i.e. wheelchair/baby buggy friendly
- It's a well-known big chain
- It's not one of the big chains
- There is a private area if I need to talk to the pharmacist
- I can order my repeat medicines online or by using their app
- Other [text box]

11. Is there a more convenient and/or closer pharmacy that you don't use?

- Yes
- No (go to question 13)
- Don't know (go to question 13)

12. ...and if you have answered yes to question 11, please could you tell us why you do not use that pharmacy?

- It is not easy to park at the pharmacy
- I have had a bad experience in the past
- The service is too slow
- The staff are always changing
- The staff don't know me
- I know the staff and would prefer them not to know what medicines I am taking
- They don't have what I need in stock
- The pharmacy does not deliver medicines
- There is not enough privacy
- It's not open when I need it
- It's not wheelchair/baby buggy friendly
- Other [text box]

Travelling to a pharmacy

13. If you go to the pharmacy by yourself or with someone, how do you usually get there?

- On foot
- By bus
- By car
- By bike
- By taxi
- Other [text box]
- Not applicable (go to question 15)

14. ...and how long does it usually take to get there?

- Less than 5 minutes
- Between 5 and 15 minutes
- More than 15 minutes but less than 20 minutes
- More than 20 minutes

15. Would you say that you have difficulty in getting to a pharmacy?

- Yes
- No
- Not applicable

16. If you have difficulty getting to a pharmacy please tell us why.

[Text box]

The next set of questions are related to dispensing doctors. If you do not use a GP practice to have your medication dispensed go to question 25.

How you use your GP dispensary

17. What time is the most convenient for you to use your GP dispensary?

- 7am to 9am
- 9am to 12 noon
- 12 noon to 2pm
- 2pm to 6pm
- 6pm to 9pm
- 9pm to midnight
- I don't have a preference

18. What day is the most convenient for you to use your GP dispensary?

- Monday
- Tuesday
- Wednesday

- Thursday
- Friday
- Saturday
- Sunday
- Weekdays in general
- Weekends in general
- I don't have a preference

19. Has there been a time recently when you were not able to use your GP dispensary?

- Yes
- No (go to question 21)
- Not applicable (go to question 21)

20. If you answered 'yes' to question 19 can you tell us what you did? Please tick all statements that apply.

- I went to a pharmacy
- I waited until the dispensary was open
- I went to the A&E / casualty
- I went to a minor injury unit
- I contacted the GP Out of Hours (OOH) service
- I called NHS 111 Wales
- Other [text box]

Travelling to your GP practice for your medication

21. If your GP practice dispenses your medication for you, how do you usually get to your practice to pick up your medicines?

- On foot
- By bus
- By car
- By bike
- By taxi
- Other [text box]
- Not applicable (go to question 23)

22. ...and how long does it usually take to get there?

- Less than 5 minutes
- Between 5 and 15 minutes
- More than 15 minutes but less than 20 minutes
- More than 20 minutes

23. Would you say that you have difficulty in getting to your GP practice's dispensary, i.e. the area within your GP practice's premises where drugs are dispensed?

- Yes
- No (go to question 29)
- Not applicable (go to question 29)

24. If you have difficulty getting to your GP practice's dispensary please tell us why.

[Text box]

The next set of questions are related to pharmacy services in general, including additional services they provide besides dispensing. If you have answered the above questions on dispensing doctors, go to question 29.

Pharmacy services in general

25. We would like to know how you find out information about a pharmacy such as opening times or the service being offered. Please tick any or all that apply.

- I would call them
- I would call NHS 111 Wales or use their website
- I would search the internet
- I would use social media
- I would ask a friend
- I would just pop in and ask them
- Look in the window
- I would find out from reading the local newspaper or magazine
- Not applicable
- Other [text box]

26. Do you feel able to discuss something private with your pharmacist?

- Yes
- No
- Never needed to
- Don't know

27. Are you aware that you may be able to access the following services from pharmacies as part of the NHS? Please select those that you are aware of.

- Flu vaccinations (for those who are in one of the at risk groups)

- Medicines use review service – this is an opportunity for you to sit down with the pharmacist and discuss all the medicines you are taking to help you get the maximum benefit from them.
- 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.
- Appliance use review service - this is an opportunity to discuss appliances such as those for stomas and colostomies with a pharmacist or a specialist nurse to ensure your appliances are doing what you need them to do.
- Emergency contraception, also referred to as the 'morning after pill'
- Help to stop smoking
- Common ailments scheme – pharmacists can provide you with advice and free treatment for common minor illnesses and ailments so that you do not need to see a GP.
- Needle and syringe exchange – this is a substance misuse harm reduction service where pharmacists can supply sterile injecting equipment packs and dispose of used equipment
- Supervised administration of medicines - – this service is to support people receiving treatment for substance misuse
- Emergency medicines supply – this service enables people to access emergency supplies of their medication through their pharmacy
- No (go to question 29)

28. Have you used any of the services listed in question 27?

- Flu vaccinations (for those who are in one of the at risk groups)
- Medicines use review service
- Discharge medicines review service
- Appliance use review service
- Emergency contraception, also referred to as the 'morning after pill'
- Help to stop smoking
- Common ailments scheme
- Needle and syringe exchange
- Supervised administration of medicines
- Emergency medicines supply
- No

29. Is there anything else you would like to tell us about your experience of your local pharmacy or GP dispensing services?

[Text box]

30. Are there any barriers to you accessing services at your pharmacy or your GP dispensary that you have not mentioned?

[Text box]

Equality monitoring

In order to monitor the effectiveness of our Equality Policy and practice, and to ensure our services are delivered in a way that is fair to all and free from bias, we would appreciate your co-operation in providing, on an entirely voluntary basis, the information as requested below. The information is confidential and anonymous, and will be used solely for statistical monitoring purposes and to improve our services. It is separated from any correspondence received from you and will be securely destroyed after we have captured the information.

Age:						
Please indicate your age by ticking the appropriate box:	0 – 15 years	<input type="checkbox"/>	16 – 24 years	<input type="checkbox"/>	25 – 34 years	<input type="checkbox"/>
	35 – 44 years	<input type="checkbox"/>	45 – 54 years	<input type="checkbox"/>	55 – 64 years	<input type="checkbox"/>
	65 – 74 years	<input type="checkbox"/>	75 and above	<input type="checkbox"/>		

Sex:	Male	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Female	<input type="checkbox"/>	Prefer Not To Say	<input type="checkbox"/>

Ethnic Group:	What is your ethnic group? Choose one option that best describes your ethnic group or background.					
	White		Black/Black British		Asian/Asian British	
	British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>
	English	<input type="checkbox"/>	African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
	Northern Irish	<input type="checkbox"/>	Any other	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
	Scottish	<input type="checkbox"/>	Black Background		Chinese	<input type="checkbox"/>
	Welsh	<input type="checkbox"/>			Asian other	<input type="checkbox"/>
	Irish	<input type="checkbox"/>				
	Gypsy or Irish Traveller	<input type="checkbox"/>				
	Other	<input type="checkbox"/>				
	Mixed/Mixed British		Other / Other British			
	White / Black Caribbean	<input type="checkbox"/>	Arab	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
	White / Black African	<input type="checkbox"/>	Other (state if required)	<input type="checkbox"/>	_____	
	White / Asian	<input type="checkbox"/>				
	Any other Mixed background	<input type="checkbox"/>				

Sexual Orientation:	Which of the following options best describes how you think of yourself?
----------------------------	--

Heterosexual/Straight	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Gay Man	<input type="checkbox"/>	Other (state if desired)	<input type="checkbox"/>
Gay Woman/Lesbian	<input type="checkbox"/>	_____	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>

Marital Status:			
Are you married or in a same-sex civil partnership?	Yes		<input type="checkbox"/>
	No		<input type="checkbox"/>
	Prefer not to say		<input type="checkbox"/>

Religion or Belief:	What is your religion?			
	Christian (all denominations)	<input type="checkbox"/>	No religion	<input type="checkbox"/>
	Buddhist <input type="checkbox"/> Muslim <input type="checkbox"/> Jewish <input type="checkbox"/>		Other (State)	<input type="checkbox"/>
	Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> Atheist <input type="checkbox"/>		_____	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>	

Disability:	Section 6(1) of the Equality Act 2010 states that a person has a disability if:		
	(a) That person has a physical or mental impairment, and		
	(b) The impairment has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.		
	Using this definition do you consider yourself to be disabled?	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>

Gender Identity:	Has your gender identity changed from that assigned at birth?	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>

Caring Responsibilities:	Do you look after or give help or support to family members, friends, neighbours or others because of either:		
	<ul style="list-style-type: none"> • Long term physical or mental ill-health/disability; or • Problems related to old age 	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>

In submitting this form, I hereby acknowledge and give explicit consent to Cwm Taf Morgannwg University Health Board to use my personal data, including all **sensitive equality data** (e.g. sexual orientation/gender reassignment) freely provided by me for the purposes of lawfully monitoring and reporting to comply with equality legislation.

Appendix H – full results of the patient and public questionnaire

1. Please could you tell us your preferred language when you access services at a pharmacy or GP practice?

		Response	
		Percent	Total
1	Welsh	1.11%	7
2	English	98.41%	620
3	Other (please specify):	0.48%	3
		Total Answered	100.00%
		Skipped	630
			7

A total of three comments were received:

- “Both.”
- “BSL”
- “English but I like them to talk to my daughter in Welsh as this is her first language.”

2. Some people living in rural areas will collect their prescription medicines from the dispensary at their GP practice (dispensing doctor). If you live in the Cwm Taf Morgannwg University Health Board area, please tick whether you collect your medicines from one of the following:

		Response	
		Percent	Total
1	Dispensary at Llynfi Surgery (Maesteg)	0.00%	0
2	Dispensary at Bryn Surgery (Bryn, Port Talbot)	0.00%	0
3	Dispensary at Cwm Garw Practice (Pontycymmer)	0.52%	3
4	Dispensary at Cwm Garw Practice (Bettws)	0.34%	2
5	Dispensary at Cwm Garw Practice (Llangeinor)	0.00%	0
6	Dispensary at Oaklands Surgery (Bedlinog)	1.20%	7
7	Not applicable	97.93%	569
		Total Answered	100.00%
		Skipped	581
			56

3. Why do you usually visit a pharmacy? (Multiple answers could be given to this question)

		Response	
		Percent	Total
1	To get or collect a prescription for myself	30.78%	534
2	To buy medicines for myself	14.93%	259
3	To get advice for myself	11.53%	200
4	For other services such as flu vaccination	5.07%	88
5	To get or collect a prescription for someone else	18.85%	327
6	To buy medicines for someone else	10.32%	179
7	To get advice for someone else	4.55%	79
8	I don't visit a pharmacy as I use an online/internet pharmacy	0.17%	3
9	I don't visit a pharmacy as I use a dispensing doctor	0.06%	1
10	I don't visit a pharmacy as I use an appliance contractor	0.00%	0
11	I don't visit a pharmacy as my medicines are delivered to me	2.65%	46
12	I don't go to a pharmacy; someone goes on my behalf	0.69%	12
13	Other	0.40%	7
		Total Answered	100%
		Skipped	624
			13

A total of seven comments were received:

- “To pick up prescriptions for numerous members of family.”
- “Someone else' is my child.”
- “I have it delivered.”
- “Throughout lockdown medication has been delivered.”
- “I would normally go myself but avoid it during Covid as I have asthma.”
- “They receive a prescription from my doctors and deliver it to my door.”
- “Due to shielding I now have my medication delivered but before shielding I collected my prescription weekly.”

4. How often do you use a pharmacy?

		Response	
		Percent	Total
1	Daily	0.00%	0
2	Weekly	4.65%	29
3	Fortnightly	8.99%	56
4	Monthly	69.82%	435
5	Quarterly	9.63%	60
6	I don't use a pharmacy	1.28%	8
7	Other	5.62%	35
		Total Answered	100.00%
		Skipped	623
			14

A total of 35 comments were received:

- “Can vary on times visiting depending on what is wanted.”
- “Every two months.”
- “Rarely.”

- “Every 2 months.”
- “As and when I or my family need it ...not every month but average about 8/9 times a year.”
- “Two monthly.”
- “As and when needed depending on needs.”
- “At least monthly. Sometimes more often.”
- “Every 2 months.”
- “2 monthly.”
- “Every 8 weeks.”
- “I order my tablets over phone line then the chemist delivers to my home. I'm 81 and find this a good way to access my tablets as there is no chemist in my village and I don't drive.”
- “As and when needed.”
- “Rarely, once or twice a year.”
- “4 weekly.”
- “Very rarely, as needed.”
- “Since having a baby I have used the pharmacy for him more frequently.”
- “Every few years.”
- “When needed.”
- “Used to use weekly however I currently am not on a prescription.”
- “As and when needed. At the moment, less than quarterly, thankfully.”
- “Perhaps once or twice a year.”
- “Repeat prescription every 2 months. Also buy other products when needed i.e. indigestion tablets, headache tablets.”
- “Every 3 to 4 weeks.”
- “When needed.”
- “This will depend on whether the correct prescription is sent to the pharmacy from the GP in the first place e.g. correct medication documented, has GP signed prescription.”
- “Whenever needed.”
- “When needed.”
- “When needed.”
- “Normally seasonally or if I'm unwell.”
- “See above.”
- “Rarely- only when I am ill.”
- “2 monthly.”
- “Whenever I need to go.”
- “Very rare, only if myself or my children are unwell

5. What time is the most convenient for you to use a pharmacy?

		Response	
		Percent	Total
1	7am to 9am	4.20%	26
2	9am to 12 noon	15.83%	98
3	12 noon to 2pm	5.98%	37
4	2pm to 6pm	21.00%	130
5	6pm to 9pm	17.77%	110
6	9pm to midnight	0.00%	0
7	I don't have a preference	35.22%	218
Total Answered		100.00%	619

	Skipped		18
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6. What day is the most convenient for you to use a pharmacy?

Response			
		Percent	Total
1	Monday	1.61%	10
2	Tuesday	0.81%	5
3	Wednesday	3.06%	19
4	Thursday	2.25%	14
5	Friday	2.42%	15
6	Saturday	3.06%	19
7	Sunday	0.64%	4
8	Weekdays in general	24.48%	152
9	Weekends in general	10.95%	68
10	I don't have a preference	50.72%	315
		Total Answered	100.00%
		Skipped	16

7. Has there been a time recently when you were not able to use your normal pharmacy?

Response			
		Percent	Total
1	Yes	20.29%	126
2	No	75.68%	470
3	Not applicable	4.03%	25
		Total Answered	100.00%
		Skipped	16

8. If you answered yes to question 7 can you tell us what you did? Please tick all statements that apply. (Multiple answers could be given to this question)

Response			
		Percent	Total
1	I went to another pharmacy	43.75%	63
2	I waited until the pharmacy was open	29.86%	43
3	I went to my GP	2.78%	4
4	I went to the A&E / casualty	1.39%	2
5	I went to a minor injury unit	0.69%	1
6	I contacted the GP Out of Hours (OOH) service	3.47%	5
7	I called NHS 111 Wales	2.78%	4
8	Other	15.28%	22
		Total Answered	100.00%
		Skipped	511

Total of 22 comments were received:

- "Script not ready or not filled correctly."
- "I used a different pharmacy because it was for a one-off prescription and was nearer the GPs."
- "Someone else went for me."

- “I was shielding during start of pandemic and asked for my & my husband's medication to be delivered. This was refused with the reason given as no delivery driver available. I ended up attending the pharmacy even though advised not to go out.”
- “Using BSL on NHS 111. Chemist don't provide BSL interpreter.”
- “I returned several times as the queue outside of the [name of pharmacy] was too long for me to stand in. In spite of me explaining that I only wanted to collect medication I was told I still had to join the back of the queue.”
- “Waited until I could.”
- “No pharmacist available until 10 am.”
- “I used an internet pharmacy.”
- “Yes are so many mistakes being made on the prescription even after the GP said they would amend the medication lists they have, prescriptions not signed so pharmacy unable to prescribe the medication without the prescription being signed. For this reason I moved from [name of pharmacy] to [name of pharmacy] which is located next to the GP surgery.”
- “Someone else had to collect a prescription from another pharmacy.”
- “Phoned.”
- “I phoned pharmacy and they very kindly delivered my prescription.”
- “Pandemic isolation.”
- “Went when there was no queue.”
- “I had to go to a supermarket – 10 minute drive and 25 minute wait to get inside. If I had no car I would have no access to medicine.”
- “Was told pharmacist was unable to prescribe for simple thrush treatment for baby and to access gp (on a weekend).”
- “Queue was too long and couldn't wait in the rain with a toddler.”
- “Bought medications from supermarket.”
- “I had to shield, so volunteer got prescriptions for us.”
- “Mine didn't have part of my prescription.”
- “Shielding.”

9. Please could you tell us whether you:

		Response	
		Percent	Total
1	Always use the same pharmacy?	78.14%	486
2	Use different pharmacies but I prefer to visit one most often?	19.45%	121
3	Always use different pharmacies?	0.64%	4
4	Rarely use a pharmacy?	1.77%	11
5	Never use a pharmacy?	0.00%	0
		Total Answered	100.00%
		Skipped	15

10. We would like to know what influences your choice of pharmacy. Please could you tell us why you use this pharmacy? Please tick all the statements that apply to you (Multiple answers could be given to this question)

		Response	
		Percent	Total
1	Close to my home	14.27%	445
2	Close to work	1.92%	60
3	Close to my doctor	9.94%	310
4	Close to children's school or nursery	0.45%	14
5	Close to other shops	2.50%	78
6	The location of the pharmacy is easy to get to	8.27%	258
7	It is easy to park at the pharmacy	6.29%	196
8	I can speak to the staff in my preferred language	0.67%	21
9	I like and trust the staff who work there	7.67%	239
10	The staff know me and look after me	4.97%	155
11	The staff don't know me	0.16%	5
12	I've always used this pharmacy	5.81%	181
13	The service is quick	4.36%	136
14	They usually have what I need in stock	4.59%	143
15	The pharmacy has good opening hours	4.59%	143
16	The pharmacy collects my prescription and delivers my medicines	2.53%	79
17	The pharmacy was recommended to me	0.22%	7
18	The pharmacy provide good advice & information	4.39%	137
19	The customer service	5.00%	156
20	It is very accessible i.e. wheelchair/baby buggy friendly	0.87%	27
21	It's a well-known big chain	1.35%	42
22	It's not one of the big chains	2.02%	63
23	There is a private area if I need to talk to the pharmacist	4.59%	143
24	I can order my repeat medicines online or by using their app	1.73%	54
25	Other (please specify):	0.83%	26
		Total Answered	100.00%
		Skipped	15

Total of 26 comments were received:

- "In a supermarket."
- "They collect from surgery & text when ready."
- "I have had disappointing service from one on more than one occasion so avoid that one now."
- "I can order my repeat medication on the telephone and get a text message when it is ready."
- "They get the prescription from my surgery and text me when it is ready."
- "I take my prescription in but they then deliver it to me."
- "The pharmacy organises my regular repeat prescription each month and sends me a text when it's ready. All I have to do is collect it."
- "Can order prescription there and then pick it up within a few days."
- "I can shop while I wait."
- "The owner is a trusted and caring member of the community."
- "Just where my doctor always sends it."
- "It's the pharmacy my surgery sends my prescriptions to."
- "Because I have to due to COVID. As soon as I have the choice I will go elsewhere to a more competent and helpful pharmacy. GP sends scripts into pharmacy as no longer

allowed to collect from GP. The pharmacy tell me when I am due to collect although had the script for well over a week. Husband works away so have to collect early but they take no notice. Always same medication but always have to wait for them to order it in.”

- “The pharmacy collect my prescriptions from my doctors surgery and make them up Then text me when ready to collect.”
- “My repeat is picked up from there.”
- “Repeat prescription service.”
- “They are organised and efficient. I previously used a pharmacy within [name of location] and they were awful. Thus pharmacy is excellent in every way and should be used as a model.”
- “They were only pharmacy to dispense special orders at the time.”
- “I receive a text message every month to tell me that my prescription medication is ready for me to collect.”
- “I can order repeat prescriptions by phoning.”
- “It’s the only one where I live that I can access on foot.”
- “They collect my prescription but I don't have it delivered.”
- “Their opening hours.”
- “The staff there are fantastic and go above and beyond to help.”
- “I have a relationship with my pharmacy...not had any problems over the past years I've been with them.”
- “Everybody is so friendly and helpful.”

11. Is there a more convenient and/or closer pharmacy that you don't use?

		Response	
		Percent	Total
1	Yes	27.35%	169
2	No	69.26%	428
3	Don't know	3.40%	21
		Total Answered	100.00% 618
		Skipped	19

12. ...and if you have answered yes to question 11, please could you tell us why you do not use that pharmacy?

		Response	
		Percent	Total
1	It is not easy to park at the pharmacy	16.37%	28
2	I have had a bad experience in the past	9.36%	16
3	The service is too slow	14.62%	25
4	The staff are always changing	1.75%	3
5	The staff don't know me	9.36%	16

6	I know the staff and would prefer them not to know what medicines I am taking	2.34%	4
7	They don't have what I need in stock	6.43%	11
8	The pharmacy does not deliver medicines	1.17%	2
9	There is not enough privacy	3.51%	6
10	It's not open when I need it	11.70%	20
11	It's not wheelchair/baby buggy friendly	0.00%	0
12	Other (please specify):	23.39%	40
		Total Answered	100.00%
		Skipped	171
			466

A total of 40 comments were received:

- "I like the pharmacy that I use."
- "Currently trying to avoid supermarket."
- "Because I would need to contact the chemist or GP each month to request my repeat prescription each month which seems unnecessary as it rarely changes. They don't deliver and opening times are not convenient (I could only collect on weekends as working)."
- "The other pharmacy is more convenient."
- "It a large chain."
- "It's not as personal as the one I use."
- "[Name of pharmacy] was awful with rude staff. [Name of pharmacy] is far better."
- "I've always used the pharmacy near my childhood home."
- "It's not where my prescription is sent."
- "My pharmacy provides an excellent service. I am a loyal and happy customer."
- "I'm not sure how to get my repeat assigned to that surgery."
- "The pharmacy I use is right next door to the dr so is easier to access if there is a problem with my prescription."
- "It's newly opened and my regular Pharmacy is used to my Dads repeat meds and Mar charts for his careers."
- "I can't spell there name whilst filling in the online prescription."
- "Used to use prescription service at [name of pharmacy]. Discontinued this due to COVID and trying to avoid contact with too many people. Now use pharmacy closes to my surgery with better controls reducing my risk of contact."
- "I use one next to Gp surgery."
- "Opens at 9 am but regularly no Pharmacist until after 10."
- "The other one is more conventional as I work daily close by."
- "See q10."
- "It's in a [name of pharmacy] and is busy not so easy to park."
- "Very bad experience many times."
- "Some of the staff are rude and unhelpful. Also, not very efficient."
- "Doctors automatically send prescriptions into the one pharmacy so we use that one."
- "Always told can't have medication for 7 days even if just prescribed."
- "When first moved to the area didnt know there was a pharmacy or doctor closer."
- "Always used the same pharmacy for the last 20 plus years."
- "I have used this pharmacy for many years and do not want to change."
- "Never thought to use another pharmacy."
- "Not close to my GP surgery."
- "My gp practice doesn't dispense prescriptions there."
- "Because the one I use satisfies my needs."
- "The dispensary at the surgery is more convenient."

- “One staff member is downright rude, how she had the job I never know.”
- “Pharmacist there is not very approachable.”
- “My pharmacy collects the prescription from the gp when I ring them to request it.”
- “Staff impersonal, don't like [name of pharmacy].”
- “The staff are unhelpful and no services like minor ailment done there.”
- “They are closed on a weekdays afternoon and is not convenient.”
- “The staff are not as approachable as my preferred pharmacy.”
- “Always have to go back and forth always one or more items out of stock.”

13. If you go to the pharmacy by yourself or with someone, how do you usually get there?

		Response	
		Percent	Total
1	On foot	27.40%	171
2	By bus	1.44%	9
3	By car	65.38%	408
4	By bike	0.16%	1
5	By taxi	0.64%	4
6	Not applicable	3.37%	21
7	Other	1.60%	10
		Total Answered	100.00%
		Skipped	13

A total of 10 comments were received:

- “It is also within walking distance.”
- “I go on foot or by car.”
- “I go on foot or by car.”
- “If no bus go by taxi.”
- “I can walk from home to my local pharmacy. I work at [name of pharmacy] and also use the pharmacy there.”
- “Sometimes walks as well depending on weather.”
- “Pharmacy is located at my place of work.”
- “On foot if it dry weather by car if not.”
- “Foot or car if already passing.”
- “Car is sometimes used depending in weather.”

14. ...and how long does it usually take to get there?

		Response	
		Percent	Total
1	Less than 5 minutes	48.51%	294
2	Between 5 and 15 minutes	45.38%	275
3	More than 15 minutes but less than 20 minutes	4.13%	25
4	More than 20 minutes	1.98%	12
		Total Answered	100.00%
		Skipped	31

15. Would you say that you have difficulty in getting to a pharmacy?

		Response	
		Percent	Total
1	Yes	4.52%	28
2	No	92.74%	575
3	Not applicable	2.74%	17
		Total Answered	100.00% 620
		Skipped	17

16. If you have difficulty getting to a pharmacy please tell us why.

Total of 31 comments were received:

- "Have to get transport and I have lung cancer. No pharmacy anywhere near."
- "Have to remember to go after work."
- "Mobility issues."
- "Back Injury."
- "Mobility."
- "Mobility problems."
- "N/a."
- "Opening times."
- "Sometimes due to work commitments."
- "Disabled and parking is a nightmare."
- "Agoraphobia. Chronic pain."
- "Parking."
- "I have answered yes as I need access during extended opening hours due to working fulltime. As long as those hours are available I don't have a problem accessing, but if hours were 9-5pm and half day Saturday I would have difficulty."
- "I'm a full time carer to me terminally ill mother, and ill myself, so it's difficult to get out."
- "I have fibromyalgia if I'm unwell I do struggle to pick up my prescription."
- "My Parents do as don't drive and live away from Chemists."
- "I don't drive so would have to catch two buses."
- "My job required me to work from 7am until 7pm. The pharmacy is closed when I get home."
- "Mobility issues, need to be accompanied. Most occasions."
- "They are not open when I need. When there was a local lockdown I was stopped as this was classed as Bridgend County."
- "Due to bus connection."
- "Mobility issues."
- "Opening times."
- "Disabled chronic illnesses poor parking poor disabled access."
- "Only during Covid as shielding."
- "N/a."
- "Due to health conditions".
- "Shielding."
- "Disabled."
- "I have mobility disability."
- "Mobility poor and also on the shielding list."

17. What time is the most convenient for you to use your GP dispensary?

		Response	
		Percent	Total
1	7am to 9am	1.92%	3
2	9am to 12 noon	14.74%	23
3	12 noon to 2pm	3.85%	6
4	2pm to 6pm	11.54%	18
5	6pm to 9pm	7.69%	12
6	9pm to midnight	0.00%	0
7	I don't have a preference	60.26%	94
		Total Answered	100.00%
		Skipped	481

18. What day is the most convenient for you to use your GP dispensary?

		Response	
		Percent	Total
1	Monday	2.72%	4
2	Tuesday	1.36%	2
3	Wednesday	2.72%	4
4	Thursday	1.36%	2
5	Friday	1.36%	2
6	Saturday	1.36%	2
7	Sunday	0.00%	0
8	Weekdays in general	18.37%	27
9	Weekends in general	4.76%	7
10	I don't have a preference	65.99%	97
		Total Answered	100.00%
		Skipped	490

19. Has there been a time recently when you were not able to use your GP dispensary?

		Response	
		Percent	Total
1	Yes	9.33%	14
2	No	62.67%	94
3	Not applicable	28.00%	42
		Total Answered	100.00%
		Skipped	487

20. If you answered yes to question 19 can you tell us what you did? Please tick all statements that apply. (Multiple answers could be given to this question)

		Response	
		Percent	Total
1	I went to a pharmacy	41.18%	7
2	I waited until the dispensary was open	17.65%	3
3	I went to the A&E / casualty	0.00%	0
4	I went to a minor injury unit	0.00%	0
5	I contacted the GP Out of Hours (OOH) service	5.88%	1
6	I called NHS 111 Wales	17.65%	3
7	Other (please specify):	17.65%	3
		Total Answered	100.00%
		Skipped	622

A total of three comments were received:

- “Tried to telephone the pharmacy repeatedly but couldn't get an answer. I needed to request a prescription delivery as self isolating.”
- “Phoned.”
- “No one in the surgery to make up the prescription.”

21. If your GP practice dispenses your medication for you, how do you usually get to your practice to pick up your medicines?

		Response	
		Percent	Total
1	On foot	15.44%	23
2	By bus	1.34%	2
3	By car	38.93%	58
4	By bike	0.00%	0
5	By taxi	0.67%	1
6	Not applicable	36.91%	55
7	Other (please specify):	6.71%	10
		Total Answered	100.00%
		Skipped	488

A total of ten comments were received:

- “Chemist picks up.”
- “I only go if I'm ill and need a different prescription I don't take normally.”
- “I go to the GP when its open but because they have moved out of the village for a large part of the week the GP is difficult to use now.”
- “Gets sent to pharmacy.”
- “I order my prescription online and it is transferred to the pharmacy automatically.”
- “If it is sent to nearest surgery I go on foot, otherwise have to go by car to main surgery.”
- “Pharmacy collects.”
- “If the weather is bad - I use car.”
- “The chosen chemist picks it up.”

22. ...and how long does it usually take to get there?

		Response	
		Percent	Total
1	Less than 5 minutes	50.52%	49
2	Between 5 and 15 minutes	42.27%	41
3	More than 15 minutes but less than 20 minutes	4.12%	4
4	More than 20 minutes	3.09%	3
		Total Answered	100.00%
		Skipped	97
			540

23. Would you say that you have difficulty in getting to your GP practice's dispensary, i.e. the area within your GP practice's premises where drugs are dispensed?

		Response	
		Percent	Total
1	Yes	5.04%	7
2	No	61.87%	86
3	Not applicable	33.09%	46
		Total Answered	100.00%
		Skipped	139
			498

24. If you have difficulty getting to your GP practice's dispensary please tell us why.

A total of seven comments were received:

- "They have moved out of the village part time which makes access difficult without a car."
- "My GP does not have a dispensary."
- "Have to make an appt with GP pharmacist."
- "In [name of location] can't park, but in [name of location] plenty of parking near the pharmacy."
- "Mobility problems."
- "It's not as convenient."
- "N/a."

25. We would like to know how you find out information about a pharmacy such as opening times or the service being offered. Please tick any or all that apply.

(Multiple answers could be given to this question)

		Response	
		Percent	Total
1	I would call them	21.48%	220
2	I would call NHS 111 Wales or use their website	0.78%	8
3	I would search the internet	40.53%	415
4	I would use social media	10.06%	103
5	I would ask a friend	3.71%	38
6	I would just pop in and ask them	11.43%	117
7	Look in the window	11.04%	113
8	I would find out from reading the local newspaper or magazine	0.10%	1
9	Not applicable	0.39%	4
10	Other (please specify):	0.49%	5
		Total Answered	100.00% 550
		Skipped	87

A total of five comments were received:

- “Need communication in BSL via video call online interpreter. I want information in BSL eg leaflet Welsh and English, why not add QR code for BSL?”
- “Only use local pharmacy for scripts. Refuse to give them my trade for anything else.”
- “Google or go to website.”
- “Drs gave us information about the chemist.”
- “I have worked in community pharmacies for the last 16 years and would not support big chains anymore.”

26. Do you feel able to discuss something private with your pharmacist?

		Response	
		Percent	Total
1	Yes	57.27%	319
2	No	11.31%	63
3	Never needed to	28.01%	156
4	Don't know	3.41%	19
		Total Answered	100.00% 557
		Skipped	80

27. Are you aware that you may be able to access the following services from pharmacies as part of the NHS? Please select those that you are aware of.

(Multiple answers could be given to this question)

		Response	
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		Percent	Total
1	Flu vaccinations	19.32%	469
2	Medicines use review service	12.53%	304
3	Discharge medicines review service	4.49%	109
4	Appliance use review service	2.18%	53
5	Emergency contraception	12.73%	309
6	Help to stop smoking	12.61%	306
7	Common ailments scheme	16.23%	394
8	Needle and syringe exchange	5.73%	139
9	Supervised administration of medicines	5.73%	139
10	Emergency medicines supply	7.21%	175
11	No	1.24%	30
		Total Answered	100.00%
		Skipped	86

28. Have you used any of the services listed in question 27?

		Response	
		Percent	Total
1	Flu vaccinations	14.83%	78
2	Medicines use review service	16.54%	87
3	Discharge medicines review service	0.57%	3
4	Appliance use review service	0.00%	0
5	Emergency contraception	3.61%	19
6	Help to stop smoking	2.66%	14
7	Common ailments scheme	19.39%	102
8	Needle and syringe exchange	0.19%	1
9	Supervised administration of medicines	0.00%	0
10	Emergency medicines supply	4.37%	23
11	No	37.83%	199
		Total Answered	100.00%
		Skipped	111

29. Is there anything else you would like to tell us about your experience of your local pharmacy or GP dispensing services?

A total of 210 comments were received:

- “I have had issues ever since I started using this pharmacy as they collect my repeat from my GP surgery and then I have to go and collect my medicines. Every single month there will be some kind of issue, the GP surgery didn't put a certain item on my repeat, or the pharmacy hasn't collected my repeat from the GP, or something else that needs to be sorted out every single month! I have to wait quite a while, often 30 minutes, to collect my items when I do go to visit. They seem very slow.”
- “Systems of functioning often change for repeat prescription orders in my pharmacy. There are often new managers in there every time I go too. It seems each manager brings their own system. The patients have a role within these systems ie be means or ordering or collecting and the number of times the order is wrong/ hasn't been ordered it getting a joke now. It's been the same since before covid and now I just have to make sure I have spares and be prepared to visit multiple times. The amount of things I have

returned as they are not required is a concern as I expect some people just keep what they don't need- the cost is a concern!"

- "They never seem to have enough stock of medicines. Usually get an 'owing' slip. Very annoying when you work full time for the NHS and have to make an additional trip to collect the remainder of your medication".
- "No."
- "It is a very positive and reassuring experience."
- "Prescriptions should not be given for medicines that can be purchased over the counter. Prescriptions should not be free in Wales."
- "Used to order prescription online and collect at pharmacy but as I don't use gp very often, I got locked out of my online service. Last time I used the telephone prescription service which was excellent. I was unsure about using it as thought it was a private service and prefer to keep nhs services, however, they assured me it was not private and run by nhs so will use this again. I could even have my drugs delivered if I choose but prefer to leave this for those patients who are unable to get to a chemist."
- "Excellent service and very friendly staff."
- "Since the pandemic the service has been variable repeat prescription delivered I had not requested this and was only done once. Repeat prescription not ready on date needed scrip not picked up from surgery."
- "GP pharmacist automatically sent prescriptions to [name of pharmacy] without asking first. This isn't our most convenient pharmacy and we have now changed."
- "Nothing."
- "Sunday morning opening would be helpful."
- "Easier than going to Doctors surgery."
- "I always get a good service from my pharmacy the staff are very helpful. Would not hesitate in asking for advice if I needed it."
- "[Name of pharmacy] provides an excellent service to the local community."
- "The staff at the pharmacy I use are brilliant, they arrange my prescriptions and are always helpful."
- "Despite advising them of skin reaction to particular brands of medication and to avoid them, they continue to dispense the brands that cause the problem."
- "Too much talking amongst themselves leaving customers waiting."
- "No."
- "Pharmacy makes lots of mistakes and blames GP surgery. You have to text prescriptions through but they don't always tell you when they are ready then you go to pick up and things are missing and they blame doctors surgery so ring doctors surgery and they say it's the chemist go around in circles also the chemist staff have bad attitude when you are not happy."
- "[Name of pharmacy] on the last six visits for myself and my wife's scripts they have not been ready or correct despite prior automated phone calls telling me that it is. I have had to remonstrate with the staff twice now and that after listening to other members of the public complaining with the same issues. Really need to buck themselves up."
- "My pharmacy has an excellent prescription delivery service that makes it easy to arrange repeats. I am not always happy with them but it remains a good service."
- "The service offered is excellent."
- "My local pharmacy is very good. It is the only one in my village and it is essential. They are very helpful and friendly."
- "My local pharmacy is very good. It is the only one in my village and it is essential. They are very helpful and friendly."
- "First class experience every time."
- "Not really."
- "Have used the tonsillitis test in a pharmacy and was really good."

- “Repeat prescription put in over a week sometimes longer to have it filled. Still have to check if it’s ready.”
- “My gp is not a dispensing gp.”
- “NHS flu jabs should only be available at doctor's surgeries. It's impossible to get a private flu jab this year.”
- “Excellent personal service although a chain. Staff are well trained and knowledgeable .
- I took my husband who has dementia to [name of pharmacy] in Bridgendit was a disaster we had to wait and there is no toilet on the premises .will stick to the surgery next year.”
- “No.”
- “My local pharmacy does not make the best use of their time, my routine medication is never available straight away on the day of collection. It still is waiting to be checked and authorised.”
- “A good service. if it was moved or closed it would be devastating for me and the village.”
- “Had very poor service recently counters staff were rude.”
- “Staff always (even pre-Covid) seem under a lot of pressure. Also very little privacy.”
- “Our pharmacy is extremely busy since its sister shop closed. Waiting times are rather lengthy and morning and evening are even worse.”
- “I get my review from my GP pharmacy not my local pharmacy.”
- “Changed pharmacy due to parking they would deliver my partners tablets due. To shielding but I would have to put him in danger by having to q to get mine ridiculous when they are delivering to my house.”
- “They are always very helpful.”
- “I think it is time the system was modernised with online requests and delivery available at suitable times for those who do not wish to visit the pharmacy. I would be happy to pay for this service.”
- “I have recently used the SMS service at my local [name of pharmacy] & found it to be very good.”
- “Information in BSL, or visual picture with plain English like ‘Keep Wales Safe.’
- “Always had excellent service.”
- “Most of the time, excellent service and help. Quite often long wait times if take in a one off prescription which can be frustrating. Repeat prescription service is excellent, receiving text to say prescription is ready is fantastic. Saves waiting and can collect when convenient and ideally quieter.”
- “The inability to order repeat prescriptions through the pharmacy anymore is extremely inconvenient.”
- “I prefer pharmacies that are open on weekdays after regular working hours and on weekend days.”
- “Never rushed with customers and extremely confidential.”
- “No flu jabs available to paying residents in [name of location] this year. I had to go to [name of location] instead.”
- “Always seem under-staffed.”
- “They have a text system to let you know that the prescription is ready which is really useful but it doesn’t seem to work consistently.”
- “It’s frustratingly difficult to get through and order a repeat prescription. I have called 17 times today so will visit the pharmacy in person tomorrow. And it is usually like this at any time of the year.”
- “Very professional popular staff.”
- “Difficult people. Always feels like you are in the middle of an argument/politics between the gp surgery and the pharmacy.”
- “Always excellent service from local pharmacies.”

- “Work well with the GP surgery, feel confident in using them. Sometimes the locum pharmacists aren’t as clued up on key areas like child eczema though, given bad advice which I knew wasn’t correct.”
- “I find my pharmacy most helpful and friendly.”
- “Not happy with current pharmacy but as I get repeat medication I wonder how easy it will be....”
- “Hard work! Prescriptions are late, after their estimated date from the pharmacy themselves. There’s no privacy and they gossip.”
- “None.”
- “Nothing.”
- “Why when same medication is prescribed month after month the pharmacy I HAVE to use refuses to hold it and have to order it in each month. Will not ask them for advice as their attitude is offhand verging on rude.” My preferred pharmacy who I will return to as soon as possible always reordered each month ready for me. They were polite, caring and efficient and I would ask them for advice if needed.”
- “I have found our local pharmacist invaluable in assisting with minor complaints, checking on compatibility of medicines, organising repeat prescriptions and having time and care for us.”
- “Really good service. Have everything in stock.”
- “My granddaughter is my local pharmacist.”
- “There have been times recently where the GP have not issued repeat prescriptions when requested by the pharmacy and this has resulted in getting emergency supply. This has been down to breakdown in communication between the GP review and updating their systems or admin errors. This causes stress and anxiety when you rely on a service and don’t find out that the prescription is not available until you need it - the GP then takes 72 hours to get it issued and another 24 hours for pharmacy to process and dispense.”
- “Problems recently with limited staff resulting in huge. Queues and waiting up to 1 hour outside in the rain and dark for medication. No sign of prescription when arrived at the chemist to pick up the medication. Time it takes between getting the prescription from the doctor and being able to collect the medication.”
- “My pharmacy is so good. Staff brilliant.”
- “Rarely used.”
- “Usually provide a good monthly service but on occasions part of my medication has not been dispensed due to a breakdown in communication between the GP surgery and the pharmacy.”
- “Receive a text when medication is ready after ordering on line and pick up at my convenience.”
- “It can be quite chaotic. Because of the close proximity to the dr surgery it deals with a huge amount of prescriptions which can lead to a fairly poor customer experience.”
- “They are very helpful.”
- “I use [name of pharmacy] on the retail park in [name of location]. There never seems to be enough staff. This could lead to dangerous errors.”
- “I don’t understand the need to order my repeat prescription 2 weeks in advance.”
- “They do take longer than they used to when dealing with prescriptions. Also if I needed an on the day prescription then sometimes they can be very short with you and annoyed.”
- “[Name of pharmacy] have been rude and extremely unhelpful - our whole family have moved to a pharmacy further away because of this.”
- “Gp needs better opening hours.”
- “Qu 28 should allow more than one tick! Fed up of having loads of different pharmacists working there - no continuity. This questionnaire talks about medicines review service and sitting down with your pharmacist...- what about the pandemic!! Update your

questions to take account of this!!! Also no system in place to provide an alternative to private area in store due to pandemic - but it's been a number of years since I've been offered a medicines review. Also my mum has never had one!"

- "My local pharmacy never has the prescription ready so there is usually a long queue."
- "Poor communication between pharmacy and GP at times. Passing the buck when things go wrong. Pharmacy unable to be contacted by phone, or nobody answered for an entire morning."
- "I would prefer to use an online service but have been told not available in my area."
- "I find emailing the quickest & most convenient way to order my monthly repeat prescription. It would be really helpful if the pharmacy could send a confirmation email. I've had a couple of occasions when I've gone to collect & been told my email wasn't received, resulting in no pills to collect & then a bit of a frantic chase to reorder."
- "Inconvenient to use common ailment scheme/wait for advice."
- "Just to say they are fantastic."
- "Very annoying no Pharmacist until after 10."
- "They have been excellent throughout the pandemic and are always professional and efficient."
- "Since two GP surgeries have rolled into one the pharmacy is too small."
- "They are extremely understaffed. You can be waiting ages at their checkout before they serve you. They see you but don't acknowledge you."
- "Excellent service."
- "Being able to order my repeat prescriptions online via my GP surgery's website is really helpful as the script is taken straight to the pharmacy on my behalf. Also the pharmacy is in the same building as my GP surgery so I can take my scripts there straight after an appointment, which makes the process much more convenient and saves me time."
- "Have to get repeat prescriptions to the doctor, so physically have to make a journey. In these days it would make sense to phone the order, and allow patients to remain at home."
- "Need to keep it local as GP main surgery is a couple of miles away and difficult to get local branch appointments, therefore the pharmacy is even more important as an accessible health service."
- "Very helpful."
- "Local pharmacy quite often does not get all repeat prescriptions ready at the right time. GP surgery advised they should be able to synchronise them, pharmacy disagrees!"
- "Need to be open later routinely ie 7pm."
- "With 2 children I've found the pharmacy great at offering advice rather than having to bother the gp. Think their service is great and the staff are always helpful, friendly and never condescending."
- "[Name of pharmacy] is excellent and cannot do enough to help you."
- "Nice friendly staff."
- "Our local pharmacy [name of pharmacy] has been amazing during Covid, they work so hard and we also had help with delivery when we had to isolate. The service is easier now as we just ring surgery service to get repeat prescription."
- "My local pharmacy is excellent. The pharmacist knows everyone in my family and is always willing to offer advice. Also, in the past, the pharmacist has rang the house regarding medication for a family member."
- "Closed Saturdays."
- "Very valued service."
- "Local Pharmacies are usually small with limited space and little privacy. There isn't any signage or notices of services they can offer under the NHS, those they do offer seem to suggest it's a private service you will need to pay for. Home delivery is critical to many local residents who struggle to get out of their homes and communication between GP

practices and pharmacies needs to improve to ensure timely distribution of medication to these groups.”

- “1) I have collected prescriptions and had home deliveries of medication which is over 1 year old and not being used. I have on many occasions asked the GP to update their records; which obviously aren't being done correctly. 2) Medication not readily available. 3) Delay in prescription from GP to Pharmacy.”
- “My local pharmacy is excellent. Friendly, helpful, caring. I trust them all they've always been excellent.”
- “Very inefficient service from current GP and adjacent pharmacy. I swapped pharmacy to a larger one but issues persist. I'm now in the process of changing GPs and pharmacy.”
- “The dispensary that I use is exceptionally busy and it can be frustrating to wait but they are efficient.”
- “I left the chemist by [name of surgery] as the service was so bad. I then joined [name of pharmacy] the chemist in [name of location] town centre. They give good advice And excellent service, they text you when your prescription is ready.”
- “They usually suggest a week between a repeat prescription handed in and collection. If I order online from my GP the chemist says the system will be longer?”
- “They are always extremely helpful. As I use the same pharmacy they have accommodated my request for medication whilst waiting on a prescription.”
- “Services in many [name of location] pharmacies are very slow, always very busy and seem understaffed.”
- “The service has declined in both our local pharmacies in [name of location]. One pharmacist I dealt with had a terrible attitude. Most are very helpful. I have had terrible mix ups with my prescriptions and they have been hard to get rectified.”
- “Doesn't matter which I use, there is always a delay on being served. Pharmacies always seem understaffed. It might help for those pharmacies that have extended opening outside normal parking hours to dispense during set times during day and then be available for advice outside normal working hours to take pressure off GP surgeries . That is not say one pharmacist should work excessive hours but if they work in a supermarket pharmacy for example, you could have 2 people or 3 Job share individuals covering 6am to 10pm for example with advice given after 5/6pm.”
- “Friendly and efficient.”
- “My local gp constantly Print out the wrong amounts of medication on my repeat prescription, the staff can be downright rude and they need further training on dealing with mental health issues.”
- “Very happy with the service.”
- “There is quite often a miscommunication which leads to me not having a required inhaler when I need it. I avoid asking in advance to do what I can to reduce pressure for everyone but it seldom works or results in me receiving the correct/full prescription.”
- “The pharmacy I previously used was overwhelmed with the amount of prescriptions they received from the surgery, which is situated next door to them... Constantly had queues, the waiting time in excess of 30-45 minutes. One pharmacist with 3-4 others working, although sounds a good amount of people just isn't working... On one occasion I went to pick up medication for my son (a type 1 diabetic) the sales assistant told me after I asked for sons repeat prescription, that I should not be expecting it to be filled within 2 days... On 5 separate occasions, repeat prescription was lost or misplaced... The stress this caused... Is why I left for another pharmacy.”
- “Having a GO dispensing service is invaluable as it would be very difficult to travel to a pharmacy to collect.”
- “My local chemist, [name of pharmacy], offer an excellent service. Staff are friendly, approachable and professional.”
- “I only use my GP service and Pharmacy when absolutely have to, but when I have they have both been nothing short of brilliant. I have never had a problem in getting the help it

products that I need. On rare occasions the drug prescribed wasn't available straight away but was never longer than 24 hours accessing it. Both my GP and local Pharmacy offer the most incredible service and I would like to express my unreserved thanks and gratitude."

- "Nothing."
- "Helpful, good advice on non prescription items e.g. They advised a soap suitable for sensitive skin solved a long-standing allergic skin issue."
- "Despite being aware of common ailment scheme pharmacy does not promote this or discuss this with you during your visit. Instead they just charge you for your item and that being overpriced."
- "No."
- "Delivery service can be hit and miss. Waited the other day for prescription, said was being delivered, but when rang to see where it was as not delivered answer was it was left on van and failed to be delivered???? Came another day then??? Not good attitude??"
- "Find online GP dispensing service fast, accurate and safe."
- "I am prescribed one of my items in tablet form but despite asking for the tablet form, they prescribe caplets instead despite my gp having altered my script to tablet instead of caplets."
- "Since the pharmacy has been using 'a hub' there is sometimes a delay in getting medication. I take my prescription to the pharmacy, it is then taken to the surgery, then it goes back to the pharmacy and then to the hub. I think that is how it works. I had decided to start taking the prescription request straight to my GP but that stopped when the pandemic started. Now I have to make sure the requests are taken well in advance. My husband is diabetic and can't be without his medication. Sometimes he has had to ask for at least two days supply to get him sorted until the full prescription is filled. I have sometimes asked for his prescription not to be sent to the hub."
- "Poor communication. Unsure of times and days it is open. Telephone never answered. No automated answer service with above info. No idea of services offered there."
- "I am incredibly grateful for our local pharmacist. I find it so much easier to access and more approachable than my medical practise, which makes me feel like it's a problem to ask for a GP appointment. The pharmacist has helped me during some very concerning symptoms in my children and helped me make the decision to contact my doctor if necessary."
- "All the staff in [name of pharmacy] look down their noses at you. And are not friendly. I hate going there but it's the closest to me."
- "They provided a wonderful service to the residents of [name of pharmacy] and surrounding area."
- "My local [name of pharmacy] has been letting me down the past two months with their text message service, I've either had to ring or go into the pharmacy to check when my prescription would be ready. I've also had this problem in the past. I've also found during this time the staff aren't as friendly and less helpful. Manners cost nothing and some staff need to up their people skills."
- "Constant missing items. Items not in stock. Promised deliveries that do not turn up. The turnaround time for my pharmacy to get my prescription authorised at the doctors and then dispenses can sometimes take over a week!"
- "Always checking my monthly prescription is ready as the chemist never has it ready on time or correct."
- "My pharmacy provide a very efficient service and always go the extra mile for their customers."
- "Very friendly, you feel at ease."
- "The only thing I can think of is lack of communication between the pharmacy and the GP. There have been multiple occasions where I've had a GP appointment and been

told they've sent my prescription over to my pharmacy, and when I get to the pharmacy they tell me they haven't received it so I have to then contact the GP again to chase it up which usually works but is a lot of unnecessary extra stress.”

- “Usually very good service. Disappointed that [name of pharmacy] in Bridgend were not looking to offer the Flu Jan last year when I enquired but I located another Pharmacy in Bridgend. I didn't want to use the one next door to [name of surgery] as they are always overly busy.”
- “N/a”.
- “My pharmacy is brilliant and good staff can never fault them my gp surgery is best to
- “Our village has grown very much with thousands of new houses built. The gp services and pharmacy are not fit for purpose due to the growth in population. the elderly have to catch a train or a bus to go to the gp. We are a commuter town now and most people I know access services in Cardiff and bridgend near where they work or they go without healthcare.”
- “[Name of pharmacy] provide an excellent service since lockdown they have put in for my repeat prescriptions and delivered them to my home.”
- “I feel like they need to be more accessible to working people. Usually they close. At 5-6pm making it difficult to access sometimes.”
- “Preferred when the pharmacy was in the community rather than in the new GP practice - used it more when it was near to me but the staff there and the pharmacist are great.”
- “No.”
- “N/A.”
- “Can only select one of question 28 and i have used more than one. If this is not changed it will skew results.”
- “They are amazing! Shame the GP practice wasn't as good that they are attached to.”
- “A great community service with friendly and knowledgeable staff. Always feel comfortable in speaking with the pharmacist or her team.”
- “Good liaison between surgery and pharmacy. Never any difficulty picking up repeat prescription within a couple of days of submitting request to surgery. Good social distancing system in place.”
- “Always helpful and reliable.”
- “Have had altercations with pharmacy local as they didn't want to provide blister packs. And regarding wearing a mask when I'm exempt. And won't do asthma pumps as part of repeat prescription with blister pack. I send someone else in currently.”
- “Pharmacy should be open more when people are not at work - especially Saturdays and Sundays.”
- “Very slow in serving you.”
- “Local pharmacies are reluctant to prescribe anything for children for minor illness (which they are able to prescribe) and will often refer back to the gp. I feel this area could be improved and will take the pressure off out of ours /gp services.”
- “The customer services is something to be desired in [name of GP surgery].”
- “Very poor on getting medication on time. No matter how long I leave it I always have to call back because something is short.”
- “No.”
- “Long queues. Little privacy. Pleasant staff.”
- “No.”
- “It's always extremely busy due to the vast area it supplies but only a small store.”
- “No.”
- “Unfortunately throughout the lockdown I was shielding and when I went to pick up my repeat prescription its never ready and then they say come back the following day and its still not ready- the whole way through I have left it till a few days after my repeat is due and have still had to make 3 visits before collecting my script. I've tried ringing before attending but obviously no one ever answers because they are busy.”

- “Often have problems with regular supplies of medication for type 1 diabetes.”
- It is not open late in the evening for those like myself who work
- “They are fantastic and have been such a help to our family during very challenging times.”
- “Convenient. Efficient service.”
- “Very pleased with service provided.”
- “My local pharmacy is great. The staff are all polite and really helpful. They are a great help to my mother who is disabled never keeping her waiting long.”
- “The ongoing frustration of not being able to get prescribed medication, and having to make pointless journeys to the pharmacy to see if they have been able to source any supplies. This has been an ongoing problem for 18 months but far more stressful during the pandemic when you need to visit multiple times and still left without medication.”
- Just completely satisfied with their service.”
- “Not enough COVID conscious ... spacing ... controlling people.”
- “No.”
- “You have to telephone a week before your medication is needed which is too long and not convenient. If regular medication is needed there must be a better way.
- “My pharmacy is convenient; I am able to do my shopping while waiting for my repeat prescription.”
- “It has gone to busy and waiting is awful.”
- “Very slow, feel like I should reorder my monthly prescription when I collect it!”
- “They keep. Running out of my glaucoma eye drops. Hope they’ve got them. Tmro.”
- “NO. I’m satisfied with the service they offer, absolutely brilliant staff.”
- “[Name of pharmacy] are fantastic and there is no problem too big or too small for them. If I need advice I just give them a call and [name of pharmacists] are always happy to help.”
- “They need courses on customer services, they can be rude”.
- “They are under extreme pressures. Especially when there is a change of staff. But they do their best to provide a good service.”
- “N/A.”
- “There is always a very long wait for anything (pre-covid).”
- “Am very impressed with the service at my local pharmacy for delivering mine and my husbands monthly meds promptly during the pandemic as I am shielding. Along with our grocery deliveries, they are a lifeline for us.”
- “Excellent service and delivery and very helpful staff.”
- “The staff are really knowledgeable and have built up a great rapport.”
- “Our pharmacy is really helpful, it has easy access and cark parking is easy also. The girls are very helpful and friendly.”
- “I find my pharmacy extremely helpful and professional with a personal touch.”
- “Great service and helpful staff.”
- “The covid regulations are followed very well which instills confidence in visiting their premises.”
- “Our pharmacist and all the staff are exceptional. We have nothing but praise for them all. They go out of their way to help everyone and their support is outstanding.”
- “We have moved from Cardiff to pontyclun and am so pleased with the service we get from [name of pharmacy] has been outstanding.”
- “Excellent Service.”
- “The pharmacists and dispensary staff are very approachable at the Pharmacy I use and if I got any queries with any of my medication they can always answer them. Due to me shielding they have been contacting me regular via telephone to check that all is ok with my medication due to the vast amount I take.”
- “Really good, local and serves the community. Would be a disaster if it ever closed.”
- “Knowledgeable & good service.”

- “Very helpful.”
- “Service can be very slow and quite poor at ordering items in. I have recently had to return to my local pharmacy 3 times for an item off my prescription as they never had it in.”
- “Very poor service from GP practice when ordering repeat prescriptions. Too long before available and have to telephone pharmacist. Often not ready when said. Why not online ordering?”
- “Very slow. Visit to collect my father's repeat monthly prescription but is never put up before, always have to wait at least 20 minutes in the shop.”
- “Always very helpful and have a good experience when I go.”
- “Service is poor and very slow.”
- “I went in once and asked for advice because my finger had swollen. It wasn't a serious problem, and I thought my pharmacist would help me as I had a minor ailment. Unfortunately, she was a bit impatient and told me to go and see the GP. The 'Choose Well' advice therefore isn't always clear.”
- “Excellent service from [name of pharmacy].”

30. Are there any barriers to you accessing services at your pharmacy or your GP dispensary that you have not mentioned?

A total of 149 people answered this question. Of those that answered, 85 people replied with either a response of no, not applicable or none.

A total of 64 other comments were received:

- “I would like to be able to order my repeat prescriptions online as my mother can in England. Then I would never need to go to the pharmacy at all!”
- “Systems changing. Need a consistent way of ordering and dispensing for staff and patients alike.”
- “Not open on weekends.”
- “Our local pharmacy is not open on weekends. Parking is difficult.”
- “Opening times can be an issue for prescription pick up.”
- “As above.”
- “As above.”
- “Would like to use pharmacy services more as an alternative to a GP (very rarely use either!) but the set-up in a pharmacy is not conducive to consultation on private matters.”
- “No parking outside and is alongside a busy main road and [name of location]. Chaotic.”
- “My G P s pharmacy is attached to the main surgery which is 3 miles away and not convenient to collect my medication which is the reason I use my local pharmacy.”
- “My current pharmacy opens on weekends and until 1900. My previous pharmacy suddenly stopped opening on Saturdays and I could not get to it in the week due to work. They were surprised when I said I was moving pharmacies but had to.”
- “How busy they often are, waiting times can be excessive even with pre ordered prescription.”
- “GP is considering going back to only being able to order prescriptions from them, then picking it up and taking it to the pharmacy. GP can't cope with the services they offer so I consider this a step backwards.”
- “Access to BSL in Health resources.”
- “I work 7-6 Monday to Friday so find it hard to ring to sort out my prescription as weekends are much more convenient to me.”
- “Knowing that the service is available on that day. Would rather go to gp than get to pharmacy and find they can't help me.”

- “Parking is difficult and one of the prescriptions I collect is heavy.”
- “The phone system is awful. I’d there any way there can be an automated ordering system for repeat prescriptions? An online order for example? I have diabetes and I am pregnant therefore my medication is necessary. However, I have had countless difficulties when trying to reorder my supplies either because the pharmacy won’t issue them or because I cannot get through to them.”
- “At moment my GP surgery is closed so have to use the next nearest is 2.2 miles away with no parking facilities so makes it very difficult.”
- “My local pharmacy is usually very busy [name of pharmacy] and the staff always look run off their feet. So I would never approach them about the services offered in Q.27 as they seem to busy. If there was a way in which I could book an appointment with the pharmacist online to discuss any of the services in Q.27, that would be really helpful and would be something I would use.”
- “I would like more privacy.”
- “As above. My script is automatically sent into pharmacy although I don’t want it to. Always keep my script to drop into GP allowing for the time needed because husband away only the last time the pharmacy didn’t hand it over.”
- “Over worked.”
- “The common Ailment Scheme is NOT promoted and is therefore chronically underused. Pharmacists are frequently changed some are not qualified to provide this service. Pharmacy is understaffed and everything is rushed. discussions are not encouraged.”
- “Pharmacy shuts for lunch between 12 and 2, which is when I’d normally have a break and be able to collect.”
- “Parking occasionally.”
- “I stay at home to avoid the virus and am very thankful that the [name of pharmacy] delivers my tablets. When I ring them they are due.”
- “No private flu vaccinations available.”
- “They could advertise more about what they offer.”
- “See above. Also lack of knowledge of common ailments scheme.”
- “[Name of pharmacy] are terrible to get hold of on the phone. Hours have been affected due to Covid.”
- “I have eczema and during severe flare ups I find it helpful to apply emollient’s several times a day. This means I tend to run out within 2-3 weeks however if I try to request another one within 4 weeks of receiving the previous one I have found the GP receptionist will block the request because it’s been too soon since I had the last one. I end up not knowing about this until I try to collect the prescription meaning I am without my medication until the request is approved. This could result in my condition getting worse and then needing a GP appointment anyway. The national eczema society have made it clear that sufferers should be able to have access to as much emollient as they need and therefore I feel this needs to be made clear to GP practices. Also it would be helpful if there was a way of patients being notified if their request has been approved or not so that we can do something about it before it’s too late.”
- “Limit on numbers with COVID as have to wait outside.”
- “My pharmacy is the only one closed for lunch.”
- “Lack of privacy.”
- “The challenge I experience is the gap in communication between the pharmacy and the GP surgery regarding repeat prescriptions, more issues with accessing services from the GP surgery than the pharmacy.”
- “Delays / mistakes in prescriptions. Please use an electronic system for issuing prescriptions e.g. e-consult. This would enable the patient to check they have the correct medicines prescribed before collection at the Pharmacy. They could use ID when collecting. It will also enable less wastage of medication thus saving the NHS millions in costs.”

- “I have signed up to have a text when my prescription is ready, but they're not consistent -some months they do and some they don't.”
- “We are attempted to swap to a different GP surgery but due to covid 19 other surgeries don't appear to be taking new patients.”
- “This last year I find myself very nervous and reluctant to enter a pharmacy. For obvious reasons. I tend to hold my breath a lot when I enter any premises that aren't my own house. It can have a real negative effect on my own anxiety. I've gone without asthma medication for up to 3 weeks because I'm scared to enter pharmacy or chemist type premises. The barrier for me is probably self generated but it is a barrier all the same. I would love to have my inhalers delivered. I would be willing to pay for this.”
- “No legal parking areas.”
- “Yes the prescription is wrong a lot, the pharmacy and doctors surgery next door don't seem to communicate well?”
- “Opening times etc”
- “Getting through on the telephone to request my monthly repeat prescription. Pharmacies need to reorganise to modern standards having more phone lines and dedicated staff answering them.”
- “Transport links are poor. Parking is poor near all local pharmacies. When I didn't have a car I realised how shocking access is. We feel forgotten as a part of rct and feel that access to services would be better if we were classed as bridgend.”
- “Only during lockdown as I am trying to limit contact with people.”
- “It is now in the GP practice instead of on the community.”
- “Not ready till after 2.30pm and poor communication between GP practice and pharmacy.”
- “Pharmacy should be open more when people are not at work - especially Saturdays and Sundays.”
- “Shielding but still have to collect as nobody close so isn't vulnerable to collect for me, plus pharmacy won't add me to their deliveries and the volunteer delivery service is no longer available.”
- “Conversations in the private consulting room can be heard by other customers.”
- “Need for private consult room sometimes.”
- “Very difficult to get an appt with GP pharmacist. Both pharmacy and GP surgery blame each other for any deficiency, which is childish and does not solve any problems!”
- “A better entrance to the shop as it's not exactly disabled friendly.”
- “If GP surgery has one specific pharmacy next door/in close proximity, the pharmacy should be open until after the last appointment in the GPs. This will then allow any prescriptions issued at the end of the day to be picked up with ease.”
- “As above the regular prescription service still relies on patients being able to remember and order scripts this won't work for elderly or people with memory issues. More support needed.”
- “Appointments to go to talk about items...”
- “No access for my mother due to current restrictions. There is no way of telephoning to see if script is ready it does not accept incoming calls.”
- “Language barrier. I speak English but some pharmacists have slightly broken English.”
- “Only the fact that I'm shielding.”
- “Time and often not correct. Something missing.”
- “Unable to use the private consultation room due to covid so can no longer discuss medical issues with the pharmacist in the store, and is usually too busy when I ring.”
- “If you want to see a GP in my practice the guard dogs on reception can be awkward. But if you are family you will get an appointment with no problems.”
- “It's not clear what kind of problems can be treated by a pharmacist. An example list of these minor ailments should be published, so people have a better idea of the type of ailments and conditions pharmacists can treat.”

31. Age: Please indicate your age range by ticking the appropriate box.

		Response	
		Percent	Total
1	0-15 years	0.00%	0
2	16-24 years	1.89%	12
3	25-34 years	12.30%	78
4	35-44 years	16.09%	102
5	45-54 years	23.66%	150
6	55-64 years	24.45%	155
7	65-74 years	17.51%	111
8	75 and above	4.10%	26
		Total Answered	100.00%
		Skipped	634
			3

32. Sex:

		Response	
		Percent	Total
1	Male	14.02%	89
2	Female	84.41%	536
3	Prefer not to say	1.57%	10
4	Other (please specify):	0.00%	0
		Total Answered	100.00%
		Skipped	635
			2

33. Ethnic Group What is your ethnic group? Choose one option that best describes your ethnic group or background.

		Response	
		Percent	Total
1	British	29.70%	188
2	English	3.63%	23
3	Northern Irish	0.32%	2
4	Scottish	0.63%	4
5	Welsh	62.72%	397
6	Irish	0.47%	3
7	Gypsy or Irish Traveller	0.00%	0
8	Other	0.95%	6
9	White / Black Caribbean	0.16%	1
10	White / Black African	0.00%	0
11	White / Asian	0.16%	1
12	Any other Mixed background	0.16%	1
13	Caribbean	0.00%	0
14	African	0.00%	0
15	Any other Black Background	0.00%	0
16	Indian	0.16%	1
17	Bangladeshi	0.00%	0
18	Pakistani	0.00%	0
19	Chinese	0.00%	0
20	Asian other	0.00%	0
21	Arab	0.00%	0
22	Prefer not to say	0.95%	6
23	Other (please specify):	0.00%	0
		Total Answered	100.00%
		Skipped	4

34. Sexual Orientation: Which of the following options best describes how you think of yourself?

		Response	
		Percent	Total
1	Heterosexual/Straight	91.14%	576
2	Gay Man	2.22%	14
3	Gay Woman/Lesbian	0.47%	3
4	Bisexual	1.58%	10
5	Prefer not to say	4.27%	27
6	Other (please specify):	0.32%	2
		Total Answered	100.00 %
		Skipped	5

A total of two comments were received:

- “Non binary.”
- “Don’t think this question is needed as it’s not relevant.”

35. Marital Status: Are you married or in a same-sex civil partnership?

		Response	
		Percent	Total
1	Yes	63.09%	400
2	No	32.97%	209
3	Prefer not to say	3.94%	25
		Total Answered	100.00%
		Skipped	3

36. Religion or Belief: What is your religion?

		Response	
		Percent	Total
1	Christian (all denominations)	56.80%	359
2	Buddhist	0.32%	2
3	Hindu	0.00%	0
4	Muslim	0.16%	1
5	Sikh	0.00%	0
6	Jewish	0.00%	0
7	Atheist	2.53%	16
8	No religion	32.28%	204
9	Prefer not to say	6.17%	39
10	Other (please specify):	1.74%	11
		Total Answered	100.00%
		Skipped	5

A total of nine comments were received:

- “Humanist.”
- “Wiccan.”
- “Jehovah’s Witness.”
- “Catholic.”
- “Spiritualism.”
- “Atheist.”
- “Spiritual.”
- “Jedi.”
- “Church in Wales.”

37. Disability: Section 6(1) of the Equality Act 2010 states that a person has a disability if: (a) That person has a physical or mental impairment, and (b) The impairment has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. Using this definition do you consider yourself to be disabled?

		Response	
		Percent	Total
1	Yes	16.30%	103
2	No	80.70%	510
3	Prefer not to Say	3.01%	19
		Total Answered	100.00%
		Skipped	632
			5

38. Gender Identity: Has your gender identity changed from that assigned at birth?

		Response	
		Percent	Total
1	Yes	1.27%	8
2	No	96.99%	613
3	Prefer not to say	1.74%	11
		Total Answered	100.00%
		Skipped	632
			5

39. Caring Responsibilities: Do you look after or give help or support to family members, friends, neighbours or others because of either: Long term physical or mental ill-health/disability; or a problems related to old age.

		Response	
		Percent	Total
1	Yes	35.65%	226
2	No	61.99%	393
3	Prefer not to say	2.37%	15
		Total Answered	100.00%
		Skipped	634
			3

Appendix I – pharmacy contractor questionnaire

Premises details

Contractor code (ODS code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading name	
Address of pharmacy	
Pharmacy email address	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
Can the health board store the above information and use it to contact you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Consultation facilities

Are the premises accessible by wheelchair? Yes/No

There is a consultation area (tick as appropriate)

No, or	<input type="checkbox"/>
Available (including wheelchair access), or	<input type="checkbox"/>
Available (without wheelchair access), or	<input type="checkbox"/>
Planned within the next 12 months, or	<input type="checkbox"/>
Other (specify)	
Where there is a consultation area;	
Is it a closed room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it a designated area where both the patient and pharmacist can sit down together?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the patient and pharmacist able to talk at normal volumes without being overheard by pharmacy staff or visitors to the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there is no consultation area are there alternative arrangements for confidential discussions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Languages spoken (in addition to English)	
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Services

Does the pharmacy dispense appliances?

Yes – All types, or	<input type="checkbox"/>
Yes, excluding stoma appliances, or	<input type="checkbox"/>
Yes, excluding incontinence appliances, or	<input type="checkbox"/>
Yes, excluding stoma and incontinence appliances, or	<input type="checkbox"/>
Yes, just dressings, or	<input type="checkbox"/>
Other [identify]	
None	<input type="checkbox"/>

Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	<input type="checkbox"/>
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/>
Delivery of dispensed medicines – Selected patient groups (list criteria)	
Delivery of dispensed medicines – Selected areas (list areas)	
Delivery of dispensed medicines - Chargeable	<input type="checkbox"/>

In your opinion is there a requirement for an existing enhanced service which is not currently provided in your area? If so, what is the particular requirement and why.	
In your opinion is there a requirement for a new service that is currently not available? If so, what is the particular requirement and why.	

Capacity

The demand for pharmaceutical services in general is increasing. Thinking of your pharmacy do you:

	YES
Have sufficient capacity within your existing premises and staffing levels to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in your area?	

Don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand?	
---	--

(Please tick one option)

Business development

Do you have any plans to develop or expand your premises or service provision?

Yes/No

If yes, please can you provide details?

Details of the person completing this form:

Contact name of person completing questionnaire, if questions arise	Contact telephone number

Appendix J – dispensing practice questionnaire

Pharmaceutical needs assessment for Cwm Taf Morgannwg University Health Board

Cwm Taf Morgannwg University Health Board is preparing its first pharmaceutical needs assessment or PNA which is due to be published by 1 October 2021 and we need your help to gather some information to support its development.

In developing the questionnaire we are only asking for information that is needed but is not routinely held or collected. As you will see we have kept the questionnaire as short as possible.

While available until [insert date] we would encourage you to complete the questionnaire now.

For queries relating to the information requested or the answers required please email [email address] with a subject title of 'CTMUHB PNA dispensing practice survey'.

Please insert the name of the practice you are completing the questionnaire on behalf of:

Please insert the address or addresses of the premises for which the practice has premises approve to dispense from:

1 Please complete the table below in respect of the times at which the dispensary is open using the 24 hour clock.

	Address -	Address –	Address -
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

2 Are appliances dispensed from the premises?

Range of appliances: one answer 'yes' only	YES
Yes - All types, or	
Yes, excluding stoma appliances, or	
Yes, excluding incontinence appliances, or	
Yes, excluding stoma and incontinence appliances, or	
Yes, just dressings, or	
None	

3 Delivery of dispensed items

Does the dispensary provide any of the following?

Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/>
Delivery of dispensed medicines – Selected patient groups (list criteria)	
Delivery of dispensed medicines – Selected areas (list areas)	
Delivery of dispensed medicines - Chargeable	<input type="checkbox"/>

4 Which languages are available to patients from staff at the premises every day – please list the main languages spoken

List of languages spoken:

5 Capacity

The demand for health services in general is increasing. Thinking of your dispensing service only, do you:

	YES
Have sufficient capacity within your existing premises and staffing levels to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity at present but could make adjustments to manage the increase in demand in your area?	
Don't have sufficient premises and staffing capacity and would have difficulty in managing an increase in demand?	

(Please tick one option)

6 Other dispensing related services

Please can you provide details of any other activities that you provide related to your dispensing service, for example MARs charts, 'just in case packs' and patient sharps.

7 Provision of services post Covid-19

We recognise that you will have made a number of changes to how your dispensing service is provided as a result of Covid-19. Please can you give us information on those changes that you will be taking into the 'new normal'?

8 Please provide us with your contact details.

Name:

Job title:

Email:

Telephone number:

Appendix L – Pharmacy premises and opening hours

ODS Code	Cluster	Pharmacy/dispensing appliance contractor name	Address	Standard Hours		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
602619B	Rhondda	A & JM Sheppard Ltd	66 High St, Ferndale, Rhondda, CF43 4RR	44.5	Core	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	9:00 - 15:00	9:00 - 17:30	-	-
					Total	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	9:00 - 16:00	9:00 - 17:30	9:00 - 12:30	-
602618D	Rhondda	A & JM Sheppard Ltd	Pleasant View, Ferndale Rd, Tylorstown, CF43 3HB	42.5	Core	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-15:00	9:00-13:00, 14:00-18:00	9:00-12:00	-
					Total	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-17:00	9:00-13:00, 14:00-18:00	9:00-12:30	-
602618M	Rhondda	A & JM Sheppard Ltd	Park View, North Terrace, Maerdy, CF43 4DD	40.5	Core	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	9:00 - 12:30	9:00 - 17:30	9:00 - 12:00	-
					Total	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	9:00 - 12:30	9:00 - 17:30	9:00 - 12:00	-
602618K	Rhondda	A & JM Sheppard Ltd	15 Llwynypia Rd, Tonypany, CF40 2EL	45	Core	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	9:00 - 12:30	9:00 - 17:30	9:00 - 12:00	-
					Total	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	9:00 - 17:00	9:00 - 17:30	9:00 - 12:00	-

602619E	Rhondda	A & JM Sheppard Ltd	68 High St, Ferndale, CF43 4RR	41.5	Core	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	9:00 - 13:00	9:00 - 17:30	9:00 - 11:00	-
					Total	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	9:00 - 13:00	9:00 - 17:30	9:00 - 12:30	-
602619D	Rhondda	A & JM Sheppard Ltd	1 Porth St, Porth, CF39 9RN	50	Core	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 13:00	9:00 - 18:00	-	-
					Total	8:30 - 18:00	8:30 - 18:00	8:30 - 18:00	8:30 - 17:00	8:30 - 18:00	9:00 - 12:30	-
602816B	Rhondda	Boots	203 High St, Treorchy, CF42 6AT	45	Core	9:30-13:00, 14:00-17:30	9:30-13:00, 14:00-17:30	9:30-13:00, 14:00-17:30	9:30-13:00, 14:00-17:30	9:30-13:00, 14:00-17:30	9:30-13:00, 14:00-15:30	-
					Total	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-17:30	-
602816A	Rhondda	Boots	118 Dunraven St, Tonypany, CF40 1AS	46	Core	9:30-13:00, 14:00-17:30	9:30-13:00, 14:00-17:30	9:30-13:00, 14:00-17:30	9:30-13:00, 14:00-17:00	9:30-13:00, 14:00-17:30	9:30-13:00, 14:00-17:30	-
					Total	8:45-13:00, 14:00-17:30	8:45-13:00, 14:00-17:30	8:45-13:00, 14:00-17:30	8:45-13:00, 14:00-17:00	8:45-13:00, 14:00-17:30	8:45-13:00, 14:00-17:30	-

												- 17:30	
602807 M	Rhondda	Lloydspharmacy	70-71 Hannah St, Porth, CF39 9PU	39.5	Core	9:00- 12:00, 14:30- 18:00	9:00- 12:00, 14:30- 18:00	9:00- 12:00, 14:30- 18:00	9:00- 12:00, 14:30- 18:00	9:00- 12:00, 14:30- 18:00	9:00- 12:00, 14:30- 17:30	-	
					Total	9:00 - 18:00	9:00- 17:30	-					
602850L	Rhondda	Well	The Surgery, George St, Penygraig, CF40 1QN	40	Core	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	-	-	
					Total	9:00- 18:00	9:00- 18:00	9:00- 18:00	9:00- 18:00	9:00- 18:00	-	-	
602850 M	Rhondda	Well	Mill St, Tonyrefail, CF39 8AF	44	Core	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 13:00	9:00 - 18:00	-	-	
					Total	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 17:00	9:00 - 18:00	-	-	
602850I	Rhondda	Well	14 Mill St, Tonyrefail, CF39 8AA	48.5	Core	9:00 - 17:00	-	-					
					Total	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 17:30	9:00 - 18:00	9:00 - 13:00	-	
602850K	Rhondda	Well	62 Tylacelyn Rd,	48.5	Core	9:00- 13:00, 13:30- 17:30	9:00- 13:00, 13:30- 17:30	9:00- 13:00, 13:30- 17:30	9:00- 13:00, 13:30- 17:30	9:00- 13:00, 13:30- 17:30	-	-	

			Penygraig, CF40 1JU		Total	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 17:30	9:00 - 18:00	9:00 - 13:00	-
602852K	Rhondda	Well	31 De Winton St, The Square, Tonypany, CF40 2RA	51	Core	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 13:00	9:00 - 18:00	-	-
					Total	8:30 - 18:00	9:00 - 12:30	-				
602619F	Rhondda	A & JM Sheppard Ltd	227 Parc Rd, Cwmparc, Rhondda, CF42 6LD	40	Core	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00-13:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00	-
					Total	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00-13:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00	-
602297A	Rhondda	Central Pharmacy	208 Ystrad Rd, Pentre, Rhondda, CF41 7PE	40.5	Core	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 12:30	-
					Total	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 12:30	-
602857G	Rhondda	Well	William St, Tynewydd, Treherbert, Rhondda, CF42 5JJ	48	Core	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 13:00	9:00 - 18:00	-	-
					Total	9:00 - 18:00	9:00 - 12:00	-				
602857H	Rhondda	Well	167 Bute St, Treherbert,	35.5	Core	9:00- 13:00,	9:00- 13:00,	9:00- 13:00,	9:00-12:30	9:00- 13:00,	9:00- 12:00	-

			Rhondda, CF42 5PE			14:15- 17:30	14:15- 17:30	14:15- 17:30		14:15- 17:30		
					Total	9:00- 13:00, 14:15- 17:30	9:00- 13:00, 14:15- 17:30	9:00- 13:00, 14:15- 17:30	9:00 - 12:30	9:00- 13:00, 14:15- 17:30	9:00- 12:00	-
602619H	Rhondda	A & JM Sheppard Ltd	102-103 Ynyshir Rd, Ynyshir, Porth, CF39 OEW	41.5	Core	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	9:00 - 13:00	9:00 - 17:30	9:00 - 11:00	-
					Total	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	9:00-13:00	9:00 - 17:30	9:00- 12:30	-
602850G	Rhondda	Well	The Health Centre, Swn Yr Afon, High St, Gilfach Goch, Porth, CF39 8SX	48	Core	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	-	-
					Total	9:00 - 18:00	10:00 - 13:00	-				
602219A	Rhondda	Gelli Pharmacy	192 Gelli Rd, Gelli, Tonypandy, CF41 7NA	50	Core	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	9:00 - 16:30	9:00 - 17:30	9:00 - 17:30	-
					Total	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	9:00 - 16:30	9:00 - 17:30	9:00 - 17:30	-
602808B	Rhondda	Lloydspha armacy	Pontnewyd d Medical Centre, Aberrhondd a Rd, Porth, CF39 OLD	50.5	Core	9:00- 14:30, 16:00- 18:00	9:00- 14:30, 16:00- 18:00	9:00- 14:30, 16:00- 18:00	9:00- 15:00, 16:00- 17:00	9:00- 14:30, 16:00- 18:00	9:00- 12:00	-
					Total	8:30 - 18:00	8:30 - 18:00	8:30 - 18:00	8:30 - 17:00	8:30 - 18:00	9:00- 13:00	-

602519B	Rhondda	Andrew Phillips Pharmacy	24 Church Rd, Ton Pentre, Pentre, CF41 7EB	40	Core	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-16:30	9:00-13:00, 14:00-17:30	9:00-12:30	-
					Total	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-16:30	9:00-13:00, 14:00-17:30	9:00-12:30	-
602618P	Rhondda	A & JM Sheppard Ltd	44 Gelligaled Rd, Ystrad, CF41 7RQ	44	Core	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	-	-
					Total	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00	-
602619I	Rhondda	A & JM Sheppard Ltd	The Pharmacy, Forest View Medical Centre, Abergorki Industrial Estate, Treorchy, CF42 6DL	44	Core	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 13:00	9:00 - 18:00	-	-
					Total	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 17:00	9:00 - 18:00	-	-
602002B	Rhondda	Tynewydd Pharmacy	59 Gwendoline St, Tynewydd,	47	Core	9:00-13:00, 14:15-18:00	9:00-13:00, 14:15-18:00	9:00-13:00, 14:15-18:00	9:00-13:00, 14:15-17:00	9:00-13:00, 14:15-18:00	9:00-12:00	-

			Treherbert, CF42 5BL		Total	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 17:00	9:00 - 18:00	9:00- 12:00	-
602424A	Rhondda	Treorchy Pharmacy	127 Bute St, Treorchy, CF42 6AY	42.5	Core	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 17:00	9:00- 13:00, 14:00- 18:00	9:00- 12:30	-
					Total	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 17:00	9:00- 13:00, 14:00- 18:00	9:00- 12:30	-
602814L	East Bridgend	Boots	8 Caroline St, Bridgend, CF31 1DQ	54	Core	9:30- 13:00, 14:00- 17:30	9:30- 13:00, 14:00- 17:30	9:30- 13:00, 14:00- 17:30	9:30- 13:00, 14:00- 17:30	9:30- 13:00, 14:00- 17:30	9:30- 13:00, 14:00- 15:30	-
					Total	8:30- 17:30	8:30- 17:30	8:30-17:30	8:30-17:30	8:30-17:30	8:30- 17:30	-
602804O	East Bridgend	Lloydspha rmacy	48 Nolton St, Bridgend, CF31 3BP	46.5	Core	9:00 - 17:30	9:00 - 13:00	-				
					Total	9:00 - 17:30	9:00 - 13:00	-				
602619A	East Bridgend	A & JM Sheppard Ltd	30 Penybont Rd, Pencoed, CF35 5RA	41	Core	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 12:30	-
					Total	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00 - 12:30	-

602870G	East Bridgend	Tesco Instore Pharmacy	Brewery Lane, Bridgend, CF31 4AP	69.5	Core	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-16:30	-
					Total	8:00-13:00, 14:00-19:00	8:00-13:00, 14:00-19:00	8:00-19:00	8:00-19:00	8:00-19:00	8:00-13:30, 14:00-19:00	10:00-16:00
602870K	East Bridgend	Tesco Instore Pharmacy	Cowbridge Rd, Bridgend, CF31 3SQ	78	Core	8:00-13:30	8:00-13:30	8:00-13:30	8:00-13:30	8:00-13:30	8:00-14:30	10:00-16:00
					Total	8:00-20:00	8:00-20:00	8:00-20:00	8:00-20:00	8:00-20:00	8:00-20:00	10:00-16:00
602804N	East Bridgend	Lloydspharmacy	Riversdale Surgery, 10 Merthyrma wr Rd North, Bridgend, CF31 3NL	47.5	Core	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	-	-
					Total	9:00-18:30	9:00-18:30	9:00-18:30	9:00-18:30	9:00-18:30	-	-
602619J	East Bridgend	A & JM Sheppard Ltd	Broadlands Pharmacy, Unit 2, Gentle Way,	45	Core	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	-	-
					Total	8:30 - 17:30	8:30 - 17:30	8:30 - 17:30	8:30 - 17:30	8:30 - 17:30	-	-

			Broadlands, Bridgend, CF31 5EJ										
602619K	East Bridgend	A & JM Sheppard Ltd	Cefn Glas Pharmacy, 56 Llangewydd Rd, Bridgend, CF31 4JR	47.5	Core	9:00 - 17:00	-	-					
					Total	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 17:30	9:00 - 18:00	9:00 - 12:00	-	
602618H	East Bridgend	A & JM Sheppard Ltd	Coychurch Rd, Pencoed, CF35 5NH	49	Core	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00	-	
					Total	9:00 - 18:00	9:00 - 13:00	-					
602545A	East Bridgend	M W Phillips Chemists	50 Nolton St, Bridgend, CF31 3BP	40	Core	9:00 - 17:00	-	-					
					Total	9:00 - 17:00	-	-					
602838L	East Bridgend	Lloydspha armacy	Sainsburys Store, Y Dderwen, Bridgend, CF32 9ST	84	Core	9:30- 12:00, 14:30- 19:00	9:30- 12:00, 14:30- 19:00	9:30- 12:00, 14:30- 19:00	9:30- 12:00, 14:30- 19:00	9:30- 12:00, 14:30- 19:00	9:30- 12:00 , 14:30 -	17:00	-
					Total	8:00- 21:00	8:00- 21:00	8:00-21:00	8:00-21:00	8:00-21:00	8:00- 21:00	10:30 -	16:30

602118A	North Bridgend	Caerau Chemist	68 Hermon Rd, Caerau, Maesteg, CF34 OSU	40	Core	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	-	-
					Total	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	-	-
602832A	North Bridgend	Lloydspharmacy	Pontycymer Health Centre, Victoria St, Pontycymer, Bridgend, CF32 8NW	50	Core	8:30-12:00, 14:00-18:00	8:30-12:00, 14:00-18:00	8:30-12:00, 14:00-18:00	8:30-12:00, 14:00-18:00	8:30-12:00, 14:00-18:00	8:30-11:00	-
					Total	8:30 - 18:00	8:30 - 18:00	8:30 - 18:00	8:30 - 18:00	8:30 - 18:00	8:30 - 11:00	-
602506A	North Bridgend	Maesteg Pharmacy	20 Talbot St, Maesteg, Bridgend, CF34 9BW	50.5	Core	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	-	-
					Total	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	9:00 - 17:00	-
602852J	North Bridgend	Well	77a High St, Nantyllyon, Maesteg, CF34 0BT	42.5	Core	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-17:30	9:00-13:00, 14:00-17:30	-	-
					Total	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	-	-
602850H	North Bridgend	Well	Unit 4 Llynfi Retail Park,	49	Core	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	-	-

			Llynfi Rd, Maesteg, CF34 9DS		Total	9:00 - 18:00	9:00 - 13:00	-				
602852F	North Bridgend	Well	The Pharmacy, Victoria St, Pontycymm er, Bridgend, CF32 8NN	47.5	Core	9:00 - 17:00	-	-				
					Total	8:30 - 18:00	-	-				
602857E	North Bridgend	Well	89 Bridgend Rd, Aberkenfig, Bridgend, CF32 9BA	48	Core	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 12:00	-
					Total	9:00 - 18:00	9:00 - 12:00	-				
602857D	North Bridgend	Well	43 Commercial St, Maesteg, Bridgend, CF34 9DH	41.5	Core	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 11:30	-
					Total	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00 - 13:00	-
602857C	North Bridgend	Well	1 Talbot St, Maesteg, Bridgend, CF34 9BT	46.5	Core	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 11:30	-
					Total	9:00 - 17:30	9:00 - 13:00	-				

602601A	North Bridgend	G Rowe Services Ltd	Nantymoel Pharmacy, 22 Ogwy St, Nantymoel, Bridgend, CF32 7SA	40	Core	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	-	-
					Total	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	-	-
602852O	North Bridgend	Well	Tyncoed Surgery, 20 Merfield Close, Sarn, Bridgend, CF32 9SW	51.5	Core	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	9:00- 13:00, 14:00- 17:30	10:00 - 12:30	-
					Total	8:30 - 18:00	9:00 - 13:00	-				
602601B	North Bridgend	G. Rowe Services Ltd	18-20 High St, Ogmores Vale, Bridgend, CF32 7AD	40	Core	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00	-
					Total	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00- 13:00, 14:00- 18:00	9:00 - 13:00	-
602053A	North Bridgend	Village Pharmacy	178 Caerau Rd, Maesteg, CF34 0PD	45	Core	9:00 - 17:00	-	-				
					Total	9:00 - 18:00	-	-				
602814P	West Bridgend	Boots	72/74 John St, Porthcawl, CF36 3BD	54	Core	8:30- 13:00, 14:00- 17:30	8:30- 13:00, 14:00- 17:30	8:30- 13:00, 14:00- 17:30	8:30- 13:00, 14:00- 17:30	8:30- 13:00, 14:00- 17:30	8:30- 13:00 , 14:00	10:00 - 16:00

602808L	West Bridgend	Lloydspharmacy	8 Hall Drive, North Cornelly, CF33 4HS	48	Core	9:00-13:00, 14:30-18:00	9:00-13:00, 14:30-18:00	9:00-13:00, 14:30-17:30	9:00-13:00, 14:30-18:00	9:00-13:00, 14:30-18:00	9:00-12:00	-
					Total	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 12:00	-
602514G	West Bridgend	Balkwill Chemists	88 John St, Porthcawl, CF36 3BD	52	Core	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	9:00 - 17:30	-	-
					Total	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 16:00	-
602619N	West Bridgend	A & JM Sheppard Ltd	1 Bridge St, Kenfig Hill, CF33 6DB	45	Core	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	9:00-13:00, 14:00-18:00	-	-
					Total	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	-	-
602555A	West Bridgend	Porthcawl Pharmacy	Porthcawl Medical Centre, 1 Clos Y Mametz, Porthcawl, CF36 5DJ	49	Core	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	9:00 - 17:00	-	-
					Total	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 18:00	9:00 - 13:00	-
602618E	Merthyr	A & JM Sheppard Ltd	62a High St, Cefn Coed, Merthyr Tydfil, CF48 2PL	41	Core	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-17:30	09:00 - 11:30	-
					Total	09:00-13:00, 13:00,	09:00-13:00, 13:00,	09:00-13:00, 13:00,	09:00-13:00, 13:00,	09:00-13:00, 13:00,	09:00 - 12:30	-

						14:00-17:30	14:00-17:30	14:00-17:30	14:00-17:30	14:00-17:30			
602814N	Merthyr	Boots	Unit 5 Newmarket Walk, Merthyr Tydfil, CF47 8EL	48	Core	09:30-13:00, 14:00-17:30	09:30-13:00, 14:00-17:30	09:30-13:00, 14:00-17:30	09:30-13:00, 14:00-17:30	09:30-13:00, 14:00-17:30	09:30-13:00, 14:00-17:30	09:30-13:00, 14:00-15:30	-
					Total	08:45-13:00, 14:00-17:45	08:45-13:00, 14:00-17:45	08:45-13:00, 14:00-17:45	08:45-13:00, 14:00-17:45	08:45-13:00, 14:00-17:45	08:45-13:00, 14:00-17:45	08:45-13:00, 14:00-17:45	-
602856A	Merthyr	Well	8 Bridge St, Troedyrhiw, Merthyr Tydfil, CF48 4JX	43.5	Core	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-12:00	09:00-13:00, 14:00-18:00	09:00-12:00	09:00-12:00	-
					Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-18:00	09:00-13:00, 14:00-18:00	09:00-12:30	09:00-12:30	-
602856B	Merthyr	Well	8 Aberfan Rd, Aberfan, Merthyr	50.5	Core	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00, 14:00-18:30	09:00-13:00	09:00-13:00, 14:00-18:30	09:00-12:00	09:00-12:00	-

			Tydfil, CF48 4QL		Total	09:00- 18:30	09:00- 18:30	09:00- 18:30	09:00- 18:30	09:00- 18:30	09:00 - 12:00	-
602850J	Merthyr	Well	12-13 Newmarket Walk, Merthyr Tydfil, CF47 8EL	53	Core	9:00- 17:00	9:00- 17:00	9:00-17:00	9:00-17:00	9:00-17:00	-	-
					Total	9:00- 18:00	9:00- 18:00	9:00-18:00	9:00-17:30	9:00-18:00	9:00- 17:30	-
602510B	Merthyr	Pearn`s Pharmacie s Ltd	5 Chestnut Way, Gurnos Estate, Merthyr Tydfil, CF47 9SB	37	Core	09:00- 13:00, 14:00- 17:30	09:00- 13:00, 14:00- 17:30	09:00- 13:00, 14:00- 17:30	09:00- 13:00	09:00- 13:00, 14:00- 17:30	09:00 - 12:00	-
					Total	09:00- 13:00, 14:00- 17:30	09:00- 13:00, 14:00- 17:30	09:00- 13:00, 14:00- 17:30	09:00- 13:00	09:00- 13:00, 14:00- 17:30	09:00 - 12:00	-
602485A	Merthyr	Dowlais Pharmacy	82/83 Victoria St, Dowlais, Merthyr Tydfil, CF48 3RN	50.5	Core	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00	-	-
					Total	8:30- 18:00	8:30- 18:00	8:30-18:00	8:30-18:00	8:30-18:00	09:00 - 12:00	-
602485B	Merthyr	Beacons Pharmacy	5 Beacons Place, High St, Merthyr Tydfil, CF47 8DE	50	Core	9:00- 17:30	9:00- 17:30	9:00-17:30	9:00- 13:00	9:00-17:30	09:00 - 13:00	-
					Total	9:00- 17:30	9:00- 17:30	9:00-17:30	9:00-17:00	9:00-17:30	9:00- 17:00	-

602856I	Merthyr	Well	18 Newmarket Walk, Merthyr Tydfil, CF47 8EL	51	Core	09:00- 13:00, 14:00- 17:30	09:00- 13:00, 14:00- 17:30	09:00- 13:00, 14:00- 17:30	09:00- 13:00, 14:00- 17:30	09:00- 13:00, 14:00- 17:30	09:00 - 11:30	-
					Total	9:00- 17:30	9:00- 17:30	9:00-17:30	9:00-17:30	9:00-17:30	-	-
602818K	Merthyr	Boots	Unit 6, Cyfarthfa Retail Park, Swansea Rd, Merthyr Tydfil, CF48 1HY	68	Core	09:30- 11:30, 12:00- 16:00	09:30- 11:30, 12:00- 16:00	09:30- 11:30, 12:00- 16:00	09:30- 11:30, 12:00- 16:00	09:30- 11:30, 12:00- 16:00	09:30 - 11:30 , 12:00 - 16:00	11:00 - 16:00
					Total	09:00- 11:30, 12:00- 20:00	09:00- 11:30, 12:00- 20:00	09:00- 11:30, 12:00- 20:00	09:00- 11:30, 12:00- 20:00	09:00- 11:30, 12:00- 20:00	09:00 - 11:30 , 12:00 - 19:00	11:00 - 17:00
602492A	Merthyr	RD & MR Parry Chemists Ltd	Primary Care Centre, Fox St, Treharris, Merthyr Tydfil, CF46 5HE	50	Core	09:00- 13:00, 14:00- 17:30	09:00- 13:00, 14:00- 17:30	09:00- 13:00, 14:00- 17:30	09:00- 13:00, 14:00- 17:30	09:00- 13:00, 14:00- 17:30	09:00 - 13:00	-
					Total	9:00- 18:00	9:00- 18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00- 14:00	-
602137B	Merthyr		Keir Hardie Health Park,	47.5	Core	8:30- 17:30	8:30- 17:30	8:30-17:30	8:30-12:30	8:30-17:30	-	-

		Keir Hardie Pharmacy	Aberdare Rd, Merthyr Tydfil, CF48 1BZ		Total	8:30-18:00	8:30-18:00	8:30-18:00	8:30-18:00	8:30-18:00	-	-
602137C	Merthyr	Georgetown Pharmacy	Ynysfach Rd, Georgetown, Merthyr Tydfil, CF48 1AG	42	Core	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-18:00	09:00-12:00	-
					Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-18:00	09:00-12:00	-
602510A	Merthyr	Pearn's Pharmacies Ltd	Morlais Medical Practice, Berry Square, Dowlais, Merthyr Tydfil, CF48 3AL	51.75	Core	08:45-13:00, 14:00-18:15	08:45-13:00, 14:00-18:15	08:45-13:00, 14:00-18:15	08:45-13:00, 14:00-18:15	08:45-13:00, 14:00-18:15	-	-
					Total	08:30-18:15	08:30-18:15	08:30-18:15	08:30-18:15	08:30-18:15	09:00-12:00	-
602618I	Taff Ely	A & JM Sheppard Ltd	35 Dyffryn Rd, Rhydyfelin, Pontypridd, CF37 5RW	49	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	09:00-18:00	-	-
					Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	-
602814O	Taff Ely	Boots	82/84 Taff St, Pontypridd, CF37 4SU	48	Core	09:30-13:00, 14:00-17:30	09:30-13:00, 14:00-17:30	09:30-13:00, 14:00-17:30	09:30-13:00, 14:00-17:30	09:30-13:00, 14:00-17:30	09:30-13:00	-

											14:00		
											-		
											15:30		
					Total	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	08:30	
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					Total	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	08:30-13:00, 14:00-17:30	17:30	-
602870C	Taff Ely	Tesco Instore Pharmacy	Green Park, Talbot Green, Pontyclun, CF72 8RB	78	Core	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-17:00	09:00	
											-		
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											14:00		
											-		
					Total	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00	10:00
											-	-	
											20:00	16:00	
602870B	Taff Ely	Tesco Instore Pharmacy	Gellihirion Estate, Treforest, Pontypridd, CF37 5SN	78	Core	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-17:00	09:00	
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					Total	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00	10:00
											-	-	
											20:00	16:00	

602074A	Taff Ely	Cilfynydd Chemist	19 Richard St, Cilfynydd, Pontypridd, CF37 4NP	37.5	Core	09:00-13:00, 14:15-18:00	09:00-13:00, 14:15-18:00	09:00-13:00	09:00-13:00, 14:15-17:00	09:00-13:00, 14:15-18:00	09:00-12:30	-
					Total	09:00-13:00, 14:15-18:00	09:00-13:00, 14:15-18:00	09:00-13:00	09:00-13:00, 14:15-17:00	09:00-13:00, 14:15-18:00	09:00-12:30	-
602313A	Taff Ely	Llanharan Pharmacy	3 The Square, Llanharan, Pontyclun, CF72 9NR	46.5	Core	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	-	-
					Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	-
602807N	Taff Ely	Lloydspharmacy	Taffs Well Medical Centre, Taffs Well, Cardiff, CF15 7YG	45	Core	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	-	-
					Total	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	-	-
602808F	Taff Ely	Lloydspharmacy	Morgan St, Pontypridd, CF37 2DR	48	Core	09:00-14:00, 15:30-18:00	09:00-14:00, 15:30-18:00	09:00-14:00, 15:30-18:00	09:00-14:00, 15:30-18:00	09:00-14:00, 15:30-18:00	09:00-11:30	-
					Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	-
602348A	Taff Ely	Parkgate Pharmacy	17 Berw Rd, Pontypridd, CF37 2AA	40	Core	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	-	-

					Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	-	-
602856G	Taff Ely	Well	1 Church Rd, Tonteg, Pontypridd, CF38 1EG	47.25	Core	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-11:30	-
					Total	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	08:45-17:30	09:00-12:30	-
602856F	Taff Ely	Well	1 Main Rd, Church Village, Pontypridd, CF38 1PY	48	Core	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-17:30	09:00-12:00	-
					Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	-
602619G	Taff Ely	A & JM Sheppard Ltd	Llanharry Pharmacy, 1 Ty- Isaf, Llanharry, Pontyclun, CF72 9LJ	41.5	Core	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-11:30	-
					Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	-
602807P	Taff Ely	Lloydspharmacy	16 Windsor Place, Ynysybwl,	49	Core	09:00-12:00, 14:00-18:00	09:00-12:00, 14:00-18:00	09:00-12:00, 14:00-18:00	09:00-12:00, 14:00-18:00	09:00-12:00, 14:00-18:00	09:00-13:00	-

			Pontypridd, CF37 3HR		Total	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 13:00	-
602857F	Taff Ely	Well	Unit 2 Common Approach, Yorkdale, Beddau, Pontypridd, CF38 2BL	48	Core	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00	-	-
					Total	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 12:00	-
602313B	Taff Ely	Pontyclun Pharmacy	21-23 Cowbridge Rd, Pontyclun, CF72 9EA	46.5	Core	09:00- 17:00	09:00- 17:00	09:00- 17:00	09:00- 17:00	09:00- 17:00	-	-
					Total	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 13:00	-
602665A	Taff Ely	Treforest Pharmacy	62 Park St, Treforest, Pontypridd, CF37 1SN	46.5	Core	09:00- 12:30, 13:00- 17:30	09:00- 12:30, 13:00- 17:30	09:00- 12:30, 13:00- 17:30	09:00- 12:30, 13:00- 17:30	09:00- 12:30, 13:00- 17:30	-	-
					Total	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 13:00	-
602722B	Taff Ely	A Williams	22 Cowbridge Rd, Pontyclun, CF72 9EE	42.5	Core	09:00- 13:00, 14:00- 17:30	09:00- 13:00, 14:00- 17:30	09:00- 13:00, 14:00- 17:30	09:00- 13:00, 14:00- 17:00	09:00- 13:00, 14:00- 17:30	09:00- 12:00	-
					Total	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 17:30	09:00- 18:00	09:00- 13:00	-

602313C	Taff Ely	Talbot Pharmacy	Heol Y Gyfraith, Talbot Green, Pontyclun, CF72 8AJ	50	Core	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-17:30	09:00-12:00	-
					Total	8:30-18:00	8:30-18:00	8:30-18:00	8:30-17:30	8:30-18:00	09:00-12:00	-
602618L	Taff Ely	A & JM Sheppard Ltd	17 Bridge St, Pontypridd, CF37 4PE	40	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-15:00	09:00-17:30	-	-
					Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-15:00	09:00-17:30	-	-
602619L	Taff Ely	A & JM Sheppard Ltd	12 Commercial St, Tynant, Beddau, Pontypridd, CF38 2DB	44	Core	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	-	-
					Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	-
602213A	Taff Ely	Glyncoch Pharmacy	65 Porcher Avenue, Glyncoch, Pontypridd, CF37 3DD	38.5	Core	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-18:00	09:00-13:00	09:00-13:00, 14:00-18:00	09:00-12:30	-
					Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-17:00	09:00-13:00, 14:00-18:00	09:00-13:00	09:00-13:00, 14:00-18:00	09:00-12:30	-
602618B	North Cynon		2-3 Constitutio	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	09:00-18:00	-	-

		A & JM Sheppard Ltd	nal Buildings, Canon St, Aberdare, CF44 7AW		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	09:00-18:00	-	-
602618C	North Cynon	A & JM Sheppard Ltd	4 Mill St, Trecynon, Aberdare, CF44 8NA	48	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	09:00-18:00	-	-
					Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	09:00-18:00	09:00-13:00	-
602618A	North Cynon	A & JM Sheppard Ltd	22/25 Whitcombe St, Aberdare, CF44 7AU	54.5	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	09:00-18:00	-	-
					Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	10:30
602010A	North Cynon	A & JM Sheppard Ltd	217-218 Cardiff Rd, Aberaman, Aberdare, CF44 6RG	44	Core	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	-	-
					Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	-
602814J	North Cynon	Boots	11 Commercial St, Aberdare, CF44 7RW	48	Core	09:30-13:00, 14:00-17.30	09:30-13:00, 14:00-17.30	09:30-13:00, 14:00-17.30	09:30-13:00, 14:00-17.30	09:30-13:00, 14:00-17.30	09:30-13:00, 14:00-17.30	-

					Total	08:30-13:00, 14:00-17.30	08:30-13:00, 14:00-17.30	08:30-13:00, 14:00-17.30	08:30-13:00, 14:00-17.30	08:30-13:00, 14:00-17.30	08:30-13:00, 14:00-17.30	08:30-13:00, 14:00-17.30	-
602856K	North Cynon	Well	37 High St, Hirwaun, Aberdare, CF44 9SW	42	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	09:00-17:30	09:00-13:00	09:00-13:00	-
					Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	09:00-17:30	09:00-13:00	09:00-13:00	-
602856J	North Cynon	Well	The New Medical Centre, High St, Hirwaun, Aberdare, CF44 9SL	45	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	09:00-18:00	-	-	-
					Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	-	-	-
602618O	South Cynon	A & JM Sheppard Ltd	9 Ynysmeurig Rd, Abercynon, Mountain Ash, CF45 4SY	49.5	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	09:00-18:00	-	-	-
					Total	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:00	09:00-18:30	09:00-12:30	-	-
602618J	South Cynon		5-7 John St, Abercwmbw	40	Core	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	09:00-18:00	-	-	-

		A & JM Sheppard Ltd	i, Aberdare, CF44 6BL		Total	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	09:00-18:00	-	-
602010C	South Cynon	A & JM Sheppard Ltd	Medical Centre, Penrhiwceiber Rd, Penrhiwceiber, Mountain Ash, CF45 3SP	39.5	Core	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	09:00-13:00, 14:00-18:00	09:00-12:30	-
					Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00	09:00-13:00, 14:00-18:00	09:00-12:30	-
602010B	South Cynon	A & JM Sheppard Ltd	29-31 Margaret St, Abercynon, Mountain Ash, CF45 4RE	41.5	Core	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	09:00-17:30	09:00-12:30	-
					Total	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	09:00-17:30	09:00-12:30	-
602328A	South Cynon	Cynon Stores Ltd	5 Llangorse Rd, Pant Estate, Cwmbach, Aberdare, CF44 0HS	43	Core	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-12:30	-
					Total	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-17:30	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-18:00	09:00-12:30	-
6028070	South Cynon	Lloydspharmacy	18b/19b Oxford St, Mountain	53.5	Core	09:00-12:00,	09:00-12:00,	09:00-12:00,	09:00-12:00,	09:00-12:00,	09:00-12:00	-

			Ash, Aberdare, CF45 3PL			14:00- 18:00	14:00- 18:00	14:00- 18:00	14:00- 18:00	14:00- 18:00	, 15:30 - 17:30	
					Total	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00 - 17:30	-
602545H	South Cynon	M W Phillips Chemists	17 Glanaman Rd, Cwmaman, Aberdare, CF44 6HY	36	Core	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00	09:00- 13:00	09:00- 13:00, 14:00- 18:00	-	-
					Total	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00	09:00- 13:00, 14:00- 18:00	09:00- 13:00	09:00- 13:00, 14:00- 18:00	-	-
6026190	South Cynon	A & JM Sheppard Ltd	59 Oxford St, Mountain Ash, CF45 3HD	45	Core	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	-	-
					Total	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	-	-